

Ealing Council

Ealing Local Plan Health Study

Final Technical Report – Executive Summary

July 2022



This report takes into account the particular instructions and requirements of our client. It is not intended for and should not be relied upon by any third party and no responsibility is undertaken to any third party.

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Executive summary

The Ealing Local Plan Health Study (the Health Study) was commissioned by Ealing Council and the National Health Service (NHS) North West London Clinical Commissioning Group (NWL CCG), and undertaken by Ove Arup & Partners (Arup), between November 2021 and June 2022. The aim of the Health Study is to support Ealing Council and its NHS Partners (NWL CCG, the London Estates Delivery Unit (LEDU) and the NHS London Healthy Urban Development Unit (HUDU)) in the development of the London Borough of Ealing's (LBE) new Local Plan (the new Local Plan) to ensure local planning and health priorities are aligned. The key objectives of the Health Study are to:

- develop an evidence base of local need and opportunities for **health assets**, **health infrastructure** and **health services** in LBE and its seven neighbourhood areas (and in turn its eight Primary Care Network (PCN) areas) to inform the new Local Plan;
- to contribute to the planning and delivery of health assets, health infrastructure and health services in LBE in ways which meet identified needs, address identified opportunities, improve **health outcomes** and reduce **health inequalities** amongst those most disproportionately affected within the local population;
- to understand the effects of existing policies, strategies and patterns of spatial development and inform the development of these aspects of the new Local Plan;
- set out aims and evidence for full integration of **health issues** and **health priorities** into new Local Plan policy; and
- provide an evaluation framework for monitoring the effectiveness of new Local Plan policies developed.

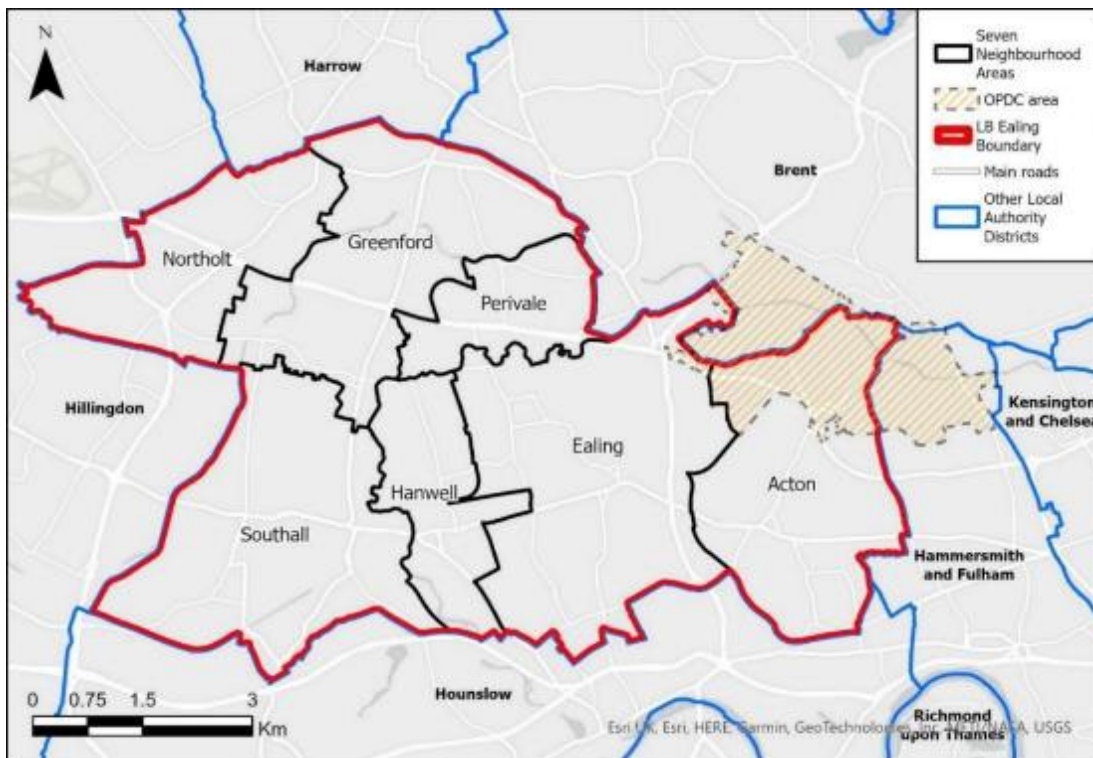
The overall approach to the Health Study combines Arup's Health Led Approach (HLA) to place and infrastructure, best practice methods for health impact assessment (HIA) and equalities impact assessment (EqIA), the NHS London HUDU Planning Contributions Model (the HUDU model), geospatial analysis and methods used by other new Local Plan workstreams (including Town Centre Health Checks, Spatial Options, Site Selection, Integrated Impact Assessment (IIA) and Infrastructure Delivery Plan). The approach has also been informed by engagement with stakeholders from Ealing Council, the NHS and Ealing's voluntary and community sector (VCS).

The study area for the Health Study is LBE and its seven neighbourhood areas: Acton; Ealing; Greenford; Hanwell; Northolt; Perivale; and Southall and the wards which comprise them (see Figure 1 and Figure 2). These seven neighbourhood areas are also referred to as 'Towns' or 'Places' in other Local Plan workstreams, but for the purposes of the Health Study the term neighbourhood areas is used. It should be noted that the boundaries of these neighbourhood areas are in the process of being reviewed, and may potentially be re-drawn.

The study area also covers the eight NWL CCG PCN areas in LBE: Acton; Greenwell; Northolt, Greenford and Perivale; Northolt; North Southall Network; South Central Ealing; South Southall; and The Ealing Network. It should be noted that the eight PCN areas do not correspond exactly with the seven neighbourhood areas, therefore in order to make inferences about the Health Study's findings for the PCN areas, findings for multiple neighbourhood areas and wards may be relevant.

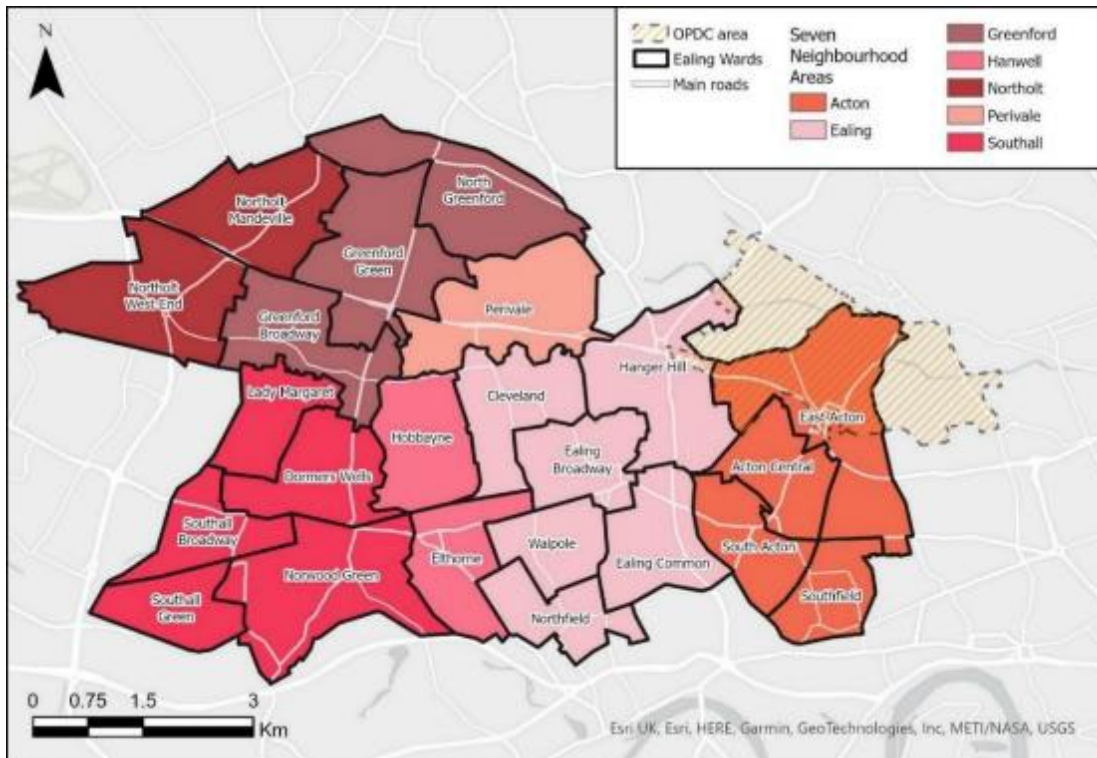
The study area does not cover the Old Oak and Park Royal Development Corporation (OPDC) area. However, data and information pertaining to the OPDC area and the OPDC Local Plan have been considered where relevant. This is due to the geographical overlap between LBE and the OPDC area and the fact that the recently adopted OPDC Local Plan incorporates several policies with potential impacts on health assets, health infrastructure, and health services in LBE (particularly in the neighbourhood areas of Acton and Ealing).

Figure 1: Study area for the Health Study depicted by London Borough of Ealing (LBE) boundary.



Source: Arup, 2022 based on OS BoundaryLine dataset.

Figure 2: The 23 wards that make up the seven neighbourhood areas of LBE.



Source: Arup, 2022 based on OS BoundaryLine dataset.

A key component of the Health Study has been to establish a policy evaluation framework for LBE comprised of 10 policy objectives broadly based on the **determinants of health** (or health determinants) which are a diverse range of biological, social, economic, and environmental factors which impact on people’s health (see Figure 3 below). The definition of ‘health’ used for the Health Study is *‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’*¹. Therefore, based on this definition, ‘health’ and ‘wellbeing’ are both included when using the term ‘health’ in this report.

Figure 3: The determinants of health.



Source: Barton and Grant, 2006² (based on Dahlgren and Whitehead, 1991).

¹ World Health Organisation (WHO). 1948. Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 and entered into force on 7 April 1948. Available online at: <https://www.who.int/about/governance/constitution>

² Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (6). pp. 252-253. ISSN 1466-4240 developed from the model by Dahlgren and Whitehead, 1991. Available online at: https://www.researchgate.net/publication/6647677_A_health_map_for_the_local_human_habitat

Health determinants are a diverse range of biological (e.g. age, sex, and genetics), social (e.g. population density and community support networks), economic (e.g. employment type and income levels) and environmental (e.g. green spaces and active travel networks) factors which impact on people's health.

