

A Healthier, Fairer Waltham Forest



Waltham Forest's Health Inequalities Strategy

2010 – 2015



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Forewords

A Healthier, Fairer Waltham Forest signals our commitment to reducing health inequalities in the borough. We want to ensure that people living in Waltham Forest experience the same opportunities to lead long and healthy lives as elsewhere in London and the rest of the country.

This involves having equal opportunities to access services and living conditions that have a positive impact on health including a good education, rewarding employment, quality housing and a safe and attractive environment. At the same time we want to mitigate the risks to health and prevention is therefore a strong thread that runs throughout the strategy. If we can reduce the need for treatment and acute care we can improve people's quality of life and free up significant costs to our health service to invest in health improving activity over the long-term.

This strategy sets out key interventions that enable us to work towards that goal, a number of which we are already working towards through other key strategies including our Children and Young People Plan, Employment and Enterprise, Over 50s (Full of Life), Open Space, Culture (Taking Our Place in London) and Climate Change strategies. We look to maximise opportunities for good health at key life stages as well as within the home and wider community.

By 2012, as set out in the Government's Health White Paper, the local authority will be given responsibility for health improvement in the borough and for ensuring that health, adult and children social care services are joined up through the creation of a new Health and Wellbeing Board. The London Borough of Waltham Forest intends to make the most of this opportunity to not only improve health services but also to reduce health inequalities. Once established the Health and Wellbeing Board will be responsible for the delivery of this strategy and for improving those services and living conditions that have greatest impact on our health.

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. It is a significant challenge especially in the current economic climate, but one that we are committed to addressing through better responding to the inequalities experienced by our residents, targeting those most in need of our services and continually looking at ways to use our resources most effectively.

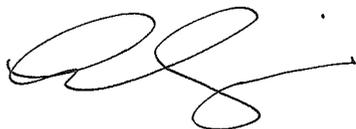


Cllr. Angie Bean
Cabinet Member for Health, Adults and Older People

We recognise that strong and effective partnerships are critical if we are going to tackle health inequalities effectively over the long-term. A Healthier, Fairer Waltham Forest has been jointly produced by the Council and PCT with significant contribution from other statutory and voluntary sector partners in the borough. We also greatly appreciate the involvement and participation of our Peer Review Team, made up of regional and national experts in the field and including representation from the Marmot Review Team. The result is a strategy that sets out a partnership approach

and framework for tackling health inequalities in the borough in a co-ordinated and consistent way in order to achieve significant and lasting impact.

The Coalition Government has announced that the duty on public bodies to consider the impact of their policies on the poorest in our communities is to be abolished. A Healthier, Fairer Waltham Forest exemplifies the continued commitment of Waltham Forest's administration to this duty. Tackling poverty, the root of so many inequalities, is at the heart of A Healthier, Fairer Waltham Forest and through this strategy we want to ensure that all our residents have the opportunity to lead healthy and fulfilling lives.



Cllr. Clare Coghill

Junior Cabinet Member - Health, Adults and Older People

Sir Michael Marmot and his team published 'Fair Society Healthy Lives, Review of Health Inequalities in England' in February this year. The Review concluded that inequality is bad for your health. Health inequalities are created by inequalities in people's social and economic environments, the influences of which accumulate across a lifespan and manifest in health or disease, disability or early death. A focus on the early years, as well as education and good quality work, will not only reduce social inequalities but also the resulting health inequalities.

In Waltham Forest, figures for our biggest killers, coronary heart disease and cancer, are improving, but not as fast as those for London and England. With each stop between Notting Hill Gate and Leyton on the Central Line, we lose about half a year in life expectancy. By the time you arrive in Leyton, residents' life expectancy is around eight years less than the average in the wealthier west of London.

We have worked hard in recent years to address these inequalities, yet they persist. It is clear therefore that we need to adopt a new approach. Our Healthier, Fairer Waltham Forest Health Inequalities strategy adopts the Marmot Review framework by addressing both the social and health inequalities across the life stages. This combined with an increased priority on prevention in the widest sense, a better understanding of our disadvantaged communities and making health everyone's business offer opportunities to reduce the unfair disease burden and health care costs. At a time when we have to make difficult choices, wouldn't it be worth making these choices on the basis of what contributes to a fairer and healthier society?



Dr Kay W Eilbert

Acting Joint Director of Public Health

Executive Summary

The vision of this strategy is a Waltham Forest where people enjoy equal opportunities to lead healthy lives. It seeks to achieve this by enabling residents of the borough to have equal access to quality early years provision and education, fair and good employment, good health and independence in retirement and healthy and sustainable places and communities.

The two measures of health inequalities are infant mortality and life expectancy. Both are higher in Waltham Forest than the average for London and England. Moreover, significant health inequalities exist within the borough - between the north and south. This strategy sets out to address this disparity and reduce the gap in health inequalities between Waltham Forest and England and between the wards within Waltham Forest.

The aims of the strategy have been developed around three principles; responding to residents, protecting the most vulnerable and making every penny count. All of our recommendations and subsequent actions will build upon best practice.

A Healthier, Fairer Waltham Forest has been tailored around the framework presented in the Marmot Review, Fair Society, Healthy Lives, a Strategic Review of Health Inequalities in England published in February 2010. The Review adopts a life course approach which seeks to increase the protective influences on our health and reduce the negative impacts across our lifetime. It also addresses the wider determinants of health including housing, the physical environment, the food environment, climate change and crime.

Taking inspiration from the Marmot Review, the following themes and aims have been adopted for A Healthier, Fairer Waltham Forest:

Theme 1: Give every child the best start in life (under 5s)

- ∞ Develop a quality integrated community model that goes across midwifery, health visiting and primary care to provide seamless services during pregnancy and the early years of life.
- ∞ Focus Sure Start provision on the lowest income families.
- ∞ Implement the Department of Health's recommendations to reduce infant mortality.
- ∞ Increase the proportion of expenditure allocated to prevention in early years.

Theme 2: Enable all children and young people to maximise their capabilities and have control over their lives (5 – 19 years)

- ∞ Think Family and work with schools and partners to support families to support their children with their education, life skills and physical and mental health.
- ∞ Work with schools to identify and support young people at risk of failing in school.
- ∞ Increase the proportion of resource allocated to preventing gang affiliation.
- ∞ Evaluate the teenage pregnancy service to deliver best practice.
- ∞ Provide adequate prevention services to address key risk factors.

Theme 3: Create fair employment and good work for all (20 – 64)

- ∞ Develop a Healthy Workplace scheme that covers multiple settings and work to make LBWF an exemplar Healthy Workplace.
- ∞ Build in the targeted support provided by Job Centre Plus and other agencies to enable those on long-term incapacity benefit to re-enter employment.
- ∞ Increase functional literacy services to enable people to have greater control over their lives and improve health.
- ∞ Identify health risks early in primary care, refer to appropriate services and manage existing disease better in the community.

- ∞ Enable people to retain their job and stay in employment following a disability or illness.
- ∞ Develop skills and motivation and volunteering / apprenticeship opportunities that match existing and emerging employment opportunities.

Theme 4: Support good health and independence in retirement (65+)

- ∞ Investigate ways to reduce the number of falls and accidents in the home.
- ∞ Identify health risk early and manage chronic disease in the community.
- ∞ Gain a better understanding of how we can improve the physical environment.
- ∞ Promote older people as valued and vibrant members of the community.
- ∞ Ensure that older people are aware and able to access the benefits and financial resources to which they are entitled.
- ∞ Build social capital by attracting older people into volunteering and community networking.

Theme 5: Create and develop a healthy and sustainable places and communities

- ∞ Embed health in the Local Development Framework.
- ∞ Explore alternative uses for the Section 106 other than infrastructure for health, including joint schemes with the other 4 Olympic host boroughs.
- ∞ Develop a Healthy Workplace scheme that covers multiple settings.
- ∞ Reduce crime through focusing resources on victimisation, re-offending and those locations with the highest levels of crime.
- ∞ Improve the quality of the borough's housing.

Theme 6: Understand and involve our communities

- ∞ Develop a community health scorecard and work through existing community groups to provide opportunities for residents to be involved in the design and implementation of services.
- ∞ Undertake health equity audits.
- ∞ Design targeted outreach through representative community groups.

Theme 7: Make health everyone's business

- ∞ Embed prevention by assessing the impact of policies and strategies on health.
- ∞ Embed health in the Local Development Framework.
- ∞ Identify opportunities to embed health messages in existing services.
- ∞ Identify community groups that work with the most at risk residents.
- ∞ Take advantage of all frontline staff contacts to provide advice and signposting to a range of prevention and healthcare services.

Introduction

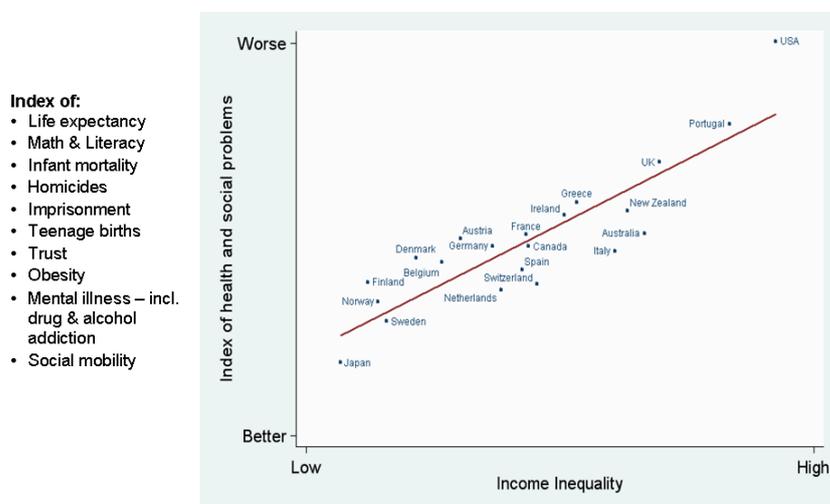
“...a more equal society benefits the vast majority of the population. A wider recognition of the way we all suffer the costs of inequality will lead to a growing desire for a more equal society. Our primary task is therefore to gain a widespread understanding of the way inequality makes societies socially dysfunctional - right across the board.”

