A Healthier, Fairer Waltham Forest.

Waltham Forest’s Healthier Communities (Health Inequalities) Strategy.

2010 – 2015
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Introduction.

“Social justice is a matter of life and death. It affects the way people live, their consequent changes of illness and their risk of premature death.”

Fair Society, Healthy Lives 2010.

Equality is good for us. Evidence shows that equality is directly related to better health and social outcomes. Some less rich, yet more equal countries such as Costa Rica and Cuba experience health outcomes that are similar or better than richer countries.

The UK has become over three times richer in real terms since the beginning of the 20th century yet health and social inequalities are increasing with those who are better off expected to live longer. According to The Equality Trust, if we were to halve inequality in the UK, murder rates would halve, imprisonment would reduce by 80% and levels of trust would increase by 85%. In terms of our health, mental illness would reduce by two thirds, obesity would halve and teenage births reduce by 80%.¹

Figure 1:

In response to such findings, there is significant work being undertaken at an international level that moves away from sole reliance on Gross Domestic Product (GDP) as a measure of a country’s progress. Alternative indices have been developed that include well-being on an equal par as economic indicators and thus include health (physical and mental), quality of life, inequalities, and sustainability, as well as GDP as a measure of market activity. Examples of these indices include the

¹ www.equalitytrust.org.uk
Gross National Happiness (GNH) Index\(^2\), Happy Planet Index\(^3\) and the work of Amartya Sen and Joseph E. Stiglitz\(^4\).

Health inequalities are defined as differences in health status that result from unequal opportunities in the health determinants between different population groups (adapted from the World Health Organisation) and are measured by differences in infant mortality and life expectancy. This definition reflects the fact that even with the best health care services in the world, health inequalities would remain if nothing were done to address the wider influences on our health. In fact, health care services and our biology only account for about 20-30% of our health and well-being. The rest is determined by the social and physical environments that we are exposed to throughout our lives.

These wider influences – the social determinants of health - are the conditions in which people are born, grow, live, work and age. They are shaped by policy decisions which can create the unfair and avoidable differences in health status seen within and between groups of people. This model states that the genetic predisposition that we are born with interacts with the social and physical environment to impact on our health and wellbeing from conception through to end of life. Exposures to risk factors accumulate across our lives, manifesting themselves from around age 50 in chronic conditions such as diabetes.

Figure 2:

Health inequalities are pervasive around the world and are apparent in all developed countries. They manifest themselves in a myriad of ways - poor people not only live less long than the rich, but the poor experience more years of poor health. For Londoners, as the London Health Inequalities Strategy explains; “Inequalities in

\(^2\) A term first coined in 1972 by Bhutan's former King Jigme Singye Wangchuck, GNH is used in developing all policies in Bhutan, Centre for Bhutan Studies.

\(^3\) New Economics Foundation, The Happy Planet Index 2.0 Why good lives don’t have to cost the Earth, 2009.

health outcomes in London such as life expectancy and infant mortality reflect the city’s social and economic inequalities…A Londoner’s physical environment, employment status, education and wealth all contribute to how well they are and how long they live.” This is exemplified in the figure below.  

Figure 3:

![Diagram showing health hazards and their impacts on health outcomes.](image)

Developing a Health Inequalities Strategy for Waltham Forest.

A Health Inequalities strategy is being developed by the Local Strategic Partnership’s (LSP) Healthier Communities Partnership, to provide a co-ordinated borough wide approach to improving well-being and combating health inequalities within Waltham Forest.

The strategy will act as a reference framework for organisations and services throughout the borough when developing their own policies and initiatives. It will thus facilitate a strategic and focused approach to tackling health inequalities within the borough and help to create a fair and more equal community.

By 2012, LBWF will have put in place a health and wellbeing board that has a statutory responsibility for joining up the commissioning of local NHS services, social care and health improvement and that supports the local authority in meeting its statutory responsibility for local health improvement as set out in the Government’s Health White Paper; “Equity and excellence: Liberating the NHS.” This strategy, drawing on the evidence and need as set out in the borough’s Joint Strategic Needs Assessment (JSNA) will support the Board in effectively tackling health inequalities and help in setting commissioning priorities.

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The key principles of Waltham Forest’s Sustainable Community Strategy (SCS) are to: manage population growth and change, create wealth and opportunity for residents and retain more wealth in the borough. It includes commitments to:

a) Ensure that strategies for employment, skills, housing, cohesion, participation, open space and leisure, contribute to health improvement.
b) Tackle childhood obesity by focusing on diet and exercise
c) Support residents to reduce smoking, alcohol consumption and address drug misuse
d) Improve the quality of, and access to primary care services, and increase the uptake of screening programmes for treatable diseases.
e) Help people to manage long-term mental health conditions, and to remain in work.
f) Encourage people to participate in active leisure to keep them mentally and physically fit.

The intended benefits of the strategy include:
• Reducing health inequalities and improving health and wellbeing.
• Linking work on health with the wider determinants and focusing on prevention and early intervention.
• Designing responses to priority needs across pathways that encompass all partners from health, local authority and the third sector.
• Providing better value for money across our services.
• Achieving priorities set out in the SCS and Local Area Agreement (LAA).

Health Inequalities at the National Level.

A 2010 report by the National Audit Office (NAO) revealed that the gap between average life expectancy and that of the poorest in England widened between 1995-97 and 2006-08. Life expectancy is now 77.9 years for men and 82 years for women but in poor areas it falls to 75.8 and 80.4 years. This equates to an increase in the life expectancy gap of 7% for men and 14% for women (NAO 2010).

Although life expectancy has increased since the NHS was established in 1948 from 66.4 (males) and 71.2 (females) years to 77.9 and 82 respectively by 2006-08, inequalities in health persist. Successive national governments have prioritised addressing these health inequalities, especially since 2000.

• Health inequalities were put on the national agenda with the publication of the Black Report in 1980, followed by the Acheson Report in 1998. More recent policy drivers include:
  • 2000 Spending Review - set a target for the Department of Health to ‘narrow the health gap between socio-economic groups and between the most deprived areas and the rest of the country, in childhood and throughout life.’
  • Public Service Agreement (PSA) target - tackling health inequalities became a priority from 2002 with the introduction of the first ever national target for health inequalities. The target set out to reduce inequalities in health outcomes by 10 per cent by 2010 as measured by infant mortality and life expectancy at birth. The two underpinning objectives are:
- Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between routine and manual groups and the population as a whole; and
- Starting with local authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead group) and the population as a whole.

**Wanless reviews of the NHS** - The 2002 review set out requirements to bring health outcomes up to levels in other developed countries over 20 years, setting out three scenarios – slow uptake, solid progress and fully engaged. Public health was at the centre of the solid progress and the fully engaged scenario, which was the most ambitious and cost-effective scenario. A review in 2007 on behalf of the King’s Fund showed that meeting the fully engaged scenario set out in the 2002 review would require substantial improvements in funding, productivity and work on preventing and managing risk factors for coronary heart disease and cancer, which were more likely than other actions to help deliver the target.

**A Programme for Action** - a cross-government health inequalities strategy, published in 2003 called on PCTs and strategic health authorities to tackle health inequalities as a central part of their planning and performance management systems. England is the only country with a broad, cross-government strategy to tackle health inequalities.

**Spearhead PCTs** were identified in 2004 and the health inequalities target was revised to reduce by 2010, by at least 10 per cent, the gap in life expectancy between 70 spearhead local authority areas with high levels of deprivation and poor health outcomes and the population as a whole. Since that time there have been a large number of reviews of progress that show that although life expectancy overall has improved the gap between the better off and worse off has increased.

**The Host Olympic Boroughs’ Strategic Regeneration Framework** (SRF), published in October 2009, sets out how the Olympics and its legacy can be used as a catalyst for reducing the high and persistent levels of deprivation in these five boroughs – Hackney, Greenwich, Newham, Tower Hamlets and Waltham Forest. The SRF’s objective is to achieve socio-economic convergence between the host boroughs and the London average for key indicators of deprivation within a 20-year timeframe. The identified indicators are; raising results at Key Stage Four (GCSE), improving results at Key Stage Two (11 year old), increasing employment rates, increased mean incomes in the bottom two fifths of earners, reducing the number of families in receipt of benefits, reducing the rate of violent crime and increasing life expectancy. The framework includes commitments to narrow the gap to 2.5% points for male life expectancy, 0.5% for female life expectancy and 25% points for circulatory disease mortality.


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7 Our Future Health Secured? A review of NHS funding and performance. 2007. King’s Fund
8 Tackling inequalities in life expectancy in areas with the worst health and deprivation. 2010. NAO.
exist in the wider social and economic environments. People in lower social positions die earlier than those in higher positions. Action must address all levels along the social gradient but with a focus that is proportionate to the level of disadvantage (proportionate universalism). Because disadvantage starts before birth and accumulates throughout life, a life course perspective offers an opportunity to break the link between early disadvantage and poor health outcomes.

- **The London Health Inequalities Strategy, 2010** was developed at the same time as the Marmot Review and has five core objectives; empower individuals and communities to improve health and well-being, improve access to high quality health and social care services particularly for Londoners who have poor health outcomes, reduce income inequality and negative consequences of relative poverty, increase the opportunities for people to access the potential benefits of good work and other meaningful activity and develop and promote London as a healthy place for all.

**Why we need a health inequalities strategy in Waltham Forest.**

Striking differences in health outcomes exist between West and East London. About half a year of life expectancy is lost for each tube stop between Notting Hill Gate in West London and Leyton in the South of Waltham Forest on the Central Line.

**Figure 4: Gap in Life Expectancy Travelling from West to East London**
Inequalities in life expectancy not only exist between Waltham Forest and other areas of the country but also within the borough with residents in the north on average experiencing longer life expectancy than those living in the south. Lying at the heart of such disparities in outcomes is poverty and deprivation, which are concentrated in the middle and south of the borough.