Health is 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.

The Health Study policy objectives for LBE are as follows:

- 1. Active travel and transport:** Improve connectivity to minimise private vehicle use and promote safe and sustainable forms of travel and transport;
- 2. Climate resilience:** Improve opportunities for sustainable, energy efficient, and climate resilient living;
- 3. Crime and community safety:** Improve community safety and reduce levels of crime;
- 4. Education, employment and skills:** Improve educational attainment and skills at all levels and reduce educational inequalities;
- 5. Facilities and infrastructure:** Improve access to health, social, community, and leisure facilities and infrastructure;
- 6. Housing and communities:** Meet current and future affordable housing need and support the development of diverse and sustainable communities;
- 7. Living environment:** Reduce air, noise and light pollution, and improve neighbourhood quality;
- 8. Nutrition:** Improve access to healthy and affordable food;
- 9. Open space and nature:** Improve quality of, access to, and use of open space and nature; and
- 10. Social cohesion and communities:** Contribute to creation of strong and inclusive communities.

The Health Study policy evaluation framework and policy objectives have been used to:

- structure and present the analysis of data and information which has informed the Health Study evidence base;
- evaluate the extent to which the existing Ealing Local Plan and other key policy and strategy documents contribute to improved **health outcomes** and reduced **health inequalities**; and
- set out an approach to evaluating new Local Plan policies (as they are drafted and once adopted); and
- set out an approach for assessing the health impacts and health outcomes of new development or retrofit projects in LBE.

The analysis of data and information which has informed the Health Study is also structured and presented spatially by LBE-wide evidence and neighbourhood area-specific evidence. The analysis has been supplemented by inputs from stakeholder engagement with Ealing Council, its NHS Partners, and representatives of LBE's voluntary and community sector (VCS), as well as professional judgement.

A **health outcome** is a change in the health status of an individual, group of people or population (e.g. life expectancy, quality of life, prevalence of common mental disorders) which is attributable to a change in a health determinant or to an intervention to health assets, health infrastructure, or health services.

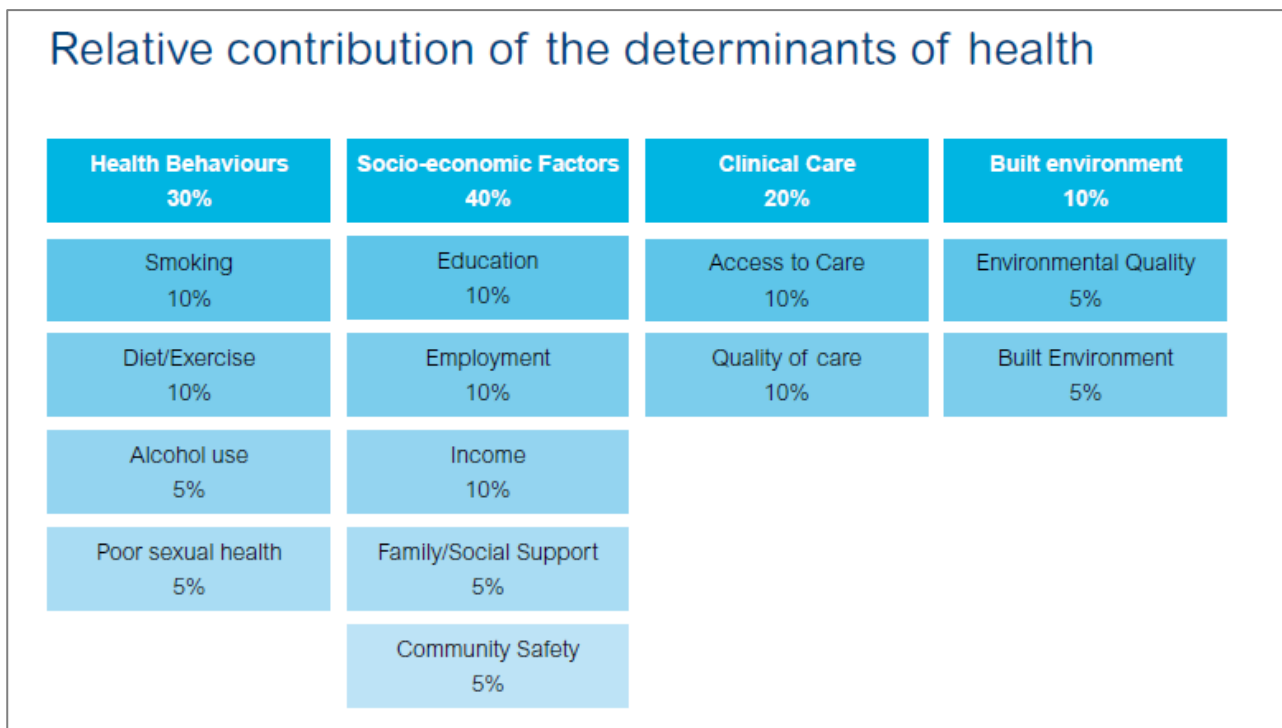
Health inequalities are avoidable, unfair, and systematic differences in health and in opportunities to live healthy lives between different groups of people. Health inequalities involve differences in health status (e.g. life expectancy and prevalence of health conditions), access to care (e.g. availability of treatments, quality and experience of care), behavioural risks to health (e.g. physical inactivity), and the determinants of health (e.g. quality of housing).

Figure 4 illustrates the relative contribution of the determinants of health to overall population health and gives a sense of the potential contribution the new Local Plan could make to improving population health in LBE. For example, Local Plan policies (with the support of other Council plans and strategies, and NHS plans and strategies) tend to have the most impact on the following determinants of health, which together can be considered to contribute to over 50% of population health:

- **Diet and exercise** (through policies relating to provision and improvement of allotments, community gardens, space for markets and food and drink businesses, sports and leisure facilities, active travel networks, parks, open spaces, and public realm);
- **Education** (through policies relating to provision and improvement of education facilities);
- **Employment** (through policies relating to provision and improvement of space for training and employment opportunities);
- **Community safety** (through policies relating to provision and improvement of housing, parks, open spaces and public realm);
- **Access to care** (through policies relating to provision and improvement of health infrastructure, public realm, active travel and transport networks);
- **Environmental quality** (through policies relating to improvement of air quality, noise levels, light pollution and parks, open spaces and public realm); and
- **Built environment** (through policies relating to provision and improvement of housing, infrastructure, and public realm).

Figure 4 also suggests that policies and strategies which collectively improve the quality of, and access to, education and employment, or which improve the built environment in ways which increase opportunities for a healthy diet and exercise, could be as important for population health in LBE, in terms of relative percentage contribution, as improvements in clinical care.

Figure 4: The relative contribution of the determinants of health to overall population health.



Source: Local Government Association, 2016³ (based on Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, 2014).

Based on the analysis of **health determinant indicator** data and relevant information summarised in this report and presented in full in **Appendix A1**, the Health Study has identified **health issues** and **health priorities** for LBE as a whole and for each **neighbourhood area**.

A **health determinant indicator** is a value for a piece of relevant data or information obtained and analysed for the Health Study relating to a health determinant or Health Study policy objective.

A health determinant is considered to be a **health issue for LBE as a whole** if it performs relatively worse than London or England benchmarks for some health determinant indicators but does not fall within the top three worst performing health determinants for the borough.

A health determinant is considered to be a **health priority for LBE as a whole** if it contains multiple health issues across health determinant indicators and falls within the top three worst performing health determinants for the borough.

An attempt to rank health determinants for LBE as a whole has been made, where possible, based on the relative performance of indicators for health determinants compared to London or England benchmarks.

³ Local Government Association. 2016. Health in All Policies: a manual for local government. Available online at: <https://www.local.gov.uk/publications/health-all-policies-manual-local-government>

A health determinant is considered to be a **health issue for a neighbourhood area** if it performs relatively worse than other neighbourhood areas but does not fall within the top three worst performing health determinants for the neighbourhood area.

A health determinant is considered to be a **health priority for a neighbourhood area** if it demonstrates multiple health issues, and these contribute to a poor overall relative ranking of health determinant indicators between neighbourhood areas, based on data summarised in the Health Study matrix.

An attempt to rank health determinants for each neighbourhood area has been made, where possible, based on the relative performance of indicators for health determinants compared to other neighbourhood areas.

Addressing health issues could result in improvements in **health outcomes** and **health risk factors** at the borough level and/or the neighbourhood area level. Addressing health priorities could result in considerable improvements in health outcomes and health risk factors at the borough level and/or the neighbourhood level.

A **health outcome** is a change in the health status of an individual, group of people or population (e.g. life expectancy, quality of life, prevalence of common mental disorders) which is attributable to a change in a health determinant or to an intervention to health assets, health infrastructure or health services.

A **health risk factor** is an attribute, activity or exposure of an individual that increases the likelihood of developing or detecting a disease or health outcome (e.g. levels of physical activity, cancer screening and smoking prevalence).

Based on these health issues and health priorities, the study considers implications for the planning, design, and delivery of **health assets, health infrastructure, and health services** in LBE and its neighbourhood areas and makes 25 evidence-based recommendations to address them.

Health assets are any resource which enhances people's ability to maintain health including physical assets (e.g. leisure centres), environmental assets (e.g. parks and green spaces), social assets (e.g. community support networks), and economic assets (e.g. jobs and training opportunities). They overlap with health determinants and can include health infrastructure and health services.

Health infrastructure is the land, buildings, and equipment required for the delivery of health services.

Health services are the services which deliver primary, secondary, and tertiary medical, dental, and psychological care for people from birth to end of life.

Demographic and equalities context for LBE as a whole

Population and age: LBE is the third largest London borough by population with a population of 367,100 people⁴. Approximately 50.7% of LBE's population is female and 49.3% is male. The borough's population increased by 8.47% between 2011 and 2021, a higher rate of population growth than the London and England rates over the same period (7.66% and 6.56% respectively). Overall, LBE's population is growing with a projected increase of 3% by 2026, 7% by 2031, 10% by 2036, and 11% by 2041 (see Table 1).

Population growth is concentrated in Acton and Southall (projected increases of 28.7% and 32% respectively between 2021 and 2041) and to a much lesser extent in Greenford (projected increase of 4.2% between 2021 and 2041). However, not all parts of the borough are projected to experience population growth. The populations of Ealing neighbourhood area, Perivale, Hanwell, and Northolt are projected to decrease by 2.1%, 4.4%, 4.9%, and 9.1% respectively between 2021 and 2041.