The Equality Trust – www.equalitytrust.org.uk

Equality is good for us. Evidence shows that equality is directly related to better health and social outcomes. 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: Health and income inequality

Health and Social Problems are Worse in More Unequal Countries



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

www.equalitytrust.org.uk Equality Trust

Internationally, there is increasing recognition of the limited nature of solely using Gross Domestic Product (GDP) to measure a country's progress. Alternative indices have been developed that look at health (physical and mental), quality of life, inequalities, and sustainability, as well as GDP. Examples include the Gross National Happiness (GNH) Index,² Happy Planet Index³ and the work of Amartya Sen and Joseph E. Stiglitz.⁴

Health inequalities are measured by the differences in infant mortality and life expectancy between different population groups. They come about as a result of unequal access to influences that impact upon the state of our health including housing, education and employment opportunities. The social determinants of health- those conditions in which people are born, grow, live, work and age - are

¹ www.equalitytrust.org.uk

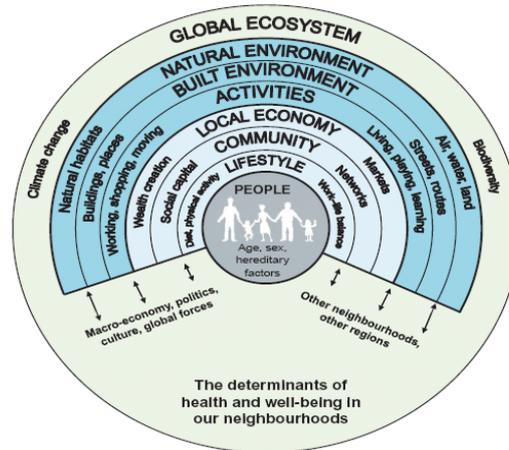
² A term first coined in 1972 by Bhutan's former King Jigme Singye Wangchuck, GNH is used in developing all policies in Bhutan, Centre for Bhutan Studies.

³ New Economics Foundation, *The Happy Planet Index 2.0 Why good lives don't have to cost the Earth*, 2009.

⁴ Commission on the Measurement of Economic Performance and Social Progress (2009)

shaped by policy decisions. 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.

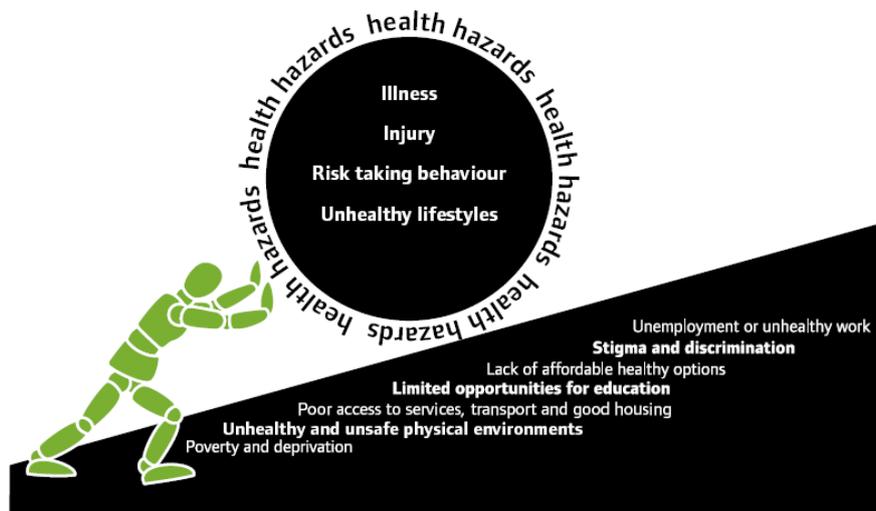
Figure 2: The determinants of health



Source: Barton and Grant (2006) adaptation of Dahlgren and Whitehead (1991) from UN Economic Commission for Europe (2007) Resource Manual to Support Application of the Protocol on Strategic Environment Assessment.

Health inequalities are pervasive around the world and manifest themselves in a myriad of ways - poorer people not only live less long than the wealthy, but also experience more years of poor health. For Londoners, as the London Health Inequalities Strategy explains; “Inequalities in health outcome...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.⁵

Figure 3: Risks to health



Adapted from the Intersectoral action for Health WHO 1986 diagram

London Health Inequalities Strategy

⁵ Mayor of London, The London Health Inequalities Strategy, April 2010.

Health inequalities at the national level

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

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** – which 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 a target to reduce inequalities in health outcomes by 10 per cent by 2010 as measured by infant mortality and life expectancy at birth.⁶
- ∞ **Wanless Review of the NHS** - The 2002 review set out requirements to bring health outcomes in the UK up to levels in other developed countries. Public health was at the centre of the fully engaged scenario presented as the most ambitious and cost-effective scenario.⁷ A review in 2007 on behalf of the King’s Fund showed that meeting the fully engaged scenario would require substantial improvements in funding, productivity and work on preventing and managing risk factors for coronary heart disease and cancer.⁸
- ∞ **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.
- ∞ The Host Olympic Boroughs’ **Strategic Regeneration Framework (SRF)**, published in October 2009, set 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 Marmot Review, Fair Society, Healthy Lives – A Strategic Review of Health Inequalities in England post 2010** – published in 2010 and led by Sir Michael Marmot recommended the adoption of a life course approach to break the link between early disadvantage and poor health outcomes. The Review drew on a substantial evidence base and is used as the framework for this strategy.
- ∞ **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

⁶ Tackling inequalities in life expectancy in areas with the worst health and deprivation. 2010. NAO.

⁷ Securing our Future Health: Taking a Long-Term View. 2002. HM Treasury.

⁸ Our Future Health Secured? A review of NHS funding and performance. 2007. King’s Fund

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.

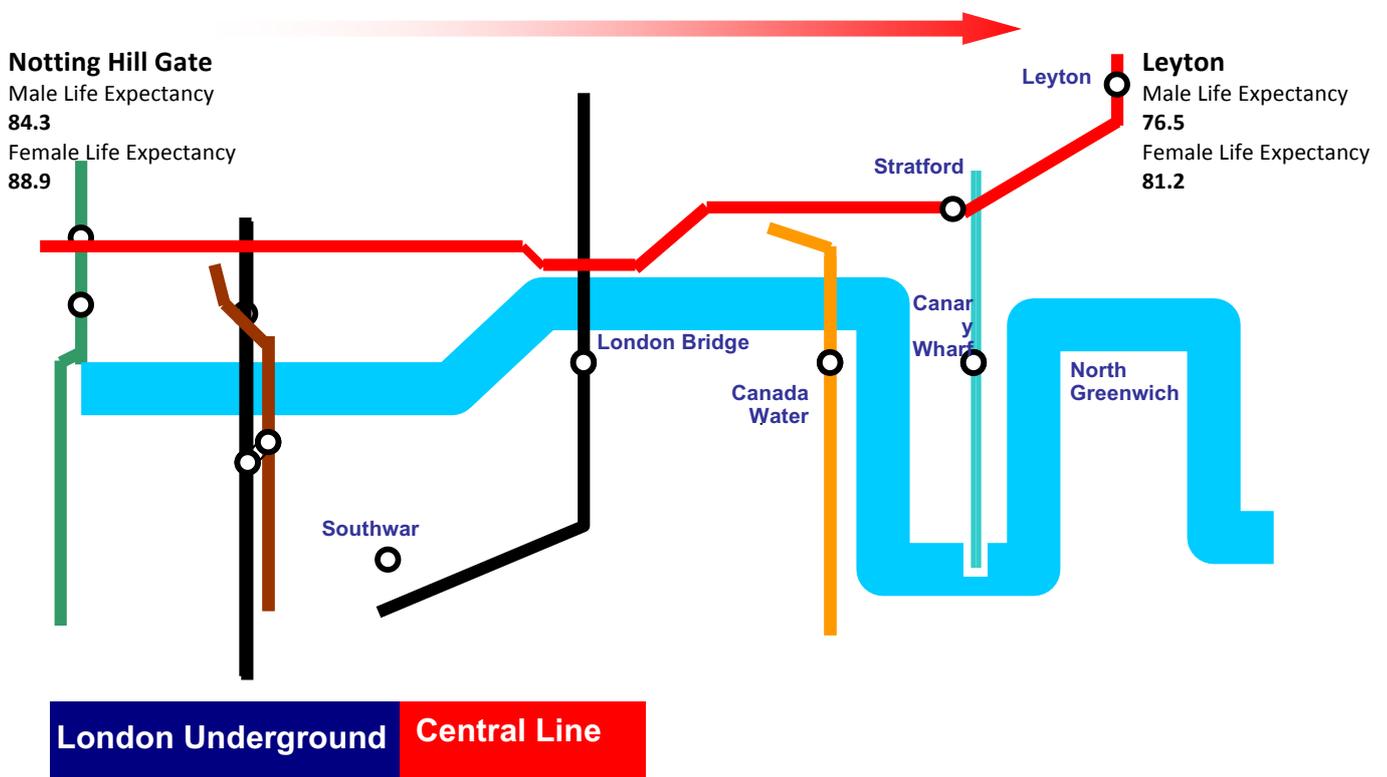
Why we need a health inequalities strategy in Waltham Forest

There are striking differences in life expectancy both between the borough and other parts of London and England, and within the borough, between north and south.

Life expectancy stands at 76.5 for males and 81.2 for females in Waltham Forest, compared to 78.2 and 82.7 for females in London and 77.8 for males and 81.9 for females in England. The borough ranks 7th lowest in life expectancy for both males and females in London; this can be represented pictorially as about half a year being lost for each tube stop between Notting Hill Gate in West London and Leyton in the south of Waltham Forest on the Central Line (see figure 4).

