



INSTITUTE *of*
HEALTH EQUITY



EXECUTIVE REPORT

A FAIRER AND HEALTHIER WALTHAM FOREST: EQUITY AND THE SOCIAL DETERMINANTS IN WALTHAM FOREST

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AUTHORS

Report writing team: Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Scarlet Willis and Owen Callaghan.

Tammy Boyce, Peter Goldblatt, Scarlet Willis and Owen Callaghan coordinated the production and analysis of tables and charts.

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INTRODUCTION

THE WALTHAM FOREST HEALTH EQUITY COMMISSION

There are widespread inequalities in health within Waltham Forest with stark differences in life expectancy and health that are closely related to the conditions in which people are born, grow, live, work and age - the social determinants of health. It is possible to reduce inequalities through policy and action and this report sets out how Waltham Forest can help achieve these reductions even in the context of widening health inequalities and deteriorating social and economic circumstances at national level.

In January 2022 Waltham Forest Council commissioned the UCL Institute of Health Equity (IHE) to assess health inequalities in the borough, particularly in light of the COVID-19 pandemic, provide evidence about the drivers of health inequalities, and propose a practical set of actions to address them. This report, summarised here, shows the significant problems and also evidence of good practice in Waltham Forest. These examples show how to work differently to better meet the needs of the people living in the most deprived areas in the borough, and how it is possible to offer a better quality of life and reduce health inequalities. Often the remedies to health inequalities are known but are not implemented at the scale needed. Lack of resources is a significant issue and the main barrier to further action, but evidence shows that intervening to prevent problems is cost effective and reduces demand on services as well as benefitting residents.

The report focusses on the social determinants which are the main factors outside the healthcare system which shape health. They encompass the social and environmental conditions in which people are born, grow, live, work and age. Good quality, equitable and accessible healthcare is a determinant of health but most of the social determinants of health lie outside the healthcare system. These include good-quality experiences and services during early childhood, good-quality education in later childhood and adolescence, and opportunities for lifelong learning, all of which help create the conditions that enable people to have control over their lives. Working conditions, and contractual conditions of employment, are also key determinants of health, as is having sufficient income for healthy living, living in adequate housing, and living in a built and natural environment that protects from harm and enables healthy living (1). Focussing only on behaviour change and making individuals responsible for it - such as eating less or exercising more - fails to address the root causes of these behaviours.

Much of the required action must be undertaken in the following sectors outside of the NHS, which is described as the 'health equity system':

- **Local authorities** - including adult social care; schools, education and learning; regeneration and growth; planning and building control; parking, roads and travel; neighbourhoods; jobs and training; housing; families, young people and children; businesses; benefits and money; strategy and change; libraries, arts, digital access; and infrastructure, parks and leisure.
- **Public services** - including education, the criminal justice system, environmental protection, health and social care and secondary schools.
- **The business and economic sector** - including Chambers of Commerce, Local Enterprise Partnerships and individual businesses.
- **The voluntary, community, faith and social enterprise sector.**
- **Local residents.**

The Commission was overseen by an independent advisory group and a steering group. The work comprised analysis of the data to establish the extent of inequalities in health and the social determinants of health and investigation of how well the system in Waltham Forest is working to deliver improvements in health equity.

Our work in Waltham Forest involved discussions with relevant stakeholders and hosting four workshops in September 2022. The workshops were attended by representatives from across the VCFSE sector, and private sectors and covered young people, the cost of living crisis, housing and digital inclusion. The purpose of the workshops were to gather insight that is not available through data analyses and to inform the report and its recommendations.

Importantly, the analysis and recommendations in this report were also shaped by the views of residents in Waltham Forest. Waltham Forest has shown leadership in engaging with local people. We worked in partnership with Waltham Forest to gather views of residents on the social determinants of health. Waltham Forest's Community Organisers and volunteer Community Ambassadors conducted interviews with residents in

May and June 2022 and the Council held five focus groups in June 2022 with specific groups that may experience health inequalities. The views of these residents are incorporated into the analysis and main report.

WALTHAM FOREST

Waltham Forest is one of London's outer boroughs. It is a young and diverse borough: over half its residents are from ethnic minority populations. It covers an area from Chingford in the north to inner city London areas in the south. Waltham Forest is not the most deprived borough in London. In the 2019 Index of Multiple Deprivation (IMD) Waltham Forest was ranked the 82nd most deprived borough nationally out of 317 districts and the 12th most deprived borough out of 32 in London (2). It contains several areas with particularly high levels of deprivation and child poverty, for instance Leyton, Cathall, Lea Bridge and Cann Hall wards in the south of the borough, and 14 of its 20 wards have higher levels of deprivation than the average for England and London. Meanwhile in some areas Waltham Forest has changed and gentrified rapidly. Rising housing costs have led to many long-term residents feeling left behind, priced out and excluded from economic successes.

SPENDING CUTS IN WALTHAM FOREST AND ENGLAND

The IHE *10 Years On* report outlined how policies of austerity since 2010 have taken their toll on health and the social determinants of health. Between 2010 and 2020 life expectancy stalled in England and health inequalities widened with declining life expectancy for more deprived areas outside London. The COVID-19 pandemic exposed and amplified these health inequalities with higher rates of mortality in more deprived and ethnic minority communities. There are increasing rates of poverty, food and fuel poverty in England and a decrease in social mobility, a situation which has deteriorated further in 2022 due to the cost of living crisis. There have been large cuts to Waltham Forest's local authority budget, which have resulted in cuts to services over the last 12 years. Between 2010 and 2018 Waltham Forest lost £444 per head of population, more than the England average, with further cuts anticipated from 2023.



HEALTH INEQUALITIES IN WALTHAM FOREST

Inequalities in health are unfair and cause unnecessary harm to individuals, families, and communities but they can be reduced through action on the social determinants of health. In 2020 the average female life expectancy in Waltham Forest fell by 2.6 years, more than double the decline in England and steeper than the overall decline in London. In 2020 men's life expectancy in Waltham Forest fell below the England

average for the first time since 2015 and has been slightly below the London average since 2017.

Healthy life expectancy is the average number of years an individual is expected to live in a state of self-assessed 'good' or 'very good' health. In Waltham Forest, healthy life expectancy is the same as in England for men and four years higher for women, Table 1.

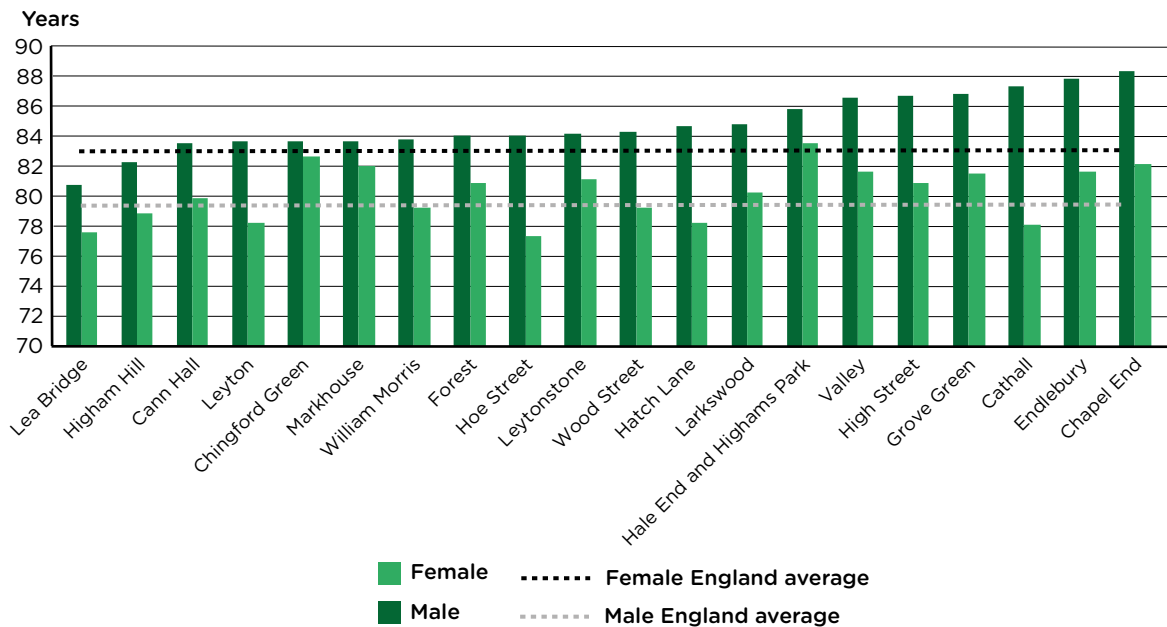
Table 1. Life expectancy and healthy life expectancy, Waltham Forest, London and England, 2018-2020

	FEMALE		MALE	
	Life Expectancy	Healthy life expectancy	Life Expectancy	Healthy life expectancy
Waltham Forest	84	68	80	63
London	84	64	80	65
England	83	64	79	63

Despite having roughly average health compared with England, there are large inequalities in health within Waltham Forest: a 7.6 year difference in life expectancy between wards for women and 6.2 years for men, closely related to level of deprivation of the wards. Chapel End ward had the highest life expectancy over the period 2016-20, at 88.4 years compared with 80.8 for women

in Lea Bridge ward, a difference of 7.6 years. Hale End and Highams Park and Chingford Green wards have the highest male life expectancy, 83.6 and 82.7 years respectively, compared with 77.3 years in Hoe Street. Eight wards have lower male life expectancy than the average for England, and two wards have lower life expectancy for women, Figure 1.

Figure 1. Estimated male and female life expectancy at birth, Waltham Forest wards and England, 2016-20



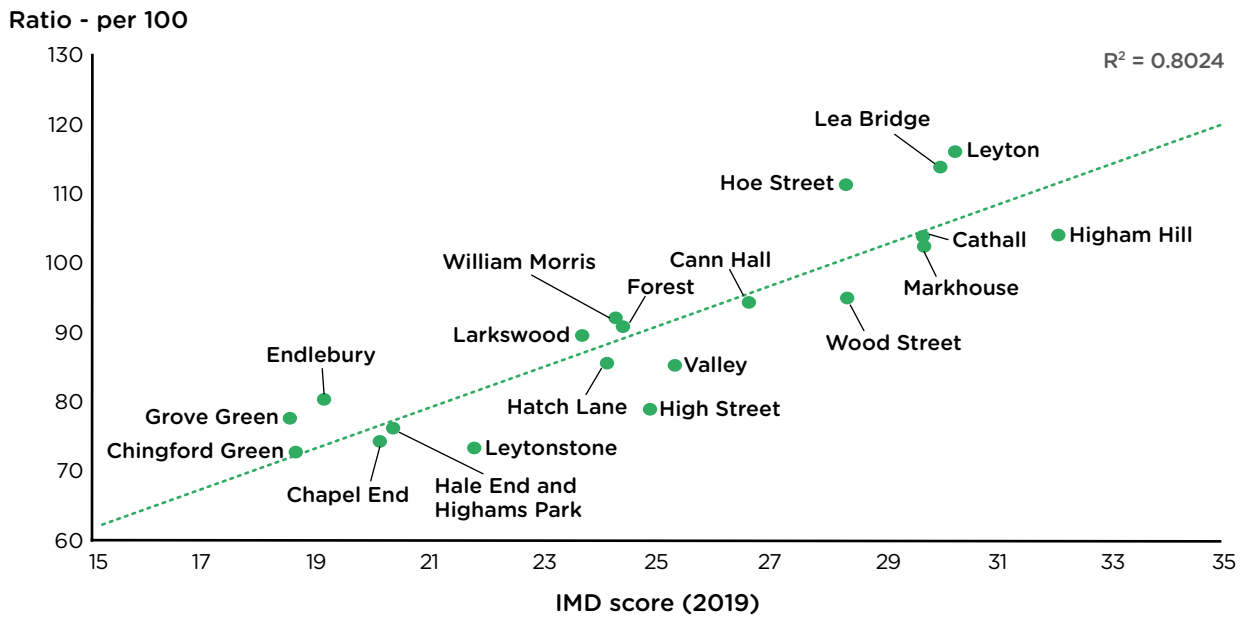
Note: The areas are ranked by female life expectancy.

Source: Office for National Statistics (2)

Overall rates of preventable mortality for those aged under 75 in Waltham Forest by ward reveal large inequalities, with more deprived areas having high rates of preventable premature mortality.

Figure 2 shows a clear association with deprivation.