An increasing population translates into increased demand for new and/or improved housing and for supporting health assets, health infrastructure, and health services. This is particularly the case in high population growth neighbourhood areas such as Acton and Southall.

According to Census 2021 data⁵, LBE's age profile is broadly similar to London's (Table 2). However, LBE has a much younger age profile than England, with 83.1% of its population being aged 0-59 (compared to England's 75.8%). Conversely, 16.9% of LBE's population is aged 60 and over, compared to England's 24.2%.

Different age groups typically have different health needs. This suggests that the current health needs of LBE's residents are not completely aligned to national needs. While Acton and Northolt have a high proportion of young adults and children⁶, overall the borough's population is ageing. The proportion of people aged 0-14 is projected to decrease over the period 2021-2041, and the proportion of people in LBE aged 65+ is projected to increase from 13.8% in 2021⁷ to 20% in 2041.

⁴ Office for National Statistics. 2022. Census 2021. Available online at: <https://census.gov.uk/census-2021-results/phase-one-first-results>

⁵ Office for National Statistics. 2022. Census 2021. Available online at: <https://census.gov.uk/census-2021-results/phase-one-first-results>

⁶ GLA 2020. 2020-based projections: Identified Capacity Scenario. Available online at: <https://tinyurl.com/bdenfp7x>

⁷ Please note this figure of 13.8% is based on GLA 2020-based population projections for 2021. Initial Census 2021 data highlights this figure is actually 12.12%.

Table 1: Population summary and projected change for LBE.

Key:

Red text = values well above the LBE average.

Blue text = values well below the LBE average.

LBE neighbourhood area	Population (2021)	Projected % change 2021 - 2026	Projected % change 2021 - 2031	Projected % change 2021 - 2036	Projected % change 2021 - 2041
Acton	68,100	6.6	18.5	27.0	28.7
Ealing	81,400	0.71	-0.9	-1.2	-2.1
Greenford	46,100	2.0	3.1	4.8	4.2
Hanwell	27,500	-1.0	-3.4	-4.6	-4.9
Northolt	29,000	-3.6	-7.0	-8.5	-9.1
Perivale	15,100	-1.2	-2.4	-3.5	-4.4
Southall	73,000	8.1	18.5	25.2	32.0
LBE	367,100*	3.1	6.9	9.9	11.3
<i>London</i>	<i>8,800,000*</i>	<i>3.7</i>	<i>7.1</i>	<i>10.0</i>	<i>11.8</i>
<i>England</i>	<i>57,000,000</i>	<i>1.5</i>	<i>2.9</i>	<i>4.0</i>	<i>5.0</i>

N.B. Projected percentage change values are based on the GLA 2020 data and have not been updated with recently published Census 2021 data.

*Source: GLA, 2020⁸ (neighbourhood area level data), *ONS, 2022⁹ (Census 2021 data has been used for LBE and London level data) and ONS, 2022¹⁰ (England level data).*

Table 2: Usual resident population by broad age group

Area	Aged 0-19	Aged 20-39	Aged 40-59	Aged 60-79	Aged 80+
LBE	24.3%	30.8%	28.0%	13.8%	3.1%
London	23.7%	33.2%	26.7%	13.3%	3.2%
England	23.1%	26.3%	26.4%	19.2%	5.0%

Source: ONS, 2022¹¹.

⁸ GLA. 2020. 2020-based projections: Identified Capacity Scenario (MSOA). Available online at: <https://tinyurl.com/bdenfp7x>

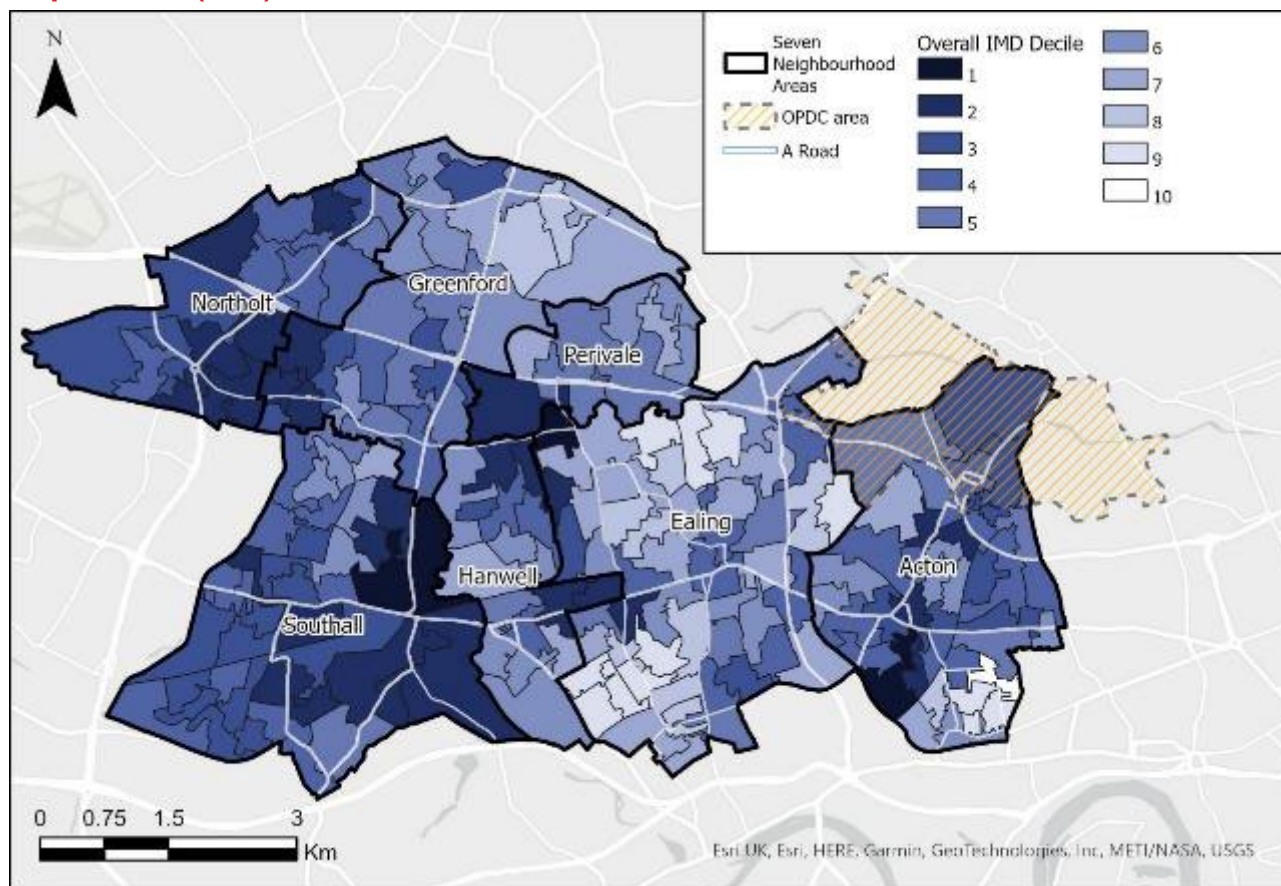
⁹ Office for National Statistics. 2022. Census 2021. Available online at: <https://census.gov.uk/census-2021-results/phase-one-first-results>

¹⁰ ONS. 2022. 2020-based Interim National Population Projections. Available online at: <https://tinyurl.com/ye23vf6e>

¹¹ Office for National Statistics. 2022. Census 2021. Available online at: <https://census.gov.uk/census-2021-results/phase-one-first-results>

Deprivation: Overall deprivation levels in LBE vary substantially across the borough¹². This is based on the Index of Multiple Deprivation (IMD) which incorporates seven indices of deprivation (IoDs): income; employment; health deprivation and disability; education skills and training; crime; barriers to housing and services; and living environment. High overall deprivation is associated with poorer physical and mental health. People living in deprived areas (areas which fall into the first, second or third deciles of the IMD which mean they are in the top 10%, 20% or 30% most deprived areas in England – see Figure 5) are more likely to have more years of ill health¹³. There are pockets of high overall deprivation in all seven neighbourhood areas, however central and northern parts of the borough (i.e. Ealing neighbourhood area, Greenford and Perivale) tend to have less overall deprivation than eastern and western parts of the borough (i.e. Southall, Northolt, and Acton).

Figure 5: Overall deprivation levels in LBE based on the Index of Multiple Deprivation (IMD).



Source: Ministry of Housing, Communities & Local Government, 2019¹⁴.

¹² Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹³ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹⁴ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

- **Disability:** The majority of Lower Super Output Areas (LSOAs) within LBE generally fall within the less deprived deciles for health deprivation and disability and no areas of the borough rank amongst the top 10% most deprived of LSOAs within England. However, a significant proportion of LSOAs in the borough fall amongst the top 30% most deprived LSOAs in England, predominantly in Northolt, Southall, and Acton¹⁵.
- **Ethnicity:** LBE is an ethnically diverse borough and is projected to continue to become even more ethnically diverse between 2021 and 2041¹⁶. The proportion of ‘Other White’, ‘Indian’ and ‘Other Asian’ people in the borough is much higher than the London average. Furthermore, the proportion of ‘Other White’ and ‘Other Asian’ people is projected to increase between 2021 and 2041¹⁷. Mental health issues and diabetes are more prevalent amongst Black Asian Minority Ethnic (BAME) groups. Coronary heart disease and stroke are more prevalent in South Asian populations. African–Caribbean people are at greater risk of hypertension and stroke, have lower risk of coronary heart disease but lower awareness of cancer and cancer screening¹⁸.
- **Religion:** LBE is a religiously diverse borough¹⁹. Whilst the most common religion is Christianity, LBE has a larger Hindu and Muslim population and a significantly larger Sikh population than London and England, with the majority of LBE’s Sikhs living in Southall. LBE also has a smaller proportion of its population who state they have no religion compared to London and England. There is limited evidence about health inequalities for faith communities in England²⁰. However, people of different religions value certain aspects of everyday life over others and this may influence health outcomes and needs. People who state they have no religion are more likely to be physically active compared to those that belong to a faith community²¹. Low levels of physical activity have been found to be an issue within the Sikh community, particularly among women. In Islam the requirement for women to dress and behave modestly may impact the types and locations of physical activity undertaken (e.g. preference for women only sessions in gyms and leisure centres). Sikh males have significantly higher body fat compared to White men, and both Indian Sikh women and men have higher levels of BMI Obesity than Indian Hindus or individuals who state they belong to ‘other religions’²². The role of food in many religions may impact diet and the division of domestic activities²³. This can influence related health outcomes such as obesity in both children and adults, diabetes, and mental health²⁴.
- **Gender and sexuality:** Overall, LBE’s population has approximately the same proportion of men, women, trans and non-binary people, and gay, heterosexual, lesbian and bisexual people as the London and national averages²⁵. Heterosexual females of reproductive age tend to rely on healthcare more often than heterosexual