Poverty and deprivation have increased relatively in Waltham Forest since 2004. Almost a third of all the wards in Waltham Forest were ranked within the most deprived fifth of areas in England, and these wards were concentrated in the south of the borough. Of the 354 local authorities in England, Waltham Forest ranks 25th, a worsening of its position (47th) from the 2004 Index of Multiple Deprivation. Around 16,000 children in Waltham Forest are growing up in poverty, which is about a third of all our children.9

Figure 5:
The 2009-10 Joint Strategic Needs Assessment showed that lower life expectancy is concentrated in the South and the middle of Waltham Forest.

Figure 6:

Waltham Forest ranks 7th lowest life expectancy for both males and females in London. Life expectancy stands at 76.5 for males and 81.2 for females in Waltham Forest, compared to rates in London for males 78.2 and females 82.7 and in England for males 77.8 and females 81.9. While the infant mortality rate has been on a downward trend, it remains higher than other areas; with a rate of 5.3 per 1,000, compared to 4.8 for London and 4.9 for England.

Tailoring The Marmot Review - Strategic Review of Health Inequalities in England to Waltham Forest.

The Marmot Review, Fair Society, Healthy Lives, adopts a life course approach as depicted in the diagram below. The framework proposed by this review starts with the determinants of health model that states that health outcomes are determined by our environments and our lifestyle choices. It builds on this model to propose that these influences accumulate across our lives. Some may be protective – e.g., breastfeeding to improve a baby’s immune system or a supportive environment in
early childhood to increase our self-esteem and resilience. Some, on the other hand, may present a risk – e.g., low educational attainment limiting our ability to earn a living wage or smoking. Where risk outweighs protective factors, chronic disease, disability and mortality begin manifesting from around age 50.

Figure 7: The Marmot Review Lifecourse Framework.

The Review provides us with a robust framework for developing Waltham Forest's Health Inequalities Strategy. It highlights those areas of social and health inequalities that must be addressed if we are to be successful in reducing health inequalities over the long term. Our task is to tailor this approach to Waltham Forest; prioritising those areas of greatest need for the borough and identifying where Waltham Forest can exercise most influence and achieve the greatest benefits for its residents.

Waltham Forest's Joint Strategic Needs Assessment provides us with a detailed understanding of health inequalities in the borough; what they are, where they are most prevalent and the individuals and communities most impacted. To complement this, we have a wealth of evidence, including extensive consultation data that explores many of the underlying social determinants.

Taking inspiration from the Marmot Review, the following 7 themes have been drafted for Waltham Forest’s Health Inequalities Strategy. The first 5 almost replicate those in the Marmot Review:

1. Give every child the best start in life.
2. Enable all children and young people to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Support good health and independence in retirement.
5. Create and develop healthy and sustainable places and communities.
6. Understand and involve our communities.
7. Make health everyone’s business.

**Figure 8: Waltham Forest Health Inequalities Life Course Framework.**

The Marmot Review focuses its last theme along the life course on strengthening the role and impact of ill health prevention. Our strategy instead incorporates prevention as an element of each of the themes and chooses to focus the final life course theme on supporting older people to maintain good health and independence in retirement.

Our sixth theme; “Understand and involve our communities”, emerged in recognition of the need for consistent equality data across all equality strands and our limited knowledge of communities’ access to health and other services in Waltham Forest. We also recognise that we could do more to involve and engage residents in the development and challenge of all our services on an ongoing basis.

At the heart of our final theme; “Making health everyone’s business” is the need to ensure leadership in relation to health within the local authority and ownership of health improvement across all services and settings across Waltham Forest. This includes taking advantage of all frontline staff contacts with our residents to promote prevention and to ensuring that all service providers consider the influence of their work on health when designing and implementing their activities. If we are to successfully turn the aims of this strategy into reality and effectively address the social determinants of health, we need to take every opportunity to promote prevention and ensure that when developing services, we increase the positive and reduce the negative influences on people’s health throughout their lives.
Our vision and goal

**Our vision:**
A Waltham Forest where people enjoy more equal opportunities to lead healthy lives.

**Our principles:**
- A whole person approach
- Targeting those most in need
- Invest to save

Our three principles have been developed in recognition of the fact that if we are to be successful in tackling health inequalities we need to respond to people holistically rather than through the prism of a service or a particular health need. We also need to ensure, particularly in the current economic climate, that investment is targeted on those most in need and is used smartly; investing in order to save in the long-term. There are rarely any quick fixes when it comes to tackling issues as complex and entrenched as health inequalities.

All our recommendations and subsequent actions will build upon best practice, including:
- adopting an asset based approach in which we identify what interventions have worked well within the borough and upscale these activities while de-prioritising what has not worked so well
- learning from national and regional examples of effective practice.

**Our goal is to:**
Reduce the gap in life expectancy and infant mortality between Waltham Forest and England and between the wards within Waltham Forest.
THEME 1. Give Every Child the Best Start in Life (Under 5s)

“People in more equal societies live longer, a smaller percentage of children die in infancy and self-rated health is better.”

The Equality Trust - www.equalitytrust.org.uk.

The Marmot Review prioritises positive experiences in early years as these provide the greatest opportunity for tackling health inequalities. The Review calls for a rebalancing of resource allocation in order to increase investment in early years as any intervention later on in the life course will be less effective if good early foundations are lacking.

Starting in the womb, our physical, intellectual and emotional development is affected by the environment in which we grow. This in turn impacts upon our health outcomes, educational achievement and economic status throughout life. In addition to a mother’s education, income and ethnicity, areas identified as potentially having an impact on reducing infant mortality are; teenage pregnancy, obesity, overcrowding, smoking in pregnancy, early booking for antenatal care and child poverty.

Babies born to poorer families are more likely to be born prematurely, are at greater risk of dying in infancy, and have a greater likelihood of poverty, impaired development and chronic disease in later life. This sets up an inter-generational cycle of health inequalities. Research shows that low birth weight is closely associated with death in infancy, and with coronary heart disease, diabetes and hypertension in later life. Lower birth weight and father’s social class can both increase the risk of dying of coronary heart disease over and above the impact of the individual’s income and social class. In addition to those risk factors highlighted for infant mortality, birth weight is related to nutritional status of the mother, social support, birth spacing of less than 19 months and some ethnic minority groups. Smoking in pregnancy is known to have adverse effects on the growth and development of the baby as well as negative health effects on the mother.

Immunisations are key to maintaining a child’s good health and the World Health Organisation (WHO) recommends 95% coverage. Breastfeeding also helps protect babies against a number of illnesses including gastrointestinal infections, ear aches and respiratory infections as well as helping to protect the mother against ovarian and cervical cancer. Exclusive breastfeeding is recommended for the first six months of a baby’s life.

Positive parent-child relationships in the first year of life are associated with stronger cognitive skills in young children and enhanced competence and work skills in schools. Good quality early childhood education has enduring effects on health and other outcomes, particularly for those from disadvantaged backgrounds. Emerging evidence shows the positive impact of Sure Start Children’s Centres in relation to these outcomes. Sure Start Children’s Centres were established to bring together early education, childcare, health and family support to provide the best start in life.

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The Waltham Forest context:

There are 20,000 children of 0-4 years living in the borough which comprises 9% of the population. Over a third of our children are growing up in poverty. Although declining over the last ten years, the infant death rate for Waltham Forest in 2005-2007 was higher than England (4.9 per 1000 live births) and while the percentage of low birth weight babies has declined over the previous three years, it remains above that for London and England. Results from the national school measurement programme in 2008-09 showed that the prevalence of obesity in reception age children was 9.9% which is in the second highest national quintile.

Pre-natal care.

Pregnant women are recommended to book for their first antenatal appointments by twelve weeks into their pregnancy. In 2005/06, 39.6% of pregnant women booked by 12 weeks. However, pharmacies can now book pregnant women directly into antenatal services. Leaflets are available for women when they buy pregnancy tests about the importance of early booking and steps to take. GPs are using Choose and Book to book women swiftly into antenatal services and women are able to book directly into midwifery services.

Almost 10% of mothers smoke in pregnancy – the highest out of 5 benchmarked authorities but significantly lower than the England average. Increased support for pregnant women to stop smoking is being provided through Stop Smoking Services in a number of settings including pharmacies, GP practices, hospital clinics and drop-in sessions. In addition, the clinic at Whipps Cross is now complemented by an incentive for referrals for pregnant women into the Stop Smoking Service.

Hospital services.

In a number of consultations carried out with residents, significant dissatisfaction has been expressed in relation to the quality of care received at Whipps Cross Hospital, particularly with regards to maternity services. A number of mothers we spoke to during our consultation with families involved in the More for You project felt that staff on the maternity ward could be disrespectful and automatic in their response to them, causing them considerable distress. They recognised that this could be due to staff shortages and an inability of staff to personalise their care. NHS WF’s current Commissioning Strategic Plan acknowledges that sufficient staffing capacity will be key to expanding choice in birth settings and responding to increased birth rates. And Waltham Forest’s Children and Young People Plan includes a commitment that young mothers and fathers will be involved in checking maternity services regularly, supporting actions to deliver improvements.

Post-natal care.

Waltham Forest does very well in terms of breastfeeding initiation and is ranked in the top 25% in the country. However it does less well in maintaining breastfeeding

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13 Consultation with families participating in the More for You project, 11th July 2010.
with a drop from 87% at birth to 53.4% at the 6 – 8 week check-up. A joint Breastfeeding strategy is being developed between Waltham Forest, Redbridge and Havering to provide the direction for improving the sustainability of breastfeeding in the boroughs and local women are being trained to become breastfeeding peer support workers. Whipps Cross Hospital is working towards the UNICEF Baby Friendly Initiative, which promotes breastfeeding.

Immunisation rates in Waltham Forest are generally among the highest in London. The one exception is the MMR vaccine, which protects children against Measles, Mumps and Rubella and consists of two doses given at 13 months and then again at around three years and four months of age. An Immunisations Performance group works to monitor actions as well as provide direction for the programme including engagement with and support for GPs to enhance processes to provide required immunisations and information for reporting.

