Conclusion Clinically significant BMI changes, similar to those achieved under research conditions, may be replicable in service delivery settings for children of all socio-demographic groups analysed. However, at the population level, scaled up programmes may work better for some groups than others. Public health implications of these results for health inequalities will be discussed.

OP06 WELL LONDON: RESULTS OF A CLUSTER-RANDOMISED TRIAL OF A COMMUNITY DEVELOPMENT APPROACH TO IMPROVING HEALTH BEHAVIOURS AND MENTAL WELLBEING IN DEPRIVED INNER-CITY NEIGHBOURHOODS

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Background Few public health interventions combining modification of the social and built environment with individual-level health promotion have been robustly evaluated in the UK. Well London is an assets-based community development programme designed to improve physical activity, healthy eating and mental wellbeing in highly deprived inner-city communities. The programme, delivered between 2007 and 2011, comprised a mix of projects delivering traditional health promotion, community development and changes to the physical neighbourhood environment. The objectives of the study are to: (i) determine the effectiveness of *Well London* for improving healthy eating, physical activity and mental wellbeing in deprived inner-city communities; (ii) examine the effects in population subgroups linked to health inequalities in the UK.

Methods We used a pair-matched, cluster-randomised trial with 20 control neighbourhoods matched within London boroughs to 20 programme delivery neighbourhoods. The trial outcomes in adult residents (aged ≥16 years) were collected using a structured electronic household survey, administered by fieldworkers to 100 randomly sampled residents in each intervention and control neighbourhood. The main outcome measures were: physical activity: meeting UK Chief Medical Officer-recommended five sessions of 30 minutes moderate intensity activity per week (self-report International Physical Activity Questionnaire); healthy eating: eating at least five portions of fruit/vegetables per day (food frequency questionnaire from the Health Survey for England); and mental wellbeing: abnormal score on 12-item General Health Questionnaire; Warwick Edinburgh Mental Wellbeing Scale score.

Results The baseline survey in 2008 showed that the intervention and control populations are comparable on socio-demographic/economic characteristics and primary trial outcomes. At baseline, 37% of adults met the five-a-day (healthy eating), 60% met the five-a-week (physical activity), and 18% reported experiencing anxiety or depression. Results from the follow-up survey will be available in April 2012. We will present the effects of Well London on the primary outcomes and subgroup analyses by gender, age, ethnicity and level of education.

Conclusion In a health system where less than 1% of the research budget is spent on primary preventive interventions for non-communicable diseases, robust evidence about the effectiveness and cost-effectiveness of upstream interventions is essential for action on health inequalities and reductions in healthcare spending recommended by the Marmot Review (2010) and the Wanless report (2004).

OP07 WHAT SHAPES PARTICIPATION IN A COMMUNITY-BASED INTERVENTION? EVIDENCE FROM A QUALITATIVE EVALUATION OF THE WELL LONDON PROJECT

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Background This paper examines how individual and area-level contextual factors shape participation in a community-based development and health promotion intervention. *Well London* was a 3-year community development and health promotion programme for improving health behaviours (physical activity and healthy eating) and mental health and wellbeing in areas of high deprivation. The programme aimed to improve individual level health outcomes through a combination of neighbourhood and individual level interventions. Community engagement/participation was a central strategy of these interventions.

Methods A quantitative cluster randomised trial (CRT) was used to evaluate *Well London* in 20 neighbourhoods defined as Census Lower Super Output Areas (LSOAs). A qualitative study was nested within the trial to examine mechanisms and complexity. This study employed critical case sampling to select three intervention LSOAs that reflected a range of pre-existing community engagement and activities. In-depth semi-structured interviews were conducted with 59 respondents purposively sampled from each of 3 distinct areas. Each area reflected differences in implementation, nature of community life, and pre-existing community activities. Interviews addressed three topics: experiences of area, individual health & wellbeing, and knowledge of and involvement in *Well London*. Transcripts were coded and thematic analysis undertaken using NVIVO software.

Results Analysis found that area level and individual-level characteristics interacted to shape specific models of individual participation in each area. In an area with a 'dispersed' community, limited pre-existing activities and implementation through formal institutions, participation was attributed by respondents to self-motivation and responses to deprivation. In contrast, in the 2nd area, *Well London* implementation centred on an individual community organizer operating in a geographically close-knit area. Strong community interest and participation was shaped by the ability of this individual to inspire a sense of change. Finally, in an area with a 'saturation' of pre-existing activities, participation in *Well London* was part of a socially accepted pattern of community involvement. For new people to the area, involvement was viewed as aiding integration while for long-standing residents this was seen as a strategy to contribute to community life.

Conclusion Recent reviews on community participation present evidence of a causal link between participation and positive health outcomes. However, the mechanisms underlying this are not clear. The reasons people participate in *Well London* are shaped by interactions between individual and area-level factors. This suggests that understanding the link between community participation and health outcomes requires a contextualized analysis of why people participate and the meanings they associate with this.

OP08 EVALUATING THE HEALTH INEQUALITIES IMPACT OF THE NEW DEAL FOR COMMUNITIES INITIATIVE

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