¹⁵ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹⁶ GLA. 2017. Ethnic Group Projections (2016-Based Central Trend). Available online at: <https://tinyurl.com/2rnptxet>

¹⁷ GLA 2020. 2020-based projections: Identified Capacity Scenario. Available online at: <https://tinyurl.com/2mjk4dxdp>

¹⁸ Matthews. 2015. The impact of ethnicity on health inequalities. Available online at: <https://europepmc.org/article/med/26665383>

¹⁹ ONS. 2011. Dataset: QS208EW- Religion. Available online at: <https://www.nomisweb.co.uk/census/2011/qs208ew>

²⁰ Birmingham City Council. 2021. Sikh Community Health Profile. Available online at: https://www.birmingham.gov.uk/download/downloads/id/20547/sikh_community_health_profile_report.pdf

²¹ Sport England. No date. Faith groups. Available online at: <https://tinyurl.com/nhf74nrt>

²² Birmingham City Council. 2021. Sikh Community Health Profile. Available online at: https://www.birmingham.gov.uk/download/downloads/id/20547/sikh_community_health_profile_report.pdf

²³ Rawlins E., Baker G., Maynard M. & Harding S. 2013. Perceptions of healthy eating and physical activity in an ethnically diverse sample of young children and their parents: the DEAL prevention of obesity study. J Hum Nutr Diet. 26, 132–144 doi:10.1111/j.1365-277X.2012.01280.x . Available online at: <https://eprints.leedsbeckett.ac.uk/id/eprint/1379/>

²⁴ Sport England. No date. Faith groups. Available online at: <https://tinyurl.com/nhf74nrt>

²⁵ ONS. 2019. Sexual orientation UK. Available online at: <https://tinyurl.com/yz4xj5p8>

males of the same age and, on average, women live longer than men. There is limited UK research examining Lesbian, Gay, Bisexual, Trans (LGBT+) health inequalities²⁶. However, evidence shows that trans and non-binary people often face social stigma and related mental health issues. Research from the United States (US) has found that lesbians are less likely to get preventative services for cancer and are more likely to be overweight or obese^{27,28,29}, and that gay men are at higher risk of HIV and other sexually transmitted diseases, especially if they are from BAME communities³⁰.

²⁶ McDermott E, Nelson R, Weeks H. 2021. The Politics of LGBT+ Health Inequality: Conclusions from a UK Scoping Review. Available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7835774/>

²⁷ Struble CB, Lindley LL, Montgomery K, et al. 2010. Overweight and obesity in lesbian and bisexual college women. J Am College Health. Available online at: <https://pubmed.ncbi.nlm.nih.gov/20670929/>

²⁸ Buchmueller T, Carpenter CS. 2010. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships. Available online at: <https://pubmed.ncbi.nlm.nih.gov/20075319/>

²⁹ Dilley JA, Simmons KW, Boysun MJ, et al. 2010. Demonstrating the importance and feasibility of including sexual orientation in public health surveys: Health disparities in the Pacific Northwest. Available online at: <https://tinyurl.com/yc5sftpk>

³⁰ Centres for Disease Control and Prevention (CDC). 2017. HIV among Gay and Bisexual Men. Available online at: <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf> [PDF-78KB]

with alcohol (and drug) abuse issues are sited in Southall and Hanwell. The proximity of these areas and these facilities to Ealing Hospital may be a contributing factor to the high alcohol related hospital admission rate.

- **Cancer screening:** The under 75 mortality rate of cancer is lower in LBE (88.5%) than the London and England rate (117.4% and 129.2% respectively). However cancer screening for cervical, bowel, and breast cancer remains a priority for LBE³⁹. The proportion of women eligible for breast cancer screening and have had a test with a recorded result is only 53.8%. This is lower than the proportion in London and England (55.2% and 64.1% respectively). The proportion of women eligible for cervical cancer screening aged 25–49 and have had a recorded result is only 59.4% which is lower than the proportion in England (68%) but marginally higher than London (59.1%)⁴⁰. The proportion of people eligible for bowel cancer screening and have had a test with a recorded result is only 58.7% which is lower than the proportion in London (59.3%) and England (65.2%).

³⁹ Office for Health Improvement & Disparities. Fingertips Public Health Data. Available online at: <https://fingertips.phe.org.uk/>

⁴⁰ Office for Health Improvement & Disparities. Fingertips Public Health Data. Available online at: <https://fingertips.phe.org.uk/>

Health priorities for LBE as a whole

Health priorities for LBE are health determinants which demonstrate multiple health issues across health determinant indicators and which fall within the top three worst performing health determinants for the borough.

Facilities and infrastructure: Overall, Care Quality Commission (CQC) inspection ratings for GP practices in LBE are 'good' (71 out of 74 inspected) with three exceptions – one 'outstanding' GP practice in Hanwell and two GP practices 'requiring improvement' in Ealing neighbourhood area and Southall respectively⁴¹. Similarly, the majority (81%) of patient experiences of GP practices in LBE are also 'good' with four exceptions - one GP practice in Ealing neighbourhood area and three GP practices in Southall have less than 70% of patients describing their experience as 'good'⁴². Almost all (98.4%) households in LBE are within a 15-minute journey time to a GP by public transport or walking (England average is 70.7%), and all households are within a 30-minute journey time to a GP by public transport or walking⁴³.

However, a GP capacity assessment indicates that the majority (70%) of GP practices in LBE are over capacity. This means they have more patients per one full time equivalent (FTE) GP than the national benchmark of 1,800 patients per one FTE GP⁴⁴. Capacity issues are particularly critical in Hanwell, Southall, and Northolt, and four GP practices in LBE have more than 5,000 patients per one FTE GP (one in Acton, Ealing neighbourhood area, Northolt, and Southall respectively). In addition, primary care health infrastructure across LBE and its seven neighbourhood areas is mostly old and non-compliant with current building design standards for the delivery of primary care services (e.g. space and accessibility standards), comprises small and medium sized primary care premises (which are generally full or over utilised), and requires investment in backlog maintenance (although premises are generally maintained at an acceptable level)⁴⁵.

Most households (68%) are within a 30-minute journey time to hospital by public transport or walking (the England average is 37.2%). However, parts of Northolt, Greenford, Perivale, and Ealing neighbourhood area have no access to a hospital within a 30-minute journey time by public transport⁴⁶.

Housing and communities: There is high housing need in LBE, particularly for affordable and accessible housing, indicated by high levels of 'Barriers to housing and services deprivation' across the borough. This is particularly the case in the east (parts of Acton) and west (parts of Northolt and Southall)⁴⁷. This is exacerbated by housing demand not being fully met by housing delivery. This results in significantly higher rates of homelessness⁴⁸ and very high numbers of households in temporary accommodation⁴⁹, compared to London and England benchmarks⁵⁰.

⁴¹ CQC. No date. Doctors / GPs. Available online at: <https://www.cqc.org.uk/what-we-do/services-we-regulate/find-family-doctor-gp>

⁴² GP Patient Survey. 2021. 2021 Results. Available online at: <https://www.gp-patient.co.uk/analysistool?trend=0&ccgid=13678>

⁴³ NHS SHAPE Tool. Available online at: <https://shapeatlas.net/>

⁴⁴ NHS SHAPE Tool. Available online at: <https://shapeatlas.net/>

⁴⁵ Internal LBE data.

⁴⁶ NHS SHAPE Tool. Available online at: <https://shapeatlas.net/>

⁴⁷ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁴⁸ Office for Health Improvement & Disparities. 2021. Public health profiles: Homelessness. Available online at: <https://fingertips.phe.org.uk/search/homelessness>

⁴⁹ Department for Levelling Up, Housing & Communities. 2022. Statutory homelessness: Detailed local authority-level tables. Available online at: <https://tinyurl.com/3vahm4xv>

⁵⁰ Office for Health Improvement & Disparities. 2021. Public health profiles: Temporary Accommodation. Available online at: <https://fingertips.phe.org.uk/search/temporaryaccommodation>

Living environment: LBE experiences high 'Living environment deprivation' scores across the borough, particularly in the east. 'Living environment deprivation' covers both external (i.e. poor air quality) and internal (i.e. poor housing quality) factors⁵¹. LBE experiences poor air quality across all neighbourhood areas, indicated by the borough wide Air Quality Management Area (AQMA) designation and several Air Quality Focus Areas (AQFAs) located predominantly along major roads⁵². This contributes to the high 'Living environment deprivation' scores across the borough, particularly in the eastern parts with air quality tending to be marginally better in the west, further out from Central London.

Fuel poverty occurs as a result of low household income and high fuel costs. It can be exacerbated by poor housing quality and is particularly high in parts of Southall⁵³.

⁵¹ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁵² DEFRA. 2020. AQMA. Available online at: <https://uk-air.defra.gov.uk/aqma/>

⁵³ Office for Health Improvement & Disparities. 2018. Public health profiles: Fuel Poverty. Available online at: <https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/qid/1938133180/ati/8/iid/93280/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Health issues for LBE as a whole

Health issues for LBE are health determinants which perform relatively worse than London or England averages in some health determinant indicators but do not fall within the top three worst performing health determinants for the borough.

Education, employment and skills: LBE has high levels of income deprivation among older people (aged 65+) and children, particularly in the east (parts of Acton) and west (parts of Southall and Northolt) of the borough⁵⁴. In addition, there is a high proportion of people claiming out of work benefits⁵⁵ and long-term claimants of Jobseeker's Allowance in LBE⁵⁶, indicated by high levels of 'Income and employment deprivation' across the borough.

Active travel and transport: LBE has relatively low overall levels of active travel and walking and cycling for leisure, possibly related to variable levels of Access to Opportunities and Services (ATOS) across the borough⁵⁷. Low ATOS levels are observed across most of Greenford and Perivale, and in eastern parts of Acton, Southall and Ealing neighbourhood area respectively⁵⁸.