Support for families.

Waltham Forest’s Children and Young People Plan includes a commitment to make sure that families are able to access help early from the voluntary and community sector when they are experiencing parenting problems to avoid them becoming more serious. Consultation carried out with front line workers and their managers during the development of the CYPP highlighted how they feel that supporting parents and carers and ‘Thinking Family’ is key when working with children and young people and considering possible responses and interventions.\textsuperscript{15} Parents and carers felt that overall support for children is good in the borough but when a family is in a ‘crisis’ situation, support is difficult to access. They expressed how valuable they find networks to be and highlighted the need for improved and accessible networks such as parent support groups that continue from early years throughout the child’s school life.\textsuperscript{16}

\textbf{“More for You” – Waltham Forest’s Child Poverty Innovation Pilot 2009-2011.}

In 2009, LBWF received £1m funding from DCSF to develop a pilot focused on reducing child poverty in the borough.

The key themes of the project are to:
- Increase parental employment or access to services;
- Raise family income, including through the improved take up of tax credits and benefits, including local authority administered benefits;
- Build capacity of communities to tackle poverty;
- Reduce intergenerational poverty by increasing educational attainment of vulnerable children, narrowing the gap; and
- Help families to access the Free Early Education Grant and to be more involved in their children’s learning.

Run as a partnership between LBWF’s Children and Young People, Revenues and Benefits and Housing Services, Job Centre Plus, NHS Waltham Forest, Worknet partnership, Babcock Educational Services, Children Centres and Early learning providers, the project identifies families with children, aged two to five years old due to join one of 6 primary schools, selected on the basis of being in areas with highest

\textsuperscript{15} James Gould and Darren Good, “‘From the front-line to the board room’ Stories from front-line workers in Waltham Forest”, 2009.

\textsuperscript{16} WM Enterprise, “Waltham Forest Council – Children and Young People’s Plan Qualitative Study, December 2009.
Indices of Multiple Deprivation and the greatest achievement gap at the Early Years Foundation Stage. There is also a focus on supporting Gypsy, Roma and Traveller families.

Examples of some of the support being provided include completion of applications for benefits which families were not aware they were entitled to; signing up to a Dentist or Doctor; accessing children centres and other child care services; libraries; signposting/support for immigration issues; housing repairs and overcrowding issues. To date 6 parents have entered into either employment or training through the programme, 13.4% of the 98 visited families receive new tax credit and housing/council tax credit and 5.2% are receiving more housing benefit.

The pilot will end in March 2011 and learning and activities mainstreamed into existing services wherever possible.

Managing the transition to primary school.

LBWF launched a transition policy in 2008 and staff in many of our schools now visit children in their early years setting to chat with them and their key workers prior to starting primary school. Parents and children are also invited to attend introductory sessions at each school. From September 2010, our school improvement partner – Babcock – will be working in regional clusters across schools and settings to strengthen links and enable these transitions to be seamless for children and their families.

Parents feel that some schools are better than others at managing inductions with taster days and opportunities to meet the teachers and learn about the school. Many communicated that if schools were able to run courses for parents in subjects such as maths that mirror the curriculum it would help them to better support their children.17

Child care and education.

Waltham Forest supports 17 Sure Start Children Centres that provide some dedicated provision that supports families by providing information on early years education and childcare, family support and outreach services, children and family health services and information and support in returning to work. Some centres run smaller group sessions for parents who may feel overwhelmed in larger centre activities. One centre offers counselling provision.

About 80% (15,786) of all under-fives in Waltham Forest are registered with a Children’s Centre. At the moment however only about one in six of the children on the register or 2,625 children are actually seen by children centre staff – which is less than 15% of all children in the borough.18

A number of centres provide intensive family support through home visits, often through an outreach worker or through additional staff resources with time-limited funding. However the number of families that are reached through community outreach, or that are referred onto employability support or debt and benefit advice, is low. Most outreach workers have a caseload of less than a dozen parents. One

17 Ibid.
exception of about 60 parents over a three-month period was explained by quick and good quality referral routes to other agencies\(^\text{19}\).

Children’s achievement across the Early Years Foundation Stage (EYFSP) in Personal, Social and Emotional Development (PSED) and communication, language and literacy (CLL) was significantly lower in 2009 (40%) than a number of other London boroughs (50.48%). Over the last three years, Waltham Forest has achieved the least increase on this measure, rising only by 5% from 2007 to 2009 compared to in similar areas (10%), London (7%) and England (6%).

NI 72 Overall achievement:\(^\text{20}\)

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<th>2008</th>
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<tr>
<td>Waltham Forest</td>
<td>35%</td>
<td>39%</td>
<td>40%</td>
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<tr>
<td>Similar areas</td>
<td>40%</td>
<td>46%</td>
<td>50%</td>
</tr>
<tr>
<td>London</td>
<td>43%</td>
<td>46%</td>
<td>50%</td>
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<tr>
<td>England</td>
<td>46%</td>
<td>49%</td>
<td>52%</td>
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In terms of the percentage gap between the lowest achieving 20% in the EYFSP and the rest, Waltham Forest stood at 36.7% compared to an average of 33.69% for London.

NI 92 Narrowing the gap between the average score of the lowest 20% and the median:\(^\text{21}\)

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<tr>
<td>Waltham Forest</td>
<td>41%</td>
<td>39%</td>
<td>37%</td>
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<tr>
<td>Statistical neighbours</td>
<td>39%</td>
<td>37%</td>
<td>35%</td>
</tr>
<tr>
<td>London</td>
<td>39%</td>
<td>37%</td>
<td>35%</td>
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<tr>
<td>England</td>
<td>37%</td>
<td>36%</td>
<td>34%</td>
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The CYPP includes a commitment to ensure that more specialist teachers will be recruited to help early years settings improve.

\(^{19}\) Cambridge Policy Consultants, “How can Waltham Forest’s children centres reduce child poverty?”, February 2010.

\(^{20}\) DCSF: Early Years Foundation Stage Profile Results in England.

\(^{21}\) Ibid.
The national policy and financial context:

The London Health Inequalities Strategy includes a commitment to lobby for a fair share of resources for London’s health and social care services and increase investment in public health prevention, and early years intervention.

The coalition government has made a commitment to protect the most vulnerable citizens during the current period of significant financial restriction. It has therefore decided to pursue a preventive agenda which targets families most in need.

The emergency budget set out tentative steps in this direction – with some of the provisions set out below - but the government’s wider vision for early years has yet to be fully expressed. Sure Start funding has been maintained for the present financial year, but the Comprehensive Spending Review of October 2010 is anticipated to provide a clearer sense of the strategic direction in this field. This, combined with the fact that funding for this phase is largely through the allocation of grants rather than through dedicated budgets, means that there is an unfortunate lack of clarity and stability, which it is hoped will be addressed by the government in the near future.

Moreover, announcements are expected in the autumn with respect to nursery funding, and the extent to which families will be required to contribute to early years services.

The proposals set out in the emergency budget are as follows. Child benefit will be frozen for the next three years, and from April 2011 eligibility to the Sure Start Maternity Grant will be restricted to the first child only. The Health in Pregnancy Grant will be abolished from January 2011.

The future of early years funding after March 2011 is currently unclear. Families with an income of more than £40,000 will see their eligibility for child tax credits reduced. Further, the baby element of child tax credit will be abolished from the beginning of the next tax year. This is paid, in addition to the family element, to each family that includes at least one eligible child under the age of one.22

In Waltham Forest, service expenditure on nursery school education has increased year on year, but the borough’s ranking against its 11 statistical neighbours has fallen from 5th in 2007-9 to 7th at £9,759,000 which puts it in the third quartile. For spend per head in nursery schools it ranks 6th at £43.90 per head which puts it in the second quartile although its ranking is lower than for primary school expenditure (3rd) and special school expenditure (2nd) but slightly higher than secondary school expenditure (ranked as 7th).23

The fiscal environment is set to become even more difficult with LBWF’s Medium Term Financial Strategy setting out a £1.689m reduction in the Children Services’ budget following the loss of £2,6m in area based grant in 2010/11.

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Recommended areas of focus for Waltham Forest:

<table>
<thead>
<tr>
<th><strong>Whole person approach</strong></th>
<th>- Improve the quality of care received by mothers at the maternity unit at Whipps Cross hospital.</th>
</tr>
</thead>
</table>
| **Targeting those most in need.** | - Focus SureStart provision on the lowest income families. |}

<table>
<thead>
<tr>
<th><strong>Invest to save</strong></th>
<th>- Implement the Department of Health’s National Support Team’s recommendations to reduce infant mortality.</th>
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<tbody>
<tr>
<td></td>
<td>- Increase the proportion of expenditure allocated to prevention in early years.</td>
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</table>
THEME 2. Enable all children and young people to maximise their capabilities and have control over their lives (5-19)

Introduction:

The Marmot Review highlights the importance of reducing social inequalities in educational attainment and life skills and the need to act outside as well as inside school in order to do so effectively. As success at school is dependent on the support and stimulation a child receives in their home, community and school-based interventions need to ‘think family’. This involves extending the role of schools in supporting families including developing the skills of the school-based workforce to work across school-home boundaries.24

Children living in poverty face greater barriers to secondary school completion and are significantly less likely to enter and to graduate from university than children in wealthier families. Persistent poverty impacts negatively on a child’s health and well-being, affecting their future health and life chances as adults. Poverty, poor social housing, worklessness and family breakdown have created in certain communities a generation of young people that feel disenfranchised from the rest of society. There is a strong link between success or failure at school and propensity to commit crime or engage in anti-social behaviour and it has been identified that a 16-percentage point rise in those educated to degree level could save this country more than £1 billion annually in reduced crime costs.25 Gangs are found not surprisingly in areas of highest deprivation.26

Teenage pregnancy can also been seen as a cause and a symptom of social exclusion27. Teenage pregnancy is also a cause of health inequalities and child poverty as teenage mothers are less likely to finish their education and more likely to bring up their child alone and in poverty.28 Children born to teenage mothers do less well at school and disengage early from learning and sometimes well before they have finished compulsory education. Daughters of teenage mothers are twice as likely as daughters born to older mothers to become teenage mothers themselves.

