ARUP

Ealing Council

Ealing Local Plan Health Study

Final Technical Report

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Ove Arup & Partners Limited
8 Fitzroy Street
London
W1T 4BJ
United Kingdom
arup.com

Contents

Tables

Figures

1. Introduction

Ealing Council and the NHS North West London Clinical Commissioning Group (NWL CCG) commissioned Arup to undertake a comprehensive Local Plan Health Study (Health Study) to support the development of the London Borough of Ealing's (LBE) new Local Plan (the new Local Plan). Arup has worked closely with Ealing Council and its NHS Partners (NWL CCG, London Estates Delivery Unit (LEDU) and London Healthy Urban Development Unit (HUDU)) to ensure local planning and health priorities are aligned.

1.1 Aims and objectives

The aims and objectives of the Health Study are:

- To undertake a detailed assessment of LBE's current health baseline conditions and establish a projection of future health baseline conditions in the borough over the new Local Plan period (2022-2037) (see **Section 3, Section 4, Section 5** and **Appendix A1**);
- To assess the quantity and quality of, and access to, health assets, health infrastructure, and health services in LBE (see **Section 3, Section 4** and **Appendix A1**);
- To develop an evidence base of local need and opportunities for health assets, health infrastructure, and health services in LBE drawing on relevant available local, sub-regional. and regional data, information, policies, and strategies (see **Section 3, Section 4, Section 5** and **Appendix A1**);
- To present the evidence base of local need and opportunities for health assets, health infrastructure, and health services in a format which can inform a land use and delivery strategy for health provision and improving health outcomes over the new Local Plan period (2022-2037) (see **Section 3, Section 4** and **Section 6)**;
- To evaluate the current LBE Local Plan and development plan policies for their impacts upon health objectives and health inequalities (see **Section 6**);
- To identify opportunities to incorporate policies which improve health outcomes into the new Local Plan and set out evidence for the integration of health into new Local Plan policy (see **Section 6, Section 7, Section 8** and **Section 9**);
- To identify clear policy and strategy aims for the new Local Plan relating to improving health outcomes in LBE, covering both defined local health needs and the determinants of health (see **Section 9**);
- To begin to evaluate the health impacts, and opportunities for health improvement of different components of the new Local Plan using the determinants of health, along with recommendations for mitigating negative health impacts and enhancing health opportunities (see **Section 6, Section 7** and **Section 9**);
- To provide a flexible, updateable resource of health evidence which supports the development of new Local Plan policies, which can be used at examination (see **Section 3, Section 4, Section 5, Appendix A1** and **Appendix A2**);
- To provide a policy evaluation framework for monitoring effectiveness of policies developed for the new Local Plan in relation to health objectives and reducing health inequalities (see **Section 7**); and
- To set out an approach to assessing the health impacts and health outcomes of new developments in LBE.

2. Methodology

2.1 Overall approach

As there is no standard template or methodology for undertaking 'a Local Plan Health Study', Arup's overall approach to the Health Study has been a bespoke methodology informed and underpinned by the following component parts:

- Arup's Health Led Approach (HLA) to place and infrastructure and the HLA shared health asset evaluation framework[1];
- Best practice HIA and spatial planning for health methods[2, 3,4] based on the determinants of health[5] and the Dahlgren and Whitehead model of health (1991)[6] (Figure 1)
- An appreciation of the relative contribution of the determinants of health to overall population health (see Figure 2 and related narrative)[7];
- Best practice EqIA methods in line with the Equalities Act 2010[8] and the Local Government Equalities Framework[9] based on the nine legally protected characteristics[10];
- The NHS London HUDU Planning Contributions model[11] - a tool to assess the health service requirements and cost impacts of new residential developments;
- Methods used by other Arup workstreams supporting the development of Ealing's Local Plan including Town Centre Health Checks, Spatial Options, Site Selection, IIA, and Infrastructure Delivery Plan; and
- Geospatial information analysis.

[1] Arup. 2022. Exploring a health led approach to infrastructure. Available online at: https://www.arup.com/perspectives/publications/research/section/exploring-a-health-led-approach-to-infrastructure

[2] Public Health England (PHE) (now Office for Health Improvement and Disparities). 2017. Spatial Planning for Health. Available online at https://tinyurl.com/5n8vz48p and PHE. 2020. Health Impact Assessment in Spatial Planning. Available online at: https://tinyurl.com/2r45ym7m

[3] Public Health Wales NHS Trust / Wales Health Impact Assessment Support Unit. 2021. Guidance on HIAs including Health Impact Assessment (HIA). Available online at: https://phwwhocc.co.uk/whiasu/ and Public Health Wales NHS Trust / Wales Health Impact Assessment Support Unit. 2012. Local Development Plans (LDPs): A Toolkit for Practice and Health Impact Assessment: Practical Guide Available online at: https://phwwhocc.co.uk/whiasu/

[4] NHS London. 2019. Healthy Urban Development Unit (HUDU) Rapid Health Impact Assessment Tool. Available online at: https://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2019/10/HUDU-Rapid-HIA-Tool-October-2019.pdf

[5] PHE. 2022. Wider Determinants of Health. Available online at: https://fingertips.phe.org.uk/profile/wider-determinants

[6] The Dahlgren and Whitehead social model of health. 1991. Available online at: https://elibrary.ru/item.asp?id=1672940

[7] Local Government Association. 2016. Health in All Policies toolkit: a manual for local government. Available online at: https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf

[8] UK Government. 2015. Equality Act 2010: guidance. Available online at: https://www.gov.uk/guidance/equality-act-2010-guidance

[9] Local Government Association (LGA). 2021. Equality Framework for Local Government (EFLG). Available online at: https://www.local.gov.uk/publications/equality-framework-local-government-eflg-2021

[10] Equality and Human Rights Commission. 2021. Protected Characteristics. Available online at: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[11] NHS London Healthy Urban Development Unit. 2019. HUDU Planning Contributions Model. Available online at: https://www.healthyurbandevelopment.nhs.uk/our-services/delivering-healthy-urban-development/hudu-model/

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’[12]. Therefore, based on this definition, ‘health’ and ‘wellbeing’ are both included when using the term ‘health’ in this report.

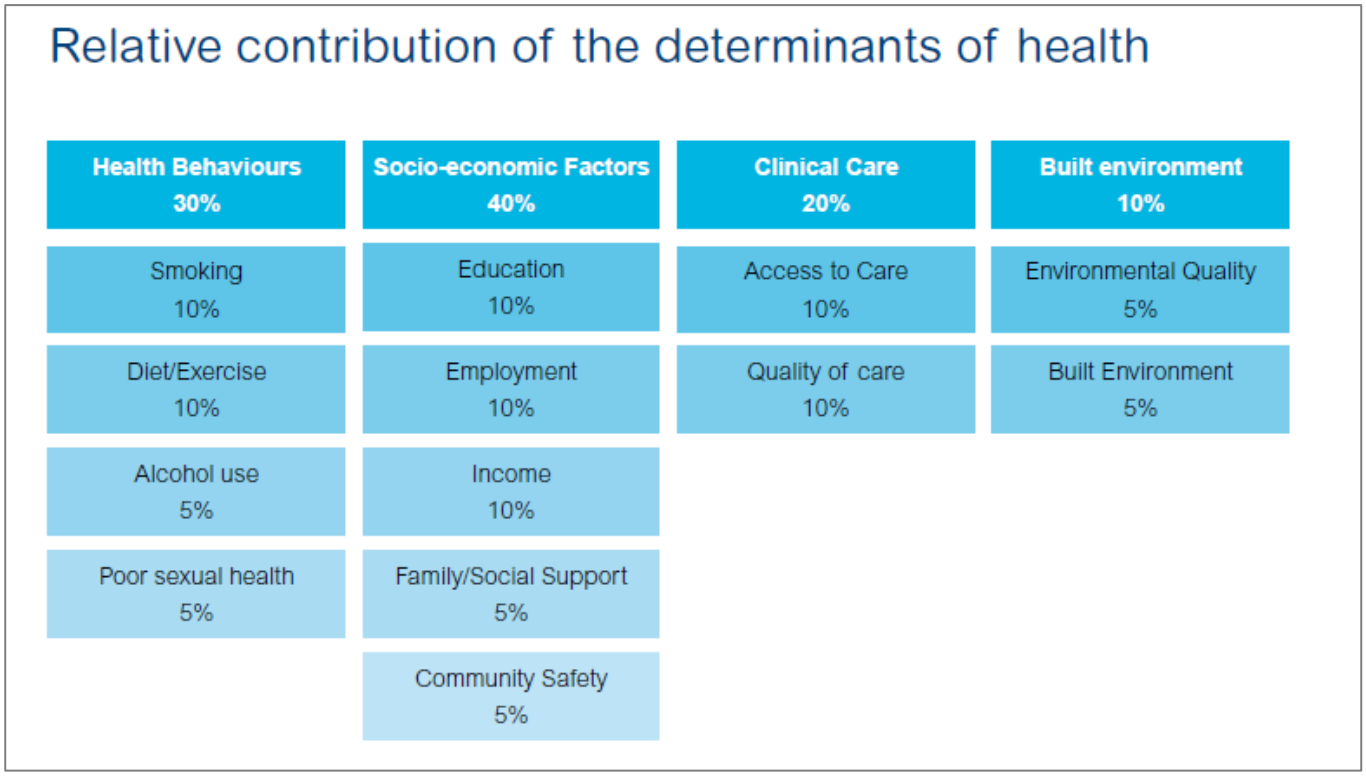
Figure 1: The determinants of health.

Source: Barton and Grant, 2006[13] (based on Dahlgren and Whitehead, 1991).

[12] 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

[13] 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

Figure 2: The relative contribution of the determinants of health to overall population health.



Source: Local Government Association, 2016[14] (based on Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, 2014).

Figure 2 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 direct impact on the following determinants of health, which together 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/beverage businesses, sports and leisure facilities, active travel networks, parks, open spaces and public realm;
- **Education** (through policies relating to provision and improvement of education buildings);
- **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);

[14] 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

- **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 2 also suggests that policies, plans and strategies which collectively improve the quality of and access to **education** and **employment**, or which improve the **built environment** (including increased opportunities for a healthy **diet** and **exercise)**, could be as important for population health in LBE, in terms of relative percentage contribution (20%), as improvements in **clinical care**.

Another observation is that the Ealing Health and Wellbeing Strategy (with the support of the Local Plan, other relevant Council plans and strategies, and NHS plans and strategies) has the potential to impact upon all of the determinants of health**.**

In summary, no single Ealing Council or NHS policy, plan or strategy can, in isolation, contribute to all the determinants of health or achieve a substantial positive impact on population health, health outcomes, and reducing health inequalities in LBE. An integrated and reciprocal approach to the development of policies, plans and strategies is required within the Council and between the Council and its NHS Partners.

2.2 Project tasks and stages

A staged approach to undertaking the tasks required for the Health Study has comprised the following stages:

- **Project inception –** an inception meeting with the client team on 18 November 2021 which confirmed programme and milestones, established a communications plan, and clarified key priorities and aspirations.
- **Stakeholder engagement** – a series of stakeholder engagement activities have taken place:
  - an online facilitated stakeholder workshop on 12 January 2022 for stakeholders from Ealing Council, its NHS partners (NWL CCG, LEDU, London HUDU and representatives of groups from LBE's voluntary and community sector. This workshop used Arup's HLA to place and infrastructure and the HLA shared asset evaluation framework;
  - an online stakeholder survey which ran from 13 January 2022 to 31 January 2022. This survey also used Arup's HLA to place and infrastructure and the HLA shared asset evaluation framework;
  - a presentation and discussion with LBE's Older Adults, Disabilities and Long-Term Condition (OADLTC) Partnership Board meeting on Wednesday 23 February 2022; and;
  - a presentation and discussion with Ealing Councillors and other stakeholders at LBE's Local Development Plan Advisory Committee (LDPAC) meeting on Tuesday 22 March 2022.
- **Baseline data, evidence and trends review, and gap analysis** – a review and gap analysis of baseline data and evidence relating to current health issues, health priorities, health assets, health infrastructure, and health services in LBE and its seven neighbourhood areas, as well as a review and analysis of trends which will impact upon these factors in the future.

- **Policy and strategy review and gap analysis** – a review and gap analysis of national, regional, and local policies and strategies relating to current and future health issues, health priorities, health assets, health infrastructure and health services in LBE.
- **Rapid review of best practice case studies** – a rapid review of good and best practice case studies from London, the UK, and globally to inform Ealing Council's approach to integrating health into its new Local Plan.
- **Assessment of future growth, needs, and demand for health infrastructure and services** – this has been informed by likely locations of future development and growth, the review of baseline data, evidence and trends, and analysis of outputs from the NHS London HUDU model (which is based on the GLA Housing Led Population Forecasts). This assessment will need to be refreshed through the Infrastructure Delivery Plan once ongoing Local Plan workstreams are finalised, namely: Housing Trajectory, Spatial Options, and Site Selection.
- **Identification of local health issues and health priorities** – based on the outputs of the above tasks, health issues and health priorities for LBE and its neighbourhood areas have been identified.
- **Policy and strategy recommendations** – recommendations have been informed by outputs from the above tasks and consideration of how the policies and strategies being developed as part of the new Local Plan, alongside other relevant policies and plans, could be framed in order to address local health issues and health priorities most effectively. Recommendations are categorised as follows:
  - **Local Plan policy recommendations** – planning policy priorities to be embedded in the new Local Plan as it goes through the consultation process;
  - **Supplementary Planning Documents and/or Local Planning Policy Guidance recommendations** – more detailed guidance on Local Plan priorities and related development management processes (e.g. requirements for HIA) for new developments, guidance for developers and planning officers on assessing the health impacts and health outcomes of planning applications);
  - **Health in All Policies recommendations** – identification of relevant non-Local Plan policies which could contribute to health outcomes in LBE through the integration of specific health objectives and requirements, and reciprocal links to spatial planning and development policies (e.g. the Health and Wellbeing Strategy, Plan for Good Jobs Strategy, the Climate and Ecological Emergency Strategy, the Green Space Strategy, and the Transport Strategy);
  - **NHS led plans and strategies recommendations** – plans and strategies for which NHS Partners are responsible and which could benefit from a broader consideration of the determinants of health and the contribution of the built environment to health outcomes in LBE (e.g. the North West London Health Care Partnership Integrated Care Systems (NWL HCP ICS) Estates Strategy);
  - **Funding and resourcing policy delivery recommendations** – approaches to funding and resourcing the delivery of the policy recommendations above e.g. specific requirements for developer contributions to health infrastructure through section 106 agreements (s106), greater partnership working between Ealing Council, NHS partners, the private sector (e.g. developers and housing associations, local businesses), the public sector (e.g. the Greater London Area (GLA), neighbouring local authorities), and voluntary and community sector (e.g. local charities and community groups), new organisational structures and roles; and

- **Non-policy recommendations** – recommendations relating to data collection or further work.

2.3 Overview of Health Study policy evaluation framework for LBE

A key component of the Health Study methodology and outputs has been the development of a Health Study policy evaluation framework for LBE. It has been developed and used for four main purposes:

- for reviewing and retrospectively evaluating the extent to which the policies, strategies and delivery mechanisms relating to LBE's existing Local Plan contribute to health outcomes in the borough (see **Section 6**);
- for rapidly 'testing' the extent to which currently proposed, draft or recommended policies, strategies and delivery mechanisms for LBE's new Local Plan contribute to health outcomes in the borough (see **Section 7** and **Section 9**);
- for establishing a longer-term framework for LBE to monitor the effectiveness of policies, strategies and delivery mechanisms agreed as part of the new Local Plan in terms of their contribution to health outcomes in the borough, as well as the effectiveness of any new policies, strategies and delivery mechanism developed in the future (see **Section 7**); and
- for informing an approach to Health Impact Assessment (HIA) for LBE based upon latest NHS London HUDU HIA guidance and Health Study evidence base to support applicants/consultants, Ealing Council officers, and NHS partners to improve health outcomes in LBE through new development and retrofit projects.

Table 1 below sets out the 10 Health Study policy evaluation framework objectives broadly based upon the determinants of health, and the corresponding policy evaluation questions. **Section 7** provides possible examples of metrics for measuring progress towards meeting each policy objective, and for evaluating the impact and monitoring the effectiveness of *adopted* Local Plan policies in achieving positive health outcomes in LBE.

It should be noted that there is an important difference between the use of the 10 Health Study policy objectives and related policy evaluation questions for *evaluating the health impacts and health outcomes of policies*, and their use for *assessing the health impacts and health outcomes of proposed developments* in LBE.

Further information about how the Health Study policy evaluation framework has been used for the four purposes above is provided in Summary of policy and strategy review and gap analysis and Policy evaluation framework for LBE and its neighbourhood areas.

Table 1: Health Study policy evaluation framework.

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions
1	**Active travel and transport:** Improve connectivity to minimise private vehicle use and promote safe and sustainable forms of travel and transport	Does the policy prioritise and increase safe opportunities for active forms of travel and transport (i.e. walking, cycling)?
		Does the policy ensure active travel and public transport networks are well-connected and accessible to reduce private vehicle use?
		Does the policy ensure active travel opportunities and public transport networks are available for, and reflect the needs of, all groups within the borough, including those who may be more vulnerable?
		Does the policy prioritise active travel and public transport in ways which reduce health inequalities?
2	**Climate resilience:** Improve opportunities for sustainable, energy efficient, and climate resilient living	Does the policy set clear expectations in relation to sustainable, energy efficient design which is resilient to the impacts of climate change and extreme weather events (e.g. heatwaves, flooding, and water scarcity)?
		Does the policy reduce the impacts of climate change and extreme weather events on vulnerable groups (e.g. fuel poverty and older people (aged 65+), hot weather and young children)?
		Does the policy encourage and facilitate a shift to more sustainable, energy efficient modes of transport in ways which reduce health inequalities?
3	**Crime and community safety:** Improve community safety and reduce levels of crime	Does the policy support the creation of safe places and communities and the delivery of strategies to reduce actual or perceived levels of crime (where necessary)?
		Does the policy set clear expectations for what constitutes a safer place or community such as 'Crime Prevention Through Environmental Design' principles, or 'Secured by Design' principles?
4	**Education, employment and skills:** Improve educational attainment and skills at all levels and reduce educational inequalities	Does the policy improve access to a diverse range of educational opportunities, including continuing or adult education and vocational education?
		Does the policy support training and education in skills profiles reflective of LBE's communities and economy?
		Does the policy reduce inequalities in access to a good standard of education, training or employment?
5	**Facilities and infrastructure:** Improve access to health, social,	Does the policy set clear expectations for provision of new, improved or replacement health, social or community infrastructure and services that align with future capacity demands and local needs?

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions
	community, and leisure facilities and infrastructure	Does the policy contribute to improving access to and affordability of community and leisure facilities?
		Does the policy contribute to the provision, or replacement of health infrastructure and services that do not meet NHS standards?
		Does the policy prioritise the provision of health, social, community or leisure infrastructure in ways which reduce health inequalities?
6	**Housing and communities:** Meet current and future affordable housing need and support the development of diverse, inclusive, and healthy communities	Does the policy address housing need in the borough, particularly for more vulnerable groups, such as older people (aged 65+), people with long term disabilities, those recovering from addiction or experiencing mental health difficulties?
		Does the policy set clear expectations for the delivery of a range of types and tenures of homes including a requirement for housing which is genuinely affordable to households on lower incomes?
		Does the policy set clear expectations for the delivery of adaptable and flexible housing, for example accessible homes, lifetime homes or homes which can accommodate home working?
		Does the policy reduce homelessness and overcrowding?
		Does the policy prioritise housing provision in ways which reduce health inequalities?
7	**Living environment:** Reduce air, noise and light pollution and improve neighbourhood quality.	Does the policy avoid exposing people to poor air quality, high noise levels, and intrusive lighting in ways which reduce health inequalities?
		Does the policy include measures to limit air pollution, noise pollution, and light pollution caused by traffic, industrial or commercial uses?
		Does the policy go beyond limiting air pollution and require Air Quality Positive measures as part of new development?
		Does the policy prioritise high quality and attractive design of neighbourhoods in way which reduce health inequalities?
8	**Nutrition:** Improve access to healthy and affordable food	Does the policy encourage and facilitate improved access to and supply of healthy and affordable local food (i.e. allotment plots and community farms)?
		Does the policy encourage a range of healthy and affordable food shopping options (i.e. local

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions
		supermarkets, fruit and vegetable shops, local fruit and vegetable box schemes and markets)
		Does the policy include measures to reduce hot food takeaways or unhealthy food options?
		Does the policy prioritise access to healthy and affordable food in ways which reduce health inequalities?
9	**Open space and nature:** Improve quality of, access to, and use of open space and nature	Does the policy set clear expectations for the enhancement of existing open and natural spaces?
		Does the policy require the provision of new, high quality open or natural green space to meet demand and/or address existing deficiency?
		Does the policy improve access to and use of existing space and ensure accessibility and use for vulnerable groups?
		Does the policy contribute to achieving Urban Greening Factor (UGF) targets in ways which reduce health inequalities?
		Does the policy contribute to meeting Biodiversity Net Gain (BNG) targets in ways which reduce health inequalities?
10	**Social cohesion and communities:** Contribute to creation of strong and inclusive communities	Does the policy include measures to address inequalities within the community by addressing local needs of vulnerable groups, including protected characteristics groups?
		Does the policy support mixed-use neighbourhoods and town centres which enhance community services and amenity?

As part of the development of the Health Study policy evaluation framework, a rapid assessment of the relationships between the 10 policy objectives was undertaken to identify potential co-benefits of Local Plan policies. The aim of the assessment was to identify whether potential co-benefits of one policy objective for another tended to be 'direct' or 'indirect' and 'strong' or 'moderate'.

The starting point was that there is some relationship between all 10 policy objectives, and that 'Improve mental and physical health and reduce health inequalities within the borough' is the fundamental overarching Health Study policy objective. Therefore, all 10 Health Study policy objectives would have co-benefits for improved health and reduced health equalities as an outcome. Some examples to demonstrate the logic and the results of this assessment are provided below.

Reciprocal co-benefits

- Policy Objective 1 **'Active travel and transport'** tends to have direct and strong co-benefits with Policy Objective 2 **'Climate resilience'.** For example, as a result of investing in existing or new bus routes, pavements, and cycle paths. This then encourages modal shift away from private car use towards public transport, walking and cycling. This then contributes to reduced fuel consumption in LBE.

- Policy Objective 2 **'Climate resilience'** tends to have direct and strong co-benefits with Policy Objective 1 **'Active travel and transport'.** For example, setting targets for energy efficiency and modal shift in LBE. This then creates incentives for investing in public transport, walking, and cycling routes, which then increases the opportunities for active travel.

Direct and strong co-benefits

- Policy Objective 6 **'Housing and communities'** tends to have direct and strong co-benefits with Policy Objective 7 **'Living environment'.** For example, as a result of the location and design of existing and new housing in LBE. Housing located close to roads, railways or busy town centres may be exposed to poor air quality from motor vehicles, high levels of noise from traffic and trains, and noise and light pollution from night-time activities. Poorly ventilated and insulated housing with poor levels of daylighting can create a negative living environment for residents. Conversely, well ventilated and insulated housing with good levels of natural light can create a positive living environment for residents.

- Policy Objective 9 **'Open space and nature'** tends to have direct and strong co-benefits with Policy Objective 10 **'Social cohesion and communities'.** For example, as a result of the quantity and quality of local parks and green spaces. The provision of high quality, welcoming, accessible, and well managed local parks and green spaces contributes to a sense of community spirit and neighbourhood identity. This can improve social cohesion and community relations between different demographic, cultural, and ability groups.

Indirect and moderate co-benefits

- Policy Objective 1 **'Active travel and transport'** tends to have indirect and moderate co-benefits with Policy Objective 3 **'Crime and community safety'.** For example, as a result of designing public transport interchanges and walking and cycling routes to be well-lit with good visibility. This can then deter anti-social behaviour and encourage pro-social behaviour.

- Policy Objective 5 **'Facilities and infrastructure'** tends to have indirect and moderate co-benefits with Policy Objective 8 **'Nutrition'.** For example, as a result of the provision of new or improved health centres, schools and community centres. Depending on the policies and programmes of these health centres, schools and community centres, advice about healthy eating, space for food growing or the provision of healthy meals may be available to the community. This can then improve access to healthy food and nutrition for patients, students, and community groups.

Further information about how this assessment of the co-benefits of Health Study policy objectives has been applied to the development and application of the Health Study policy evaluation framework and has informed policy and strategy recommendations is provided in **Section 7** and **Section 9**.

Together, the Health Study policy evaluation framework and the assessment of the co-benefits of Health Study policy objectives can help to frame Ealing Council's understanding of health issues and health priorities in the borough and its approach to improving health outcomes through policy and strategies.

A table summarising the co-benefits between all 10 Health Study policy objectives is provided in **Appendix C3.**

3. Summary of health issues and health priorities for LBE

3.1 Study area

The study area for the Health Study includes LBE and the seven neighbourhood areas[15], 23 wards, and 196 Lower Super Output Areas (LSOAs) which comprise it. LBE is an outer-London[16] borough located in West London, neighbouring Harrow and Brent to the north, Hammersmith and Fulham to the east, Hounslow to the south, and Hillingdon to the west.

The seven neighbourhood areas in LBE are Acton, Ealing, Greenford, Hanwell, Northolt, Perivale, and Southall. Each of these neighbourhood areas has a distinctive character but comprises smaller neighbourhoods with their own characteristics which can align with or cut across ward and LSOA boundaries. The seven neighbourhood areas are shown in Figure 3. Refer to Figure 5 for a schematic illustration of which wards make up each neighbourhood area, and **Appendix A1** for which LSOAs make up each ward. It should be noted that the boundaries of these neighbourhood areas are in the process of being reviewed, and may potentially be re-drawn.

In addition, Old Oak and Park Royal Development Corporation (OPDC) is the Local Planning Authority and regeneration agency for a 650-hectare site around the new High Speed 2 (HS2) and Elizabeth Line rail station in Old Oak. A large proportion of the OPDC area lies within the local authority boundary of LBE in the north east of the borough (see Figure 3). The OPDC has developed its own Local Plan, which has recently been adopted, and therefore is not the focus of this Health Study. However, data and information pertaining to the OPDC area and the OPDC Local Plan has been considered where relevant. This is due to the geographical overlap between LBE and the OPDC area and the fact that the OPDC Local Plan incorporates a number of policies with potential impacts on health assets, health infrastructure and health services in LBE (particularly in the neighbourhood areas of Acton and Ealing).

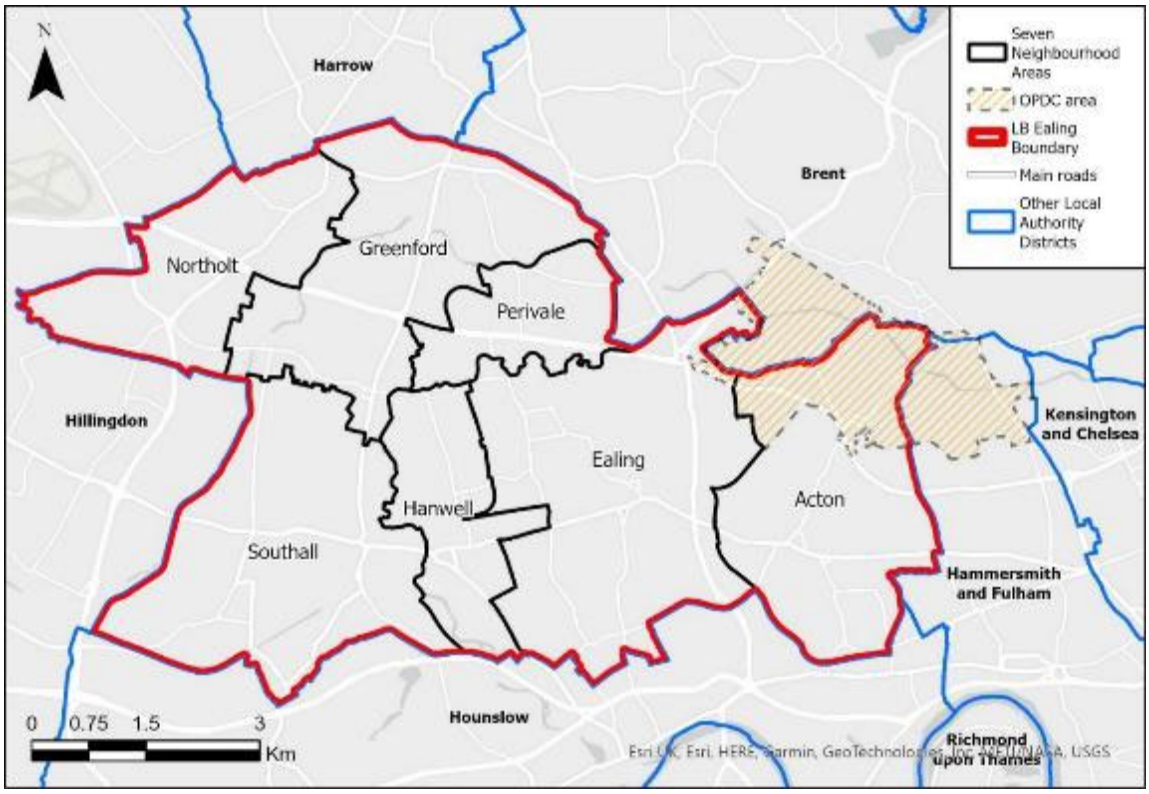
It should be noted that there are eight NWL CCG Primary Care Network (PCN) areas in LBE: Acton; Greenwell; Northolt, Greenford and Perivale; Northolt; North Southall Network; South Central Ealing; South Southall; and The Ealing Network (see Figure 4). These eight PCN areas do not correspond exactly with, and often cut across, the seven neighbourhood areas and their wards. Therefore, in order to make inferences about how the analysis of data and information for neighbourhood areas relates to the PCN areas, it may be necessary to look at multiple neighbourhood areas or multiple wards across neighbourhood areas.

The baseline data which informs this section of the report (see **Appendix A1**), the baseline data spreadsheet (see **Appendix A2**), and the WebMap (see **Appendix A3**) comprises data at the borough level (LBE), ward level, and LSOA level. In some cases, regional level (London) or national (England or Britain) data is included for comparison.

[15] 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.

[16] As defined by GLA. 2021. The London Plan 2021. Available online at: https://www.london.gov.uk/sites/default/files/the_london_plan_2021.pdf

Figure 3: Study area for the Health Study depicted by LBE boundary.

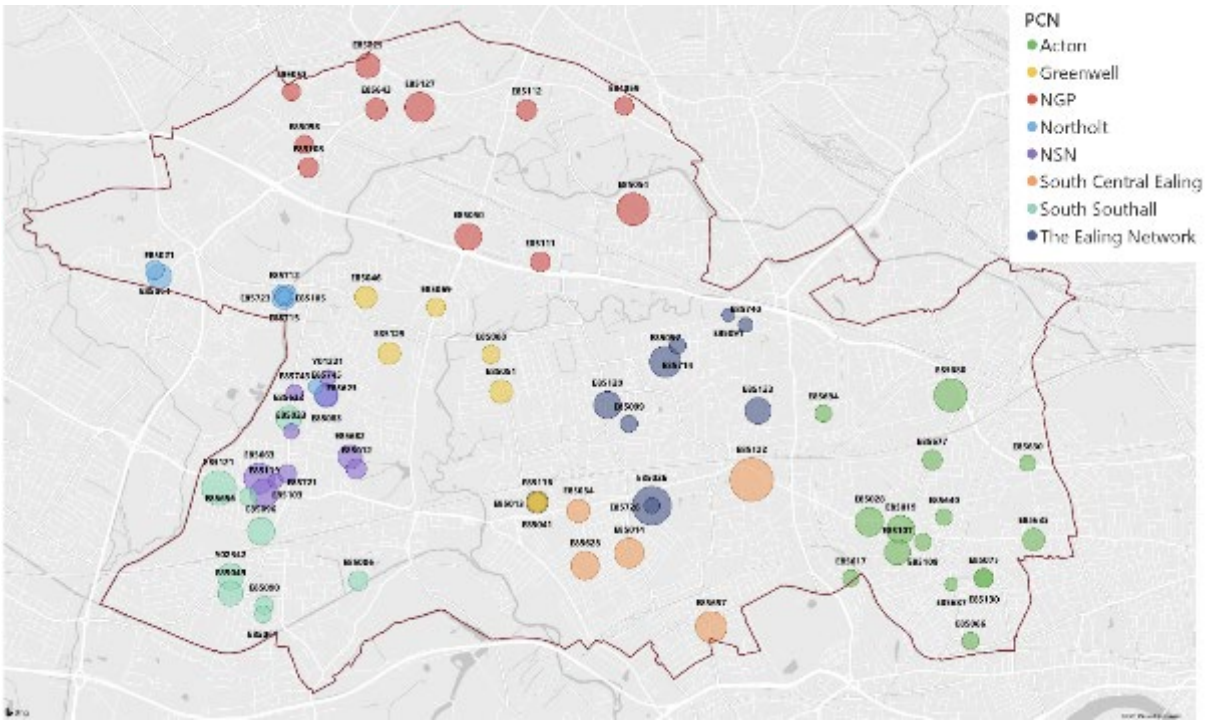


Source: Arup, 2022 based on OS BoundaryLine dataset.

Figure 4: Primary Care Network Areas within LBE (2019)[17].

Key: *Coloured dots = GP Practices within each PCN area.*

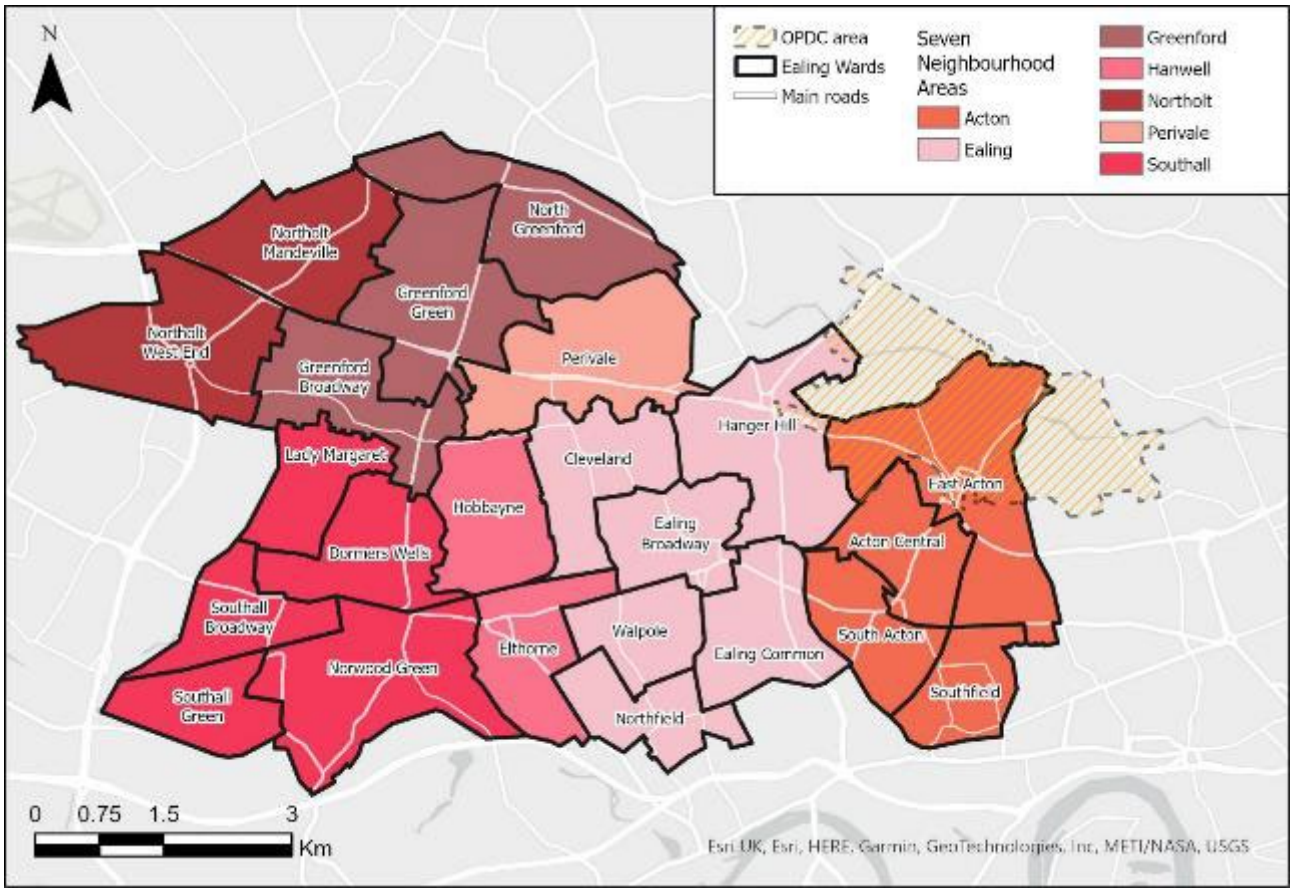
Size of dots = indicates relative number of patients registered at each GP Practice.



Source: NWL CCG, 2022.

[17] PCN areas in LBE have changed slightly since 2019 but Figure 4 is still considered to be representative.

Figure 5: The 23 wards that make up the seven neighbourhood areas of LBE.



Source: Arup, 2022 based on OS BoundaryLine dataset.

3.2 LBE

Based on the analysis of data and 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.

A health determinant is considered to be a **health issue for LBE as a whole** if it performs relatively worse than London or England averages in 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 demonstrates multiple health issues across health determinant indicators and falls in the top three worst performing health determinants for the borough.

Relevant data is presented by health determinants, **health outcomes**, and **health risk factors.** 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, health outcomes and health risk factors compared to London or England benchmarks.

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).

Other considerations in the ranking of health determinants for LBE as a whole are the strength of evidence linking health determinants with health outcomes, and the potential for the new Local Plan to improve health outcomes through relevant **interventions.** Please note that summaries of demographics and equalities data for LBE as a whole are provided for context and are not ranked. Professional judgement has been used to inform the ranking based on information obtained through stakeholder engagement during the course of the Health Study.

An **intervention** is a policy, decision or allocation of resources which could contribute to an improvement (or deterioration) in health assets, health infrastructure or health services and which may have a positive (or negative) impact on health determinants and health outcomes and health risk factors.

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

Possible implications for the planning and delivery of **health assets, health infrastructure** and **health services** in LBE are set out for each health determinant, health outcome and health risk factor. These are not exhaustive or predictive but are intended to draw out some of the key implications of the data analysed.

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 and secondary medical, dental, and psychological care for people from birth to end of life.

Some of the implications for the planning, design and delivery of health assets, health infrastructure and health services are relevant to LBE as a whole and all seven neighbourhood areas; others are specific to individual neighbourhood areas. This has been reflected as far as possible in the summaries in this section (**Section 3**) and the neighbourhood area summaries in **Section 4.2** to **Section 4.8.**

Some of the implications have been carried through to the evidence-based recommendations set out in **Section 9.**

Some of the indicators for health outcomes and health risk factors contribute to the suggested metrics for the LBE Local Plan policy evaluation framework provided in **Section 7.**

Selected references to sources of baseline data and information, and supporting evidence linking health determinants to health outcomes and health risk factors, are provided in this section. References to all data, information and evidence are provided in **Appendix A1**.

3.2.1 Demographics

Population and age profile: LBE is the third largest London borough by population with a population of 367,100 people[18]. 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 2).

- 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 data[19], LBE's age profile is broadly similar to London's (Table 3). 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 children[20], 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 2021[21] to 20% in 2041.

[18] Office for National Statistics. 2022. Census 2021. Available online at: https://census.gov.uk/census-2021-results/phase-one-first-results

[19] Office for National Statistics. 2022. Census 2021. Available online at: https://census.gov.uk/census-2021-results/phase-one-first-results

[20] GLA 2020. 2020-based projections: Identified Capacity Scenario. Available online at: https://tinyurl.com/bdenfp7x

[21] 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 2: Population summary 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**
London	*8,800,000**	*3.7*	*7.1*	*10.0*	*11.8*
England	*57,000,000*	*1.5*	*2.9*	*4.0*	*5.0*

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, 2020[22] (neighbourhood area level data), *ONS, 2022[23] (Census 2021 data has been used for LBE and London level data) and ONS, 2022[24] (England level data).*

Table 3: 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, 2022[25].

[22] GLA. 2020. 2020-based projections: Identified Capacity Scenario (MSOA). Available online at: https://tinyurl.com/bdenfp7x

[23] Office for National Statistics. 2022. Census 2021. Available online at: https://census.gov.uk/census-2021-results/phase-one-first-results

[24] ONS. 2022. 2020-based Interim National Population Projections. Available online at: https://tinyurl.com/ye23vf6e

[25] Office for National Statistics. 2022. Census 2021. Available online at: https://census.gov.uk/census-2021-results/phase-one-first-results

Implications for the planning, design and delivery of health assets, health infrastructure and health services in LBE

Overall, LBE's population is growing and ageing, despite decreases in population in four out of the seven neighbourhood areas by 2041 (Ealing, Hanwell, Northolt, and Perivale) and a high proportion of young adults (25-44 year olds) and children (0-14 year olds) in two of the seven neighbourhood areas (Acton and Northolt respectively).

- A growing population requires more health infrastructure and services and these need to be located in (or easily accessible from) areas of the borough that are projected to see the most growth.
- Older people (aged 65+) tend to require certain health services more frequently (e.g. for frailty, dementia, and end of life care) and may be less able or willing to access online or virtual health services. Therefore, there is likely to be a greater demand for health services that are more targeted towards the needs of older people (aged 65+) in LBE between 2021 and 2041.
- Older people (aged 65+) tend to require certain aspects of the built and natural environment to be more accessible (e.g. wheelchair or mobility scooter accessible, more places to sit and rest, and more legible signage). Therefore, the planning and design of LBE's health infrastructure, and of the wider built environment and public realm in LBE, is likely to need to accommodate these requirements.

3.2.2 Equalities

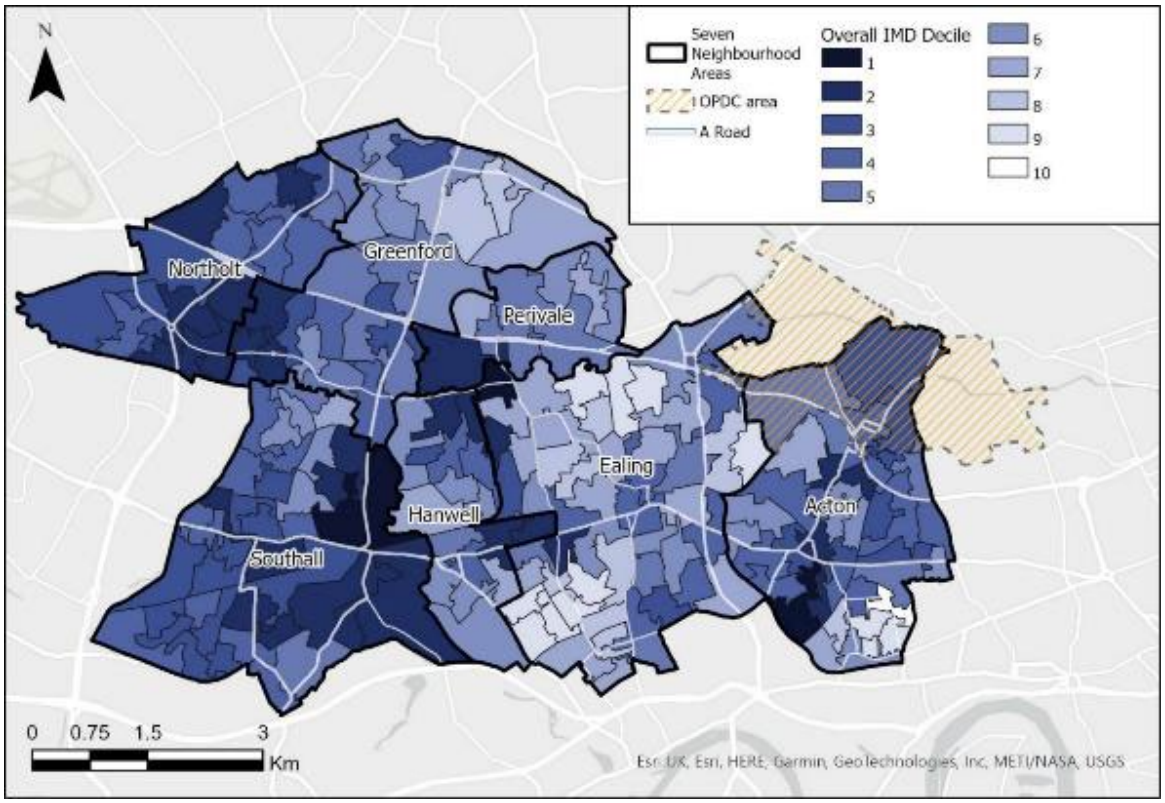
Deprivation: Overall deprivation levels in LBE vary substantially across the borough, as indicated by the Index of Multiple Deprivation (IMD)[26]. The IMD incorporates seven indices of deprivation (IoDs): income; employment; health deprivation and disability; education skills and training; crime; barriers 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 Index of Multiple Deprivation (IMD) which mean they are in the top 10%, 20% or 30% relatively most deprived areas in England – see Figure 6) are more likely to have more years of ill health[27].

There are pockets of high overall deprivation in all seven of the neighbourhood areas, however central and northern parts of the borough (i.e. Ealing, Greenford, and Perivale neighbourhood areas) tend to have less overall deprivation than eastern and western parts of the borough (i.e. Southall, Northolt, and Acton).

Figure 6: Overall deprivation levels in LBE by ward based on the Index of Multiple Deprivation (IMD).

Key: *Wards and LSOAs which fall into the first, second or third deciles of the IMD are in the top 10%, 20% or 30% relatively most deprived areas in England.*



Source: Ministry of Housing, Communities & Local Government, 2019[28].