Figure 2. Under-75 mortality rates from causes considered preventable and deprivation (IMD 2019), directly standardised ratio, per 100, Waltham Forest wards, 2015-2019



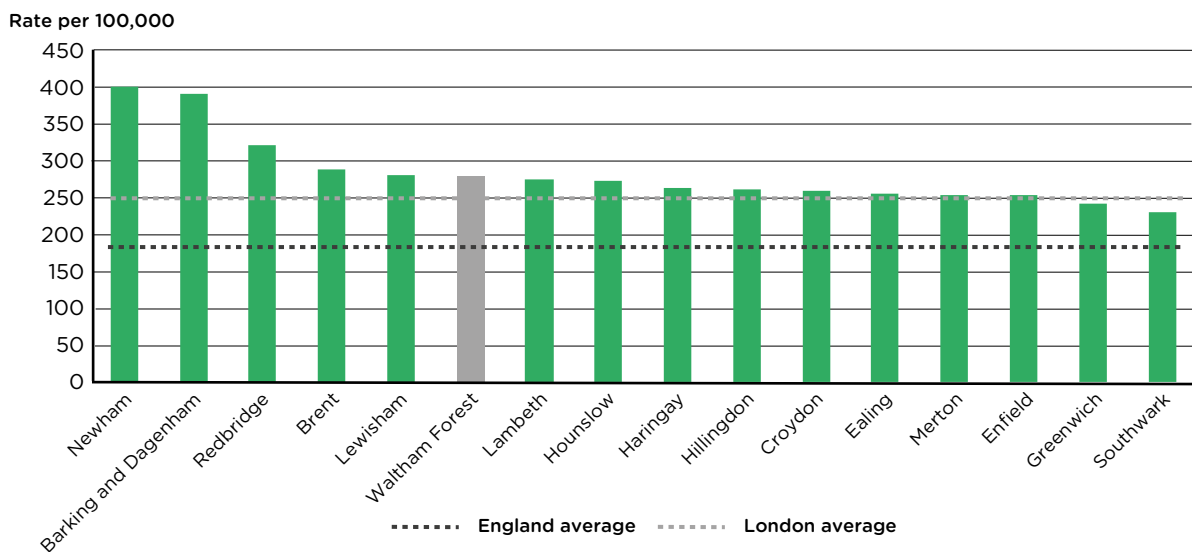
Source: Office for Health Improvement & Disparities (based on Office for National Statistics source data) (3)

COVID-19 IN WALTHAM FOREST

A study of COVID-19 in London from March to June 2020 found Waltham Forest was one of the five Northeast London boroughs where the risks of mortality were the highest (along with Barking and Dagenham, Newham, Haringey and Enfield) (4). Early in the pandemic, a study of deaths due to COVID-19 (from January to May 2020), based on data from East London hospitals,

identified ethnic inequalities in COVID-19 mortality, concluding people from Asian and Black backgrounds had higher mortality from COVID-19 infection than other ethnicities (5). Over the period March 2020 to April 2021 Waltham Forest had a higher rate of COVID-19 mortality than the average for England and slightly higher than the average for London (Figure 3).

Figure 3. Age-standardised COVID-19 mortality rate per 100,000, Waltham Forest and CIPFA nearest neighbours and England, March 2020-April 2021



Note: Deaths 'due to COVID-19' only include deaths where coronavirus (COVID-19) was the underlying (main) cause.

Source: Office for National Statistics (6)

A SOCIAL DETERMINANTS OF HEALTH APPROACH

1

GIVE EVERY CHILD THE BEST START IN LIFE

Outcomes in the early years have lifelong impacts and inequalities in the early years are significant contributors to inequalities in health in adulthood. The early years are also the period of life when interventions are most effective and yield significant returns on investment. Between 2009 and 2019 in England there was continuous disinvestment in the early years and declines in spending were greatest in the most deprived areas.

We have a good start in life 'better outcomes' programme, including health visiting, speech and language therapy but the number of children taking up places at nursery is historically low and we are not reaching the kids who need it most.

Waltham Forest Council stakeholder

HEALTH IN THE EARLY YEARS

- Rates of infant mortality in Waltham Forest are the same as the London average and below the England average.
- In Waltham Forest the relationship between deprivation and low birth-weight is weak, indicating other factors, such as ethnicity, are more relevant.
- The rates of unintentional and deliberate injuries in babies and children up to age 14 is slightly higher in Waltham Forest than the London average.

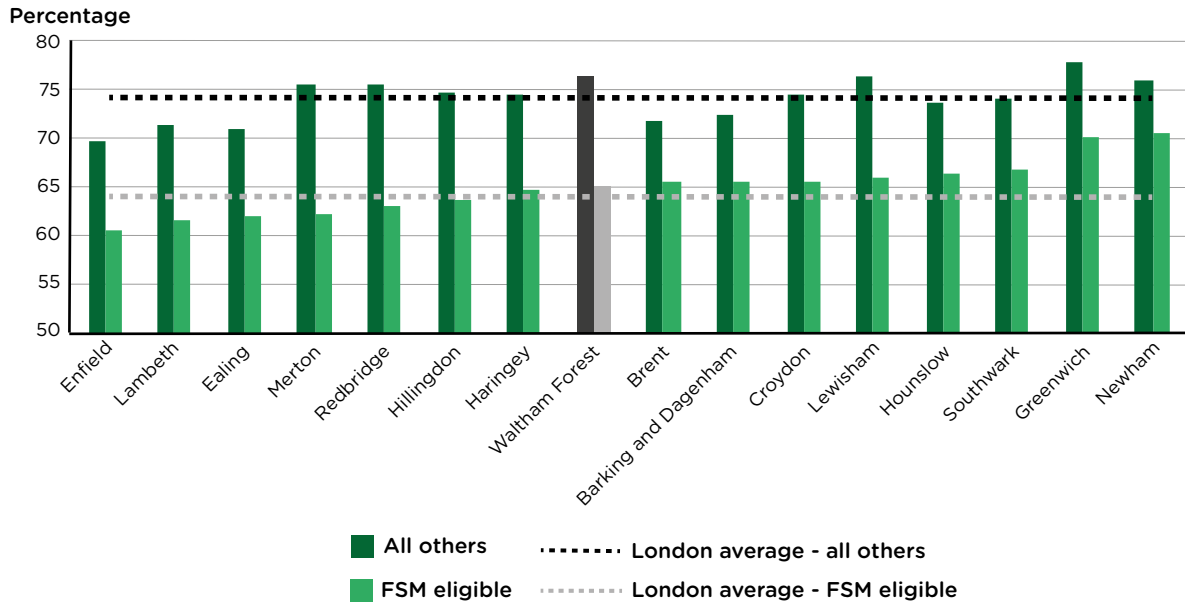
INEQUALITIES IN DEVELOPMENT DURING THE EARLY YEARS

- The cost of early years education and childcare is increasing and in 2022 childcare costs in the UK were the second highest in the developed world.
- Per week, an average household in England spends twice as much on a part-time childcare place (for a child aged under 3) as it spends on food and non-alcoholic drinks.
- Waltham Forest has performed well historically on child development measures for children who are eligible for free school meals, outperforming the England and London averages. Nonetheless, there is an 11% difference in development, at the age of 4 at the end of Reception, between children who are eligible and not eligible for free school meals in Waltham Forest.
- At Reception all children in Waltham Forest, including those eligible for free school meals, have levels of development slightly higher than the London and England averages.

Waltham Forest has historically performed well on child development measures for children who are eligible for free school meals, outperforming the England and London averages. In recent years progress has stalled slightly and Waltham Forest is now performing at about the same level as London, but still well above the England average.

Nonetheless, there is a clear difference in the percent of children achieving a good level of development at age 4 at the end of Reception between those who are eligible and not eligible for free school meals in Waltham Forest. In the nearby boroughs of Greenwich and Newham, these inequalities are lower (Figure 4).

Figure 4. Percentage of children achieving a good level of development at the end of Reception, Waltham Forest and London, 2018/19



Note: The areas are ranked by free school meal eligibility.

Source: Department for Education, Early Years Foundation Stage Profile (8)

GOOD LOCAL PRACTICE

Family Hubs and Start for Life

The Family Hubs and Start for Life programme is a package of £81.75m from central government for 75 local authorities to transform their local services into a family hub model. Waltham Forest Council is aiming to start delivery of the programme in early 2023. The borough already has many elements of the Start to Life offer in place through its Children and Family Centres and the approach will build on these. Since 2016 a postnatal depression support group has received referrals from health visitors and other health professionals. The existing provider, Lloyd's Park Children's Charity, understands the needs of the community, and is well placed to deliver the additional aspects of the perinatal mental health and support strand of the family hubs model.



RECOMMENDATIONS: GIVE EVERY CHILD THE BEST START IN LIFE

- a) Reduce the gap in level of development in reception age children and set a target that every child achieves above the national average level of readiness for school at reception.
 - i. Equip all those working with young children to support parents and carers in developing their children's early learning, especially with speech and language skills.
 - ii. Increase Children and Family Centres in areas of high deprivation and for families with children with disabilities and where English is a second language.
 - iii. Increase the uptake of the free early years education offer among 2,3 and 4 year olds.
- b) Provide support to families through parenting programmes, via children's centres and provision of key workers to support emotional resilience and wellbeing in areas of high deprivation and for children with disabilities.
- c) Ensure that early years services support households to access appropriate benefits, fuel and food support and provide advice to all households in need.



NATIONAL ADVOCACY

- Increase levels of spending on early years and as a minimum meet the OECD average.
- Increase pay and qualification requirements for the childcare workforce and develop clear progression routes for early years staff.
- Provide additional early years hours for families in low income.

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.

Experiences during childhood and through school into early adulthood continue to impact people throughout their lives, affecting employment opportunities, lifetime earnings and health. There is a clear and close relationship between health and experiences during this period of life; worse outcomes during childhood and early adulthood lead to worse health during the period and particularly later in life.

Inequalities in attainment at school translate into inequalities in health. Funding for education declined in England between 2010–20 and youth services have been cut, which has harmed young people, particularly those living in areas of high deprivation.

In the last five years in Waltham Forest the number of primary school pupils eligible for free school meals has increased by 71%. For secondary school pupils the increase is 66%.

We need to invest in our young people, taking them off the streets, developing their skills and helping them into employment. I'm talking here more about outside of school and post-education and around things like career development and skills training. This is so important because they're our future.

Waltham Forest resident, female,
aged 55+, Black

INEQUALITIES IN EDUCATIONAL ATTAINMENT

- At Key Stage 2 and Attainment 8 Waltham Forest achieves higher scores for pupils eligible for free school meals compared with the national average and a little better than the London average for FSM-eligible children.
- Nonetheless, there are differences in Waltham Forest between pupils eligible for free school meals and those without in achieving expected standards at Key Stage 2 and Attainment 8.
- In Waltham Forest Black pupils have the highest percentage of fixed term exclusions.
- The rate of 16–17-year-olds who are not in education, employment or training (NEET) in Waltham Forest has dropped well below the London and England averages, which is due to concerted efforts to reduce the NEET rate.

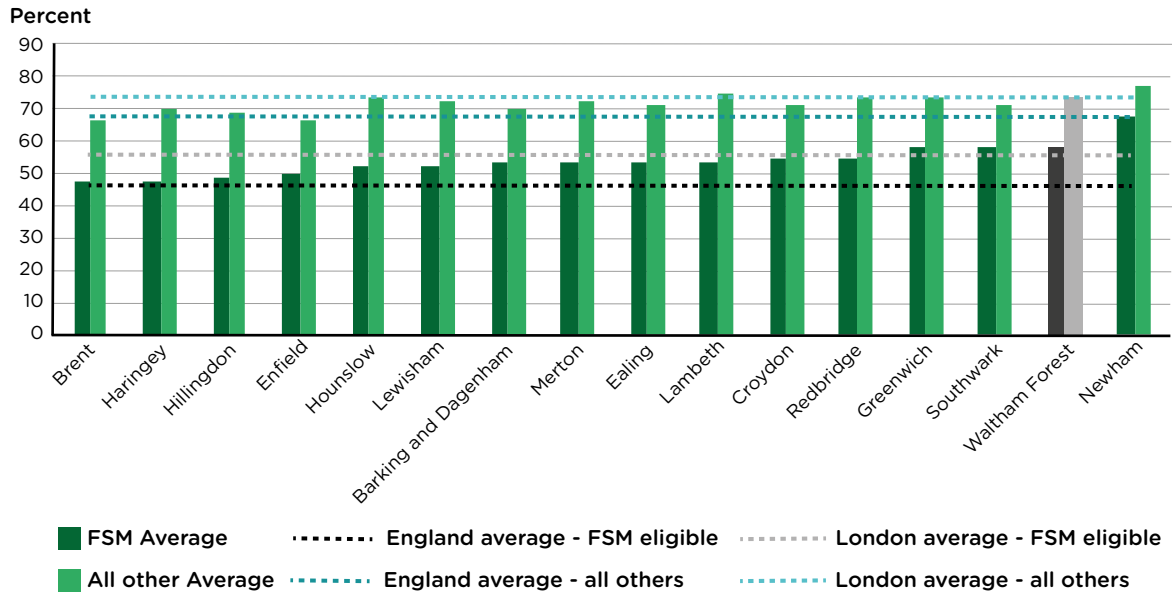
INEQUALITIES IN PHYSICAL AND MENTAL HEALTH

- During the COVID-19 pandemic the mental health of young people deteriorated, and the situation was worse for those children and young people living in more deprived areas than for those in wealthier areas.
- Hospital admissions caused by unintentional and deliberate injuries in Waltham Forest are below the London and England averages but there is an association between emergency hospital admissions for injuries in 15–24-year-olds and deprivation.