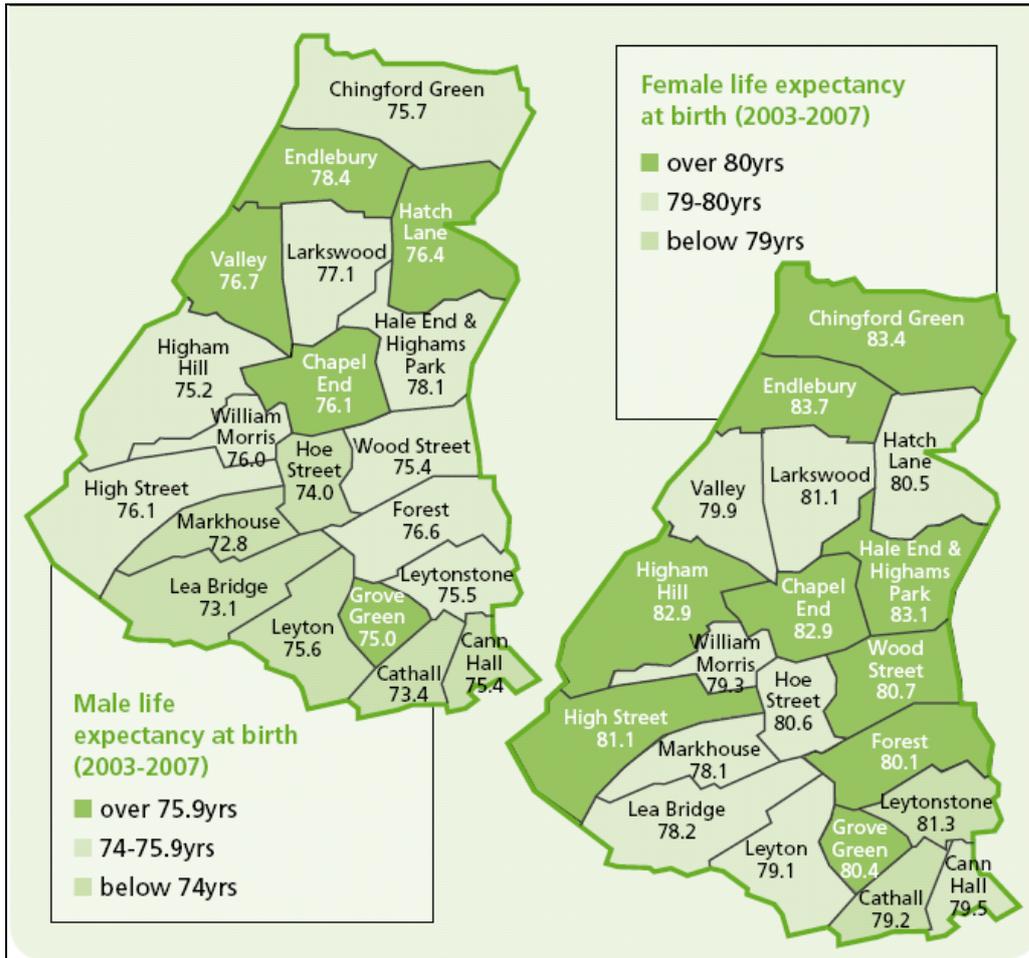
While the infant mortality rate has been on a downward trend, it remains higher than other areas; with a rate of 5.3 per 1,000, compared to 4.8 for London and 4.9 for England.

Figure 4: Gap in life expectancy travelling from West to East London



The 2009-10 Joint Strategic Needs Assessment showed that lower life expectancy is concentrated in the south and the middle of Waltham Forest (see Figure 5). Lying at the heart of such disparities in outcomes is poverty and deprivation, which have increased relatively in Waltham Forest since 2004. Of the 354 local authorities in England, Waltham Forest ranks 27th according to its deprivation score in 2007, worsening its position (47th) from the 2004 Index of Multiple Deprivation. The most deprived wards in Waltham Forest are concentrated in the south of the borough.

Figure 5: Life expectancy in Waltham Forest (2003-2007)



Developing a “Healthier, Fairer Waltham Forest”

Reducing health inequalities is a borough priority and is commitment of the Local Strategic Partnership (LSP), LBWF, and NHS Waltham Forest.

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.

NHS Waltham Forest’s Commissioning Strategic Plan for 2010-11 includes improving life expectancy and reducing health inequalities as two of its ten priorities.

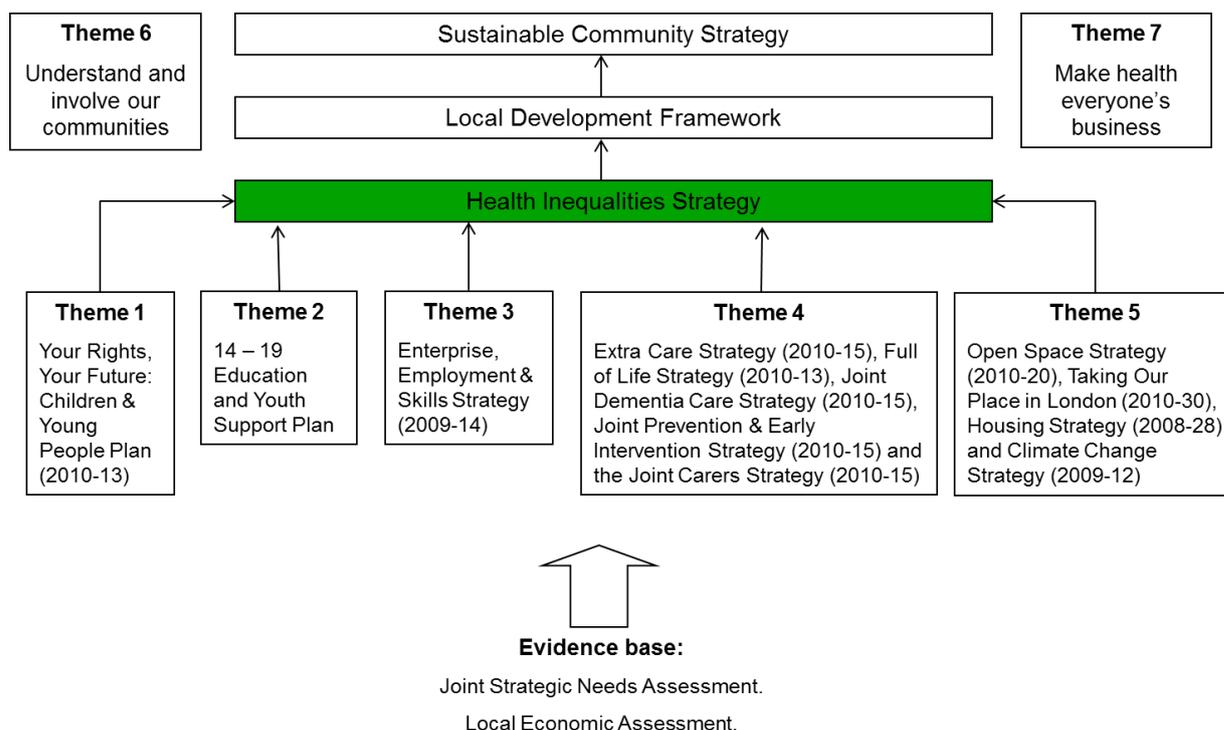
The borough has made considerable progress in improving a number of the social determinants of health and has seen a reduction in infant mortality rates, improvements in educational attainment and a reduction in the overall levels of crime. This strategy seeks to build on these achievements and harness the commitment being shown to tackling health inequalities. Recent reports by the Audit Commission have referenced a number of areas of good practice but also noted that the borough lacks a co-ordinated approach that would enable it upscale these activities for maximum effect.

The strategy has therefore been developed as a framework for organisations and services throughout the borough to refer to when developing their own policies and initiatives. It has been designed to facilitate a strategic and focused approach to tackling health inequalities in the borough and to create a fair and more equal community. It provides examples of what can be done but does not claim to provide an exhaustive inventory of what could or is already being done to combat health inequalities.

Waltham Forest’s Joint Strategic Needs Assessment (JSNA) has provided 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 drawn on a wealth of evidence, including extensive consultation data that explores many of the underlying social determinants. This includes resident consultation carried out in the development of Waltham Forest’s Children and Young People’s Plan, Over 50s Full of Life Strategy and the Enterprise, Employment and Skills Strategy.

To supplement this data, a workshop was held with families engaged in the More for You Child Poverty Pilot to understand their experiences of a range of services impacting upon health inequalities including early years, education, employment support and health.

Figure 6: Data and analysis sources and links.



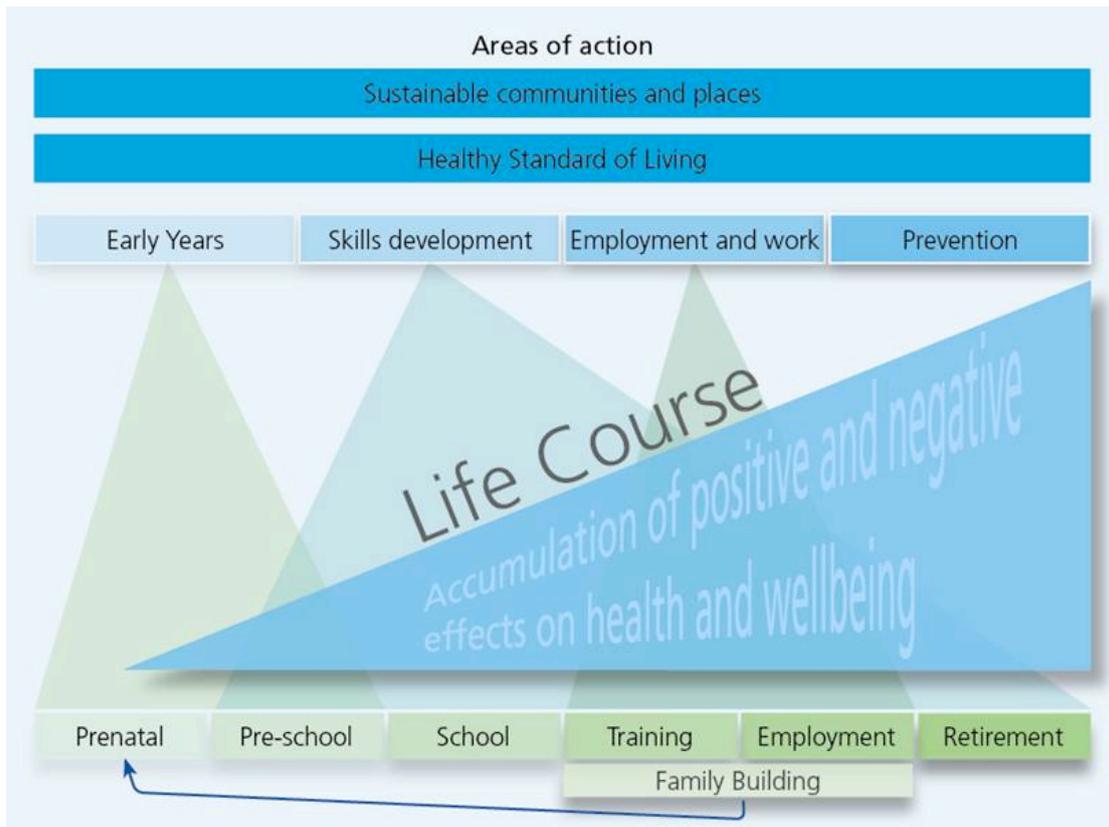
As the objective of the strategy has been to provide a co-ordinated borough wide approach to improving well-being and combating health inequalities within Waltham Forest, consultation and engagement across Council services, the PCT and partner organisations has been crucial. Each of the LSP Thematic Partnerships has been consulted on the strategy together with the Health Inequalities sub-committee of Waltham Forest's Local Improvement Network (LINK). A workshop on the strategy was held with voluntary sector members of the LINK. Services across the local authority have been engaged through collaborative workshops and one to one meetings.

A Peer Review Team was established to provide external expertise and challenge to the strategy during its development phase. Members included representatives from the Marmot Review Team, the GLA, the Department of Health's National Support Team for Health Inequalities and organisations recognised as exemplars of good practice.