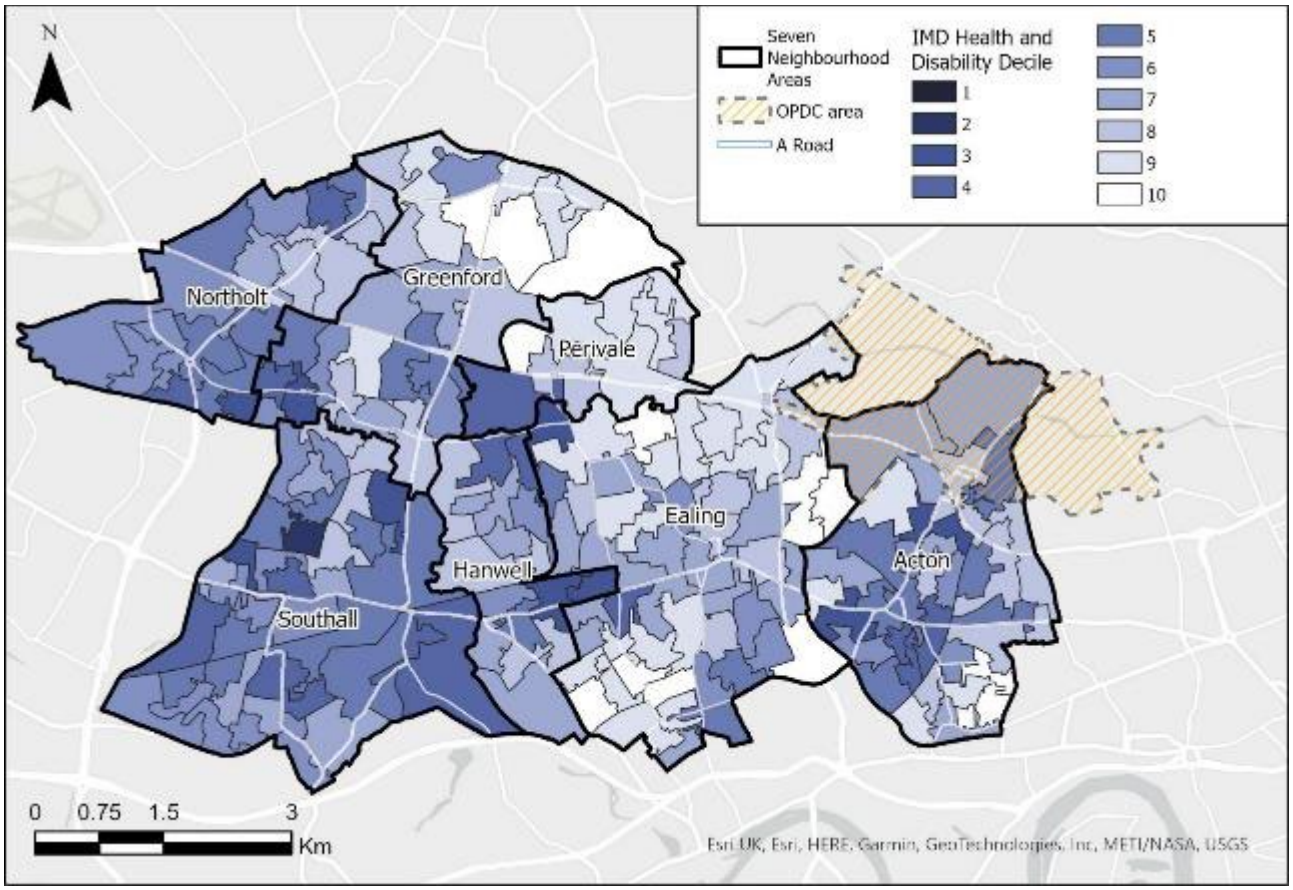
[26] Ministry of Housing, Communities & Local Government. 2019. English indices of deprivation. Available online at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[27] 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

[28] 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 LSOAs within LBE generally fall within the less deprived deciles for health deprivation and disability. No areas of the borough rank amongst the top 10% most deprived of LSOAs within England. However, a large number of LSOAs in the borough fall amongst the top 30% most deprived LSOAs in England in terms of health and disability, predominantly in Northolt, Southall and Acton neighbourhood areas[29] (see Figure 7 below).

Figure 7: Health and disability deprivation in LBE.



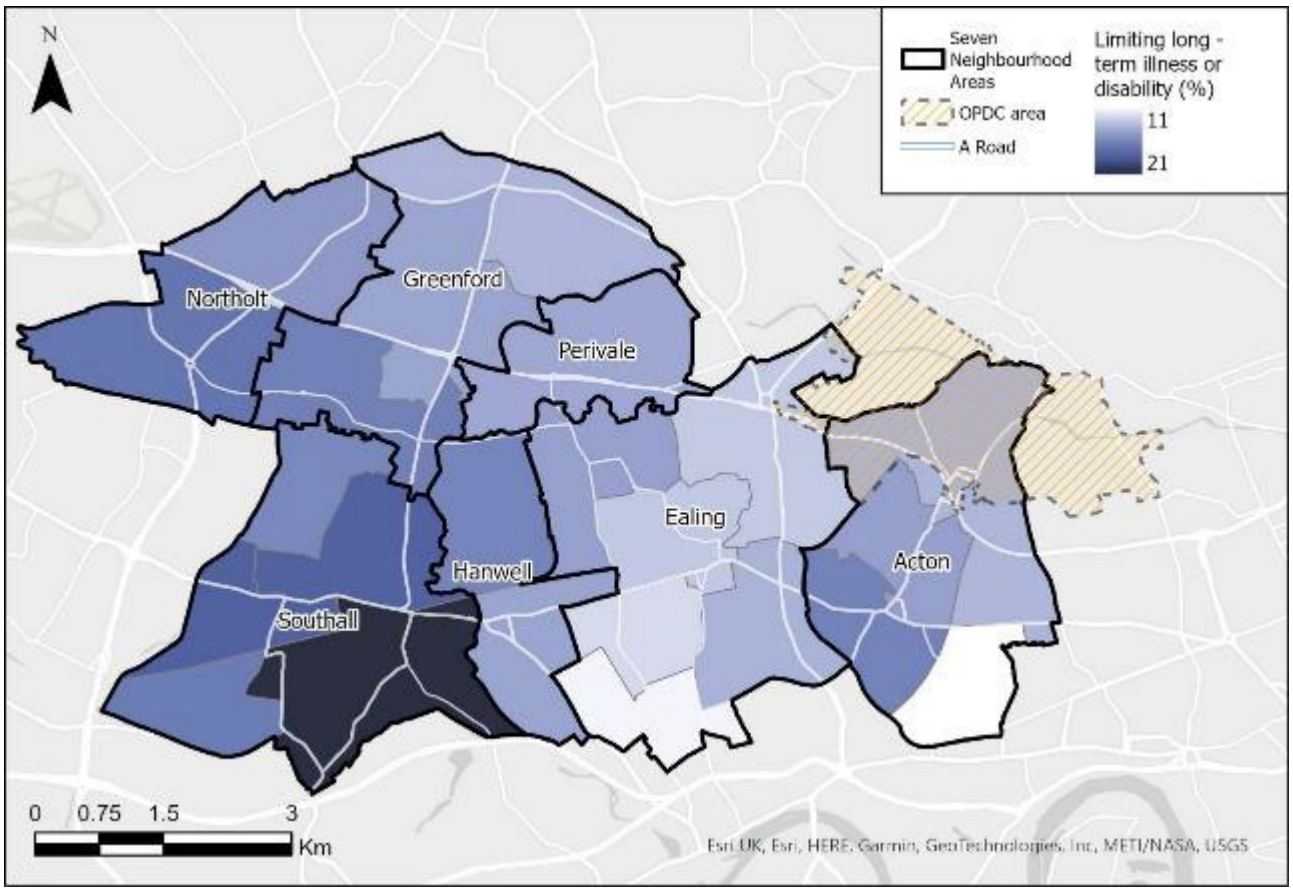
Source: Ministry of Housing, Communities & Local Government, 2019[30].

The percentage of people who reported having a limiting long-term illness or disability in LBE is generally lower (14.1%) than in England (17.6%). However, small variations across the borough exist, with higher percentages in parts of Acton (South Acton ward) and the western parts of LBE. Norwood Green ward in Southall has a significantly higher percentage of people who reported having a limiting long-term illness or disability at 20% (see Figure 8).

[29] 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

[30] 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

Figure 8: Percentage of people who reported having a limiting long-term illness or disability.



Source: Census, 2011[31].

Ethnicity: LBE is an ethnically diverse borough[32]. The proportion of 'Other White' people (18%) is higher than London (16%), and the proportion of 'Indian' (14%) and 'Other Asian' (12%) people is significantly higher than London (7% and 6% respectively).

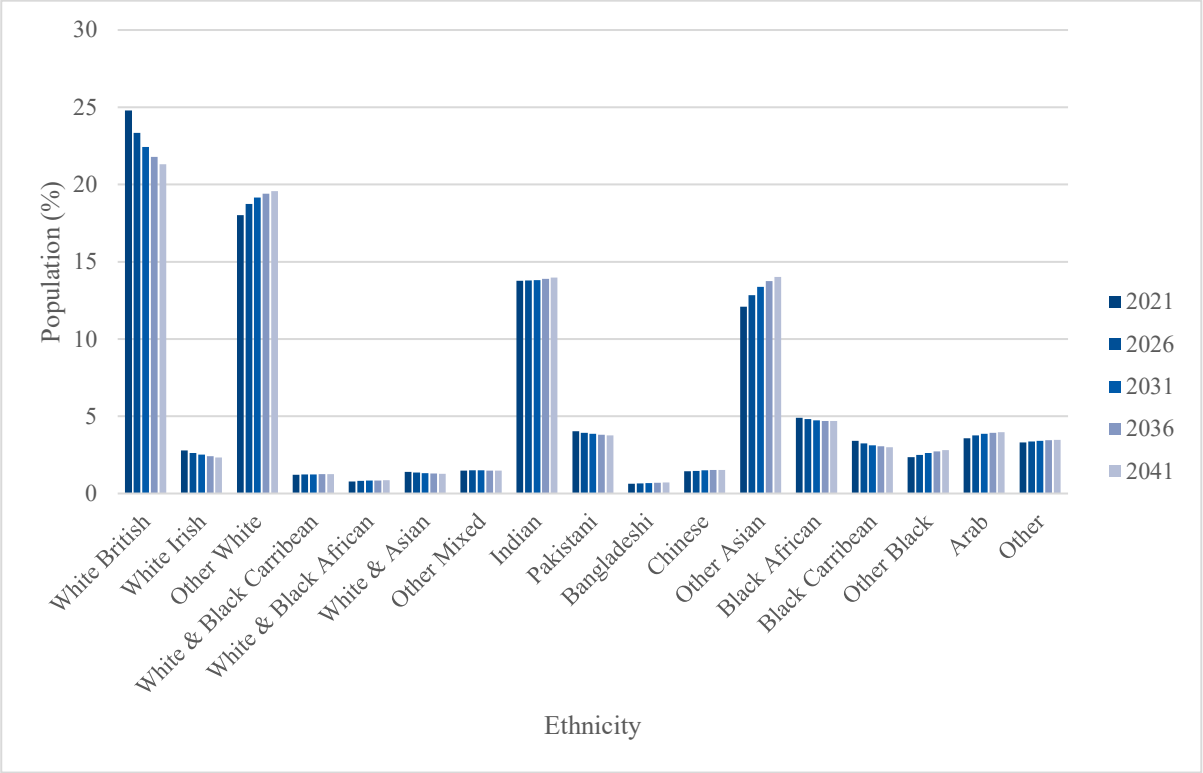
The largest ethnic group in LBE is 'White British' (25%) but this is lower than the proportion within London (38%). The proportion of 'White British' people is projected to see the greatest decline between 2021- 2041 while the proportion of 'Other White' and 'Other Asian' people is projected to see the greatest increase between 2021 – 2041[33] (see Figure 9).

[31] Office for Health, Improvement & Disparities. 2022. Public Health Profiles. Available online at: https://fingertips.phe.org.uk/

[32] GLA. 2017. Ethnic Group Projections (2016-Based Central Trend). Available online at: https://data.london.gov.uk/dataset/ethnic-group-population-projections

[33] GLA. 2017. Ethnic Group Projections (2016-Based Central Trend). Available online at: https://data.london.gov.uk/dataset/ethnic-group-population-projections

Figure 9: Projected ethnicity profile of LBE (2021-2041).



Source: GLA, 2017[34].

Religion: The most common religion in LBE is Christianity (44%) although this is lower than the London average (48%) and significantly lower than the England average (59%)[35]. LBE has a larger Hindu (9%) and Muslim population (16%) than London (5% and 12% respectively) and England (2% and 5% respectively) and a significantly larger Sikh population (8%) than London (2%) and England (1%). Approximately 15% of the population actively state they have no religion which is lower than London (21%) and England (25%).

Gender and sexual orientation: LBE's population is approximately 50% male and 50% female (broadly in line with regional and national populations)[36]. Data on the transgender (trans) or non-binary population in LBE is not available. However, based on Stonewall estimates the proportion in London and in LBE is likely to be approximately 1%[37].

Approximately, 4% of LBE residents aged above 16 live in a registered same-sex civil partnership (broadly in line with 5% of London population who identify as gay, lesbian, bisexual or other)[38].

[34] GLA. 2017. Ethnic Group Projections (2016-Based Central Trend). Available online at: https://data.london.gov.uk/dataset/ethnic-group-population-projections

[35] ONS. 2011. Dataset: QS208EW- Religion. Available online at: https://www.nomisweb.co.uk/census/2011/qs208ew

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

[37] Stonewall. 2022. The truth about trans. Available online at: https://www.stonewall.org.uk/truth-about-trans#trans-people-uk

[38] ONS. 2011. Dataset: QS208EW- Religion. Available online at: https://www.nomisweb.co.uk/census/2011/qs208ew

Implications for the planning, design and delivery of health assets, health infrastructure and health services in LBE

Overall deprivation levels in LBE vary substantially across the borough. High overall deprivation is associated with poorer physical and mental health and people living in deprived areas are more likely to have more years of ill health. There is high overall deprivation in the west and east of LBE, as well pockets of high overall deprivation in central areas of LBE.

LBE has generally medium to low levels of disability with higher levels of disability in parts of Acton, Northolt, and Southall neighbourhood areas.

LBE is an ethnically diverse borough and will continue to become even more ethnically diverse between 2021-2041. Mental health issues and diabetes are more prevalent amongst 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 screening.

LBE is a religiously diverse borough[39]. 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 population who state they have no religion compared to London and England. There is limited evidence about health inequalities for faith communities in England[40]. However, people of different religions value certain aspects of everyday life over others and this may influence health outcomes and needs. Evidence suggests that people who state they have no religion are more likely to be physically active compared to those that belong to a faith community[41]. Low levels of physical activity have been found to be an issue within the Sikh community, particularly among women, with culture and family expectations being highlighted in research as barriers. 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). Research has shown that Sikh males have significantly higher body fat compared to White men, and Indian Sikh women and men have higher levels of BMI Obesity than Indian Hindus or individuals who state they belong to 'other religions'[42]. In addition, the role that food plays in many religions in order to demonstrate faith may impact diet and the division of domestic activities[43]. This can influence related health outcomes such as obesity in both children and adults, diabetes, and mental health[44].

Overall, LBE's population has approximately the same proportion of men, women, trans and non-binary people and gay, heterosexual, lesbian, bisexual people as the London and national averages. Heterosexual females of reproductive age tend to rely on healthcare more often than heterosexual males of the same age and, on average,

[39] ONS. 2011. Dataset: QS208EW- Religion. Available online at: https://www.nomisweb.co.uk/census/2011/qs208ew

[40] 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

[41] Sport England. No date. Faith groups. Available online at: https://tinyurl.com/nhf74nrt

[42] 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

[43] 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/

[44] Sport England. No date. Faith groups. Available online at: https://tinyurl.com/nhf74nrt

women live longer than men. There is limited UK research examining Lesbian, Gay, Bisexual, Trans (LGBT+) health inequalities[45]. However, evidence shows that trans and non-binary people often face social stigma and related mental health issues[46], and report more barriers to healthcare[47,48]. 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[49,50,51], and that gay men are at higher risk of HIV and other sexually transmitted diseases, especially if they are from BAME communities[52].

People may have different health needs according to their experience of age, deprivation or disability and their ethnic or cultural group, religion, gender, or sexual orientation which need to be understood when planning and delivering health infrastructure and health services.

These differing health needs also need to be considered when planning and designing the built environment and public realm. Some examples include:

- supporting people living in deprived areas, or with disabilities, to access, use and benefit from local health assets in 'free at the point of use' or affordable ways.
- interventions such as designing out crime and anti-social behaviour in parks and open spaces, improving access to employment, skills and training, provision of affordable, accessible and energy efficient housing, improving active travel routes to local services, improving air quality and road safety are even more important for people with less choice about where they can get to and how they get there.
- supporting people from all ethnic groups and religions to access and use local health assets to contribute to healthier lifestyles (e.g. improving parks and green space for a wide variety of exercise and relaxation, safeguarding sports and leisure centres which provide women only spaces or sessions, and designating spaces for fresh food markets).
- the provision of non-gendered toilets in buildings, parks, and public spaces – this could be in addition to or instead of gender-separated toilets depending on context.
- designing out crime, anti-social behaviour, and creating safe spaces for all.

[45] 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/

[46] Stonewall. 2022. The truth about trans. Available online at: https://www.stonewall.org.uk/truth-about-trans#trans-people-uk

[47] WHO. 2022. Gender and health. Available online at: https://www.who.int/health-topics/gender#tab=tab_1

[48] Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. 2016. Barriers to healthcare for transgender individuals. Available online at: https://doi.org/10.1097/MED.0000000000000227

[49] 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/

[50] 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/

[51] 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

[52] 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]

3.2.3 Health outcomes and health risk factors

Health outcomes and health risk factors for LBE have been ranked according to the potential for Local Plan polices to contribute to improving them through the Health Study policy objectives (based upon the determinants of health).

Childhood obesity: The prevalence of obesity and severe obesity in Reception age children increased significantly between 2019/2020 and 2020/21. Prevalence increased across both those children in the most and least deprived areas in LBE. Prevalence increased most dramatically among children in the most deprived areas. Obesity prevalence was highest in children of Black ethnicity at 22.5% in Reception and 35.7% in Year 6. It was lowest in children of Chinese ethnicity in Reception 8.3%[53].

Diabetes: LBE has a high prevalence of diabetes. Approximately 10% of people over the age of 17 are diabetic. This is significantly higher than the London and England prevalence of 6.7% and 7.1% respectively[54]. The estimated rate of diabetes diagnosis stands at 78% which is higher than the London and marginally higher than the England rate. Areas with diabetes prevalence significantly above both the London and national averages are Southall, Northolt, Perivale, Hanwell, and Greenford[55].

Cardiovascular disease: In 2020/21 the prevalence of hypertension in LBE was in line with London and below the England prevalence[56]. However, the under 75 mortality rate from cardiovascular disease was higher at 76.5 per 100,000 population compared to the London (69.1 per 100,000) and England (70.4 per 100,000) rates[57].

Excess winter deaths index: Excess winter deaths index is measured as a ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the number of non–winter deaths. The ratio of excess winter deaths in LBE was 25.8% for the period between August 2019 and July 2020[58].This is considerably higher than the index for London and England at 18.8% and 17.4%, respectively.

Tuberculosis: LBE has a high incidence of tuberculosis. The incidence of tuberculosis between 2018 – 2020 was 34.2 per 100,000 population[59]. This is considerably higher than the rate in London and England at 17.9 per 100,000 and 8.0 per 100,000, respectively.

Dementia: In 2020/21 the prevalence of dementia in LBE was 4.24% of people aged 65 and over (2,104 people), broadly in line with the London prevalence (4.17%) and above the England prevalence (3.97%) respectively. In line with national trends, the prevalence of dementia is rising in LBE. However, LBE has a relatively higher estimated dementia diagnosis rate (DDR)[60] for over 65s (approximately 70%) compared to London (65.6%)

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[53] Director of Public Health in Ealing. 2022. Inequalities in Ealing.

[54] NHS. 2018/19. Quality and Outcomes Framework. 2018 – 2019. Prevalence of diabetes. Available online at: https://app.powerbi.com/view?r=eyJrIjoiODliN2M3NTQtOGFjMC00NjMxLTk5ZWMtMjg2MmQ0NDI3Nzk5IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

[55] Internal LBE data based on Director of Public Health in Ealing. 2022. Inequalities in Ealing presentation.

[56] NHS. 2020/21. Quality and Outcomes Framework. 2020 - 2021. Prevalence of hypertension. Available online at: https://app.powerbi.com/view?r=eyJrIjoiODliN2M3NTQtOGFjMC00NjMxLTk5ZWMtMjg2MmQ0NDI3Nzk5IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

[57] Office for Health Improvement & Disparities. Fingertips Public Health Data. Available online at: https://fingertips.phe.org.uk/

[58] Office for Health Improvement & Disparities. Fingertips Public Health Data. Available online at: https://fingertips.phe.org.uk/

[59] Office for Health Improvement & Disparities. Fingertips Public Health Data. Available online at: https://fingertips.phe.org.uk/

[60] The estimated dementia diagnosis rate (DDR) indicator compares the number of people thought to have dementia with the number of people diagnosed with dementia, aged 65 and over. The target is for at least two thirds (66.7%) of people with dementia to be diagnosed. Available online at: https://humberandnorthyorkshire.org.uk/dementia-diagnosis-

and England (61.6%) rates[61]. Whilst this may seem concerning, it is actually positive, as the national target is for at least two thirds of people with dementia to be diagnosed in order to enable appropriate care.

Alcohol related hospital admissions: LBE has the highest rate of alcohol related hospital admissions for males of all London boroughs at 690 per 100,000 population compared to 484 per 100,000 population for London and 605 per 100,000 population for England. Neighbourhood areas with the highest rates are Southall (Lady Margaret, Southall Broadway, and Southall Green wards) Northolt (Northolt West End ward) and Hanwell (Elthorne ward)[62]. These wards experience multiple deprivation issues that can result in alcohol misuse amongst their populations. In addition, facilities for those 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 than the London and England rate, however cancer screening for cervical, bowel, and breast cancer remains a priority for LBE[63].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. 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 but marginally higher than London[64]. 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 and England.

Implications for the planning, design and delivery of health assets, health infrastructure and health services in LBE

It is difficult to directly attribute changes in **health outcomes** or **health risk factors** to specific interventions to improve **health determinants**. However, based on data, and information collected for the Health Study (summarised in this report and presented in full in **Appendix A1)**, it is suggested that:

- Interventions and improvements related to '**Active travel and transport', 'Living environment' and 'Nutrition'** health determinants may decrease the prevalence of diabetes, cardiovascular disease mortality and prevalence of childhood obesity in LBE.
- Interventions and improvements related to **'Housing and communities'** may decrease levels of excess winter deaths and incidence of tuberculosis in LBE.
- Interventions and improvements related to **'Education, employment and skills', 'Living Environment', 'Social cohesion and communities', 'Nutrition' and 'Active travel and transport'** health determinants may decrease the prevalence of dementia in LBE, and may support LBE's relatively high early dementia diagnosis rate (DDR) to enable people with dementia to live independently in their own home

rate/#:~:text=Not%20everyone%20with%20dementia%20has%20a%20formal%20diagnosis.,%2866.7%25%29%20of%20people%20with%20dementia%20to%20be%20diagnosed

[61] Office for Health Improvement & Disparities. 2021. Dementia profile. Estimated dementia diagnosis rate (aged 65 years and over). Available online at: https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1

[62] Director of Public Health in Ealing. 2022. Inequalities in Ealing.

[63] Office for Health Improvement & Disparities. Fingertips Public Health Data. Available online at: https://fingertips.phe.org.uk/

[64] Office for Health Improvement & Disparities. Fingertips Public Health Data. Available online at: https://fingertips.phe.org.uk/

for longer. This helps to avoid early or unnecessary hospital or care home admissions, and enhances quality of life for people with dementia and their carers.

- Interventions and improvements related to **'Crime and community safety', 'Housing and communities' and 'Social cohesion and communities'** may decrease the rate of alcohol related hospital admissions in LBE and may support community treatment services for people with alcohol related issues.

The Local Plan is unlikely to contribute to an increase in the proportion of people undergoing cancer screening. Ealing Council should work across Council teams (i.e. Public Health) and with NHS Partners to improve this health outcome.

3.2.4 Facilities and infrastructure

Facilities and infrastructure is a health priority for LBE as it demonstrates multiple health issues across health determinant indicators and falls within the top three worst performing health determinants for the borough.

Primary care health infrastructure: LBE has 166 primary healthcare facilities: 78 GP practices, 77 pharmacies, nine health centres, and two clinics. The Southall neighbourhood area contains the highest proportion of these facilities (28%)[65].

Care Quality Commission (CQC) inspection analysis: Of the 74 GP practices inspected by the CQC, 71 practices (96%) had an overall 'good' rating, one had an overall 'outstanding' rating, and two had an overall 'requires improvement' rating[66].

Two GP practices which require improvement based on the CQC inspection are Northfields Surgery in Walpole ward (Ealing neighbourhood area) and Jubilee Gardens Medical Centre in Lady Margaret ward (Southall neighbourhood area). The one GP practice which is rated as outstanding based on the CQC inspection is Cuckoo Lane Practice in Elthorne ward (Hanwell neighbourhood areas) [67].

GP patient survey analysis: Approximately 81% of LBE residents rated their overall GP patient experience as 'good (very good and fairly good)'. This is slightly lower than the national average of 83%[68]. Southall has the lowest percentage of people describing their overall experience as good, with 3 out of 23 GP practices having less than 70% of patients describing their overall experience as good. These are Southall Medical Centre, Jubilee Gardens Medical Centre, and Lady Margaret Road Medical Centre. St Marks Medical Centre (Ealing neighbourhood area) also had less than 70% of patients describing their overall experience as 'good'[69].

GP capacity assessment: The majority of GPs and GP surgeries in LBE are over capacity. This is particularly the case in Hanwell, Southall, and Northolt where 100%, 90% and 83% of GP practices are over capacity, respectively[70]. These neighbourhood areas should be prioritised for new GPs and GP surgery provision, either via the introduction of new GP practices or via the expansion, or provision of additional capacity at, existing practices.

Age, quality, and utilisation of the Primary Care Network estate: Based on a 2016 survey[71], overall primary care health infrastructure, or the Primary Care Network estate, in LBE is generally:

- Aged and likely to be non-compliant with current design standards for the delivery of primary care services particularly in relation to space standards and optimal room sizes (58 of the 69 primary care premises surveyed (84%) were constructed prior to 1961, with only 4 properties (5.8%) constructed since 2000);
- Comprised mainly of small and medium sized primary care premises which are generally fully, or over-utilised. In total, 63 of the 69 primary care premises surveyed

[65] NHS SHAPE Tool. Available online at: https://shapeatlas.net/
[66] CQC. No date. Doctors / GPs. Available online at: https://www.cqc.org.uk/what-we-do/services-we-regulate/find-family-doctor-gp
[67] CQC. No date. Doctors / GPs. Available online at: https://www.cqc.org.uk/what-we-do/services-we-regulate/find-family-doctor-gp
[68] GP Patient Survey. 2021. 2021 Results. Available online at: https://www.gp-patient.co.uk/analysistool?trend=0&ccgid=13678
[69] GP Patient Survey. 2021. 2021 Results. Available online at: https://www.gp-patient.co.uk/analysistool?trend=0&ccgid=13678
[70] NHS SHAPE Tool. Available online at: https://shapeatlas.net/
[71] Internal LBE data.

(91%) were found to be fully, or over, utilised and 45 of the premises surveyed (65%) had potential to expand clinical service activity; and

- In need for investment in backlog maintenance; though it is generally maintained at an acceptable level.
  - **none** of the 69 primary care premises were found to be in **'excellent quality'**;
  - **nearly all** of the 29 primary care premises in the Ealing Acton Locality[72] (broadly covering the neighbourhood areas of Acton and Ealing, and Hanwell and Perivale), just over half of the 29 primary care premises in the Southall Locality (broadly covering the neighbourhood area of Southall), and just under half of 11 premises in the North Locality (broadly covering the neighbourhood areas of Northolt and Greenford) **'required general maintenance'**.
  - **a small number** of the 29 premises in the Ealing Acton Locality, just under half of the 29 premises in the Southall Locality, and just under half of 11 premises in the North Locality were **'below standard and required investment'.**
  - **a small number** of the 11 premises in the North Locality were **'very poor requiring significant investment or replacement'**. None of the premises in the Ealing Acton Locality or the Southall Locality fell into this category.

Journey time to primary care health infrastructure: Almost all (98.4%) of households in LBE are within a 15-minute journey time to a GP by public transport or walking (England average is 70.7%)[73]. All households are within a 30-minute journey time to a GP by public transport or walking[74].

Secondary care health infrastructure: LBE has nine secondary healthcare facilities. Ealing and Southall neighbourhood areas contain these facilities (25% and 75% respectively). Ealing Hospital is the only acute hospital within LBE and is part of the London Northwest University Healthcare (LNWUH) NHS Trust[75].

Journey time to secondary care health infrastructure: Approximately 68% of households are within a 30-minute journey time to hospital by public transport or walking, and 5% of households in LBE are within a 15-minute journey time to hospital by public transport or walking.

London Ambulance Service: There are two ambulance stations within LBE (one in Greenford and one in Hanwell) run by the London Ambulance Service NHS Trust. The London Ambulance Service is at capacity and further capacity is needed across LBE to meet rising demand. Electric vehicle infrastructure will soon be required across LBE to ensure the ambulance service can function effectively and efficiently[76,77].

Mental health services: The West London NHS Trust runs 26 mental health facilities in LBE that provide a range of primary and secondary mental health services[78].

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[72] In 2016 the NWL CCG referred to spatial areas for delivering primary care services in LBE as Localities. This was changed to Primary Care Network Areas in 2019. The Localities of 2016 do not correspond exactly with the PCN Areas of 2019.

[73] NHS SHAPE Tool. Available online at: https://shapeatlas.net/

[74] NHS SHAPE Tool. Available online at: https://shapeatlas.net/

[75] NHS SHAPE Tool. Available online at: https://shapeatlas.net/

[76] London Ambulance Service NHS Trust. 2018. Our plans for the future. Available online at: https://tinyurl.com/abvpfubh

[77] Internal LBE data. 2022.

[78] West London NHS Trust. 2022. IDP Health Report. Available online at: https://tinyurl.com/mwmbuhm4

Dental infrastructure and activity: There are 66 dental practices across LBE. Data on Courses of Treatment (CoT) and Units of Dental Activity (UDA) revealed that the dental needs of LBE residents are broadly comparable to that of other boroughs within the NWL CCG area with some minor variations observed[79,80].

Anecdotal evidence from LBE residents suggests dental service capacity issues exist in the borough. However, there is no publicly available data on dental surgery capacity and dental patient satisfaction within LBE to determine or verify the quantity and quality of dental service provision.

Active or planned health infrastructure: There are six health care facilities at various stages of being developed or reconfigured in LBE – all using s106 monies and one (The Limes in Southall) using One Public Estate funding too[81]. These are:

- Southall Waterside – planning stage (Southall);
- 1 Portal Way – site opportunity (OPDC area);
- North Ealing – site opportunity (Ealing neighbourhood area);
- The Limes –planning stage (Southall);
- Cloister Road - reconfiguration to increase capacity (Acton); and
- Grand Union Village - reconfiguration to increase primary care space (Northolt).

Acton Gardens Health Centre (South Acton ward in Acton) just opened at the end of March 2022.

In addition to baseline data analysed and presented in **Appendix A1** and summarised above, discussions with Health Study NHS Partners including the NWL CCG Estates Team have indicated that:

- NHS Property Services have confirmed anecdotal evidence that there is no clinical void space within the NHS estate in LBE.
- There are three NHS Local Improvement Finance Trust (LIFT) programme and Community Health Partnership (CHP) funded buildings within LBE: Cloister Road Surgery in Acton (completed 2006); Jubilee Gardens Medical Centre in Southall (completed 2009); and Grand Union Village Health Centre in Northolt (completed 2011). Of these, Cloister Road Surgery is full, Jubilee Gardens Medical Centre has some bookable non-clinical rooms, and Grand Union Village Health Centre has some non-clinical void space which is to be taken up very soon by the West London NHS Trust.
- The NWL CCG's experience of COVID-19 in LBE was even more challenging due the lack of clinical void space. For example, in order to provide a critical borough wide COVID hub, a sexual health clinic had to be relocated to non-clinical space elsewhere in LBE.

[79] NHS SHAPE Tool. Available online at: https://shapeatlas.net/

[80] London NHS Trust. 2022. NHS Dental Statistics for England, 2021-22, Biannual Report. Available online at: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-biannual-report

[81] Internal LBE data. 2022.

- Many GP practices in LBE are privately owned by GPs and are located in converted houses. This may contribute to issues relating to age of buildings and non-compliance with current design standards.
- Neighbourhood areas considered to be priorities for provision of new health infrastructure due to a combination of current capacity and condition issues, and future demand, are **Acton**, **Ealing,** and **Southall.** The impact of future growth and development in the OPDC area is having a knock-on effect on the capacity of existing and new health infrastructure in **Acton** (particularly East Acton ward) and **Ealing** (Hangar Hill ward).
- Even when space for new health infrastructure is provided by, or funded through, development the rents are often too high for NHS stakeholders to afford, or to provide or secure sustainable revenue funding for. In some cases, the implications of high rents mean that new health infrastructure projects cannot be taken forward.

Implications for the planning, design and delivery of health assets, health infrastructure and health services in LBE

Access to and quality of clinical care can significantly influence health outcomes. Clinical care is estimated to contribute to 20% of overall health (10% determined by access to care, 10% determined by quality of care).

Primary health care services and infrastructure provide a first point of contact with the NHS and include GP practices, healthcare centres, clinics, walk-in centres, pharmacies and primary dental care. Secondary health care services and infrastructure include outpatient centres, hospitals, sexual health, urgent, emergency centres and secondary dental care.

The planning and delivery of health infrastructure and health services, and the planning and design of the built environment and public realm, in LBE should:

- prioritise the improvement and refurbishment of existing primary health care buildings and GP practices (both NHS owned and private GP owned) in the neighbourhood areas of Acton, Hanwell, Northolt and Southall;
- 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;
- where appropriate consider creating modern, fit-for-purpose, larger-scale primary care health infrastructure to gradually replace older, smaller scale GP practices in converted residential buildings; and
- consider the role of non-clinical health assets in achieving health outcomes to alleviate pressure on health services (e.g. enhancing the use of parks and open spaces for social prescribing).

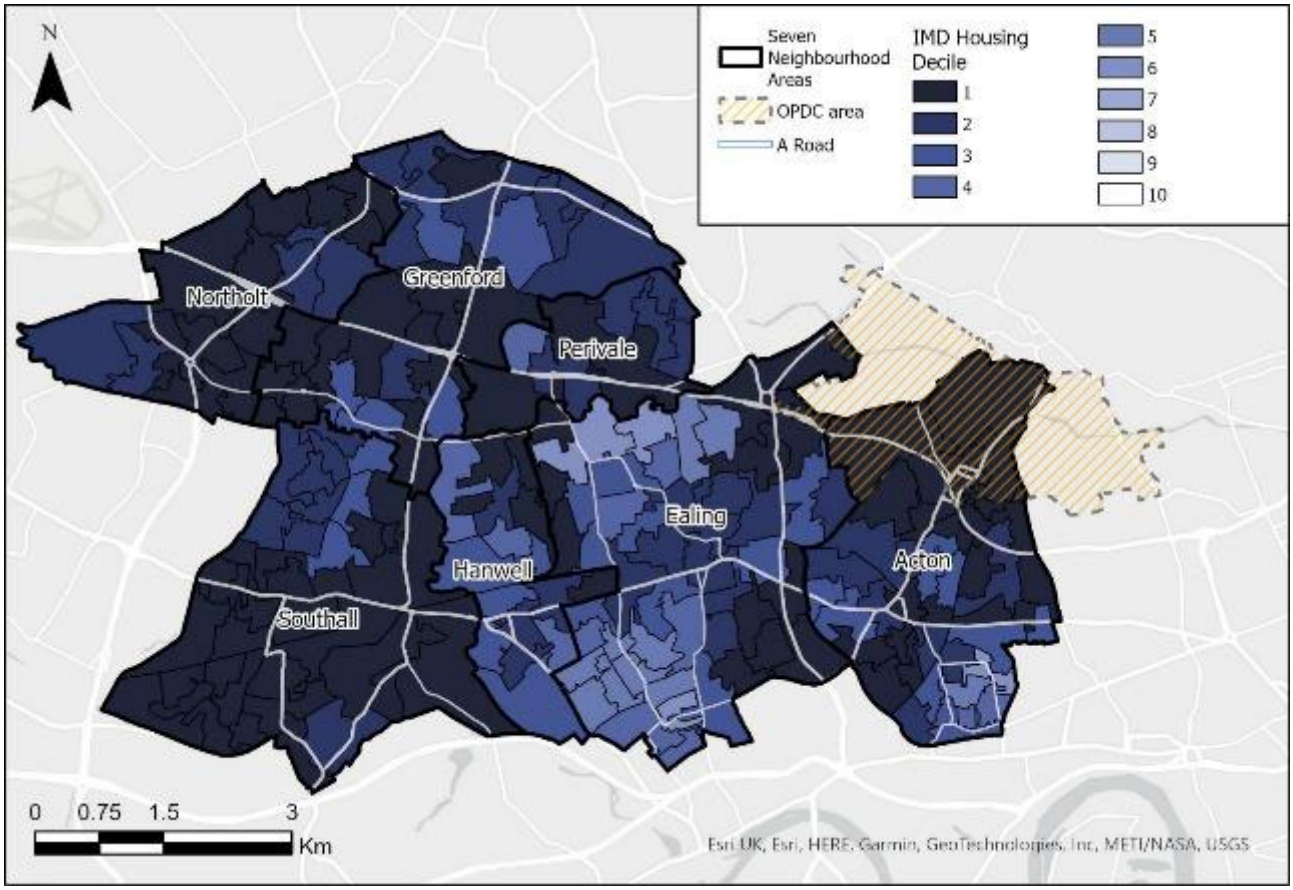
3.2.5 Housing and communities

Housing and communities is a health priority for LBE as it demonstrates multiple health issues across health determinant indicators and falls within the top three worst performing health determinants for the borough.

Barriers to housing and services IoD domain: Almost half the LSOAs in LBE are in the most deprived decile for the 'Barriers to housing and services' IoD (see Figure 10)[82]. This reflects low affordability and possibly a lack of easily accessible local services in these areas.

LBE performs the worst in this domain when compared to the other domains that make up the overall IMD (income; employment; health deprivation and disability; education skills and training; crime; and living environment) suggesting that the borough is highly deprived in terms of access to affordable housing.

Figure 10: Barriers to housing and services IoD domain for LBE.



Source: Ministry of Housing, Communities & Local Government, 2019[83].

Housing tenure, house prices and affordability: Approximately 50% of homes in LBE are owner-occupied, equally split between homes owned outright and homes with a mortgage[84]. Approximately 46% of homes are rented, 27% privately and 19% socially

[82] 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

[83] 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

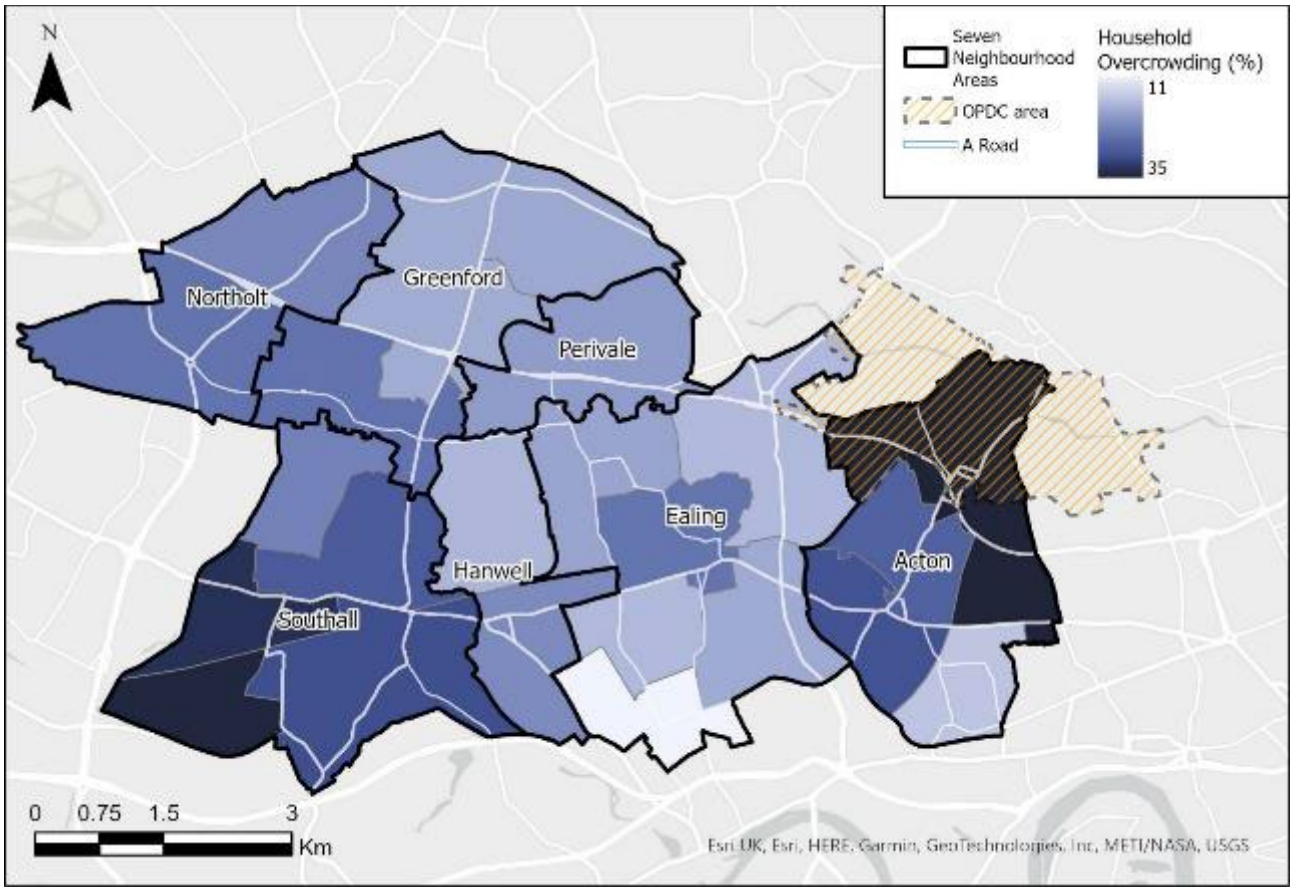
[84] Ealing Data. 2021. Housing data. Available online at: https://data.ealing.gov.uk/housing/

rented. Over the last two decades housing affordability has worsened in LBE (as in London), largely driven by increasing house prices[85].

Homelessness and temporary accommodation: The rate of homelessness in LBE is high (19.8 per 1,000), and significantly higher than the average rates for London and England (14.5 and 11.3 per 1,000 respectively) [86].

Overcrowding: The proportion of households with overcrowding[87] in LBE is similar to the London average (23% and 22% respectively). However, pockets of significantly higher household overcrowding (35%) are found in parts of Southall and Acton (see Figure 11).

Figure 11: Proportion of households with overcrowding based on overall room occupancy levels.



Source: Office for Health Improvement & Disparities, 2021[88].

Gypsy and traveller accommodation need: LBE has the third highest number of Gypsy and Traveller families in London, and the highest number of Gypsy and Traveller families in West London. It is understood that Ealing Council will be taking forward the following assumptions around gypsy and traveller need to underpin the Local Plan: the additional

[85] ONS. 2020. Housing affordability in England Wales: 2020. Available online at: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/2020

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

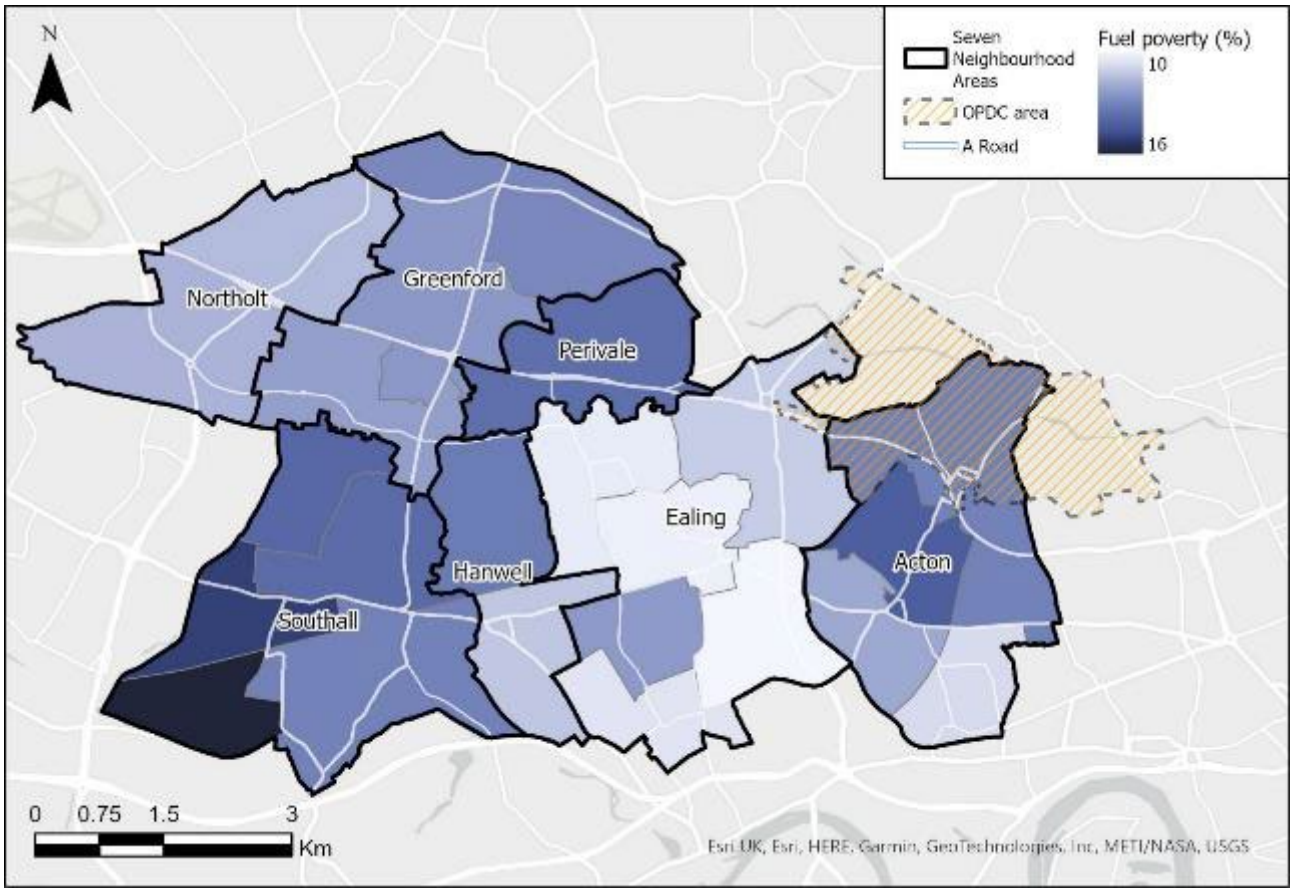
[87] Household overcrowding occurs when households have one or more too few rooms for the level of occupancy.

[88] Office for Health Improvement & Disparities. 2021. Public health profiles: Households with overcrowding based on overall room occupancy levels. Available online at: https://fingertips.phe.org.uk/search/overcrowding#page/6/gid/1938133180/pat/159/par/K02000001/ati/15/are/E92000001/iid/93277/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

need for Gypsy and Traveller households in Ealing between 2016-2041 is 6 additional pitches that meet the planning definition, and the reprovision of 23 existing pitches.

Fuel poverty: Fuel poverty arises as a result of low household income and high fuel costs. It can be exacerbated by poor housing quality. Fuel poverty affected 12.6% of households in LBE in 2016 (London and England averages were 11.4% and 10.3%, respectively) and this is likely to get worse with the current fuel price increases[89]. Pockets of significantly higher levels of fuel poverty (16%) are found in parts of Southall (Southall Green and Southall Broadway wards - see Figure 12)[90].

Figure 12: Estimated percentage of households that experience fuel poverty.



Source: Office for Health Improvement & Disparities, 2018[91].