We know that if a child attends school for more than 94% of the time, they have a very good chance of getting five good grades in their GCSE exams. Educational achievement is linked to better health outcomes such as life expectancy and health inequalities. Feinstein et al calculate that; “when poor achievement is coupled with poor engagement (measured by truancy from school) the risk of ill health in adulthood multiplies by 4.5”.29 While increases in education will take years to have an impact, the impact will affect peoples’ lives for years.

Educational outcomes affect physical and mental health, as well as income, employment and quality of life. Reducing education inequalities involves understanding the interaction between the social determinants of education

outcomes, including family background, neighbourhood and relationships with peers, as well as what goes on in schools.

The role of employment and income in addressing health inequalities is considered in our next theme. In preparation for the world of work, it is important to ensure that young people are work ready, that they have the necessary skills and confidence and access to training and apprenticeship opportunities.

**The Waltham Forest context:**

There are 43,300 children and young people between the ages of 5-19 years living in the borough; 19% of the total population. 39% of children in Waltham Forest are affected by deprivation (live in families receiving means tested benefits), compared to 22.4% in England. 28% of children live in households with no adult in employment and 32% of children live in a single parent household, of whom 93% are headed by a female.

There is a high prevalence of obesity in children aged 10-11 years at 20.6% particularly amongst Black (21.4%) and White (16.1%) children. The TellUs 3 survey (2008) shows that young people in Waltham Forest are slightly less active than young people nationally with 28% exercising 6-7 days a week compared to 36% nationally.

There is a significant increase in the percentage of young people reporting substance misuse – an increase of 3.1% in Waltham Forest compared to less than 1% increases in similar areas, London and England. Waltham Forest also has higher levels of substance misuse (7.8%) compared to similar areas (6.1%) and London (6.5%), but is still below national level. Children in care and those involved in offending are found to be particularly at risk of substance use. Among children in care, 6.22% requiring a substance misuse intervention with 56% accessing an intervention in 2006/07, representing an increase from 36% in 2005/06. Of young people known to the Youth Offending Team, 40% of those screened required a drug intervention, exceeding the regional average of 21% and the national average of 15%. A round half of young people belonging to a youth gang admit to using drugs and the street-level drugs market is intricately linked to gangs.

**Educational attainment.**

Educational achievement at primary and secondary level is improving in the borough but performance at Key Stage 1, 2 and 3 remains below that of London and England. At GCSE level, 62% of pupils achieved 5+ A*-C grades in 2009, a 2% increase from the previous year, but still below the London and national (70%) averages. 93% of Waltham Forest pupils achieving 5+ A*-G grades including English and Maths compared well with national (83%) averages, as did the proportion of pupils with at least one pass (98%) which is just 1% below London and nationally.

More of our young people are staying on in learning after the age of 16. In 2007, nine out of ten young people were in learning at age 17 and 62% of young people in the borough hope to go to university when they leave school compared to 54% nationally.

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33 Pitts, Reluctant Gangsters: Youth Gangs in Waltham Forest, February 2007.
Performance is not uniform across all groups of pupils however. Boys on average perform less well than girls in line with national trends and children in care, children with learning difficulties and disabilities and children accessing free school meals do not achieve as well as other young people in the borough. At KS2 and KS4 Black pupils are consistently performing below the overall average and pupils classified as having English as an additional language (EAL) under-perform non-EAL pupils at all key stages, particularly at the foundation stage.

All our secondary schools and colleges are working together in area partnerships to improve learning, behaviour and attendance and raise standards. Each school has a school improvement partner who is normally another head teacher and Babcock International has a contract until 2012 to provide a school improvement service on behalf of the borough. Babcock has two advisors who work with schools to put in place programmes and activities – like the black pupils achievement programme – that support those children from black and minority ethnic backgrounds who are not doing as well as their peers. As part of the Making a Big Difference programme, we are working with nine primary schools whose foundation stage profile results are lowest.

The top three things that children in Waltham Forest said would help them to do better in school were more fun/interesting lessons (80%), more help from teachers (42%) and quieter / better behaved classes (37%).

Absenteeism.

Reducing truancy and exclusion is very important in helping young people to achieve their full potential and avoid engaging in risk taking behaviour that may include anti-social and criminal activity.

Waltham Forest has six secondary schools and ten primary schools with high numbers of children who are persistently absent. The absence rate for Waltham Forest primary schools during the academic year 2008/09 at 5.54% is both above the London and national average. However, Waltham Forest has a lower persistent absence rate. For its secondary schools, Waltham Forest has seen an increase of 0.05% in overall absence during 2009 compared to the previous year. This is in contrast to the decline in the absence rates for similar areas, London and nationally. Persistent absence by secondary school stage has fallen at a lower rate over the last three years for Waltham Forest compared to London and England however, bringing it closer to their rates.

Over the last three years, Waltham Forest has been very successful in reducing its permanent exclusion rates and there were no permanent exclusions in the 2008-09 academic year. Fixed term exclusions in primary schools has dropped sharply to below rates for similar areas, London and England but at secondary school level fixed-term exclusions are almost twice as high as in similar areas, London and England. In primary schools, children of Travellers of Irish heritage (52.6%) have the highest rate of fixed-term exclusion, in secondary school White and Black Caribbean (34.3%).

Babcock and the Council’s education support service are working with each school to write a plan of action to improve attendance and LBWF and NHS Waltham Forest are developing a joint policy on absenteeism in schools.

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34 LBWF, Children and Young People’s Plan Profile, May 2010.
Youth offending.

In 2007/08 young people aged 10-17 years entering the Youth Justice System (YJS) for the first time had increased by 5.4% over the previous year. This is against the declining trends for similar areas (-17%), London (-9%) and nationally (-21%).

Black young offenders are not only over-represented in YJS relative to their population but by 2008/09, at 21.4%, have reached significantly higher levels than those of similar areas (16.7%), London (15.5%) and England (3.5%). Asian and Asian British offenders are still under-represented relative to their population, but their levels relative to their population have increased by 2.4% since 2006/07.

From having the highest levels of young offenders supervised by the Youth Offending Service in suitable full-time Education, Employment and Training at 83% in 2006 compared to similar areas, London and nationally, Waltham Forest levels have declined to 62% by 2008 making it significantly below that of similar areas (78%), London (74%) and nationally (72%).

The ‘Findings of involvement work with children, young people and parents’ draws a link between anti-social behaviour and offending and the lack of suitable activities available for young people. The TellUs 3 survey (2008) indicates that; fewer young people in Waltham Forest have participated in any group activity led by an adult outside school lessons in the last four weeks, at 56%, compared to 62% nationally and compared to national respondents, significantly more young people in the borough would like to go to a sports club or sports class 26% (20% nationally), art, craft, dance, drama, film/video-making group or class (not in school lessons) 31% (26%), or a library / museum 19% (14%).

Sexual health and well-being.

The teenage pregnancy rate in Waltham Forest is higher than the England average. However there has been a 9.8% reduction in under-18 conceptions since the baseline year in 1998. Of the conceptions in the age group 15 – 17, 66% resulted in abortions in 2008, a rise of 7% since 2005.

Fewer young people think that the sex and relationship information and advice they get is good enough, compared to other areas in the country. The Children and Young People Plan 2010-13 contains a recommendation to work with schools and colleges to ensure that sex and relationship education is good – particularly for disabled children and young people.

Waltham Forest’s Family Nurse Partnership Pilot supports 100 young mothers under the age of 21 to ensure that they have a good pregnancy, healthy babies and that they can be financially secure. The support continues until the child reaches the age of two.

Conduct disorder affects 5.3% of young people aged 5-16. Rates are higher for both boys (13%) and girls (10%) between the ages of 11 & 16. Of young people in contact with the youth justice system, 53% have conduct disorders. 68% of children living in residential care are assessed as having a mental disorder and 8.5% of children with no parent working have an emotional disorder.

35 35 DCSF, TellUs 4 Questionnaire results for Waltham Forest, 2010.
Staff that work with children in the borough highlight the importance of intervening early when a child has a mental health problem. Young people often pick up on the emotional health and well-being of their friends before teachers, professional and families do and we could use this knowledge better. They also recognise the importance of peer support networks for young people who share similar issues.\(^{36}\)

Twelve schools and the two short stay schools are taking part in a project called targeted mental health in schools. By linking more closely with mental health workers, the intention is that these schools have more confidence supporting children and young people to be mentally and emotionally healthy.

**An extended role for schools.**

We are working closely with voluntary and community sector organisations to commission activities for young people and are one of only 10 London boroughs where 100% of schools provide access to the full core offer of extended services.

- Further information on extended schools to be inserted here -

**Skills, training and employment opportunities.**

According to the TellUs 4 survey, the number of young people in the borough that most often worry about school work and exams and what to do after Year 11 are higher than national and statistical neighbour figures while the number of years 8 and 10 that feel they have enough information and support to help them plan their future is lower.\(^{37}\) Parents and carers feel there is a need for career advice to be provided at an earlier age, and in advance of young people choosing their options.

A number of young people who are disenfranchised see exams as the only option, and this promotes them to reject a system they do not feel academic enough to achieve in. Opportunities to develop skills is particularly appealing to young people who have become disengaged with school.\(^{38}\) Many young people, including young mothers, highlighted that young role models are essential to encourage the next generation of young people.\(^{39}\)

All young people in Waltham Forest have an offer of a place the September after they finish school – the September guarantee. We are increasing the number of learning paths available for 14- and 16-year olds and there are more diploma courses available together with apprenticeship opportunities at 16. We are also improving our foundation learning tier.

The percentage of young people classified as NEET in Waltham Forest was lower than England. Of those children with learning difficulties aged 16-18, 15.8% are in the NEET category. Disabled young people in the borough have told us that they often find it difficult to realise their ambitions. Many of them and those that support them have low expectations about getting paid work in the future because of their

\(^{36}\) LBWF, Your rights, your future: Waltham Forest’s children and young people plan 2010-2013.