Open space and nature: Whilst LBE is a green borough overall in terms of the quantity of and proximity to parks and green spaces, the distribution of parks and green spaces is uneven. The majority (98%) of the population is within a 10-minute walk of a publicly accessible park or green space, but levels of provision in terms of hectares of green space per person varies considerably across the borough⁵⁹. Tree canopy cover levels in LBE vary from under 10% (three wards in Southall) to over 25% in others (North Greenford ward in Greenford).

The borough average is 16.9%, which is slightly lower than the London average (19.5%) and the suggested tree canopy cover goal of 20%^{60,61}. Acton and Southall perform well in terms of people within a 10-minute walk of a publicly accessible park or green space, but both have low levels of provision in terms of hectares per person and low levels of tree canopy cover.

Nutrition: There is a lower number of fast-food outlets per population within LBE compared to London and England⁶². But only 33% of people consume five portions of fruit and vegetables a day in parts of Southall (Southall Green, Southall Broadway, Lady Margaret, Dormer Wells, and Norwood Green wards) and Northolt (Northolt West End and Northolt Mandeville wards)⁶³.

LBE is one of the richest London boroughs in terms of allotment sites. It has 0.21 hectares of allotments per 1,000 population which is double the average provision for London

⁵⁴ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁵⁵ Nomis. 2021. Labour Market Profile – Ealing. Available online at: <https://www.nomisweb.co.uk/reports/lmp/la/1946157266/report.aspx>

⁵⁶ Office for Health Improvement & Disparities. 2019. Claimants of Jobseekers Allowance. Available online at: <https://tinyurl.com/3xrhs3yt>

⁵⁷ Internal LBE data based on 2015 TfL data. 2022. Ealing Regeneration Team.

⁵⁸ Internal LBE data based on 2015 TfL data. 2022. Ealing Regeneration Team.

⁵⁹ Fields in Trust. 2021. Ten – minute walk from green space Available online at:

<https://experience.arcgis.com/experience/5301c55a8189410b9428a90f05596af4>

⁶⁰ Fields in Trust. 2021. Tree Canopy Viewer. Available online at: <https://tinyurl.com/3yd7k7wf>

⁶¹ Trees for Cities. 2018. Valuing Urban Trees: Ealing i-Tree Eco Technical Report. Available online at: <https://tinyurl.com/3v597sb4>

⁶² Office for Health Improvement & Disparities. 2014. Density of Fast Food Outlets. Available online at: <https://tinyurl.com/mry9jib6>

⁶³ GLA. 2013. Better Environment, Better Health. Available online at: <https://tinyurl.com/vc8nur5x>

(0.1ha per 1,000 population), and well over the standard recommended by the National Society of Allotment and Leisure Gardeners (0.2ha per 1,000 households).

Furthermore, LBE has a relatively high number of allotment sites per capita (approximately 1.3 sites per 10,000 people) compared to other London boroughs⁶⁴. However, level of provision is not equally distributed across the borough and there is limited provision of space for food growing in more urban areas of LBE (e.g. central Ealing neighbourhood area).

Crime and community safety: There is considerable variation in levels of crime deprivation and crime in LBE. Overall, there are medium to high levels of crime deprivation across LBE with pockets of high crime deprivation in Northolt, Perivale, Southall, Ealing neighbourhood area (central Ealing) and Acton (southern Acton)⁶⁵.

Overall, rates of violent offences and sexual offences in LBE are generally lower than in England but marginally higher than London. However, the rate of hospital admissions for violence (including sexual violence) is significantly higher (70.5 per 100,000 people between 2018/19 and 2020/21) than the London and England rates (44.3 and 41.9 per 100,000 people respectively⁶⁶). Possible reasons for this significantly higher rate of hospital admissions for violence include the location of Ealing Hospital and the provision of mental health services at Ealing Hospital and St Bernard's Hospital (with which it shares a site). The hospital is in close proximity to parts of Northolt and Southall which experience multiple deprivation issues that can result in drug and alcohol misuse amongst their populations. It is, therefore, possible that the proximity of the hospital makes it more likely that victims of violent crime in these areas will seek the medical care they need, which also helps us to better understand the number and nature of these crimes. Facilities for those with drug and alcohol abuse issues are also located in Southall and Hanwell, meaning individuals using these services are in close proximity to Ealing Hospital. In addition, patients with complex mental health needs visiting the hospital, are often the source of criminal and anti-social behaviour which lead to reports of violent crime in the local area.

Social cohesion and communities: Almost 100% of LBE's population is located within a two-mile radius of one of four main neighbourhood centre libraries⁶⁷. There are 10 community centres (at least one in each neighbourhood area) and five youth centres (distributed across Ealing neighbourhood area, Southall, Acton, and Northolt with none in Perivale or Greenford)^{68,69}. There are 15 publicly accessible swimming pools in LBE, however, large areas of LBE are not within a 20-minute walk of a public pool and parts of Southall and Ealing neighbourhood area are deficient in public pool provision⁷⁰. There are 18 sports halls within LBE available for community use which are all at 100% capacity⁷¹.

⁶⁴ E.I. Fletcher and C.M. Collins. 2020. Urban agriculture: Declining opportunity and increasing demand – How observations from London, U.K., can inform effective response, strategy and policy on a wide scale. Available online at: <https://pubag.nal.usda.gov/catalog/7089381>

⁶⁵ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁶⁶ Office for Health Improvement & Disparities. 2020/21. Violence Indicators. Available online at: <https://fingertips.phe.org.uk/search/violence>

⁶⁷ Ealing Council. 2019. Ealing Library Strategy. Available online at: https://www.ealing.gov.uk/downloads/download/5159/draft_ealing_library_strategy_2019_-_2023

⁶⁸ Ealing Council. 2011. Ealing Community Strategy 2006-2016: Refresh 2011. Available online at: https://www.ealing.gov.uk/download/downloads/id/3957/bs2_-_sustainable_communities_strategy_scs_draft_jul_2011.pdf

⁶⁹ Young Ealing. No date. Youth Centres. Available online at: <https://www.youngealing.co.uk/youth-centres/>

⁷⁰ Sport England. 2017. Strategic Assessment of Need for Swimming Pools Provision in London 2017-2041. Available online at: https://www.london.gov.uk/sites/default/files/swimming_pools_report_2017.pdf

⁷¹ Sport England. 2017. Strategic Assessment of Need for Swimming Pools Provision in London 2017-2041. Available online at: https://www.london.gov.uk/sites/default/files/swimming_pools_report_2017.pdf

There are 14 public gyms in LBE (two of which are women only)⁷². Overall, there is demand for additional swimming pool provision, sports hall provision, women only gyms, and flexible spaces for sport and leisure across LBE.

Approximately 7.2% of LBE's residents cannot speak English well or at all⁷³. This is the second highest percentage amongst London boroughs and significantly higher than the England proportion (1.3%). The Index of Dissimilarity for LBE, which provides an insight into levels of residential segregation between different communities, is 33.6⁷⁴. This is broadly in line with other London boroughs but slightly higher than for England at 31.3. A lower score is indicative of more evenly mixed communities while a higher score is indicative of more segregated communities. LBE has the fourth highest proportion of non-UK born population (43%) after its nearest comparable local authorities of Brent, Hounslow, and Harrow⁷⁵.

Climate resilience: Climate resilience is the capability of communities, the built environment, and ecosystems to respond to and recover from the adverse impacts of climate change⁷⁶. Climate risk levels for London have been established using metrics⁷⁷ which indicate people's exposure to a climate hazard (e.g. a heatwave or heavy rainfall), their sensitivity or vulnerability to the impacts of that hazard, and their adaptive capacity⁷⁸ or resilience.

High climate risk tends to coincide with areas of health inequalities. Climate risk and heat risk vary across LBE with high climate risk and heat risk in the more urban neighbourhood areas of Acton and Southall⁷⁹. Parts of central Hanwell and southern Northolt also have high overall climate risk and heat risk whereas the more suburban neighbourhood areas of Greenford and Perivale have lower overall climate risk and heat risk. Flood risk is generally low across LBE, however there are areas of high flood risk in Southall and Acton⁸⁰.

⁷² Internal LBE data provided to Arup in 2020 for Infrastructure Delivery Plan (IDP) Baseline Report

⁷³ LGA. 2011. Percentage of people who cannot speak English well or at all. Available online at: <https://tinyurl.com/zs6kzsdu>

⁷⁴ LGA. 2011. Index of dissimilarity. Available online at: <https://tinyurl.com/zs6kzsdu>

⁷⁵ LGA. 2022. Non-UK Born Estimate 4 year rolling average. Available online at: <https://tinyurl.com/2p9bepc8>

⁷⁶ Law Insider. 2022. Definition of climate resilience. Available online at: <https://www.lawinsider.com/dictionary/climate-resilience>

⁷⁷ These metrics include: Ages Under 5, Ages Over 75, English Proficiency, Income Deprivation, Social Renters, Average Land Surface Temperature, Surface Water Flood Risk, PM2.5, NO2, Green/Blue Land Cover, and Areas of Deficiency in Access to Public Open Space.

⁷⁸ World Bank. Climate Screening Tools. Available online at: <https://climatescreeningtools.worldbank.org/content/key-terms-0>

⁷⁹ GLA & Bloomberg Associated. 2021. Climate Risk Mapping. Available online at: <https://tinyurl.com/38ptxpja>

⁸⁰ GLA & Bloomberg Associated. 2021. Climate Risk Mapping. Available online at: <https://tinyurl.com/38ptxpja>

Health priorities for neighbourhood areas

A key output of the Health Study is a matrix which provides an overall summary of the data and information collected for **health determinant indicators**, and for **health outcome** and **health risk factor indicators**, which was available at a lower spatial scale than borough level (i.e. neighbourhood area, ward, LSOA, and Middle Layer Super Output Area (MSOA)).

The Health Study matrix (see Table 3) compares and ranks indicators across the seven neighbourhood areas to give a relative view of performance across the borough. It does not consider London and England benchmarks. Therefore, whilst a neighbourhood area may have the poorest performing indicator within LBE, it may still perform better than London and England averages or benchmarks. However, for the purpose of the Health Study, this matrix is considered a useful, spatially informed insight into the **health issues** and **health priorities** for each neighbourhood area.