Housing need and delivery: The London Plan sets LBE a 10-year target of 21,570 dwellings, which translates to an average of 2,157 homes per annum. Rolling the LBE annual target forward over a 20-year period generates a policy-based forecast of 43,140 homes[92].

The standard method for assessing Local Housing Need (LHN) 2020 indicates a higher need at 3,188 homes per annum, which can be rolled forward over a 20-year period to

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

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

[91] Office for Health Improvement & Disparities. 2018. Public health profiles: Data Overview. Available online at: https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/gid/1938133180/ati/8/iid/93280/age/-1/sex/-1/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[92] GLA. 2021. The London Plan. Available online at: https://www.london.gov.uk/sites/default/files/the_london_plan_2021.pdf

provide a housing needs figure of 63,760 homes for LBE. It is likely that the next update to the London Plan will reflect this higher figure.

Past housing delivery in LBE has been below the 2021 London Plan target. The highest annual delivery rate in recent years was in 2019/2020 when 1,808 homes were delivered. In order to meet the London Plan target, an uplift of 19% on the 2019/20 delivery rate would be required and an uplift of 76% would be needed to align with the Local Housing Need calculations (December 2020). Therefore, ensuring that housing supply and delivery meet demand within the borough is a key priority for Ealing Council.

Implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE

Affordability, availability, and quality of housing can significantly influence health outcomes. High deprivation and barriers to housing and services are associated with poorer health outcomes.

Housing tenure is associated with longevity and measures of health including limiting illness, anxiety, and depression. Owner occupiers have been found to report less chronic diseases, make fewer GP visits, and have higher scores on self-reported physical and mental health than social renters.

Homelessness is associated with poor health, education and social outcomes. Children who have been in temporary accommodation for more than a year are over three times more likely to demonstrate mental health problems such as anxiety and depression than non-homeless children. Similarly, older people (aged 65+) experiencing homelessness are more likely to suffer from depression or dementia than non-homeless older people.

Household overcrowding has been associated with higher rates of mental illness and the development of emotional problems in children such as aggression and poor mental adjustment.

Significant inequalities exist in England between Gypsies and Travellers and the rest of the population. Gypsies and Travellers are more likely to have poorer health outcomes (i.e. respiratory problems, chest pain, arthritis, anxiety, depression) and self-reported symptoms of ill-health than other residents in the UK.

Living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. More than one in five excess winter deaths in England and Wales are attributable to the 25% coldest homes.

Based on all the above points:

- The planning and delivery of health infrastructure and health services in LBE should consider:
  - The specific health needs of homeless people and of Gypsies and Travellers; and
  - Creating new, or improving existing, health infrastructure and health services in areas of housing deprivation, household overcrowding, and in areas identified for new housing delivery.
- The planning and design of the built environment and public realm in LBE, should:

- Prioritise the delivery of genuinely affordable[93], tenure secure homes;
- Set standards which ensure well insulated and energy efficient housing with good internal and external space standards, and the ability to adapt spaces to accommodate changing household requirements (e.g. family size and age of residents);
- Encourage and facilitate the retrofit and improvement of existing homes, including identifying priority areas and estates for retrofit programmes; and
- Prioritise the provision and improvement of 'free at the point of use' health assets such as parks and open spaces in areas of housing deprivation.

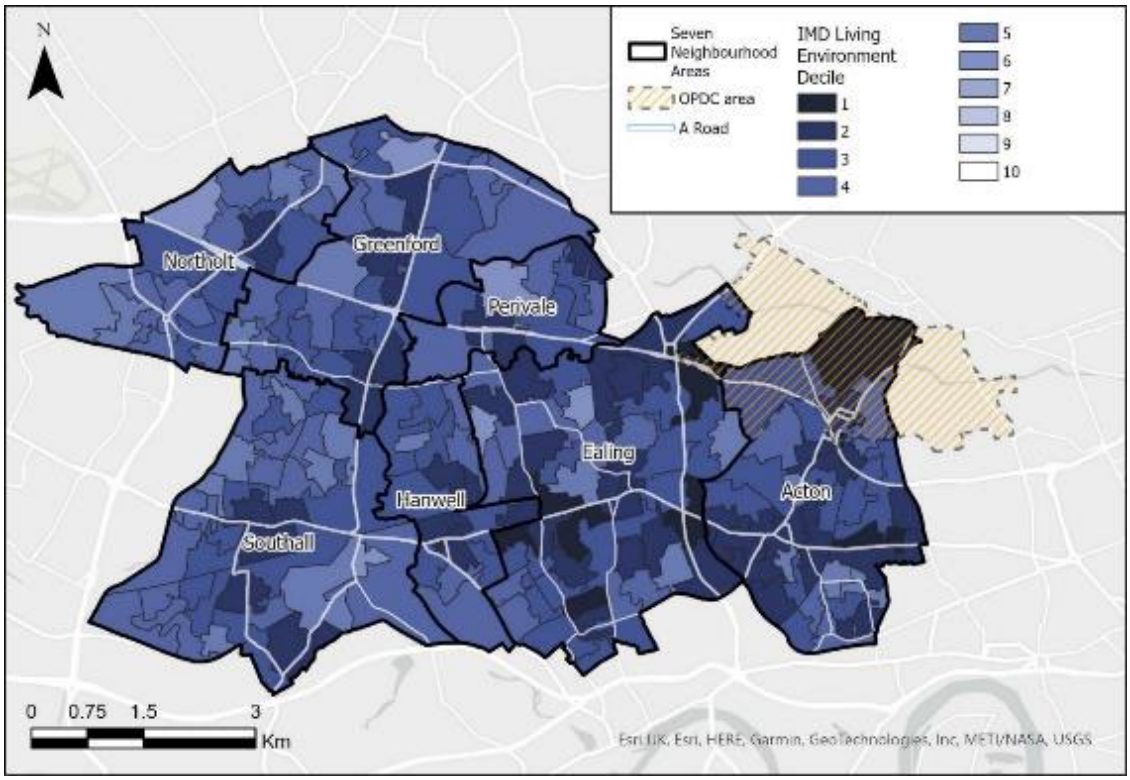
[93] Genuinely affordable homes means homes based on social rent levels for Londoners on low incomes, including London Affordable Rent and London Living Rent. It also refers to homes aimed at average-income Londoners with discounted rents pegged to incomes, enabling them to save for a deposit and to London Shared Ownership homes which allow Londoners who would otherwise struggle to buy to purchase a share in a new home and pay rent on the remaining share.

3.2.6 Living environment

Housing and communities is a health priority for LBE as it demonstrates multiple health issues across health determinant indicators and falls within the top three worst performing health determinants for the borough.

Living environment IoD domain: 'Living environment deprivation' covers both external (i.e. poor air quality) and internal (i.e. poor housing quality) factors[94]. LBE experiences high 'Living environment deprivation' scores across the borough, particularly in the east. Approximately 97% of LSOAs in LBE are in the bottom half deciles for the 'Living environment' IoD domain (see Figure 13)[95]. This suggests that poor external environments and / or poor housing conditions are borough wide health issues.

Figure 13: Living environment IoD domain for LBE.



Source: ONS, 2019[96].

Air quality: 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 roads[97] (see Figure 14)[98]. LBE has both a higher level of fine particulate matter and higher fraction of attributable mortality to particulate pollution (6.4%) than the national averages[99]. This

[94] 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

[95] Oxford Economics. 2020. How might coronavirus impact the West London economy?. Available online at: http://democracy.lbhf.gov.uk/documents/s113727/Annex%20A%20-%20How%20might%20coronavirus%20affect%20the%20West%20London%20Economy%20Oxford%20Economics.pdf

[96] 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

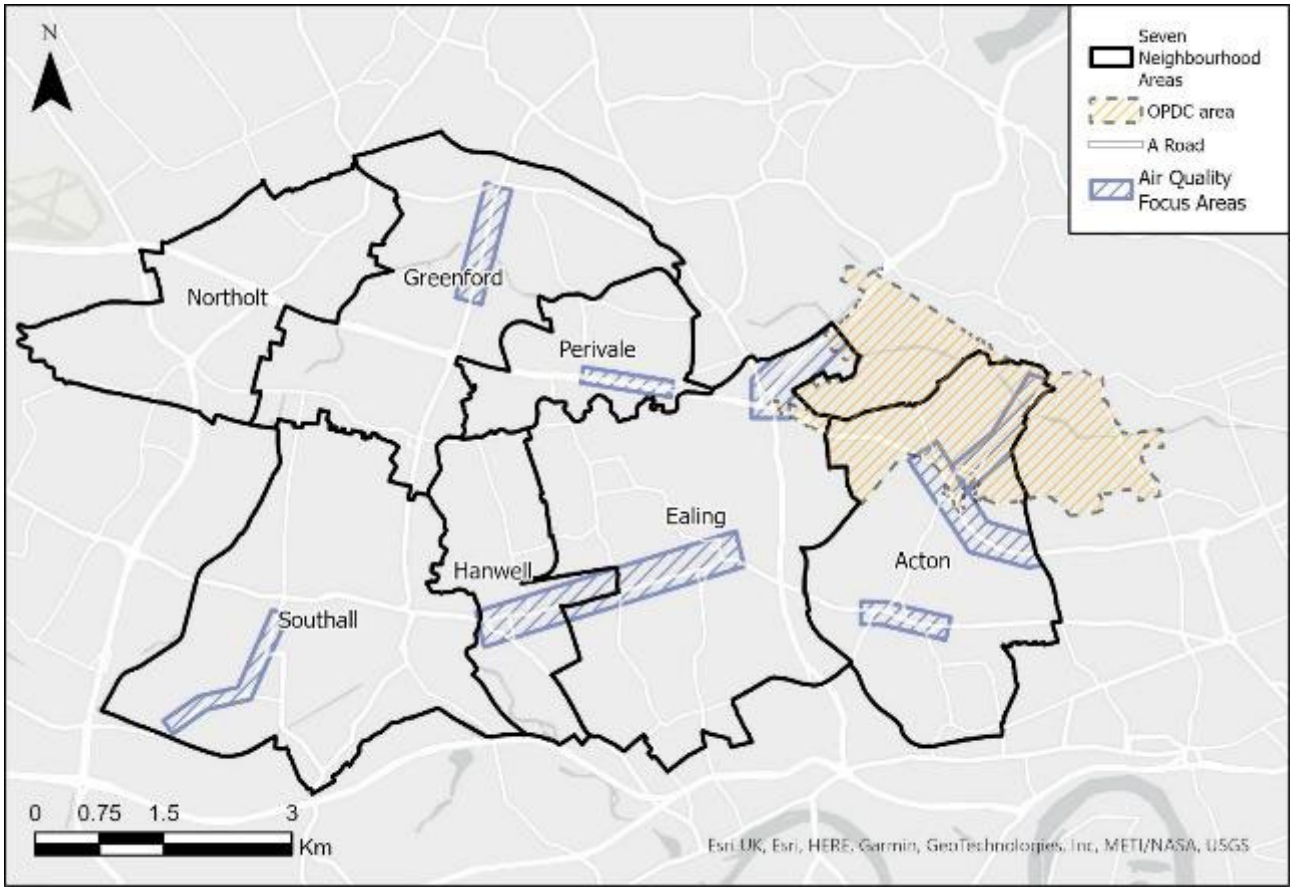
[97] DEFRA. 2020. AQMA. Available online at: https://uk-air.defra.gov.uk/aqma/

[98] DEFRA. 2020. AQMA. Available online at: https://uk-air.defra.gov.uk/aqma/

[99] Office for Health Improvement & Disparities. 2017. Fine Particulate Matter and Attributable Mortality. Available online at: https://fingertips.phe.org.uk/search/air%20quality

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.

Figure 14: Air Quality Focus Areas in LBE.



Source: Defra, 2020[100].

Noise: Approximately 9.5% of LBE residents are estimated to be exposed to high (65dB) levels of transport noise during the day. This is lower than the London estimate of 12.1% but higher than the national estimate of 5.5%. Approximately 12.5% of LBE residents are estimated to be exposed to high (55dB) levels of transport noise at night. This is lower than the London estimate of 15.9% but higher than the national estimate of 8.5%[101].

Light pollution: LBE is not one of the top 10 brightest London boroughs, however, there are areas of high light pollution concentrated along main roads such as the A40, the A402 (Uxbridge Road and The Broadway), the A406 (North Circular), Church Road, The Parkway and the M4 which skirts parts of Southall and Hanwell[102].

Healthy Streets Index: Most streets within LBE have medium to high Healthy Streets Index scores, particularly in the neighbourhood areas of Ealing, Hanwell, and southern Acton. Pockets of low Healthy Street Index scores are observed in Southall and northern Acton and generally along main roads (see Figure 15)[103].

[100] DEFRA. 2020. AQMA. Available online at: https://uk-air.defra.gov.uk/aqma/

[101] PHE. 2021. The percentage of the population exposed to road, rail and air transport noise. Available online at: https://fingertips.phe.org.uk/search/noise

[102] Campaign to Protect Rural England. 2016. Night Blight: Mapping England' light pollution and dark skies. Available online at: https://www.cpre.org.uk/wp-content/uploads/2019/11/Night_Blight.pdf

[103] Healthy Streets. 2021. Healthy Streets Index. Available online at: https://www.healthystreets.com/resources

Figure 15: Healthy Streets Index map for LBE.

Source: Healthy Streets, 2021[104].

Implications for the planning, design and delivery of health assets, health infrastructure and health services in LBE

The living environment can influence health outcomes. Indicatively, 5% of the overall health of a population is determined by environmental quality. This includes factors such as air quality, noise levels, light pollution, and housing quality.

Outdoor air pollution is a major environmental health problem for London and LBE. Long-term exposure to air pollution (over years or a lifetime) reduces life expectancy, due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure to increased levels of air pollution (over hours or days) can also have a range of health effects, including effects on lung function, asthma, as well as increases in respiratory and cardiovascular hospital admissions, and mortality.

Noise is typically defined as 'unwanted sound'. Noise from environmental sources, such as railways and road traffic, influences the health of individual people or populations. High levels of railway and road traffic noise are associated with cardiovascular disease, sleep disturbance, annoyance, depression, and anxiety.

Light pollution (or artificial light nuisances) can negatively affect human health, increasing risks for obesity, depression, sleep disorders, diabetes, and cancer.

Poor-quality housing, combined with exposure to air pollution, high noise levels and light pollution, exacerbates these health outcomes and can contribute to fuel poverty and overcrowding related health impacts.

[104] Healthy Streets. 2021. Healthy Streets Index. Available online at: https://www.healthystreets.com/resources

Based on the above it is recommended that:

- The planning and delivery of health infrastructure and health services in LBE should consider opportunities for reducing air pollution, noise pollution, and light pollution. Examples include the London Ambulance Service's transition to electric vehicles and the judicious use of ambulance sirens at night.
- The planning and design of the built environment and public realm in LBE should prioritise the location of new housing away from sources of high levels of air, noise and light pollution, such as roads and railways. Where this is not possible, the design of new development should shield residents from noise and artificial light nuisances (e.g. noise barriers and street lights which only project light downward) and integrate air quality positive measures such as integration of landscape and urban greening.
- In addition, new housing should, as far as reasonably possible, be located away from other sources of noise and light pollution, such as night-time economy areas. Where this is not possible, be adequately protected from these sources. High standards of fresh air ventilation, sound proofing and shading to prevent obtrusive light should be specified for all new housing. A balance needs to be struck between creating vibrant and safe town centres where people want to live, work, shop and recreate and providing homes in which residents can live peacefully and sleep well[105,106].
- Areas of low and medium Healthy Streets Index scores should be assessed for opportunities to improve to higher scores.
- Measures to reduce air quality, noise and light pollution impacts arising from the construction and operation of new developments should also be prioritised.

[105] Arup. 2020. The role of lighting in supporting town centre regeneration and economic recovery. Available online at: https://www.arup.com/perspectives/publications/promotional-materials/section/the-role-of-lighting-in-supporting-town-centre-regeneration-and-economic-recovery

[106] Arup. 2015. Cities Alive: Re-thinking the Shades of Night. Available online at: https://www.arup.com/perspectives/publications/research/section/cities-alive-rethinking-the-shades-of-night

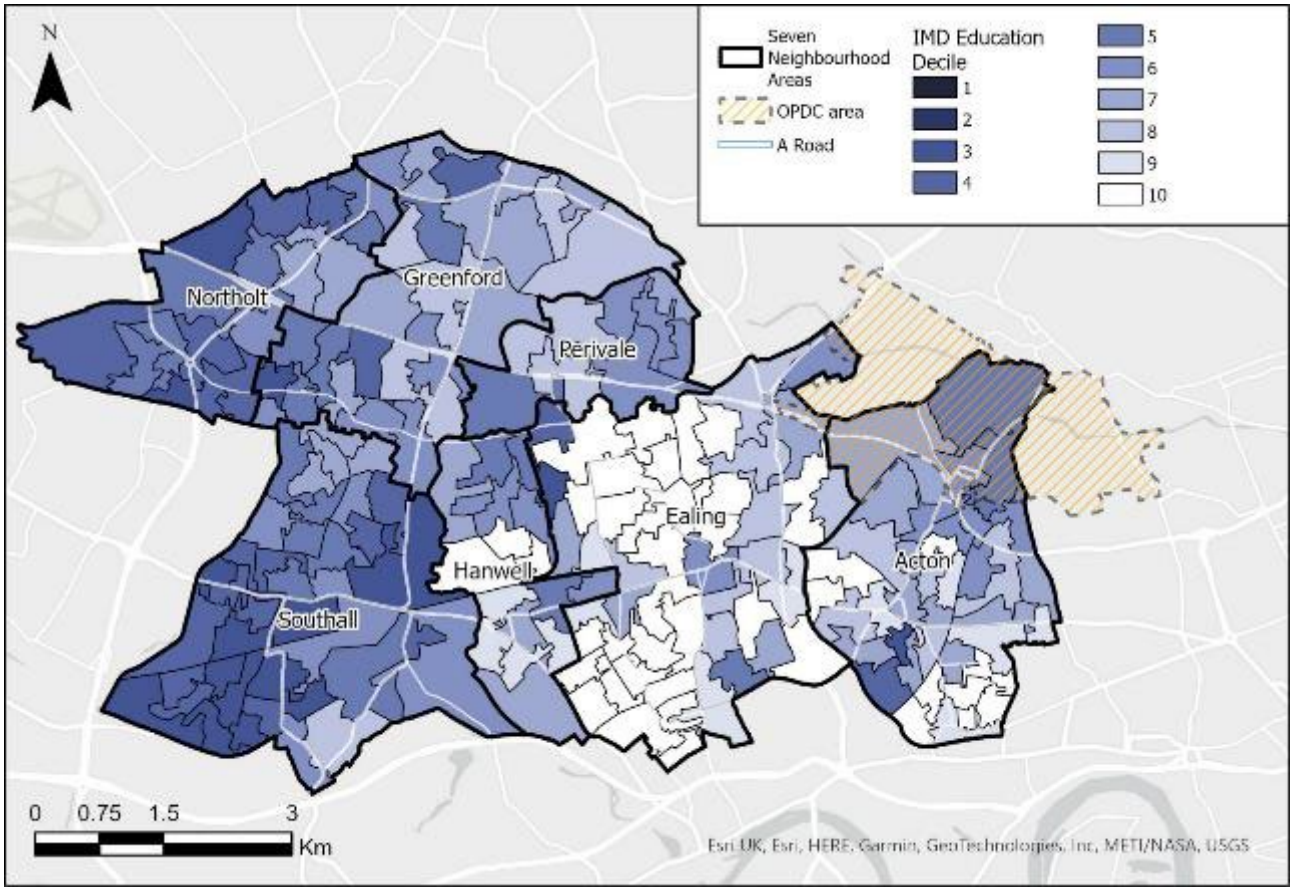
3.2.7 Education, employment and skills

Education, employment, and skills is a health issue for LBE as it performs relatively worse than London or England averages in some health determinant indicators. However, it does not fall within the top three worst performing health determinants for the borough.

Education and skills

Education, skills, and training IoD: The majority of areas within LBE fall within the less deprived deciles for education skills and training, suggesting low to medium levels of education, skills and training deprivation[107]. However, spatial variations exist. Southall and Northolt in the west of the borough are more deprived in terms of education, skills and training than central areas of the borough such as Ealing and Hanwell neighbourhood areas (see Figure 16).

Figure 16: Education, skills and training deprivation in LBE.



Source: Ministry of Housing, Communities & Local Government, 2019[108].

School provision and demand: As of 2017-2018 (latest available data) there was an adequate supply of childcare for 0-4 years to meet demand within LBE as a whole. Levels of sufficiency in current provision vary across neighbourhood areas and wards (e.g. Southall has low levels of sufficiency)[109].

[107] 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

[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 Council and Coda Consultants. 2018. Childcare Sufficiency Assessment 2017/2018.

Most primary schools (49 out of 68 primary schools) in LBE have a surplus of spaces and 55% of these have a surplus of more than five places. Primary school rolls have been declining in recent years and this is expected to continue over the next few years due to falling birth rates in LBE overall and out-migration from the borough. As a result, LBE has reduced its primary school capacity for upcoming years.

There is uncertainty about the longer-term impact of COVID-19 and Brexit on migration trends and the Council will continue to manage current and projected surplus, while keeping projections and trends under regular review. Significant planned growth, particularly around Southall has not yet been factored into pupil forecasts and further work will be required to assess the need for additional places associated with growth and the timing of this.

At a secondary level, LBE expects to have sufficient capacity at the borough level to meet demand for the remainder of the projection period (seven years). Pupil forecasts peak this academic year (2021/2022) and are then projected to decrease year on year from 2022/23. However, many of the more popular secondary schools are significantly over-subscribed and LBE is currently a net exporter of secondary school pupils to neighbouring boroughs. This could potentially be due to the fact that some of the popular schools in LBE are oversubscribed and pupils prefer to attend schools outside the borough rather than go to the ones within LBE that have capacity but are not as popular. This situation will be analysed in more detail in the next iteration of the IDP.

However, as the cohort sizes decrease, it is expected that unmet demand for oversubscribed schools will reduce, and Ealing will retain more secondary school pupils in borough schools. Despite the increase in capacity and projected reduction in demand elsewhere in the borough, pressure on places is likely to continue in Southall due to a combination of factors including the popularity of secondary schools in the area, primary cohort sizes reducing later in this area than elsewhere in the borough and the impact of major planned residential developments. It is likely that further secondary capacity will be required in Southall over the next 10 years.

Special Education Needs and Disability (SEND) provision and demand: There are 6 SEND schools in LBE, as well as two Pupil Referral Units and three non-maintained or independent SEND schools. The number of children and young people aged 0-25 with Education and Healthcare Plans (EHCPs) increased by 59% in the five years to 2019/20 in LBE, in line with national and London trends[110]. This increase is likely to result in an increased demand for SEND provision in mainstream schools.

Higher and Further Education provision: 14 out of the 16 secondary schools in LBE have a sixth form, and three sixth forms have opened in recent years and are not yet at capacity. A number of colleges in LBE provide other forms of post-16 education and vocational courses. For example, Ealing, Hammersmith, and West London College has four sites in LBE, and Capel Manor College is located in Gunnersbury[111].

Highest qualification of residents: LBE has a higher proportion of residents who have attained qualifications at degree level or above than both the regional and national averages. It also has a slightly higher than average proportion of residents with qualifications below 5 GCSE grades A-C or with no qualifications[112].

[110] Ealing Council (2020) Cabinet Report: Update on School Places and Authority to Publish Statutory Proposals for Fielding Primary School ARP

[111] Consultation with Ealing Education Authority 2020 to inform Arup. 2021. Infrastructure Delivery Plan Baseline Report

[112] ONS. 2021. Annual Population Survey. Available online at: https://www.nomisweb.co.uk/sources/aps

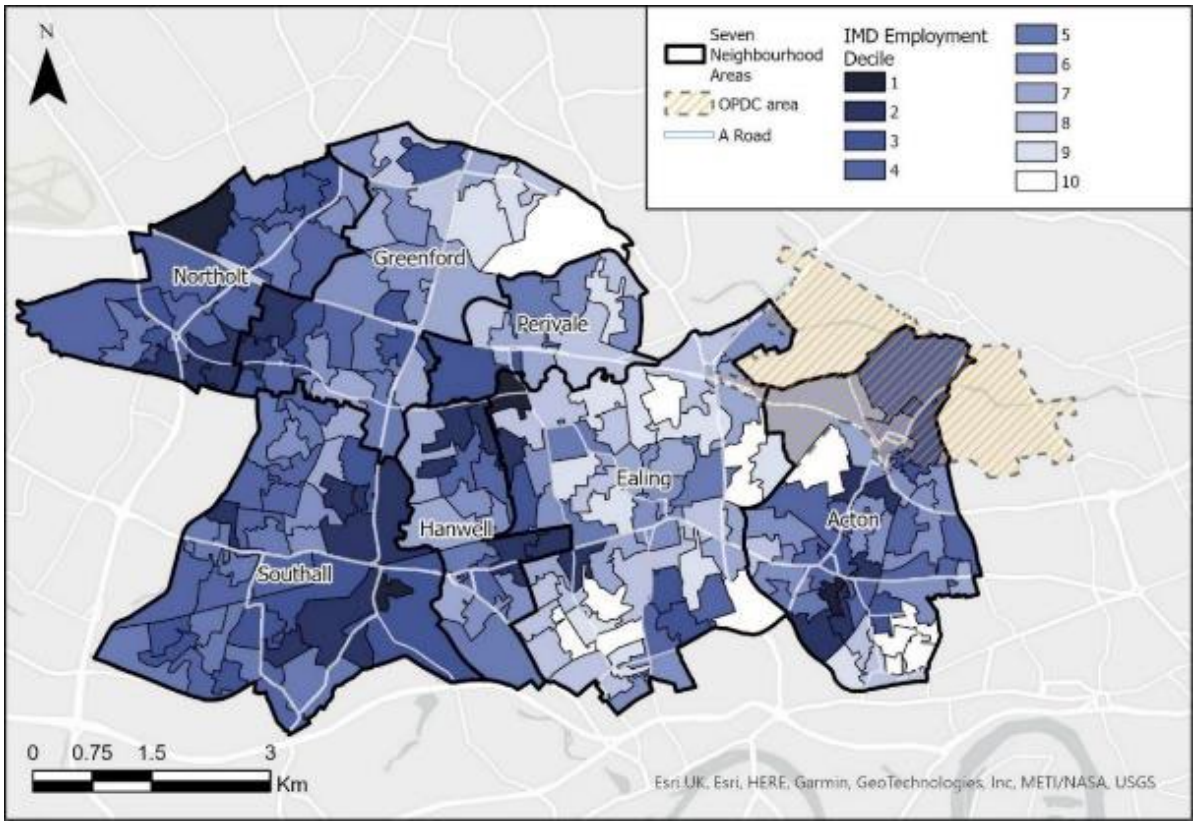
Good level of development at early years foundation stage (EYFS) and attainment 8 score: Lowest levels of good development at EYFS are in Norwood Green (Southall), Northolt Mandeville (Northolt), and Greenford Green (Greenford) - 50.9%, 59.1% and 65.0% of children respectively. Highest levels of good development at EYFS are in Southfield (Acton) and Northfield (Ealing) - 81% and 79.3% of children respectively[113].

Females outperform boys in LBE (at national level too) and the gap between expected achievement levels of pupils eligible for free school meals (FSM) and of those who are not eligible is greater in LBE than the London average[114,115]. This gap continues throughout secondary education. Overall, the attainment 8 score (average score across 8 best GCSEs) across LBE is above the London and England scores[116].

Employment

Employment IoD domain: High spatial variation in employment deprivation exists across LBE and across neighbourhood areas. Areas of high employment deprivation are concentrated in the west of the borough (Southall and Northolt) and east of the borough (Acton). Employment deprivation is lower in central and northern parts of the borough. Parts of Acton and Greenford have very high and very low employment deprivation[117] (Figure 17).

Figure 17: Employment deprivation in LBE.



[113] Ealing Council. 2019. Good Learning Development by Ealing Ward. Available online at: https://tinyurl.com/2yw86kk7

[114] Department for Education. 2020. Early Years Foundation Stage Profile. Available online at: https://tinyurl.com/ymxy65xh

[115] Department for Education. 2020. GCSEs. Available online at: https://www.gov.uk/government/collections/statistics-gcses-key-stage-4

[116] Office for Health Improvement & Disparities. 2019/2021. Attainment 8 Score. Available online at: https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest

[117] 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

Source: Ministry of Housing, Communities & Local Government, 2019[118].

Employment and unemployment rate: LBE's overall employment rate is slightly above the regional and national averages[119]. The rate of female employment in LBE is approximately 5-6% below national and regional averages and the rate of male employment is approximately 5-6% above. The proportion of people unemployed in LBE (approximately 12,000 people) is higher than the proportion in London and England in 2020[120].

In 2019-2020, long term unemployment affected approximately 1,083 people, with the long-term unemployment rate per 1,000 working age population highest in Northolt (Northolt West End, Northolt Mandeville wards) and Hanwell (Elthorne ward). This is likely to have increased due to the impact of COVID-19[121]. As of 31 January 2021, 33,300 or 20% of working residents in LBE were still relying on the Coronavirus Job Retention Scheme (CJRS). This is the second highest number of all London boroughs[122].

Income

Income IoD domain: Spatial variation in income deprivation exists across the LBE and across neighbourhood areas. Areas of high-income deprivation are concentrated in the western part of the borough (Southall and Northolt). Income deprivation is low in parts of Ealing and southern Acton[123] (see Figure 18).

[118] 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

[119] Office for Health Improvement & Disparities. 2020. Employment rate. Available online at: https://tinyurl.com/3cdywpcn

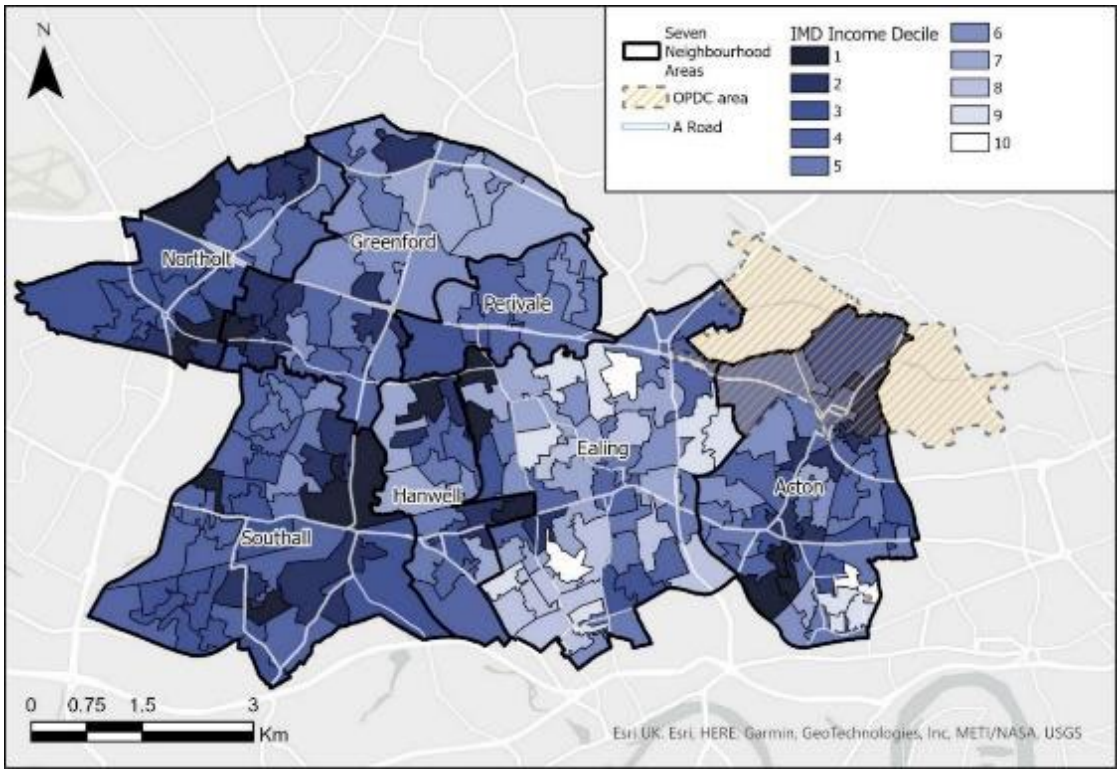
[120] Office for Health Improvement & Disparities. 2020. Unemployment. Available online at: https://tinyurl.com/2p977h3z

[121] Nomis. 2021. Labour Market Statistics. Available online at: https://www.nomisweb.co.uk/home/profiles.asp

[122] Volterra Partners LLP for London Councils. 2021. Detailed study of unemployment in London. Data obtained from Ealing Council. Available online at: https://tinyurl.com/yw8cznyt

[123] 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

Figure 18: Income deprivation in LBE.



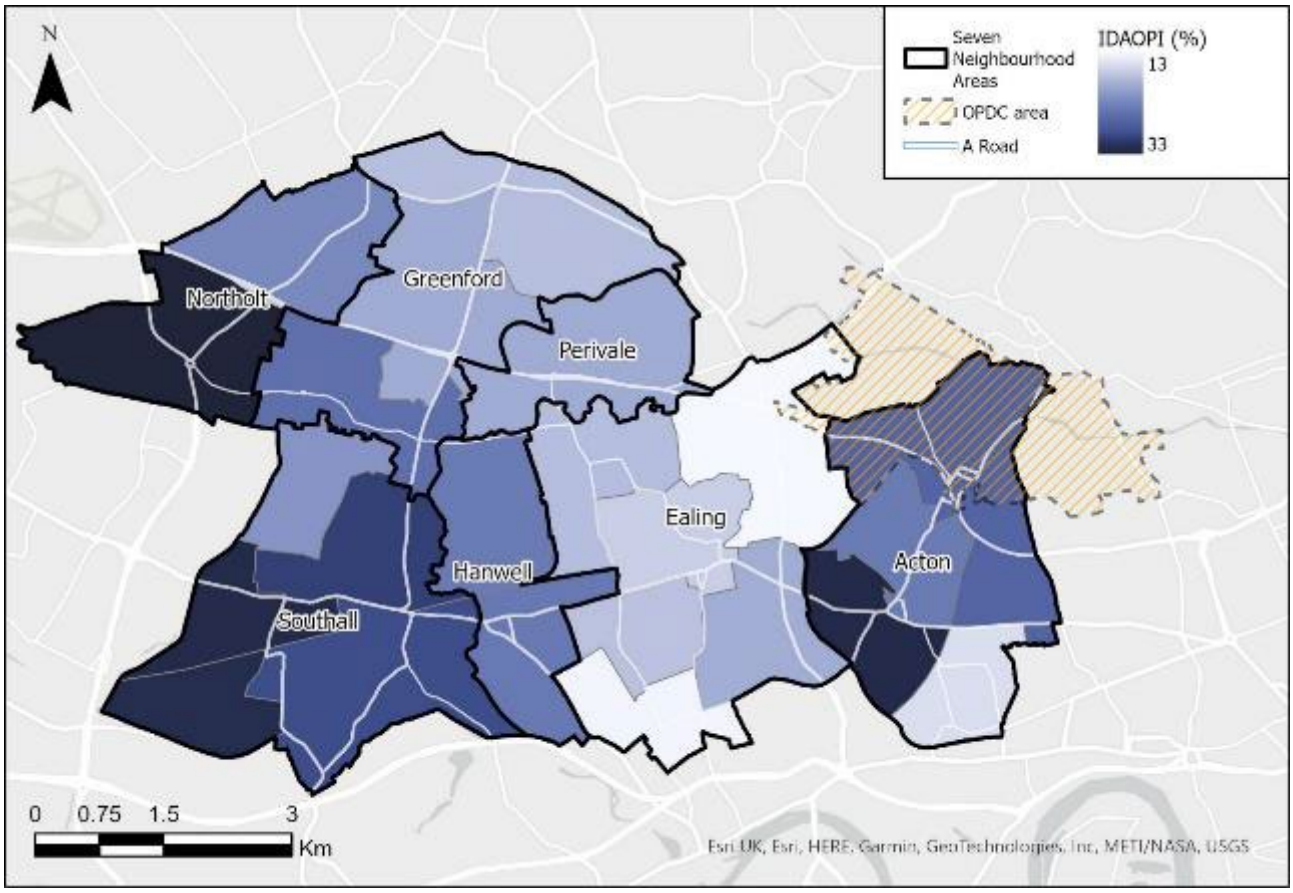
Source: Ministry of Housing, Communities & Local Government, 2019[124].

Older people (aged 65+) in poverty, Income deprivation affecting older people index (IDAOPI): The percentage of older people (aged 65+) who are income deprived (both out of work and in work with low earnings) is significantly higher than the England average[125]. The highest proportion of older residents living in income deprived homes are in Northolt (Northolt West End), Acton (South Acton), and Southall (Southall Broadway, Southall Green, Norwood Green, and Dormers Wells). Overall, Southall has the highest proportion of older residents living in income deprived homes. This suggests that these areas are likely to have highest proportion of health outcomes associated with low income (see Figure 19).

[124] 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

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

Figure 19: Income deprivation affecting older people index.



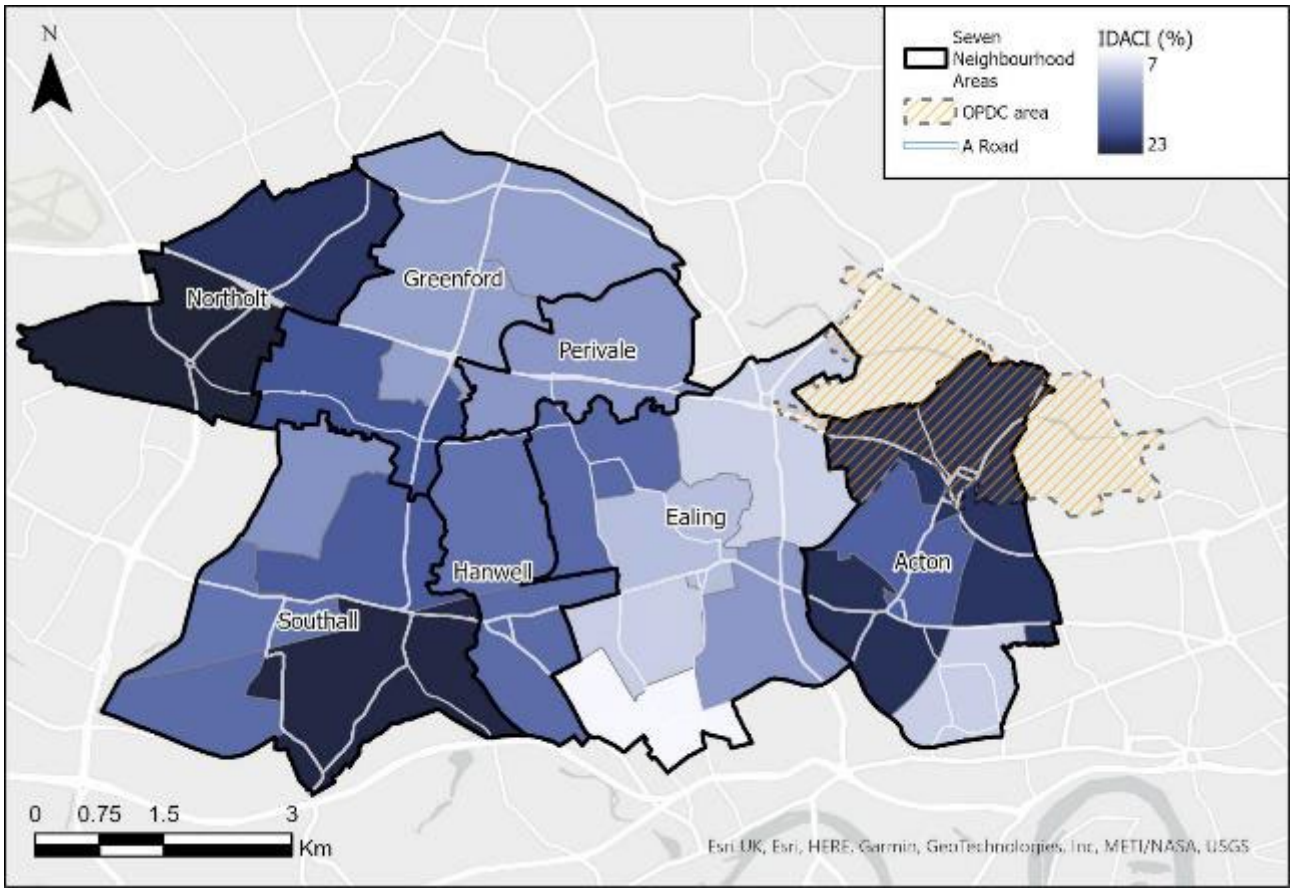
Source: Ministry of Housing, Communities & Local Government, 2019[126].

Child poverty, Income deprivation affecting children index (IDACI): The highest proportion of children living in income deprived homes are in Norwood Green (Southall), Northolt West End (Northolt), Northolt Mandeville (Northolt), South Acton (Acton), and East Acton (Acton)[127] (see Figure 20). This suggests that these areas are likely to have the highest proportion of health outcomes associated with low income.

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

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

Figure 20: Income deprivation affecting children index.



Source: Ministry of Housing, Communities & Local Government, 2019[128].

Income levels: The median annual gross pay of LBE residents in 2021 was £34,190. That was lower than the London median of £37,500, but higher than the England median of £31,490[129].

In 2018, the total average (gross) annual household income[130] in LBE was £54,103, broadly the same as London (£53,545) and significantly higher than the UK (£43,490)[131]. The median total (gross) annual household income for all MSOAs in LBE was approximately £53,000.

Wards[132] with the lowest total (gross) annual household income in 2018 were Northolt West End (Northolt) and Southall Broadway (Southall) at approximately £42,000. Wards with the highest total (gross) annual income in 2018 were Southfield (Acton) and Cleveland (Ealing neighbourhood area) at approximately £73,000[133].

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

[129] Nomis, Annual Survey of Hours and Earnings (ASHE) - resident analysis, 2021. Available online at https://www.nomisweb.co.uk/sources/ashe

[130] CACI data on total household income is the sum of the gross income of every member of the household plus any income from benefits such as Working Families Tax Credit.

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

[132] Ward-level data is not available, therefore MSOA and LSOA boundaries were used to match the equivalent wards in order to estimate the lowest and highest income wards in LBE.

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

The percentage of children in low-income families is 17% in LBE. This is lower than London but in line with England[134]. Low income includes people who claim Child Benefit and at least one other household benefit. The numbers are calibrated to the Households Below Average Income (HBAI) dataset used to provide the government's headline poverty statistics. The income measure includes contributions from earnings, state support and pensions. The percentage of children (under 16) living in relative and absolute low-income families is highest in Northolt (Northolt Mandeville and Northolt West End wards) and Southall (Norwood Green, and Dormers Wells wards)[135,136].

Employment and income benefits: The proportion of people claiming out of work benefits in LBE was 7.3% in 2021. This was significantly higher than London and Great Britain[137]. The proportion of LBE's population aged 16–64 claiming out of work benefits in 2019/20 was highest in the neighbourhood areas of Northolt (Northolt West End ward), Hanwell (Hobbayne and Elthorne wards), and Southall (Norwood Green wards)[138]. Since March 2020, there has been a significant increase in claimant count, followed by an increase in unemployment likely due to the impact of COVID-19 which has hindered job opportunities for large numbers of the population.

The rate of long-term claimants of Jobseeker's Allowance in LBE was 4.0 per 1,000 population in 2019 (significantly higher than London and England)[139]. The proportion of people claiming Employment and Support Allowance was 4.7% in 2018 (marginally higher than London but lower than England)[140].

The proportion of people claiming Universal Credit in December 2021 was highest in the neighbourhood areas of Southall (Southall Broadway, Dormers Wells, and Southall Green wards), followed by Acton (Acton Central and South Acton wards) and Ealing (Cleveland ward)[141].

The proportion of pupils eligible for FSM in the autumn term of 2020/21 was 20% in LBE. This is in line with London and England[142]. There was an increase in the percentage of pupils eligible for FSM in all areas between January 2020 and October 2020. The largest increases were in Northolt and Acton[143].

The percentage of the population claiming housing benefit is 5.8% in LBE. This is higher than England (4.2%) and marginally higher than London (5.6%)[144]. Across the borough, the percentage of the population claiming housing benefit varies significantly. Parts of Hanwell (Hobbayne ward) and Ealing (Cleveland ward) have more than 16% of their population claiming housing benefit, which is significantly higher than the London and England averages.

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[134] DWP / HM Revenue and Customs. 2020. Mid-year estimates – 2019: Children in Low Income Families -local area statistics.

[135] DWP / HM Revenue and Customs. 2020. Mid-year estimates – 2019: Children in Low Income Families -local area statistics.

[136] The definition of relative low income is living in a household with equivalised income Before Housing Costs (BHC) below 60% of contemporary national median income. The definition of absolute low income is living in a household with income below 60% of (inflation-adjusted) median income in 2010 to 2011 index.

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

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

[139] OHID. 2019. Claimants of Jobseekers Allowance. Available online at: https://tinyurl.com/3xrhs3yt

[140] OHID. 2019. Employment and Support Allowance. Available online at: https://tinyurl.com/3xrhs3yt

[141] Stat-Xplore. Available online at: https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml

[142] Department for Education. 2020/21. Free School Meals Autumn Term. Available online at: https://tinyurl.com/n84kspfb

[143] Department for Education. 2020/21. Free School Meals Autumn Term. Available online at: https://tinyurl.com/n84kspfb

[144] Stat-Xplore. 2018. Housing Benefit Caseload. Available online at: https://tinyurl.com/2defcyxh

Local Council Tax Support claimants as a percentage of population in Q2 of 2021-2020 was broadly in line with the London and England benchmarks[145].

Implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE

Levels of education, income, and skills can significantly influence health outcomes. Together, they indicatively contribute to 30% of overall population health (approximately 10% determined by education, 10% determined by employment, and 10% determined by income).

Adults with higher education qualifications tend to have better health and healthy life expectancy compared to those without any higher education qualifications. Furthermore, their children tend to experience less infant mortality, have longer life expectancy, and higher rates of vaccination and school enrolment. Remaining in school has been shown to causally reduce the risk of diabetes in mortality.

Being in good employment is usually protective of health, while unemployment, particularly long-term unemployment, contributes significantly to poor health. Unemployment and poor-quality work are major drivers of inequalities in physical and mental health. Evidence shows that people on low income have higher rates of mental health conditions including depression and chronic conditions such as heart disease, stroke, and diabetes.

The highest levels of total average household income and the high levels of Universal Credit claimants in Cleveland ward demonstrate how even within one ward within one neighbourhood area, there can be quite stark differences between health issues, health priorities, and health inequalities between LSOAs.

Based on the above, it is recommended that:

- The planning and delivery of health infrastructure and health services in LBE should consider the role of the health sector as a focal point for providing education, training, skills and employment opportunities for LBE residents. This could contribute to addressing NHS staff recruitment challenges.
- The planning and design of the built environment and public realm in LBE should ensure that sufficient capacity for early years, primary, and secondary provision is planned for and delivered. It should also prioritise developments which support training, skills, and employment opportunities for LBE residents, particularly in parts of Southall, Greenford, and Northolt.