Tailoring “The Marmot Review” 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 discussed above that reflects the multiple influences on health. 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 Life Course Framework



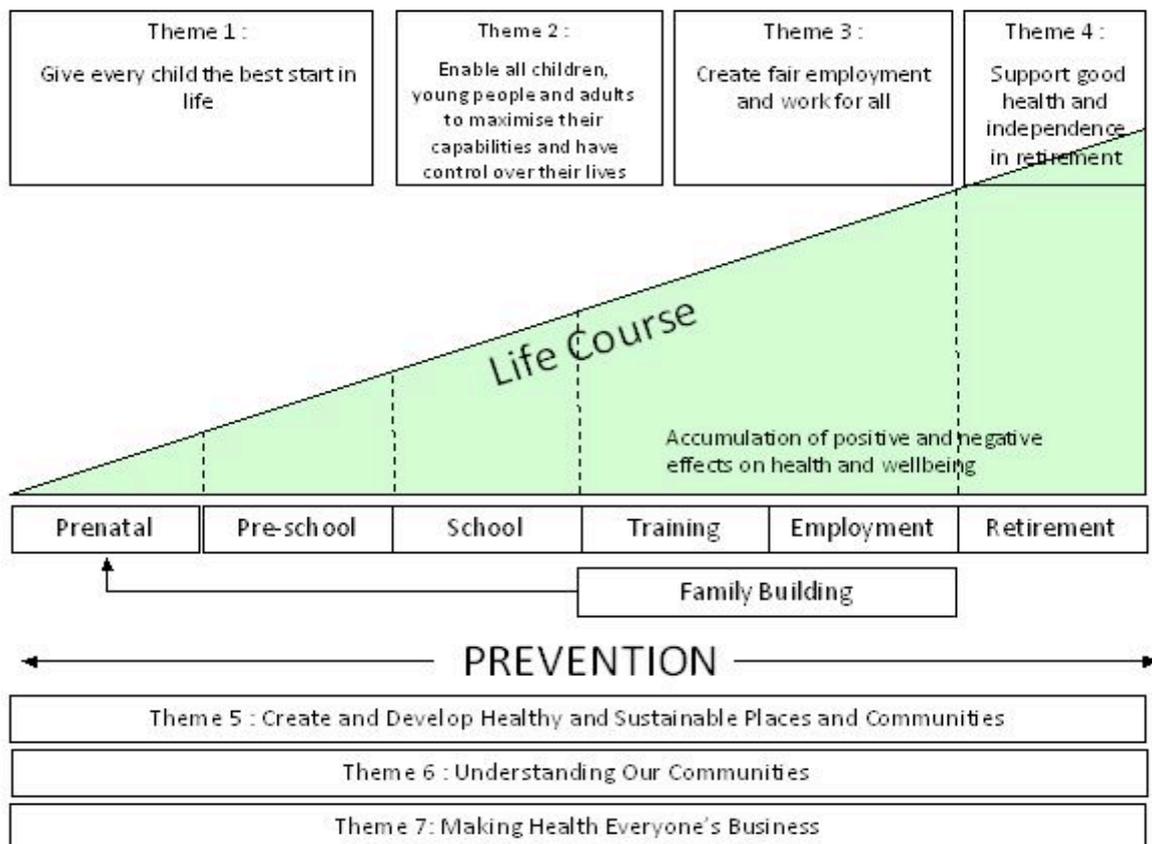
Adapted from The Marmot Review, 2010.

The Review provided 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. Tailoring Marmot's Review to Waltham Forest, has involved identifying and prioritising those areas of greatest need for the borough where Waltham Forest can exercise most influence and achieve the most benefit for its residents.

Taking inspiration from the Marmot Review and drawing on our evidence base and the feedback from our consultation, the following 7 themes have been adopted for Waltham Forest's Health Inequalities Strategy;

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's Health Inequalities Life Course Framework



Adapted from Fair Society, Healthy Lives (Marmot, 2010)

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 ensuring that all service providers consider the influence of their work on health when designing and implementing their activities. If we are to be successful in turning the aims of this strategy into reality and effectively addressing 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, principles and goal

Our vision

A Waltham Forest where people enjoy equal opportunities to lead healthy lives

Our principles

Responding to residents
Protecting the most vulnerable
Making every penny count

If we are to be successful in tackling health inequalities we need to be responsive and adopt an approach where we listen and respond to the issues and solutions posed by residents and to adapt our services accordingly. We also need to ensure, particularly in the current economic climate, that investment is targeted on those most in need. Protecting the most vulnerable in our communities is a priority for the local authority. In order to make every penny count we need to use our resources smartly, including investing 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.

At any time it is important to learn by evaluating ongoing work and to use best practice to inform service development, building on what is working in Waltham Forest. It becomes imperative to do so at a time when financial resources are constrained so that we decommission services that do not work, releasing funding for larger scale, cost-effective interventions. We will learn from national and regional examples of effective practice, a number of which are referenced throughout the strategy.

Our goal

Reduce the gap in life expectancy and infant mortality between Waltham Forest and England and between the wards within Waltham Forest.

Implementation of the strategy

A detailed action plan will underpin the delivery of this strategy. Both strategy and action plan will be led by the Joint Director of Public Health and be governed initially by the LSP's Healthier Communities Partnership. It is intended that governance will move to a new Health and Wellbeing Board once established. The Health and Wellbeing Board will be led by LBWF and support the local authority in meeting its new statutory responsibility for local health improvement, as set out in the Government's Health White Paper; "Equity and excellence: Liberating the NHS." The Board will be responsible for joining up the commissioning of local NHS services, social care and health improvement and as such provides an exciting opportunity for driving and overseeing a co-ordinated and focused approach to reducing health inequalities in the borough.

THEME 1. Give every child the best start in life (under 5s)

“To deliver long-term reductions of inequalities we need increased investment in the early years. In short, we need a second revolution in the early years.”

The Marmot Review, p.94

Introduction

The Marmot Review prioritises positive experiences in early years as these provide the greatest opportunity for tackling health inequalities. 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.

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. The focus of this investment should ideally be on improving birth outcomes, supporting families to achieve progressive improvements in early child development and providing good early years' education and childcare proportionately across the social gradient. 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.

Support for parents

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.

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 relatively low. Quick and good referral routes to other agencies could help to increase the numbers of parents with whom outreach workers are able to work⁹.

Parents and carers in Waltham Forest have said that while they feel that overall support for children is good in the borough, when a family is in a 'crisis' situation, support is difficult to access. They have 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.¹⁰ 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.

Educational attainment

Our educational attainment in early years suggests the need for additional investment and Waltham Forest's Children and Young People Plan includes a

⁹ Cambridge Policy Consultants, "How can Waltham Forest's children centres reduce child poverty?", February 2010.

¹⁰ WM Enterprise, "Waltham Forest Council – Children and Young People's Plan Qualitative Study, December 2009.

commitment to ensure that more specialist teachers will be recruited to help early years settings improve. Children's achievement across the Early Years Foundation Stage in Personal, Social and Emotional Development and communication, language and literacy 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%).

Maternity Services

In consultations, residents have expressed dissatisfaction in relation to the quality of care they have received at hospital.¹¹ They have recognised that this could be due to staff shortages and insufficient support and encouragement provided to staff to enable them to personalise their care.¹² Midwifery and health visiting services have started developing an integrated community model that works with primary care to ensure timely and identification of vulnerability and support.¹³

Case Study 1: Family Nurse Partnership Project, Waltham Forest

The Family Nurse Partnership provides intensive home visiting for new, young mothers up until their child is two years old. Specially trained nurses experienced in working in community settings support clients to develop healthy lifestyles for themselves and the child and build close familial relationships.

Central to the project's success is the strong link that develops between the nurse and client, with clients rating their nurses an average of nine out of ten. Evaluation suggests a 20% relative reduction in smoking during pregnancy and a breastfeeding initiation rate at 63% (10 percentage points higher than the national rate for this group). It has also increased the involvement of fathers in early years development with more than half present for at least one pregnancy visit.

Infant mortality and child health

Although declining over the last ten years, the infant death rate for Waltham Forest (5.4 per 1000 live births) remains higher than England (4.9 per 1000 live births). While the percentage of low birth weight babies has declined over the previous three years, it remains above that for London and England. The Department of Health's Infant Mortality National Support Team has identified a number of interventions that will contribute to reducing infant mortality. These include early antenatal booking, breastfeeding, reducing the prevalence of obesity and smoking in pregnancy, and teenage pregnancy, among others.

Breastfeeding helps to protect babies against a number of illnesses as well as helping to protect the mother against ovarian and cervical cancer. 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 with a drop from 87% at birth to 53.4% at the 6 – 8 week check-up.

For immunisations, rates in Waltham Forest are generally among the highest in London, but remain below the World Health Organisation (WHO) recommendation of 95% coverage. The one exception is the MMR vaccine, which protects children against Measles, Mumps and Rubella and an Immunisations Performance Group is

¹¹ GfK NOP Social Research, JSNA: Next Step Research, July 2009.

¹² Consultation with families participating in the More for You project, 11th July 2010.

¹³ NHS WF, Commissioning Strategic Plan 2009/10-2013/14.

working with GPs to improve these figures. We also recognise that we need to do more to stop smoking in pregnancy¹⁴ and reduce teenage pregnancy.

The wider influences on birth outcomes include maternal education, child poverty and overcrowding.¹⁵ Over a third of children in the borough are growing up in poverty and we are working hard to reduce that figure through initiatives that include the Child Poverty Innovation Pilot – More for You – funded by the Department for Education.

Case Study 2: Reducing infant mortality in Hackney¹⁶

Almost 90% of Hackney’s residents live in the top 5% of the most deprived areas in England. In 2005 its infant mortality rate was significantly above the national average and more common among disadvantaged communities, particularly within Black-African and Caribbean families.

By using a partner-led, evidence-based approach that focused on community empowerment and targeted working with mothers most at risk, Hackney saw its overall infant mortality rate fall from 6.5 per 1000 (2002-04) to 5.4 per 1000 (2006-08), into line with the national average. Secondary benefits have included improved language skills, increased community volunteering and individuals empowered to access services independently

Specific activities included reducing barriers to accessing maternity services by using bilingual maternity support workers and placing midwives in children’s centres where high-risk mothers were concentrated. Women were assigned named midwives to ensure continuity of care and local volunteers were trained to support women through pregnancy. This joined-up approach continued into hospitals with babies screened for conditions specific to the local population.