Waltham Forest achieves significantly higher scores for pupils eligible for free school meals compared with the national average and a little better than the London average the pupils eligible for free school meals (Figure 5). Nonetheless, inequalities remain:

there is still a 15% difference in Waltham Forest between pupils eligible for free school meals and those who are not in achieving the expected standard at Key Stage 2.

Figure 5. Percentage of pupils reaching expected standard at the end of Key Stage 2 in reading, writing and maths by free school meal eligibility, Waltham Forest and CIPFA nearest neighbours, London and England, 2018



Note: The areas are ranked by free school meal eligibility.
Source: Department for Education (9)



GOOD LOCAL PRACTICE

Big Youth Conversation

The Life Chances Commission was set up in 2017 by Waltham Forest Council. Part of this project is the Big Youth Conversation, an annual survey launched in 2018. The survey was developed by the young people on the Life Chances Youth Taskforce supporting the Commission. Surveys have been run in 2018, 2019 and 2021.

The outcomes of the 2021 survey informed a set of recommendations developed by the Life Chances Youth Taskforce. Waltham Forest Council made a commitment to follow through on three main goals in 2022: to carry out a mapping exercise to identify areas that lack youth spaces, to co-produce a youth communications strategy with young people, and to launch a quarterly Youth Forum to provide young people with a direct way to speak to the Council.

RECOMMENDATIONS: ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.

- a) Schools to prioritise reducing the gap in attainment.
- b) Waltham Forest Council, NHS and schools to jointly commission universal personal health and wellbeing programmes for young people to build resilience and broaden aspirations and expectations.
- c) Increase the number of local youth spaces and activities aimed at young people to cover all areas in Waltham Forest so that no young person is more than a 15 minute walk away.
- d) Ensure universal access for all young people to work experience and career paths at different stages of their educational journey, with proportionate offers and uptake for those living in households on low incomes.
 - i. Waltham Forest Council (education and employment services), local employers, health care organisations and local education providers work in partnership with young people to improve the offer and communication of the offer on work experience, work placements, supported internships, traineeships and Under 19 apprentices (Levels 1 to 3).
 - ii. Anchors and council to quadruple targets for new apprentices for young people 16–24 years.
 - iii. Support employability skills pathways for young people, including those with physical and learning disabilities, through delivery of employment shadowing, job market preparation and financial skills training delivered through secondary schools and further education colleges.
- e) Adult education to continue with informal and community provision with a focus on reducing social isolation, improving mental health and wellbeing and building general skills as well as improving literacy and numeracy and skills for work. Increase the number of adult learners achieving level 3 in Maths and English.



NATIONAL ADVOCACY

- Significantly reduce inequalities in educational attainment by use of the Pupil Premium to increase funding for schools in areas of high deprivation.
- Raise the minimum wage for apprentices.
- Ensure broad provision of adult education is maintained.

Unemployment and poor-quality work harm health and contribute to health inequalities. There is a great deal employers can do to improve the quality of work and improve health and reduce health inequalities, with benefits to them as well as their employees, as it improves recruitment and retention, reduces sick pay and increases productivity.

Working is so important. It helps with finances of course, but also self-esteem and reduces stress. It's about having a better life for you and your family.

*Female Waltham Forest resident, aged 35-54,
Other ethnicity, lower socioeconomic group*

QUALITY OF WORK

- The percentage of people in full-time work in Waltham Forest has increased since 2010, and there have been significant increases in self-employment as a proportion of employment.
- Part-time work has decreased as a proportion of all employment in Waltham Forest.

UNEMPLOYMENT

- The economic effects of the COVID-19 pandemic hit Waltham Forest hard, resulting in one of the highest rates of unemployment in London.
- The number of out-of-work benefit claimants in Waltham Forest increased more rapidly than the average for Great Britain during the pandemic.
- In Waltham Forest, 13.4% of households are workless households, slightly higher than the England average of 13%.
- Compared with the England average, there is a larger gap in employment between those with a long-term health condition and those without in Waltham Forest.

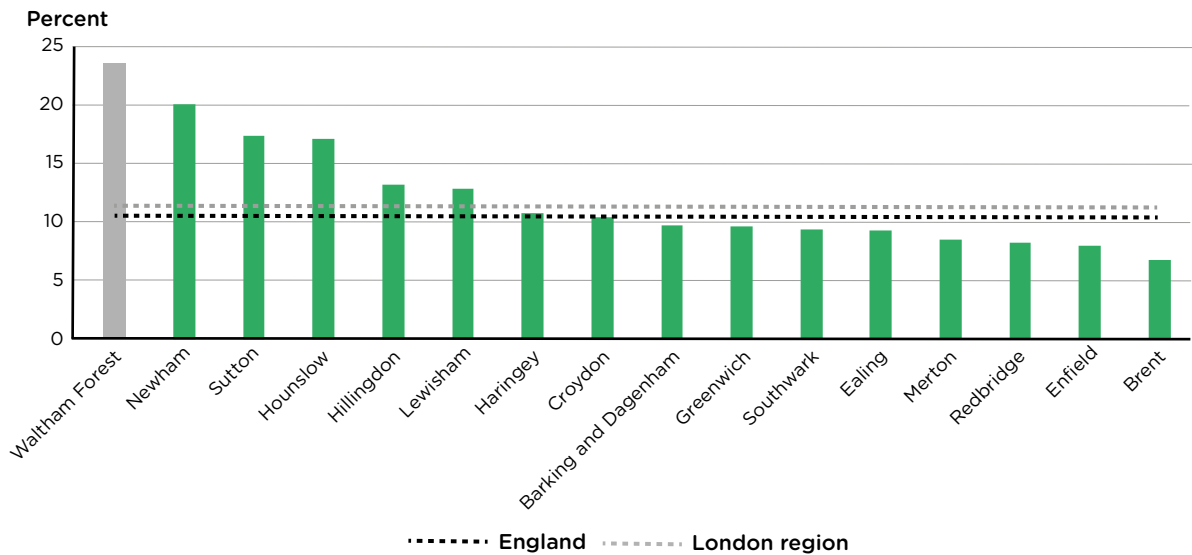
PAY

- Across England wage growth has been low since 2010 and rates of in-work poverty have increased.
- The percentage of women in Waltham Forest earning below the national living wage is higher than the average in England, with significant negative impacts on health. The rate of women earning below the living wage is nearly double the rate across London and higher than most of Waltham Forest's nearest statistical neighbours.

Compared with the England average, there is a larger gap in employment between those with a long-term health condition and those without in Waltham Forest (Figure 6). There is potential for employers and those

who are supporting people with a health condition in Waltham Forest to do more to support people with long-term health conditions into good quality and fair-paid work.

Figure 6. Gap* in employment rate between those with a long-term health condition and the overall employment rate, Waltham Forest and CIPFA nearest neighbours, London and England, 2019/20



Note: *The percentage point gap between the percentage of respondents in the Labour Force Survey who declared a long-term condition who are classified as employed (aged 16-64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64).

Source: Office for National Statistics (10)

GOOD LOCAL PRACTICE

Barts Trust and Community Works for Health

Waltham Forest Council and Barts Health NHS Trust are working together to provide jobs to local people in Waltham Forest, enabling both teams to fulfil their anchor institution responsibilities. Community Works for Health (CWfH) is a core part of Waltham Forest Council’s vision to help local residents secure work in low to medium bands (e.g. administration/clerical, healthcare assistants/theatre support workers, phlebotomists and medical lab assistants) at Barts Health NHS Trust. Since 2012 CWfH has been working with local partners to fill vacancies with local residents and targets unemployed people, those on low incomes, and Waltham Forest residents with qualifications from abroad who are in low-skilled jobs and are looking for skilled work. Online information days provide information to potential candidates about the programme, the roles available, entry requirements and how to apply. After attending the information day, candidates sit functional skills assessments and attend a week-long employability training course.

CWfH has helped hundreds of local people get skills and experience through placements and jobs and as such has helped Waltham Forest and Barts Health NHS Trust to develop a local workforce that better represents its community. In 2020 150 local residents were registered into the Barts Talent Pool and over 110 jobs secured. In 2022 a number of CWfH programmes are running. The 2022 programme has had 18 registered learners and six have secured work, while a number of other registered learners are in work placements at Barts (11).



RECOMMENDATIONS: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

- a) Based on the London Good Work Standard, develop a Waltham Forest Good Employment Charter. Public sector to implement and support small and medium enterprises to also apply these obligations.
- b) The public sector and the Waltham Forest Business Advisory Board to work with small and medium enterprises to encourage and incentivise employers to recruit lone parents, care experienced and people with poor mental and physical health and disabilities and make reasonable adjustments to meet their needs.
- c) Public sector employers to provide social welfare, legal and debt advice, including fuel and food poverty support and support local SMEs to have access to this same advice and information.



NATIONAL ADVOCACY

- Develop and implement national good work standard for all employers.
- Improve the affordability and availability of childcare.

Poverty damages health in many ways, from reducing access to healthy and nutritious food and good quality, sufficiently warm housing, to restricting opportunities to engage fully with society, to directly causing physiological stress and harming physical health.

The cost of living is rapidly increasing, pushing many more people into poverty and ill-health. The cost-of-living crisis is disproportionately affecting those already experiencing deprivation. Up to £3.4 billion of available Housing Benefit went unclaimed in 2018/19, according to the Department for Work and Pensions.

Both my partner and I work and we have two young children. Childcare is very expensive. Life is expensive. We get some help from family and friends, but it is still difficult. After all the bills are paid, we don't have much left for treats. Money is probably the main thing we argue about. I would love to spend more time with my children and as a family. It sometimes feels like all the pleasure and joy in life is taken and replaced by work, bills and feeling like you're failing.

Female, Waltham Forest resident, aged 35-54, White British-Irish, lower socioeconomic/family group

POVERTY

- Most people living in poverty live in a household where at least one member is in work.
- Over 30% of older people in six wards in Waltham Forest are living in poverty and 13 wards have higher rates of older people living in poverty than the English average.

CHILD POVERTY

- Child poverty is associated with poor mental, social, physical and behavioural development in children, as well as worse educational outcomes, employment prospects and earning power into adulthood.
- There are high levels of child poverty in Waltham Forest: in 14 out of 20 wards, child poverty is higher than the England average.
- In Waltham Forest levels of child poverty jump from 22% before housing costs to 43% when housing costs are included.

COST OF LIVING

- In both the focus groups and the interviews, cost of living and financial insecurity and their impacts on health and wellbeing were the main issues raised. Residents discussed the cost of rent and bills, rationing heating, an inability to afford healthy foods and the impact of this on their mental health.

DIGITAL EXCLUSION

- In Waltham Forest around 7% of people overall do not have access to the Internet. Lack of access is higher in particular populations: 36% of the elderly; 23% of people with chronic health conditions or disabilities; and 16% of people on low incomes
- The cost of broadband increased in the UK by 9-11% in 2022, and mobile phone prices increased by between 11 and 22% in 2022.

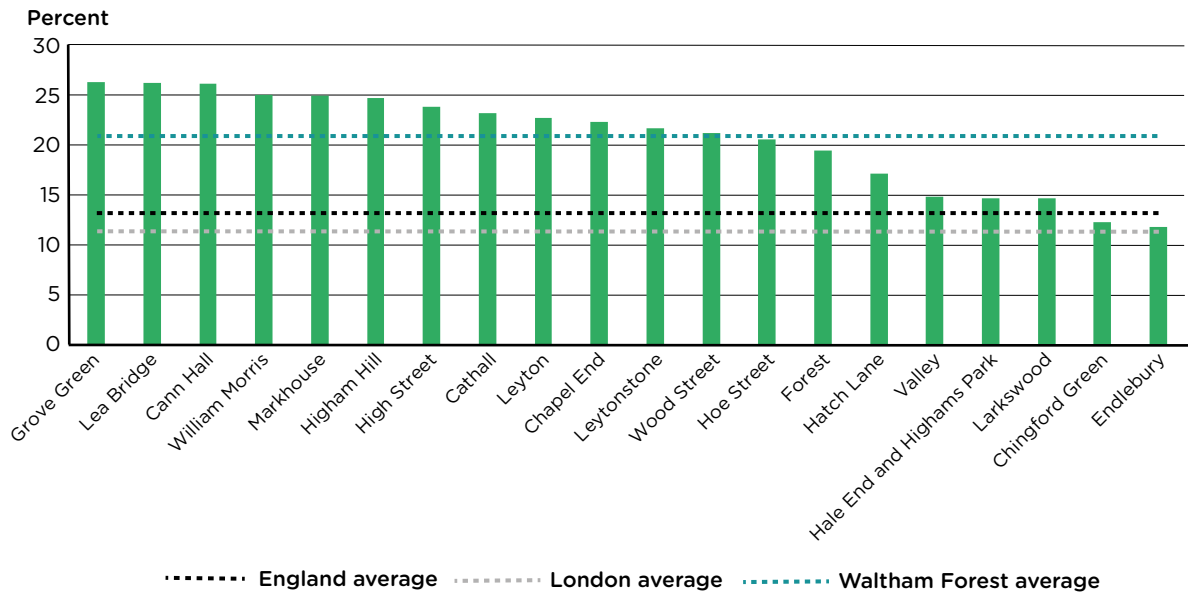
FUEL POVERTY

- Cold, damp homes damage health and increase mortality. In 2022/23 fuel poverty will increase significantly as fuel costs continue to increase, damaging the health of many more people.
- Waltham Forest has high levels of fuel poverty, higher than the average across England and higher than in all but two of its statistical neighbours.