[145] Department for Levelling Up, Housing & Communities. 2022. Local Council Tax Support claimant numbers: England. Available online at: https://tinyurl.com/3zrfp5mx

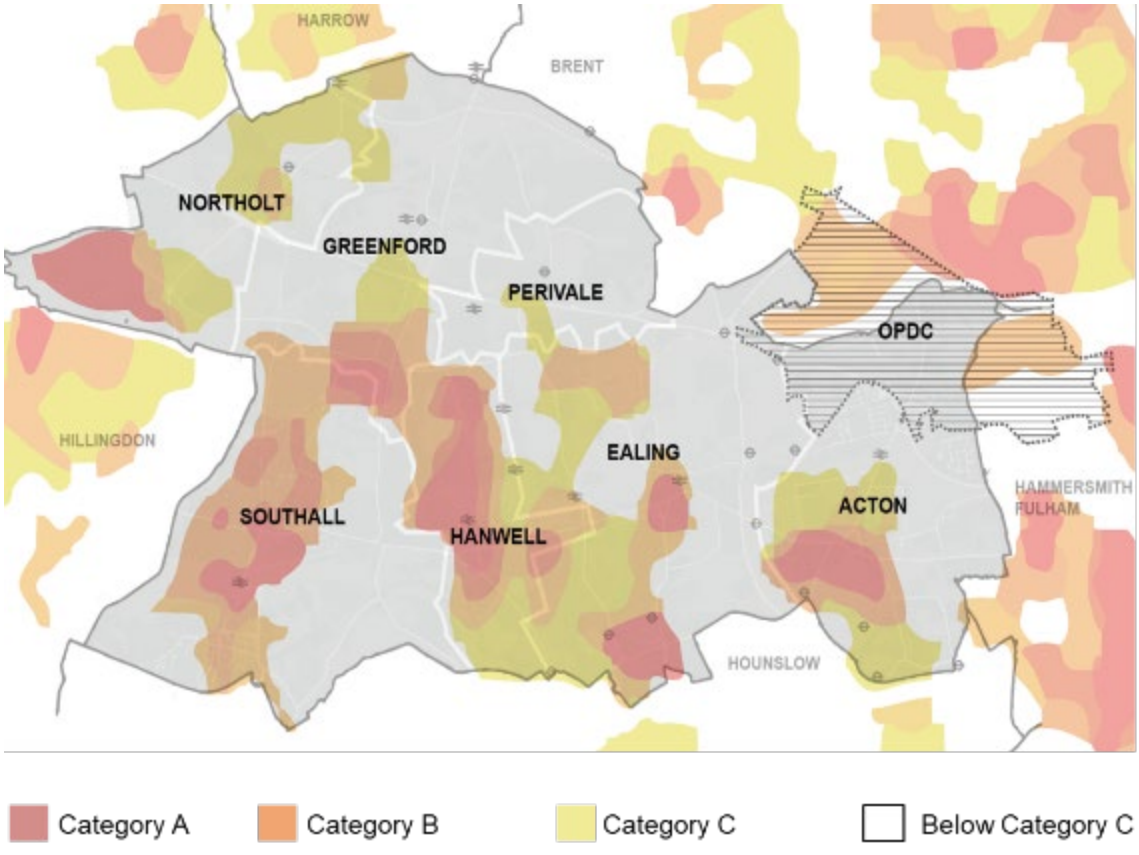
3.2.8 Active travel and transport

Active travel and transport is a health issue for LBE as it performs relatively worse than London or England in some health determinant indicators. However, it does not fall within the top three worst performing health determinants for the borough.

Access to opportunities and services (ATOS): ATOS is a measure of connectivity which contributes to physical activity and reduced levels of isolation and severance. ATOS measures how easy it is to access essential key services and employment locations, using public transport or walking[146]. ATOS scores range between A and E, where A indicates the best level of connectivity and E indicates the worst level of connectivity.

ATOS considers a range of services including employment, education, health, food shopping, and open spaces. It is a useful measure for considering places which require connectivity improvements. However, it does not consider the quality or the capacity of different services. ATOS scores vary across the borough[147] (see Figure 21). Hanwell is the only neighbourhood area with good ATOS across its entirety. All other neighbourhood areas have variable scores. Good ATOS scores are observed in western Southall, western Acton, central and western Ealing, and north-eastern and south-western Northolt. Lowest ATOS scores are in Greenford and Perivale.

Figure 21: Access to opportunities and services (ATOS) across LBE.



Source: Internal LBE data, 2022[148].

[146] TfL. 2015. Assessing transport connectivity in London. Available online at: https://content.tfl.gov.uk/connectivity-assessment-guide.pdf

[147] Internal LBE data based on 2015 TfL data. 2022. Ealing Regeneration Team.

[148] Internal LBE data based on 2015 TfL data. 2022. Ealing Regeneration Team.

Active travel (walking and cycling): Between 2017-2020, 31% of daily trips in LBE were made by walking, 1.9% of daily trips were made by cycling, and 36% were made by car or motorcycle[149]. Approximately, 29% of LBE residents undertake 10 minutes of active travel at least twice a day[150]. The proportion of LBE residents who do any walking or cycling once a week is lower than regional and national averages.

The safety of cycling is improving in LBE. The percentage of the population within 400m of a strategic cycle network is also increasing. Immediate demand for cycle parking in LBE is higher than similar northwest outer London boroughs[151]. There are three Cycleways in LBE (two former Quietways, 'Q23' and 'Q16', and one former cycle Superhighway). Uxbridge Road has high cycle flows (sections in top 5%, 10%, and 15% of highest cycle flows in London).

TfL STARS Travel to School Survey Analysis: Wards with the highest proportion of pupils and staff engaging in active travel (walking, cycling, or scooting) to school are Cleveland in Ealing (71%), South Acton in Acton (70%), Southall Broadway in Southall (67%), and Elthorne in Hanwell (65%)[152]. Wards with the lowest proportion of pupils and staff engaging in active travel to school are Northolt Mandeville in Northolt (37%), Ealing Broadway in Ealing (38%), Greenford Broadway in Greenford, and Hanger Hill in Ealing (both 43%).

Multiple factors may affect active travel to school including attitudes towards active travel, the quality of walking and cycling routes and the location of popular schools. For example, some of the most popular schools in LBE attract students from other neighbourhood areas who may be less likely to be able to walk or cycle to school.

Public transport and Public Transport Accessibility Levels (PTAL): PTAL is a measure of accessibility to the public transport network in London, considering walking times to stations or stops and service availability at station or stops[153]. Each area is graded between 0 and 6b, where a score of 0 is very poor access and 6b is excellent access to public transport.

PTALs do not take destinations you can travel to or ease of travel to a location into account. They are also not a good representation of access to where people want to go. However, PTAL is a measure of density of public transport and, therefore, when combined with other aspects of connectivity such as ATOS, and active travel modes it provides a good picture of connectivity across the borough.

Approximately 29% of daily trips within LBE were made by public transport mode between 2017/18 and 2019/20[154]. The number of public transport trips in LBE fell from 213,000 in 2011/12 to 202,000 in 2019/2020.

PTAL varies substantially across the borough (see Figure 22). PTAL is good in Ealing town centre, and less good around other borough town centres and along main roads. PTAL tends to be lower towards the northern, southern, and western edges of the borough. Average PTAL scores in central and eastern parts of the borough, such as Ealing

[149] TfL.2020. Mayors Transport Strategy. Local Implementation Plan 3. Data obtained from Ealing Council. Available online at: https://tfl.gov.uk/corporate/about-tfl/the-mayors-transport-strategy

[150] TfL.2020. Mayors Transport Strategy. Local Implementation Plan 3. Data obtained from Ealing Council. Available online at: https://tfl.gov.uk/corporate/about-tfl/the-mayors-transport-strategy

[151] Ealing Council. 2019. Ealing Cycle Plan. Available online at: https://www.ealing.gov.uk/downloads/download/5404/cycling_plan

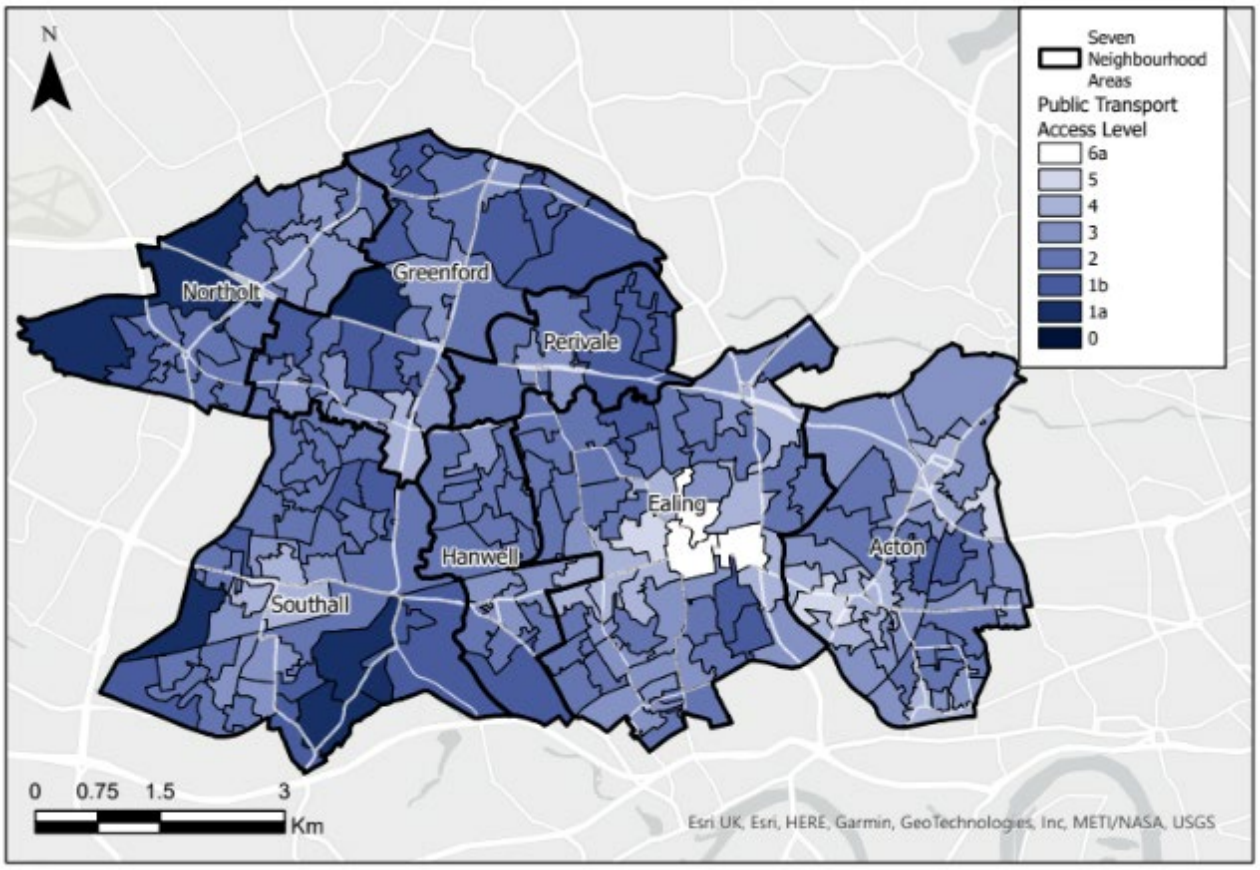
[152] Internal LBE data based on 2016/17 – 2020/2021 STARS data. 2022. Ealing Schools Team.

[153] TfL. 2015. PTAL. Available online at: https://tinyurl.com/yavdpmt4

[154] TfL. 2015. PTAL. Available online at: https://tinyurl.com/yavdpmt4

neighbourhood area (3.75) and Acton (3.69), are higher than those in northern and western parts of the borough, such as Greenford (2.87), Perivale (2.31) or Southall (Norwood Green). Parts of Greenford, Northolt, and Perivale have very low PTAL of 1a or 1b. This is likely reflective of the fact that some areas of the borough are far away from London Underground or rail stations and are served by limited bus services only. Further, it reflects the limited amount of north-south public transport connections observed within the borough.

Figure 22: Public transport accessibility levels (PTAL) in LBE.



Source: TfL, 2015[155].

Car and motorcycle use: High PTAL values correspond with low average number of cars owned per household. For example, Acton (0.72 cars per household) and Ealing (0.9 cars per household) compared to Greenford (1.06 cars per household) or Perivale (1.09 cars per household). Average car ownership in LBE is 0.9 cars per household, which is above the London average of 0.8, but below the England average of 1.1. The number of cars licensed has remained stable between 2015 and 2020 (approximately 116,000) [156].

Overall, people in LBE still rely on cars to a great extent as their main form of transport. Annual vehicle kilometres increased from 1,215 million kilometres in 2014 to 1,250 million kilometres in 2018 which exceeds the local implementation plan (LIP) target of 1,224 million kilometres. Most daily trips made by car or motorcycle are short trips and approximately 30% of trips made by car are between 0–2 km.

[155] TfL. 2015. PTAL. Available online at: https://tinyurl.com/yavdpmt4

[156] Department for Transport. 2021. Licensed Vehicles – Type, Borough. Available online at: https://data.london.gov.uk/dataset/licensed-vehicles-type-0

There were 983 road accidents in LBE in 2019 and the rate of people killed and seriously injured in road accidents was 156.4 per billion vehicle miles. This is better than the London rate (165.8 per billion vehicle miles) but much worse than the England rate (86.1 per billion vehicle miles) [157].

Implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE

As an outer London borough, LBE provides a mixed picture in terms of access to services and opportunities, levels of active travel, public transport use, and car use. Despite some areas with very good ATOS and PTAL scores, encouraging signs of increased active travel to school in some areas, and increased demand for and delivery of safer cycling infrastructure, some areas have very low ATOS and PTAL scores.

The proportion of LBE residents who do any walking or cycling once a week is lower than the national average. Car ownership and use levels are high in LBE and most daily trips made by car are for journeys under 2km, many of which could be walked or cycled.

Poor access to health, education, and community facilities, including health infrastructure and health services, by walking, cycling, scooting, or public transport is associated with reduced physical activity and increased sense of isolation which is detrimental to physical and mental health. Active travel is associated with increased routine physical activity, improved mental health and improved air quality.

Based on the above, it is recommended that:

- The planning and delivery of health infrastructure and health services in LBE should consider the location of new or improved health infrastructure and health services in relation to existing or planned active travel routes and public transport networks. This will encourage active travel and use of public transport.
- The planning and design of the built environment and public realm in LBE should focus on:
  - improving the quality of and access to attractive streets and walking routes in priority areas;
  - improving the quality of and access to safe cycling routes and the wider cycle network in priority areas;
  - addressing contributing factors to low active travel to school in priority areas;
  - addressing areas impacted by lack of north-south public transport connections;
  - addressing contributing factors to lack of modal shift to active travel for short journeys; and
  - improving general road safety, especially for pedestrians and cyclists.

[157] DfT. 2021. Accidents by country, English region, local authority and road class. Available online at: https://www.gov.uk/government/statistical-data-sets/reported-road-accidents-vehicles-and-casualties-tables-for-great-britain

3.2.9 Open space and nature

Open space and nature is a health issue for LBE as it performs relatively worse than London or England averages in some health determinant indicators. However, it does not fall within the top three worst performing health determinants for the borough.

LBE contains an abundance of green open space, although this is not evenly distributed across the borough. There is a much higher provision of green open spaces in the western half of the borough. This partly reflects the more urban and densely developed character of the eastern half of the borough (Acton in particular).

Much of the borough's green open spaces have Green Belt (GB) or Metropolitan Open Land (MOL) designations. Together, GB and MOL total 1,173ha (GB - 308ha, MOL - 865ha). In addition, LBE has 613ha of Public Open Space, 449ha of Community Open Space, and 80ha of Heritage Land.

Altogether, LBE has approximately 2,315ha of designated open space[158]. Approximately 98% of its population is within a 10-minute walk of a publicly accessible park or green space[159].

Furthermore, LBE has a notable amount of blue space or blue infrastructure. There are ten miles of canals in LBE and the River Brent flows north to south through the borough, as well as other smaller rivers and streams.

There is generally a strong network of green infrastructure including parks and gardens and over 24,000 street trees and 50,000 trees in parks[160]. Tree canopy cover levels in LBE vary from under 10% (three wards in Southall) to over 25% in others (e.g. North Greenford ward in Greenford). The borough average is 16.9%, which is slightly lower than the London average (19.5%) and a suggested general tree canopy cover goal of 20%[161,162] (see Figure 23).

There are 102 Sites of Importance for Nature Conservation (SINCs) covering over 1,000 hectares of land[163]. This equates to 4.26ha per 1,000 population, well above the Fields in Trust (FIT) standard of 1.8ha. The majority of LBE's SINCs overlap with MOL and Green Belt.

Green Flags are national awards that are given to the best parks and green spaces in the UK and are a good indicator of green space quality. In 2021, 21 of LBE's 56 parks were awarded Green Flags[164]. The majority of Green Flag parks are located in Ealing neighbourhood area (6), followed by Southall (5), and Acton (5).

In summary, whilst LBE is a green borough overall in terms of the quantity and proximity to parks and green spaces, the distribution of good quality parks, green spaces, and blue spaces is uneven. The majority 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

[158] Ealing's Authority Monitoring Report 2014/15-2018/19 (Interim Report), October 2021. Available at: https://www.ealing.gov.uk/download/downloads/id/16845/interim_amr_2014_-_2019.pdf

[159] Fields in Trust. 2021. Green Space Index. Available online at: https://www.fieldsintrust.org/green-space-index

[160] Allies and Morrison & Solidspace (2022) Ealing Character Study A1 Report: Borough-wide Characterisation. Available at: Ealing character studies | Ealing Council

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

[162] Trees for Cities. 2018. Valuing Urban Trees: Ealing i-Tree Eco Technical Report. Available online at: https://www.ealingitree.online/Ealing%20i-Tree%20report.pdf

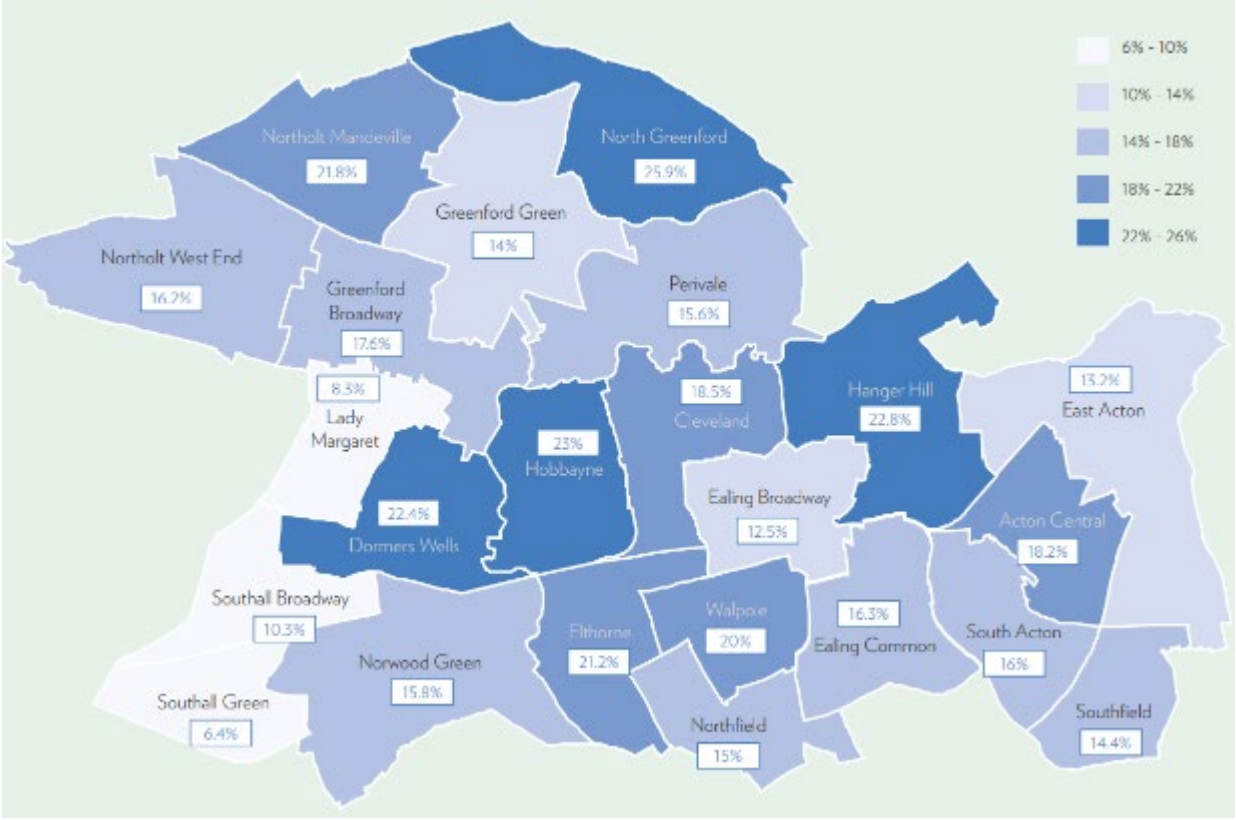
[163] Ibid

[164] Green Flag Award. 2021. Green Flag award Winners 2021. Available online at: https://tinyurl.com/2dyz6x5c

per person, access to nature, tree canopy cover and provision for children and young people, varies considerably across the borough[165].

For example, 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, low levels of tree canopy cover, and poor access to Sites of Importance for Nature Conservation (SINCs). Another example is parts of Ealing neighbourhood area (e.g. Hangar Hill ward) have high levels of tree canopy cover but are deficient in provision of play space with facilities for children and young people.

Figure 23: Tree canopy cover levels in LBE's wards calculated using i-Tree Canopy software.



Source: Trees for Cities, 2018[166].

[165] Fields in Trust. 2021. Ten – minute walk from green space Available online at: https://tinyurl.com/55x6ympm

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

Implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE

Access to open space and nature can influence health outcomes. Access to and use of local, good quality parks and green spaces improves the physical and mental health and wellbeing of all sections of the community and can help to reduce health inequalities.

Publicly accessible parks and green spaces tend to have the most direct health benefits (e.g. providing space for exercise, relaxation, play, and active travel routes). But green spaces that are not fully publicly accessible also have health benefits (e.g. psychological health benefits of views of nature or contemplative landscapes, and physiological health benefits of the cooling effect of trees).

All open space and nature is beneficial for mental health in some way, regardless of type (i.e. parks, forests, grassland, urban green spaces, informal street greenery, and tree canopy).

Based on the above, it is recommended that:

- The planning and delivery of health infrastructure and health services in LBE should focus on:
  - integrating urban greening, views of and/or access to green space and nature into the design of health care buildings and estate; and
  - the role of parks and green spaces for social prescribing and the promotion of public health information.
- The planning and design of the built environment and public realm in LBE should safeguard existing parks and green spaces of all types, particularly publicly accessible green space.
- In areas where deficiencies in quantity, quality or accessibility of green space have been identified, planning policies should encourage the improvement of existing open spaces and require the provision of new spaces in areas of growth.
- Where space is more limited, focus should be on integrating alternative forms of urban greening and planting in and around new developments. This is especially in areas where access to ‘Open space and nature’ is either a health priority or a health issue (i.e. green space deficient and/or high growth neighbourhood areas and wards).

3.2.10 Nutrition

Nutrition is a health issue for LBE as it performs relatively worse than London or England averages in some health determinant indicators. However, it does not fall within the top three worst performing health determinants for the borough.

Fast food: There was a total of 286 fast food outlets in LBE in 2014 which translates to a density rate of 83.6 fast food outlets per 100,000 people. This is lower than the density in London (101.4 per 100,000 people) and England (88.2 per 100,000 people) [167]. This suggests there is a lower number of fast-food outlets per population within the borough compared to London and England.

Recent lower spatial scale data for this indicator is not available but data for 2006 –2008 suggests that consumption of fruit and vegetables in LBE is lowest in Southall (Southall Green, Southall Broadway, Lady Margaret, Dormer Wells, and Norwood Green wards) and Northolt (Northolt West End and Northolt Mandeville wards) where less than 33% of people consume five portions of fruit and vegetables a day[168].

Allotments: LBE is one of the richest London boroughs in terms of allotment sites, along with LB Bromley and LB Barnet[169]. There are 74 allotment sites in LBE (45 of these are managed by Ealing Council) with a total area of 53.16ha[170]. This equates to 0.21ha per 1,000 people in LBE. This is double the average provision in London (0.1ha per 1,000 people) and just over the standard recommended by the National Society of Allotment and Leisure Gardeners (0.2ha per 1,000 households).

LBE also has a relatively high number of allotment sites per people (1.3 sites per 10,000 people) compared to other London boroughs. However, level of provision is not equally distributed across the borough and there is limited provision in more urban areas of LBE (e.g. Central Ealing ward). As of January 2022, there were 1,167 people on waiting lists for allotment plots, suggesting that more sites and plots, or alternative forms of community growing spaces, are needed to meet current demand. A new allotment site in Popesfield, Gunnersbury (Ealing neighbourhood area) is due to open soon[171].

[167] Office for Health Improvement & Disparities. 2014. Density of Fast Food Outlets. Available online at: https://tinyurl.com/mry9jjb6

[168] GLA. 2013. Better Environment, Better Health. Available online at: https://tinyurl.com/yc8nur5x

[169] 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://tinyurl.com/5fh5spwz

[170] Internal LBE data. 2020. Allotments Team.

[171] Internal LBE data. 2022. Allotments Team.

Implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE

Access to affordable healthy food and adequate nutrition can significantly influence health outcomes.

Increased availability of healthy food options can encourage a healthier diet and lower the health risks associated with high intake of calories, sugar and saturated fats, and low consumption of fresh fruit and vegetables.

Reduced access to healthy food options and availability of unhealthy foods options (such as fast food and takeaway outlets) increases diet related health risks, and can lead to obesity and type 2 diabetes, cardiovascular disease, and cancers associated with obesity.

Increased density of fast food outlets is related to increased Body Mass Index (body fat based on height and weight). Fast food outlets within 160m of schools are associated with a 5% increase in childhood obesity, which supports the London Plan policy (E9) requiring any new A5 hot food takeaways to be located at least 400m away from schools.

Allotment or community gardening and food growing is associated with increased physical activity, positive mental health outcomes, and better nutrition. Allotment and community gardeners also benefit from relaxation, socialising, learning new skills, and saving money.

Based on the above, it is recommended that:

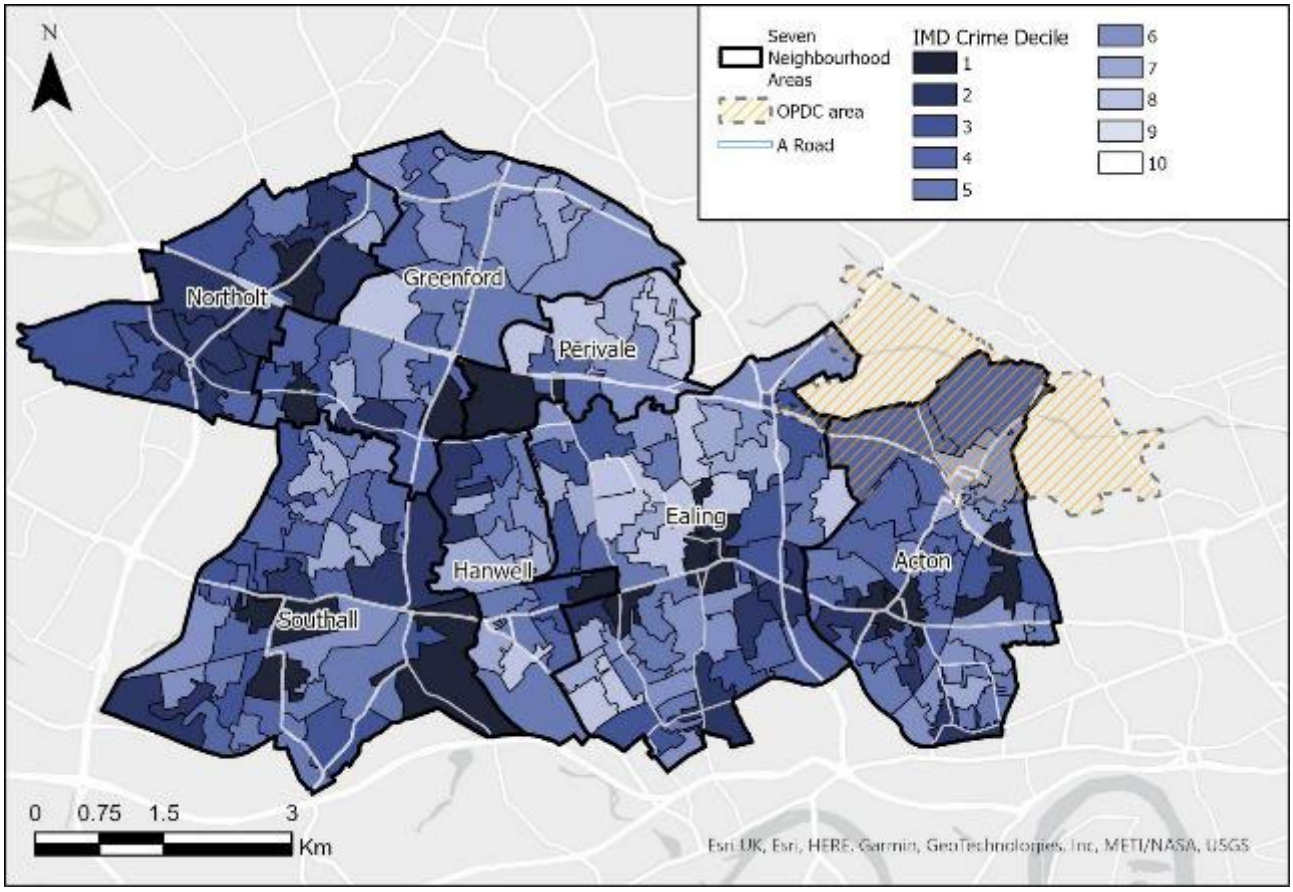
- The planning and delivery of health infrastructure and health services in LBE should consider:
  - making healthier and more affordable food and drinks available in healthcare buildings (e.g. healthy and affordable vending machines and/or cafes);
  - the provision of community space for foodbank drop offs and local vegetable box/bag schemes, and
  - enhancing the role of / links to allotments and community gardens for social prescribing for health.
- This should be a particular focus in areas where ‘Nutrition’, ‘Housing and communities’ and income deprivation are health priorities or health issues (e.g. Southall, Northolt and Acton neighbourhood areas).
- The planning and design of the built environment and public realm in LBE should focus on:
  - protecting existing allotment sites and community gardens;
  - providing space for food growing in new developments;
  - encouraging healthy and affordable food and drink offerings in mixed use developments; and
  - supporting existing indoor and outdoor markets and fresh food shops.
- This should be a particular focus in areas where ‘Nutrition’, ‘Housing and communities’ and income deprivation are health priorities or health issues (e.g. Southall, Northolt and Acton neighbourhood areas).

3.2.11 Crime and community safety

Crime and community safety is a health issue for LBE as it performs relatively worse than London or England averages in some health determinant indicators. However, it does not fall within the top three worst performing health determinants for the borough.

Crime IoD domain: The Crime IoD domain reveals that there are medium to high levels of crime deprivation observed across the borough[172]. Pockets of high crime deprivation are observed in Northolt, Southall, Ealing, and Acton neighbourhood areas (see Figure 24).

Figure 24: Crime Deprivation in LBE.



Source: Ministry of Housing, Communities & Local Government, 2019[173].

Violence indicators: Overall, levels of violent crime in LBE are generally lower than in England but higher than London. There were 8,834 violence offences in LBE in 2020/21 which translates to a rate of 25.8 per 1,000 population. This is lower than the England rate (29.5 per 1,000 population) but higher than the London rate (24.3 per 1,000 population)[174].

There were 596 sexual offences in LBE in 2020/21 (a rate of 1.7 per 1,000 population). This is lower than the London (1.8 per 1,000 population) and England rates (2.3 per 1,000 population). The rate of hospital admissions for violence (including sexual violence) was

[172] 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

[173] 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

[174] Office for Health Improvement & Disparities. 2020/21.Violence Indicators. Available online at: https://fingertips.phe.org.uk/search/violence

70.5 per 100,000 population between 2018/19 and 2020/21[175]. This is significantly higher than the London rate (44.3 per 100,000 population) and the England rate (41.9 per 100,000 population).

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 leads to reports of violent crime in the local area.

Implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE

The effects of crime on health and health services include direct effects (e.g. through violence and resulting A&E admissions), and indirect social and psychological effects arising from anti-social behaviour and fear of crime (e.g. mental distress, reduced quality of life, decreased physical activity, and higher levels of obesity).

Based on the above, it is recommended that:

- The planning and delivery of health infrastructure and health services in LBE should consider their contribution to a 'public health approach' to prevent crime and increase community safety. This means looking at crime not as isolated incidents or solely a police enforcement problem but as a preventable consequence of a range of factors, such as adverse early-life experiences, limited access to education, training and employment opportunities, or negative social or community experiences and influences. Such approaches have gained credibility following their success in places such as Scotland, Glasgow[176], and Cardiff[177].
- The planning and design of the built environment and public realm in LBE should consider its contribution to a 'public health approach' to preventing crime and increasing community safety. It should prioritise efforts to design out crime and/or create safer environments in Northolt, Southall, central Ealing, and southern Acton

[175] Office for Health Improvement & Disparities. 2020/21. Violence Indicators. Available online at: https://fingertips.phe.org.uk/search/violence

[176] In Scotland, where a public health approach has been coordinated by the Violence Reduction Unit (VRU), violent crime fell by 27 per cent between 2008/09 and 2016/17 and the number of homicides has more than halved since 2004/05. In Glasgow the VRU's Community Initiative to Reduce Violence (CIRV) offered young people an alternative to gang membership, such as youth clubs, as well as the prospect of training and work. By 2011 there had been a 50 per cent reduction in violent offending by those taking part. Available online at: https://www.police-foundation.org.uk/2017/wp-content/uploads/2019/08/Public-health-approaches-to-crime-prevention-and-the-role-of-the-police-FINAL-PUBLISHED.pdf

[177] In Cardiff reception staff in hospital emergency departments collect data about violent incidents from patients presenting with assault-related injuries, including location, time and day, and weapon used. The data is anonymised, analysed and combined with police intelligence, and shared with a group of representatives from many agencies such as local government, police, licensing regulators, licensed businesses, ambulance services and mental health support services. The data is used to predict, prevent and prepare for violence across the local area. They can inform local prevention strategies, such as increased policing at peak times, the enforcement of licensing regulations, training for bar staff, and the use of plastic glasses in assault hotspots. Calendar patterns can help agencies prepare for spikes in violence around certain days and can contribute to public health strategy in the long term, through improving understanding of the nature and causes of violence in different populations. Available online at: https://www.local.gov.uk/sites/default/files/documents/15.32%20-%20Reducing%20family%20violence_03.pdf

to encourage more pro-social behaviour and positive use of health assets to benefit peoples' health and health outcomes.

- This approach would be broadly in line with previous and ongoing efforts to tackle serious youth violence in LBE, as set out in the Annual Public Health Report for Ealing 2019[178].

[178] Ealing Council. 2019. Annual Public Health Report for Ealing 2019. A Public Health Approach to Serous Youth Violence. Available online at: https://www.ealing.gov.uk/download/downloads/id/14735/annual_public_health_report_2019_-_serious_youth_violence.pdf

3.2.12 Social cohesion and communities

Social cohesion and communities is a health issue for LBE as it performs relatively worse than London or England averages in some health determinant indicators. However, it does not fall within the top three worst performing health determinants for the borough.

Libraries: LBE has 13 libraries, a home library service, and a local studies and archive department. There are four main neighbourhood centre libraries located in the borough in the neighbourhood areas of Acton, Ealing, Northolt, and Southall[179]. These have a coverage of two miles and serve as a hub for the nine smaller branch libraries across the borough which have a coverage of 1.5 miles.

The West London Mental Health Trust also provides a library service to the staff and patients at St Bernard's Hospital. Almost 100% of the Borough is located within a two-mile radius of one of the four main neighbourhood centre libraries. Approximately 47% of active library users are aged between 16 and 49, and under 16s account for 35% of active users.

Community centres: There are two community centres in the borough that are run by Ealing Council, and a further eight centres that are run by independent organisations[180]. There is at least one community centre in each neighbourhood area[181].

Youth centres: LBE has five youth centres distributed across Ealing, Southall, Acton, and Northolt neighbourhood areas. Perivale and Greenford do not have any youth centres, but it is assumed that young people can travel to nearby neighbourhood areas to partake in the range of activities they provide[182].

Sports and leisure centres: There are 15 publicly accessible swimming pools in LBE[183]. Seven are commercial swimming pools operated on a membership basis, four operate on a 'pay-as-you-swim' model (either by Ealing Council or its Leisure Management Partners) and two are on school sites. Large areas of LBE are not within a 20-minute walk of a public pool and parts of Southall and Central Ealing are deficient in public pool provision[184].

There are 21 sports halls within LBE across 20 sites[185]. Of these, 18 are available for community use. All sports halls in LBE are at 100% capacity. There are three boxing facilities, two climbing walls, and 14 public gyms in LBE (two of which are women only).

Overall, there is demand for additional swimming pool provision, sports hall provision, women only gyms and flexible spaces for sport and leisure across LBE.

English proficiency: According to the most recent data available, 7.2% of LBE's population cannot speak English well or at all[186]. This is the second highest percentage amongst London boroughs and is significantly higher than the proportion of the population who cannot speak English well or at all in England at 1.3%.

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

[180] Ealing Council. 2011. Ealing Community Strategy 2006-2016: Refresh 2011. Available online at: https://tinyurl.com/235e8ac4

[181] Ealing Council. 2011. Ealing Community Strategy 2006-2016: Refresh 2011. Available online at: https://tinyurl.com/235e8ac4

[182] Young Ealing. No date. Youth Centres. Available online at: https://www.youngealing.co.uk/youth-centres/

[183]Ealing Council 2012 – 2021. Sports Facility Strategy. Available online at: https://tinyurl.com/yckzdj3f

[184] 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

[185] Sport England. 2012 - 2021. Sports Facility Strategy. Available online at: https://tinyurl.com/3k5mmy93

[186] LGA. 2011. Percentage of people who cannot speak English well or at all. Available online at: https://tinyurl.com/zs6kzsdu

Residential segregation: Residential segregation can be measured via the Index of Dissimilarity which measures the evenness in which people living in a place are distributed compared to the wider geography where they are located. A lower score is indicative of a more evenly mixed local authority while a higher score is indicative of a more segregated local authority.

The Index of Dissimilarity for LBE is 33.6, which is broadly in line with other London boroughs but slightly higher than for England at 31.3[187]. This indicator does not provide the overall picture of segregation across the borough but is a good starting point when used in combination with other indicators.

Migration levels: The four-year rolling average (2017-2020) of non–UK born population in LBE is around 148,000 people which translates to a proportion of 43%[188]. LBE has the fourth highest proportion of non–UK born population after its nearest comparable local authorities of Brent, Hounslow, and Harrow.

Implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE

Social cohesion and strong communities can influence health outcomes through personal relationships, social network support systems, civic engagement, trust, and cooperation in a society. Social cohesion is associated with higher levels of life satisfaction, better mental health, and personal wellbeing. Access to community facilities and social infrastructure contributes to the generation of social cohesion and strong communities, which in turn contributes to reduced health inequalities.

Public libraries in LBE are often part of wider strategies aimed at improving social cohesion, and they plan and deliver activities with residents to support networks of self-support and communication.

Community centres in LBE are used for services such as early years, after school clubs, sports activities, hobby groups, health improvement and activities for old people and people with disabilities. These activities contribute to social cohesion and strong communities and are beneficial for health.

Youth clubs offer inclusive spaces for young people to drop-in, socialise with others, seek advice from elders, and take part in a range of activities. They are a vital service supporting young people's well-being and play an important role in generating cohesive communities.

Sports and leisure centres in LBE play an important role in supporting healthy communities, as well as providing opportunities to socialise, develop skills, and have fun. Affordable access to sports and leisure centres for all demographic groups can increase levels of physical activity and reduce health inequalities.

The important indicators for cohesion and integration in LBE include English language proficiency, economic inactivity, residential segregation, and migration levels.

Based on the above, it is recommended that:

- The planning and delivery of health infrastructure and health services in LBE should consider the role of libraries, community centres, youth centres and sports

[187] LGA. 2011. Index of dissimilarity. Available online at: https://tinyurl.com/2p9bepc8

[188] LGA. 2022. Non-UK Born Estimate 4 year rolling average. Available online at: https://tinyurl.com/5n6cs45v

and leisure centres in contributing to the provision and delivery of health care services, social prescribing and the promotion of public health information.

- The planning and design of the built environment and public realm in LBE should prioritise:
  - safeguarding and improving existing libraries, community centres, youth centres, sports and leisure centres; and
  - creating more spaces for library, community, youth and sports and leisure services in and around new developments in priority areas.
- Local Plan policies need to support and reinforce initiatives to ensure people have access to affordable English language classes, particularly in areas with high concentrations of people who cannot speak English well or with large migrant populations at risk of suffering social isolation due to language barriers. In particular, planning policies should ensure that sufficient affordable space is available in priority locations for the delivery of language services.

3.2.13 Climate resilience

Climate resilience is a health issue for LBE as it performs relatively worse than London or England averages in some health determinant indicators. However, it does not fall within the top three worst performing health determinants for the borough.

Overall climate risk: Overall climate risk (based on a composite of 11 metrics[189] which indicate climate exposure and vulnerability[190] for London) varies across the borough. High overall climate risk is mainly reported in the more urban neighbourhood areas of Acton and Southall[191]. Parts of central Hanwell and southern Northolt also have high overall climate risk whereas the more suburban neighbourhood areas of Greenford and Perivale have lower overall climate risk.

Heat risk: Heat risk (based on a composite of 10 metrics[192] which indicate heat exposure and vulnerability for London) varies across the borough with high heat risk mainly reported in Acton and Southall. Parts of central Hanwell and southern Northolt also report high heat risk whereas the more suburban areas of Greenford and Perivale have lower heat risk.

Flood risk: Flood risk (based on a composite of six metrics[193] which indicate flood exposure and vulnerability for London) is generally low across LBE. However, there are areas of high flood risk in Southall and Acton[194].

Implications for the planning, design and delivery of health assets, health infrastructure. and health services in LBE

Climate resilience is a key health issue and priority for Acton, Southall, and parts of central Hanwell and southern Northolt.

- The planning and delivery of health infrastructure and health services in these areas in particular should require physical and operational resilience to:
  - heat risk (e.g. passive, energy efficient and low carbon design measures such as external shading, natural ventilation and cooling systems in GP surgeries); and
  - flood risk (e.g. adequate drainage systems and storage of critical health equipment above ground level).
- Health infrastructure and health services in these areas should promote public health messages about how to reduce the risks of hot weather and flooding for people and communities, especially for vulnerable people[195,196].
- The planning and design of the built environment and public realm in these areas should prioritise interventions to reduce overall climate risk, heat risk, and flood risk

[189] 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, Areas of Deficiency in Access to Public Open Space

[190] Climate vulnerability relates to people's exposure to climate impacts like flooding or heatwaves, but also to personal and social factors that affect their ability to cope with and respond to extreme events. High climate risk coincides with areas of income and health inequalities.

[191] GLA & Bloomberg Associated. 2021. Climate Risk Mapping. Available online at: https://tinyurl.com/mr3s32ja

[192] Ages Under 5, Ages Over 75, English Proficiency, Income Deprivation, Social Renters, Average Land Surface Temperature, PM2.5, NO2, Tree Canopy Cover, Areas of Deficiency in Access to Public Open Space

[193] English Proficiency, Income Deprivation, Social Renters, Surface Water Flood Risk, Green/Blue Land Cover, Areas of Deficiency in Access to Public Open Space

[194] GLA & Bloomberg Associated. 2021. Climate Risk Mapping. Available online at: https://tinyurl.com/mr3s32ja

[195] Arup, 2014. Reducing urban heat risk. Available online at: https://www.arup.com/perspectives/publications/research/section/reducing-urban-heat-risk

[196] Arup, 2016. Seasonal health and resilience for ageing urban populations and environments. Available online at: https://www.arup.com/perspectives/publications/research/section/sharper-seasonal-health-and-resilience-for-ageing-urban-populations-and-environments

(e.g. tree planting, shade giving structures, water features, drinking fountains and sustainable drainage systems) to increase climate resilience in energy efficient and low carbon ways.

- The retrofit and improvement of existing buildings and spaces has an important role to play in reducing climate risk in energy efficient and low carbon ways and planning policies should encourage retrofit programmes in key areas.

4. Summary of health issues and health priorities for neighbourhood areas

Based on the analysis of data and information summarised in this report and presented in full in **Appendix A1**, the Health Study has identified **health issues** and **health priorities** for LBE's seven neighbourhood areas.

The Health Study matrix is presented in **Section 4.1**. It provides an overall summary of data and information collected for health determinant indicators, and for health outcomes and health risk factor indicators, for which data and information was available at a lower spatial scale (i.e. neighbourhood area, ward, LSOA and MSOA) than borough level. **Section 4.2** to **Section 4.8** present the summaries of data analysis for each neighbourhood area.

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, health outcomes and health risk factors compared to other neighbourhood areas.

A health determinant is considered to be a **health issue for a neighbourhood area** if it performs relatively worse than other neighbourhood areas against the relevant indicators 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.

Health determinants for which less than half of the relevant 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 related health outcomes.

Addressing health issues could result in noticeable 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.

Based on these health issues and health priorities, implications for the planning, design and delivery of health assets, health infrastructure and health services in LBE and its neighbourhood areas have been considered.

4.1 Health Study matrix

The Health Study matrix (see Table 4) compares and ranks indicators for health determinants, health outcomes, and health risk factors across the neighbourhood areas to give a relative view of performance. It does not consider London and England benchmarks. Therefore, although a neighbourhood area may have the poorest performing indicator within LBE, it may still perform better than London and England benchmarks.

For the purposes of the Health Study, this matrix is considered a useful, spatially informed insight into the health issues and health priorities across the borough. For more information on the data and information collected for each of the indicators, please refer to **Appendix A1.**

Interpreting the Health Study matrix

The issues and priority matrix is divided by three main columns:

- Health determinant / health outcome or health risk factor;
- Health determinant / health outcome or health risk factor indicator; and
- The seven neighbourhood areas.

An **'X'** indicates that an indicator performs worse in a neighbourhood area relative to other neighbourhood areas in LBE and is therefore considered to be a **health issue** in this neighbourhood area.

Dark red, medium red, and light red shading is used to differentiate between the first, second, and third worst performing neighbourhood area for an indicator or health issue.

For example, under the **'Facilities and infrastructure'** health determinant and **'Low GP capacity'** health determinant indicator:

- dark red shading indicates that Hanwell has the lowest GP capacity (100% occupied),
- medium red indicates that Southall has the second lowest GP capacity (90% occupied); and
- light red indicates that Northolt has the third lowest GP capacity (83% occupied).

Where there is a tie in performance, the same shading colour is used.

For example, the **'Housing and communities'** health determinant is considered to be a **health issue** in every neighbourhood area. However, it is only a **health priority** in Acton and Southall as it performs poorest in these two neighbourhood areas.

Similarly, the **'Climate resilience'** health determinant is considered a **health issue** in Acton, Hanwell, Northolt, and Southall. However, it is only a **health priority** in Acton and Southall as it performs the poorest in these two neighbourhood areas.