\(^{37}\) DCSF, TellUs 4 Questionnaire results for Waltham Forest, 2010.

\(^{38}\) Ipsos Mori, Consultation for the 14-19 plan in the London Borough of Waltham Forest, Jan 2009.

\(^{39}\) Waltham Forest’s Children and Young People Plan, 2010-2013.
disabilities. Also a lower proportion of Waltham Forest’s Looked After Children in Year 11 are engaged in Education, Employment and Training (67%) compared to similar areas (72%), London (86%) and England (84%).

Our Connexions service is in contact with every young person who is not in education, employment or training and a special team has been created in the youth offending service that includes a Connexions personal advisor, an education welfare officer and an educational psychologist.

The national policy and financial context:

As part of its wide-ranging review of public expenditure, the Coalition has made a number of savings this year which will contribute to the reduction in the public deficit. One programme in particular – Building Schools for the Future – has been cancelled entirely. This represents a huge reduction of investment; the borough has calculated that £26m of direct funding has been lost, and that a further £13m has already been disbursed on abortive costs. Should a successor scheme not be put forward, it will mean that the school environments available to students in Waltham Forest will remain out-dated; and the pressure on school places will increase, as the much-needed 14 additional forms due to be provided for will no longer be possible.

In addition to this, the £6bn in-year savings announced by the government in June 2010 have also had a significant impact on budgets aimed at children and young people, and therefore it is within the context of considerable financial pressure that health inequalities programmes must be considered. The full effects on services for children are yet to be fully established.

The government’s education policy more generally – and particularly the acceleration of the programme to increase the number of academies – is also likely to affect local authority budgets as schools, keen to attract investment from central government, opt out of direct council control. Authorities will therefore find it more difficult to intervene in order to address complex issues such as health inequalities, and will consequently find it more difficult to coordinate projects involving all of the schools in the borough.

However there will be financial opportunities available to schools. The government is currently consulting on how its new ‘pupil premium’ will operate. This funding, allocated for individual pupils based on their level of need, will potentially be a significant additional source of income for the borough given its relatively high level of deprivation. The Council is currently considering its response to the consultation in order to ensure that the formula adopted offers the fairest possible outcome for residents of Waltham Forest.

Additionally, the government will seek to reinvest some of the revenues saved from the in-year cross-departmental savings. Some £150m will fund 50,000 new apprenticeship places nationally, with a particular focus on helping built capacity within small and medium-sized enterprises (SMEs). It is hoped that this will help to alleviate the skills gap identified within the borough and stimulate the local economy – an important step given the cancellation of the Future Jobs Fund.

Furthermore, the government has promised to introduce a number of summer activities in order to increase their wellbeing and employability. This accords with the

40 Ibid.
Leader’s commitment in Waltham Forest to provide an extensive range of extended services for young people by opening up local schools and community spaces during the summer holidays. This programme will be undertaken initially as a national pilot but will be rolled out nationally thereafter, with the financial benefits available to the authority becoming apparent at a later stage.

**Recommended areas of focus for Waltham Forest:**

<table>
<thead>
<tr>
<th>Whole person approach</th>
<th>- Think Family and work with schools to extend the role to working with families and supporting parents to support their children with their education, life skills and physical and mental health.</th>
</tr>
</thead>
</table>
| **Targeting those most in need.** | - Work with schools to identify and support young people at risk of;  
  o school failure  
  o mental health issues  
  o anti-social behaviour |
| **Invest to save** | - Work with schools to provide young people with the life skills they need to lead healthy and productive lives.  
  - Tackle teenage pregnancy. |
THEME 3. Create fair employment and good work for all (20 – 64)

Introduction:

Income and education are the most important influences on health. Levels of disposable income affect our ability to meet basic needs—the way we live, the quality of our home and work environment, and the ability of parents to provide the kind of care for their children that they would wish. Outcomes associated with low family socio-economic status include poor maternal nutrition, infant mortality, low birth weight, childhood injuries, child mortality, dental caries in children, malnutrition in children, infectious disease in children and adults, chronic diseases in adulthood and excess mortality.

In research carried out with residents in preparation for the JSNA in July 2009, residents consistently reported that not having much money could affect their health in many ways, including: not being able to afford healthy options such as fresh fruit and vegetables, not being able to afford to use local leisure facilities and bring prone to worry, stress and anxiety which could have an effect on mental and, consequently, physical health.41

To help people enter the work place and obtain gainful employment, The Marmot Review recommends the development of active labour market programmes and emphasises the importance of generating ‘good’ work, that is flexible and rewarding and where the employer provides a healthy physical environment, promotes well-being and provides mental health support when required. 42

Mental ill-health accounts for the loss of over 91 million working days each year in the UK, with half of these days attributed to anxiety and stress. At any one time, one third of the working-age population are suffering from some form of mental distress—a sixth from symptoms associated with mental ill health such as sleeplessness and fatigue that do not meet the criteria for a diagnosis of a mental disorder and a sixth that do meet these criteria due to the severity of their illness.43

The cost of stress-related absence was estimated to be £3.7 billion in the UK in 2005.44 Over 200,000 people go onto incapacity benefits due to mental illness each year, a figure that has not changed over the past decade.45 As The Future Vision Coalition, a group of eleven leading national mental health charities set out in their report; A Future Vision for Mental Health; “Collective action for better mental health has the potential to create a self-reinforcing virtuous circle, in which action to help people to maximise their mental well-being enables more people to attain their potential and further promotes good health”.46

43 Royal College of Psychiatrists, 2008:1
45 Black, C., Working for a healthier tomorrow, Dame Carol Black’s Review of the health of Britain’s working age population, 2008.
The Waltham Forest context:

This section of the population comprises 61% of Waltham Forest's population; 139,600 people.

Circulatory disease, cancer and respiratory disease contributes the most to health inequalities in Waltham Forest, key risk factors including smoking, obesity and inactivity. The incidence of cancer in the borough however is low and screening rates are good but one year survival rates are some of the lowest in London and England (particularly in colorectal cancer, breast and lung cancer). Supporting people to identify cancer symptoms at an early stage and present themselves early to their GP is therefore crucial.

Mental health is another key health issue with the Mental Health Needs Index (MINI) for WF indicating that there may be 33% more mental illness in WF than in the UK. An estimated 18.4% of the population of WF aged 16 to 74 may have common mental health problems, not normally referred to specialist services, such as depression. Men are predicted to have higher levels of all mental health disorders with the exception of phobias.

In research carried out for the JSNA, residents said that stress and anxiety could not only lead to mental and physical ill health but could also affect motivation to lead a healthy lifestyle. Sources of stress and anxiety were widespread and included finances, work, school, relationships, job security, caring for others, illness, housing and the surrounding environment. Some of the causal factors leading to stress and anxiety - job security and housing - were seen as most difficult to overcome. Lack of mental health support not only impedes the individual in seeking work with one resident stating that; “I suffer from anxiety but there is no support for this”, but it also prevents members of their family who care for them; “I am a carer for my wife, she has depression…if she gets the help she needs then I could look for work.”

Skills.

Evidence shows that we have an under-qualified population and that we have low employment rates amongst those with the least qualifications. Amongst our residents who hold no qualifications at all, only 40% are in work. Almost a third of our residents are “low/no skilled” and only a half of the population has a level 2 qualification or better. This percentage has improved in recent years but, to match the London average for people who have risen above the “low/no” skill level, we would still need to improve the skills of about 14,000 of our residents.

Parents see the time when their children start school as an opportunity for them to further their education. Education across the life course contributes to improved health. Those participating in the More for You project are particularly interested in ESOL, IT, GCSE English and Maths and NVQs particularly in health and social care.

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49 Ibid.
50 Ibid.
51 Waltham Forest’s strategy for enterprise, employment and skills, 2009-14.
52 Consultation with families participating in the More for You project, 11th July 2010.
Of the family members consulted on the More for You project, 2 were employed and 22 unemployed yet 21 would like to be in employment if they had the opportunity. Barriers to them working included; caring responsibilities, lack of affordable childcare and flexible working opportunities, language, age, mental health and a lack of incentive. It seems difficult to find a route into employment with one citing the fact that apprenticeships do not seem available to anyone over the age of 25 years old.53

Employment.

In 2009, 28% of the working age population of the borough (16-64) are economically inactive – that is, they are not in employment or unemployed and actively seeking work. The percentage of economically active population (working or looking for work) is respectively 72%. Economic inactivity is more prevalent among ethnic minorities and women. Particularly vulnerable is Pakistani/ Bangladeshi community where 54% of working age people is classed as economically inactive, compared to only 22% of the White population.

Both men and women across all age-groups have been affected by the economic downturn in Waltham Forest. With one of lowest job densities in London, Waltham Forest residents have to rely largely on outward commuting to find employment. As of November 2009, there were 8,440 Incapacity Benefit claimants in the borough. The profile of the borough IB claimants by length of claim shows that a majority of claimants (63%) have been in receipt of IB for 5 years or more. As many as 3,480 (41%) of claims have been made on the basis of a mental health condition, the most common reason for claiming IB in the borough.

The total number of anti-depressant prescriptions issued in Waltham Forest has been increasing for three consecutive quarters. 3,055 more prescriptions were issued in the period of Oct-Dec 2009 compared to the same period in 2008. This is equivalent to a 14% increase. The profile of alcohol related harm for WF rates the borough red for alcohol-attributable hospital admissions and alcohol-related crimes.54

Many businesses in Waltham Forest are within sectors that have declined throughout London and are likely to continue shrinking in the future. There are very few larger employers (except in the public sector) with only 20 private firms in the borough employing more than 200 people – and half of these are retailers. Smaller businesses dominate the local economy but we do not have a strong record of entrepreneurial activity. Relatively few new businesses are being created and we have a low rate of self employment.55

Regional opportunities.