Our Aims

Responding to residents.	Develop a quality integrated community model that goes across midwifery, health visiting and primary care to provide seamless services during pregnancy and the early years of life.
Protecting the most vulnerable.	Focus Sure Start provision on the lowest income families.
Making every penny count.	Implement the Department of Health’s National Support Team’s recommendations to reduce infant mortality. Increase the proportion of expenditure allocated to prevention in early years.

¹⁴ Almost 10% of mothers smoke in pregnancy, the highest out of 5 benchmarked authorities.

¹⁵ Department of Health, Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide, 2007.

¹⁶ Hackney: Reducing Infant Mortality. 2007. www.idea.gov.uk.

THEME 2. Enable all children and young people to maximise their capabilities and have control over their lives (5- 19 years)

Introduction

Educational outcomes affect physical and mental health, as well as income, employment and quality of life. 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.¹⁷

The Marmot Review highlights the need to act outside as well as inside school in order to effectively reduce social inequalities in educational attainment and life skills. The need to 'think family' when designing school-based interventions is critical as success at school is dependent on the support and stimulation a child receives in their home and community as well as within school. Tackling inequalities in educational outcomes may therefore involve extending the role of schools to support families and develop the skills of the school-based workforce to work across school-home boundaries.¹⁸ Extended schools that provide a range of services and activities, often beyond the school day, to help meet the needs of its pupils, their families and the wider community can play a crucial role in this. In Waltham Forest 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.

Educational attainment

Children living in poorer families face greater barriers to completing secondary school education and entering and graduating from university. In Waltham Forest, 39% of children are affected by deprivation (live in families receiving means tested benefits), compared to 22.4% in England.¹⁹ 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. Educational attainment figures for 2009 show that pupils entitled to free school meals in the borough were assessed at relatively low levels across all key stages, with the differences becoming more marked for English & Maths at KS2 and KS4.

In addition to those children accessing free school meals, groups of pupils experiencing lower than average attainment include boys compared to girls, in line with national trends, and children with Special Educational Needs (SEN). Pupils classified as having English as an Additional Language (EAL) under perform non-EAL pupils at all key stages, particularly at the foundation stage. At KS2 and KS4 Black pupils are consistently performing below the overall average. Nationally, by Key Stage 4, achievement of Looked After Children nationally has fallen further below the other children, to an average of 50 percentage points both at 5+A*-C and 5+A*-G. Waltham Forest shows a similar trend²⁰.

Generally, educational achievement at both primary and secondary level is improving in the borough however. Over the last six years performance at key stage 2 for English and Maths has moved from 5% below the average of our statistical neighbours, and 10% below the national average in 2005, to 3% above the Key Stage Statistical Neighbour average and on the national average in 2010.

¹⁷ Feinstein L., Budge D., et al, The Social and personal benefits of learning: a summary of key research findings, October 2008.

¹⁸ The Marmot Review, Fair Society, Health Lives, February 2010.

¹⁹ Waltham Forest's Child Poverty Strategy 2009-2020.

²⁰ LBWF, Children and Young People Plan Profile, May 2009.

At GCSE level, 46% of pupils achieved 5+ A*-C grades including English and Maths in 2009, a 2% increase from the previous year although below the London (54%) and national (50.9%) averages. Our provisional results for 2010 show an increase to 50.8%, our largest ever annual rise in results which is likely to bring them in line with the national average.

It is also very positive that 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.

Attendance at school

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. Reducing truancy and exclusion is therefore very important in helping young people to achieve their full potential and avoid engaging in risk taking behaviour that may include anti-social activity. Over the longer term we know that when poor achievement is coupled with truancy from school the risk of ill health in adulthood multiplies by 4.5.²¹

Waltham Forest has six secondary schools and ten primary schools with high numbers of children who are persistently absent. Over the last three years however, 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 have dropped sharply to below rates for similar areas, London and England. At secondary school level however fixed-term exclusions are almost twice as high as in similar areas, London and England. In primary school, children of Travellers of Irish heritage (52.6%) have the highest rate of fixed-term exclusion and in secondary school, White and Black Caribbean (34.3%) young people.²²

Teenage pregnancy

Teenage pregnancy can be seen both as a cause and a symptom of social exclusion.²³ As well as being one of the factors impacting upon infant mortality as outlined by the Department of Health's Infant Mortality National Support Team, teenage pregnancy can also be a cause of child poverty as teenage mothers are less likely to finish their education and more likely to bring up their child alone and in poverty.²⁴ 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.

The teenage pregnancy rate in Waltham Forest is higher than the England average and fewer young people think that the sex and relationship information and advice they get is good enough, compared to other areas in the country.²⁵ 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.

***Case Study 3: Tackling teenage pregnancy in Stoke on Trent through early identification and support.*²⁶**

In 2007 Stoke-On-Trent City Council appointed six Teenage Pregnancy Prevention

²¹ Feinstein L., Budge D., et al, *ibid.*

²² LBWF, Children and Young People Plan Profile, May 2009.

²³ LGA, Tackling Teenage Pregnancy, www.lga.gov.uk.

²⁴ DCSF & DH, Teenage Pregnancy Strategy: Beyond 2010, 2010.

²⁵ DCSF, TellUs 4 Questionnaire results for Waltham Forest, 2010.

²⁶ Teenage pregnancy strategy: beyond 2010. 2010. <http://publications.education.gov.uk>

Officers to work with young people at risk of becoming teenage parents. They were identified using a screening toolkit that nearly 500 frontline professionals had been trained to use to enable the targeting of those most in need of support.

Prevention Officers offer one to one support and group sessions using school premises for drop in sessions on topics ranging from sexual health advice to improving the self-esteem of young people. They also act as the lead professional to ensure that any issues identified through the screening toolkit are addressed utilising multi-agency integrated support. This enables the provision of co-ordinated support packages and stops agencies working in isolation. The result has been a 11% decline in the under-18 conception rate between 2007 and 2008, from a high of 71.4/1000 to 61.2/1000.

Mental health and well-being

The emotional and mental health of a child obviously impacts upon how well they are able to concentrate and perform in school. There is a link between the prevalence of mental health and some of our most vulnerable young people in the borough. 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. Staff that work with children in the borough have highlighted the importance of intervening early when a child has a mental health problem in order to reduce the risk of it increasing in severity.²⁷

Case Study 4: Supporting emotional and mental health needs in younger people through co-located services, Waltham Forest.

Up to 10% of young people suffer from emotional and mental health needs; among young people in custody as many as nine out of ten may suffer from poor mental health. Waltham Forest's Youth Offending Service (YOS) refers close to 100 cases every year to Child and Adolescent Mental Health Services (CAMHS) who are best placed to meet the complex needs of this group.

A close working relationship has developed between CAMHS and YOS with a registered Psychiatric Nurse being co-located within the service. Collaboration allows for the early identification of risk factors in order to address the issues that may predispose a person towards criminal activity or re-offending. The intensive mental health support provided by the service has enabled young people accessing the service to secure employment, engage in meaningful relationships and exit from the criminal justice system.

Skills, training and preparing for the world of work

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

Head teachers and college principals of Waltham Forest secondary schools and colleges meet regularly to agree priorities for 14-19 education. This 14-19

²⁷ LBWF, Your rights, your future: Waltham Forest's children and young people plan 2010-2013.

Partnership takes a holistic view of the curriculum to ensure that the appropriate pathways are available to learners within the borough. This includes an emphasis on routes through to education, employment or training for the most disadvantaged young people and those learners with learning difficulties or disabilities. The borough also works with neighbouring boroughs to ensure that developments in the 14-19 curriculum are compatible.

The number of learning paths available for 14- and 16-year olds is increasing and there are more diploma courses available together with apprenticeship opportunities at 16. Opportunities to develop skills is particularly appealing to young people who have become disengaged with school and the September Guarantee ensures that all young people in Waltham Forest have an offer of a place at college the September after they finish school.²⁸

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 percentage of young people classified as NEET in Waltham Forest has decreased and is lower than England. However, of those children with learning difficulties aged 16-18, 15.8% are in the NEET category and a lower proportion of Looked After Children in Year 11 are engaged in Education, Employment and Training (67%) compared to similar areas (72%), London (86%) and England (84%).

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 disabilities.²⁹

²⁸ Ipsos Mori, Consultation for the 14-19 plan in the London Borough of Waltham Forest, Jan 2009.

²⁹ Ibid.

Our Aims

<p>Responding to residents.</p>	<p>Think Family and work with schools and partners to support families to support their children with their education, life skills and physical and mental health.</p> <ul style="list-style-type: none"> ∞ Continue to support nurture groups that provide early support to children and their families who are struggling significantly in school. ∞ Look for opportunities to continue and expand the work of the Targeted Mental Health in Schools Project (TaMHS) to provide mental health support to children, young people and their families.
<p>Protecting the most vulnerable.</p>	<p>Work with schools to identify and support young people at risk of failing in school.</p> <ul style="list-style-type: none"> ∞ Provide young people attending Pupil Referral Units and Alternative Provision with intensive educational emotional and mental health support through developing an integrated, and where possible, co-located service between mental health providers such as Child and Adolescent Mental Health Services (CAMHS), social care and education. ∞ Develop a framework for improving behaviour and attendance.
<p>Making every penny count.</p>	<p>Increase the proportion of resource allocated to preventing gang affiliation amongst young people.</p> <ul style="list-style-type: none"> ∞ Develop a Family Partnership Model that works with the families of young people at risk of gang affiliation. ∞ Develop a partnership and preventive approach in agencies engaging with young people at risk of offending in the borough. ∞ Continue to support the outreach work carried out by the YOS to enable young offenders to return to education and/or enter employment and training. <p>Evaluate the teenage pregnancy service to deliver an innovative integrated sexual health service based on best practice, such as the Family Nurse Partnership Pilot for teenage mothers</p> <p>Provide adequate prevention services to address the key risk factors smoking, diet, exercise and alcohol for children and young people</p>

THEME 3. Create fair employment and good work for all (20 – 64)

Introduction

Evidence shows that work is generally good for your health and that being able to return to work after a period of unemployment and/or illness can facilitate recovery, while staying off work can lead to long-term absence and job loss, risking isolation, loss of confidence, mental health issues, de-skilling and social exclusion. The fit note that came in from April 2010 enables doctors to advise people who are on sick leave for over 7 days whether, with extra support from their employer, they could return to work earlier.

Employment also determines our income, which together with education, is the most important influence on health. Levels of disposable income affect the way we live, the quality of our home environment and our ability as parents to provide our children with the best start in life. In research carried out with residents in preparation for the JSNA in July 2009, residents 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 being prone to worry, stress and anxiety which could have an effect on mental and, consequently, physical health.³⁰

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.