The 'Housing and communities' and 'Climate resilience' health determinants should still be considered in the development of policies and interventions in neighbourhood areas where they are considered health issues, but more focus should be directed towards neighbourhood areas where they are considered health priorities. This is because policies and interventions that address health priorities are more likely to result in considerable improvements in health outcomes.

Section 4 details the health issues and health priorities for each neighbourhood area in order of relative ranking.

It should be noted that this methodology has been developed from the data and information available for the Health Study. In some cases, professional judgement has been used to determine health priorities in neighbourhood areas, based on contextual information obtained through stakeholder engagement during the course of the Health Study.

In summary, based on the Health Study matrix, Southall, Acton, and Northolt are the most health deprived neighbourhood areas within LBE. This is because Southall, Acton, and Northolt have the highest sum of poor relative ranking of indicators (44, 31, and 29 respectively). This implies that these neighbourhood areas are relatively highly deprived across a range of health determinants, health outcomes, and health risk factors.

Overall, there is considerable spatial variation in performance against health determinant indicators, health outcomes, and risk factors in LBE's seven neighbourhood areas. This indicates considerable spatial variation in health inequalities across the borough.

Some of this spatial variation in health inequalities is evident in (and is partly due to) the distribution and quality of health assets, health infrastructure, and health services across LBE. Therefore, policies and interventions are required to improve these aspects of health assets, health infrastructure, and health services, and to reduce health inequalities.

Based on the Health Study matrix, health priorities and health issues for each neighbourhood area are presented in order of relative ranking in **Section 4.2 – Section 4.8.**

Table 4: Health Study matrix for LBE's seven neighbourhood areas.

Key: *'Population' and 'Age' health determinants are marked with an * as they 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 first 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[197]	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[198]	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[199]	X	X	X	-	X	X	X
		Low public transport access levels (PTAL)[200]	-	-	X	-	X	X	-
		Low active travel levels (i.e. cycling and walking) to school[201]	-	X	X	-	X	-	-

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

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

[199] Internal LBE data based on 2015 TfL data. 2022. Ealing Regeneration Team.

[200] TfL. 2015. PTAL. Available online at: https://tinyurl.com/2kmcu6d7

[201] 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
		Active travel and transport – relative ranking of indicators	1	2	3	0	3	2	1
2	Climate resilience[202]	High climate risk	X	-	-	X	X	-	X
		High heat risk	X	-	-	X	X	-	X
		High flood risk	X	-	-	-	-	-	X
		Climate resilience – relative ranking of indicators	3	0	0	2	2	0	3
3	Crime and community safety[203]	High crime deprivation (IoD domain)	X	X	X	X	X	X	X
		Crime and community safety – relative ranking of indicators	1	1	1	1	1	1	1
4	Education, employment and skills	High education, skills and training deprivation (IoD domain)[204]	X	-	-	-	X	-	X
		Early years school capacity[205]	-	-	X	-	X	-	X
		Primary school capacity[206]	-	-	-	-	-	-	X
		Secondary school capacity[207]	X	X	X	X	X	X	X

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

[203] 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

[204] 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

[205] Arup. 2020. Infrastructure Delivery Plan (IDP) Baseline Report.

[206] Arup. 2020. Infrastructure Delivery Plan (IDP) Baseline Report.

[207] Arup. 2020. Infrastructure Delivery Plan (IDP) Baseline Report.

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 % of pupils achieving good level of development at EYFS[208]	-	-	X	-	X	-	X
		High employment deprivation (IoD domain)[209]	X	-	-	X	X	-	X
		High long-term unemployment[210]	-	-	-	X	X	-	-
		High income deprivation (IoD domain)[211]	X	-	-	-	X	-	X
		Low-income levels[212]	-	-	-	-	X	-	X
		High income deprivation affecting older people[213]	X	-	-	-	X	-	X
		High income deprivation affecting children index[214]	X	-	-	-	X	-	X
		High % of out of work benefit claimants[215]	X	-	-	X	X	-	X
		High % of universal credit claimants[216]	X	X	-	-	-	-	X

[208] 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

[209] 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

[210] Office for Health Improvement & Disparities. 2020. Unemployment. Available online at: https://tinyurl.com/4rvzenb9

[211] 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

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

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

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

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

[216] Stat-Xplore. 2021. Universal Credit. Available online at: https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml

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 increase in % of pupils eligible for free school meals (FSM)[217]	X	-	-	-	X	-	-
		High % of housing benefit claimants[218]	-	X	-	X	-	-	-
Education, employment and skills – relative ranking of indicators			9	3	3	5	12	1	12
5	Facilities and infrastructure	High journey time (>15 mins walking or by public transport) to GP[219]	-	X	X	-	-	X	-
		High journey time (>15 mins walking or by public transport) to hospital[220]	X	X	X	X	X	X	X
		Improvement of GP service provision required based on CQC inspection[221]	-	X	-	-	-	-	X
		Low GP patient experience[222]	-	X	-	-	-	-	X
		Low GP capacity[223]	-	-	-	X	X	-	X
Facilities and infrastructure – relative ranking of indicators			1	4	2	2	2	2	4

[217] Department for Education. 2020/21. Free School Meals Autumn Term. Available online at: https://tinyurl.com/392ytr9s

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

[219] NHS SHAPE Tool. 2017. Journey time to GP. Available online at: https://shapeatlas.net/

[220] NHS SHAPE Tool. 2017. Journey time to hospital. Available online at: https://shapeatlas.net/

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

[222] NHS SHAPE Tool. Available online at: https://shapeatlas.net/

[223] NHS SHAPE Tool. Available online at: https://shapeatlas.net/

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
6	Housing and communities	High barrier to housing and services (IoD domain)[224]	X	X	X	X	X	X	X
		High housing need	X	-	-	-	-	-	X
		Low home ownership[225]	X	-	-	-	-	-	-
		High overcrowding[226]	X	-	-	-	-	-	X
		High fuel poverty[227]	X	-	-	-	-	-	X
Housing and communities – relative ranking of indicators			5	1	1	1	1	1	4
7	Living environment	High living environment deprivation (IoD domain)[228]	X	X	X	X	X	X	X
		Healthy Streets Index[229]	-	-	-	-	-	-	X
		Poor air quality[230]	X	X	X	X	-	X	X
		High noise level exposure[231]	X	X	X	X	X	X	X
Living environment – relative ranking of indicators			3	3	3	3	2	3	4

[224] 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

[225] 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/

[226] 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

[227] Office for Health Improvement & Disparities. 2018. Public health profiles: Fuel Poverty. Available online at: https://tinyurl.com/4a9cxs4j

[228] 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

[229] Healthy Streets. 2021. Healthy Streets Index. Available online at: https://www.healthystreets.com/resources

[230] DEFRA. 2020. AQMA. Available online at: https://uk-air.defra.gov.uk/aqma/

[231] Extrium. 2022. England Noise and Air Quality Viewer. Available online at: http://www.extrium.co.uk/noiseviewer.html

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
8	Nutrition	Low presence of allotments[232]	-	X	-	-	-	-	-
		Consumption of fruits and vegetables[233]	-	-	-	-	X	-	X
		Nutrition – relative ranking of indicators	0	1	0	0	1	0	1
9	Open space and nature	Low Green Space Index[234]	X	X	-	-	-	-	X
		Low green space provision per person[235]	X	X	-	-	-	-	X
		Low tree canopy cover[236]	X	X	-	-	-	-	X
		Low access to open space and nature[237]	-	-	-	-	-	-	-
		High deficiency in local parks and metropolitan parks[238]	X	X	-	-	-	-	X
		High deficiency in provision for children and teenagers[239]	-	X	-	-	-	-	-
		Open space and nature – relative ranking of indicators	4	5	0	0	0	0	4
10		Libraries[240]	-	-	-	-	-	-	-

[232] Internal LBE data. 2020. Allotments Team.

[233] Extrium. 2022. England Noise and Air Quality Viewer. Available online at: http://www.extrium.co.uk/noiseviewer.html

[234] Fields in Trust. 2021. Green Space Index. Available online at: https://www.fieldsintrust.org/green-space-index

[235] Fields in Trust. 2021. Green Space Provision Per Person. Available online at: https://experience.arcgis.com/experience/5301c55a8189410b9428a90f05596af4

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

[237] Fields in Trust. 2021. Ten – minute walk from green space Available online at: https://experience.arcgis.com/experience/5301c55a8189410b9428a90f05596af4

[238] Internal LBE data. 2020.

[239] Arup. 2020. IDP Baseline Report and IDP Health and Social Care Baseline Report.

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

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
	Social cohesion and communities	Community halls and centres[241]	-	-	-	-	-	-	-
		Youth clubs[242]	-	-	-	-	-	-	-
		Deficiency in public swimming pool provision[243]	-	X	-	-	-	-	X
		Low accessibility to sports facilities[244]	X	X	-	-	X	X	X
Social cohesion and communities – relative ranking of indicators			1	2	0	0	1	1	2
n/a	Health outcomes and health risk factors	High health and disability deprivation (IoD domain)[245]	X	-	-	-	X	-	X
		Low life expectancy (male)[246]	X	-	-	-	-	-	X
		Low life expectancy (female)[247]	-	-	-	-	-	-	X
		High circulatory disease (<75 years of age) SMR[248]	-	-	-	-	X	-	X
		High cancer (<75 years of age) SMR[249]	X	-	-	X	X	-	-

[241] 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

[242] Young Ealing. No date. Youth Centres. Available online at: https://www.youngealing.co.uk/youth-centres/

[243] 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

[244] Sport England. 2012 - 2021. Sports Facility Strategy. Available online at: https://tinyurl.com/3k5mmy93

[245] 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

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

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

[248] 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/

[249] 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/

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 prevalence of diabetes[250]	-	-	X	X	X	X	X
		High % people reporting limiting long term illness or disability[251]	-	-	-	-	-	-	X
		High Personal Independence Payment (PIP) entitlement[252]	-	-	X	X	-	-	X
		High Disability Living Allowance (DLA) entitlement[253]	-	-	-	-	-	-	X
Health outcomes and health risk factors – relative ranking of indicators			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**

[250] Internal LBE data based on Director of Public Health in Ealing. 2022. Inequalities in Ealing presentation.

[251] 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/

[252] 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.

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

4.2 Acton

4.2.1 Summary of demographics, health outcomes, and health risk factors

Population and age: Acton has one of the highest levels of projected population growth in the borough: 7% by 2026, 18.5% by 2031, 27% by 2036, and 28.7% by 2041. Acton has a higher than average proportion of residents aged 25–44, particularly in the ward of East Acton at 40%. However, the proportion of people aged 65+ is projected to increase in Acton.

Health outcomes and health risk factors: Central Acton ward has high health and disability deprivation relative to other wards and neighbourhood areas. South Acton ward has the lowest life expectancy for males out of all wards in LBE. It also has the highest ratio of deaths from all cancer. Particularly high standardised mortality ratios (SMR)[254] for cancer are observed in South Acton (126.3) and East Acton (115.2) wards.

4.2.2 Summary of health priorities

Housing and communities: Lack of affordable housing and need for additional new homes are health priorities for Acton. Acton has the lowest percentage of home ownership in the borough and one of the highest average house prices. Levels of overcrowding and fuel poverty (indicators of poor-quality housing – see 'Living environment' health issue) are also high, particularly in East Acton and Central Acton wards, respectively.

Climate resilience: Climate resilience is a health priority for Acton as the area has a high overall climate, flood, and heat risk. The high heat risk may partly be due to its low tree canopy cover (see 'Open space and nature' health issue).

Education, employment and skills: Education is a health priority in eastern parts of Acton where education, skills, and training deprivation is relatively high. Employment is a health priority in central Acton where employment deprivation is relatively high. Income deprivation is a health priority across the neighbourhood area - except for southern Acton where deprivation is low. Acton Central and South Acton wards have a high proportion of people claiming universal credit relative to other wards in the borough. South Acton and East Acton wards have a high proportion of children living in poverty and one of highest increases in pupils eligible for FSM in the borough in 2020/21.

4.2.3 Summary of health issues

Living environment: Living environment, particularly air pollution and, potentially, poor quality housing (indicated by high living environment deprivation as well as overcrowding and fuel poverty – see 'Housing and communities' health priority) is a health issue for Acton. Acton has the highest levels of air pollution and the highest number of AQFAs in the borough. Noise and light pollution along main roads (i.e. A40, A4020 (Uxbridge Road), Gunnersbury Lane, Horn Lane, Victoria Road) and rail routes (i.e. Great Western Railway) also create potential health issues.

Open space and nature: Although the majority of Acton's population is within a 10-minute walk of a green space and has relatively good access to high-quality parks and outdoor gyms, there is a deficiency in open space and nature provision in terms of hectares per person across the neighbourhood area. This makes improving access to open space and

[254] SMR = number of observed deaths from cancer for people aged under 75 divided by number of expected deaths from cancer for people aged under 75.

nature a health issue for Acton. This is particularly prevalent in Southfield ward, where no LSOA meets the minimum standard of hectares of green space provision per person, and which has one of the lowest levels of green space provision per person in the borough. Acton has the second lowest tree canopy coverage in the borough (15.5%), and tree canopy cover is particularly low in East Acton ward (13.2%).

Crime and community safety: Crime and community safety is a health issue in central and southern Acton where crime deprivation is high.

Facilities and infrastructure: GP capacity issues and OPDC area related growth pressures in East Acton, are considered to be a health issue for Acton. The data which informs this derives from NHS stakeholder inputs rather than the Health Study matrix.

4.2.4 Implications for the planning, design and delivery of health assets, health infrastructure, and health services

In addition to the relevant implications for the planning, design and delivery of health assets, health infrastructure, and health services in LBE set out in **Section 3**, the following implications apply specifically for health priorities and health issues in **Acton**:

Population and age: Above average population aged 25–44, particularly in East Acton ward, suggests relatively lower demands on health services than areas with higher proportions of children and older people (aged 65+). However, the proportion of people aged 65+ is projected to increase in Acton. Combined with overall population growth this suggests likely increased demand for more accessible health assets, health infrastructure, and health services.

Health outcomes and health risk factors: It is difficult to directly attribute changes in health outcomes or health risk factors to specific interventions to improve health determinants. However, focussing on interventions and improvements related to Acton's health priorities and health issues, summarised below, may in turn contribute to increased life expectancy, decreased cancer mortality ratios, and decreased health and disability deprivation in Acton.

Climate resilience: Focus on interventions to reduce overall climate, heat, and flood risk in energy efficient and low carbon ways to increase climate resilience in Acton.

For example, the planning and delivery of health infrastructure and health services in Acton should require physical and operational resilience to heat risk (e.g. passive, energy efficient and low carbon design measures such as external shading, natural ventilation and energy efficient cooling systems in GP surgeries) and flood risk (e.g. adequate drainage systems and storage of critical health equipment above ground level).

In addition, health infrastructure and health services in Acton should promote public health messages about how to reduce the risks of hot weather and flooding for people and communities, especially for vulnerable people.

The planning, design, retrofit and improvement of the built environment and public realm in Acton should prioritise interventions such as tree planting, shade giving structures, water features, drinking fountains and sustainable drainage systems to increase climate resilience in energy efficient and low carbon ways.

Housing and communities: Consider the growing population of Acton and projections for new housing and development across the neighbourhood area for the planning and delivery of health assets, health infrastructure, and health services.

Focus on the development of genuinely affordable, tenure secure, well insulated, and energy efficient housing with good internal and external space standards, and the ability to adapt spaces to accommodate changing household requirements (e.g. family size and age of residents) particularly in East Acton and Central Acton wards. This will contribute to lower levels of overcrowding and fuel poverty currently observed throughout Acton. Focus on the provision and improvement of 'free at the point of use' health assets such as parks and open spaces.

Education, employment, and skills: Focus on developments that support education, employment, and skills opportunities for local residents (particularly in Acton Central, East Acton and South Acton wards).

Living environment: Focus on interventions to improve air quality, reduce noise levels, and reduce light pollution to improve the quality of the living environment in Acton, particularly along main roads, railways, and within AQFAs.

Open space and nature: Focus on interventions to: safeguard and improve existing parks and green spaces of all types, particularly publicly accessible green space, in East Acton and Southfield wards; create more green spaces and urban greening in and around new developments in these areas if possible; prioritise tree planting opportunities; integrate urban greening, views and/or access to green space and nature in the design of health care buildings and estate; and enhance the role of parks and green spaces for social prescribing and the promotion of public health information.

Crime and community safety: Focus on interventions to reduce crime and anti-social behaviour to improve related health outcomes (particularly in central and southern parts of Acton).

Facilites and infrastructure: Ensure that the planning and delivery of new or improved health infrastructure in East Acton ward takes the OPDC IDP and Social Infrastructure Needs Addendum into account.

4.3 Ealing

4.3.1 Summary of demographics, health outcomes and health risk factors

Population and age: Ealing neighbourhood area's population is relatively stable but ageing. It has the highest proportion of older people (aged 65+) in the borough: 15.5% in 2021 rising to 21% by 2041.

Health outcomes and risk factors: There are no health outcomes or health risk factors which result in a health priority or a health issue for Ealing neighbourhood area.

4.3.2 Summary of health priorities

Facilities and infrastructure: Facilities and infrastructure is a health priority in Ealing. Ealing 011A LSOA in Hanger Hill ward has low accessibility to GP by walking or public transport compared to other LSOAs in the borough. Northfield Surgery in Walpole ward requires improvement in safety, leading, and responsiveness of services based on CQC inspection. St Marks Medical Centre in Hangar Hill ward has a low percentage of people describing their overall experience as good based on GP Patient Surveys. In addition, GP capacity issues and OPDC area related growth pressures in Hanger Hill ward, are considered to be a health issue for Ealing, although the data which informs this derives from NHS stakeholder inputs rather than the Health Study matrix

Living environment: The living environment is a health priority in Ealing. The air quality monitor in Hanger Hill ward is the only one in LBE with NO_2 exceedances in the borough. Noise and light pollution are high along rail routes (i.e. Great Western Railway and Chiltern Rail) and main roads (i.e. A406 (North Circular), A40 and A4020 (Uxbridge Road)).

Open space and nature: Open space and nature is a health priority in Ealing. Although the majority of Ealing's population is within a 10-minute walk of a green space with access to some high-quality parks, areas of high tree canopy, and outdoor gyms, there is a deficiency in open space and nature provision in terms of hectares per person in some parts of the neighbourhood area. This is particularly prevalent in Ealing Broadway ward, which has the lowest amount of green space provision per person in LBE and where not one LSOA meets the minimum standard of park and green space provision. Ealing Broadway ward has one of the lowest tree canopy coverages in the borough (12.5%), while Hanger Hill ward has one of the highest (22.8%). Ealing Broadway, Ealing Common, and Hanger Hill wards also have deficiencies in the provision of public open space for children and teenagers.

4.3.3 Summary of health issues

Crime and community safety: Crime and community safety is a health issue in central and southern areas of Ealing due to high crime deprivation.

Active travel and transport: Ealing has good connectivity to opportunities and services across the neighbourhood area, except for eastern Ealing where ATOS scores are low. Active travel is a health issue in Ealing Broadway and Hanger Hill wards as they have the lowest proportions of pupils and staff engaging in active travel to school in the borough.

Nutrition: There is currently a low number of allotment sites and plots within central Ealing.

4.3.4 Implications for the planning, design and delivery of health assets, health infrastructure, and health services

In addition to the relevant implications for the planning, design, and delivery of health assets, health infrastructure, and health services in LBE set out in **Section 3**, the following implications apply specifically for health priorities and health issues in **Ealing** neighbourhood area:

Population and age: Likely increased demand for health assets, health infrastructure, and services for older people (aged 65+) in the future.

Facilities and infrastructure: Focus on improving access to primary health infrastructure in Hanger Hill ward. Focus on improving the quality of care at Northfields Surgery in Walpole ward and St Marks Medical Centre in Hanger Hill ward. Ensure that the planning and delivery of new or improved health infrastructure in Hanger Hill ward takes the OPDC IDP and Social Infrastructure Needs Addendum into account.

Living environment: Focus on interventions to improve air quality, reduce noise levels, and reduce light pollution to improve the quality of the living environment in Ealing, particularly in Hanger Hill ward and along main roads, railways, and within AQFAs.

Open space and nature: Focus on: safeguarding and improving existing parks and green spaces of all types, particularly publicly accessible green space, in Ealing Broadway ward; planting more trees, creating more green spaces and integrating urban greening in and around new developments in this area where possible; creating more play provision for children and teenagers in and around new developments in Ealing Broadway, Ealing Common and Hanger Hill wards where possible; integrating urban greening, views and/or access to green space and nature into the design of health care buildings and estate; and enhancing the role of parks and green spaces for social prescribing and the promotion of public health information.

Crime and community safety: Focus on interventions to reduce crime and anti-social behaviour to improve related health outcomes in Ealing (particularly in central and southern Ealing).

Active travel and transport: Focus on addressing the factors that contribute to low access to opportunities and services in eastern Ealing and low active travel to school in Hanger Hill and Ealing Broadway wards.

Nutrition: Focus on provision of space for food growing and community gardens in and around new developments in central Ealing to address the low number of allotments in this area and to increase access to healthy and affordable food.

4.4 Greenford

4.4.1 Summary of demographics, health outcomes, and health risk factors

Population and age: Greenford's population is projected to increase by 4.2% over the period to 2041. There is an above average proportion of residents aged 0-14, particularly in Greenford Broadway ward, and a below average proportion of residents aged 65-84. The population projections indicate an ageing population.

Health outcomes and risk factors: There is high prevalence of diabetes across the neighbourhood area. The proportion of people entitled to Personal Independence Payment (PIP) is high in Greenford Broadway ward, particularly in Ealing LSOA 012A and Ealing MSOA 010 suggesting that these areas have a higher proportion of people with long term health problems or disability.

4.4.2 Summary of health priorities

Active travel and transport – Active travel and connectivity is a health priority for Greenford. Low PTAL and ATOS scores are observed across the majority of the neighbourhood area. The proportion of pupils and staff engaging in active travel to school is low in Greenford Broadway ward compared to other areas in the borough.

Living environment – The living environment is a health priority in Greenford. Noise and light pollution are high along main roads (such as the A40 and Greenford Road). Greenford Road from Rockware Avenue junction to Whitton Avenue West junction is a designated AQFA, indicating high air pollution levels in this area.

Facilities and infrastructure – Facilities and infrastructure is a health priority for Greenford. Accessibility to primary healthcare infrastructure is low in Ealing LSOA 006A and Ealing LSOA 010C in Greenford Green and Greenford Broadway wards, respectively. A lower proportion of people in these areas are within a 15-minute journey time to GP by walking and public transport than other LSOAs in the borough.

4.4.3 Summary of health issues

Crime and community safety – Crime and community safety is a health issue in southern Greenford where there is high crime deprivation.

4.4.4 Implications for the planning, design and delivery of health assets, health infrastructure, and health services

In addition to the relevant implications for the planning, design, and delivery of health assets, health infrastructure, and health services in LBE set out in **Section 3,** the following implications apply specifically for health priorities and health issues in **Greenford**:

Population and age: There is likely to be an increased demand for health assets, health infrastructure, and health services for older people (aged 65+).

Health outcomes and risk factors: It is difficult to directly attribute changes in health outcomes or health risk factors to specific interventions to improve health determinants. However, focussing on interventions and improvements related to Greenford's health priorities and health issues, summarised below, may in turn contribute to reduced prevalence of diabetes across the neighbourhood area and decreased health and disability deprivation in Greenford Broadway ward.

Active travel and transport: Focus on addressing the factors that contribute to low public transport accessibility levels and access to opportunities and services across Greenford, and on interventions to improve active travel.

Living environment: Focus on interventions to improve air quality, reduce noise levels, and reduce light pollution to improve the quality of the living environment in Greenford, particularly along main roads, railways, and within AQFAs.

Facilities and infrastructure: Focus on improving access to primary healthcare infrastructure in Greenford Green and Greenford Broadway wards.

Crime and community safety: Focus on interventions to reduce crime and anti-social behaviour to improve related health outcomes, particularly in south Greenford.

4.5 Hanwell

4.5.1 Summary of demographics, health outcomes and health risk factors

Population and age: Hanwell's population is projected to decrease by 4.9% over the period to 2041. Hanwell has an above average proportion of residents aged 0-14 and below average proportion aged 65-84. The population projections indicate an ageing population.

Health outcomes and risk factors: There is a high prevalence of diabetes across the neighbourhood area. Elthorne ward has one of the highest rates of alcohol related hospital admissions and the second highest ratio of cancer deaths (SMR = 119.6). Hobbayne ward has one of the highest proportions of people entitled to PIP and claiming DLA in the borough. This suggests a high number of people reporting a long-term health problem or disability in this ward.

4.5.2 Summary of health priorities

Facilities and infrastructure: Facilities and infrastructure is a health priority in Hanwell as all GP practices are over capacity.

Living environment: Living environment is a health priority in Hanwell. Noise and light pollution are high along rail routes (i.e. Great Western Rail) and main roads (i.e. A4020 (Uxbridge Road), Boston Road, Lower Boston Road).

Climate resilience: Climate resilience is a health priority in central Hanwell where there is high overall climate risk and high heat risk.

4.5.3 Implications for the planning, design and delivery of health assets, health infrastructure, and health services

In addition to the relevant implications for the planning, design, and delivery of health assets, health infrastructure, and health services in LBE set out in **Section 3,** the following implications apply specifically for health priorities in **Hanwell**:

Population and age: Likely increased demand for health assets, health infrastructure and health services for older people (aged 65+).

Health outcomes and risk factors: It is difficult to directly attribute changes in health outcomes or health risk factors to specific interventions to improve health determinants. However, focussing on interventions and improvements related to Hanwell's health priorities and health issues, summarised below, may in turn contribute to reduced prevalence of diabetes across the neighbourhood area, reduced rates of alcohol related hospital admissions, fewer deaths from cancer in Elthorne ward, and decreased health and disability deprivation in Hobbayne ward.

- **Facilities and infrastructure**: Focus on: improving and refurbishing existing primary health care buildings and GP practices (both NHS owned and private GP owned); proactively identify opportunities for new space for health infrastructure and health services within and around new developments; and, where appropriate, identify these through the Local Plan in policies and/or site allocations. Consider the role of non-clinical health assets in achieving health outcomes to alleviate pressure on health services (e.g. enhanced use of parks and open spaces for social prescribing).

- **Living environment**: Focus on interventions to improve air quality, reduce noise levels, and reduce light pollution to improve the quality of the living environment in Hanwell, particularly along main roads, railways, and within AQFAs.
- **Climate resilience:** Focus on interventions to reduce overall climate risk and heat risk to increase climate resilience.

4.6 Northolt

4.6.1 Summary of demographics, health outcomes, and health risk factors

Population and age: Northolt has the highest level of projected population decrease in the borough; 7% by 2031, 8.5% by 2036, and 12% by 2041. At present, Northolt has the highest proportion of children in the borough.

Health outcomes and risk factors: Northolt has high health and disability deprivation relative to other neighbourhood areas. There is high prevalence of diabetes across the neighbourhood area. Northolt West End ward has one of the highest rates of alcohol related hospital admissions, the second highest ratio of deaths from circulatory disease (SMR = 154.4), and third highest ratio of cancer deaths (SMR = 114.8) in the borough.

4.6.2 Summary of health priorities

Education, employment, and skills: Education, employment, and skills is a health priority in Northolt. Education, employment, and income deprivation is high compared to other areas of the borough.

Northolt Mandeville ward has higher birth rates than other areas of the borough suggesting higher demand for early years provision and there is a low percentage of children achieving good level of development at EYFS.

Northolt has the highest long term unemployment rate in the borough and a high proportion of people aged 16 – 64 claiming out of work benefits. Northolt West End ward has a high proportion of older people (aged 65+) living in poverty and Northolt West End and Northolt Mandeville wards have a high proportion of children living in poverty (relative and absolute) compared to other wards in the borough. Northolt West End ward also has the lowest total annual household income (including benefits claimed by households) in the borough (£41,500).

Active travel and transport: Active travel and transport is a health priority in Northolt. Connectivity is low in central Northolt and western Northolt, where ATOS scores and PTAL levels are low, respectively. Active travel is low in Northolt Mandeville ward where there is a low proportion of pupils and staff engaging in active travel to school compared to other areas of the borough.

Facilities and infrastructure: Facilities and infrastructure is a health priority in Northolt as 83% of GP practices in Northolt are over capacity.

4.6.3 Summary of health issues

Crime and community safety: Crime and community safety is a health issue across Northolt. High crime deprivation is observed across the neighbourhood area.

Living environment: The living environment is a health issue in Northolt. Noise and light pollution are high alongside main roads such as the A40, Church Road, and A4180 (West End Road).

Nutrition: Nutrition is a health issue in Northolt. Due to the high proportion of children in Northolt, childhood nutrition is a particular health issue. Consumption levels of fruit and vegetables in Northolt West End and Northolt Mandeville wards are amongst the lowest in the borough.

4.6.4 Implications for the planning, design and delivery of health assets, health infrastructure, and health services

In addition to the relevant implications for the planning, design, and delivery of health assets, health infrastructure, and health services in LBE set out in **Section 3**, the following implications apply specifically for health priorities and health issues in **Northolt**:

Population and age: The projected population decrease suggests likely decreased demand for new housing, healthcare, and community infrastructure in the future. Northolt has the highest proportion of children in the borough which suggests high current demand for paediatric services. However, the population is ageing which suggests an increasing demand for more accessible health services for older people (aged 65+) in the future.

Health outcomes and risk factors: It is difficult to directly attribute changes in health outcomes or health risk factors to specific interventions to improve health determinants. However, focussing on interventions and improvements related to Northolt's health priorities and health issues, summarised below, may in turn contribute to reduced health and disability deprivation and reduced prevalence of diabetes across the neighbourhood area, reduced rates of alcohol related hospital admissions, reduced ratios of deaths from circulatory disease and cancer in Northolt West End ward.

Education, employment, and skills: Focus on interventions that support education, employment, and skills opportunities for local residents across the neighbourhood area. Interventions should focus on improving education for young people in Northolt West End and Northolt Mandeville wards, and on increasing access to employment for parents and carers.

Active travel and transport: Focus on addressing the factors that contribute to low public transport accessibility levels and ATOS levels in central and western Northolt, respectively.

Facilities and infrastructure: Focus on: improving and refurbishing existing primary health care buildings and GP practices (both NHS owned and private GP owned); proactively identify opportunities for space for health infrastructure and health services within and around new developments and, where appropriate, identify these through the Local Plan in policies and/or site allocations. Seriously consider the role of non-clinical health assets in achieving health outcomes to alleviate pressure on health services (e.g. enhancing use of parks and open spaces for social prescribing).

Nutrition: Focus on interventions to improve access to affordable, healthy food across Northolt, particularly for children. For example, provision of spaces for food growing in schools and community gardens in appropriate locations in Northolt West End and Northolt Mandeville wards.

Crime and community safety: Focus on interventions to reduce crime and anti-social behaviour across the neighbourhood area to improve related health outcomes.

Living environment: Focus on interventions to improve air quality, reduce noise levels, and reduce light pollution to improve the quality of the living environment in Northolt, particularly along main roads and railways.

Climate resilience: Focus on interventions to reduce overall climate risk and heat risk to increase climate resilience, particularly in southern Northolt.

4.7 Perivale

4.7.1 Summary of demographics, health outcomes and health risk factors

Population and age: Perivale's population is projected to decrease by 4.4% over the period to 2041. Perivale has one of the highest proportions of older people (65+ years) in the borough. It was 15.3% in 2021 and is projected to rise to 24% by 2041.

Health outcomes and risk factors: There is a high prevalence of diabetes across Perivale.

4.7.2 Summary of health priorities

Active travel and transport: Active travel and transport is a health priority in Perivale. Specifically, connectivity is poor as the PTAL and ATOS scores across the majority of the neighbourhood area are low.

Facilities and infrastructure: Facilities and infrastructure are a health priority in Perivale. Ealing 007C LSOA and Ealing 005D LSOA have a lower proportion of people within a 15-minute journey time to GP by walking or public transport suggesting lower accessibility to primary healthcare infrastructure than other areas of the borough.

Living environment: Living environment is a health priority in Perivale. Noise level and light pollution is high along main roads (i.e., A40). The A40 Western Avenue from Teignmouth Gardens to Alperton Lane is a designated AQFA suggesting high air pollution levels.

4.7.3 Implications for the planning, design, and delivery of health assets, health infrastructure, and health services

In addition to the relevant implications for the planning, design, and delivery of health assets, health infrastructure, and health services in LBE set out in **Section 3**, the following implications apply specifically for health priorities in **Perivale**:

Population and age: Perivale currently has the highest proportion of older people in the borough. This is projected to remain the case in the future, which suggests likely increasing demand for health assets, health infrastructure, and health services for older people.

Health outcomes and risk factors: It is difficult to directly attribute changes in health outcomes or health risk factors to specific interventions to improve health determinants. However, focussing on interventions and improvements related to Perivale's health priorities and health issues, summarised below, may in turn contribute to reduced prevalence of diabetes across the neighbourhood area.

Active travel and transport: Focus on addressing the factors that contribute to low public transport accessibility levels and access to opportunities and services across Perivale.

Facilities and infrastructure: Focus on improving access to primary healthcare infrastructure in eastern Perivale.

Living environment: Focus on interventions to improve air quality, reduce noise levels, and reduce light pollution to improve the quality of the living environment in Perivale, particularly along main roads, railways, and within AQFAs.

4.8 Southall

4.8.1 Summary of demographics, health outcomes, and health risk factors

Population and age: Southall has the highest levels of projected population growth in the borough; 8.1% by 2026, 18.5% by 2031, 25.2% by 2036, and 32.0% by 2041. Southall has an above average proportion of residents aged 15 – 24, particularly in Southall Broadway ward. It also has a below average proportion aged 65 – 84, most notably in Southall Green, Southall Broadway, and Norwood Green wards. However, the proportion of people aged 65+ is projected to increase. Combined with the growing population, this suggests likely increased demand for accessible housing, healthcare, and community infrastructure.

Health outcomes and risk factors: High health and disability deprivation relative to other neighbourhood areas, particularly in Norwood Green ward which has the highest percentage of people reporting long term illness or disability in the borough.

Southall has the highest proportion of people claiming DLA payments and entitled to PIP in the borough, particularly in Norwood Green, Southall Broadway, and Southall Green wards. There is high prevalence of diabetes across the neighbourhood area. The lowest female life expectancy at birth in the borough is reported in Norwood Green ward and low male life expectancy at birth is reported across the neighbourhood area.

Southall Broadway, Southall Green, and Lady Margaret wards have some of the highest rates of alcohol related hospital admissions in the borough. Southall Broadway ward has the highest ratio of deaths from circulatory disease (SMR = 220.3) in the borough.

4.8.2 Summary of health priorities

Facilities and infrastructure: Facilities and infrastructure are a health priority for Southall. Ealing 029D and 029G LSOAs have a lower proportion of people within a 15-minute journey time to a GP practice compared to other LSOAs in the borough, suggesting lower access to primary healthcare infrastructure.

Jubilee Gardens Medical Centre in Southall requires improvement in safety, leading, and responsiveness of services based on CQC inspection. Based on GP patient surveys, multiple GP practices have a low percentage of people describing overall GP experience as good. This is particularly the case in Southall Medical Centre and Jubilee Gardens Medical Centre (both in Lady Margaret ward) and Lady Margaret Road Medical Centre (Dormers Wells ward). The capacity of GP practices is a health issue as 90% of GP practices are over capacity.

Education, employment, and skills: Education, employment, and skills is a health priority in Southall. Employment, income, education skills and training deprivation is relatively higher than other areas of the borough. There is pressure for new school provision, particularly for early years provision and secondary school provision but also for primary school provision. This is due to major developments in the neighbourhood area, high birth rates, and over subscription of existing schools. The neighbourhood area has the lowest percentage of children achieving good level of development at EYFS in the borough.

Southall has the highest proportion of older people (aged 65+) in poverty in the borough, particularly in Southall Broadway, Southall Green, Norwood Green, and Dormers Wells wards. Southall also has one of the highest proportions of children living in poverty in the borough, particularly in Dormers Wells and Norwood Green wards.

The wards with the second lowest total annual household income (including benefits claimed by households) in LBE are Southall Broadway, Southall Green, Dormers Wells, and Norwood Green wards at £42,000. Norwood Green ward has a high proportion of residents 16 – 64 years old claiming out of work benefits. Southall Broadway, Dormers Wells, and Southall Green wards have a high proportion of people claiming universal credit.

Housing and communities: Housing and communities, particularly housing need and quality is a health priority for Southall. Southall has high levels of overcrowding and a high proportion of fuel poor households, particularly in Southall Green and Southall Broadway.

4.8.3 Summary of health issues

Climate resilience: Climate resilience is a health issue as Southall has a high overall climate, heat, and flood risk across the neighbourhood area.

Open space and nature: Open space and nature is a health issue in Southall. Although the majority of Southall's population is within a 10-minute walk of a green space with access to high-quality parks, areas of high tree canopy, and outdoor gyms, there is a deficiency in open space and nature provision in terms of hectares per person across the neighbourhood area. This is particularly prevalent in Southall Green ward, where no LSOA meets the minimum standard of green space provision and where tree canopy is low. Southall has the lowest tree canopy coverage in the borough, and this is particularly prevalent in Southall Green and Lady Margaret wards where tree canopy is less than 10%.

Living environment: Living environment is a health issue in Southall. Noise and light pollution are high along main roads (i.e. A4020 (Uxbridge Road), Greenford Road, South Road, Merrick Road, Tentelow Lane, Norwood Road, and Windmill Lane) and railways (i.e. Great Western Rail). Southall also has a designated AQFA spanning King Street, The Green, Western Road, and South Road indicating high air pollution levels.

Crime and community safety: Crime and community safety is a health issue in eastern Southall, where crime deprivation is high.

Nutrition: Nutrition is a health issue in Southall as the neighbourhood area has the lowest consumption of fruit and vegetables in the borough.

Crime and community safety: Crime and community safety is a health issue in eastern Southall, where crime deprivation is high.

4.8.4 Implications for the planning, design, and delivery of health assets, health infrastructure, and health services

In addition to the relevant implications for the planning, design and delivery of health assets, health infrastructure and health services in LBE set out in **Section 3**, the following implications apply specifically for health priorities and health issues in **Southall**:

Population and age: Southall has the highest levels of projected population growth in the borough. It also has an above average proportion of residents aged 0-14 and 15 – 24, and an increasing proportion of people aged 65+. This suggests relatively higher current and future demand for health services for children than areas with lower proportions of children. Additionally, the increasing proportion of people aged 65+, combined with the overall population growth, suggests likely increased demand for more accessible health assets, health infrastructure, and health services.

Health outcomes and risk factors: It is difficult to directly attribute changes in health outcomes or health risk factors to specific interventions to improve health determinants. However, focussing on interventions and improvements related to Southall's health priorities and health issues, summarised below, may in turn contribute to reduced health and disability deprivation, reduced proportion of people claiming DLA payments and entitled to PIP, reduced prevalence of diabetes, increased life expectancy, lower rates of alcohol related hospital admissions and lower ratio of deaths from circulatory disease.

Facilities and infrastructure: Focus on improving access to primary healthcare infrastructure in south-eastern Southall. Focus on improving quality of care at Southall Medical Centre and Jubilee Gardens Medical Centre (both in Lady Margaret ward) and Lady Margaret Road Medical Centre (Dormers Wells ward). Focus on improving and refurbishing existing primary health care buildings and GP practices (both NHS owned and private GP owned); proactively identify opportunities for space for health infrastructure and health services within and around new developments and retrofit projects and where appropriate identify these through the Local Plan in policies and/or site allocations.

Consider the role of non-clinical health assets in achieving health outcomes to alleviate pressure on health services (e.g. enhancing use of parks and open spaces for social prescribing).

Education, employment and skills: Focus on developments that support education, employment and skills opportunities for local residents across the neighbourhood area. The need for additional capacity at primary and secondary school level needs to be planned and delivered in tandem with residential development.

Housing and communities: Consider the growing population of Southall and planned new housing and development across the neighbourhood area in the planning and delivery of health infrastructure and health services. Prioritise the development of affordable, tenure secure, well insulated and energy efficient housing with good internal and external space standards, and the ability to adapt spaces to accommodate changing household requirements (e.g. family size and age of residents) particularly in Southall Green and Southall Broadway wards. This will contribute to lower levels of overcrowding and fuel poverty currently observed throughout Southall. Focus on providing and/or improving 'free at the point of use' health assets such as parks and open spaces.

Climate resilience: Focus on interventions to reduce overall climate, heat and flood risk in energy efficient and low carbon ways to increase climate resilience in Southall.

For example, the planning and delivery of health infrastructure and health services in Southall should require physical and operational resilience to heat risk (e.g. passive, energy efficient and low carbon design measures such as external shading, natural ventilation and energy efficient cooling systems in GP surgeries) and flood risk (e.g. adequate drainage systems and storage of critical health equipment above ground level).

In addition, health infrastructure and health services in Southall should promote public health messages about how to reduce the risks of hot weather and flooding for people and communities, especially for vulnerable people.

The planning, design, retrofit and improvement of the built environment and public realm in Southall should prioritise interventions such as tree planting, shade giving

structures, water features, drinking fountains and sustainable drainage systems to increase climate resilience in energy efficient and low carbon ways.

Open space and nature: Focus on interventions which: safeguard and improve existing parks and green spaces of all types, particularly publicly accessible green space, in Southall Green and Lady Margaret wards; create more green spaces and urban greening in and around new developments in these wards; integrate urban greening, views and/or access to green space and nature into the design of health infrastructure; and enhance the role of parks and green spaces for social prescribing and the promotion of public health information.

Living environment: Focus on interventions to improve air quality, reduce noise levels and reduce light pollution to improve the quality of the living environment in Southall, particularly along main roads, railways and within AQFAs.

Nutrition: Focus on interventions to improve access to affordable, healthy food across Southall neighbourhood area, particularly for children. For example provision of spaces for food growing in schools, and community gardens in appropriate locations in across the neighbourhood area.

Crime and community safety: Focus on interventions to reduce crime and anti-social behaviour in Southall (particularly in eastern Southall) to improve related health outcomes. For example, establish a 'public health approach' to reduce crime and anti-social behaviour.

4.9 Summary of stakeholder views on health issues

Despite limitations on the format of stakeholder engagement and the availability of NHS stakeholders due to COVID-19 related restrictions and professional commitments in January 2022, the Health Study was still able to remotely engage with a broad range of stakeholders.

Approximately 80 stakeholders from Ealing Council, its NHS partners, and the Voluntary and Community Sector (VCS) in LBE, identified as potentially interested and relevant to the Health Study, were invited to attend an online facilitated stakeholder workshop on 12 January 2022 and/or contribute to an online survey which ran from 13 January until 31 January 2022. Approximately 25 of these stakeholders either accepted the invitation to attend the online workshop and/or completed the online survey.

In addition to the evidence derived from the baseline data analysis, these stakeholders have provided their views on current and future health issues for LBE and its seven neighbourhood areas. These are summarised for LBE and for each neighbourhood area in **Appendix E2** using the six categories of health assets used in Arup's Health Led Approach (HLA) to place-making and infrastructure:

- Natural environment;
- Built environment;
- Community and economy;
- Lifestyle and activities;
- Personal capacity; and
- Climate and ecosystem.

See **Appendix E6** for a summary of how the six categories of the HLA correspond to the 10 Health Study policy evaluation framework objectives.

All stakeholder views are considered valid and representative of individual perspectives. However, due to the relatively small size of the stakeholder sample group, they are not necessarily considered to represent the views of all LBE residents, VCS groups in LBE, Ealing Council employees, or NHS partners.

Health Study stakeholder views should be considered within the context of the Shaping Ealing[255] engagement activities which took place between November 2021 and May 2022 to inform the new Local Plan. Over 10,000 people participated in Shaping Ealing engagement activities and their feedback will be published later in 2022.

[255] Available online at: https://www.givemyview.com/ealinglocalplan/timeline

Key points made by Health Study stakeholders which complement and reinforce the findings of the baseline data analysis presented in the previous sections are as follows:

Natural environment

- There is a considerable amount of green space in LBE but the distribution and quality of publicly accessible green space and private amenity space is uneven across the borough.
- There are opportunities for enhancing the quality, quantity, access and use of green and blue space in LBE to benefit people's health.

Built environment

- Lack of affordable and well-designed housing, congested streets and presence of major roads present significant health issues and priorities for LBE and its neighbourhood areas.
- Health infrastructure is at capacity in all neighbourhood areas in LBE, demand is set to continue and current planned new or enhanced provision is not commensurate.

Community and economy

- Significant growth and change to the population and demographics of LBE is underway and set to continue.
- There are diversity and resilience challenges facing LBE's economy which have implications for the health of LBE's population.
- Health services are under pressure in all neighbourhood areas in LBE and the contributing factors, including growing population, changing demographics and lack of affordable housing for NHS staff, are set to continue.

Lifestyle and activities

- Opportunities for people to lead healthy lives, partake in healthy activities and have access to healthy food options vary considerably across the borough.
- People's sense of community in LBE and its neighbourhood areas is changing and needs to be nurtured.

Personal capacity

- Perceptions of crime and community safety play a role in people's choices about which public open spaces they use.
- People's sense of life satisfaction in LBE and its neighbourhood areas is changing and needs to be addressed.

Climate and ecosystem

- Air quality is a priority health issue in all neighbourhood areas in LBE.

5. Assessment of future growth and demand for health infrastructure and health services in LBE and its neighbourhood areas

Whereas **Section 4** focuses primarily on summarising the existing health issues across LBE's seven neighbourhood areas, this section assesses the implications of housing and population growth for *future* additional demand for, and provision of, health infrastructure and health services.

Data from the NHS HUDU is presented at the borough, neighbourhood, and ward level. Demand is separated into primary care[256], mental health, intermediate care[257], and acute care[258], allowing additional demand to be compared across different levels of health services and across neighbourhood areas.

Please note that the primary care floorspace requirements only consider GPs as no calculations for dentists or opticians are included in the model. The raw data behind the tables and figures in this section is provided in **Appendix B1.**

Please also note that, at the time of writing, Ealing Council remains in the process of developing the spatial options for growth that will inform the Local Plan, assessing potential sites for allocation and developing its housing trajectory.

As the emerging Local Plan progresses, and there is greater certainty over the spatial distribution of planned growth, further work will be undertaken as part of the Infrastructure Delivery Plan, drawing on updated HUDU modelling as appropriate to assess the requirements for new health infrastructure provision in more detail. This in turn will inform policies and where necessary site allocations to enable the delivery of the required health infrastructure.

5.1 Future floorspace requirements

The NHS London HUDU Planning Contributions Model (the HUDU model) is a model developed by the NHS London HUDU to help local authorities address the impact of new residential developments and population growth on healthcare infrastructure and services.

The use of the model in the Ealing Local Plan Health Study is to assess the future growth and total additional demand for health infrastructure in terms of floorspace requirements and capital cost implications for LBE and its neighbourhood areas. This information can be fed into infrastructure planning via s106 planning negotiations and the Community Infrastructure Levy (at present, Ealing Council does not have CIL in place, although it is working to establish it) to ensure that new development contributes financially to the improvement or expansion of health infrastructure as needed.