A health determinant is considered to be a **health issue for a neighbourhood area** if it performs relatively worse than other neighbourhood areas but does not fall within the top three worst performing health determinants for the neighbourhood area.

A health determinant is considered to be a **health priority for a neighbourhood area** if it demonstrates multiple health issues, and these contribute to a poor overall relative ranking of health determinant indicators between neighbourhood areas, based on data presented in the Ealing Local Plan Health Study health issues and health priorities matrix.

Health determinants for which less than half of the indicators perform relatively worse than other neighbourhood areas are not included as health priorities or health issues but should still be considered in the development of policies and interventions to improve health outcomes.

The Health Study matrix, supplemented by inputs from stakeholder engagement with Ealing Council, its NHS Partners, and representatives of LBE's VCS and professional judgement, has identified considerable spatial variation in health priorities between and within LBE's seven neighbourhood areas.

This signifies considerable spatial variation in **health inequalities** between and within the neighbourhood areas. This is evident in, and in part due to, the distribution and quality of **health assets, health infrastructure and health services** across the seven neighbourhood areas.

In order to address the different neighbourhood area and ward specific health priorities and to reduce health inequalities, interventions are required (e.g. policies or resources) which focus on improving aspects of relevant health assets, health infrastructure, and health services located within, or accessible from, each neighbourhood area.

Please see **Section 4** of this report for more details of the health priorities for each neighbourhood area and the implications for the planning, design and delivery of relevant health assets, health infrastructure and health services.

For more information on the data and information collected for indicators for health determinants health outcomes and health risk factors, please refer to **Appendix A1**.

Table 3: Health Study matrix for LBE's seven neighbourhood areas.

Key:

'Population' and 'Age'* health determinants do not contribute to overall health priority indicator calculations but are presented to provide context for the study and future provision of health infrastructure, health assets, and health services.

Red numbers = highest value/s within a health determinant row (i.e. highest total health priority indicators for each health determinant or overall total health priority indicators).

Same fill colour across neighbourhood areas suggests a tie between the areas for that indicator e.g. joint first, second or third worst performing indicator.

Where one reference applies to all health determinant, health outcome or health risk factor indicators, the reference is sourced in footnotes in the second column under the name of the health determinant, health outcome or health risk factor category.

Fill	Definition
X	Neighbourhood area has the worst performing indicator in LBE
X	Neighbourhood area has the second worst performing indicator in LBE
X	Neighbourhood area has the third worst performing indicator in LBE
-	Neighbourhood area does not have any top three worst performing indicators

A = Acton

E = Ealing

G = Greenford

H = Hanwell

N = Northolt

P = Perivale

S = Southall

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
n/a	*Population ⁸¹	High 5–year projected growth (2021 – 2026)	X	-	-	-	-	-	X
		High 10–year projected growth (2021 – 2031)	X	-	-	-	-	-	X
		High 15–year projected growth (2021 – 2036)	X	-	-	-	-	-	X
		High long term projected growth (2031 – 2041)	X	-	-	-	-	-	X
n/a	*Age ⁸²	High proportion of young people (2021 – 2041)	-	-	-	X	X	-	-
		High proportion of working age population (2021 – 2041)	X	-	-	-	-	-	-
		High proportion of older people (2021 – 2041)	-	X	-	-	-	X	-
		High demand for paediatric health care services	-	-	X	X	X	-	-
		High demand for health services for older people	X	X	X	X	X	X	X
1	Active travel and transport	Low access to opportunity and services (ATOS) score ⁸³	X	X	X	-	X	X	X
		Low public transport access levels (PTAL) ⁸⁴	-	-	X	-	X	X	-
		Low active travel levels (i.e. cycling and walking) to school ⁸⁵	-	X	X	-	X	-	-
<i>Active travel and transport – relative ranking of indicators</i>			1	2	3	0	3	2	1

⁸¹ GLA 2020. 2020-based projections: Identified Capacity Scenario (MSOA). Available online at: <https://data.london.gov.uk/dataset/housing-led-population-projections>

⁸² GLA 2020. 2020-based projections: Identified Capacity Scenario (MSOA). Available online at: <https://data.london.gov.uk/dataset/housing-led-population-projections>

⁸³ Internal LBE data based on 2015 TfL data. 2022. Ealing Regeneration Team.

⁸⁴ TfL. 2015. PTAL. Available online at: <https://tinyurl.com/2kmcu6d7>

⁸⁵ Internal LBE data based on 2016/17 – 2020/2021 STARS data. 2022. Ealing Schools Team.

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
2	Climate resilience ⁸⁶	High climate risk	X	-	-	X	X	-	X
		High heat risk	X	-	-	X	X	-	X
		High flood risk	X	-	-	-	-	-	X
<i>Climate resilience – relative ranking of indicators</i>			3	0	0	2	2	0	3
3	Crime and community safety ⁸⁷	High crime deprivation (IoD domain)	X	X	X	X	X	X	X
<i>Crime and community safety – relative ranking of indicators</i>			1	1	1	1	1	1	1
4	Education, employment, and skills	High education, skills, and training deprivation (IoD domain) ⁸⁸	X	-	-	-	X	-	X
		Early years school capacity ⁸⁹	-	-	X	-	X	-	X
		Primary school capacity ⁹⁰	-	-	-	-	-	-	X
		Secondary school capacity ⁹¹	X	X	X	X	X	X	X
		Low % of pupils achieving good level of development at EYFS ⁹²	-	-	X	-	X	-	X

⁸⁶ GLA & Bloomberg Associated. 2021. Climate Risk Mapping. Available online at: <https://data.london.gov.uk/dataset/climate-risk-mapping>

⁸⁷ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁸⁸ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁸⁹ Arup. 2020. Infrastructure Delivery Plan (IDP) Baseline Report.

⁹⁰ Arup. 2020. Infrastructure Delivery Plan (IDP) Baseline Report.

⁹¹ Arup. 2020. Infrastructure Delivery Plan (IDP) Baseline Report.

⁹² Ealing Council. 2019. Good Learning Development by Ealing Ward. Available online at: https://www.ealing.gov.uk/download/downloads/id/16610/focus_on_children_and_young_people_-_jsna_2021.pdf

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
		High employment deprivation (IoD domain) ⁹³	X	-	-	X	X	-	X
		High long-term unemployment ⁹⁴	-	-	-	X	X	-	-
		High income deprivation (IoD domain) ⁹⁵	X	-	-	-	X	-	X
		Low income levels ⁹⁶	-	-	-	-	X	-	X
		High income deprivation affecting older people ⁹⁷	X	-	-	-	X	-	X
		High income deprivation affecting children index ⁹⁸	X	-	-	-	X	-	X
		High % of out of work benefit claimants ⁹⁹	X	-	-	X	X	-	X
		High % of universal credit claimants ¹⁰⁰	X	X	-	-	-	-	X
		High increase in % of pupils eligible for free school meals (FSM) ¹⁰¹	X	-	-	-	X	-	-
		High % of housing benefit claimants ¹⁰²	-	X	-	X	-	-	-
Education, employment and skills – relative ranking of indicators			9	3	3	5	12	1	12

⁹³ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁹⁴ Office for Health Improvement & Disparities. 2020. Unemployment. Available online at: <https://tinyurl.com/4rvzenb9>

⁹⁵ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁹⁶ CACI 2018. Equalised Paycheck Directory. MSOA Income. Data received from Ealing Council. Available online at: <https://www.caci.co.uk/datasets/paycheck/>

⁹⁷ Ministry of Housing, Communities & Local Government. 2019. Income Deprivation Affecting Older People Index. Available at: <https://opendatacommunities.org/def/concept/general-concepts/imd/idaopi>

⁹⁸ Ministry of Housing, Communities & Local Government. 2019. Income Deprivation Affecting Children Index. Available at: <https://opendatacommunities.org/def/concept/general-concepts/imd/idaci>

⁹⁹ Nomis. 2019/20. Out of Work Benefits - Labour Market Statistics. Local Authority Profiles. Available online at: <https://www.nomisweb.co.uk/home/profiles.asp>

¹⁰⁰ Stat-Xplore. 2021. Universal Credit. Available online at: <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>

¹⁰¹ Department for Education. 2020/21. Free School Meals Autumn Term. Available online at: <https://tinyurl.com/392ytr9s>

¹⁰² Stat-Xplore. 2018. Housing Benefit Caseload. Available online at: <https://stat-xplore.dwp.gov.uk/webapi/openinfopage?tableId=Table+1.1+-+Region+by+caseload>

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
5	Facilities and infrastructure	High journey time (>15 mins walking or public transport) to GP ¹⁰³	-	X	X	-	-	X	-
		High journey time (>15 mins walking or public transport) to hospital ¹⁰⁴	X	X	X	X	X	X	X
		Improvement of GP service provision required based on CQC inspection ¹⁰⁵	-	X	-	-	-	-	X
		Low GP patient experience ¹⁰⁶	-	X	-	-	-	-	X
		Low GP capacity ¹⁰⁷	-	-	-	X	X	-	X
<i>Facilities and infrastructure – relative ranking of indicators</i>			1	4	2	2	2	2	4
6	Housing and communities	High barrier to housing and services (IoD domain) ¹⁰⁸	X	X	X	X	X	X	X
		High housing need	X	-	-	-	-	-	X
		Low home ownership ¹⁰⁹	X	-	-	-	-	-	-
		High overcrowding ¹¹⁰	X	-	-	-	-	-	X

¹⁰³ NHS SHAPE Tool. 2017. Journey time to GP. Available online at: <https://shapeatlas.net/>

¹⁰⁴ NHS SHAPE Tool. 2017. Journey time to hospital. Available online at: <https://shapeatlas.net/>

¹⁰⁵ CQC. No date. Doctors / GPs. Available online at: <https://www.cqc.org.uk/what-we-do/services-we-regulate/find-family-doctor-gp>

¹⁰⁶ NHS SHAPE Tool. Available online at: <https://shapeatlas.net/>

¹⁰⁷ NHS SHAPE Tool. Available online at: <https://shapeatlas.net/>

¹⁰⁸ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹⁰⁹ Ealing Data. 2021. Median price paid for all house types – LSOA (Apr 2020 – Mar 2021). Available online at: <https://data.ealing.gov.uk/housing/map/>

¹¹⁰ Office for Health Improvement & Disparities. 2021. Public health profiles: Households with overcrowding based on overall room occupancy levels. Available online at: <https://tinyurl.com/3fsd35u6>