A cause of unemployment is poor functional literacy; language, literacy and numeracy. One in six people in the UK currently struggle with literacy and are less likely to be in employment, good health, quality housing and satisfied with their lives as a result. Half of people without functional literacy are out of work as opposed to three-quarters of those with good literacy skills who are in employment. People with good literacy skills are also far more likely to be involved in their community, trust people and consider their communities to be safe.³¹

Depending on the quality of work, employment can also be a cause of ill health. 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.³² The cost of stress-related absence was estimated to be £3.7 billion in the UK in 2005³³ and over 200,000 people go onto incapacity benefits due to mental illness each year, a figure that has not changed over the past decade.³⁴

To help create fair employment and good work for all, The Marmot Review recommends the development of active labour market programmes and good quality work. This is defined as flexible and rewarding employment, where the employer provides a healthy physical environment, promotes well-being and provides mental health support when required.³⁵

Employment

In 2009, 28% of the working age population of the borough (16-64) were economically inactive – that is, they were not in employment or unemployed and

³⁰ GfK NOP Social Research, JSNA: Next Steps Research, July 2009.

³¹ National Literacy Trust, www.literacytrust.org.uk/resources/information_pages/adults#_ftn1.

³² Royal College of Psychiatrists, 2008:1

³³ Mayor of London, The London Health Inequalities Strategy, April 2010.

³⁴ Black, C., Working for a healthier tomorrow, Dame Carol Black's Review of the health of Britain's working age population, 2008.

³⁵ The Marmot Review, Fair Society, Healthy Lives, February 2010.

actively seeking work. The percentage of economically active population (working or looking for work) was 72%. Economic inactivity is more prevalent among ethnic minorities and women. Particularly vulnerable are the Pakistani and Bangladeshi communities where 54% of working age people are 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. As of November 2009, there were 8,440 Incapacity Benefit (IB) 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.

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 there is not a strong record of entrepreneurial activity. Relatively few new businesses are being created and we have a low rate of self employment.³⁶

Skills

Evidence shows that we have an under-qualified population. 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.³⁷ Amongst our residents who hold no qualifications at all, only 40% are in work.

Parents engaged in Waltham Forest’s Child Poverty Pilot – More for You – were consulted on this strategy. More for You is one of 10 national pilots commissioned by the Department for Education to support families on low incomes to tackle some of the negative impacts of poverty. Of the 24 parents consulted, 2 were employed and 22 unemployed yet 21 would like to be in employment if they had the opportunity. The barriers to working that they experienced included caring responsibilities, lack of affordable childcare and flexible working opportunities, language, age, mental health and a lack of incentive. The route into employment seemed difficult to respondents, with one citing the fact that apprenticeships do not seem available to anyone over the age of 25 years old.³⁸

Health issues

Circulatory disease, cancer and respiratory disease contribute most to health inequalities in Waltham Forest with the key risk factors including smoking, obesity and inactivity. The incidence of cancer in the borough is low and screening rates are good but one-year survival rates are some of the lowest in London and England

³⁶ LBWF, Enterprise, Employment and Skills strategy 2009-2014.

³⁷ Ibid.

³⁸ Consultation with families participating in the More for You project, 11th July 2010.

(particularly in colorectal cancer, breast and lung cancer).³⁹ Supporting people to identify cancer symptoms at an early stage and present themselves early to their GP is therefore critical.

Mental health is another key health issue in Waltham Forest 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, such as depression that are not normally referred to specialist services.⁴⁰

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 are widespread and include 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 - are seen as most difficult to overcome.⁴¹

Case Study 5: Co-locating employment advice within health services in Tower Hamlets and Newham.

Tower Hamlets and Newham have placed work coaches within GP surgeries to increase the number of people accessing further employment support. Their role is to provide support and advice to stop people who are signed-off work through sickness from falling into long-term unemployment.

The coaches develop personalised employment support plans for their clients and act as a gateway to other employment services. Work has been carried out with local employers to address the stigma around mental health and specific targeted interventions have been carried out in the most deprived wards.

A shared case-management approach between employment advisors, GPs and other resources has optimised the opportunities for positive outcomes. 30% of those seeing an advisor have proceeded to use other community-based employment functions, such as Job Centre Plus.

The particular lifestyle challenges and complex needs that drug and alcohol users can face are addressed in the borough by Going the Distance. This is an innovative project to assist drug-using offenders and drug and alcohol users in moving closer to the world of work or gaining sustainable employment. A number of specialist services work closely together to provide a coordinated employment support programme to its clients; an important outcome being access to skills training for those who may not be able to enter work immediately.

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). This regeneration includes the establishment of Crossrail, which will provide the infrastructure for local, national and international transport for residents of east

³⁹ NHS WF, Commissioning Strategic Plan 2009/10 – 2013/14.

⁴⁰ NHS WF & LBWF, Joint Strategic Needs Assessment 2009-2011.

⁴¹ Ibid.

London and the development of Stratford City that will generate jobs, office space and affordable housing.

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.

Case Study 6: Looking after your employees in Sunderland⁴²

Over 70% of the employees of Sunderland City Council live within the city; potentially 9,500 residents who may at some point require services provided by the Council and local health services. Creating a corporate wellness strategy has allowed the Council to empower their employees to make informed health choices, as well as provide preventative solutions to reduce future demands on services.

The offer includes provision of an award-winning flexible working policy, discounted membership at local leisure facilities, health checks and advice for staff, and a Healthy Body, Healthy Minds project utilising schools meals staff.

⁴² Reducing health inequalities: Beacon and beyond. 2009. IDeA.

Our Aims

<p>Responding to residents.</p>	<p>Develop a Healthy Workplace scheme that covers multiple settings (work, school, hospital, etc.) and work to make LBWF an exemplar Healthy Workplace</p>
<p>Protecting the most vulnerable.</p>	<p>Build on the targeted support provided by Job Centre Plus and other agencies to enable those on long-term incapacity benefit to re-enter employment whenever possible.</p> <ul style="list-style-type: none"> ∞ Provide those on long-term incapacity benefit with appropriate support by basing employment services within GP surgeries and working with GPs to enable them to signpost patients to appropriate services. ∞ Develop links between doctors employed by the Department of Work and Pensions to monitor those claiming benefit and the individuals' GPs. <p>Increase functional literacy services to enable people to have greater control over their lives and improve health.</p> <p>Identify health risks early in primary care, refer to appropriate services and manage existing disease better in the community.</p>
<p>Making every penny count.</p>	<p>Enable people to retain their job and stay in employment following a disability or illness</p> <ul style="list-style-type: none"> ∞ Create a link between GPs, the Disability Employment Advice service provided by Job Centre Plus and mental health and physical/occupational therapists to provide employers and employees with advice and support following the provision of a 'Fit Note' to enable the employee to achieve a speedy return to work. <p>Develop skills and motivation and volunteering/ apprenticeship opportunities that match existing and emerging employment opportunities.</p> <ul style="list-style-type: none"> ∞ Include in the Council's new sustainable procurement policy a requirement for our preferred suppliers to offer work experience opportunities to young people and long term unemployed in the borough whenever possible.

THEME 4. Support good health and independence in retirement (65+)

Introduction

Continuing the life course approach, our fourth theme focuses on older people. 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. The World Health Organisation rightly describes this as a great triumph but it also cautions that it could be one of our greatest challenges.⁴³ In Waltham Forest the 65+ population is set to increase from 25,400 to 35,400 (40%) over the next twenty years according to GLA 2009 Round Population Projections.

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 acknowledges 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.

This theme draws on Waltham Forest's strategy for the Over 50s - Full of Life, which is concerned with improving the quality of life for the over 50s and 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 also aim to tackle social isolation through outreach programmes to our most at-risk residents.

Our approach draws on the active ageing framework developed by the World Health Organisation. This seeks to enhance people's quality of life as they get older by optimising opportunities for health, participation, independence and security.⁴⁴ Active ageing aims to extend healthy life expectancy and maintain autonomy and independence by promoting older peoples' inclusion in and contribution to all areas of community life, recognising their wide range of capacities and resources and responding to their needs and preferences.

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.

Health issues

Peoples' health on retirement reflects exposure to risk factors across the life span that began manifesting in middle age (50+) in the form of chronic disease. If these diseases are detected early and managed in the community, either through expert patient programmes or GPs for example, then people's quality of life can be retained and hospital admissions averted. Coronary heart disease, cancer and respiratory diseases are the main causes of death and the biggest contributors to health inequalities in Waltham Forest.

Other health issues impacting on our retired residents and affecting their ability to lead independent lives include dementia and falls. Our Joint Strategic Needs Assessment (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).

⁴³ WHO, Active Ageing, 2002

⁴⁴ WHO, Active ageing: a policy framework.

While prevalence of dementia was lower in Waltham Forest, our ageing population means that this will be a growing issue among our residents.

Case Study 7: Preventing falls through early intervention in Calderdale⁴⁵

Falls among older people form one of the most common reasons for hospital admittance and are a major source of expenditure for the health service. They can reduce an individual's confidence and can lead to repeat contacts as the likelihood of suffering a fall increases significantly following any initial fall.

Calderdale uses early intervention and preventative techniques to reduce the number of falls, and the pressure on services that falls create. The Falls Prevention Team work with anyone over the age of 50 to provide a multifaceted risk assessment and home safety check. They also provide advice on reducing the risks of falls and signpost people to other relevant services. The team works in local settings, such as older peoples' homes, to provide strength and balance exercise groups to reduce the incidences of falls among those in later life.

Financial security

Between 1997 and 2005 the number of pensioners in low-income households nationally fell from 26% to 19%.⁴⁶ However these figures may not reflect the situation in Waltham Forest, where over a third of eligible residents claim pension credit. This is lower than that for the Olympic boroughs, which may reflect differing levels of deprivation but may also be due to lower awareness of eligibility.

Social isolation

Loneliness is a key issue for this age-group. Residents have identified that relationships with family and friends can have a very strong bearing on people's mental well-being. Nationally among 65-74 year olds, 30% live alone, and this rises to almost 50% of those aged over 75. 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 origin⁴⁷. Tackling isolation will not only improve the quality of life and reduce health inequalities, it will also help to build stronger local communities.

Older people in Waltham Forest are more likely to consider the fear of crime as a negative influence upon their quality of life, although data clearly show that older people are actually less likely to be the victims of crime, with the exception of distraction burglary. This perceived fear of crime must be addressed so that older residents feel comfortable in taking an active part in society.