The model uses data on housing and population (i.e. GLA housing-led population projections, housing trajectory data, build rates, occupation rates, population gain and

[256] Primary care services are anything the public access directly. This includes general practitioners (GPs), dentists and opticians. Primary care provides the first point of contact in the healthcare system.

[257] Intermediate care services provide targeted support for a short time to help one recover and increase their independence. These services are usually provided by a mix of health and social care professionals with different skills, including nurses, social workers, doctors, and a range of therapists.

[258] Acute care services are short–term treatment, usually in a hospital, for patients with any kind of illness or injury. Services include accident and emergency departments, inpatient and outpatient medicine and surgery and, in some cases, very specialist medical care.

household characteristics), healthcare activity (i.e. hospital in-patient admissions, length of stay, hospital bed occupancy, healthcare activity data, intermediate care, and primary care data), floorspace standards and costs to model floorspace requirements and total capital cost by ward and local authority for the period between 2022 and 2037.

It should be noted that even when floorspace for new health infrastructure is provided by or funded through development, market rents can often be too high for NHS stakeholders to afford or to provide/secure sustainable revenue funding for. In some cases, the implications of high rents mean that buildings and floorspace intended to be used for new health infrastructure projects cannot be taken forward.

It should also be noted that the HUDU model is demand based and does not address existing or planned expansions of health service or health infrastructure capacity. Demand for additional health services could also be met through conversion of existing community facilities, such as underutilised community centres or libraries. Given that consultation with stakeholders has highlighted that there is no unused capacity in the existing NHS estate within LBE, this could potentially be an option for the provision of additional primary care or mental health space in LBE. Any underutilised spaces in council ownership should be identified through the forthcoming Ealing Council Property Strategy.

The floorspace requirements presented utilise data available at the time of modelling (2022) and are subject to change, most notably once the LBE housing trajectory is firmed up. Once available, LBE's specific housing trajectory data can be utilised in place of GLA housing-led population projections, which will more accurately reflect the implications of planned growth for health infrastructure demand. It is important to acknowledge that undertaking future demand forecasting has limitations and therefore the HUDU model outputs presented should be treated as indicative and will need to be reviewed and updated on a regular basis. The outputs represent what 'could' be needed rather than what 'will' be needed as they are subject to many factors, including changing ways of working and delivering health services.

Taking these caveats into account, the HUDU model outputs show that the total demand for additional health infrastructure floorspace within LBE for the period between 2022 and 2037 could be around 18,565sqm (Table 5). To put this into perspective, Ealing Council's existing office and customer service centre at Perceval House is 21,927sqm over six storeys, while the Ealing Broadway retail and leisure centre is approximately 43,664sqm. The delivery of this floorspace could cost approximately £105,680,000 over this period. Please refer to Figure 26 – Figure 32 for total additional floorspace requirements by neighbourhood area and ward for the years 2022 – 2037.

Demand for additional acute health floorspace is projected to be greatest, followed by demand for primary care, intermediate care and mental health floorspace (Table 5). The demand for additional acute health floorspace is projected to be highest in East Acton ward in Acton, followed by Southall Broadway, Southall Green, and Norwood Green wards in Southall.

The pattern is similar for primary care floorspace, where East Acton ward has the highest demand, followed by Southall Broadway, Southall Green, and Norwood Green wards. The projected demand for additional intermediate care and mental health floorspace is significantly lower than the additional demand for acute and primary care floorspace.

It should be noted that a decrease in demand for additional floorspace (for example as observed for mental health and primary care in some neighbourhood areas) does not mean that there should be a decrease in the existing provision. It indicates that shifting population age groups may alter the type of mental health and primary care services and

support required, and that these areas may benefit from a rethink about the nature of mental health and primary care services needed. It highlights that discussions should be held with service providers to identify appropriate mental health and primary care provision in these areas.

The neighbourhood areas with the greatest overall demand for additional health infrastructure floorspace between 2022 and 2037 are Southall and Acton. These are projected to require around 6,900sqm and 6,000sqm of additional floorspace respectively (Figure 32 and Figure 26). The demand for additional health infrastructure floorspace peaks between 2027 and 2032 in Acton, while in Southall it peaks between 2022 and 2027. This suggests that the demand for additional healthcare infrastructure is a more pressing immediate health priority in Southall. This should be reflected in planning the phasing of provision.

It should be noted that although demand peaks during certain years, the floorspace requirements for provision are cumulative and therefore it does not mean that after a certain year there will be less demand for floorspace. For more detail about the 5-year variations in projected population growth and associated demand in LBE and in each neighbourhood area for the new Local Plan period, please refer to **Appendix B1.**

In Southall, the areas with the greatest additional demand for health infrastructure are Southall Broadway, Southall Green, and Norwood Green wards (Figure 32). In Acton, the area with the greatest demand for additional health infrastructure is East Acton ward (Figure 26).

It is important to acknowledge that growth in a specific area may create demand for additional floorspace, as identified in Acton and Southall. However, floorspace does not necessarily need to be provided in that area if it remains accessible to people within it. For example, additional floorspace provision could be provided in adjacent wards or neighbourhood areas, or even boroughs, if improving accessibility to this health infrastructure is prioritised.

The HUDU model outputs reflect the model of care to provide services closer to home by moving hospital-based services to primary and community care settings. Ealing Council, NWL CCG, and other NHS Partners should work together to develop strategies to shift the provision of services from traditional acute health infrastructure spaces to community care settings to limit pressure on cost and floorspace demand in traditional NHS spaces.

5.1.1 LBE

HUDU model outputs (Table 5 and Figure 25). show that the greatest projected demand for additional floorspace is for acute and primary care health services across the borough. Demand for floorspace for acute health services is modelled to be double that for primary care.

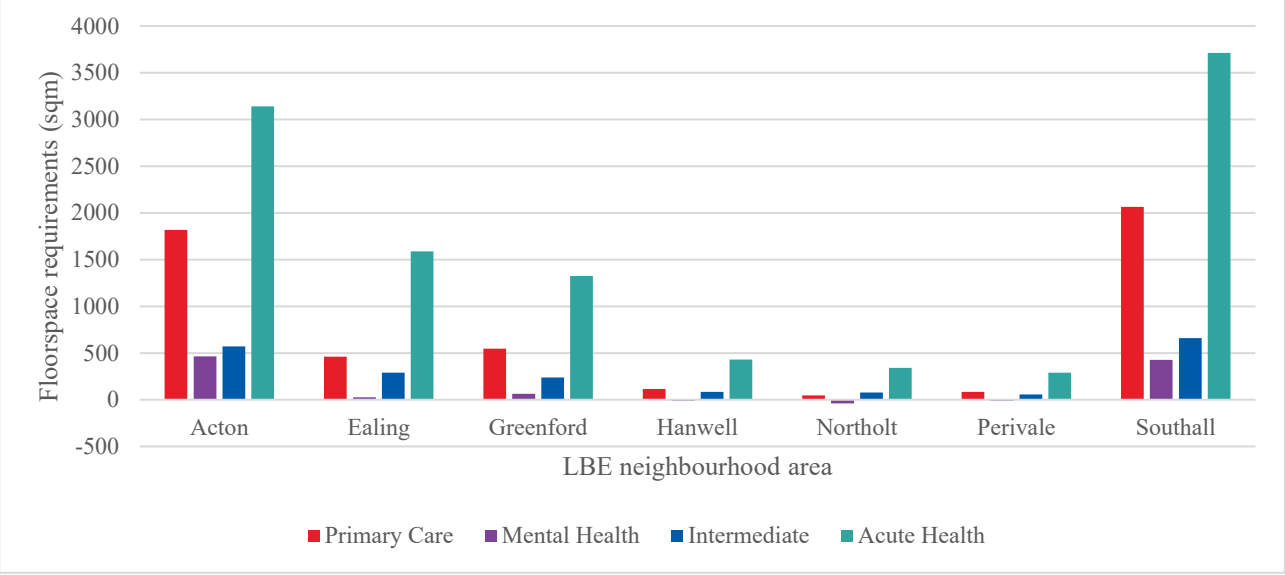
From a neighbourhood area perspective, demand for additional floorspace for health services and ancillary infrastructure is projected to be greatest in Southall and Acton.

Table 5: Total additional floorspace requirements and costs for LBE and its neighbourhood areas for the period 2022 – 2037.

LBE neigh-bourhood 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.

Figure 25: Total additional floorspace requirements by LBE neighbourhood area for the period 2022 – 2037.

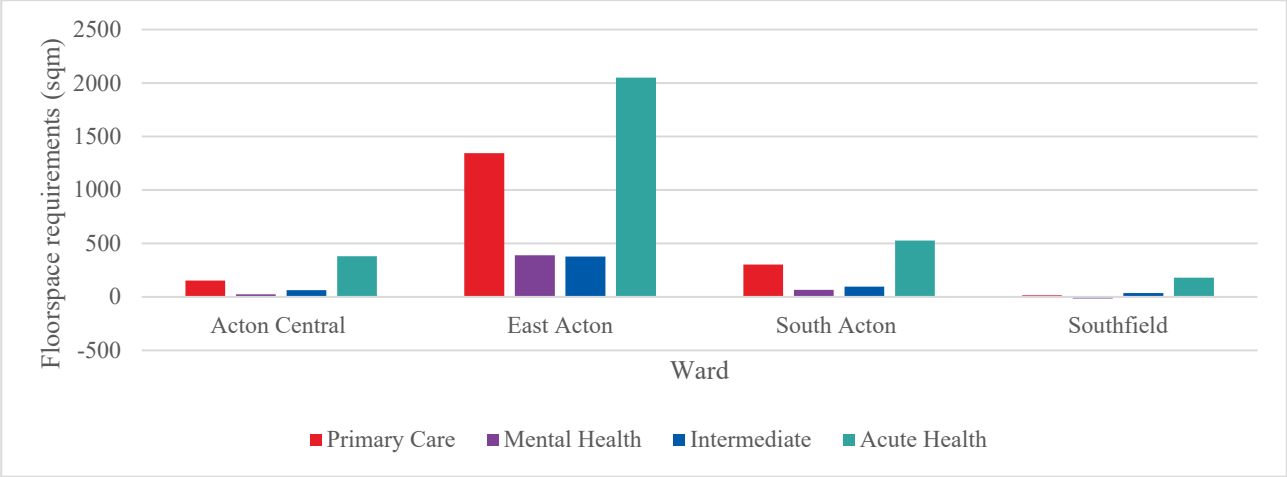


Source: HUDU model, 2022.

5.1.2 Acton

Within Acton, East Acton ward is projected to generate the greatest demand for additional floorspace across each of the four types of health services.

Figure 26: Total additional floorspace requirements in Acton by ward for the period 2022 – 2037.



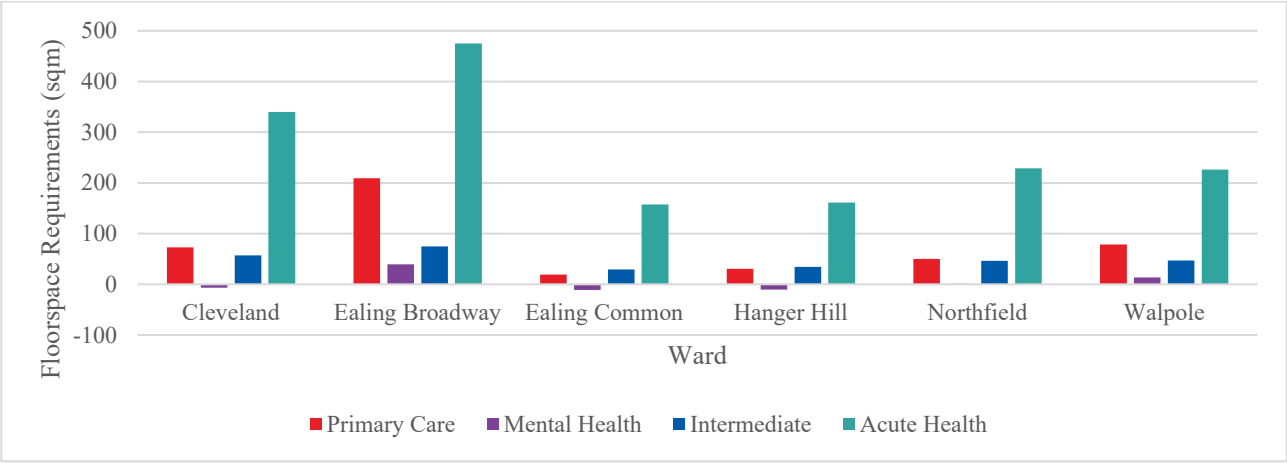
Source: HUDU model, 2022.

5.1.3 Ealing

Demand in Ealing needs to be contextualised: the greatest single floorspace demand is for additional acute health floorspace in Ealing Broadway, at approximately 480sqm. However, the same measure in Acton is just over 2,000sqm.

Demand for additional floorspace for other services is much lower, with the exception of primary care in Ealing Broadway at around 200sqm. The demand for additional mental health floorspace is lowest in Cleveland, Ealing Common, and Hanger Hill wards. This suggests that these areas may benefit from a rethink about the type of mental health services needed and provided. Discussions should be held with service providers to identify appropriate mental health provision.

Figure 27: Total additional floorspace requirements in Ealing by ward for the period 2022 – 2037.

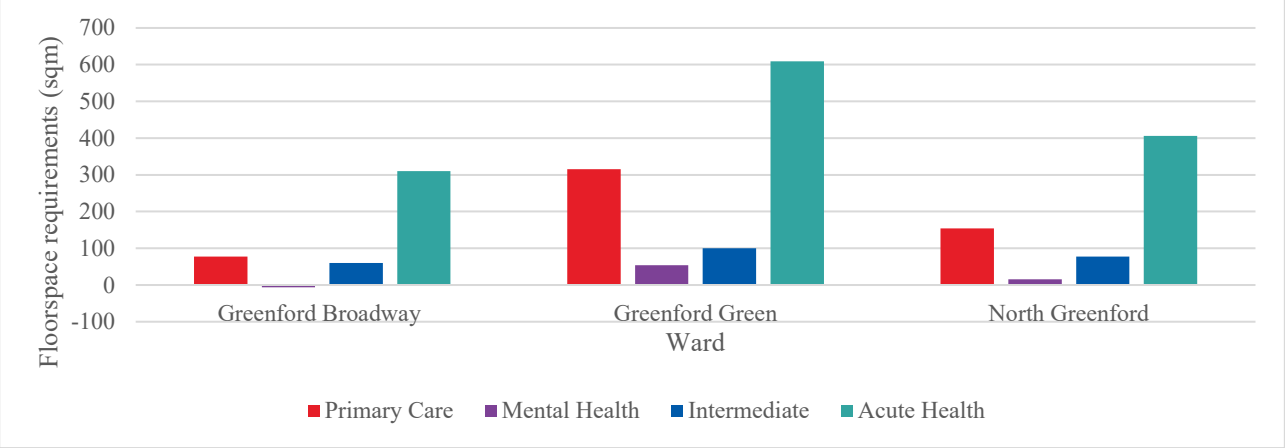


Source: HUDU model, 2022.

5.1.4 Greenford

Additional floorspace requirements in Greenford echo the trends for the borough as a whole: greatest demand for additional acute healthcare services, followed by primary care, with lower floorspace requirements for intermediate and mental health services. Greenford Green ward expects the greatest demand, requiring 600sqm of additional acute provision and 300 sqm of additional primary provision.

Figure 28: Total additional floorspace requirements in Greenford by ward for the period 2022 – 2037.



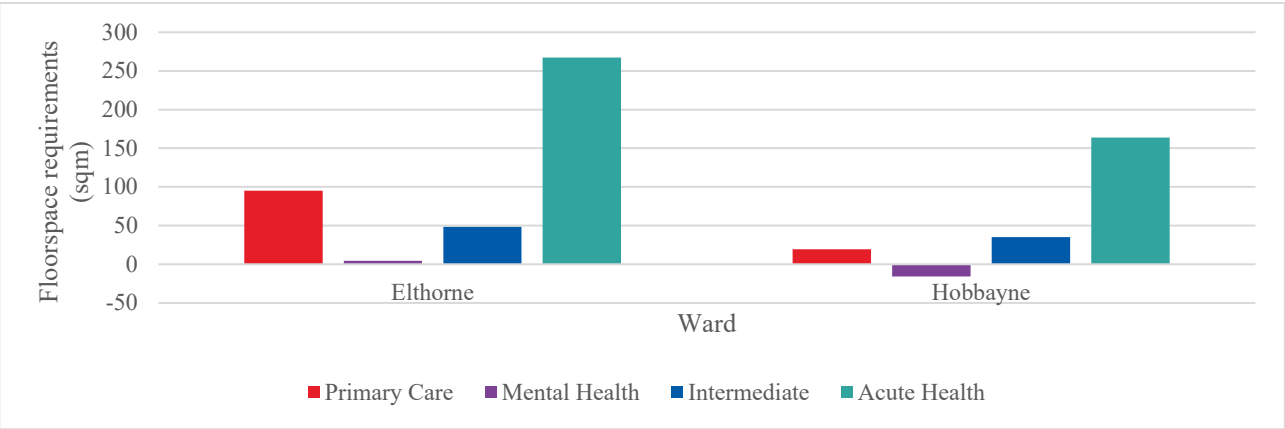
Source: HUDU model, 2022.

5.1.5 Hanwell

Hanwell, Northolt, and Perivale exhibit similar demand patterns across each healthcare service over the plan period. Demand for additional floorspace is greatest for acute health, yet the single greatest floorspace requirement (in Elthorne ward) is expected to be lower than 300sqm (compared to 1,800-plus for Acton and Southall).

Like every neighbourhood, requirements for additional mental health floorspace are lowest, and this is particularly expected in Hobbayne ward. This suggests that this area may benefit from a rethink about the type of mental health services needed and provided. Discussions should be held with service providers to identify appropriate mental health provision.

Figure 29: Total additional floorspace requirements in Hanwell by ward for the period 2022 – 2037.

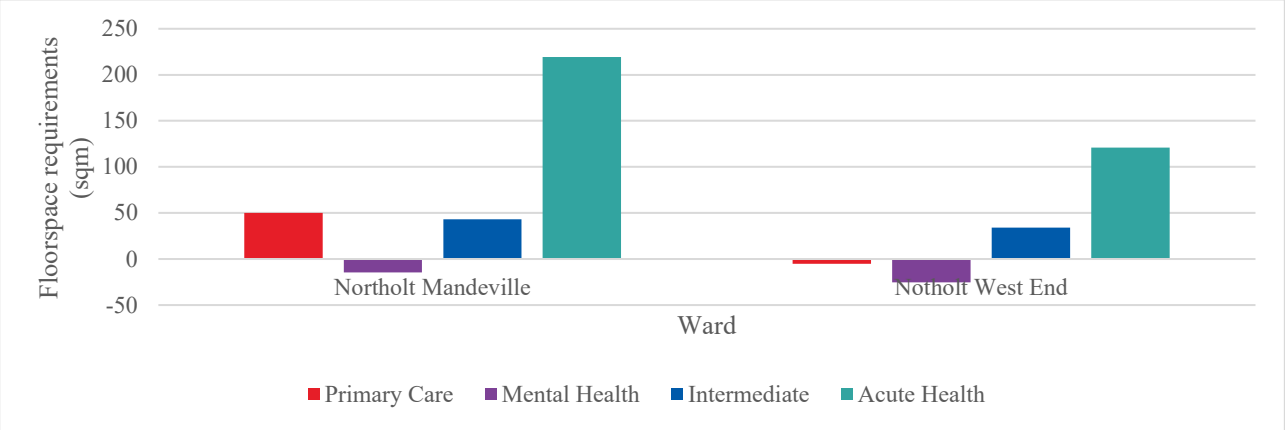


Source: HUDU model, 2022.

5.1.6 Northolt

Northolt exhibits a similar demand pattern to Hanwell and Perivale: greatest demand for additional floorspace is for acute health at a level of less than 250sqm. The demand for additional mental health floorspace and primary care is the lowest. This suggests that Northolt may benefit from a rethink about the type of mental health services and support provided. Discussions should be held with service providers to identify appropriate mental health provision.

Figure 30: Total additional floorspace requirements in Northolt by ward for the period 2022 – 2037.

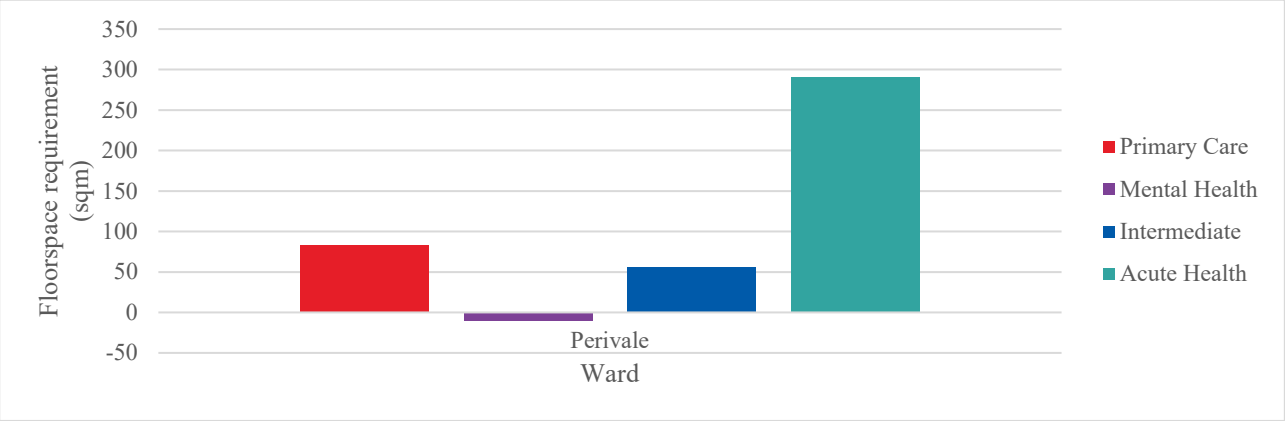


Source: HUDU model, 2022.

5.1.7 Perivale

With only one ward, Perivale additional floorspace requirements generally mirror those for Hanwell and Northolt. Greatest demand for additional floorspace is expected for acute health (<300sqm), followed by primary care (<100sqm) and intermediate care (50sqm). The demand for additional mental health floorspace provision is the lowest. This suggests that Perivale may benefit from a rethink about the type of mental health services and support provided. Discussions should be held with service providers to identify appropriate mental health provision.

Figure 31: Total additional floorspace requirements in Perivale ward and neighbourhood area for the period 2022 – 2037.



Source: HUDU model, 2022.

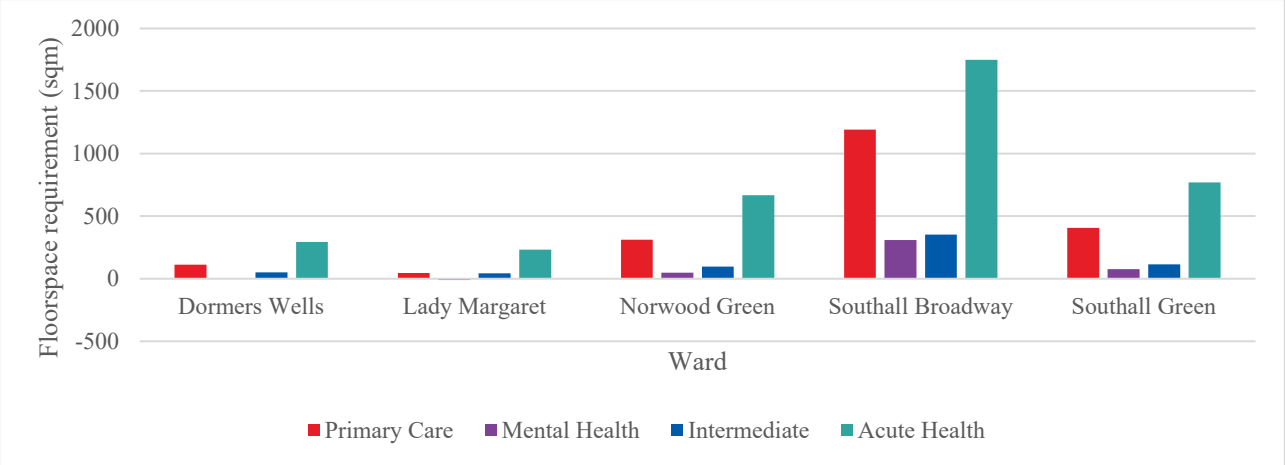
5.1.8 Southall

As would be expected, given its status as an Opportunity Area and anticipated levels of growth, Southall is to experience the biggest additional floorspace requirement growth over the plan period.

The average pattern of demand in Southall is significantly affected by requirements for Southall Broadway ward. Additional floorspace requirements for Dormers Wells and Lady Margaret are comparable to Perivale, Northolt, and Hanwell, while additional floorspace requirements for Norwood Green and Southall Green are slightly higher than Greenford.

Southall Broadway is expected to require some 1,700sqm of additional acute health floorspace and 1,200sqm of additional primary care floorspace. Mental health and intermediate healthcare services both exhibit similar demand levels, requiring between 300-400sqm of additional provision over the plan period.

Figure 32: Total additional floorspace requirements in Southall by ward for the period 2022 – 2037.



Source: HUDU model, 2022.

5.2 Implications for the preparation of the Local Plan

The HUDU modelling demonstrates a projected increase in floorspace demand across primary, mental health, intermediate and acute care services between 2022 – 2037. It has already been established that there is no known clinical void in the NHS estate across the entirety of LBE. Additional HUDU floorspace requirements will need to be met either through the conversion of existing, underutilised floorspace or through building new floorspace. It is important to note that conversion from one use to a healthcare use can affect the quality of new healthcare facilities and services, sometimes leading to services operating from spaces that may not be fit for purpose.

The following points should be taken into account as preparation for the new LBE Local Plan advances:

- Drawing on HUDU modelling, and including any updates following completion of the housing trajectory and site allocations work, the Infrastructure Delivery Plan (IDP) is likely to identify an increasing demand for the provision of new health infrastructure (in terms of floorspace);
- The IDP will identify the quantum of floorspace required, as well as location, phasing and cost;
- Further work will be required, working with NHS partners as the Local Plan is developed to identify specific locations, opportunities and sites for new and expanded health infrastructure;
- Additional demand is expected to be highest in Southall and Acton (approximately 6,800sqm and 6,000sqm respectively); and
- An up-to-date IDP (which will draw on the up-to-date housing trajectory) will underpin the introduction of a Community Infrastructure Levy in LBE, adding another planning mechanism to existing s106 agreements through which to ensure that new development contributes to meeting as-yet unmet health infrastructure demand.

6. Summary of policy and strategy review and gap analysis

This section summarises the results of the policy and strategy review and gap analysis. A wide range of policies and strategies considered relevant to healthy spatial planning in LBE were collated in an Excel spreadsheet (see **Appendix C1**). A high-level review and gap analysis was undertaken for all of these policies and strategies using the Health Study policy evaluation framework (see Table 6) to establish the extent to which they covered the 10 Health Study policy objectives. A more detailed review of the policy and strategy documents considered most relevant to the Health Study was then undertaken. These were:

- the National Planning Policy Framework (2021)[259];
- the London Plan (2021)[260];
- the Health and Social Care Bill (2021)[261];
- the existing Ealing Local Plan (2012[262] and related Supplementary Planning Documents (SPDs)[263] and Local Planning Policy Guidance (LPPG)[264];
- the North West London Health Care Partnership Integrated Care System (NWL HCP ICS) Estate Strategy 2021[265]; and
- the Ealing Health and Wellbeing Strategy (2016-2021)[266].

A summary of the review of the first three documents is contained within **Appendix C2.**

A gap and opportunity analysis for the documents that the client team were deemed to have most control or influence over as owners or authors was then undertaken. The results of the gap and opportunity analysis for all three documents are presented in Table 6 below. The individual results for each document are summarised in the follow sections and presented in Table 7, Table 8 and Table 9. These were:

- the existing Ealing Local Plan (2012) and related SPDs and LPPG;
- the NWL HCP ICS Estate Strategy 2021; and
- the Ealing Health and Wellbeing Strategy (2016-2021).

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[259] Ministry of Housing, Communities & Local Government. 2021. National Planning Policy Framework. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005759/NPPF_July_2021.pdf

[260] GLA. 2021. The London Plan. Available online at: https://www.london.gov.uk/sites/default/files/the_london_plan_2021.pdf

[261] Parliament. 2022. Health and Care Bill. Available online at: https://publications.parliament.uk/pa/bills/cbill/58-02/0301/210301v2.pdf

[262] Ealing Council. 2012. Adopted development (or Core) Strategy. Available online at: https://tinyurl.com/rux8thvc

[263] Ealing Council. Various dates. Supplementary planning guidance and documents. Available online at: https://www.ealing.gov.uk/info/201162/planning_policy/602/supplementary_planning_guidance_and_documents/3

[264] Ealing Council. 2019. Ealing Local Planning Policy Guidance (LPPG): Tall Buildings. Available online at: https://www.ealing.gov.uk/info/201164/local_plan/2917/ealing_local_planning_policy_guidance_lppg_tall_buildings

[265] North West London Health Care Partnership Integrated Care System. 2021). NWL HCP ICS Estate Strategy 2021. Final Draft. Available online at: https://www.nwlondonics.nhs.uk/

[266] NHS Ealing Clinical Commissioning Group, Ealing Council, Ealing CVS, Ealing GP Federation, Healthwatch Ealing, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust, West London Mental Health NHS rust, Stronger Together, and London North West Healthcare Trust. 2016. Available online at: https://tinyurl.com/nhetzs7f

Table 6: Summary of gap and opportunity analysis for key policies and strategies based on the Health Study policy evaluation framework.

***Key: 0** (white) = not covered by policy, **x** (light grey) = covered at high level by policy, **xx** (dark grey) = covered at detailed level by policy*

Health Study policy evaluation framework objectives

***1 - AT** = Active travel and transport*

***2 - CR** = Climate resilience*

***3 - CS** = Crime and community safety*

***4 - ES** = Education, employment and skills*

***5 - FI** = Facilities and infrastructure*

***6 - HC** = Housing and communities*

***7 - LE** = Living environment*

***8 - NU** = Nutrition*

***9 - OS** = Open space and nature*

***10 - SC** = Social cohesion and communities*

Policy objective Policy or strategy document	1 - AT	2 - CR	3 – CS	4 - ES	5 - FI	6 - HC	7 - LE	8 - NU	9 - OS	10 - SC
Existing Ealing Local Plan (Development Core Strategy)	xx	x	x	x	xx	xx	x	x	xx	x
Acton Town Hall and Environs SPD	x	0	0	0	x	x	x	0	x	x
Ealing Cinema SPD	x	0	0	0	x	x	0	0	x	x
Sustainable Transport for New Development SPD	x	x	0	0	x	x	x	0	x	x
Planning New Garden Space SPD	0	x	x	0	0	x	0	0	x	x
Southall Gateway SPD	x	x	x	x	x	x	x	0	x	x
Ealing LPPG: Tall Buildings	0	0	0	0	x	x	0	0	0	0
NWL HCP ICS Estates Strategy 2021	0	x	0	x	xx	x	0	0	0	0
Ealing Health and Wellbeing Strategy 2016	xx	x	x	x	x	xx	x	x	x	xx

6.1 Existing Ealing Local Plan (2012)

The existing Ealing Local Plan comprises three key documents: the Development Core Strategy, the Development Management Document, and the Development Sites Development Plan. At the time of their development, the core documents were developed in general accordance with the previous London Plan (2011). The Development Core Strategy document sets out the spatial vision and related policies for future development across the borough and is therefore the focus of the gap and opportunity analysis. It outlines the following development objectives:

- Provide new housing, especially affordable homes for local families;
- Sustain and create jobs;
- Protect and enhance green and open space and the borough's heritage; and
- Ensure that community facilities, services and transport infrastructure are provided where and when needed.

6.1.1 Existing Development Core Strategy

The Development Core Strategy document notes that the spatial vision for LBE supports the broader vision and goals for the borough as set out in Ealing's Sustainable Community Strategy. It includes a specific reference to 'improve public health and support those with specific needs to achieve well-being and independence'. The document comprises of six chapters and 35 policies. A summary of the policy content of each Chapter and the relevance to health is provided below:

Chapter 1: Vision for Ealing looks at the role of spatial planning to enable growth across the borough. Spatial planning policies are largely targeted at providing for new housing development in appropriate locations (e.g. with adequate access to alternative transport modes, new commercial and retail space) and providing physical, social and green infrastructure to support new levels of housing and employment. Policies refer to aims to create healthy and safe places to live, ensuring delivery of social and green infrastructure, promoting healthy travel behaviour, improving air quality and ambient noise levels, and maintaining a clean and healthy environment.

Chapter 2: Development in Uxbridge Road / Crossrail Corridor focuses on the intended development outcomes for the Uxbridge Road and Crossrail Corridor. Policies are primarily focused on enabling growth in key areas within the identified corridor to improve Acton Town Centre, enable the regeneration of residential areas, enable the revitalisation of South Acton, Acton Main Line station area, Green Man Lane Estate, Hanwell Town Centre, Southall Town Centre, the Havelock Area and improving the Ealing Metropolitan Town Centre. Policies refer to mixed tenure housing, improving public transport, cycling infrastructure and pedestrian environments, urban greening, improvements to green space and greater accessibility of the Grand Union canal, new and enhanced play spaces, better bus links from Hanwell Town Centre to Ealing Hospital, new community facilities (including a new community hub in Southall comprising a library and a health centre) and regeneration of housing estates. All of these policies have the potential to contribute to improved health outcomes, but do not mention them explicitly.

Chapter 3: Development in the A40 Corridor and Park Royal focuses on the intended development outcomes for the A40 Corridor and Park Royal. Policies are primarily focused on enabling a mixture of compatible uses within these characteristically commercial/industrial areas. Historical development in the area also includes residential

development within the A40 corridor, an area identified as a key interface between residential and green spaces with commercial/business land. Policies refer to exploring options for reducing exposure to air and noise pollution for existing residents, attracting new businesses and sources of employment, mixed tenure housing, improving public transport, cycling infrastructure and pedestrian environments, urban greening, improvements to green space and greater accessibility of the Grand Union canal, new and enhanced play spaces and regeneration of housing estates. All of these policies have the potential to contribute to improved health outcomes, but do not mention them explicitly.

Chapter 4: Enhancing Residential Hinterlands and North – South Links aims to enhance and regenerate existing residential/commercial sites on the periphery of the A40 and Uxbridge Road/Crossrail Corridors. Policies refer to new housing (including affordable housing), improving public transport, cycling infrastructure and pedestrian environments and regeneration of housing estates and sites for mixed use developments. All of these policies have the potential to contribute to improved health outcomes, but do not mention them explicitly.

Chapter 5: Protecting and enhancing Ealing's Green and Open Spaces aims to protect and enhance green belt land, metropolitan open land and green corridors, improve biodiversity and geodiversity. Overall, policies aim to protect, enhance and improve the quality of green open spaces for the enjoyment of residents. Policies refer to the physical and mental health benefits of green and open spaces, and frame them as valuable assets for sports and recreation, active modes of travel, food growing, community events, enjoying nature and tranquillity.

6.1.2 Existing Infrastructure Delivery Schedule

Appendix Three of the Development Core Strategy, the Infrastructure Delivery Schedule (2011) summarises the priorities for delivery of infrastructure based on various criteria, including how critical the infrastructure is to the delivery of the Development Core Strategy, and informs spending on strategic infrastructure through s106 and CIL. The Schedule includes nine Primary Health Centres and one Mental Health Centre, all of which were considered to be of 'Medium priority' for delivery. By comparison, nearly all the Education infrastructure and Strategic Transport Schemes were considered to be 'High priority' for delivery.

During 2019/20, LBE signed and sealed a total of 93 s106 agreements. The total value of financial s106 agreements was **£31,239,429** for all purposes (e.g. health infrastructure, primary education infrastructure, transport infrastructure, carbon offsetting, cash in lieu of affordable housing, skills development, and town centre/public realm improvements etc.). Of this total, **£5,976,459** (19%) was secured for health infrastructure. During the same period **£11,270,115** of s106 monies was received **(£547,876** or 5% of this was for health) and **£1,926,167** of s106 monies was spent, with no specific expenditure on health infrastructure[267]. It should be noted that the s106 amounts secured and received vary year to year and typically there is a time lag between securing, receiving, and spending money. Therefore, much of the money secured in 2019/20 is unlikely to be received and spent in that same year.

[267] Ealing Council. 2021. Infrastructure Funding Statement 2019/20. Available online at: https://www.ealing.gov.uk/downloads/download/6593/infrastructure_funding_statement_2019-20

6.1.3 Existing Supplementary Planning Documents (SPDs) and Local Planning Policy Guidance (LPPG)

Alongside the existing Ealing Local Plan, the following SPDs and LPPG provide further information about how the Local Plan should be implemented, focussing on specific locations and topics:

- *Acton Town Hall and Environs - Supplementary Planning Document (2013)*
- *Ealing Cinema - Supplementary Planning Document (2013)*
- *Sustainable Transport for New Development - Supplementary Planning Document (2013)*
- *Planning New Garden Space - Supplementary Planning Document (2015)*
- *Southall Gateway - Supplementary Planning Document (2015)*
- *Ealing Local Planning Policy Guidance: Tall Buildings (2022)*

The results of the gap and opportunity analysis for the existing Ealing Local Plan and SPDs/LPPG are summarised in Table 7 below.

Table 7: Summary of gap and opportunity analysis for existing Ealing Local Plan and SPDs/LPPG using Health Study policy evaluation framework.

Key: 0 (white) = not covered by policy, **x** (light grey) = covered at high level, **xx** (dark grey) = covered at detailed level

Health Study policy evaluation framework objective	Score	Aspects of policy which cover objective
• **Active travel and transport:** Do policies improve connectivity to minimise private vehicle use and promote safe, active and sustainable forms of travel and transport?	xx	18 policies 5 SPDs New transport infrastructure 'High' priority for delivery.
• **Climate resilience:** Do policies improve opportunities for sustainable, energy efficient and climate resilient living?	x	16 policies 3 SPDs New energy infrastructure 'Medium' priority for delivery. Waste infrastructure 'High' priority for delivery.
• **Crime and community safety:** Do policies improve community safety and reduce levels of crime?	x	3 policies 2 SPDs
• **Education, employment and skills:** Do policies improve educational attainment and skills at all levels and reduce educational inequalities?	xx	17 policies New school infrastructure 'High' priority for delivery.
• **Facilities and infrastructure:** Do policies improve access to health, social and community facilities and infrastructure?	xx	2 policies 3 SPDs New health infrastructure 'Medium' priority for delivery.

Health Study policy evaluation framework objective	Score	Aspects of policy which cover objective
		New school infrastructure 'High' priority for delivery. Social and community infrastructure 'Medium' priority for delivery.
• **Housing and communities:** Do policies meet current and future housing need and support the development of diverse and sustainable communities?	xx	18 policies 4 SPDS and 1 LPPG.
• **Living environment:** Do policies improve air quality, noise levels, light pollution and neighbourhood quality?	x	7 policies
• **Nutrition:** Do policies improve access to healthy and affordable food?	x	4 policies
• **Open space and nature:** Do policies improve quality of, access to and use of open space and nature?	xx	8 policies 1 SPD
• **Social cohesion and communities:** Do policies contribute towards the generation of strong and inclusive communities?	x	12 policies Social and community infrastructure 'Medium' priority for delivery.

All Health Study policy framework objectives are covered by the existing Ealing Local Plan and its supporting SPDs and LPPG to some extent. The following policy evaluation framework objectives are considered to be covered at a detailed level by the existing Local Plan:

- Active travel and transport;
- Education, employment and skills;
- Housing and communities;
- Facilities and infrastructure; and
- Open space and nature.

The following policy evaluation framework objectives or health determinants are considered to be covered at a high level:

- Climate resilience;
- Crime and community safety;
- Living environment;
- Nutrition; and
- Social cohesion and communities.

The existing Local Plan and supporting SPDs and LPPG primarily contribute to health outcomes through five main health determinants. There is some recognition of the physical and mental health benefits of active travel and transport, access to jobs, well-designed and located housing, adequate social and green infrastructure, access to green space (both private and public), and appropriate use of land.

However, with the exception of Chapter 5 Protecting and enhancing Ealing's Green and Open Spaces, the role of spatial planning and development in delivering health benefits is not explicitly acknowledged or clearly defined and the links between specific planning and development policies and health outcomes are not sufficiently detailed.

Furthermore, there are five other health determinants within the Health Study policy evaluation framework which planning and development policy in LBE could do more to address in order to support wider health outcomes.

Also, whilst the existing Local Plan includes Neighbourhood Profiles and maps for each of the seven neighbourhood areas, there are opportunities to focus more on the particular health issues and priorities for each neighbourhood area and the associated improvements, investments and interventions most appropriate for the health assets, health infrastructure and services in those areas.

In summary, the existing Ealing Local Plan chapters, policies and supporting SPDs and LPPG all contribute to health outcomes in direct and indirect ways, particularly through the policy objectives and health determinants of 'Active travel and transport', 'Education, employment and skills', 'Facilities and infrastructure', 'Housing and communities' and 'Open space and nature'.

From this analysis, the opportunities identified for new Local Plan policy development and any new or revised SPDs/LPPGs are:

- Policies and policy objectives could be more explicit about the links between them and health outcomes in LBE
- Policies could be more specific about approaches and delivery mechanisms to achieving positive health outcomes through the relevant areas of planning and development policy.
- Policies could be developed which cut across and address multiple or all 10 Health Study policy objectives
- Policies could be framed as 'health creation' policies relating to all 10 Health Study policy objectives
- Policies and policy objectives could be developed for each neighbourhood area which address the particular health issues and priorities and identify the most appropriate investments and interventions for health assets, health infrastructure and health services in each area.

Best practice examples of policies, strategies and delivery mechanisms of relevance to these opportunities are summarised in **Section 8**. Specific recommendations for LBE's new Local Plan are provided in **Section 9.**

6.2 North West London Health Care Partnership Integrated Care Systems (NWL HCP ICS) Estate Strategy (2021)

The NWL HCP[268] ICS Estate Strategy (2021) responds to local and national drivers including the NHS Long Term Plan (2019) and the Health and Social Care Bill (2021). It sets out the current context, key challenges, and strategic drivers for improving the NHS estate in the NWL ICS area. This area is one of five ICS areas in London[269] developed to support partnership working between NHS organisations and the communities they operate within. It includes eight London boroughs - Ealing, Brent, Hammersmith and Fulham, Kensington and Chelsea, Harrow, Hillingdon, Hounslow, and Westminster.

The purpose of the NWL ICS is to reduce health inequalities, increase quality of life and achieve health outcomes on a par with the best of global cities. The NWL ICS Estates Group is responsible for collaborating with all ICS partners to deliver estate schemes with multiple benefits and which utilise community assets to deliver integrated, people centred services.

The NHS estate, or health infrastructure, in the NWL ICS area is a key enabler for the delivery of health and care services for the area's growing population. The key challenges and responses set out in NWL HCP ICS Estate Strategy 2021 form the strategic framework for investment and collaborative working to deliver health infrastructure, health services and health assets in LBE.

Some of the key challenges NWL HCP and ICS face as a health estate network include:

- Ineffective use of key primary and community care sites;
- Inequalities in condition and functional suitability of primary and community care estates;
- Deliverability of funded projects and funding gaps to support our capital pipeline requirements;
- Challenges in NHS Trust estate i.e., high backlog costs, underutilisation of estates, void spaces, and carbon emissions;
- Changing estates requirements as a response to COVID related impacts on health services; and
- Difficult workforce recruitment and retention challenged by high cost of accommodation in London.

The strategy sets out the following area wide responses to these challenges:

- Improve the use of key primary and community care sites, and supporting the transformation of Mental Health services;
- Improve primary and community care estates, support Primary Care Network (PCN) and Integrated Care Partnership (ICP) delivery;
- Develop a deliverable capital pipeline (including 2 new hospitals);
- Improve NHS Trust estates performance measures;

[268] The NW London HCP is made up of over 30 NHS and local authority organisations, including the North West London (NWL) Clinical Commissioning Group (CCG) and LBE, who together plan, buy and provide health and care services for over 2.4 million people across the 8 boroughs.

[269] The other four ICS areas are North Central London, North East London, South East London and South West London.

- Support the delivery of NWL's COVID Recovery Plan; and
- Progress plans for affordable housing for healthcare staff.

The results of the gap and opportunity analysis for the NWL HCP ICS Estate Strategy 2021 are summarised in Table 8 below.

Table 8: Summary of gap and opportunity analysis for the NWL HCP ICS Estate Strategy 2021 using the Health Study policy evaluation framework

Key: 0 (white) = not covered by policy, **x** (light grey) = covered at high level, **xx** (dark grey) = covered at detailed level

Health Study policy evaluation framework objective	Score	Aspects of policy / strategy which cover objective
• **Active travel and transport:** Do policies improve connectivity to minimise private vehicle use and promote safe, active, and sustainable forms of travel and transport?	0	n/a
• **Climate resilience:** Do policies improve opportunities for sustainable, energy efficient and climate resilient living?	x	Responses to local / national drivers • Delivering on 'Net Zero Carbon' for the NHS • For emissions we can control: net zero by 2040, with an ambition for 80% reduction by 2028 to 2032 • For emissions we can influence: net zero by 2045, with an ambition for 80% reduction by 2036 to 2039 • Responses to sub-regional / local estate challenges • Improve NHS Trust estates performance measures
• **Crime and community safety:** Do policies improve community safety and reduce levels of crime?	0	n/a
• **Education, employment and skills:** Do policies	x	Responses to local / national drivers

Health Study policy evaluation framework objective	Score	Aspects of policy / strategy which cover objective
improve educational attainment and skills at all levels and reduce educational inequalities?		• Delivering Homes for NHS Staff • Responses to sub-regional / local estate challenges • Progress plans for affordable housing for healthcare staff
• **Facilities and infrastructure:** Do policies improve access to health, social and community facilities and infrastructure?	xx	Responses to local / national drivers • Delivering on the NHS Long Term Plan (2019) • Improving access to mental health services • Increasing demand for services • Developing NWL's COVID response • Improving NHS Trust estates performance measures – achieve 'Carter Metrics' efficiency targets for non-clinical estate (i.e. 30% cost reduction, less than 2.5% unoccupied space and less than 35% non-clinical space). • Responses to sub-regional / local estate challenges • Improve the use of key primary and community care sites, and supporting the transformation of mental health services • Improve primary and community care estates, support PCN and ICP delivery • Develop a deliverable capital pipeline (including 2 new hospitals) • Improve NHS Trust estates performance measures • Support the delivery of NWL's Covid Recovery Plan

Health Study policy evaluation framework objective	Score	Aspects of policy / strategy which cover objective
• **Housing and communities:** Do policies meet current and future housing need and support the development of diverse and sustainable communities?	x	Responses to local / national drivers • Delivering Homes for NHS Staff • Responses to sub-regional / local estate challenges • Progress plans for affordable housing for healthcare staff
• **Living environment:** Do policies improve air quality, noise levels, light pollution and neighbourhood quality?	0	n/a
• **Nutrition:** Do policies improve access to healthy and affordable food?	0	n/a
• **Open space and nature:** Do policies improve quality of, access to and use of open space and nature?	0	n/a
• **Social cohesion and communities:** Do policies contribute towards the generation of strong and inclusive communities?	x	Responses to local / national drivers • Improving access to mental health services • Developing NWL's COVID response Responses to sub-regional / local estate challenges • Support the delivery of NWL's Covid Recovery Plan

The following Health Study policy framework objectives are considered to be covered in detail by the NWL HCP ICS Estate Strategy 2021:

- Facilities and infrastructure.