Some wards in Waltham Forest have particularly high rates of fuel poverty according to data for 2019, and these rates have increased since then. Figure 7 shows

the highest rates locally are in Lea Bridge, Grove Green and Cathall wards, where 26%, or one in four households, were in fuel poverty in 2019.

Figure 7. Percentage of households in fuel poverty, Waltham Forest wards, Waltham Forest, London and England, 2019

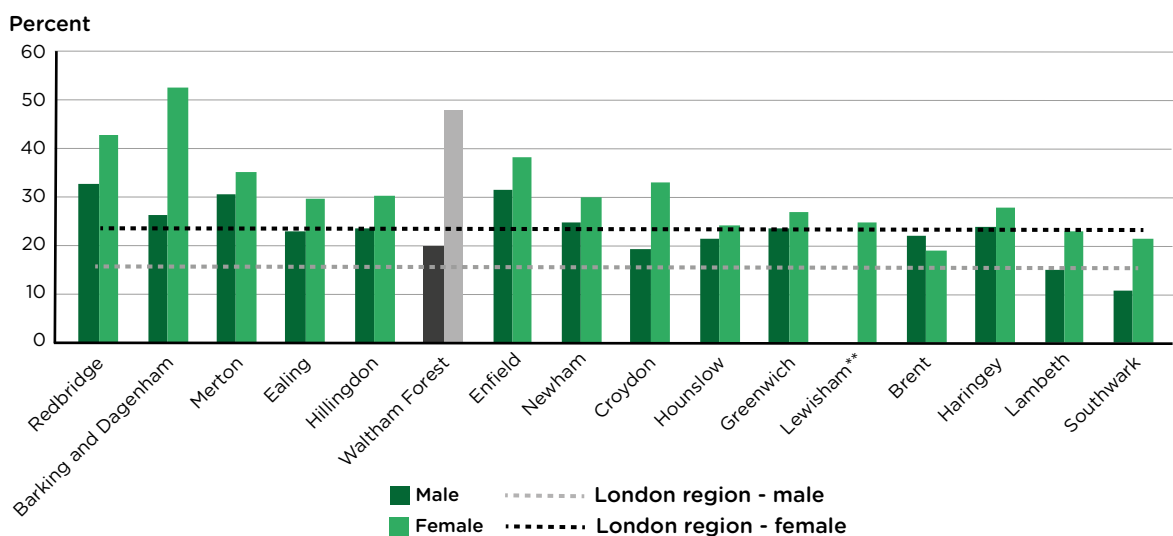


Source: OHID analysis of Department for Business, Energy and Industrial Strategy data (12)

Figure 8 shows that the rate of women earning below the living wage is nearly double the rate across London and higher than for most of Waltham Forest's nearest statistical neighbours. For men, there is a slightly higher proportion of men not earning the living wage than

across London, but the difference is smaller. There is an important opportunity to ensure that employers across the borough pay the living wage and there needs to be a focus on increasing wages for women in particular.

Figure 8. Employees earning below the living wage*, Waltham Forest, CIPFA nearest neighbours and London, 2021



Note: *As defined by the Living Wage Foundation, at £11.05/hour in London in 2021/22. (185). Data for males in Lewisham is unreliable. Includes employees who were furloughed under the Coronavirus Job Retention Scheme.

Source: Office for National Statistics (14)



GOOD LOCAL PRACTICE

Reducing fuel poverty in Waltham Forest

HEET was started by local residents in 1998. Its mission is to work with the community to make the homes of local people safe and healthy with affordable fuel bills and low carbon emissions. It focuses on supporting residents whose health conditions make them more vulnerable to the effects of living in a cold home. HEET employs seven staff and delivers a number of projects. It has carried out interventions in over 12,000 homes across Northeast London.

HEET delivers services across five key functions, free of charge: advice and information for residents; home visits; casework and advocacy; energy efficiency and heating work; and forward referrals for financial help and additional support.

Of the residents it supported in the year 2021-22, 70 had cardiovascular health conditions, 78 had musculoskeletal health conditions, 84 had a physical or sensory disability and 69 had respiratory health conditions. It carried out 449 home visits during the year. These visits are at the core of HEET's service and are an important way to clearly understand someone's situation and identify what help is needed. From the information gathered, HEET puts together a tailored package of support that tackles the three drivers of fuel poverty - low income, high utility costs and energy-inefficient homes.

While fuel poverty remains at the core of what HEET does, its scope has broadened to include other activities to prevent ill health or accidents caused by sub-standard housing where a Category 1 hazard is present. This has included a gas safety project, handyman service, mould and damp removal, 'target hardening' (home security), fire safety work and a community advocacy project (15).

RECOMMENDATIONS: ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

- a)** Increase cost of living crisis support
 - i.** Waltham Forest Council to appoint single point of contact/lead to coordinate cost of living crisis support, similar to the COVID-19 response, to bring together partners.
 - ii.** Work in partnership with housing associations, VCFSE sector and grassroots organisation to do 'door knocking' or similar interventions exercise to identify who needs support in cost of living crisis and reduce fuel and food poverty.
 - iii.** Local health providers implement the NICE guidelines on health risks of cold homes with immediate effect.
 - iv.** Developers, supermarkets and key retailers to further support emergency food provision.
 - v.** Assess who is not being paid the London Living Wage.
- b)** All employers to pay the London Living Wage.
- c)** Reduce child poverty by ensuring that early years and maternity services, VCFSE organisations and employers support households to access available benefits and services and pay London Living Wage.
- d)** Shift from crisis to prevention approaches in delivering food security and have as a goal eliminating the need for food banks.
- e)** Reduce fuel poverty by further targeting, subsidising and tailoring housing retrofit interventions for households most at risk.
- f)** Work with Credit Unions to reduce the use of high interest loan businesses and reduce predatory lending.
- g)** Waltham Forest Council to work in partnership with adult/further education, employers, housing associations, social housing and schools to reduce digital exclusion:
 - i.** Waltham Forest Council to implement the Waltham Forest digital inclusion strategy and provide long-term funding to the VCFSE sector as a partner in this.
 - ii.** Waltham Forest Council to provide funding to improve the digital inclusion support offered in libraries.
 - iii.** Waltham Forest Council and public sector employers to improve digital skills amongst own staff. Waltham Forest people's strategy to include section on digital skills.
 - iv.** Ensure all existing and future high footfall places in Waltham Forest, including council hubs, housing, retail developments and health care spaces have WIFI which is free and easily accessible.
 - v.** Council staff to better communicate the non-digital offer of public services to those who need it.



NATIONAL ADVOCACY

- Reduce levels of child poverty to 10 percent – level with the lowest rates in Europe.
- Establish a national goal so that everyone in full time work receives a wage that prevents poverty and enables them to live a healthy life.

Healthy and sustainable places support good mental and physical health by enabling and encouraging healthy, active and socially engaged lifestyles. Such places feature access to good quality, affordable housing, safe urban and green spaces, opportunities for active travel, and access to quality local amenities and a range of opportunities for social interaction.

They need more genuinely affordable housing for local people like me. Everything is so expensive, housing, all the new shops, it just makes life even harder. You feel inferior to the people that live opposite you because they can afford all this and you can't. I can't afford to live in the area I was born in, can't afford to buy or rent here, it makes you feel sad and worthless. I feel like I'm being priced out. Shut out.

Male, aged 35-54, Black, lower socioeconomic group

HOUSING

- In Waltham Forest many residents are concerned about the pace of housing development and population growth and said the regeneration of the borough was directly affecting their mental and physical health in a negative way.
- Housing quality and security of tenure are crucial for health. Waltham Forest has a lot of poor-quality housing and little affordable housing. The proportion of privately rented homes is increasing rapidly in the borough.
- Many homes in the borough are poorly insulated and overcrowded and there is a lack of housing that is accessible.
- However, the number of households living in poor-quality or overcrowded housing has decreased in the last six years, and Waltham Forest has better housing quality than its statistical neighbours.
- Waltham Forest has the worst outcomes for hospital admissions for asthma in children and young people under the age of 19.
- Given the significance of housing to health, the NHS must be more involved in improving housing in the borough.
- The number of households owed a homelessness duty in Waltham Forest is above the London and England averages. Single mothers with children are the most common type of household who are owed a homelessness duty.
- Across the borough there are some important interventions to reduce homelessness and improve the number of affordable homes but there are still long waiting lists for housing.

CRIME

- Rates of violent crime have reduced significantly and are lower in Waltham Forest than the England average and at the same level as the London average, yet fear of crime is a serious problem. Waltham Forest has a slightly higher rate of first-time offenders than the London and England averages.
- Waltham Forest has taken a public health approach to policing, involving the police and other partners in tackling the social determinants of crime.

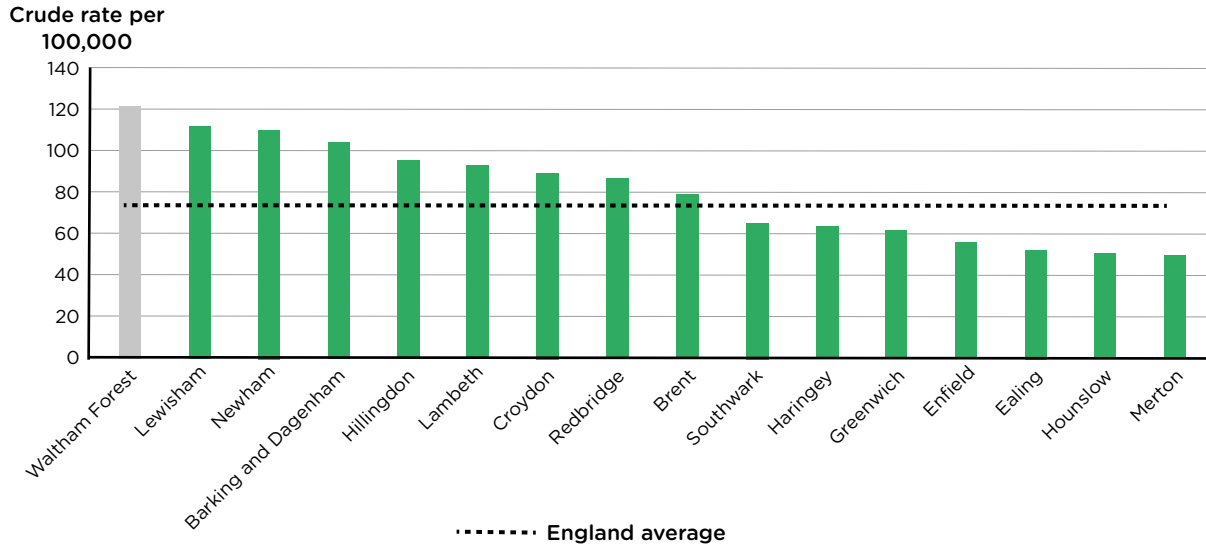
TRANSPORT

- Through the Mini-Holland scheme Waltham Forest has made significant advances in reducing car dependency, but there remain significant problems with congestion and efforts should be made to continue the good rates of cycling, which are above the London and England averages.
- The rate of adults walking in Waltham Forest is below the London average, for any purpose, including travel.

Fuel poverty and cold homes have a significant impact on people's lives and health. Cold homes cause physical illness, including increases in circulatory and respiratory disease, colds and flu, and chronic conditions such as rheumatism and arthritis. As well as contributing to

preventable deaths and physical ill-health, cold homes also impact on the mental health of both young people and adults. Waltham Forest's rate of asthma-related hospital admissions for young people under the age of 19 is the highest among its statistical neighbours, and higher than the England average (Figure 9).

