

ABERFELDY WELLONE (CAFÉ) LOGIC MODEL

Situation	Priorities	Inputs	Outputs <i>(Over three years)</i>	Outcomes and Impact		
				<i>Short term</i>	<i>Medium term</i>	<i>Long term</i>
<p>The Aberfeldy neighbourhood falls within the top 20% indicators for multiple deprivation in England.</p> <p>23.4% of children live in out of work households.</p> <p>34.4% children live in lone parent households.</p> <p>32.3% children defined as living in poverty.</p> <p>More than twice as many hospital admissions for chronic pulmonary disease compared to the average for England.</p> <p>More than twice as many incidences of heart disease compared to the average for England.</p>	<p>Creating a high quality space linked to the new Aberfeldy Practice.</p> <p>A co-ordinated approach bringing together local assets and partnerships overseen by Poplar HARCA and the Aberfeldy GP Practice.</p> <p>A dynamic programme promoting sustainable behavioural changes around healthy eating, wellness, public health information and initiatives and physical activity.</p> <p>Approach informed by evidence-base and expert on-the-ground input from The Aberfeldy Practice and Poplar HARCA.</p> <p>Maximum impact leveraged through networks including the WellOne partnership.</p> <p>Maximising integrated health and social care.</p>	<p>FUNDING Poplar HARCA contributing £2.8M capital funding to secure the property by purchasing long leases for the Café and Health Centre.</p> <p>Poplar HARCA contributing up to £250K per annum revenue funding for 3 years</p> <p>EXPERTISE Community development, health and wellness and programme management skillsets and experience.</p> <p>PARTNERSHIPS Aberfeldy Practice and Poplar HARCA bring a very wide range of deep partnerships with NHS, Council and health and wellbeing networks to build a resilient and sustainable programme underpinned by a webbased platform linked to the wider Poplar area.</p> <p>ETHOS Commission a café service provider that embeds social value within their business model.</p>	<p>SOCIAL PRESCRIBING 250 participants per year to receive health and wellbeing advice and guidance.</p> <p>PHYSICAL HEALTH AND MOVEMENT 250 people per year to get involved in a wide range of movement and activity inc. Tai Chi, walking clubs, Park Run. To include promoting family and exercise.</p> <p>HEALTHY EATING & NUTRITION 150 people per year engaged in health eating programmes including cook and eat clubs.</p> <p>EMOTIONAL & WELLBEING 50 people per year signposted to a range of activities which improve self confidence, promote self esteem and support positive relationships.</p> <p>WELFARE BENEFITS, DEBT AND BUDGETING 100 people per year engaged and supported with a range of advice and guidance services.</p> <p>Creating a healthy, good value food offer</p>	<p>An accessible, welcoming space for all increasing community connectedness and cohesion connected to a progressive GP Practice.</p> <p>Increased range of activities available locally and greater awareness of them.</p> <p>Residents are better connected to local community and health initiatives.</p> <p>More residents undertaking physical activity.</p> <p>Social connections and community cohesion welcoming café space inc. digital access via free and fast wifi service.</p>	<p>Connection to an enhanced WellOne Community Programme offer with links to the new Aberfeldy Community Centre.</p> <p>Reduced demand on GP practice through social prescribing.</p> <p>Emergence of sustainable local health activities (e.g. resident-led exercise clubs).</p> <p>Residents feel a sense of connection to each other and to the local area.</p> <p>Residents feel a greater sense of control over their health and wellbeing.</p> <p>Establishing and maintaining a sustainable business model at the heart of the community that promotes wellbeing.</p>	<p>Lasting behaviour change leading to healthier lifestyles and a reduced numbers of people with chronic health conditions, CHD, etc.</p> <p>Increase in healthy life expectancy.</p> <p>Reduction in poverty due to increased health and linkages to employment opportunities.</p> <p>Savings to public purse from reduced demand on primary and secondary care.</p>