The following Healthy Study policy framework objectives are considered to be covered at a high level by the NWL HCP ICS Estate Strategy 2021:

- Climate resilience;
- Education, employment and skills;
- Housing and communities; and
- Social cohesion and communities.

The following policy framework objectives or health determinants are not covered by the NWL HCP ICS Estate Strategy 2021:

- Active travel and transport;
- Crime and community safety;
- Living environment;
- Nutrition; and
- Open space and nature

From this analysis, the opportunities identified for future revisions of the NWL HCP ICS Estate Strategy are:

- The NWL HCP ICS Estates Strategy could consider all 10 Health Study policy objectives and the role of non-NHS 'health assets' in LBE in relation to the delivery and improvement of the NHS estate, health infrastructure and health services in LBE.
- The NWL HCP ICS Estates Strategy Group, and its component organisations, could consider the specific role of the NHS estate and health infrastructure in LBE as 'place based health assets' which can contribute to 'health creation' within the borough in addition to the priorities of health service delivery.
- The NWL HCP ICS Estates Strategy Group could consider all 10 Health Study policy objectives, and the wider determinants of health, in relation to the NHS estate, health infrastructure and health services in LBE

Best practice examples of policies, strategies and delivery mechanisms of relevance to these opportunities are summarised in **Section 8.** Specific recommendations for future revisions of the NWL HCP ICS Estates Strategy are provided in **Section 9.**

6.3 Ealing Health and Wellbeing Strategy (2016-2021)

The Ealing Health and Wellbeing Strategy is a five-year plan for meeting the health and wellbeing needs of LBE's population. It is a statutory requirement and is developed jointly by partners in LBE's Health and Wellbeing Board, within a local, regional, and national policy context.

The Ealing Health and Wellbeing Strategy (2016-2021) is currently undergoing a refresh which is anticipated to complete in autumn 2022. The refreshed Ealing Health and Wellbeing Strategy (2022-2027) will draw on insights from a comprehensive COVID Integrated Impact Assessment (IIA) that was conducted over a 14 -month period during 2020-2022 within LBE. Findings from the COVID IIA are also due to be published as part of LBE's Annual Public Health Report in spring 2022.

The Ealing Health and Wellbeing Strategy (2016-2021) was informed by, and sought to align with, the broader strategic priorities of Ealing Council and the Ealing CCG (now the North West London CCG), as well those of the NHS, the London Health Commission (now the London Health Board) and Public Health England (replaced by the Office for the Health Improvement and Disparities). The strategy sought to achieve the following long term aims:

- To create opportunities to sustain good mental and physical health for children and adults at every stage of life.
- To reduce health inequalities by improving outcomes for neighbourhoods and communities experiencing poor health.
- To enable people of working age to participate as fully as possible in working and community life, to improve the health and economic outcomes for them and their households.
- To enable everyone to be healthy and independent for as long as possible, helping to prevent or delay the need for social and acute care.

It was structured by four main priorities and 12 related key actions listed below. The delivery of these priorities and actions was set out in supporting strategies, and evidence-based implementation plans, service plans, and/or commissioning plans.

Priority 1: Ensure all partner organisations work better together to improve health and wellbeing across the borough.

1. To achieve challenging targets in key areas that will have a significant impact on major health conditions.
2. Lead commissioners and partners to understand the priorities in the Health and Wellbeing Strategy and to inform this to planning, commissioning and decision making across the Partnership.
3. To develop a joint approach to service integration and prevention for people with complex needs.
4. To identify people with common mental illnesses and improve the quality and availability of appropriate support.

Priority 2: Take every opportunity to improve health and wellbeing through contacts with residents and in key settings such as schools and the workplace.

5. To support children, to improve the health of households, and to make sure healthy behaviours are embedded into schools and further education.
6. To improve the workplace-based health and wellbeing through the adoption of the London Healthy Workplace Charter by all Ealing employees.
7. To promote the idea of “every contact count” across the Council, the NWL CCG, and other public, private, and community settings.

Priority 3: Create and sustain an urban environment that helps people to make healthy choices.

8. To create healthy places to live through planning, regeneration, and urban design.
9. To influence the wider urban environment to increase the availability of healthy food and drink options, particularly in areas of deprivation.

Priority 4: Support residents and communities to manage their health, prevent ill health, and build resilience.

10. To quickly identify people at high risk of developing major physical health conditions and provide appropriate support.
11. To identify and support the skills, knowledge, connections, and capacity within communities to make them more resilient and to reduce inequalities.
12. To provide easy access to the information and resources that allow citizens to make healthy choices and manage their own health.

The implementation of the Health and Wellbeing Strategy is monitored by an Executive Group of the Ealing Health and Wellbeing Board (HWB). Sub-groups, or Operational Delivery Partnership Boards (ODPBs), of the HWB are responsible for individual outcomes and for achieving agreed relevant targets. At present the Ealing HWB has nine ODPBs:

- Drug and Alcohol Action Team
- Learning Disabilities Partnership
- Mental Health Partnership
- Health Improvement Partnership
- Urgent Care Network
- Long-term Conditions Partnership
- Carers Partnership Board
- Older People Partnership
- Safeguarding Adults Board

Each ODPB reports to the HWB on progress in achieving targets and developing proposals that support the achievement of these targets. In addition, the HWB works with the Local Strategic Partnership to identify those areas which require a broader approach, particularly linked to the broader determinants of health. To measure the impact of the strategy, the HWB has agreed several targets that reflect the need to improve the health and wellbeing of the residents and to reduce the long-term burden of ill health on health and social care services. These targets focus on the reduction of childhood obesity, smoking prevalence and social isolation amongst older people (aged 65+), as well as on the increase of physical activity and on the improvement of people’s mental health.

In summary, the four priorities, 12 key actions and nine ODPBs referred to in the Ealing Health and Wellbeing Strategy all contribute directly to the delivery and improvement of health assets, health infrastructure and health services in Ealing. Priorities 1, 3 and 4 and key actions 8, 11 are the most relevant to the aims and objectives of this Health Study.

The results of the gap and opportunity analysis for the Ealing Health and Wellbeing Strategy (2016-2021) are summarised in Table 9 below.

Table 9: Summary of gap and opportunity analysis for the Ealing Health and Wellbeing Strategy (2016-2021) using the Health Study policy evaluation framework.

Key: 0 (white) = not covered by policy, **x** (light grey) = covered at high level, **xx** (dark grey) = covered at detailed level

Health Study policy evaluation framework objective	Score	Aspects of policy which cover objective
• **Active travel and transport:** Do policies improve connectivity to minimise private vehicle use and promote safe, active and sustainable forms of travel and transport?	xx	Priority 3: Create and sustain an urban environment that helps people to make healthy choices. • Key action 8.
• **Climate resilience:** Do policies improve opportunities for sustainable, energy efficient and climate resilient living?	0	n/a
• **Crime and community safety:** Do policies improve community safety and reduce levels of crime?	x	No specific priorities or key actions. Operational Delivery Partnership Boards • Drug and Alcohol Action Team • Safeguarding Adults Board
• **Education, employment, and skills:** Do policies improve educational attainment and skills at all levels and reduce educational inequalities?	xx	Priority 2: Take every opportunity to improve health and wellbeing through contacts with residents and in key settings such as schools and the workplace. • Key actions 5, 6 and 7.
• **Facilities and infrastructure:** Do policies improve access to health, social and community facilities and infrastructure?	xx	Priority 1: Ensure all partner organisations work better together to improve health and wellbeing across the borough. • Key actions 1, 2, 3 and 4.

Health Study policy evaluation framework objective	Score	Aspects of policy which cover objective
		Priority 4: Support residents and communities to manage their health, prevent ill health, and build resilience. • Key action 12.
• **Housing and communities:** Do policies meet current and future housing need and support the development of diverse and sustainable communities?	x	Priority 3: Create and sustain an urban environment that helps people to make healthy choices. • Key action 8.
• **Living environment:** Do policies improve air quality, noise levels, light pollution and neighbourhood quality?	x	Priority 3: Create and sustain an urban environment that helps people to make healthy choices. • Key action 8.
• **Nutrition:** Do policies improve access to healthy and affordable food?	xx	Priority 3: Create and sustain an urban environment that helps people to make healthy choices. • Key action 9
• **Open space and nature:** Do policies improve quality of, access to and use of open space and nature?	x	Priority 3: Create and sustain an urban environment that helps people to make healthy choices. • No specific key actions.
• **Social cohesion and communities:** Do policies contribute towards the generation of strong and inclusive communities?	xx	Priority 1: Ensure all partner organisations work better together to improve health and wellbeing across the borough. • Key actions 1, 2, 3 and 4. Priority 2: Take every opportunity to improve health and wellbeing through contacts with residents and in key settings such as schools and the workplace. • Key actions 5, 6 and 7. Priority 3: Create and sustain an urban environment that helps people to make healthy choices. • Key actions 8 and 9.

Health Study policy evaluation framework objective	Score	Aspects of policy which cover objective
		Priority 4: Support residents and communities to manage their health, prevent ill health, and build resilience. • Key actions 10, 11 and 12. Operational Delivery Partnership Boards • Drug and Alcohol Action Team • Learning Disabilities Partnership • Mental Health Partnership • Health Improvement Partnership • Urgent Care Network • Long-term Conditions Partnership • Carers Partnership Board • Older People Partnership • Safeguarding Adults Board

The following policy framework objectives or health determinants are considered to be covered in detail by the Ealing Health and Wellbeing Strategy:

- Active travel and transport;
- Education, employment and skills;
- Facilities and infrastructure;
- Nutrition; and
- Social cohesion and communities.

The following policy framework objectives or health determinants are considered to be covered at a high level by the Ealing Health and Wellbeing Strategy:

- Crime and community safety;
- Housing and communities;
- Living environment; and
- Open space and nature.

The following policy framework objective or health determinant is not covered by the Ealing Health and Wellbeing Strategy:

- Climate resilience.

From this analysis, the opportunities identified for the forthcoming refresh of the Ealing Health and Wellbeing Strategy are:

- Consider all 10 Health Study policy objectives fully, addition of Climate resilience and increased consideration of Crime and community safety, Housing and communities, Living environment and Open space and nature
- Ealing Health and Wellbeing Board could consider establishing a specific sub-group or ODPB for 'Healthy spatial planning and development'.
- Ealing Health and Wellbeing Board could consider creating and hosting a dedicated 'Health in All Policies and Places' position responsible for working towards Health in all Policies (HiAP) for the whole of LBE and/or a 'Healthy Spatial Planning and Development' position shared with the Ealing Strategic Planning Team.
- Ealing Health and Wellbeing Strategy could be more specific about the role of 'social prescribing' in the borough and the role of e.g. parks and green spaces or leisure centres in providing places for people to manage their health, prevent ill health, and build resilience with the support of their GP and/or link worker.
- Could be more explicit about the role of 'health assets' and a 'health asset based approach' in protecting against negative health outcomes and promoting positive health outcomes.
- Consider using the term 'health creation' which is 'the process through which individuals and communities gain a sense of purpose, hope…and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced'[270] instead of preventing or treating ill-health.

Best practice examples of policies, strategies and delivery mechanisms which address these opportunities are summarised in **Section 8**, and specific recommendations for LBE are provided in **Section 9.**

[270] The Health Creation Alliance. 2022. Health Creation. Available online at: https://thehealthcreationalliance.org/health-creation/

7. Policy evaluation framework for LBE and its neighbourhood areas

The Health Study policy evaluation framework first set out in **Section 2.3** is intended to support Ealing Council officers in:

- rapidly assessing the potential for draft Local Plan policies to contribute to health outcomes in LBE; and
- monitoring the impact and evaluating the effectiveness of adopted Local Plan policies once they are in place.

The policy evaluation framework can also be applied by Ealing Council Officers and their NHS Partners to assess, monitor, and evaluate non-Local Plan policies and strategies and their contribution to health outcomes in the borough.

For draft Local Plan policies, the Health Study policy evaluation framework should be used by officers to systematically assess whether a draft policy in its current form is expected to support or conflict with each of the 10 Health Study policy objectives. The assessment will be a qualitative exercise, using the policy evaluation questions as prompts. It is acknowledged that some policies, depending on their focus, will have little to no impact on a variable number of policy objectives (in other words, not all health policy objectives will be applicable to all Local Plan policies). However, applying this evaluation framework methodically will ensure that opportunities for embedding positive health outcomes, whether directly or indirectly, will not be overlooked unintentionally. Moreover, by identifying when a given policy is expected to conflict with health policy objectives, the Health Study policy evaluation framework is the first step to reconsidering any such draft policy and alleviating conflict with health outcomes.

Through the assessment process, each policy will be awarded a colour-coded score, as set out in Table 10. The scoring system mirrors that set out the Ealing Local Plan IIA Scoping Report (2022). Scores may be supported by narrative text providing justification for the evaluation where necessary.

Table 10: Health Study policy evaluation framework scoring system.

+	The policy supports the Health Study policy objective.
O	The option neither supports nor conflicts with the Health Study policy objective
-	The option conflicts with the Health Study policy objective.
N/A	The option is not relevant to the Health Study policy objective
?	There is insufficient information to reliably assess.

Table 11 contains the Health Study policy evaluation framework. Column two sets out the overarching policy objective, column three contains the questions which are to be used to evaluate policy and column four is left blank for colour-coded scoring. The final column includes example metrics for evaluating the impact and monitoring the effectiveness of *adopted* policy for health outcomes in LBE.

Monitoring the impact of policies is not a perfect science: to be able to attribute causality to any given policy, what would have occurred in the absence of the policy ("the

counterfactual") needs to be determined. Although this is possible to some degree for a number of the metrics provided, in most cases causality cannot solely be attributed to a single planning policy. Other factors, such as corporate strategies, private sector voluntary standards, market dynamics and national legislation, will play an influential and indistinguishable role. However, monitoring and reporting will help Ealing Council to evaluate at a high-level the performance of its Local Plan in achieving health outcomes, identify where to focus its future efforts and, through its Authority Monitoring Report, show the local community what planning is doing. Moreover, a commitment to monitor health-related outcomes reinforces Ealing Council's ambition to prioritise Healthy Lives in LBE.

The frequency of monitoring should be informed by what is appropriate for the source of the data which informs the metrics (once agreed) and the availability of resource within Ealing Council to collect and the relevant data. The most useful and realistic frequency of monitoring might be either annually or every 5 years within the new Local Plan period.

Table 11: Health Study policy evaluation framework.

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
1	**Active travel and transport:** Improve connectivity to minimise private vehicle use and promote safe and sustainable forms of travel and transport	Does the policy prioritise and increase safe opportunities for active forms of travel and transport (i.e. walking, cycling)?	e.g. **+** **O** **–** **N/A** **?**	e.g. proportion of km of cycle lane and/or public rights of way or footpaths (increase)
		Does the policy ensure active travel and public transport networks are well-connected and accessible to reduce private vehicle use?		e.g. proportion of levels of car ownership (decrease)
		Does the policy ensure active travel opportunities and public transport networks are available for, and reflect the needs of, all groups within the borough, including those who may be more vulnerable?		e.g. Public Transport Accessibility Levels and Access to Opportunities and Services Levels (improved scores)
		Does the policy prioritise active travel and public transport in ways		e.g. proportion of schemes meeting standards set out in BS 8300-1:2018 'Design for an

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
		which reduce health inequalities?		accessible and inclusive built environment' (external environments) (increase)
2	**Climate resilience:** Improve opportunities for sustainable, energy efficient and climate resilient living	Does the policy set clear expectations in relation to sustainable, energy efficient design which is resilient to the impacts of climate change and extreme weather events (e.g., heatwaves, flooding and water scarcity)?		e.g. proportion of approved schemes passing Chartered Institution of Building Services Engineers (CIBSE) overheating analysis (increase)
		Does the policy reduce the impacts of climate change and extreme weather events on vulnerable groups (e.g., fuel poverty and older people, hot weather and young children)?		e.g. proportion of index of excess winter deaths (decrease)
		Does the policy encourage and facilitate a shift to more sustainable, energy efficient modes of transport in ways which reduce health inequalities?		e.g. proportion of adults who do any walking or cycling, for any purpose, by frequency (increase)
3	**Crime and community safety:** Improve community safety and reduce levels of crime	Does the policy support the creation of safe places and communities and the delivery of strategies to reduce actual or perceived levels of crime (where necessary)?		e.g. proportion of violent or sexual offences (decrease)

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
		Does the policy set clear expectations for what constitutes a safer place or community such as 'Crime Prevention Through Environmental Design' principles, or 'Secured by Design' principles?		e.g. proportion of approved schemes with Crime Prevention Through Environmental Design (CPTED) or Secured By Design (SBD) mark / accreditation (increase)
4	**Education, employment and skills:** Improve educational attainment and skills at all levels and reduce educational inequalities	Does the policy improve access to a diverse range of educational opportunities, including continuing or adult education and vocational education? Does the policy support training and education in skills profiles reflective of LBE's communities and economy?		e.g. proportion of working age population claiming out of work benefits (decrease)
		Does the policy reduce inequalities in access to a good standard of education, training or employment?		e.g. proportion of pupils eligible for FSM achieving the expected EYFS (increase)
5	**Facilities and infrastructure:** Improve access to health, social, community and leisure facilities and infrastructure	Does the policy set clear expectations for provision of new, improved or replacement health, social or community infrastructure and services that align with future capacity demands and local needs?		e.g. proportion of new or improved health infrastructure floorspace (increase)
		Does the policy contribute to improving access to and affordability of		e.g. proportion of floorspace or number of hours for community use within a catchment

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
		community and leisure facilities?		area (i.e. some commercial units offer space for community use at certain times)
		Does the policy contribute to the provision, or replacement of health infrastructure and services that do not meet NHS standards?		e.g. proportion of patients reporting good overall experience in GP Patient Surveys (increase)
		Does the policy prioritise the provision of health, social, community or leisure infrastructure in ways which reduce health inequalities?		e.g. proportion of new or improved community and leisure facilities (in areas with health priorities and health issues)
6	**Housing and communities:** Meet current and future affordable housing need and support the development of diverse and sustainable communities	Does the policy address housing need in the borough, particularly for more vulnerable groups, such as older people (aged 65+), people with long term disabilities, those recovering from addiction or experiencing mental health difficulties?		e.g. proportion of approved schemes and units for specialist or supported housing types (increase)
		Does the policy set clear expectations for the delivery of a range of types and tenures of homes including a requirement for		e.g. proportion of genuinely affordable housing units[271] delivered in LBE (increase)

[271] Genuinely affordable homes means homes based on social rent levels for Londoners on low incomes, including London Affordable Rent and London Living Rent. It also refers to homes aimed at average-income Londoners with discounted rents pegged to incomes, enabling them to save for a deposit and to London Shared Ownership homes which allow Londoners who would otherwise struggle to buy to purchase a share in a new home and pay rent on the remaining share.

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
		housing which is genuinely affordable to households on lower incomes?		
		Does the policy set clear expectations for the delivery of adaptable and flexible housing, for example accessible homes, lifetime homes or homes which can accommodate home working?		e.g. proportion of approved schemes meeting standards set out in BS 8300-2:2018 'Design for an accessible and inclusive built environment' (internal environment) (increase)
		Does the policy reduce homelessness and overcrowding?		e.g. proportion of supported housing units and/or social rented properties (increase)
		Does the policy prioritise housing provision in ways which reduce health inequalities?		e.g. diversity of housing tenure ownership and tenancy type profile (more diverse)
7	**Living environment:** Impacts on air quality, noise levels, light pollution and neighbourhood quality.	Does the policy avoid exposing people to poor air quality, high noise levels and intrusive lighting and which reduces health inequalities?		e.g. reduced air pollution levels (decrease in NO_2 and PM2.5)
		Does the policy include measures to limit air pollution, noise pollution and light pollution caused by traffic, industrial or commercial uses?		e.g. reduced exposure to noise from road, rail, industrial and commercial sources (lower levels of exposure)
		Does the policy go beyond limiting air pollution and require Air Quality Positive measures		e.g. proportion of approved Air Quality Positive developments in LBE (increase)

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
		as part of new development?		
		Does the policy prioritise high quality and attractive design of neighbourhoods in way which reduce health inequalities?		e.g. Healthy Streets Indicators/Index scores (increase)
8	**Nutrition:** Improve access to healthy and affordable food	Does the policy encourage access to and supply of healthy and affordable local food (i.e., allotment plots and community farms)?		e.g. proportion of new or improved allotment sites or community gardens with space for food growing (increase)
		Does the policy encourage a range of healthy and affordable food shopping options (i.e., local supermarkets, fruit and vegetable shops, local fruit and vegetable box schemes and markets)		e.g. obesity levels in children and adults (decrease)
		Does the policy include measures to reduce hot food takeaways or unhealthy food options in the area?		e.g. number of fast-food outlets in proximity to schools (decrease)
		Does the policy prioritise access to healthy and affordable food in ways which reduce health inequalities?		e.g. proportion of people consuming 5 portions of fruit and vegetables a day (increase)
9	**Open space and nature:** Improve quality of, access to and use of open space and nature	Does the policy favour the enhancement of existing open and natural spaces?		e.g. proportion of schemes meeting or exceeding minimum Biodiversity Net Gain within LBE

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
				boundary (increase)
		Does the policy require the provision of new, high quality open or natural green space to meet demand and/or address existing deficiency?		e.g. proportion of new and or improved open space or green space (increase)
		Does the policy improve access to and use of existing space and ensure accessibility and use for vulnerable groups?		e.g. Local Open Space Deficiency (reduction in deficiency)
		Does the policy contribute to achieving Urban Greening Factor (UGF) targets in ways which reduce health inequalities?		e.g. proportion of schemes achieving LBE (or London Plan) Urban Greening Factor (increase)
		Does the policy contribute to meeting Biodiversity Net Gain (BNG) targets in ways which reduce health inequalities?		e.g. proportion of schemes meeting or exceeding minimum Biodiversity Net Gain within LBE boundary (increase)
10	**Social cohesion and communities:** Generation of strong and inclusive communities	Does the policy include measures to address inequalities within the community by addressing local needs of vulnerable groups, including protected characteristics groups?		e.g. accessibility of community infrastructure (increase)
		Does the policy support mixed-use neighbourhoods and town centres		e.g. proportion of applications for mixed use development

Policy objective number	Health Study policy evaluation framework objective	Related policy evaluation questions	Score	Possible metrics for monitoring impact and effectiveness
		which enhance community services and amenity?		schemes in town centres (increased)

8. Summary of case study rapid review

This section summarises the results of the Health Study rapid review of good and best practice case studies and presents a shortlist of those considered most relevant and inspiring for the development of LBE's new Local Plan and related policies, strategies, and delivery mechanisms.

It should be noted that this was a high-level rapid review of potentially relevant case studies and is not intended to provide a detailed, in-depth analysis of the effectiveness of policies, strategies and delivery mechanisms. The longlist list of all case studies collated as part of the rapid review is provided in **Appendix D1**. Key sources of case studies for the rapid review included:

- Community Health Partnership[272];
- Future of London Healthy Neighbourhoods programme (2020-ongoing)[273];
- Kent County Council Health, Planning and Sustainability Toolkit (2014)[274];
- Local Government Association case studies[275] and Health in all policies: a Manual for local government[276];
- NHS Healthy New Towns Programme (2015-ongoing)[277];
- Public Health England and Local Government Association Local wellbeing, local growth. Implementing Health in All Policies at a local level: practical examples[278].
- The Health Foundation Implementing health in all policies: Lessons from around the world (2019)[279] and Building healthier communities: the role of the NHS as an anchor institution[280]; and
- Town and Country Planning Association (TCPA) Research on the links between Local Plans and Health[281] and The State of the Union: Reuniting Health and Planning in Promoting Healthy Communities[282].

These sources were supplemented with the Arup project team's existing knowledge and experience and suggestions from the Health Study client team. The most relevant and

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[272] Community Health Partnership (CHP). No date. Case Studies. Available online at: https://tinyurl.com/yckfwzys

[273] Future of London. 2021. Healthy neighbourhoods: working together. Available online at: https://www.futureoflondon.org.uk/knowledge/healthy-neighbourhoods/

[274] Kent County Council. 2014. Health, Planning and Sustainability Toolkit. Available online at: https://tinyurl.com/mr44c8tm and Kent County Council. 2014. Health, Planning and Sustainability Toolkit: Case studies. Available online at: https://tinyurl.com/48dauxds

[275] Local Government Association. 2022. Case studies. Available online at: https://www.local.gov.uk/case-studies

[276] LGA. 2016. Health in all policies: a Manual for local government. Available online at: https://tinyurl.com/36kyjsa6

[277] NHS. 2015. Healthy New Towns. Available online at: https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

[278] PHE/LGA. 2016. Local wellbeing, local growth Implementing Health in All Policies at a local level: practical examples. Available online at: https://tinyurl.com/8y3ww6z8

[279] The Health Foundation. 2019. Implementing health in all policies. Available online at: https://tinyurl.com/y2vdcd8e and https://tinyurl.com/3r83b278

[280] The Health Foundation. 2019. Building healthier communities: the role of the NHS as an anchor institution. Available online at: https://www.health.org.uk/sites/default/files/upload/publications/2019/I02_Building%20healthier%20communities_WEB.pdf

[281] TCPA. 2019. Research on the links between Local Plans and health. Available online at: https://tinyurl.com/444efzj6

[282] TCPA. 2019. The State of the Union: Reuniting Health and Planning in Promoting Healthy Communities. Available online at: https://tcpa.org.uk/resources/the-state-of-the-union-reuniting-health-with-planning-in-promoting-healthy-communities/

inspiring case studies are summarised in Table 12 – Table 15 below, along with key points about their potential transferability to the LBE context, and the Health Study policy objectives which they could contribute to.

8.1 Local Plan and SPD/LPPG related case studies

The most relevant and inspiring Local Plan and SPD/LPPG related case studies and their transferability to the LBE context are summarised in Table 12 below.

Table 12: Local Plan and SPD/LPPG related case studies.

Case study name	Case study summary	Transferability to LBE context
Hull Local Plan: 2016 to 2032 (2017)[283] and 'Healthy Places, Healthy People Supplementary Planning Document 14' (2021)[284]	The Hull Local Plan 2016-2032 embeds health considerations throughout, identifying health as relevant to 17 policies, spanning economic growth, type and mix of housing, location and layout of development and open space. The Local Plan is supplemented with 'Healthy Places, Healthy People Supplementary Planning Document 14'. • The SPD is largely informed by a Joint Strategic Needs Assessment undertaken by Hull Public Health team. It draws on the IMD and strongly emphasises the links between social inequalities and health inequalities. • The SPD clarifies in detail what is expected to be demonstrated in proposals. However, this information is integrated throughout the SPD and could be made simpler for applicant use if it were accompanied by a checklist.	• Recognition that health objectives need to be embedded throughout diverse LBE Local Plan policies • Recognition of inexorable link between health and underlying inequalities. • Dedicated SPD to support applicants for planning to interpret LBE Local Plan policy • Relevant to all Health Study policy objectives.

[283] Hull City Council. 2017. Hull Local Plan 2016 to 2032. Available online at: https://tinyurl.com/2p9epwb7

[284] Hull City Council. 2021. Hull Local Plan: 2016 to 2031. Available online at: https://tinyurl.com/58mkckaf

Case study name	Case study summary	Transferability to LBE context
Cardiff City Council 'Planning for Health and Wellbeing SPG' (November 2017)[285]	The Cardiff City Council 'Planning for Health and Wellbeing SPG (2017) was developed jointly between the Council and the Cardiff and Vale University Health Board (broadly equivalent to a Clinical Commissioning Group in England). The purpose of the SPG is to guide planners, developers and investors to make decisions that deliver health and wellbeing outcomes. Most notably the SPD: • Provides more detailed guidance on appropriate locations for health care facilities; and • Provides a Healthy Urban Planning Checklist (developed from a checklist of the London Healthy Urban Development Unit) setting out range of health-related factors that developers should consider when drawing up proposals, cross-referencing to the relevant policies in the Local Plan.	• Dedicated SPG to support LBE Local Plan and address health inequalities: an important material consideration in the determination of planning applications • Ealing Council could emulate partnership working approach to SPG/SPD with NWL CCG • Planning as part of a broader strategic approach to health (e.g. links to forthcoming Ealing Health and Wellbeing Strategy) • Healthy Urban Planning Checklist has informed the LBE Health Policy Evaluation Framework and draft Ealing Council Health Impact Assessment approach. • Relevant to all Health Study policy objectives.
New Southwark Plan 2022, LB Southwark[286] and 'Urban Health Index for Lambeth and Southwark'[287].	HiAP partnerships between Southwark's public health, culture, leisure, environment, planning, regeneration, human resources and housing teams have had a significant impact on the development of the proposals in the new Southwark Plan 2022.	• Recent London Borough example under new London Plan (2021) policies • Adoption of HiAP approach to embed health considerations throughout the LBE Local Plan

[285] Cardiff Caerdydd. 2017. Planning for Health and Wellbeing. Available online at: https://tinyurl.com/556hwy3b

[286] Southwark Council. 2022. Southwark Plan 2022. Available online at: https://www.southwark.gov.uk/planning-and-building-control/planning-policy-and-transport-policy/new-southwark-plan

[287] Urban Health. No date. Urban Health Index for Lambeth and Southwark. Available online at: https://urbanhealth.org.uk/insights/data/urban-health-index-uhi-for-lambeth-and-southwark

Case study name	Case study summary	Transferability to LBE context
	The Plan contains Strategic Policy 5 (SP5) 'Thriving neighbourhoods and tackling health inequalities' which states 'We will maintain and improve the health and wellbeing of our residents, encouraging healthy lives by tackling the causes of ill health and inequalities'. It lists 10 actions to achieve this objective, thereby providing the overarching policy context for 11 Development Management policies focusing on improving health outcomes and reducing health inequalities. These cover: Healthy developments; Leisure, arts and culture; Community uses; Hot food takeaways; Public transport; Highways impacts; Walking; Low Line routes; Cycling; Car Parking; and Parking standards for disabled people and the physically impaired.	• Southwark Council is a partner in the innovative 'Urban Health Index for Lambeth and Southwark'[288] which is a set of 42 metrics and indicators[289] to assess the health and social progress of people living in the 68 neighbourhoods or MSOAs of the two boroughs (34 MSOAs in Southwark). Metrics relate to different social and environmental indicators enabling Southwark Council (and Lambeth Council) to obtains a better picture of residents' circumstances and how their environment impacts their health. The most recent data available is captured, analysed and is viewable as an interactive scorecard for each MSOA. • Some of the metrics which comprise the Urban Health Index have informed the new Southwark Plan and the Southwark Plan Monitoring Framework (Annex 4 of the Plan). Plan policies have the potential to impact upon the relative performance of Southwark's neighbourhoods against the metrics. • Ealing Council and its NHS Partners could consider potentially creating a web based Urban Health Index for LBE using the Health Study evidence base for LBE and

[288]Urban Health. No date. Urban Health Index for Lambeth and Southwark. Available online at:https://urbanhealth.org.uk/insights/data/urban-health-index-uhi-for-lambeth-and-southwark

[289] Urban Health. No date. Urban Health Index Methodology. Available online at: Available online at: https://urbanhealth.org.uk/wp-content/uploads/2021/04/Urban-Health-Index-methodology-1.pdf

Case study name	Case study summary	Transferability to LBE context
		its seven neighbourhood areas. Once metrics have been agreed upon, this could support the monitoring of the effectiveness of new Local Plan policies, and improvements in health outcomes in LBE, against the Health Study Policy objectives. • Relevant to all Health Study policy objectives.
Planning a Healthy City: Housing Growth in Leeds, Director of Public Health Annual Report 2014-15[290]	In 2014-2015 the Leeds City Council Director of Public Health (DoPH) Annual Report highlighted the importance of public health involvement in early discussions relating to new housing developments (ideally at pre-application stage) to ensure that health impacts are considered. The Annual Report was produced by Leeds City Council DoPH and supported by the Council's public health team, planning department and urban design team. It noted the benefits of active engagement with Clinical Commissioning Groups in the planning process. The Annual Report helped to formalise collaborative working between public health and planning teams, which has been further strengthened in a number of ways.	• Potential for Ealing Council Director of Public Health to establish closer working relations between Ealing Council public health, design, regeneration and planning teams (i.e. cross-discipline Working Group) • Ealing Council partnership with NWL CCG co-producing key planning and design principles in a collaborative way to achieve health outcomes. • Relevant to all Health Study policy objectives – particularly Facilities and infrastructure and Housing and communities.

[290] Leeds City Council. 2015. Planning a Healthy City: Housing Growth in Leeds, Director of Public Health Annual Report 2014-15. Available online at: https://leedsobs.wpengine.com/wp-content/uploads/2018/03/Public-Health-Annual-Report-2015-WEB2.pdf

Case study name	Case study summary	Transferability to LBE context
	For example, setting up a planning and design for health and wellbeing group, and developing key principles for active neighbourhoods, better air quality and green space, and cohesive communities.	
Essex Planning Officers Association's health impact assessment guidance[291]	The aim of this online guidance is to help planning officers who formulate planning policies and who deal with planning applications to improve their understanding of what they can do to support population health and wellbeing through development. It sets out how to engage with health contacts to get early advice, and how to use the 2018 Essex Design Guide and HIA guidance to identify both the positive and unintended negative consequences of development proposals.	• Internal HIA guidance for planning officers: consider for LBE context to upskill Ealing Council planning officers as required. • Relevant to all Health Study policy objectives – particularly Facilities and infrastructure and Housing and communities.
Camden – 'Planning for Health and Wellbeing SPD' (2021)[292] and Camden Local Plan (2017)[293]	Camden Council has prepared this guidance to support the policies in the Camden Local Plan 2017, and to help deliver Policy C1 on Health and wellbeing. It explains: • when HIAs should be prepared and what they might contain; • how the Council will manage the impacts of certain town centre uses on health and wellbeing; and	• London Borough example • Dedicated guidance for HIAs supporting Local Plan policies on health and wellbeing - useful example to inform Ealing Council's preferred approach to HIA and any supporting guidance • Relevant to all Health Study policy objectives – particularly Facilities and

[291] Essex Planning Officers Association. 2019. Heath Impact Assessments. Available online at: https://www.essexdesignguide.co.uk/supplementary-guidance/health-impact-assessments/

[292] Camden Council. 2021. Camden Planning Guidance: Planning for health and wellbeing. Available online at: https://tinyurl.com/3mybwaef

[293] Camden Council. 2017. Camden Local Plan. Available online at: https://www.camden.gov.uk/documents/20142/3912524/Local+Plan+Low+Res.pdf/54bd0f8c-c737-b10d-b140-756e8beeae95

Case study name	Case study summary	Transferability to LBE context
	• identifies how the planning process can enhance the quality of life for population groups with greater health and wellbeing needs, e.g. children and young people, older people (aged 65+), people with physical or mental disabilities and residents at potential risk of social isolation. Camden Council requires HIAs to be undertaken for all proposed developments that give rise to significant health impacts. As a minimum, a screening assessment is required for major development sites (10 or more residential units or 1,000sqm additional non-residential floorspace). HIAs may, also be required for other proposed developments such as certain town centre uses (e.g. hot-food takeaways or betting shops) or developments which may affect sensitive or vulnerable populations.	infrastructure, Housing and communities and Social cohesion and communities.
Nottinghamshire Spatial Planning and Health Framework 2019-2022 (2019) [294]	The Nottinghamshire Planning and Health Framework (2019 -2022) brings together health and planning to support robust responses to planning applications and development plan documents to ensure health is fully embedded into the planning process. It contains a checklist for Planning and Health - the Nottinghamshire Rapid Health Impact Assessment Matrix - which focuses on the built environment	• Comprehensive integrated spatial planning and health framework with supporting evidence base. • Ealing Council to use Health Study Policy Evaluation Framework and draft Health Impact Assessment approach as scoping checklists and assessment tools • Relevant to all Health Study policy objectives.

[294] Nottinghamshire County Council. 2019. Nottinghamshire Spatial Planning and Health Framework 2019-2022. Available online at https://www.nottinghamshire.gov.uk/media/2321754/notts-spatial-planning-health-framework.pdf

Case study name	Case study summary	Transferability to LBE context
	issues directly or indirectly influenced by planning decisions. As a rapid assessment tool, its purpose is to quickly ensure that the health impacts of a development proposal or Local Plan are identified, and appropriate action is taken to address negative impacts and maximise benefits.	
Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits[295] and Health Impact Assessment Guidance July 2021[296,297].	The Tower Hamlets Local Plan 2031 has a specific policy (D.SG3) requiring Health Impact Assessments (HIA) for certain types of development. It recommends the use of the latest HUDU Healthy Urban Planning Checklist and rapid health impact assessment tool. Developments containing those uses which are most likely to impact health outcomes, or are in locations which may impact on health outcomes, are required to undertake a health impact assessment. Rapid HIAs are required for: • Developments which contain any of the following uses: Education facilities, Health facilities, Leisure or community facilities, Hot-food-takeaways, Betting shops and Publicly accessible open space; and	• Ealing Council could follow the example of Tower Hamlets Council and establish a specific policy requiring HIAs of different types for development of different types. • Consider creating a 'one stop shop' web page for planning and health related policies, strategies and guidance on the Ealing Council website. • Ensure reciprocal links between new LBE Local Plan and Ealing Health and Wellbeing Strategy. • Relevant to all Health Study policy objectives.

[295] Available online at: https://www.towerhamlets.gov.uk/lgnl/planning_and_building_control/planning_policy_guidance/Local_plan/local_plan.aspx

[296] Available online at: https://www.towerhamlets.gov.uk/lgnl/planning_and_building_control/planning_applications/Making_a_planning_application/Local_validation_list/Health_Impact_Assessment.aspx

[297] Available online at: https://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Building-control/Application-processing/HIA-guidance.pdf

Case study name	Case study summary	Transferability to LBE context
	• Major development within an area of sub-standard air quality. Detailed HIAs are required for developments of a scale referable to the Greater London Authority. The Local Plan sets out which other policies within the Local Plan are relevant to D.SG3 and references supporting evidence. The council website also has a dedicated planning policy web page about HIA which acts as a 'one stop shop' for health and planning related policies, strategies and guidance. It contains hyperlinks to the HIA guidance, the Local Plan, policy S.DG3 and the Tower Hamlets Health and Wellbeing Strategy on the home page of the Local Plan. The Health and Wellbeing Strategy references the Local Plan.	
Securing capacity through a 'public health officer – planning' post (Warwickshire County Council)[298]	The 'Public Health Officer – Planning' at Warwickshire County Council has a remit to embed public health principles into policy at a local and neighbourhood level. This post is in a unique position as the role is joint across Warwickshire County Council and NHS Warwickshire North Clinical Commissioning Group, and the post-holder works with colleagues in the transport and the infrastructure and regeneration teams, five district and borough planning departments, three clinical commissioning groups,	• Potential for Ealing Council to create a 'Public Health Officer – Planning' role with remit to work with colleagues in transport, infrastructure, regeneration, and planning teams to embed public health principles into policy at a local and neighbourhood level (potential for role to be shared across Ealing Council, Clinical Commissioning Groups, and NHS Trusts)

[298] Town and Country Planning Association. 2019. The State of the Union: Reuniting health with planning in promoting healthy communities. Available at: https://tcpa.org.uk/wp-content/uploads/2021/11/TCPA_5-Years-of-Health.pdf

Case study name	Case study summary	Transferability to LBE context
	three hospital trusts and one mental health trust, and across the sustainability and transformation partnership (STP) footprint of Coventry and Warwickshire. The CCG recognised the need to understand the impact that housing developments would have on primary care services and wider healthcare services. A methodology was established for responding to planning applications jointly across health. This has raised the profile of housing growth across the health sector and helped to break down barriers between the two disciplines.	• Establish a shared methodology for responding to planning applications jointly across Ealing Council and health partners • Relevant to all Health Study policy objectives – particularly Facilities and infrastructure and Housing and communities.

8.2 Health asset, health infrastructure and health services case studies

The most relevant and inspiring health asset, health infrastructure and health services related case studies and their transferability to the LBE context are summarised in Table 13 below.

Table 13: Health asset, health infrastructure and health services related case studies.

Case study name	Case study summary	Transferability to LBE context
Building health on the Havelock Estate, Southall, LBE[299]	Southall faces multiple and complex social issues, including health deprivation. Health challenges are exacerbated by the poor quality of, and limited access to, local green space for residents to use for healthy outdoor activities. In partnership with Ealing Council, Catalyst Housing has led the regeneration of the Havelock Estate. Phase 1 (now complete) delivered nearly 300 new homes, the majority of which are for social rent or shared ownership, with homes also available for private sale. Approximately 6,000 square metres of improved green space was provided including play areas, doorstep green space, and parks. Ealing Council and Catalyst saw potential to enable healthy lives for all through greater partnership working to: • Establish community relationships (with Southall Transition) • Develop initiatives for health (with all partners) • Social prescribing (with the Canal & River Trust and Elemental) • Revive the canal (with the Canal & River Trust) • Encourage active travel (with Sustrans and Dr Bike)	• LBE example of utilising local health assets to enable healthy lives for all • Partnership approach could be adapted and delivered in other priority areas in LBE • Ealing Council to work with developers to prioritise partnership model for regeneration projects and to improve green and blue space to promote health outcomes • Relevant to all Health Study policy objectives – particularly Housing and communities, Open space and nature, Active travel

[299] Future of London. 2021. Health neighbourhoods case study: Building health on the Havelock Estate. Available online at: https://www.futureoflondon.org.uk/2021/12/17/healthy-neighbourhoods-case-study-building-health-havelock-estate/

Case study name	Case study summary	Transferability to LBE context
	In addition, Ealing Council launched the Let's Go Southall project in 2017, one of 12 Sport England pilots across the country testing systematic approaches to tackling inactivity and acknowledging the strong link between health and place. Approximately 79% of participants said that their physical activity levels had increased, while 74% said their mental health and wellbeing had improved. Let's Go Southall partners are now working to accelerate and scale up the programme.	and transport and Social cohesion and communities.
LB Camden and LB Islington 'Parks for Health'[300]	LB Camden and LB Islington recognised that their parks had a key role in safeguarding and improving health. As a result Camden and Islington's Parks for Health project was established which aimed to: • Increase and diversify the use of parks • Strengthen the evidence base for investment in parks for community health and wellbeing benefits • Maximise local partnerships with the NHS, social care, VCS and others to reduce health inequalities • Contribute to COVID-19 recovery The project represented a "fundamental cultural shift in the way that councils do parks". The management of parks has traditionally centred around operations. While this remains important, Parks for Health used partnership working to improve the physical and social infrastructure of parks to maximise health and inclusion outcomes. These outcomes include: • Improved social cohesion • Less social isolation	• London Borough example • Opportunity for Ealing Council to reframe the role of parks and green spaces as fundamental to achieving positive health outcomes for priority areas and priority population groups • Link with social prescribing in parks and green spaces • Most relevant to Health Study policy objectives of Open space and nature and Social cohesion and communities.

[300] Future of London. 2021. Healthy neighbourhoods case study: Parks for Health. Available online at: https://www.futureoflondon.org.uk/2021/10/26/healthy-neighbourhoods-case-study-parks-for-health/

Case study name	Case study summary	Transferability to LBE context
	• Increased physical health • Better mental health and wellbeing • Reduced health inequalities	
Bath and North-East Somerset: Multi-faceted approach to improving health and wellbeing and reducing health inequalities[301]	Through its Health and Wellbeing Strategy, the Bath and North-East Somerset Health and Wellbeing Board has developed a clear strategic framework and two priorities for improving health and reducing health inequalities: 'Creating healthy and sustainable places' and 'Improving skills and employment'. Strands of work for Bath and North-East Somerset Council include: • Economy and employment: health and wellbeing included as a cross-cutting theme in the Bath and North East Somerset (B&NES) Economic Strategy • Planning: stronger relationships developed between Health and Planning colleagues in order to consider how good health and wellbeing can be supported through local planning processes • Transport: working with partners (e.g. Sustrans) to make Bath and North East Somerset more accessible on foot and by bike. Transport Plan for Bath promotes walking and cycling, and sets the vision for a walking-friendly city • Food strategy: developed a local authority-wide food strategy to promote healthy, sustainable and local food. The aim is to get healthy, affordable food to everyone and to transform food culture to improve health and wellbeing, environmental sustainability and the local economy.	• Potential for similar LBE approach to integrating health and wellbeing priorities into strategies for planning, economy and employment, transport and food • Most relevant to Health Study policy objectives of Education, employment and skills, Facilities and infrastructure, Active travel and transport and Nutrition.

[301] PHE/LGA. 2016. Local wellbeing, local growth. Implementing Health in All Policies at a local level: practice examples. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560593/Health_in_All_Policies_implementation_examples.pdf

Case study name	Case study summary	Transferability to LBE context
Place based partnerships - One Liverpool Strategy (2019-2024): A Healthier, Happier, Fairer Liverpool for All[302]	A whole-system strategy setting out a 5-year action plan for partnership working to achieve better population health and wellbeing in Liverpool. The strategy tackles long term health inequalities that leave vulnerable and disadvantaged people in Liverpool with a poorer experience of care, fewer years of healthy life and earlier death. The strategy establishes integrated services that better meet people's needs and to ensure that the local health and care system is fit for the future. There are four main objectives: • Targeted action on inequalities, at scale and with pace; • Empowerment and support for wellbeing; • Radical upgrade in prevention and early intervention; and • Integrated and sustainable health and care services.	• Build upon the NWL HCP ICS place-based partnership to tackle health inequalities in LBE • Most relevant to Health Study policy objectives of Facilities and infrastructure and Social cohesion and communities.

[302]Liverpool City Council. 2020. One Liverpool Strategy 2019-2024. Available online at: https://www.liverpoolccg.nhs.uk/media/4145/000918_one_liverpool_strategy_v6.pdf

8.3 Health in All Policies related case studies

The most relevant and inspiring Health in All Policies related case studies and their transferability to the LBE context are summarised in Table 14 below.

Table 14: Health in All Policies related case studies.