Figure 9. Hospital admissions for asthma in children and young people aged under 19, crude rate per 100,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020/21

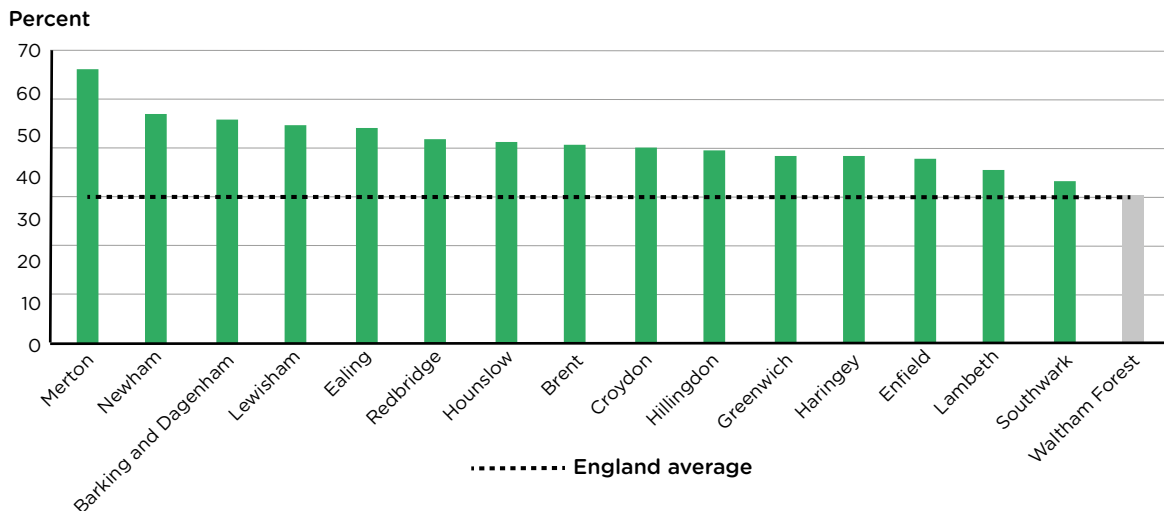


Source: OHID analysis of NHS Digital and ONS data (16)

Access to good quality and safe green spaces, gardens and parks is important. In 2020 Friends of the Earth quantified access to green spaces for neighbourhoods across England. Compared with its

statistical neighbours, Waltham Forest has the lowest percentage of people living close to a green space area (Figure 10).

Figure 10. Population living within 300 metres of a green space*, percentage, Waltham Forest and CIPFA nearest neighbours and England, 2020



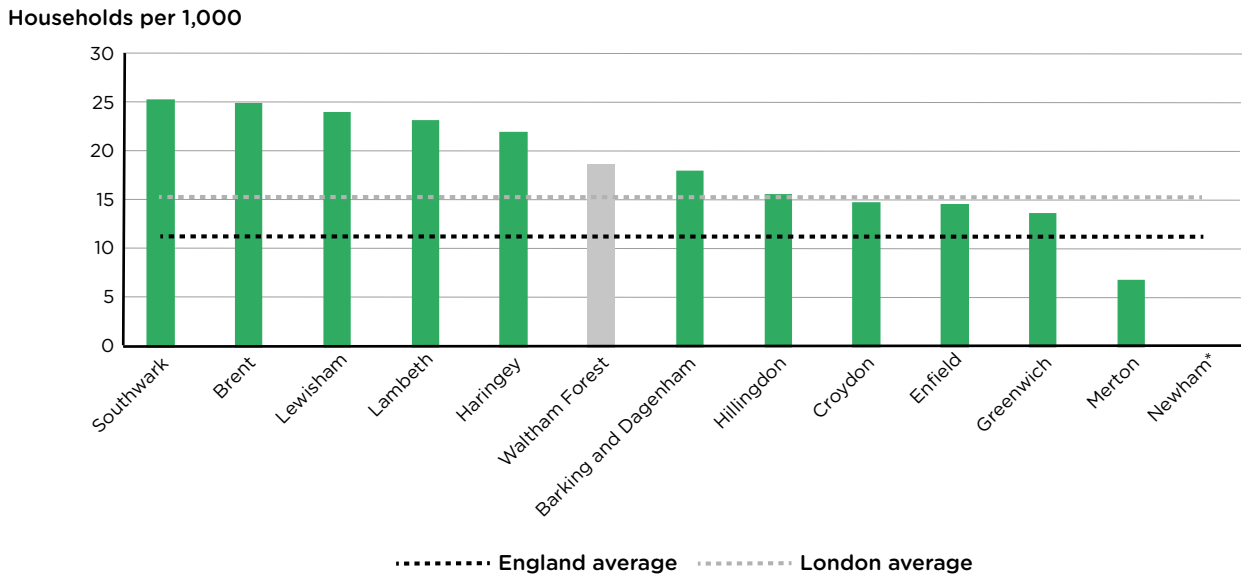
Note: Area in square metres of populated area that is within 300 metres of an area of green space of at least two hectares. Data is produced using Ordnance Survey's green space map, Countryside Right of Way Act 2000 mapping, and garden space data from the ONS.

Source: Friends of the Earth (17)

In 2022, between 7,000 and 8,000 households were on Waltham Forest's housing register. The number of households owed a homelessness duty in Waltham Forest is above the London and England averages

(Figure 11). the most common type of household owed a homelessness duty is one led by a female single parent, followed by single males and females.

Figure 11. Households owed a duty under the Homeless Reduction Act, rate per 1,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020/21



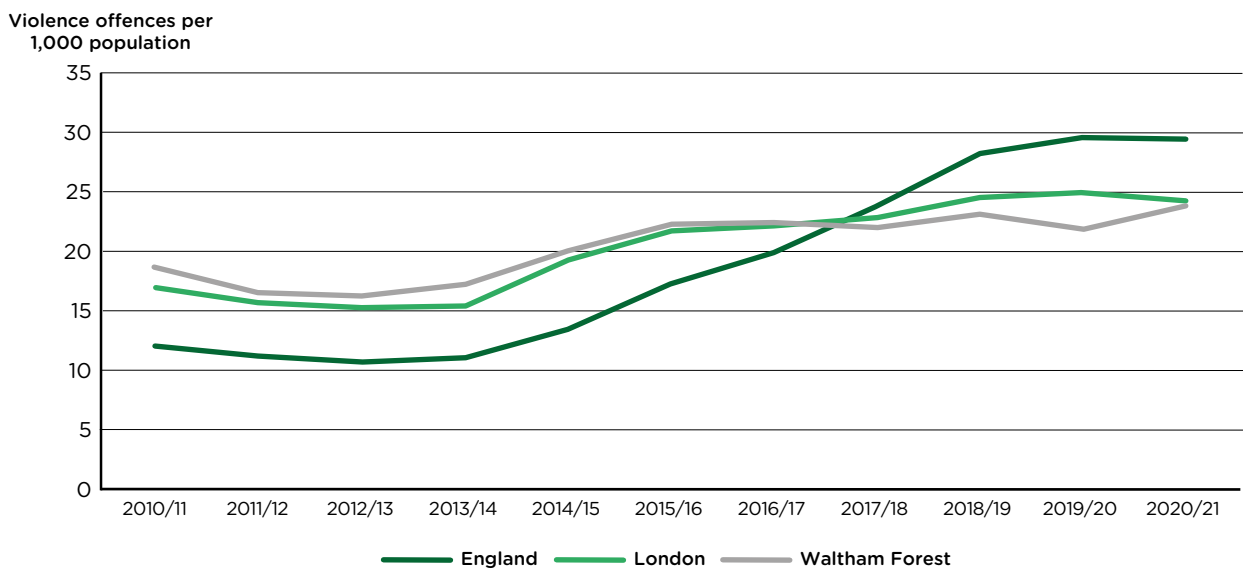
Note: Newham data not available.

Source: Ministry of Housing, Communities and Local Government (18)

In England the rate of violent offences increased between 2010 and 2013, then levelled off and declined slightly during the pandemic before rising slightly

again. Violent offences are now lower in Waltham Forest than the England average and at the same level as the London average (Figure 12).

Figure 12. Violent crime - violent offences per 1,000 population, Waltham Forest, London, and England, 2010/11 to 2020/21



Source: OHID analysis of ONS data (19)

GOOD LOCAL PRACTICE

Waltham Forest's Selective Licensing scheme

In May 2020 Waltham Forest's Selective Licensing scheme was introduced in 18 of the borough's 20 wards. The scheme was introduced to improve conditions in the private rented sector and address the significant and persistent problems with antisocial behaviour from some tenants in this sector. It is set to run until 2025 (20).

The scheme has several objectives: to ensure all licensable properties are licensed, to monitor property conditions by carrying out audit checks, and to improve standards through a combination of advice, engagement and enforcement. All licences are accompanied by a set of conditions placed on the licence holder in relation to the letting and management of their property. The conditions require the licence holder to proactively manage their property to address issues and to carry out regular safety checks at the property.

The scheme also seeks to decrease fuel poverty in the private rented sector, where some of the lowest levels of energy efficiency can be found. 'Excess cold' is one of the most significant hazards in private rented stock. The licensing scheme enables the Council to identify properties with the poorest energy characteristics and to intervene to improve standards.

Beyond the licensing scheme, the Council takes a robust approach to enforcement against private landlords who fail to meet their legal obligations. It was one of the first local authorities nationally to adopt the power to issue a financial penalty of up to £30,000 introduced by the Housing and Planning Act 2016 as an alternative to prosecution for certain housing offences.

GOOD LOCAL PRACTICE

Violence Reduction Partnership in Waltham Forest

The Waltham Forest Violence Reduction Partnership (VRP) was established in 2018. It was formed as a response to an increase in serious youth violence in the borough, with the aim to reduce violence and ensure the safety of residents. It brings together partners from across the system (Council, Metropolitan Police, health, education, voluntary sector, and the wider community) to work together to take a public health approach to tackling violence and its root causes.

They also work with a Young People's Group to challenge and endorse the actions developed by the VRP before they are approved for delivery. Over the first year they introduced programmes in each domain. For Strengthen the first cohort of 2,000 pupils received Lifeskills lessons; Support increased work to reduce persistent school absence (with a result of a 20% drop in 2018/19); an information-sharing agreement aimed at informing schools of pupils who had witnessed domestic abuse was formed under Treat; and police working under Curtail piloted a scheme that led to a 38% decrease in crime. The Partnership is a long-term plan and will evaluate and develop its strategies as it progresses. However, results from these initial programmes suggest that it has already had a positive effect on levels of violent crime in the borough. Between August 2018 and November 2019, there was a 29% reduction in knife crime, the biggest reduction in London over that period (21).

RECOMMENDATIONS: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

- a)** Improve the quality of housing in Waltham Forest and develop and enforce a Waltham Forest decent homes standard.
 - i.** Undertake health equity impact assessment of housing in Waltham Forest.
 - ii.** Create two senior roles for health, social care and housing - one in Waltham Forest Council and one in Whipps Cross - to work with housing providers to reduce risks of housing causing poor physical and mental health.
 - iii.** Invite VCFSE sector, social prescribers and others from health care to the private landlords forum.
 - iv.** Better communicate Waltham Forest's Selective Licensing scheme, with residents and those working with residents, such as NHS (primary care, social prescribers) and VCFSE sector.
 - v.** Implement and evaluate interventions to address overcrowding in the social and private rented sectors that include both facilitating moves and supporting people to live in their existing homes through modifications and support.
 - vi.** Develop network of social housing providers (community and housing staff) to work towards providers addressing the social determinants of health.
- b)** Improve the supply and affordability of housing in Waltham Forest.
 - i.** Council provide short-term loans to cover deposit costs to enable people to move in private rented sector.
 - ii.** Working in partnership with developers, all future housing developments to include range of affordable family sized housing, including 3-4 bedroom homes, and improve social value offer in all housing developments in Waltham Forest.
 - iii.** Council to revise information provide to residents about the 'Temporary' accommodation offer to reflect length of stay.
- c)** Use the 15 Minute neighborhood approach to develop place-based partnerships to: strengthen the public health approach to policing and violent crime; and assess inequalities in local needs and consider shifting from a one-size fits all service delivery model in Waltham Forest to a neighbourhood model that better meets levels of deprivation and need.
- d)** Maintain current bus routes in Waltham Forest and improve connections to green spaces to eradicate inequalities.



NATIONAL ADVOCACY

- The Government should increase local housing allowance in line with local rents and inflation.
- Ensure adequate funding for affordable public transport and maintain current bus routes in London.
- Provision of increased funding to develop new social housing, allocated to local governments.

Preventing ill health is beneficial for the population and the economy and vital for reducing demand for NHS services. Efforts at disease prevention need to ensure that they are universal but particularly targeted at those living in the highest levels of deprivation, who stand to benefit the most, rather than those living in the areas of less deprivation, who may be 'easy wins'. At the same time, these programmes need to engage with the reality of those living low incomes.

Much of the ill health in Waltham Forest is avoidable and action on the social determinants would improve health, reduce inequalities, improve employment and productivity and reduce the burden on NHS and other services, reducing costs in the long run.

We didn't really have a proactive model of care, everything is reactive.

Waltham Forest NHS stakeholder



OBESITY

- In the majority of Waltham Forest's wards rates of overweight and obesity in children were higher in 2020/21 than the England average and obesity rates were associated with deprivation.
- A quarter of Waltham Forest's adults were inactive in 2019/20.

SMOKING

- Smoking is linked with many avoidable deaths and long-term conditions, is closely related to deprivation and in Waltham Forest smoking prevalence is slightly higher than the London and England averages.

SOCIAL ISOLATION

- 7 percent of people in Waltham Forest stated they were "often or always" lonely in 2020/21.
- The VCFSE sector are key partners in reducing social isolation.