⁴⁵ 2010. <http://www.calderdale.nhs.uk/local-services/a-z-listing/falls-prevention-service>; Prevention of Falls In Older People A Community of Practice for Falls, <http://www.scotland.gov.uk/Resource/Doc/924/0076048.ppt>

⁴⁶ New Policy Institute, 2009, London Poverty Profile

⁴⁷ Cabinet Office (2006) Sure Start to Later Life, Ending Inequalities for Older People

Case Study 8: Making access to services easier in Salford⁴⁸

Salford's customer management system has been adapted so that callers can be put in touch directly with partner agencies who offer relevant services that the Council does not provide. A script system is used so that potential users can be screened for eligibility and referral purposes, which helps to provide a more efficient service. The service is flexible enough to allow for changing priorities; the parameters can be adapted so that the most at-risk groups are targeted for appropriate services. Referrals using the contact centre have helped increase flu jab take-up in older people from 40% to 73%.

Transport

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 55s. Of the Borough's bus stops that the Council have responsibility for maintaining, 51.92% are regarded as accessible. This compares favourably with the London average of 48.43%.⁴⁹

The Freedom Pass is seen as one the most important benefits of growing older as it ensures that accessing London becomes affordable for residents over 60. The transport links within the borough are also felt to be very good. The Dial-a-Ride service was however 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. It is a concern given the projected increases in disability rates among the over 65s.

Our Aims

⁴⁸ LinkAge Plus national evaluation: End of project report. 2009. Department for Work and Pensions

⁴⁹ Transport for London (2010) TfL 2009-10 Quarter 4 Performance Report

<p>Making every penny count.</p>	<p>Investigate ways to reduce the number of falls and accidents in the home.</p> <ul style="list-style-type: none"> ∞ Commissioned time limited project group to share findings of work with stakeholders; implement a Falls Prevention Pathway. <p>Identify health risk early through screening for example, and manage chronic disease in the community.</p> <ul style="list-style-type: none"> ∞ Build user profile of at risk groups; work with communications and public health workers to target these groups. ∞ Work collaboratively with GPs to identify their risk patients and ensure appropriate support is in place.
<p>Responding to residents.</p>	<p>Gain a better understanding of how we can improve the physical environment for the benefit of older people and promote their needs.</p> <ul style="list-style-type: none"> ∞ Consult and involve older people in public realm planning. <p>Promote older people as valued and vibrant members of the community and in ways that challenge traditional stereotypes.</p> <ul style="list-style-type: none"> ∞ Celebrate contribution of older people in borough by marking national Older Person's Day.
<p>Protecting the most vulnerable.</p>	<p>Ensure that older people are aware and able to access the benefits and financial resources to which they are entitled.</p> <ul style="list-style-type: none"> ∞ Work with third sector partners to promote and raise awareness of Council's Benefit Take-Up and Information Maximisation Strategy; use collected data to ensure that the service is being accessed by groups most at risk. ∞ Add clear signposting information on Council website to national information on pension arrangements and entitlements. <p>Build social capital by attracting older people into volunteering and community networking opportunities.</p> <ul style="list-style-type: none"> ∞ Work with Third Sector providers to support and develop opportunities for volunteering.

THEME 5: Create and develop healthy and sustainable places and communities

Introduction

The key environmental factors that influence our health at birth and as we grow, live, work and age, as cited by the Marmot Review, include housing, good quality and accessible green space and our food environment. The benefits of addressing both health inequalities and climate change are highlighted and recommendations made in relation to active travel and energy efficiency in housing. The Review also calls for full integration of planning, transport, housing, environmental and health systems in order to effectively address the social determinants of health in each locality.

In consultations, Waltham Forest residents have emphasised the importance of their environment to their physical health and mental well-being and moreover stated that this is an area over which they feel the council has most responsibility and they have least.^{50 51} 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.

The environment is a key priority for the current political administration and the local authority has committed to accelerating its efforts to significantly improve the streetscape. Council surveys suggest that cleaner streetscapes give rise to lower perceptions of crime, and the intention is that our efforts to reduce fly tipping and improve the cleanliness of front gardens will have an overall effect on wellbeing.

Crime and community safety

Crime affects health in a number of ways – directly through violence, injury, rape and other offences against the person and / or indirectly through the psychological and physical consequences of injury, victimisation and isolation because of fear.

Over the past four years, the borough has experienced a drop in total crime of 5.8%. However 2009/10 saw an increase in total recorded crime levels (3.9%) and residents' have significant concerns about the levels of antisocial behaviour, in particular gang related criminality.

Our data shows that the borough has some crime 'hotspots' where the majority of crime takes place. Furthermore a small number of perpetrators are likely to be responsible for a large proportion of crime and the targets of crime are vulnerable to becoming repeat victims. In recognition of this fact Waltham Forest's Crime and Disorder Reduction Partnership - Safety Net - is adopting a new and holistic problem-solving approach that looks at the Victim, Offender and Location (VOL) rather than the crime type. The objective of the new approach is to reduce crime and anti-social behaviour in the borough, increase community confidence and create safer communities.

Our Gang Prevention Project will be the first pilot of this new approach and will focus on working with a cohort of 30 families; providing specialist intervention for gang members, targeted interventions aimed at parents and siblings of gang members and community and resilience development. The project seeks to improve behaviour and attendance at school, increase employment and move away from a reliance on out of work benefits, reduce violence-related hospital admissions and improve confidence in communities.

⁵⁰ GfK NOP Social Research, JSNA: Next Steps Research, July 2009.

⁵¹ Consultation with families participating in the More for You project, 11th July 2010.

Active travel and combating climate change

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 is emitted per person per year. Approximately 50% of these emissions are from domestic buildings, 30% from non-domestic buildings and 20% from transport. Of the total carbon emissions in the borough, 3.5-4% comes 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.⁵²

There are now 20 miles of dedicated cycle lanes on almost all the main roads in the borough and the numbers of pupils walking to both primary and secondary school in Waltham Forest is well above the national average. Safety is a significant concern for a number of our young people however. An OFSTED survey carried out in September 2008 found that 15% of young people in Waltham Forest (compared to a national average of 11%) felt unsafe when travelling to and from school.

Housing and energy efficiency

There are over 96,500 properties in the borough. Owner occupation, the largest tenure in Waltham Forest, accounts for 65.7% of the total private sector stock, comparable with the London average (71.4%) but much lower than the national average of 80.5%. It has a higher private rented sector at 19.5% compared to 17.9% in London and 11% in England.

The level of overcrowding in both private and social sectors is very high and there is a major requirement for family sized homes. Waltham Forest requires a balanced mix of property types in both market and social sectors to meet the borough's housing needs and the impact of demographic change and in-migration. Housing in the borough is relatively cheap compared to the rest of London but as local incomes are also relatively low, they are nevertheless unaffordable for many of our residents.

Over-occupation

Over-occupation affects 12.9% of all households in the borough which is far higher than the national average level of 3%. It is highest in the rented sectors. Almost a quarter (21%) of BME households are affected by over-crowding and this population makes up half of all households in the Borough. Evidence from housing assessments shows that although their housing requirements are similar to those in the general population, the combination of family size, lower incomes and the high proportion of small units in our housing stock make their problems more acute and require a focused strategic response.

Under-occupancy

Under-occupation affects approximately 20.3% of all households in the borough. The levels of 6.5% to 7% of under-occupied properties within the social rented sector present a potential stock of around 1,400 properties. This year, the Council will enable up to 60 households to move from secure tenancies that are too large for their needs to appropriate-sized accommodation. Cash incentives will be offered to encourage and assist moves to smaller properties, including payment for removal expenses and a contribution to cost of reconnection of services. Participation in the national 'Home Swapper Scheme' also provides options for households to move to other parts of the country if they wish. Waltham Forest's Over 50s strategy, 'Full of Life', includes a priority to develop a right sizing approach to housing older people in a home that fits their needs.

⁵² LBWF, Climate Change Strategy, 2008.

Decent homes

Almost a third of homes (30.6%) in the private sector have been found to be 'non-decent'⁵³. This represents 21,625 dwellings of which 6,824 are believed to contain vulnerable households. The main reason for failing the standard in Waltham Forest is due to poor thermal comfort. To address this issue, the borough is in the process of developing its Private Sector Housing Strategy. Its priorities are to reduce the number of vulnerable households living in non-decent accommodation, raise the standard of management in the private rented sector and increase capacity, and develop and maintain effective partnerships.

In 2004 the Council signed up to the London Landlord Accreditation scheme designed to help landlords to develop the skills to manage their properties. Over 316 private landlords have become accredited. In order to ensure a supply of high quality private sector accommodation within LBWF, the Council will only procure properties from agents or landlords who are accredited.

Case Study 9: Tackling inequalities in energy consumption in Leeds⁵⁴

Leeds City Council's Affordable Warmth Strategy has prioritised affordable warmth as a central part of addressing the wider determinants of health. This is in response to the 30% of households in Leeds who find it difficult to heat their homes and aims to cut the £300 that is wasted on the average £1300 energy bill.

Leeds' Fuelsavers team contacts over 25,000 households each year. Staff are integrated with the Council's contact centre, allowing for referrals to be easily directed to the team. The team operates a wider advice service that covers Bradford and Hull, approximately 660,000 residences. Door-to-door visits, focusing on the poorest districts, form a central part of the strategy. Over 32,000 homes are visited yearly through the Community Warmth Initiative and 7,700 households are provided with assistance. These visits also include fire safety and benefits checks so that residents can be referred to other appropriate services.

Fuelsavers targets the private sector and are implementing minimum standards where lack of compliance can cause landlords to be removed from an approved list of student lets. The work of the team is estimated to have delivered over 88,000 tonnes of CO2 savings per year.

Supported housing

Nearly a quarter of households in Waltham Forest include a member with a disability or long-term limiting illness. These levels of disability are concentrated mostly in Walthamstow and Leyton and Leytonstone. There are high numbers of disabled tenants in social sector properties, nearly double the proportionate spread in this tenure. The largest group of people are those with a mobility difficulty (44.1%).

The Disabled Facilities Grant (DFG) is a mandatory 'means tested' grant, to help meet the cost of adapting a property in which a disabled adult or child lives. Owner-occupiers and private tenants may apply for the grant for a disabled person in their household and a landlord may apply for an adaptation for their tenant. The grant is intended to enable owner-occupiers and private tenants to continue living independently in their homes.

Neighbourhood renewal

⁵³ Private Sector Stock Condition Survey, 2005.

⁵⁴ Ashden Award for Sustainable Energy. 2010. <http://www.ashdenawards.org/files/reports/>

Waltham Forest is in the process of establishing a Neighbourhood Renewal Area in the North Olympic Fringe area. Specific objectives include working to improve the street-scape (walls, back lanes and hedges), environment and private houses within this location. The improvement area programme will be available to all in the area with varying levels of support provided, depending on means. The scheme will also look at licensing for areas of large numbers of HMO's that fall outside the Mandatory Licensing criteria for HMO's as well as focusing on empty properties in the area.