Regionally Waltham Forest is well placed to benefit from the physical regeneration and economic development opportunities identified as the legacy benefits of the 2012 Games, as outlined in the Host Borough’s Strategic Regeneration Framework (SRF). The regeneration includes the establishment of Crossrail, which will provide the infrastructure for local, national and international transport for residents of east London and the development of Stratford City that will generate jobs, office space and affordable housing.

53 Consultation with families participating in the More for You project, 11th July 2010.
54 London Health Observatory, Waltham Forest Health Profile, 2010.
The London Thames Gateway Development Company is leading a further series of regeneration projects focusing on the Lower Lea Valley area and Waltham Forest, along with its north London neighbours, forms the southern end of the London Stansted Cambridge Peterborough (LSCP) growth area, as identified within the East of England regional plan.

The national policy and financial context:

The Conservative Party’s general election manifesto promised to review the benefits system. This stems from a belief that the system as it stands has entrenched stark social inequalities in certain regions. The Department for Work and Pensions has launched a consultation entitled 21st Century Welfare. It seeks agreement that the best way of tackling inequality is by making work pay through the rationalisation of the current benefits regime. The main thrust of the new policy will be to create a taper system, so that benefits are gradually withdrawn as earnings rise. Legislation is likely to be put before Parliament in early 2011 in order to enact the proposals.

This new system will not be without risk, however. The Coalition has predicated this framework upon the assumption that the private sector will intervene to provide additional jobs during the period of fiscal restriction of 2011-14. As this remains only an assumption, the final details of the new Work Programme will be of huge interest to the authority and residents. The Work Programme will provide a single, personalised welfare-to-work programme for all benefits claimants, regardless of the benefit they claim, delivered locally.

The local context is significant. Early indications from the Local Economic Assessment data show that 28% of the working age population is economically inactive – considerably higher than the London and national average. Therefore the attempt to tackle worklessness will, if successful, have a material impact upon the wellbeing of a large proportion of Waltham Forest residents.

Recommended areas of focus for Waltham Forest:

<table>
<thead>
<tr>
<th>Whole person approach</th>
<th>- Showcase Waltham Forest employers that deliver healthy workplace best practice.</th>
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</thead>
<tbody>
<tr>
<td>Targeting those most in need.</td>
<td>- Provide targeted support to those on long-term incapacity benefit including those with physical disability and mental health issues to enable them to re-enter the workplace.</td>
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<td></td>
<td>- Develop literacy skills to enable people to carry out daily living and employment tasks that increase control over their lives (functional literacy).</td>
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<tr>
<td>Invest to save</td>
<td>- Enable people to stay in employment through prevention and early detection of disease.</td>
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<tr>
<td></td>
<td>- Develop skills and motivation that match existing and emerging employment opportunities.</td>
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</table>

Introduction:

Continuing the life course approach, our fourth theme focuses on older people. Older people have accumulated substantial experiences and potentially significant risk. A focus on prevention is therefore particularly important at this age to prevent the disease and disability and where these are present to manage them in the community where people live.

A feature of global development in the 21st century is the ageing of society. Universal public health gains and improved standards of living have accounted for a dramatic rise in life expectancy rates. In the UK the last 40 years has witnessed the average person living a decade longer than they would have done in 1960. The World Health Organisation rightly describes this as a great triumph but it also cautions that it could be one of our greatest challenges.\footnote{WHO, Active Ageing, 2002}

The 2007 Putting People First concordat recognises these challenges and marks a strategic shift in how the health service and adult social care approach care for older people. It recognises the growing demand on services that a rise in the over 65 population and a decline in the working age population may have. Its approach is to reduce demand on acute services by funding prevention and early intervention strategies, such as increased screening rates and regular check-ups.

A key issue for this age-group is loneliness. Studies have found that 27% of older people living in deprived electoral wards reported high rates of social isolation and 17% were severely or very severely lonely. Those with high social isolation are more likely to be older (aged over 75) and belong to White, Black Caribbean, or Somali groups. Those who are severely lonely are more likely to be older, single and Pakistani in origin.\footnote{Cabinet Office (2006) Sure Start to Later Life, Ending Inequalities for Older People}

Tackling isolation is a key element of ensuring an improved quality of life and reducing health inequalities, as it will enable vulnerable residents to become more engaged in social activities and help to build stronger local communities.

Our Full of Life strategy for the Over 50s puts in place a policy framework to enable residents to remain healthy and independent and contribute and participate actively in the community until the very last years of life. This involves not only health and social care services but also ensuring a safe, clean and barrier-free environment where older residents feel comfortable and secure. We will also aim to tackle social isolation through outreach programmes to our most at-risk residents.

The Waltham Forest context:

Eleven percent of the population of the borough, 25,400 people is over 65 years of age. According to GLA demographic projections, the total population growth in Waltham Forest between now and 2031 is expected to stay below the average population growth in London (9% and 15% respectively), leading to an estimated population of 245,800 by 2031. Population ageing will account for the bulk of this
growth with predictions indicating that the over 50s population is set to increase from 57,900 to 79,100 (37% growth) over the next twenty years.

The persisting gap between male and female life expectancy will result in a higher number of women outliving men as people get older. The number of women starts to exceed the number of men in Waltham Forest from the age 45-49 and continues through the age bands. According to GLA figures 54% of all people over 50 in Waltham Forest are women (31,400) while the number of men is 26,500. This has implications as older women are more at risk of poverty, given shorter employment histories and pension contributions.

Nationally this gap in life expectancy across gender has reduced from 5.1 to 4.2 years over the last decade. This is slightly worse than the reduction in Waltham Forest, where the gap reduced from 5.7 to 4.7 years. The closure can be accounted for a rise in male life expectancy in the borough by 2.5 years, as opposed to an increase among women of 1.5 years.

Waltham Forest has higher than average limiting long-term illnesses (LLTI) across all age groups. 44% of all 65-74 year olds suffer from LLTI's, and this rises to 73% among those aged 85-89. The problem of deprivation within the borough can be identified in noting that LLTI's are more prevalent among home ‘renters’ than among home ‘owners’. In the 65-74 age group the different is 12 percentage points between a person renting a council property and someone who owns their own home. There is also a clear division in the prevalence of LLTI’s among Asian/Asian British (65%) and those of other ethnic backgrounds (between 52-54%), though there is not the evidence to link this to deprivation.

A widely held view of an ageing population is that it will place unprecedented demands on social and health care systems. But there is nothing inevitable about this future. If societies are made to be “age-friendly” then there is no reason why older people cannot stay healthy, active and independent until late in life. We know that approximately 80% of older people do not use social care services and through improved health care and using preventative techniques we can ensure that older people remain socially engaged and able to make a positive contribution.

A large part of making a society “age-friendly” is ensuring that the local area caters for the needs of the local population. Currently 55% of residents over 60 felt very unsafe after dark in Waltham Forest and 78% are concerned about street robberies. This perceived fear of crime must be addressed so that older residents feel comfortable in taking an active part in society.

Reducing social isolation is also key. Residents have identified that relationships with family and friends can have a very strong bearing on people’s mental well-being. While only one out of every five people aged 50 to 64 lives alone in the borough, this is the case for almost every other person who is 75 or older.

Preventing falls is a major factor in ensuring that our older residents are able to enjoy independent and active lives. The JSNA tells us that Waltham Forest has the 2nd highest admission rate in London for fractures (114.84 / 100,000 compared to the London average of 92.76). Among the over 65s it is predicted that almost 1,500 will need to attend A&E as a result of a fall this year, with 18% requiring hospital admission. In response the Council has produced a Falls Prevention Strategy, which is aimed at reducing these figures.
Being able to travel is regularly cited as one of the most important factors in maintaining a high quality of life for older people. The Bus Service across the borough is rated highly, with satisfaction rates of over 70% among the over 55’s. The Freedom Pass is seen as one the largest benefits of growing older as it ensures that accessing London becomes affordable for any older resident. The transport links within the borough are also felt to be very good although the Dial-a-Ride service was routinely criticised for its service, which is a problem for those who have mobility issues that limit their ability to use other forms of public transport and is a concern given the projected increases in disability rates among the over 65’s.

The national policy and financial context:

- to be completed –

Recommended areas of focus for Waltham Forest:

<table>
<thead>
<tr>
<th>Whole person approach</th>
<th>Improve access to and safety of public space.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeting those most in need.</td>
<td>Develop targeted outreach to raise awareness and early presentation among at risk groups.</td>
</tr>
<tr>
<td>Invest to save</td>
<td>Tackle social isolation.</td>
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</tbody>
</table>
THEME 5: Create and develop healthy and sustainable places and communities

Introduction:

The four life course stages – early childhood development, education, employment and food health and independence in retirement – were presented in Themes 1-4. This theme deals with the remaining determinants including climate change, housing, social cohesion and crime.

The influences on health and wellbeing – often called the social determinants of health – are the conditions in which people are born, grow, live, work and age. Genetic predisposition interacts with environmental influences and individual lifestyle behaviours to produce good or ill health, which is then mediated by healthcare services to restore health and independence as far as possible.

The benefits of addressing both health inequalities and climate change are brought out in the Marmot Review with recommendations in relation to active travel, good quality green space and energy efficiency in housing across the social gradient being examples of those. The Review also calls for improvements in the food environment in local areas and full integration of planning, transport, housing, environmental and health systems in order to be effective in addressing the social determinants of health in each locality.

A recent report by the Commission for Architecture and the Built Environment (CABE) explores the relationship between urban green space, inequality, ethnicity and health and wellbeing. In general, the report finds that when there is good quality green space, people are more satisfied with their neighbourhoods and have better health and well-being. It also found that those who value their green space will feel safe in it and use it more often to keep physically active.58

Social cohesion helps to protect people and their health and is defined as ‘the quality of social relationships and the existence of trust, mutual obligations and respect in communities or in the wider society’59. A breakdown in social cohesion may reduce trust, increase violence, increase health conditions such as heart disease, poor mental health and poorer chances of survival after a heart attack. Understanding of the relationship between social and community capital and health is growing. Communities facing multiple deprivation often have high levels of stress, isolation and depression and in order to combat this, it is important to remove barriers to community participation and action.