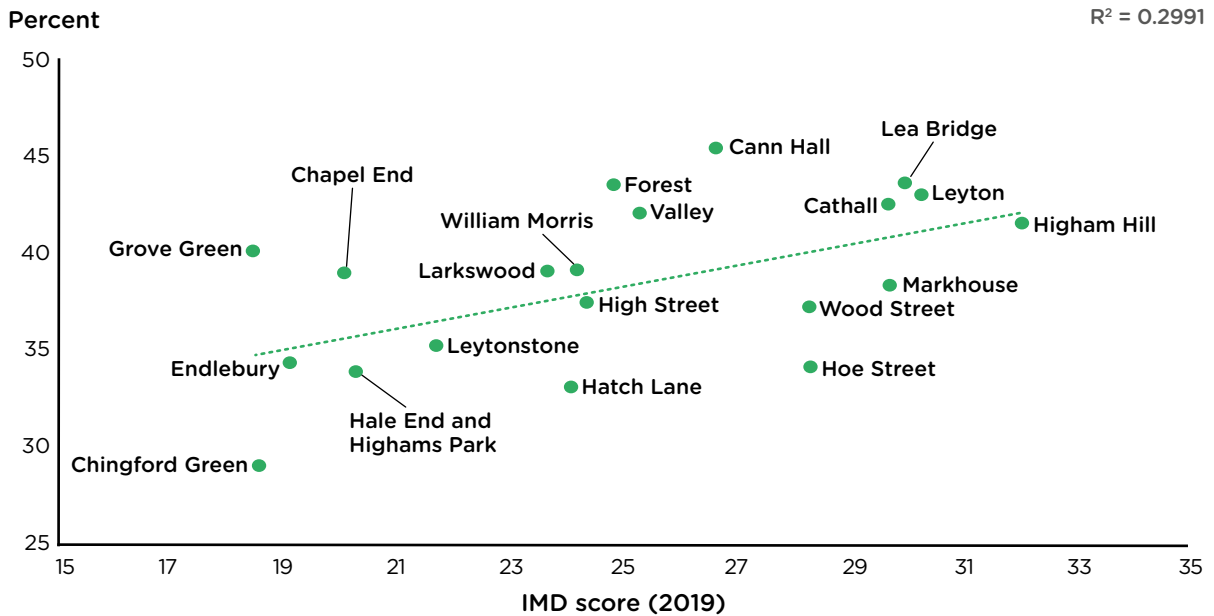
VIOLENCE AGAINST WOMEN AND GIRLS

- Waltham Forest has taken a public health approach to address violence against women and girls.

Rates of overweight (including obesity) for children in Year 6 in Waltham Forest are higher than the average in England and there is considerable difference across the

borough (Figure 13). Chingford Green has relatively low rates at 29% compared with 45% in Cann Hall.

Figure 13. Overweight (including obesity) prevalence among children in Year 6 by level of deprivation (IMD 2019), Waltham Forest wards, 2019/20



Source: OHID analysis of NHS Digital data (323)

GOOD LOCAL PRACTICE

Taking action to end violence against women and girls in Waltham Forest

Waltham Forest Council is working in multiple ways to tackle violence against women and girls. The borough has in place a multi-agency safeguarding response made up of the Multi-Agency Risk Assessment Conference, the Domestic Abuse Perpetrator Panel, and the Daily Risk Management Meetings, who work in close partnership with Adult & Children’s Social Care, Health, Specialist community-based services and the police. They follow the Safe and Together Model to work with survivors and intervene with perpetrators. The model is child-centred and aims to ensure the safety and well-being of children. Much of this work is overseen by an advisory panel made-up of local women have been impacted by violence and abuse. Consultation with them feeds into and strengthens the survivor-centred approach of Waltham Forest’s Violence Against Women and Girls Strategic Plan and subsequent actions. Through this multistrand approach, Waltham Forest hopes to make the borough a community in which women and girls can feel safe.

As well as trying to ensure women and children’s safety in the home, Waltham Forest is working to make the streets of the borough a place where women and girls feel safe. They have introduced an app which provides an easy platform to report street harassment, access specialist support, report incidents to the police or council, and access the Stop Hate UK helpline. Additionally, the borough’s anti-social behaviour team receives training to identify violence against women and girls and intercept appropriately. Regular walks with the police and the council are held to help identify areas in the borough where women feel unsafe. Feedback from this and other accounts of women’s experience is used to improve CCTV and street lighting in identified areas (24).

RECOMMENDATIONS: STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

- a) Develop and/or extend current ill health prevention policies and actions to adopt an equity and the social determinants of health approach.
 - i. Undertake equity impact assessment of obesity and smoking policies in Waltham Forest.
 - ii. Review social prescribing offer to ensure it is addressing the social determinants of health, including referrals to food and fuel security support and financial, legal, housing and debt advice.
 - iii. Support primary care and other NHS institutions to address the social determinants of health.
- b) Health equity assessments of all planning decisions to deliver healthy high streets and healthy and equitable development in Waltham Forest.
- c) Ensure all health and public service settings include staff that are appropriately trained to enable identification of all forms of violence against women and girls and have robust referral pathways to specialist services related to violence against women and girls.



NATIONAL ADVOCACY

- Advocate for a real-terms percentage increase in the regional budget for public health and overall funding for Public Health to be at a level of 0.5% of GDP.
- Strengthen accountability for health inequalities across all NHS organisations.



Structural and systemic racism contributes to perpetuating health inequalities, as one of the ‘causes of the causes’ of ill-health, and lies behind ethnic inequalities in the social determinants.

While most ethnic populations in the UK have longer life expectancies than White Britons, some ethnic populations appear more likely to be in poor health. Rates of some diseases and infant and maternal mortality are higher in ethnic minority populations and access to, experience of, and outcomes from health services can also be worse for ethnic minority populations. Pre-existing health inequalities, including those related to ethnicity, were exposed and exacerbated by COVID-19. Mortality was higher for some non-White ethnic groups throughout the pandemic.

There are widespread ethnic inequalities in access, use and experience of services in London; some services developed by statutory services and local authorities are culturally inappropriate and/or exclusionary. There is evidence of discrimination and racism in some services.

The 2021 Census stated 61% of Waltham Forest residents were born in the UK, compared to 83% of England’s residents (25). The second most common country of birth in Waltham Forest is the European Union, 15% of its residents were born there compared to 6% in England (25).

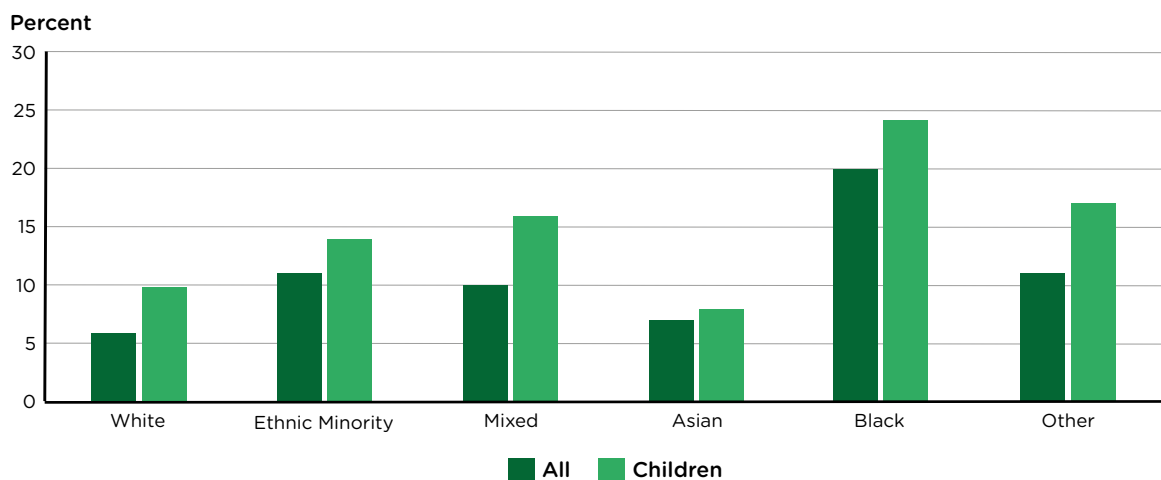
I guess we do experience discrimination, but we’re used to it so don’t really pay attention to it much. But it does of course affect your life. You have to work much harder for anything, like jobs and qualifications.

Female, aged 35–54, Black group

Data on ethnicity is lacking in many health outcomes and in key social determinants of health. It is crucial that NHS bodies and other services routinely gather data on ethnicity to determine where inequalities exist, including in access to services, to enable employers and providers of services to reduce discrimination and inequalities. Child poverty, overcrowding in the home, unemployment and factors associated with deprivation are more common among some ethnic minority populations. Figure 14 shows in the UK, the level of food insecurity for ethnic minority populations is considerably higher than for White people.

The extent to which programmes intended to reduce poverty and its effects support ethnic minority populations, and the possible need for programmes that address the experience of ethnic minority populations, need to be addressed. Some community, voluntary, faith and social enterprise groups represent particular ethnic minority populations, but they mostly lack resources and are often either marginally involved or not involved at all with the design or delivery of interventions by local governments and public services in London.

Figure 14. Food insecurity by ethnicity, UK, 2020/21



Source: Department for Work and Pensions and Runnymede Trust (26)

GOOD LOCAL PRACTICE

The VCFSE sector tackling discrimination and inequalities

Blossom is a grassroots community interest company committed to tackling inequalities, working within communities in Waltham Forest and Newham. They work with all communities but are particularly focussed on people from excluded or marginalised communities that have been labelled as 'hard to reach' by other partners in the system. Blossom works to support the local authority, NHS and other parts of the system in addressing the social inequalities and discrimination that exist within local communities. Additionally, they help to identify some of the root causes of these disparities. They act as representation for underrepresented communities to allow them to promote change and have influence on matters that affect their lives. The ability to perform this role is strengthened by the fact that those working for Blossom come from ethnic minority communities and therefore can act as a voice from within the community.

One of the services they provide in Waltham Forest is Together Cafés, held at local libraries. The Cafés provide a safe and accessible space, helps reduce social isolation by providing somewhere for people to come together and make contact, provides opportunities for people from different cultures to meet, and helps build strong social bonds through social action, volunteering opportunities and local pride (27).

RECOMMENDATIONS: TACKLE DISCRIMINATION, RACISM AND THEIR OUTCOMES

- a) NHS, public service and local authorities to develop indicators related to equity of access for all services in Waltham Forest and commit to improving performance against them.
- b) All employers to gather data on their workforce by employee ethnicity and pay and grade. All employers to communicate and publish how they meet equality duties related to ethnicity in recruitment and employment including pay, progression and terms.
- c) Interventions to support more deprived communities to be designed and delivered with an ethnicity/structural racism lens.
- d) Involve VCFSE sector organisations and networks tackling racism in businesses and the public sector, and support excluded groups from ethnic minority communities into good employment.
- e) All services, including health, social care, education and criminal justice, to make explicit commitments towards tackling racism and discrimination and reducing unequal outcomes due to ethnicity and work with local minority communities and relevant VCFSE sector in the design of services.



NATIONAL ADVOCACY

- Implement actions in NHS to ensure recording of ethnicity data occurs and act on this data and ensure there are regular equity audits.
- Ensure that reports of racism in all sectors are investigated and changes made.

Tackling climate change and health inequalities in unison is vital so that efforts to reduce health inequalities do not damage the environment and efforts to improve the environment do not damage equity.

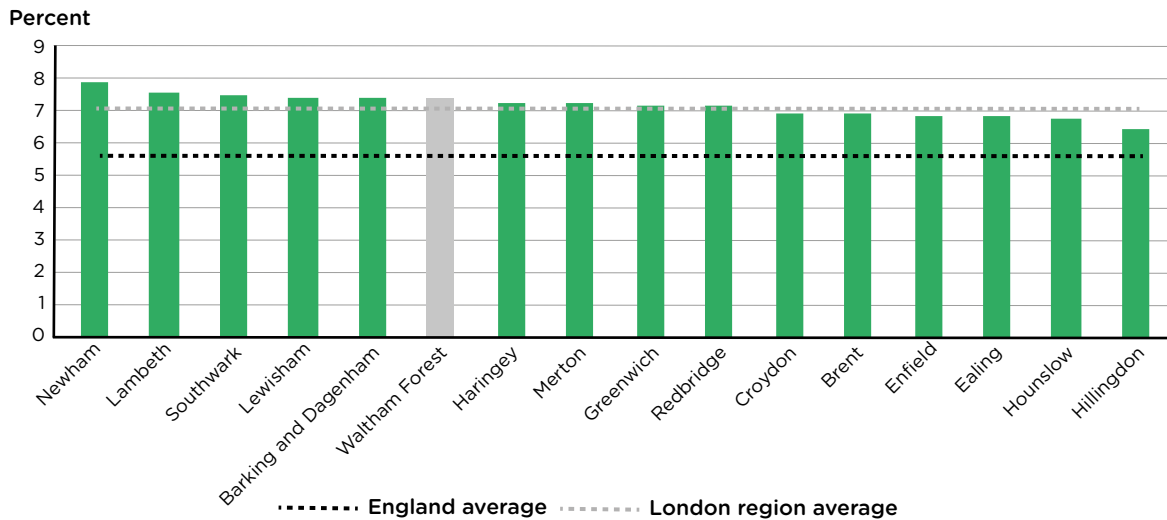
Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst-off who also bear the costs of remedying the problem.

Harm to health from climate change will affect communities living in the most deprived areas the most.