Accessible and quality green space

The Commission for Architecture and the Built Environment (CABE) has found that where there is good quality green space, people are more satisfied with their neighbourhoods and have better health and well-being. Furthermore, those who value their green space will feel safe in it and use it more often to keep physically active.⁵⁵

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. Almost a third is made up of open space including forest, reservoirs, parks and playing fields and based on the current population estimate there is 2.85 hectares of public, accessible open space per 1,000 residents.

The borough meets the London Plan target for having a district park within 1.2km, a metropolitan park within 3.2km and a regional park within 8km of residents' homes and just a relatively small percentage of the borough, (7%), is deficient in terms of having a small or local park within 400 metres of their home. 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 easy reach of their home. This will be achieved by increasing usage through improved safety and accessibility, by increasing public satisfaction through improving the quality of our open spaces and the provision of greater facilities and by involving the community and working with partners.⁵⁶

Community life and the role of culture

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'⁵⁷. Understanding of the relationship between social and community capital and health is growing. High levels of social cohesion may act as a protective factor for communities facing multiple deprivation, while those with low levels often have high levels of stress, isolation and depression. In order to combat this, it is important to remove barriers to community participation and action.

The percentage of people who believe that people from different backgrounds get on well together in their local area stands at 73% in Waltham Forest 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.⁵⁸ Residents are in favour of neighbourhood designs that facilitate stronger residential communities. They want regeneration and development schemes

⁵⁵ CABE, Community green: using local spaces to tackle inequality and improve health, July 2010.

⁵⁶ Waltham Forest Council, Open Space Strategy 2010-2020.

⁵⁷ Wilkinson, R. and Marmot M. 2003 *Social Determinants of Health the Solid Facts* Second edition WHO

⁵⁸ Consultation with families participating in the More for You project, 11th July 2010.

to support community safety and interaction between residents, and for services to be accessible.⁵⁹

Waltham Forest's Culture Strategy, Taking Our Place in London, explicitly recognises the contribution that cultural activity can make to health and wellbeing. Its vision is to enhance the health and happiness of people who live, work, study and spend their leisure time in the borough and its ambitions include; 'Creating a Buzz' to provide people with enjoyable experiences on their doorstep, 'Great Spaces' to increase people's engagement in creative and physical activity by making the most of our unique spaces and 'Feeling Good' which aims to enhance the health, happiness and well-being of borough residents⁶⁰.

Case Study 10: Waltham Forest's innovative approach to creating healthier communities through spatial planning.

In March 2009, Waltham Forest adopted a Hot Food Takeaway Supplementary Planning Document (SPD) in response to residents expressing their dissatisfaction with the number of hot food takeaways in the borough and the impact they have on the local area in terms of poor shop designs and increased street litter. Health concerns over the food's nutritional value and the impact on children's eating habits were also raised. Waltham Forest's child obesity rate was double the national average and the take up of healthy eating programmes was suffering due to the proliferation of outlets close to schools. A total of 256 takeaways across the borough were mapped and often found to be clustered together and concentrated in town centres.

The Council's SPD prevents new licences for hot food takeaways being granted near schools, youth facilities and parks. There are also more stringent controls over managing the smells, waste and litter generated by the takeaways .

By May 2010 there has been a reduction in hot food takeaways to 241. No new venues have been granted planning permission and increased enforcement action has closed 12 on environmental grounds. The approach is now being taken forward by other local authorities and New York has cited it as an example of best practice in their public health zoning regulations.

Our Aims

⁵⁹ Waltham Forest's Housing Strategy, 2008-2028.

⁶⁰ Taking Our Place in London, Waltham Forest's Culture Strategy, 2010-2030.

<p>Responding to residents.</p>	<p>Embed health in the Local Development Framework (LDF).</p> <p>Explore alternative uses of the Section 106 other than infrastructure for health, including joint schemes with the other 4 Olympic host boroughs.</p> <p>Develop Healthy Workplace schemes for workplaces, schools, hospitals, etc. and work to make the London Borough of Waltham Forest local authority an exemplar.</p>
<p>Protecting the most vulnerable.</p>	<p>Reduce crime through focusing resources on victimisation, re-offending and those locations with the highest levels of crime.</p>
<p>Making every penny count.</p>	<p>Improve the quality of the borough's housing.</p> <ul style="list-style-type: none"> ∞ Finalise a Private Sector Housing Strategy for the borough, prioritising a reduction in the number of vulnerable households living in non-decent accommodation, raising the standard of management in the private rented sector and increasing capacity, and developing and maintaining effective partnerships. ∞ Maximise opportunities to expand the Neighbourhood Renewal Area initiative across the main regeneration areas in the borough. ∞ Explore the development of a Healthy Homes Scheme as in Leeds. ∞ Continue to negotiate with prospective developers towards achieving affordable homes from all the suitable sites coming forward for planning consent over the period of the LDF.

THEME 6: Understand and involve our communities.

Introduction

In these challenging economic times, it is particularly important that we are able to design services that are accessible and tailored to 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.

Case Study 11: Using existing networks to deliver health advice⁶¹

The Muslim Doctors and Dentists Association (MDDA) are working within Muslim communities across the UK to raise awareness of cardio-vascular disease. Muslims are at higher risk than other groups and the death rate for coronary heart disease is falling more slowly among Muslims than for the general population.

The MDDA has introduced health check stalls at Muslim community fairs; events that are family orientated and often well attended. The checks are free and those identified as being at high risk are directed to their GP, with a note on the results. The stall provides advice on other lifestyle factors, which is tailored to reflect specific customs within Islamic culture. Sessions can also be arranged in languages appropriate to the local community.

Since the scheme began there has been an increase in CVD awareness and people often return to the stall to check their progress in reducing risk. In order to work more closely with health services the MDDA have begun to systematically collect and analyse their data.

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 is data from other equalities categories including faith and sexual orientation. Without this key information, we are unable to identify which communities experience poor access to services and target services effectively. 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 initiative 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,

⁶¹ 2010. www.improvement.nhs.uk/NHSHealthCheck/CaseStudies/tabid/56/Default.aspx

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.

Case Study 12: Driving home health awareness in Sefton

In Sefton health risks faced by men are challenged through services tailored to their environment, for instance ‘Colin the Cabbie’ targets the area’s 2400 taxi drivers. The scheme aims to increase health awareness, improve lifestyle behaviours and create an overall reduction in the development of chronic diseases.

Volunteer taxi drivers are trained as peer mentors to give colleague’s advice and signpost them to relevant services. Free leisure passes and healthy eating workshops have also been provided to encourage changes in lifestyle.

Outcomes include a 4% increase in men attending smoking cessation service and 103 drivers redeeming their free gym pass, with 60 continuing to purchase membership. Participating drivers had a healthier diet, with over a quarter (27.3%) eating over 5 portions of fruit and vegetables everyday compared to 4.2% of non-participants. Most impressively the peer mentors reported delivering over 25,000 pieces of healthy lifestyle advice over a 49-week period.

Our Aims

Responding to residents.	Develop a community health scorecard and work through existing community groups to provide opportunities for residents to be involved in the design and implementation of services as well as ongoing challenge of existing provision.
Protecting the most vulnerable.	Undertake health equity audits based on improved collection of and access to robust data across equality classifications so that we better target those in need.
Making every penny count.	Design targeted outreach through representative community groups to deliver prevention messages to all communities.

THEME 7: Make health everyone's business

Introduction

Between 20% and 30% of our health is determined by access to quality 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 our health take health as an integral consideration when designing and implementing their services so as to maximise positive and mitigate negative impacts. One way of doing this is through conducting a health impact assessment (HIA).

The changing health landscape outlined in the coalition government's Health White Paper supports this approach by expecting local authorities to take a greater lead in health prevention. Primary Care Trust (PCT) responsibilities for local health improvement will transfer to local authorities from 2012 and they 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 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. 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.

***Case Study 13: Embedding health issues in the London Borough of Greenwich.*⁶²**

The London Borough of Greenwich views the creation of healthier communities as integral to its place-shaping role and as a result health inequalities and public health have been embedded Council-wide. This has been achieved through the design of a 'Health, Everyone's Business' course, in partnership with NHS Greenwich.

The two specific aims of the course are to provide participants with the knowledge, skills and language to promote health within key Council roles and to develop a core group of public health champions working in key decision-making roles across Council functions. The course is focused on third tier managers across the authority; this ensures that those involved have the influence and authority to deliver on opportunities for tackling health inequalities.

The Waltham Forest context

⁶² Reducing health inequalities: Beacon and beyond. 2009. IDeA.

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

Within the local authority, all reports presented to Cabinet are required to consider the implications their stated initiative will have on the sustainability of Waltham Forest, including health and well being. While 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 Health Impact Assessment (HIA) process will become essential as the authority takes over responsibility for health improvement. With public health moving to LBWF, staff will work with colleagues to embed a process of assessing the impact on health of services across the local authority.

Case Study 14: Reshaping services to meet the need in the Merseyside.⁶³

Merseyside Fire and Rescue Authority (MFRA) have demonstrated the impact that a public service provider can have by understanding the cause of a problem and then seizing the initiative to tackle the cause rather than treat the symptom. In recognising that fire deaths and injuries have a strong link to social deprivation and health inequalities, the service has seen its role as 'promoting safer, healthier communities.'

Raising awareness, ensuring prevention systems are in place and working closely with other providers have therefore become core functions. MFRA has visited over 100,000 homes in a year to offer safety advice and used its popularity in the community to deliver a number of tailored healthy living programmes.

Over two years primary fires have decreased by 51% and fire related injuries by 80%. In Knowsley the local PCT uses fire service data to inform the targeting of its smoking cessation services and has the 3rd highest quitter rate nationally.

Our Aims

<p>Responding to residents.</p>	<p>Embed prevention by assessing the impact of policies and strategies on health.</p> <p>Embed health in the Local Development Framework.</p> <p>Identify opportunities to embed health messages in existing services across the borough, such as literacy and fire fighting.</p>
<p>Targeting those most in need.</p>	<p>Identify community groups that work with the most at risk residents and provide training and support to enable them to provide advice and signposting.</p>
<p>Making every penny count.</p>	<p>Take advantage of all frontline staff contacts to provide advice and signposting to a range of prevention and healthcare services.</p>

⁶³ Reducing health inequalities: Beacon and beyond. 2009. IDeA.

Conclusion

The Marmot Review concluded that inequality is bad for your health. Health inequalities in Waltham Forest are increasing for while life expectancy and other health outcomes are improving they are not happening as quickly as elsewhere. 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 Marmot's advice to address the causes of health inequalities by tackling the unfair disparity in the quality of social and economic environments that people experience.

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