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
		High fuel poverty ¹¹¹	X	-	-	-	-	-	X
<i>Housing and communities – relative ranking of indicators</i>			5	1	1	1	1	1	4
7	Living environment	High living environment deprivation (IoD domain) ¹¹²	X	X	X	X	X	X	X
		Healthy Streets Index ¹¹³	-	-	-	-	-	-	X
		Poor air quality ¹¹⁴	X	X	X	X	-	X	X
		High noise level exposure ¹¹⁵	X	X	X	X	X	X	X
<i>Living environment – relative ranking of indicators</i>			3	3	3	3	2	3	4
8	Nutrition	Low presence of allotments ¹¹⁶	-	X	-	-	-	-	-
		Low consumption of fruits and vegetables ¹¹⁷	-	-	-	-	X	-	X
<i>Nutrition – relative ranking of indicators</i>			0	1	0	0	1	0	1
9	Open space and nature	Low Green Space Index ¹¹⁸	X	X	-	-	-	-	X
		Low green space provision per person ¹¹⁹	X	X	-	-	-	-	X

¹¹¹ Office for Health Improvement & Disparities. 2018. Public health profiles: Fuel Poverty. Available online at: <https://tinyurl.com/4a9cxs4j>

¹¹² Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹¹³ Healthy Streets. 2021. Healthy Streets Index. Available online at: <https://www.healthystreets.com/resources>

¹¹⁴ DEFRA. 2020. AQMA. Available online at: <https://uk-air.defra.gov.uk/aqma/>

¹¹⁵ Extrium. 2022. England Noise and Air Quality Viewer. Available online at: <http://www.extrium.co.uk/noiseviewer.html>

¹¹⁶ Internal LBE data. 2020. Allotments Team.

¹¹⁷ Extrium. 2022. England Noise and Air Quality Viewer. Available online at: <http://www.extrium.co.uk/noiseviewer.html>

¹¹⁸ Fields in Trust. 2021. Green Space Index. Available online at: <https://www.fieldsintrust.org/green-space-index>

¹¹⁹ Fields in Trust. 2021. Green Space Provision Per Person. Available online at: <https://experience.arcgis.com/experience/5301c55a8189410b9428a90f05596af4>

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
		Low tree canopy cover ¹²⁰	X	X	-	-	-	-	X
		Low access to open space and nature ¹²¹	-	-	-	-	-	-	-
		High deficiency in local parks and metropolitan parks ¹²²	X	X	-	-	-	-	X
		High deficiency in provision for children and teenagers ¹²³	-	X	-	-	-	-	-
<i>Open space and nature – relative ranking of indicators</i>			4	5	0	0	0	0	4
10	Social cohesion and communities	Libraries ¹²⁴	-	-	-	-	-	-	-
		Community halls and centres ¹²⁵	-	-	-	-	-	-	-
		Youth clubs ¹²⁶	-	-	-	-	-	-	-
		Deficiency in public swimming pool provision ¹²⁷	-	X	-	-	-	-	X
		Low accessibility to sports facilities ¹²⁸	X	X	-	-	X	X	X

¹²⁰ Fields in Trust. 2021. Tree Canopy Viewer. Available online at: <https://forestry.maps.arcgis.com/apps/webappviewer/index.html?id=d8c253ab17e1412586d9774d1a09fa07>

¹²¹ Fields in Trust. 2021. Ten – minute walk from green space Available online at: <https://experience.arcgis.com/experience/5301c55a8189410b9428a90f05596af4>

¹²² Internal LBE data. 2020.

¹²³ Arup. 2020. IDP Baseline Report and IDP Health and Social Care Baseline Report.

¹²⁴ Ealing Council. 2019. Ealing Library Strategy. Available online at: https://www.ealing.gov.uk/downloads/download/5159/draft_ealing_library_strategy_2019_-_2023

¹²⁵ Ealing Council. 2011. Ealing Community Strategy 2006-2016: Refresh 2011. Available online at: https://www.ealing.gov.uk/download/downloads/id/3957/bs2_-_sustainable_communities_strategy_scs_draft_jul_2011.pdf

¹²⁶ Young Ealing. No date. Youth Centres. Available online at: <https://www.youngEaling.co.uk/youth-centres/>

¹²⁷ Data from Arup. 2020. IDP Baseline Report. Based on: Sport England. 2017. Strategic Assessment of Need for Swimming Pools Provision in London 2017-2041. Available online at: https://www.london.gov.uk/sites/default/files/swimming_pools_report_2017.pdf

¹²⁸ Sport England. 2012 - 2021. Sports Facility Strategy. Available online at: <https://tinyurl.com/3k5mmy93>

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
<i>Social cohesion and communities – relative ranking of indicators</i>			1	2	0	0	1	1	2
n/a	Health outcomes and health risk factors	High health and disability deprivation (IoD domain) ¹²⁹	X	-	-	-	X	-	X
		Low life expectancy (male) ¹³⁰	X	-	-	-	-	-	X
		Low life expectancy (female) ¹³¹	-	-	-	-	-	-	X
		High circulatory disease (<75 years of age) SMR ¹³²	-	-	-	-	X	-	X
		High cancer (<75 years of age) SMR ¹³³	X	-	-	X	X	-	-
		High prevalence of diabetes ¹³⁴	-	-	X	X	X	X	X
		High % of people reporting limiting long term illness or disability ¹³⁵	-	-	-	-	-	-	X
		High Personal Independence Payment (PIP) entitlement ¹³⁶	-	-	X	X	-	-	X

¹²⁹ Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹³⁰ Office for Health, Improvement & Disparities. Public Health Profiles. Life Expectancy 2015 – 2019. Available online at: <https://fingertips.phe.org.uk/>

¹³¹ Office for Health, Improvement & Disparities. Public Health Profiles. Life Expectancy 2015 – 2019. Available online at: <https://fingertips.phe.org.uk/>

¹³² Office for Health, Improvement & Disparities. Public Health Profiles. Circulatory Disease Standard Mortality Ratio (SMR) for period between 2015 – 2019. Available online at: <https://fingertips.phe.org.uk/>

¹³³ Office for Health, Improvement & Disparities. Public Health Profiles. Cancer Standard Mortality Ratio (SMR) for period between 2015 – 2019. Available online at: <https://fingertips.phe.org.uk/>

¹³⁴ Internal LBE data based on Director of Public Health in Ealing. 2022. Inequalities in Ealing presentation.

¹³⁵ Office for Health, Improvement & Disparities. Public Health Profiles. Percentage of people who reported having a limiting long-term illness or disability in 2011 Census. Available online at: <https://fingertips.phe.org.uk/>

¹³⁶ Stat-Xplore. 2022. PIP Cases with Entitlement January 2022. Available online at: <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml?invalidSession=true&reason=Session+not+established>.

Health Study policy objective	Health determinant / Health outcome or health risk factor	Health determinant indicator / Health outcome or health risk indicator	A	E	G	H	N	P	S
		High Disability Living Allowance (DLA) entitlement ¹³⁷	-	-	-	-	-	-	X
<i>Health outcomes and health risk factors – relative ranking of indicators</i>			3	0	2	3	4	1	8
Sum of relative ranking of indicators			31	22	15	17	29	12	44
Total number of first worst performing indicators in LBE			13	8	7	8	15	6	33
Total number of second worst performing indicators in LBE			15	8	5	7	7	4	6
Total number of third worst performing indicators in LBE			3	6	3	2	7	2	5

¹³⁷ Stat-Xplore. 2018. DLA Cases in Payment August 2021. Available online at: <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>

Future floor space requirements for health infrastructure

Another important component of the Health Study was the use of the NHS London HUDU Planning Contributions Model (the HUDU model) to estimate how much additional floorspace would be required for new or improved **health infrastructure** to deliver **health services** in, or accessible to, LBE and its neighbourhood areas during the new Local Plan period. Based on GLA housing led population projections, the HUDU modelling reveals that the total demand for additional health infrastructure floorspace within or accessible to¹³⁸ LBE for the period 2022 – 2037 is approximately 18,565sqm (Table 4).

The delivery of this additional floorspace is estimated to cost approximately £105,680,000 in total over this period. The demand for additional health infrastructure floorspace for acute health is greatest (10,825sqm), followed by primary care (5,135sqm), intermediate care (1,970sqm) and mental health (925sqm) (Table 4). From a neighbourhood area perspective, demand for additional health infrastructure floorspace is projected to be greatest in Southall (6,865sqm) and Acton (5,995sqm) (Table 4 and Figure 6).

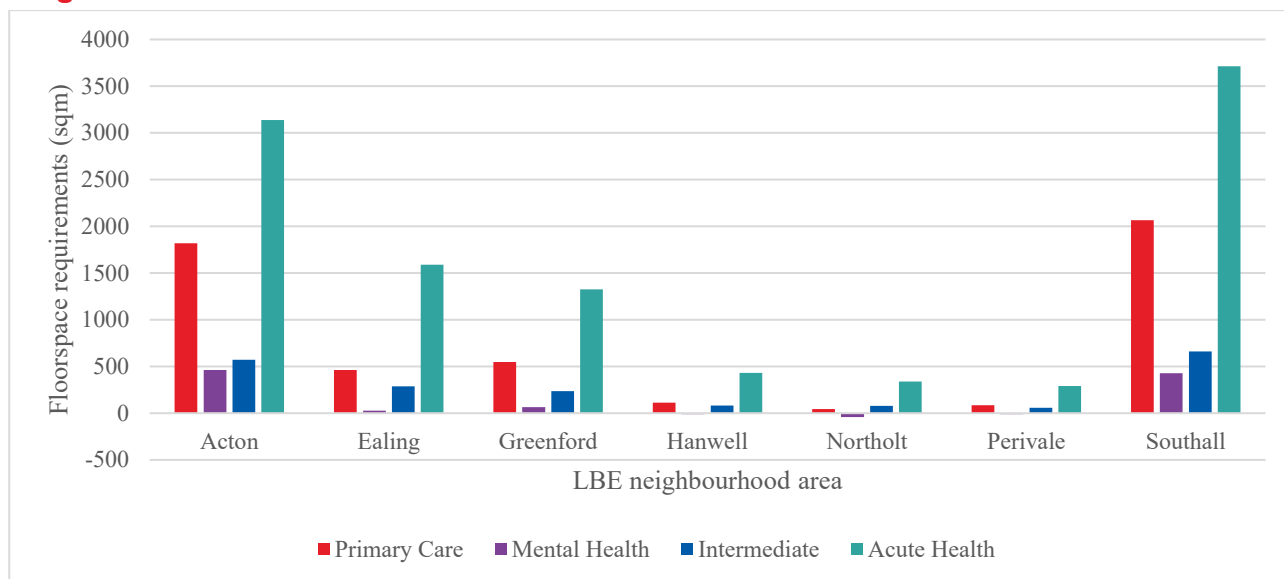
Table 4: Total additional health infrastructure floorspace requirements and costs for LBE and neighbourhood areas 2022 – 2037.