AIR POLLUTION

- Waltham Forest’s Mini-Holland project has proved beneficial to the environment and to health.
- Waltham Forest has a slightly higher mortality attributable to particulate air pollution than the London average.
- Waltham Forest has relatively low carbon dioxide emissions compared with its statistical neighbours.

Figure 15. Percentage of mortality attributable to particulate air pollution, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Source: Department for Environment, Food & Rural Affairs (28)

GOOD LOCAL PRACTICE

Mini-Holland scheme

The Mini-Holland scheme aims to make three Outer London boroughs (Enfield, Kingston and Waltham Forest) more cycle-friendly and reduce car dependence. The scheme aims to increase active travel among residents and improve air quality in these neighbourhoods, creating a healthier local environment.

Waltham Forest received £30 million funding for the scheme and matched this with £15 million from the borough's sources, some of which has provided, since 2013, 29 kilometres of segregated cycle lanes, more than 100 improved pedestrian crossing, more than 15 pocket parks and more than 600 newly planted trees. Speed limits have also been reduced to 20 mph in most residential roads and on some main routes.

Findings so far indicate that this has had an impact on active travel in the borough, particularly in 'high-dose' areas where there has been an increase in average time spent of 41 minutes per week of active travel cycling and a statistically significant increase in participation in cycling. People in these high-dose areas, who are directly affected by the interventions, are 13% more likely to spend at least 150 minutes a week walking or cycling compared to areas without the Mini-Holland scheme (29).

RECOMMENDATIONS: PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

- a) Ensure that the health equity, wellbeing and environmental sustainability are the basis of Waltham Forest's local economic policy.
- b) Establish regular meetings between inequality and sustainability leads in the NHS, local communities, the VCFSE sector and local authorities to monitor net-zero policies for equity impacts.
- c) Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity first.



NATIONAL ADVOCACY

- 100 percent of new housing is carbon neutral by 2030, with an increased proportion being either affordable or in the social housing sector.
- Prohibit air conditioning in new buildings and reduce overheating in new buildings.
- Increased funding for retrofitting existing properties to reduce fuel poverty, create targets for private rented sector.

A HEALTH EQUITY SYSTEM FOR WALTHAM FOREST

In setting out how a health equity system can function in the borough, we outline how to develop a health equity system in Waltham Forest to ensure the most effective leadership, partnerships and investments in health equity. We also outline the actions that stakeholders in Waltham Forest can take - including healthcare organisations, the local authority, businesses and the economic sector, public services, communities and the VCFSE sector.

Implementation of the recommendations outlined by Marmot theme in Section 3 requires system collaboration and leadership: these partners need to work with a common goal and shared sense of purpose to improve health equity.



KEY
MESSAGES

Prioritising and taking action on health equity and the social determinants of health in health involves:

- Strong, accountable and identifiable leadership on health equity within organisations and a workforce that has the resources and capacity to take action.
- Strengthened partnership working, including a greater role for businesses and the economic sector in supporting health equity and extending the ambition and actions of anchor institutions and social value approaches.
- Increased investment in the social determinants of health and more equitably distributed resources.
- A monitoring system that reports on health inequalities and inequalities in the social determinants of health.
- Greater involvement of communities and the VCFSE sector as essential partners in the identification of priorities, the development of strategies and the delivery of programmes.

LEADERSHIP AND OVERSIGHT

- Strong leadership on health equity is essential for action on health inequalities and needs to be strengthened in Waltham Forest.
- Workforces in different organisations need to have greater capacity to take action on the social determinants of health. Provision of training and resources would help and significant contributions could come from the VCFSE sector, if funded appropriately.
- Accountability for health equity in organisations across the region is weak and needs to be strengthened.

PARTNERSHIPS

- Reducing health inequalities requires robust partnerships between sectors and organisations that have an impact on health.
- Partnerships must include local government, public services including healthcare, the police and education, the VCFSE sector, businesses and communities.
- The VCFSE sector is vital to the success of actions on the social determinants of health but is frequently excluded from partnerships and not resourced or adequately resourced so that it can participate and contribute to these actions.

RESOURCES

- An increase in resources is urgently needed to reduce health inequalities and to take action on the social determinants of health; future funding levels announced recently are insufficient.
- Over the last 12 years cuts to local authorities' spending and public services have harmed health and widened inequalities. The cuts have been regressive: they are steeper in the areas with the worst levels of deprivation.
- Waltham Forest Council's spending power fell in real terms between 2010/11 and 2020/21. Overall, the local authority experienced decreases in funding equivalent to £440 per person between 2010 and 2018.
- There have been enormous declines in many sectors vital for health including education, highways and transport and planning and development.
- Increases to the public health grant are far short of what is needed and, given inflation, in effect equate to significant cuts.
- A larger proportion of NHS funding must be directly allocated to action on the social determinants of health, increasing by 1% above inflation each year for the next 10 years.



RECOMMENDATIONS TO DEVELOP A HEALTH EQUITY SYSTEM ACROSS WALTHAM FOREST

1. Health equity leadership and oversight

- a) The Waltham Forest Marmot Advisory Board becomes an Implementation Board and oversees development of an implementation plan, based on this report.
- b) The new Implementation Board to provide oversight and contribute to strengthen accountability for health inequality at senior level in the NHS, local authorities and public services.

2. Monitoring for health equity

- a) Develop a set of health equity and social determinants of health indicators based on reliable, regular data which is disaggregated by key characteristics, including deprivation, ethnicity, disability and sex, to be used by all sectors.
- b) Assess data from the VCFSE sector which is relevant to understanding and addressing the social determinants of health.
- c) Develop data sharing agreements between NHS and VCFSE sector to enable shared understanding and development of interventions to address the social determinants of health.

3. Strengthening partnerships for health equity

- a) Develop a health equity network in Waltham Forest to include businesses and the economic sector, public services, VCFSE sector and local government.
- b) Appoint a Director of Partnerships at Board level within the ICS.
- c) Appoint a housing and health lead at Whipps Cross Hospital.

4. Increasing and more equitably allocating resources

- a) Benchmark NHS and local authority prevention spend in 2022-23 and increase funding for prevention by 1% above inflation each year for the next 10 years to address inequalities in the social determinants.
- b) Allocate health resources proportionately, with a focus on the social determinants. Develop a weighted funding formula that takes deprivation into account.
- c) Increase funding for community services and the VCFSE sector more.

Health equity and the social determinants of health should be a central concern for healthcare providers and the whole healthcare system. There is far more that healthcare services can do to reduce health inequalities and support action on the social determinants of health. There is a financial as well as moral case for the NHS to reduce health inequalities. Areas with greater deprivation have greater healthcare needs, and as a result, higher healthcare costs.

NHS TRUSTS

- NHS Trusts can strengthen their action on the social determinants, extending activity beyond the usual anchor approach into close collaborations with local government, public services, the VCFSE sector and employers.
- In Waltham Forest the redevelopment of Whipps Cross Hospital is an important opportunity to build the focus on prevention and the social determinants of health as a priority activity for hospitals.
- Whipps Cross and NELFT need to invest more in action on the social determinants of health.

PRIMARY CARE

- Primary care can support their population's health and reduce inequalities by working to improve local living and working conditions, being a strong advocate and working with individual patients to improve the social determinants of health.
- This can include access to services for better housing, support with debt and access to benefit entitlements, referrals to skills and training for employment.
- Social prescribers and Citizens Advice have been involved in many GP surgeries and across primary care but there is scope for them to do much more.
- Primary care in Waltham Forest is largely provided through single GP practices that cannot take action on the social determinants of health alone; to do this requires coordination among groups of practices or federations.
- GP practices serving areas with high levels of deprivation receive around 7% less funding per patient than those serving more affluent populations and funding needs to be further weighted and adjusted to need.

The NHS is wrestling with how the NHS works - but we need to make sure it is broader than health care.

Whipps Cross stakeholder

THE ROLE OF THE INTEGRATED CARE SYSTEM

- The ICS focuses on improving healthcare and population health but needs to further strengthen action on the social determinants and build strong partnerships with local government, public services and the VCFSE sector and to work with businesses.

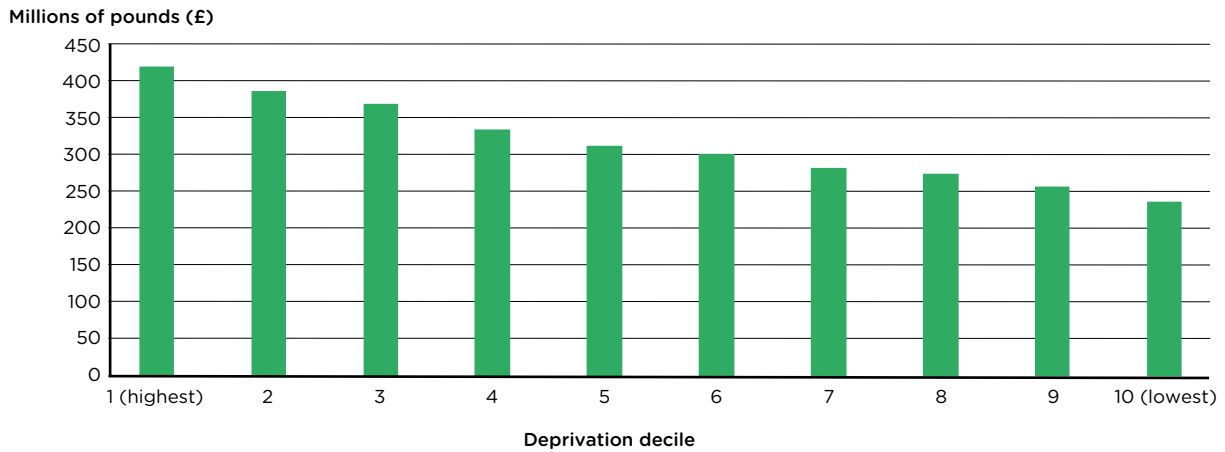
SUSTAINABLE CHANGE

Areas of high deprivation, on average, have more planned admissions, substantially more emergency admissions and fewer GP practices than areas of low deprivation.

Research consistently shows that investing in prevention and early intervention will save money by reducing demand on the NHS and public services.

The cost of A&E attendances in England in 2019/20 corresponded closely to level of deprivation (2019/20), with costs rising as levels of deprivation increased, Figure 16.

Figure 16. Total cost of A&E attendances, and deprivation (IMD 2019), England, 2019/20



Source: NHS Digital (3)

GOOD LOCAL PRACTICE

Waltham Forest Social Prescribing

The Waltham Forest social prescribing service, established in 2016, connects clients to community groups and services with the aim of creating meaningful social connections and helping people to feel safer, happier and healthier – physically and mentally. The Waltham Forest social prescribing team connects people with a range of services, including: welfare advice, healthy eating advice, employment advice and help getting people back into work and reducing isolation by, for example, connecting residents with local befriending schemes.

The service is telephone based. 75% of referrals come from GPs and the remainder from adult social care and mental health services. Once referred, social prescribers telephone the client to help identify what support is needed and to refer them with the correct services. Beyond this initial call, the social prescriber will remain in contact for up to three months, making follow up calls to see how the client is getting on with the support.

Getting activities up and running after the pandemic has also been a challenge. In October 2021 social prescribers launched a series of ‘wellbeing cafes’ running once a week in three community venues across Waltham Forest, the Paradox Centre in Chingford, the Hornbeam Café in Walthamstow, and the Salvation Army in Leytonstone. In 2017 the University of East London calculated that the social return on investment of the Waltham Forest social prescribing team could be as high as £1.92 for every £1 spent.



RECOMMENDATIONS: NHS

Trusts and primary care

- a) Define and implement Marmot NHS Trusts approach.
- b) NHS organisations to strengthen local and national advocacy for action on the social determinants.
- c) Develop Deep end practices approach.
- d) Financial wellbeing and fuel poverty embedded into clinical pathways.
- e) The Primary Care Network in Waltham Forest to enhance support for social prescribing and support for social determinants of health approaches in primary care.

Integrated Care System

- a) Develop the workforce and provide training within each ICS, working alongside the VCFSE sector and local authorities, to identify and deliver local approaches to address the social determinants of health.
- b) Initiate and support the development of Marmot Trust approaches.
- c) Maintain public health consultant in the ICB and ensure they are adequately resourced.
- d) Strengthen accountability for health inequalities for the ICS and providers in the area.

KEY MESSAGES

LOCAL GOVERNMENT

- The impact of local government on health goes far beyond the public health department. Health equity must be a consideration in all policies.
- As well as between local authority departments, partnerships with other sectors – public services, the NHS, VCFSE, business and the economic sector – must also be strengthened to develop the needed health equity system.
- While Waltham Forest has made significant efforts to involve communities in the decision-making of the local authority, there is scope to strengthen this and to give more support to local VCFSE organisations that feel marginalised.
- Investment in the social determinants of health is cost-effective and these investments must be made even when there are immediate pressures. Only by action on the social determinants, and improving future health, can local government avoid a future where social care consumes the entire budget.