Crime rates affect people’s sense of security and increase their experience of stress. Stress, in turn, causes hormonal levels to rise with potentially damaging health consequences. Crime affects health in a number of ways – directly, indirectly and by influences on the healthcare system:

- Directly, through violence, injury, rape and other offences against the person.
- Indirectly, through the psychological and physical consequences of injury, victimisation and isolation because of fear.

• As a determinant of illness, along with poverty and other inequalities, which increase the burden of ill health on those communities least able to cope.

• By preventable health burdens, such as alcohol-related crime, motor vehicle incidents and drug dependency.

Violent crime is linked to deprivation and may lead to high levels of stress and reluctance to participate in physical activity such as walking and cycling.

The Waltham Forest context:

In consultation, residents have emphasised the importance of their environment to their physical health and mental well-being and expressed the view that this is an area over which they feel the council has most responsibility and they have least. 60 Specific environmental factors that impact upon their health include the cleanliness and safety of local streets and parks, their relationship with their neighbours and local people, the quality of their housing, the proximity and cost of leisure facilities and the prevalence of fast food outlets.

Parents participating in the More for You project similarly stated that the key environmental factors that positively impact on their health are going to the park, good and accessible public transport, availability of playgrounds and proximity of GP and dentist to their home. The factors that have the most negative impact are pollution including vehicles, dog mess, litter on the streets, poor and overcrowded housing and cheap unhealthy food in supermarkets and takeaways. 61

Active travel and combating climate change:

There are now 20 miles of dedicated cycle lanes on almost all the main roads in the borough except for roads on the outer rim bordering Epping Forest and the Lee Valley and the numbers of pupils walking to primary school in Waltham Forest are well above the national average of 52 percent. This is complemented by the low percentage of car use at this level, 14 percent lower than the national average. The majority of secondary age pupils in Waltham Forest walk to school with walking figures in the borough being significantly above the national average for this age group at over 56 percent and the numbers coming by car being well below the national average of 20 percent.

An OFSTED survey carried out in September 2008 however found that 15% of young people in Waltham Forest (compared to a national average of 11%) felt unsafe when travelling to and from school. This is something which the borough is committed to addressing and forms a key action within the Waltham Forest Youth Crime Prevention Board Action Plan.

It is Waltham Forest's ambition to be the greenest borough in London. Waltham Forest's Climate Change Strategy sets out an action plan to reduce the borough's CO2 emissions by 80% by 2050. A target of this size is now becoming widely accepted as necessary to have any chance of avoiding the more serious effects of climate change.

In Waltham Forest 5 tons of carbon are emitted per person per year. Approximately 50% of these emissions are from domestic buildings, 30% from non-domestic

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61 Consultation with families participating in the More for You project, 11th July 2010.
buildings and 20% from transport. Of the total carbon emissions in the borough, 3.5-4% come from the Council’s own operations. Around 75% of the Council’s emissions are from energy used in buildings, and the rest are from transport.\textsuperscript{62}

**Housing and energy efficiency.**

There are over 96,500 properties in the borough, of which 78% are privately owned. Almost a third of dwellings in the private sector do not meet the Government’s ‘decent homes’ standard. This represents over 21,000 dwellings of which almost 7,000 are believed to contain vulnerable households. Residents in social housing have communicated how the state of their properties impacts upon their mental and physical wellbeing.\textsuperscript{63}

In terms of thermal comfort, 17% of over 50s did not have central heating at the time of 2001 Census. More recent housing condition surveys carried out in Waltham Forest confirm that it is often the pensioner households, especially those living alone whose homes fail the required quality standards e.g. 39% of single pensioner households are considered to live in non-decent homes with the main reason for failure being thermal comfort.

Waltham Forest’s Housing Strategy 2008-2028 includes commitments to:
- Insist on excellent standards of internal and external design, through attracting outstanding architects to the borough, design codes, and expert panel.
- Deliver low carbon housing
- Maintain our requirement for all new housing schemes - both public and private – to build to Lifetime Homes Standards.

**Accessible and quality green space.**

The borough is fortunate to be surrounded by a combination of green space and waterways, situated between the Lee Valley Regional Park and the River Lea to the west and Epping Forest to the east; and with the Essex borders to the north and Wanstead Flats and the Olympic Park on the southern border. A fifth of Waltham Forest is made up of forest, reservoirs, open spaces, parks and playing fields and based on the current population estimate there is 4.16 hectares of public open space per 1000 Waltham Forest residents. The London Plan requires that every Londoner should have a small or local park within 400m of their home, a district park within 1.2km and a metropolitan park within 3.2km. Despite an expanse of green space in borough, when looking at ward level, 8 of our wards fall below this threshold.

The highest satisfaction levels in Waltham Forest’s Resident Panel 2008 were recorded in relation to parks (69%). Respondents with children in the family were less positive about parks, playgrounds and open spaces however with 24% of this group considering them to be poor compared with 16% of respondents without children in the household. Some residents also felt unsafe in the Borough’s street and parks.

Areas deficient in access to children’s play facilities are substantially larger and occur throughout the borough. However it is recognised that it would be expensive to create and maintain a series of new play areas and at the moment the Council’s focus is one of improving the quality and range of current facilities. However now that the pattern of provision and access deficiency is better understood, opportunities to

\textsuperscript{62} LBWF, Climate Change Strategy, 2008.
\textsuperscript{63} Waltham Forest’s Housing Strategy, 2008-2028.
create new play areas should be considered where they eliminate or reduce these areas of deficiency.

- **MAP** –

Increases in population will have an effect on the ratio of open space to population and, with Waltham Forest currently expected to accommodate 16,000 additional housing units over the next ten years, this will need to be taken into account to assess which parts of the borough will meet the recommended open space standards in a decade’s time.

The borough’s Open Spaces Strategy sets out a vision of a borough that is well served for open space where everyone has a good quality open space within walking distance of their home. In order to achieve this, a number of key actions have been identified including:

- Undertaking outreach work with African, Caribbean and Asian communities to understand the reasons why they do not use open spaces and to encourage use and with women and over 50s to address safety and other issues;
- Making open spaces cleaner;
- Protecting playing pitches from development;
- Seeking opportunities for new open spaces in areas of deficiency and improving the poorest quality open spaces;
- Improve facilities particularly for people with disabilities and for children and families.64

**Spatial planning, community regeneration and reducing social isolation:**

The percentage of people who believe that people from different backgrounds get on well together in their local area stands at 73% compared to an average of 76.3% for London. Parents participating in the More for You project agreed with the statement that your relationship with your community makes a difference to your health. Benefits include feeling happy, safe, confident and secure, less stressed, able to make friends, gain support and have someone to talk to and share feelings with.65

One issue that prevents people from engaging with and in their community is fear of crime. Perception of crime in Waltham Forest is high and we do have an issue with gang and youth on youth crime. A new approach to community safety is being established by the SafetyNet partnership in Waltham Forest to target crime hot spots and focus resources on reducing repeat offenders in order to make the borough safer.

Residents are very much in favour of neighbourhood designs that facilitate stronger residential communities. They want regeneration and development schemes to support community safety and interaction between residents, and for services to be accessible.66

Waltham Forest’s Housing Strategy 2008-2028 includes commitments to:

- Work towards creating well designed, successful neighbourhoods.

64 [http://www.walthamforest.gov.uk/draft-open-space-strategynov09.pdf](http://www.walthamforest.gov.uk/draft-open-space-strategynov09.pdf)

65 Consultation with families participating in the More for You project, 11th July 2010.

66 Waltham Forest’s Housing Strategy, 2008-2028.
• Improve safety and reduce crime levels in areas owned and managed by the Council, Ascham Homes and Housing Associations.
• Adopt policies that help to deliver better community integration and facilitate social networks across the borough.

Food environment.

On 24 March 2009, the Council adopted a Hot Food Takeaway Supplementary Planning Document (SPD) and became the first local authority in the UK to ban fast food outlets from opening within 400 metres of schools, leisure centres and parks. The ban was supported by a drive to improve the quality of school meals to ensure all pupils receive at least one healthy meal a day. All secondary schools also routinely bar pupils from leaving school at lunchtime.

The Council received five applications to open new hot food takeaways between 24 March 2009 and 1 March 2010. They were all rejected. Since the scheme was established the number of hot food takeaways in Waltham Forest has dropped from 253 to 241 (five per cent). Fifteen other local authorities have contacted Waltham Forest Council for advice on how the initiative works and setting up their own schemes. Spatial planning officers are working with public health to embed health in the Local Development Framework (LDF) and the supporting development management policies.

The national policy and financial context:

The coalition government has made a commitment to bring a renewed focus to efforts to improve the environment. At a local level this is evident in the recent decision to scrap ‘garden grabbing’ in order to meet affordable housing targets, thereby preserving green spaces.

The Localism Bill, which will be introduced to parliament in November 2010, will contain provisions for granting local planning powers to local communities. It is therefore hoped that this will rebalance the power in terms of controlling local development in favour of citizens.

The Leader of the Council made the environment a chief priority of his local manifesto, and the authority has recently committed to accelerating its efforts to significantly improve the streetscape. Council surveys suggest that cleaner streetscapes give rise to lower perceptions of crime, and therefore the effort to, for example, reduce fly tipping and improve the cleanliness of front gardens will have an overall effect on wellbeing.

It is unfortunate that the government has withdrawn one of the key projects aimed at improving young people’s engagement with green spaces, the Playbuilder Grant. This scheme had been successful in encouraging children to enjoy their local parks, and to lead active, healthy lives.

The overall effect of the reduction in government spending will be to reduce the amount of local spend on green spaces and recreation. It is however too early to tell what the long-term reductions will be, and therefore which services are going to be directly affected.
Housing

The Coalition set out in its Programme for Government its intention to review the Labour Party’s housing strategy.