LBE neighbourhood area	Years	Floorspace (approx. sqm)					Total cost (approx. £)
		Primary Care	Mental Health	Intermediate	Acute Health	Total	
Acton	2022–2037	1,820	465	570	3,140	5,995	£28,251,175
Ealing	2022–2037	460	25	290	1,590	2,365	£11,293,475
Greenford	2022–2037	545	65	235	1,325	2,170	£10,303,035
Hanwell	2022–2037	115	-10	85	430	620	£2,948,795
Northolt	2022–2037	45	-40	75	340	420	£2,024,500
Perivale	2022–2037	85	-10	55	290	130	£2,002,015
Southall	2022–2037	2,065	430	660	3,710	6,865	£48,856,700
Total LBE	2022–2037	5,135	925	1,970	10,825	18,565	£105,679,695

Source: HUDU model, 2022.

¹³⁸ Not all additional floorspace is expected to be provided within LBE, especially acute health infrastructure – some may be provided within the OPDC area and some may be provided within adjacent boroughs.

Figure 6: Total additional health infrastructure floorspace requirements by LBE neighbourhood area 2022 – 2037.



Source: HUDU model, 2022.

Recommendations to address health issues and health priorities

Informed by the implications of **health issues** and **health priorities** for LBE and its seven neighbourhood areas, and future floorspace requirements for **health infrastructure**, over 25 evidence-based recommendations to address the findings of the Health Study have been made.

These encompass recommendations for Local Plan policies, Supplementary Planning Documents and Local Planning Policy Guidance, Health in All Policies, NHS led plans and strategies, funding and resourcing policy delivery, and non-policy recommendations relating to data or further work (see Table 5).

The unifying thread of the recommendations is that Ealing Council and its NHS Partners should use the Health Study policy evaluation framework and its 10 policy objectives to address the identified **health issues** and **health priorities** for LBE and its neighbourhood areas through the Local Plan and other complimentary Ealing Council and NHS plans, strategies, and delivery mechanisms.

Each recommendation has been assigned an **impact level** and a **timescale for action**.

- The impact level is either **1 or 2**:
 - 1 being a **major potential impact** on health outcomes in LBE; and
 - 2 being a **moderate potential impact** on health outcomes in LBE.
- The timescale for action is either **short or medium term**:
 - **short term (S)** being within the next year to inform the Regulation 19 new Local Plan; and
 - **medium term (M)** being within the next 5 years once the new Local Plan is adopted.

The outcomes of the actions may not be realised or produce measurable results until the **long term** which is defined as being within the next 5-15 years before the end of the new Local Plan period, and the end of the NHS Long Term Plan period.

A checklist for consideration and acceptance of each recommendation is provided in **below** at the end of the report as an aide for Ealing Council officers and their NHS Partners.

The Health Study's evidence-based recommendations are now ready to inform LBE's new Local Plan, but they are just one input to, and one point in, the Local Plan process. In order to take these recommendations forward to ensure better integration of **health issues, health priorities, and planning policy** in LBE, collaborative working is required between Ealing Council (primarily the Strategic Planning and Public Health teams), NHS Partners, stakeholders and partners from the public, private and voluntary and community sectors in LBE, North West London and West London, and the residents of LBE themselves.

The ongoing funding crisis in local government, the worsening cost of living crisis, the continuing COVID-19 recovery and underlying pressures on the NHS make better coordination of health and spatial planning even more important. Within this context, the new Local Plan presents a real opportunity to focus efforts and resources to improve **health outcomes** and to reduce **health inequalities** amongst those most disproportionately affected within LBE.

Table 5: Health Study recommendations.

No.	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)
Local Plan recommendations – Local Plan policy				
1	Test suitability of 20-minute neighbourhood spatial strategy at borough level.	Ealing Council	1	S
2	Test suitability of 20-minute neighbourhood policy visions and spatial strategies for each of the seven neighbourhood areas.	Ealing Council	1	S
3	Consider Local Plan policy requirement for relevant development schemes to undertake and submit Health Impact Assessments.	Ealing Council	1	S
4	Utilise Health Study policy evaluation framework to ensure opportunities to embed health outcomes when drafting Local Plan policy are not overlooked.	Ealing Council	1	S
5	Proactively identify opportunities for new space for health infrastructure and health services within and around new developments in LBE, particularly in the neighbourhood areas of Acton and Southall. Where appropriate identify these opportunities through the Local Plan in policies and/or site allocations.	Ealing Council / NHS Partners	1	S

No.	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)
Local Plan recommendations – Beyond Local Plan policy recommendations				
6	Ealing Health and Wellbeing Board to consider establishing a dedicated Healthy Spatial Planning and Development Operational Delivery Board.	Ealing Council Public Health team Ealing Health and Wellbeing Board	1	M
7	Assign 'high priority' status to the delivery of new health care infrastructure in the updated Infrastructure Delivery Plan which will accompany the new Local Plan.	Ealing Council	1	S
8	Refresh HUDU modelling once the housing trajectory is finalised and reflect updated demand in the Infrastructure Delivery Plan.	Ealing Council / NHS Partners	1	M
9	Supplement policy requirement for planning and delivery of new and/or improved health infrastructure with guidance on requirements for new health facilities and securing financial contributions for new and expanded health infrastructure to ensure they are deliverable and affordable through the new Local Plan and Infrastructure Delivery Plan.	Ealing Council	1	M
10	Signpost to guidance for developers and Ealing Council officers on design principles for s106 funded health infrastructure,	Ealing Council / NHS Partners	2	M

No.	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)
	including existing and forthcoming NHS best practice guidance on sustainable design.			
11	Improve the efficiency and fulfilment of the 'sign, seal, receive, and spend' process for s106 monies for health infrastructure, seeking to increase the number of facilities funded through s106 in LBE.	Ealing Council	1	M
Supplementary Planning Guidance recommendations				
12	Consider publishing a 'Healthy Spatial Planning and Development' Supplementary Planning Document (SPD)/Supplementary Planning Guidance (SPG) to elaborate on the health objectives of Local Plan policy, based on the 10 Health Study policy objectives.	Ealing Council	1	M
13	Integrate health outcomes (including wellbeing outcomes) into additional SPD/SPGs, framed around the 10 Health Study policy objectives as appropriate.	Ealing Council	2	M
14	Adopt a Health Impact Assessment (HIA) approach for LBE based upon latest HUDU HIA guidance with accompanying Health Study evidence base to support applicants/consultants, Ealing Council officers, and NHS partners to	Ealing Council	1	M

No.	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)
	improve health outcomes in LBE through new development and retrofit projects.			
Health in All Policies recommendations				
15	Identify and appoint a dedicated Health in All Policies Coordinator who is responsible for coordinating integration of health into other Ealing Council strategies, plans, and projects.	Ealing Council	1	M
16	Ensure consistency across Ealing Council strategies, plans, and projects with regards to metrics, indicators, and measurement of health outcomes. Ensure other plans reinforce health objectives as appropriate.	Ealing Council	1	M
17	Establish a cross-directorate Health and Wellbeing Working Group within Ealing Council to support and contribute to the work of the Health in All Policies Coordinator and feed into the work of the Healthy Spatial Planning and Development Operational Delivery Board.	Ealing Council	1	M
NHS-led plans and strategies recommendations				
18	Position North West London Integrated Care System (NWL ICS) partner organisations as 'place-based anchor institutions' and reframe the NHS estate within the NWL ICS area as 'place-	NWL ICS Estates Strategy Group	2	M

No.	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)
	based health assets'. These anchors and assets could serve as local focal points or catalysts for investment in and enhancement of other health infrastructure, health services, and other local health assets (e.g. parks and green spaces, libraries, community centres, youth centres, and sports and leisure centres).			
19	Establish a 'Healthy Spatial Planning and Development' work programme to complement existing NWL ICS work programmes including 'Healthy Living', 'Population Health', and 'Economic Regeneration'.	NWL ICS Partnership Board (in particular the NWL ICS Population Health Management and Reducing Inequalities Board and Executive)	2	M
20	Explore the 'One Public Estate' approach in terms of opportunities for providing and enhancing health infrastructure and health services in LBE, in ways which also benefit health assets and improve health outcomes in LBE.	NWL Health Care Partnership (HCP) ICS Estates Strategy Group West London Alliance Ealing Council	2	M
Funding and resourcing delivery recommendations				
21	Identify and appoint a Healthy Spatial Planning and Development Officer with a remit to support the 10 Health Study policy objectives through planning and development.	Ealing Council	1	M

No.	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)
22	Enhance the role of LBE's green and blue spaces as 'health assets' and develop social prescribing.	Ealing Council Local GP practices	1	M
23	Use Ealing Council Property Strategy to identify void or underutilised space to: establish reasons why space is empty or not used to full potential; explore viability of space for enhancement as a health asset (on a temporary or permanent basis); and assess suitability for conversion to health infrastructure for the delivery of health services (on a temporary or permanent basis).	Ealing Council	2	M
Non-policy recommendations				
24	Purchase Healthy Streets Index data and high-resolution map for LBE and undertake local Healthy Streets Design Checks in priority areas for intervention.	Ealing Council	2	M
25	Consider the value of creating a web-based Urban Health Index for LBE using the Health Study evidence base for LBE and its seven neighbourhood areas. This could support the monitoring of the effectiveness of new Local Plan policies, and any related improvements in health outcomes in	Ealing Council NHS Partners	2	M

No.	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)
	LBE, against the Health Study Policy objectives.			
26	Consider producing Community Health Profiles for all religious groups in LBE, in particular the Sikh, Muslim and Hindu populations as there are higher than average proportions of these groups in LBE. This would help to increase the evidence base about the relationships between religious groups, health inequalities and health outcomes.	Ealing Council	1	S