BUSINESSES AND THE ECONOMIC SECTOR

- Businesses affect the health of their workforce and are a major factor in health and health inequalities.
- Businesses and public sector employers can help reduce health inequalities by providing good quality employment and equitable recruitment; providing healthy products, services and investments; and influencing and partnering with communities.
- The private sector must be a key partner in working to improve health equity. In addition to the moral case, businesses will benefit from a healthier and more productive workforce, and increased attractiveness to potential employees, customers and investors.
- Businesses in Waltham Forest are mostly small or micro businesses, which makes coordination difficult and implementing some of the measures larger employers take very challenging. However, there is scope for greater support from the local authority, public services, VCFSE sector and large employers from outside the borough to offer support and advice.
- Social value contracting should become a general principle in procurement and commissioning for all public sector organisations.

PUBLIC SERVICES

- Health equity is not just a concern for public health and for healthcare: all public services can have a role to play and bring their expertise to bear. This requires coordination and partnership working.
- The anchor organisation approach, developed in healthcare organisations, provides a good model for other public services to support greater equity in the social determinants of health and reduce deprivation in local areas.
- Education, the criminal justice system and transport are significant public services for health equity and need to be seen as such.
- Social value contracting supports greater health equity.

COMMUNITIES AND THE VCFSE SECTOR

- There are some excellent examples of constructive community engagement in Waltham Forest, particularly by the local authority and the VCFSE sector. These approaches can be further utilised in the borough and in other public services, particularly healthcare.

- The VCFSE sector is often underutilised as a resource to improve health equity. Investment in this sector offers a great return on investment, and VCFSE partners should be involved at the highest level, to harness their energy, knowledge and skills.
- Funding for the VCFSE sector must become more sustainable and not small 'one-off' pots of money as these degrade the capacity of the sector to have sustainable and lasting impact.
- The VCFSE sector in Waltham Forest is disparate and under-resourced; a coordinating, umbrella organisation would be of value to support better coordination and relationships with the public sector.

Employers could really help, they could train people, work with us and support relationships.

Waltham Forest VCFSE sector

The local authority must act as a conscience of the system but Waltham Forest not set up to do this. The Health and Wellbeing Board are not set up to push the agenda, the executive structures are not mature or focussed on the things to get this kind of change.

Waltham Forest NHS stakeholder

There are so many amazing VCS organisations in this borough but we don't get funding, just praise.

Waltham Forest VCFSE stakeholder



RECOMMENDATIONS: LOCAL GOVERNMENT

LOCAL GOVERNMENT

- a) Ensure a health equity in all policy approach across the Council.
- b) Provide lead support for the development of of the Waltham Forest health equity system and implementation plan.
- c) Support training for the local government workforce on how it can tackle the social determinants and health equity.
- d) Extend partnerships with healthcare and business to support action on the social determinants of health.

BUSINESS AND THE ECONOMIC SECTOR

- a) The Waltham Forest Business Advisory Group to support development of the Good Work Charter and require that adoption of these standards by businesses, linked to eligibility for contracts by public services.
- b) Businesses to provide support and advice to the workforce and community around finances, housing and debt. Small and medium enterprises to provide this support to the VCFSE sector, commissioned by NHS and local authority.
- c) Employers to advocate for and ensure equity in pay, employment terms and promotion.

PUBLIC SERVICES

- a) All public services to focus on reducing health inequalities and strengthening prevention approaches.
- b) Improve implementation and monitoring of social value commitments in all public sector procurement and contracting.
- c) Develop extended anchor institution approaches in all public services, including in schools, FE colleges, the University of Portsmouth partnership, fire services and the police.

COMMUNITIES AND VCFSE SECTOR

- a) Continue to use community development approaches to have regular conversations with residents to identify the services and support they need to develop strong and resilient communities.
- b) Waltham Forest Council to fund an umbrella VCFSE organisation to enable coordination and representation of the sector.
- c) Assess and match VCFSE sector funding levels provided in similar boroughs.
- d) Assess the NHS and local authority commissioning processes and enable longer-term funding for the VCFSE sector to enhance support for the social determinants of health. Assess monitoring and administrative requirements for grants to encourage smaller VCFSE sector organisations.

REFERENCES

1. Ministry of Housing, Communities & Local Government (2019) English indices of deprivation 2019. Available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>.
2. ONS (2021) Life expectancy estimates, all ages, UK. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>.
3. OHID (2022) Under 75 mortality rate from causes considered preventable. Available from: <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133056/pat/6/par/E12000002/ati/401/are/E07000026/iid/93721/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>.
4. Kenway P, Street C, Holden J et al (2020) People and places in London most vulnerable to COVID-19 and its social and economic consequences. NPI. Available from: https://www.npi.org.uk/files/7216/0311/0013/Identifying_Londons_vulnerable_populations_-_Final_for_TFL_-_dated_October.pdf.
5. Apea VJ, Wan YI, Dhairyawan R et al (2021) Ethnicity and outcomes in patients hospitalised with COVID-19 infection in East London: an observational cohort study. *BMJ Open*.11:e042140.
6. ONS (2021) Deaths due to COVID-19 by local area and deprivation. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation>.
7. Institute of Health Equity (ND) Action on the Social Determinants of Health. Available from: <https://www.instituteofhealthequity.org/about-our-work/action-on-the-social-determinants-of-health->.
8. OHID (2022) Children and young people's mental health and wellbeing. Available from: https://fingertips.phe.org.uk/cypmh#page/0/gid/1938133089/pat/6/par/E12000007/ati/102/are/E09000031/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1/page-options/tre-ao-1_tre-so-0_ovw-do-0.
9. Department for Education (2020) National curriculum assessments at key stage 2. Available from: <https://www.gov.uk/government/collections/statistics-key-stage-2#full-publication-update-history>.
10. ONS (2022) Labour Market Overview, UK April 2022. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/april2022>.
11. Barts Health NHS Trust (2019) Pre-apprenticeship training opportunity for local people. Available from: <https://www.bartshealth.nhs.uk/news/community-works-for-health-programme--5760>.
12. OHID (2022) Estimated percentage of households experiencing fuel poverty. Available from: <https://fingertips.phe.org.uk/search/fuel%20poverty#page/3/gid/1/pat/401/par/E09000031/ati/8/iid/93280/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>.
13. Living Wage Foundation (2022) Homepage. Available from: <https://www.livingwage.org.uk/what-real-living-wage>.
14. ONS (2021) Annual Survey of Hours and Earnings (ASHE) – Estimates of the number and proportion of employee jobs with hourly pay below the living wage. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/adhocs/13855annualsurveyofhoursandearningsasheestimatesofthenumberandproportionofemployeejobswithhourlypaybelowthelivingwagebyworkgeographylocalauthorityandparliamentary>.
15. HEET (ND) HEET. Available from: <https://www.theheetproject.org.uk/>.
16. OHID, HES, ONS (2022) Admissions for asthma for young people aged 10 to 18. Available from: <https://fingertips.phe.org.uk/child-health-profiles#page/3/gid/1938133225/pat/15/par/E92000001/ati/402/are/E09000031/iid/92624/age/249/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>.
17. Friends of the Earth (2020) Green space consolidated data for England. Available from: <https://friendsoftheearth.uk/nature/green-space-consolidated-data-england>.
18. Ministry of Housing, Communities & Local Government (2021) Homelessness and rough sleeping. Available from: <https://www.gov.uk/housing-local-and-community/homelessness-rough-sleeping>.
19. OHID, ONS (ND) Violent crime. Available from: <https://fingertips.phe.org.uk/search/violent%20crime#page/3/gid/1/pat/6/par/E12000007/ati/402/are/E09000002/iid/11202/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>.
20. London Borough of Waltham Forest (2022) Private rented property licensing. Available from: <https://www.walthamforest.gov.uk/housing/private-sector-housing/private-rented-property-licensing-prpl/selective-licensing-scheme>.
21. London Borough of Waltham Forest (2019) Violence Reduction Partnership. Available from: <https://www.walthamforest.gov.uk/neighbourhoods/crime-and-community-safety/community-safety/violence-reduction-partnership-vrp>.

22. OHID, NHS Digital (ND) Year 6: Prevalence of overweight (including obesity). Available from: <https://fingertips.phe.org.uk/search/overweight#page/3/gid/1/pat/401/par/E09000031/ati/8/are/E05000590/iid/93108/age/201/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>.
23. ONS (2022) Socioeconomic inequalities in avoidable mortality in England: 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/socioeconomicinequalitiesinavoidablemortalityinengland/2020>.
24. London Borough of Waltham Forest (2022) Violence against women and girls. Available from: <https://www.walthamforest.gov.uk/safeststreets#:~:text=Waltham%20Forest%20Safe%20Streets%20App,investigation%20by%20police%20or%20council>.
25. ONS (2022) Demography and migration data, England and Wales: Census 2021. . Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/demographyandmigrationdatacontent/2022-11-02>.
26. Edmiston D et al.(2022) Falling faster amidst a cost-of-living crisis. Runnymede Trust. Available from: <https://www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk>.
27. Blossom (ND) Welcome to Blossom. Available from: <https://blossom.place/>.
28. Department for Environment, Food & Rural Affairs (2021) Mortality effects of long-term exposure to air pollution in the UK. Available from: <https://www.gov.uk/government/publications/comeap-mortality-effects-of-long-term-exposure-to-particulate-air-pollution-in-the-uk>.
29. Mayor of London (2019) Travel in London. Report 12. Available from: <https://content.tfl.gov.uk/travel-in-london-report-12.pdf>.
30. NHS Digital (2021) Acute Patient Level Activity and Costing, 2019-20. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/acute-patient-level-activity-and-costing/2019-20>.

APPENDIX

INDEPENDENT ADVISORY GROUP MEMBERS

Prof Sir Michael Marmot (Chair) – Director, Institute of Health Equity
Joe McDonnell – Director of Public Health, London Borough of Waltham Forest
Farah Ahmed – Chair, Waltham Forest Women’s Network
Monwara Ali – CEO, Waltham Forest Community Hub
Tori Allison-Powell – Waltham Forest Youth Independent Advisory Group member
Cllr. Naheed Asghar – Lead Cabinet Member for Health and Wellbeing
Dr Ken Aswani – GP and Chair of the Clinical Commissioning Group
Supt. Ian Brown – Superintendent, Met Police
Mervin Caesar-John – Chair, Waltham Forest, Antigua and Barbuda and Dominica Twinning Association
Ralph Coulbeck – Chief Executive, Whipps Cross Hospital, Barts Health NHS Trust
Terry Day – Befriending Manager, Age UK Waltham Forest
Selina Douglas – Executive Director of Partnerships, NELFT
Martin Esom – Chief Executive, London Borough of Waltham Forest
Heather Flinders – Strategic Director of People, London Borough of Waltham Forest
Ewan Hindes – Waltham Forest Youth Independent Advisory Group member
Sahrish Iftikhar – Development Officer, Waltham Forest Women’s Network
Jonathan Lloyd – Director of Strategy, Insight & Communities, London Borough of Waltham Forest
Abdur-Raheem Modan – Waltham Forest Young Advisor
Stewart Murray – Strategic Director of Place, London Borough of Waltham Forest
Lauren Ovenden – Corporate Director of Education, London Borough of Waltham Forest
Ida Saidy – Waltham Forest Young Advisor
Antony Smith – Director and Chartered Financial Planner, Providus Financial/Chair, Highams Park Business Group
Darren Welsh – Director of Housing, London Borough of Waltham Forest
Grace Williams – Leader of Waltham Forest Council

STEERING GROUP MEMBERS

Jessica Allen – Deputy Director, Institute of Health Equity
Sade Alade – Interim Head of Early Help Delivery, London Borough of Waltham Forest
Tammy Boyce – Senior Associate, Institute of Health Equity
Russell Carter – Public Health Consultant, London Borough of Waltham Forest
Hisham Hussain – Research and Impact Officer, London Borough of Waltham Forest
Lindsay Jackson – Assistant Director Post 16 & School Operations, London Borough of Waltham Forest
Antonia Jones – Communications Manager for Public Health, London Borough of Waltham Forest
Alex Kafetz – Member, Waltham Forest CCG Patient Participation Board
Jonathan Lloyd – Director of Strategy, Insight and Communities, London Borough of Waltham Forest
Jennifer McCarthy – Project Manager, Strategy and Change, London Borough of Waltham Forest
Joe McDonnell – Director of Public Health, London Borough of Waltham Forest
Elizabeth Lloyd – Project Manager, Families Change team, London Borough of Waltham Forest
Laura Philips – Interim Head of Change Delivery, London Borough of Waltham Forest
Simon Raynor – Head of Strategic Communications and Campaigns, London Borough of Waltham Forest
Seeta Reddy – Public Health Consultant, London Borough of Waltham Forest
Jane Sherry – Sustainable Transport Project Manager, London Borough of Waltham Forest
Robert Stanex – Senior Project Manager, Life Chances, London Borough of Waltham Forest
Martin Szybut – Head of Communications and Engagement for Public Health, London Borough of Waltham Forest
Edmund Wildish – Head of Change Delivery, London Borough of Waltham Forest
Scarlet Willis – Researcher, Institute of Health Equity



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