The key change is a greater emphasis on localism, which will allow local communities to take on greater responsibilities, for example by setting affordable housing targets. In so doing, a number of regional structures have been removed, including Regional Spatial Strategies.

In London, the Mayor and London Councils have jointly lobbied the Secretary of State to give the Mayor’s office greater strategic control over housing budgets – with the functions of the HCA being taken in by the GLA – but with greater input from the boroughs. One such mechanism will be through Devolved Delivery Agreements, which from 2011 will channel funds, in participating boroughs, to housing schemes which are already underway. This will have the added benefit of making local housing decisions open to scrutiny at the community level and will therefore strengthen democracy.

Whilst the direct financial effects of this change are unclear, it is hoped that the building of affordable housing will be boosted, and therefore that overcrowding, a key concern affecting the health and wellbeing of a large number of families in the borough, will be reduced.

Yet this initiative must be set against the wider benefit reform package which directly affects housing. Housing benefit has been capped, and will be reduced to 90% of rent for those claimants who have received Jobseekers Allowance for more than 12 months from April 2013. The subsidy afforded to low earners in the private rented sector – the Local Housing Allowance – has also been capped. This is perhaps the most controversial intervention in the benefits system so far, in that the potential effect of will be far-reaching for affected families. This is for two reasons. First, as house prices in Waltham Forest are the 4th lowest in London, it is possible there will be an influx of families to Waltham Forest who have been uprooted from their central London communities and healthcare providers, perhaps with few existing links to the new borough. Second, this internal migration will be socially divisive. Areas such as RBKC, Westminster and Camden will lose many of the families which contribute to the social and economic diversity of those boroughs; whilst outer-London boroughs such as WF will attract families which are more likely to have high levels of need, and consequently more likely to be affected by health inequalities, thereby making the task of tackling such inequalities all the more challenging.

Recommended areas of focus for Waltham Forest:

<table>
<thead>
<tr>
<th>Whole person / whole community approach</th>
<th>- Embed health into the Local Development Framework.</th>
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<td></td>
<td>- Explore uses of 106 with the other 4 Olympic host boroughs.</td>
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<td></td>
<td>- Provide local communities with the right conditions and powers to create activities that bring communities together, like the Big Lunch.</td>
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</table>
- Ensure that all policy developments in the local authority are covered by an assessment to mitigate any negative influences on health.

**Targeting those most in need**

- Reduce crime through focusing resources on geographical localities with the highest levels of crime and those individuals most at risk of committing an offence.

**Invest to save**

- Improve the quality of private rented as well as social housing.
THEME 6: Understand and involve our communities.

Introduction:

In these difficult economic times, it is especially important that we are able to design services that are accessible and tailored to the needs of our communities and targeted to those most in need. In order to do so, consistent and robust data is imperative.

Feeling in control of our lives contributes to our mental health and well-being. It is therefore very important that residents are able to voice their satisfaction or dissatisfaction with the health services they receive. Residents need to feel confident that their views are considered both in the design of services that are being tailored to their needs and in response to their feedback.

A key strand of the Health White Paper is patient involvement – “nothing about me without me” – with patients becoming joint providers and decision makers in their own care and recovery. Furthermore, the voice of patients and the public will be strengthened through the creation of a new consumer champion – HealthWatch England – located in the Care Quality Commission. Local HealthWatch bodies will replace the Local Involvement Networks (LINks) and report up to the national body.

The Waltham Forest context:

Our latest JSNA for 2009-11 highlighted the fact that we do not have consistent equalities data relating to access to and experiences of health services in the borough. Ethnicity data is patchy as are data from other equalities categories including faith and LGBT data. Without this key information, we are unable to identify which communities experience poor access to services and thus to target services to these groups. GPs may have the best ethnicity data for the largest number of Waltham Forest residents. A pilot of three GP practices provided ethnicity data that was then linked to service use data. The pilot was considered a success and the effort is now being rolled out across all GP practices.

It is important that our communities have an opportunity to voice their views and experiences of health services in the borough in a constructive and ongoing way and that they are able to see action occurring as a result. One way of doing this currently is via the Waltham Forest LINk that provides an opportunity for residents, organisations and community groups to have their say on health and social care services in the borough. One of the groups formed by Waltham Forest LINk is focused on reducing health inequalities in the borough and has been involved in the development of this strategy. The LINk will be replaced by a local HealthWatch body by 2012 for which LBWF will be responsible for commissioning and managing. Another example of service user involvement involves the wheelchair service, where users helped redesign the service specification to meet their needs.

Recommended areas of focus for Waltham Forest:

<p>| Whole person / whole community approach | Work in settings such as workplaces, schools and community settings where access to captive audiences and established communication channels are available. |</p>
<table>
<thead>
<tr>
<th><strong>Targeting those most in need</strong></th>
<th>Improve collection of and access to robust data across equality classifications so that we identify those in need.</th>
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<tbody>
<tr>
<td><strong>Invest to save</strong></td>
<td>Design targeted outreach through representative groups to deliver prevention messages to communities most in need.</td>
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THEME 7: Make health everyone’s business.

Introduction:

“A major implication of the new research findings is that reducing inequality is no longer something which depends on the well-off adopting more altruistic attitudes to those in relative poverty: instead a more equal society benefits the vast majority of the population. A wider recognition of the way we all suffer the costs of inequality will lead to a growing desire for a more equal society. Our primary task is therefore to gain a widespread understanding the way inequality makes societies socially dysfunctional - right across the board.”

The Equality Trust - www.equalitytrust.org.uk.

Between 20% and 30% of our health is determined by health services; the rest is determined by the environment in which we live, work and socialise. It is therefore crucial that the services that influence health take the effects of their services on health as an integral consideration when designing and implementing their services and in so doing seek to maximise positive and mitigate negative impacts. One way of doing this is by embedding in the development process of any new initiative – e.g. a policy, strategy or project - consideration of the effect on health so that changes can be made as required before the initiative is finalised. This is known as a health impact assessment (HIA).

The changing health landscape outlined in the coalition government’s Health White Paper - Equity and Excellence: Liberating the NHS – supports this approach by enabling local authority’s to take a greater lead in health prevention. Primary Care Trust (PCT) responsibilities for local health improvement will transfer to local authorities which will be set national objectives for improving population health outcomes by the Secretary of State. Each local authority will take on a statutory function of joining up the commissioning of local NHS services, social care and health improvement implemented through a local health and wellbeing board. In addition they will employ a Director of Public Health who will have responsibility for health improvement funds.

An example of a London borough prioritising health as part of everyone’s business is the London Borough of Greenwich (LBG). LBG runs a specially tailored training course - Health: Everyone’s Business – for its staff. The course has inspired employees to take a lead on the public health agenda by redesigning services and introducing new projects that positively contribute to public health.

Frontline staff in health and social care have the most frequent access to residents, when they can provide opportunistic advice and signposting to prevention services, such as directing a patient with coronary health disease to our smoking cessation service for example. Staff in other frontline services such as housing have similar opportunities to connect people with prevention and health care services through the relationships and knowledge they have developed with and about the clients with whom they work.
The Waltham Forest context:

Implementing this theme will support LBWF in adopting its new responsibilities outlined in the Health White Paper and maximise the potential for improving residents’ health through greater joined up working and increased focus on prevention.

The main over-arching body within the borough responsible for improving the health and wellbeing of Waltham Forest residents is the Local Strategic Partnership (LSP) Healthier Communities Thematic Partnership, one of six thematics that supports the LSP Board in the delivery of the borough’s Sustainable Community Strategy (SCS), ‘Our Place in London’.

The Partnership’s aim is to reduce health inequalities in the borough and improve the health and well-being of residents by influencing the wider determinants of health and improving access to clinical services. The Partnership includes NHS Waltham Forest, the Cabinet Member for Health, Adults and Older People and representatives from the Council and community partners.

Within the Council, all reports presented to Cabinet are required to consider how its proposals contribute to the sustainability of Waltham Forest and the wider environment. One of the main areas of sustainability is health and well being. Whilst it is positive that health is considered, guidance and support on how to do so including consideration of the wider determinants of health, is limited at present. Embedding a robust HIA process will become essential as the authority takes over responsibility for health improvement.

The national policy and financial context:

Designing and implementing a robust and meaningful HIA process and supporting staff to familiarise themselves with it and use it to its full potential will require resource. This may be sourced from within the local authority or from the PCT as it supports local authorities to take on its new health responsibilities from April 2012.

Health improvement funding outlined in the Health White Paper will be allocated to local authorities according to relative population health need, determined by a ‘health premium’ formula designed to improve population-wide health and reduce health inequalities. Considering the deprivation and health inequalities experienced in Waltham Forest, the borough may benefit from such a formula.

Recommended areas of focus for Waltham Forest:

<table>
<thead>
<tr>
<th><strong>Whole person / whole community approach</strong></th>
<th>Embed public health in the work of LBWF by assessing the impact of local authority policies and strategies on health.</th>
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<tr>
<td><strong>Targeting those most in need</strong></td>
<td>Undertake evaluations/audits of ongoing work to introduce best practice and identify opportunities to decommission services and release funding for larger scale, cost-effective interventions.</td>
</tr>
<tr>
<td><strong>Invest to save</strong></td>
<td>Train and support frontline staff to provide advice and signposting to a range of prevention and healthcare services.</td>
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</tbody>
</table>
Conclusion.

The Marmot Review concluded that inequality is bad for your health. Life expectancy and other health outcomes are improving in Waltham Forest but not as fast as elsewhere so that health inequalities are increasing. It is clear from the analysis in this strategy that much has been and is being done to combat these inequalities, yet they persist. This points to the need to heed Sir Michael’s advice to address the unfair inequalities in people’s social and economic environments that contribute to health inequalities.

It is clear that we need to do something different. This strategy proposes scaling up evidence-based effective interventions to address both people’s environments and selected health outcomes at each life stage. During a time of recession and budget cuts, this will only be possible by making difficult choices that will lead to a fairer and healthier Waltham Forest.