Case study name	Case study summary	Transferability to LBE context
London Borough of Southwark: a Health in All Policies approach[303]	Southwark Council has transformed the role of its public health directorate, ensuring that it is more visible, engaged with and accessible to all council departments. Key among this has been the adoption of a HiAP approach by the public health directorate. Through novel partnerships with colleagues in Southwark's culture, leisure, environment, planning, regeneration, human resources, and housing departments, the public health team now has a range of collaborative initiatives, jointly developed, monitored and delivered. The benefits of this approach are already being observed: collaboration with public health has had a significant impact on the development of the proposals in the new Southwark Plan 2022.	• London Borough example • Potential for Ealing Council to replicate LB Southwark's reframing of the role of its public health team, ensuring that it is more visible, engaged with and accessible to all council departments • Relevant to all Health Study policy objectives.
Health Impact Assessment across the council: Luton Borough Council[304]	Luton Borough Council trained council officers and NHS employees to do rapid HIAs. Training involved groups focusing on a real local project as a focus for learning. The training was part of a broader framework explicitly linking the built environment and health. Work under the framework has included supporting Luton's play strategy, influencing planning decisions that may inadvertently help to create obesogenic environments, exploring how derelict land can be used to improve health (growing food, more play space) and reviewing transport policies to see how they could be amended to improve health.	• Potential for Ealing Council to replicate: • Requirement for HIA to be carried out for all new council projects and policies to be reviewed and signed off by the public health team before going to the council's executive for approval • HIA training for officers and the wider workforce so everyone understands the links between the built

[303] LGA. 2018. London Borough of Southwark: a Health in All Polices approach. Available online at: https://www.local.gov.uk/case-studies/london-borough-southwark-health-all-policies-approach

[304] LGA. 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

Case study name	Case study summary	Transferability to LBE context
	The council has now incorporated HIA into its broader IIA policy under which a rapid HIA must be carried out by the department initiating a new project or policy proposal. This must be reviewed and signed off by the public health team before going to the council's executive for approval. The requirement for sign-off by Public Health means that the HIA is not simply reduced to a 'tick box' exercise. It also gives Public Health an overview of what is happening across the council. This helps keep an overview of policy and projects, as well as ensuring that the initiating department considers the potential impact on health at an early stage in thinking.	environment and health and get better embed health into day-to-day operations • • Relevant to all Health Study policy objectives – particularly Open space and nature, Nutrition and Active travel and transport.
Haringey Borough Council: Health and Wellbeing in all Policies to improve local population health[305]	The Public Health team in Haringey Council have developed a HiAP approach by giving greater corporate recognition for the health of all residents, systematically taking into account the health implications of decisions, developing a systematic approach to understanding the policy levers that create health-enhancing environments and seeking synergies across corporate priorities. Outcomes of Haringey's HiAP approach include: • a dedicated new Healthy Public Policy Officer post in the Public Health team to work across the council to embed health in the policy-making process; • strong political leadership of a 'Health in All Policies' approach from the Cabinet Member for Health and Wellbeing;	• London Borough example • Potential for Ealing Council to replicate LB Haringey as follows: • a dedicated Healthy Public Policy Officer post in the Public Health team to embed health in all Council policies • strong political leadership of 'Health in All Policies' approach from relevant and willing Cabinet Member; • an Obesity Alliance to take action on reducing obesity;

[305] PHE/LGA. 2016. Local wellbeing, local growth. Implementing Health in All Policies at a local level: practice examples. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560593/Health_in_All_Policies_implementation_examples.pdf

Case study name	Case study summary	Transferability to LBE context
	• the formation of the Haringey Obesity Alliance with a range of internal partners and external organisations making pledges to take action on reducing obesity; • working with the Council's Regeneration team to develop an overarching strategic approach to social regeneration; and • supporting the development of a very strong Healthy Schools network.	• Ealing Council regeneration team to develop strategic approach to health outcome-led social regeneration; and • support the development of a strong Healthy Schools network. • Relevant to all Health Study policy objectives – particularly Nutrition, Education, employment and skills and Social cohesion and communities.

8.4 Funding and resourcing related case studies

The most relevant and inspiring funding and resourcing related case studies and their transferability to the LBE context are summarised in Table 15 below.

Table 15: Funding and resourcing related case studies.

Case study name	Case study summary	Transferability to LBE context
Old Oak and Park Royal Development Corporation (OPDC) draft Planning Obligations Supplementary Planning Document (SPD)[306] and Social Infrastructure Needs Study Addendum[307]	The OPDC's draft Planning Obligations SPD provides guidance on what planning obligations will be required of applicants for new development in the OPDC area which requires a s106 legal agreement. Includes obligations relating to the delivery of new green and open spaces, social infrastructure (including health infrastructure), utilities infrastructure, public transport and provision of affordable housing. Sets out what, how and when such obligations will be sought for different types of development. The draft OPDC Local Plan identifies where impacts of development could be mitigated though s106 agreements. The planning obligations which OPDC will seek to secure through s106 agreements are structured around the seven thematic development management chapters of the draft OPDC Local Plan: design; environment and utilities; transport; housing; employment; town centre and community uses; and delivery and implementation. The SPD was supported by a comprehensive social infrastructure needs assessment with health infrastructure as a sub-category of social infrastructure.	• London Borough example • NWL ICS area example • OPDC area covers part of LBE – social infrastructure in ODPC area could benefit health of LBE residents e.g. Cloister Road Surgery. • Robust approach to evidencing social infrastructure need, including health infrastructure. • Relevant to all Health Study policy objectives – particularly Open space and nature, Facilities and infrastructure, Active travel and transport and Housing and communities.
One Public Estate approach - Northwick	The Brent Partnership comprises four partners (LB Brent, London NW University Healthcare NHS Trust, The University of	• London Borough example

[306] GLA. No date. Draft Planning Obligations SPD. Available online at: https://www.london.gov.uk/about-us/organisations-we-work/old-oak-and-park-royal-development-corporation-opdc/planning/supplementary-planning-documents/draft-planning-obligations-spd

[307] GLA. 2021. Social Infrastructure Needs Study Addendum. Available online at: https://www.london.gov.uk/sites/default/files/opdc_social_infrastructure_needs_study_addendum_2021.pdf

Case study name	Case study summary	Transferability to LBE context
Park Estate, LB Brent[308] [309]	Westminster, and Network Homes Ltd) working together to create an ambitious and ground-breaking strategy for the Northwick Park hospital estate (and surrounding area). The partners have signed a collaboration agreement, setting out joint working principles along with their individual aims. Other project stakeholders include TfL, Network Rail, LB Harrow and the GLA. Over three funding rounds since 2017, One Public Estate (OPE) has awarded £530,500 to the Brent Partnership's Northwick Park project. LB Brent have also been successful in a bid for £9.9 million of Housing Infrastructure Funding (HIF) for the project. A land transfer has taken place between Network Homes and the Hospital Trust, realising a capital receipt for the NHS Trust. OPE has funded consultants to develop the masterplan and infrastructure proposals. Planning permission has been granted for the overall masterplan, the first phase of housing (circa 650 homes with 40 per cent affordable) and a new spine road. As part of the project, the Hospital Trust have built an energy centre which will reduce carbon emissions at Northwick Park Hospital by over 2,500 tonnes annually and deliver a minimum guaranteed saving of £25.5 million over the next 15 years. This solution is further enhanced via a range of Energy Conservation Measures (ECMs) funded by the Public Sector Decarbonisation Scheme (PSDS).	• NWL ICS area example • One Public Estate opportunities building on lessons learned from The Limes in Southall, LBE; White City Health Centre in LB Hammersmith & Fulham, and Belmont Health Centre in LBE Harrow. • Build on lessons learned from former Chief Executive of LBE's role as chair of the West London Alliance OPE Programme Board during Phase 7 (2018-2019) • Most relevant to Health Study policy objectives of Facilities and infrastructure and Housing and communities.
One Public Estate approach - Homes for	The Department for Health and Social Care (DHSC), One Public Estate, the LEDU and the Greater London Authority developed the 'Homes for NHS Staff toolkit' - a step-by-step guide to support providers looking to deliver affordable homes for their staff (a key	• London Borough example • One Public Estate opportunities building on lessons learned from The

[308] LGA. 2021. Delivering modern services for local people in Brent. Available online at: https://www.local.gov.uk/case-studies/london-borough-brent-northwick-park

[309] Brent Council. 2022. Northwick Park. Available online at: https://www.brent.gov.uk/business/regeneration/growth-areas/northwick-park

Case study name	Case study summary	Transferability to LBE context
NHS staff, Finchley, LB Barnet[310]	challenge in recruitment and retention). The toolkit was also supported by a number of pilot projects on surplus NHS land, to demonstrate how delivery might be facilitated. Finchley Memorial Hospital was identified as one of these pilots. The key challenge with the Finchley Memorial Hospital scheme was to find the right balance between planning requirements, end user needs and making the business case for delivering 100% affordable NHS homes. Led by the CHP, with support from the North Central London (NCL) ICS and LEDU it is intended to provide 100% Affordable Homes for NHS staff on land surplus to clinical requirements.	Limes in Southall, LBE; White City Health Centre in LB Hammersmith & Fulham, and Belmont Health Centre in LBE Harrow. • Build on lessons learned from former LBE Chief Executive's role as chair of the West London Alliance OPE Programme Board during Phase 7 (2018-2019) • At present, no void space in NHS estate in LBE therefore not suitable for immediate action but worth forward-planning • Most relevant to Health Study policy objectives of Facilities and infrastructure and Housing and communities.
Linking health and local authority services through the One Public Estate Programme in Nottingham[311]	Across the LIFT estate in mid and south Nottinghamshire there is almost £1.5 million (per annum) of bookable space which is largely unused, and these costs are being passed to CCGs. Through the CHP Strategic Estate Planning work, local CCGs have gained an understanding that the mitigation of the bulk of this cost can be driven by partner engagement, partnership working and collaborative estate planning across localities. CHP is now acting as the link between health stakeholders and Nottinghamshire's	• One Public Estate opportunities building on lessons learned from The Limes in Southall, LBE; White City Health Centre in LB Hammersmith & Fulham, and Belmont Health Centre in LBE Harrow. • Build on lessons learned from former LBE Chief Executive's role as chair of

[310] LGA. 2022. Homes for NHS staff – Finchley. Available online at: https://www.local.gov.uk/case-studies/homes-nhs-staff-finchley

[311] NHS/Department of Health. 2015. Linking health and local authority services through the One Public Estate Programme in Nottingham. Available online at: https://communityhealthpartnerships.co.uk/wp-content/uploads/2020/06/Focuson_Nottinghamshire.pdf

Case study name	Case study summary	Transferability to LBE context
	One Public Estate programme (driven by Nottinghamshire City Council) and all stakeholders have committed to sharing estate information and plans. On a practical level this means that all CHP and NHS Property Service assets have now been plotted on Nottinghamshire's One Public Estates estate mapping software; enabling a strategic approach to be taken to the utilisation and planning of the shared health and local authority estate across the county – with the aim of delivering critical estate savings.	the West London Alliance OPE Programme Board during Phase 7 (2018-2019). Potential links to a comprehensive integrated spatial planning and health framework with supporting evidence base. • Most relevant to Health Study policy objectives of Facilities and infrastructure, and Social cohesion and communities.

9. Policy and strategy recommendations

This section sets out Arup's recommendations for Ealing Council and its NHS partners for improving health outcomes in the borough through policy, strategy, and related delivery mechanisms. These recommendations have been informed by the outputs from previous sections in this report and consideration of how policies and strategies being developed as part of the new Local Plan, alongside other relevant policies, strategies and plans, could be framed in order to address local **health issues** and **health priorities** most effectively.

Recommendations are presented under the following categories:

- **Local Plan recommendations** – priority planning policies to be embedded in the Local Plan as it goes through the consultation process;
- **Supplementary Planning Documents and Local Planning Policy Guidance recommendations** – more detailed guidance on Local Plan policy priorities and related development management processes;
- **Health in All Policies recommendations** - relevant non-Local Plan policies and strategies which could contribute to health outcomes in LBE through the integration of specific health objectives and requirements;
- **NHS led plans and strategies recommendations** – aspects of plans and strategies for which NHS Partners are responsible which could benefit from a broader consideration of the wider determinants of health and the role of the built environment in contributing to health outcomes in LBE;
- **Funding and resourcing policy delivery recommendations** – approaches to funding and resourcing the delivery of policy and strategy recommendations including new organisational structures and roles;
- **Non-policy recommendations** – relating to data or further work.

A complete checklist of recommendations is provided at the end of this chapter as an aide to Ealing Council officers and their NHS Partners.

9.1 Local Plan recommendations

Healthy Lives is one of the three Local Plan themes which is intended to cut across LBE's new Local Plan. In applying this theme to the new Local Plan, Ealing Council and its NHS Partners have recognised that planning has a multifaceted role to play in achieving positive health outcomes. From this recognition of the synergies between good place-making and healthy people, a series of Local Plan policy recommendations to support Healthy Lives are set out below.

Recommendations are split into two categories: 'Local Plan policy recommendations' and 'Beyond Local Plan policy recommendations'. Local Plan Policy recommendations are aimed specifically at planning policy. Beyond Local Plan Policy recommendations go beyond Local Plan policy drafting, making links with non-planning strategies and planning evidence bases.

Ealing Council is currently working towards publishing its Regulation 18 Draft Local Plan. The policy recommendations below should be implemented as appropriate in a timely way as the drafting of the Local Plan and the IIA progress, so that opportunities to embed

health issues and health priorities into the spatial strategy, site assessment work and development of the policies are not missed.

Certain recommendations will rely on the outcomes of parallel Local Plan workstreams – for example, whether it remains appropriate to adopt 20-minute neighbourhood policy visions will be influenced by the borough wide spatial vision and objectives, as well as the preferred spatial strategy. Additionally, recommendations may gain or lose appropriateness as the Local Plan goes through consultation rounds.

Local Plan policy recommendations

- Establish a 20-minute neighbourhood policy vision and spatial strategy for LBE. A separate Local Plan Spatial Options workstream is devising three reasonable alternative spatial options, all of which will be assessed and used to inform the choice of a preferred spatial strategy. At the borough level, Spatial Option 3 ('Neighbourhood Centre Focus') originated from and is aligned with the 20-minute neighbourhood concept by promoting a polycentric approach to urban development that will strive to deliver growth around the larger Metropolitan Centre down to more local Neighbourhood Centres.

Explanation: The 20-minute neighbourhood is about creating attractive, interesting, safe, walkable environments in which people of all ages and levels of fitness are able to travel actively for short distances from home to the destinations that they visit and the services they need to use day to day. Therefore, this spatial pattern has the potential to significantly influence the determinants of health (e.g. access to health services, air quality, employment, and quality of the built and natural environment).

- In line with a borough wide 20-minute neighbourhood policy vision and spatial strategy, produce tailored 20-minute neighbourhood visions and spatial strategies nested at the level of each of the seven neighbourhood areas (known as 'Towns' in the Spatial Options workstream).

Explanation: The vision for each neighbourhood area would reinforce the focus on promoting Healthy Lives, while the spatial strategy would deliver new growth in the context of 20-minute principles in ways most appropriate to each neighbourhood area or ward.

For example, South Acton ward has high health deprivation but many health assets within a 20-minute walk, whereas Perivale neighbourhood area (and ward) has low health deprivation but relatively few health assets within a 20-minute walk. Therefore, the most appropriate 20-minute neighbourhood opportunities in South Acton may relate to improving the quality of pedestrian routes to key health assets as well as broader public realm improvements to encourage active travel. Opportunities in Perivale may relate to improving public transport connections (i.e. a 20-minute bus journey) to the most accessible health assets in nearby neighbourhood areas.

- Include a policy requirement for all proposed developments in LBE, particularly those which are likely to impact on health outcomes or are in neighbourhood areas with identified health issues or health priorities, to undertake an HIA screening to determine whether an HIA is required. Ealing Council would determine the relevant triggers or thresholds for proposed developments that would require the submission of either a high level HIA or a more detailed HIA. For example, see LB Camden's and LB Tower

Hamlet's Local Plan policy requirements for relevant triggers and thresholds (see **Section 8.1**). Guidance would be published as supplementary planning guidance (see also **Section 9.2**).

Explanation: HIA is '…a structured method for assessing and improving the health consequences of projects and policies. It is a multidisciplinary process combining a range of qualitative and quantitative evidence in a decision-making framework'.

HIAs can be used to assess whether a planning or development proposal is likely to result in health impacts, which may result in either positive or negative health outcomes for the local community. Examples include increasing access to active travel networks (positive) or reducing access to open green space (negative).

The key words from the definition above are 'improving' and 'evidence' as the role of HIA is not just about minimising or mitigating adverse impacts and negative health outcomes, but about considering ways of maximising positive impacts and positive health outcomes based on a robust understanding of the evidence.

Ensuring relevant health issues and health priorities for relevant health determinants are considered at an early stage of planning and development proposals can help improve both the physical and mental health of the population. The scope of a HIA will vary depending on the size and type of development and its location (e.g. proposals in areas with specific health issues or health priorities or could automatically require a more detailed HIA).

- Proactively identify opportunities for new space for health infrastructure and health services within and around new developments, particularly in the neighbourhood areas of Acton and Southall and, where appropriate, identify these through the Local Plan in policies and/or site allocations.

When drafting Local Plan policies, utilise the 10 Health Study policy objectives as a reference framework to ensure opportunities to embed health outcomes are not overlooked. More stringent policy requirements may be applied in neighbourhood areas and wards with specific health priorities or health issues. Where parallel objectives are contained within other LBE strategies or action plans, the Local Plan should reference these and embed objectives in policy where appropriate (see also **Health in All Policies recommendations** in **Section 9.3 below**). Examples of possible Local Plan policy for each of the 10 Health Study policy objectives and the relevant LBE policy which would contribute to delivering related health outcomes are suggested in Table 16 below:

Table 16: Links between Health Study policy objectives, Local Plan policies and relevant LBE strategies.

Health Study policy objectives	Possible Local Plan policy commitment / requirements	Other relevant LBE strategies / plans
1. Active travel and transport	• LBE Local Plan policy requirement to apply the Healthy Streets Approach[312], Indicators[313] and Design Check[314] to all developments in neighbourhood areas with relevant health priorities and health issues, enhancing existing policy requirements set out in: • the new London Plan (2021) (Policies GG3 Creating a Healthy City and T2 Healthy Streets), which forms part of the new Development Plan for LBE along with the new Local Plan, and; • the Ealing Council Transport Strategy (2019) (Sections 4, 8 and 10) which is broadly based on the Healthy Streets approach and requires that '…Healthy Streets audits are included in Transport Assessments for development proposals and that they deliver improvements to all ten indicators'. • Areas of low and medium Healthy Streets Index scores should be assessed for opportunities to improve to high scores.	• e.g. Transport Strategy 2019-2022
2. Climate resilience	• LBE Local Plan policy requirements for nature-based climate resilience solutions with health benefits e.g. ensuring sustainable urban drainage systems are integrated into developments as well as highways and placemaking projects and increasing the urban tree canopy cover in areas of deficiency to provide local cooling effect during heatwaves.	• e.g. Climate and Ecological Emergency Strategy 2021-2030
3. Crime and community safety	• LBE Local Plan policy requirements for Secured by Design[315] principles for all new developments and engagement with	• e.g. Safer Ealing Partnership

[312] Healthy Streets. 2022. Making streets healthy places for everyone. Available online at: https://www.healthystreets.com/

[313] Healthy Streets. 2022. Healthy Streets Indicators. Available online at: https://www.healthystreets.com/what-is-healthy-streets#healthy-streets-indicators

[314] Healthy Streets. 2022. Healthy Streets Design Check England. Available online at: https://www.healthystreets.com/resources

[315] Secured by Design. 2021. Reducing crime by good design. Available online at: https://www.securedbydesign.com/

Health Study policy objectives	Possible Local Plan policy commitment / requirements	Other relevant LBE strategies / plans
	Metropolitan Police Service 'Design Out Crime Officers'[316].	Strategy 2020-2023
4. Education, employment and skills	• LBE Local Plan policy supporting the re-use of void spaces in town centres and high streets, optimising their use to attract local businesses and business committed to employing local people.	• e.g. Plan for Good Jobs 2021
5. Facilities and infrastructure	• LBE Local Plan commitment to assessing void or underutilised spaces within Council Property for potential delivery of health services and social prescribing.	• e.g. LBE Property Strategy (forthcoming)
6. Housing and communities	• Consider the need for local housing design policy e.g. drawing on Ealing Housing Design Guide and other evidence base work or where the London Plan housing design policy needs to amplified or strengthened. • LBE Local Plan commitment to regeneration, improvement/retrofit of priority housing estates to improve housing quality, energy efficiency and overall quality of environment and public realm.	• e.g. Ealing Housing Design Guide
7. Living environment	• LBE Local Plan policy requirement and clear expectations for Air Quality Positive[317] developments.	• e.g. Air Quality Action Plan 2017-2022
8. Nutrition	• LBE Local Plan commitment to protect existing provision of allotments and spaces for community food growing and to securing new space for community food growing within new developments. • LBE Local Plan policy requirement for affordable healthy food provision at ground floor level of new developments.	• e.g. Ealing Food Partnership Action Plan
9. Open space and nature	• LBE Local Plan policy commitment to set local Urban Greening Factor targets[318].	• e.g. Green Space Strategy 2012-2017

[316] Secured by Design. 2021. Metropolitan Police Service North West Region. Available online at: https://www.securedbydesign.com/contact-us/national-network-of-designing-out-crime-officers?view=article&id=308#metropolitan-police-service-north-west-region

[317] GLA. 2021. Air Quality Positive (AQP) guidance. Available online at: https://www.london.gov.uk/what-we-do/planning/implementing-london-plan/london-plan-guidance/air-quality-positive-aqp-guidance

[318] GLA. 2021. Urban Greening Factor (UGF) guidance. Available online at: https://www.london.gov.uk/what-we-do/planning/implementing-london-plan/london-plan-guidance/urban-greening-factor-ugf-guidance

Health Study policy objectives	Possible Local Plan policy commitment / requirements	Other relevant LBE strategies / plans
	• LBE Local Plan and Green Space Strategy commitment to increasing number of Green Flag Awards[319] and Green Flag Community Awards[320] for parks and green spaces in priority areas. • Update evidence base for LBE Local Plan to assess existing quantity, quality, and accessibility of green space of all typologies to identify areas of priority for improvement and investment. • Explore opportunities to enhance and improve access to, and quality of, Green Belt and Metropolitan Open Land to achieve health outcomes. To be reflected in policy as appropriate following completion of updated evidence base work and Green Belt and MOL Review.	• e.g. Ealing Green Belt and Metropolitan Open Land Review
10. Social cohesion and communities	• LBE Local Plan commitment to a health outcome-led approach to all development and regeneration projects. • LBE Local Plan policy commitment to protect existing provision of libraries, community centres, youth centres and sports and leisure facilities and to provide spaces for library, community, youth, and sports and leisure services in and around new developments in priority areas.	• e.g. Ealing Local Strategic Partnership Borough Plan 2018-2022 • e.g. Ealing Library Strategy 2019-2023 • e.g. LBE Community Centre Strategy • e.g. LBE Sports Facility Strategy 2012-2021

Beyond Local Plan policy recommendations

- Make explicit the reciprocal links between relevant policies of the new Local Plan, the refreshed Ealing Health and Wellbeing Strategy (forthcoming) and the NWL HCP ICS Estates Strategy (next revision). For example, the Ealing HWB could establish a new 'Healthy Spatial Planning and Development Operational Delivery Board' to be cross-referenced in the Local Plan and the NWL HCP ICS Estates Strategy. The NW London ICS Estates Strategy Group partners could reframe the NHS estate within the NWL ICS

[319] Green Flag Award. 2022. Green Flag Award. Available online at: https://www.greenflagaward.org/how-it-works/judging-criteria/green-flag-award/

[320] Green Flag Award. 2022. Green Flag Community Award. Available online at: https://www.greenflagaward.org/how-it-works/judging-criteria/green-flag-community-award/

area, and LBE specifically, as place-based health infrastructure and place-based health assets which have the potential to contribute to health outcomes for all 10 Health Study policy objectives in the Local Plan.

- Once the housing trajectory is finalised and site allocations work is progressed, HUDU modelling to be refreshed and reflected in the Infrastructure Delivery Plan which will set out what health infrastructure is required, when it will be required and likely costs. Further work with NHS Partners to develop proposals for expansion and/or consolidation of existing GP practices.
- 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. This status could be spatially dependent on the particular level of need for a given neighbourhood area. For example, the latest HUDU modelling suggests that Southall and Acton will experience the greatest additional floorspace requirements over the plan period.
- Set out a policy requirement for planning and delivering new health infrastructure and/or improving existing health infrastructure in line with projected growth for each neighbourhood area and ward based on the outputs of the NHS London HUDU model for LBE (and reflected in the IDP) and the priorities of the NWL HCP ICS Estates Strategy. This should be supplemented by clear guidance, potentially in a Developer Contributions SPD, setting out key characteristics and requirements for new health infrastructure and the approach to securing financial contributions. This policy requirement will be supplemented in time with outputs from the Spatial Options and, Site Selection workstreams, potentially leading to the inclusion of new health infrastructure provision within specific site allocations.
- Set out or signpost towards clear guidance for developers and planning and development officers on high-level requirements and sustainable design principles for s106 funded health infrastructure (N.B. LBE has not yet adopted CIL, although work is in progress to establish it). This guidance would include requirements and design principles for clinical and non-clinical space and would aim to achieve all 10 Health Study policy evaluation framework objectives. It should include but not be limited to existing NHS best practice guidance such as *Sustainable development in the NHS (2001)*[321] and *Health Building Note 11-01: Facilities for primary and community care services (2013)*[322] which are in the process of being updated to reflect digital transformation and new ways of working within the community (see also **Section 9.5)**
- Improve the efficiency and fulfilment of the 'sign, seal, receive and spend' process for s106 monies for health infrastructure in LBE and seek to increase the number of active s106 health infrastructure sites and projects in LBE (currently six) (see also **Section 9.5**).

[321] NHS. 2001.Sustainable development in the NHS. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147978/Sustainable_Development_in_the_NHS.pdf

[322] NHS. 2013. Health Building Note 11-01: Facilities for primary and community care services. Available online at: https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_11-01_Final.pdf

9.2 Supplementary Planning Documents or Local Planning Policy Guidance recommendations

Supplementary Planning Documents / Local Planning Policy Guidance recommendations relate to more detailed guidance on Local Plan priorities and related development management processes. Key recommendations are summarised below:

- Publish an overarching 'Healthy Spatial Planning and Development SPD' (or LPPG) for LBE based upon the 10 Health Study policy objectives and focusing on the health priorities and health issues for each of the seven neighbourhood areas.
- Consider publishing additional SPDs/LPPGs for individual Health Study policy objectives e.g. 'Open Space and Nature SPD' with a focus on delivering specific health outcomes through specific health assets.
- Adopt a Health Impact Assessment (HIA) approach for LBE based upon latest NHS London HUDU HIA guidance with accompanying Health Study evidence base (updateable) to support applicants/consultants, Ealing Council officers and NHS partners to improve health outcomes in LBE through new development and retrofit projects.
- This approach would include guidance on scoping and assessing health impacts and improving health outcomes based on identified health priorities and health issues for LBE and its neighbourhood areas. It would also include guidance on how to interpret and evaluate HIAs submitted as part of planning applications.

9.3 Health in All Policies recommendations

HiAP recommendations relate to the identification of relevant non-Local Plan policies, strategies and plans which could contribute to health and wellbeing in LBE through the integration of specific health and wellbeing objectives and requirements. Key recommendations are summarised below:

- Consider appointing a dedicated HiAP Coordinator within Ealing Council with a remit that goes beyond planning and development policies and focuses on integrating the revised Health and Wellbeing Strategy aims, priorities, and actions with the aims, priorities and actions of all relevant LBE policies and strategies (see also **Section 9.1**).
- All Ealing Council policies and strategies (not just planning and development related ones) to consider relevant health impacts, health issues and health priorities and identify their respective contributions to positive health outcomes in LBE. The HiAP could coordinate to ensure consistency and mutually reinforcing messages. 'Low hanging fruit' may include policies and strategies relating to Climate Action, Inclusive Growth, Transport and Green Space, for example:
  - *Climate and Ecological Emergency Strategy 2021-2030*[323] – references the health and climate co-benefits of active travel and energy efficient homes. Could be more explicit about the public health impacts of climate change (e.g. impacts of heat waves, the urban heat island effect, flood risk and water scarcity). Could also be more explicit about the health, climate resilience and ecological co-benefits of passive, energy efficient or low carbon climate adaptation and resilience measures (e.g. role of green infrastructure for urban cooling, water management and habitat).

[323] Ealing Council. 2021. Climate and ecological emergency strategy 2021-2030. Available online at: https://www.ealing.gov.uk/downloads/file/15879/climate_and_ecological_emergency_strategy_2021-2030

- *Ealing Council Transport Strategy 2019-2022*[324] - aims to enhance the environment and improve public health by focussing on active travel and creating Healthy Streets in priority transport projects such as linear road corridors and town centres. 'Improve health and wellbeing' is one of four strategic priorities. References working across the Council including the Planning and Public Health teams and mentions the health impacts and benefits transport can contribute to. It also sets out requirements for Healthy Streets audits within Transport Assessments for new developments. However, the strategy could be even more explicit about links to the Local Plan and the Ealing Health and Wellbeing Strategy.
- *Ealing Green Space Strategy 2012-2017*[325] – references the health benefits of green spaces, the Ealing Health and Wellbeing Strategy (2010-2016) and the role of green spaces in contributing to two of its strategic priorities: population health baseline data; and the contribution of allotments and community gardens to long term health. It needs updating and could be more specific about identifying opportunities for improvements to green spaces in areas with identified health issues and health priorities, including Green Belt and Metropolitan Land, to enhance their role as health assets and contribute to health outcomes.
- *Ealing's Plan for Good Jobs: Towards an inclusive economy 2021*[326] – references to health within objectives, actions, stakeholders and employment sectors. Could be more explicit about public health benefits, and health and economy co-benefits of a more diverse and resilient local economy.
- Establishing a cross-directorate Health and Wellbeing Working Group within Ealing Council would work to support consistent health objectives throughout corporate plans and strategies going forward, and utilise common metrics and indicators for measurement of health outcomes.

9.4 NHS led plans and strategies recommendations

NHS led plans and strategies recommendations relate to plans and strategies for which NHS Partners are responsible for and which could benefit from a broader consideration of the wider determinants of health and the role of the built environment in contributing to health outcomes in LBE. Key recommendations are summarised below:

- The NWL HCP ICS Estates Strategy Group could build upon the NWL ICS's existing work on Anchor Institutions, which is recognised as an exemplar in London[327], to position NWL ICS partner organisations as 'place-based anchor institutions' and the NHS estate within the NWL ICS area as 'place-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 such as parks and green spaces, community centres and leisure centres.

[324] Ealing Council. 2019. Ealing's transport strategy 2019-2022. Available online at: https://www.ealing.gov.uk/downloads/download/5418/ealings_transport_strategy_2019-2022

[325] Ealing Council. 2012. Ealing Green Space Strategy 2012-2017. Available online at: https://www.ealing.gov.uk/download/downloads/id/6800/ealing_greenspaces_strategy_2012-2017.pdf

[326] Ealing Council. 2021. Ealing's Pan for Good Jobs. Available online at: https://www.ealing.gov.uk/download/downloads/id/16795/plan_for_good_jobs.pdf

[327] North West London Integrated Care System. 2021. Addressing Health Inequality Across NW London. Population Health, Inequalities Priorities Update. Available online at: https://www.nwlondonics.nhs.uk/application/files/9416/3731/8875/04.1_Population_Health_Reducing_Inequalities_in_Health_merged.pdf

- The NWL ICS Partnership Board, in particular the NWL ICS Population Health Management and Reducing Inequalities Board and Executive[328], should consider establishing a 'Healthy Spatial Planning and Development' work programme. This would potentially compliment a number of existing NWL ICS work programmes including 'Healthy Living', 'Population Health' and 'Economic Regeneration'. It would also dovetail with the recommendation for the Ealing Health and Wellbeing Board to establish a dedicated Healthy Spatial Planning and Development Operational Delivery Board as part of the forthcoming refresh of the Ealing Health and Wellbeing Strategy (see also **Section 9.5**).
- The NWL HCP ICS Estates Strategy Group should continue to work in partnership with the West London Alliance, Ealing Council and other public and private sector partners to explore the 'One Public Estate' approach in terms of opportunities for providing and enhancing health infrastructure and health services in LBE. 'Renewing the local healthcare estate' is one of the West London Alliance's strategic OPE programme themes. There is currently one OPE healthcare estate project in LBE, 'The Limes' in Southall, and two OPE health care estate projects within the West London Alliance area which broadly corresponds with the NWL ICS area. These are White City Health Centre in LB Hammersmith and Fulham and Belmont Health Hub in LB Harrow[329]. The OPE approach involves applying 'the public interest test' to all public sector estate decisions and investments i.e., 'do decisions or investments contribute to delivering affordable homes, creating diverse new jobs or innovating and transforming public facing services?' Opportunities for strategically optimising the value of public sector property in ways which benefit health infrastructure, health services, health assets and health outcomes in LBE should be prioritised (see also **Section 9.5)**

9.5 Funding and resourcing delivery recommendations

Funding and resourcing delivery recommendations relate to approaches to delivering the policy and strategy recommendations above. Key recommendations are summarised below:

- Appoint a Healthy Spatial Planning and Development Officer within Ealing Council with a remit that focusses on delivering healthy spatial planning and development in the borough through all 10 Health Study policy objectives in ways which achieve measurable health outcomes.
- Appoint a dedicated HiAP Coordinator within Ealing Council with a remit that goes beyond planning and development policies and focuses on integrating the revised Health and Wellbeing Strategy aims, priorities, and actions with the aims, priorities and actions of all relevant LBE policies and strategies (see also **Section 9.3**).
- Improve the efficiency and fulfilment of the 'sign, seal, receive and spend' process for s106 monies for health infrastructure in LBE and seek to increase the number of active s106 health infrastructure sites in LBE (currently six) (see also **Section 9.1**).

[328] North West London Integrated Care System. 2021. Addressing Health Inequality Across NW London. Population Health, Inequalities Priorities Update. Available online at: https://www.nwlondonics.nhs.uk/application/files/9416/3731/8875/04.1_Population_Health_Reducing_Inequalities_in_Health_merged.pdf

[329] West London Alliance. 2020. West London One Public Estate. Programme Update: June 2020. Available online at: https://wla.london/wp-content/uploads/2020/08/200729-OPE-2020-update.pdf

- Assign ‘High priority’ status to the delivery of new health infrastructure in the updated Infrastructure Development Plan which will accompany the new Local Plan (see also **Section 9.1**).
- Set out clear guidance for developers and planning and development officers on high-level requirements and sustainable design principles for s106 funded health infrastructure (N.B. LBE has not yet adopted CIL). This guidance would include requirements and design principles for clinical and non-clinical space (see also **Section 9.1**).
- Develop and adopt CIL Charging Schedule to allow more flexibility to fund delivery of health infrastructure.
- The NWL HCP ICS Estates Strategy Group could build upon the NWL ICS’s existing work on Anchor Institutions, recognised as an exemplar in London[330], to position NWL ICS partner organisations as ‘place based anchor institutions’ and the NHS estate within the NWL ICS area as ‘place 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 such as parks and green spaces, community centres and leisure centres.
- Enhance the role of LBE’s green and blue spaces as ‘health assets’ and develop their use for social prescribing for health. This would contribute to reducing some of the pressure on the health service through preventative health advice and support for people, and the increased use of LBE’s green and blue space for health outcomes. This would require corresponding investment of time, money and resources into the quality and functionality of the green and blue spaces themselves, as well as the commitment to training GPs to fully understand social prescribing opportunities and recruiting social prescribing link workers for individual people and groups.
- Set out clear guidance for developers and planning officers on high-level requirements and sustainable design principles for s106 funded green and blue infrastructure improvements related to new developments.
- The NWL HCP ICS Estates Strategy Group should continue to work in partnership with the West London Alliance, Ealing Council, and other public and private sector partners to explore the ‘One Public Estate’ approach in terms of opportunities for providing and enhancing health infrastructure and health services in LBE. ‘Renewing the local healthcare estate’ is one of the West London Alliance’s strategic OPE programme themes. There is currently one OPE healthcare estate project in LBE, ‘The Limes’ in Southall, and two OPE healthcare estate projects within the West London Alliance area which broadly corresponds with the NWL ICS area. These are White City Health Centre in LB Hammersmith and Fulham, and Belmont Health Hub in LB Harrow[331]. The OPE approach involves applying ‘the public interest test’ to all public sector estate decisions and investments. That is, ‘do decisions or investments contribute to delivering affordable homes, creating diverse new jobs or innovating and transforming public facing services?’. Opportunities for strategically optimising the value of public sector

[330] North West London Integrated Care System. 2021. Addressing Health Inequality Across NW London. Population Health, Inequalities Priorities Update. Available online at: https://www.nwlondonics.nhs.uk/application/files/9416/3731/8875/04.1_Population_Health_Reducing_Inequalities_in_Health_merged.pdf

[331] West London Alliance. 2020. West London One Public Estate. Programme Update: June 2020. Available online at: https://wla.london/wp-content/uploads/2020/08/200729-OPE-2020-update.pdf

property in ways which benefit health infrastructure, health services, health assets and health outcomes in LBE should be prioritised (see also **Section 9.4**).

- Explore through the emerging Ealing Council Property Strategy the opportunity for void or underutilised space in other social infrastructure buildings within LBE such as community centres, libraries, and leisure centres to contribute to health outcomes. For example, these spaces could be enhanced for use as health assets (i.e. improving spaces in community centres to encourage social interaction or providing spaces for public health campaigns in libraries to encourage positive health behaviours). Alternatively they could be adapted for use as health infrastructure (i.e. clinical and non-clinical space for the co-located delivery of health services and social prescribing services). Depending on local need and context, this enhancement or adaptation of spaces for use as health assets or health infrastructure could be on a temporary, 'meanwhile' or 'pop-up' basis, or on a more permanent basis.

9.6 Non-policy recommendations

Non-policy recommendations relate to data purchase or collection and further work which would enhance the delivery of policy and strategy recommendations, and/or enable the monitoring and evaluation of health outcomes resulting from planning policy and development related interventions. These recommendations are summarised below:

9.6.1 Data purchase or collection

- Ealing Council should consider the purchase of Healthy Streets Index[332] data (2021) and related high-resolution map[333] for LBE. This would enable a fine grain assessment of how every street in the borough currently scores against the Healthy Streets Index and highlight streets with low scores. An analysis could then be undertaken to see where low scoring streets correspond with the presence or absence of 20-minute neighbourhood health assets and patterns of deprivation. A series of 'on the ground' Healthy Streets Design Checks using the 10 Healthy Streets Indicators could then be undertaken in neighbourhood areas and wards with specific health priorities or health issues. This would identify appropriate interventions to improve short- to medium-term performance against Healthy Streets Indicators and to improve longer-term overall Healthy Streets Index scores for LBE.
- Ealing Council and its NHS Partners should 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 potentially be based upon the 'Urban Health Index for Lambeth and Southwark'[334] which is a set of 42 metrics and indicators[335] which assess the health and social progress of people living in the 68 MSOAs within the two boroughs and are viewable as an interactive scorecard for each MSOA. Once metrics have been agreed upon, this could support the monitoring of the effectiveness

[332] The Healthy Streets Index is an expert-designed spatial dataset that scores every street in London in relation to the 10 Healthy Streets Indicators using a composite of key London-wide datasets. It provides a score between 0 and 100 for how healthy every street is to inform decisions about where we live, our travel routes and urban planning. The Healthy Streets Index is the only dataset that offers a comprehensive scoring of urban environmental characteristics that account for both environmental and experiential qualities of a place.

[333] _Streets. 2021. The Greater London Healthy Streets Index 2021. Available online at: https://www.underscorestreets.com/map-download

[334] https://urbanhealth.org.uk/insights/data/urban-health-index-uhi-for-lambeth-and-southwark

[335] https://urbanhealth.org.uk/wp-content/uploads/2021/04/Urban-Health-Index-methodology-1.pdf

of new Local Plan policies, and any related improvements in health outcomes in LBE, against the Health Study Policy objectives.

- Ealing Council should consider producing Community Health Profiles for all religious groups in LBE, in particular the Sikh, Muslim and Hindu populations, in order to increase the evidence base about the relationships between religious groups, health inequalities and health outcomes.

9.7 Further work

- The Ealing Council and NHS Partners Working Group established through the Health Study should continue to build on the momentum generated by the Health Study and ensure joint working on health and spatial planning throughout the preparation of the Local Plan.
- At present, the emerging Local Plan evidence base is not sufficiently progressed to identify specific growth locations and draw out the implications for health assets (including health infrastructure and other infrastructure types). Accordingly, the outputs of the Health Study should be integrated into ongoing Local Plan workstreams (see Table 17). As the distribution of proposed housing growth is firmed up, discussions should be held with NHS partners to develop proposals for new and expanded health infrastructure to be meet future demand.

Table 17: Integration with Local Plan evidence base.

Local Plan evidence base	Action
Spatial Options	• Assess the three spatial options using the Health Study Policy Evaluation Framework and evidence base, as a supplement to the IIA Scoping Report framework to ensure alignment.
Site Selection and Assessment	• Once preferred sites for assessment are confirmed, draw on Health Study evidence base to ensure alignment. • Overlay GIS layer of sites with Health Study geospatial data (i.e. IMD domains and/or Healthy Streets Index data) to identify overlap with neighbourhood areas and wards with specific health priorities or health issues which require interventions. • As part of future site assessment work, identify sites to accommodate additional health infrastructure in areas where projected future demand is highest, and where 'Facilities and infrastructure' may be a health priority.
Infrastructure Delivery Plan (IDP)	• Once preferred spatial strategy and site allocations are confirmed, develop IDP using LBE housing trajectory data to update NHS London HUDU modelling to reveal where future capacity issues are expected, or where existing deficiencies are likely to be exacerbated without interventions. IDP will set out

Local Plan evidence base	Action
	phasing of required new and/or expanded facilities and associated costs. • Consider whether it is appropriate to designate health infrastructure as 'high priority' or 'critical' within the IDP at the borough level and/or for neighbourhood areas or wards with relevant health priorities or health issues. • Establish Community Infrastructure Levy.
Transport Local Plan Topic Paper	• Embed Healthy Streets approach and cross-reference Health Study policy evaluation framework as a tool to use in drafting transport policy.

9.8 Recommendation checklist

Each recommendation listed above is briefly summarised in the checklist below (Table 18), which is intended to act as an aide to Ealing Council officers and their NHS Partners taking the findings of the Health Study forward. Recommendations which have been repeated and cross-referenced under multiple headings above are only included once in the checklist.

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.

Table 18: Health Study recommendation checklist.

No	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)	Con-sidered (Y/N)	Accepted (Y/N)
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)	Con-sidered (Y/N)	Accepted (Y/N)
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 heath infrastructure to ensure they are deliverable and affordable through the new Local Plan and Infrastructure Delivery Plan.	Ealing Council	1	M		

No	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)	Con-sidered (Y/N)	Accepted (Y/N)
10	Signpost to guidance for developers and Ealing Council officers on design principles for s106 funded health infrastructure, including existing and forthcoming NHS best practice guidance on sustainable design.	Ealing Council / NHS Partners	2	M		
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 facilities funded through s106 in LBE.	Ealing Council	1	M		
Supplementary Planning Guidance recommendations						
12	Publish 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 as per WHO definition of health) into additional SPD/SPGs, framed around the 10 Health Study policy objectives as appropriate.	Ealing Council	2	M		

No	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)	Con-sidered (Y/N)	Accepted (Y/N)
14	Adopt a Health Impact Assessment (HIA) approach for LBE based upon latest NHS London HUDU HIA guidance with accompanying Health Study evidence base to support applicants/consultants, Ealing Council officers and NHS partners to improve health outcomes in LBE through new development and retrofit projects.	Ealing Council	1	M		
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	Ealing Council	1	M		

No	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)	Con-sidered (Y/N)	Accepted (Y/N)
	of the Health in All Policies Coordinator and feed into the work of the Healthy Spatial Planning and Development Operational Delivery Board.					
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-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).	NWL ICS Estates Strategy Group	2	M		
19	Establish a 'Healthy Spatial Planning and Development' work programme to complement existing NWL ICS work programmes including 'Healthy Living', 'Population Health'	NWL ICS Partnership Board (in particular the NWL ICS Population Health Management and Reducing	2	M		

No	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)	Con-sidered (Y/N)	Accepted (Y/N)
	and 'Economic Regeneration'.	Inequalities Board and Executive)				
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		
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	Ealing Council	2	M		

No	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)	Con-sidered (Y/N)	Accepted (Y/N)
	permanent basis); and assess suitability for conversion to health infrastructure for the delivery of health services (on a temporary or permanent basis).					
Non-policy recommendations						
24	Purchase Healthy Streets Index data and high-resolution map for LBE. 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 LBE, against the Health Study Policy objectives.	Ealing Council NHS Partners	2	M		
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	Ealing Council	1	S		

No	Recommendation	Owner	Impact on health outcomes (1 or 2)	Timescale for action (S or M)	Con-sidered (Y/N)	Accepted (Y/N)
	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.					

10. Conclusions

The Health Study has developed a comprehensive evidence base of need and opportunities for health assets, health infrastructure and health services in LBE and its seven neighbourhood areas (and in turn LBE's eight Primary Care Network areas). This evidence will inform the preparation of Ealing's new Local Plan.

This evidence base has been thematically structured by the 10 Health Study policy evaluation framework objectives and has been spatially structured by borough-wide, and neighbourhood area specific evidence. This is in order to ensure a common understanding of health issues and health priorities for LBE and its neighbourhood areas, to enable a consistent and spatially informed approach to address these health issues and health priorities, and to focus efforts and resources to effectively improve related health outcomes and reduce health inequalities.

Stakeholders who will benefit from this common understanding, consistent approach and focussed effort include 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 ultimately the residents of LBE themselves.

A summary of the health context, health issues and health priorities for LBE and its seven neighbourhood areas is provided below.

Demographic and equalities context for LBE as a whole

- LBE is the third largest London borough by population. Its population is growing and ageing. Population growth is concentrated in Acton and Southall and, to a lesser extent, in Greenford. However, there are exceptions to the trends – Ealing neighbourhood area, Hanwell, Northolt and Perivale are seeing a decrease in population and there is a high proportion of young adults and children in Acton and Northolt, respectively.
- Overall deprivation levels in LBE vary substantially across the borough. 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).
- LBE is generally less deprived in terms of health deprivation and disability than other parts of England. However, parts of Northolt, Southall, and Acton fall within the top-third most health and disability deprived areas in England.
- LBE is an ethnically and religiously diverse borough and is projected to become even more diverse between 2021 and 2041.
- Overall, LBE's population has approximately the same proportion of men, women, gay, heterosexual, lesbian, bisexual, trans, and non-binary people as the London and national averages.
- People within LBE's growing population have different health needs according to their experience of age, deprivation or disability, their ethnic or cultural group, their religion, gender or sexual orientation. These need to be understood and taken into account

when planning and delivering health infrastructure and health services, and when planning and designing the built environment and public realm, in LBE.

Health outcome and health risk factors for LBE as a whole

The Health Study has identified the following health outcomes and health risk factors for LBE as a whole, and has ranked them according to the potential for Local Plan polices to contribute to improving them through the Health Study policy objectives:

- Childhood obesity;
- Diabetes;
- Cardiovascular disease;
- Excess winter deaths index;
- Tuberculosis;
- Dementia; and
- Alcohol related hospital admissions.

It is difficult to directly attribute changes in health outcomes or health risk factors to specific interventions to improve health determinants. However, focussing on interventions and improvements related to LBE's health priorities and health issues, summarised below, may in turn contribute to reduced childhood obesity; diabetes; cardiovascular disease; excess winter deaths index; tuberculosis; dementia; and alcohol related hospital admissions.

Health priorities for LBE as a whole

The Health Study has identified three health priorities for LBE:

1. Facilities and infrastructure;
2. Housing and communities; and
3. Living environment.

Interventions to address these health priorities could result in considerable improvements in health outcomes and health risk factors at the borough level and/or the neighbourhood level.

Health issues for LBE as a whole

The Health Study has identified the following health issues for LBE:

- Education, employment and skills;
- Active travel and transport;
- Open space and nature;
- Nutrition;
- Crime and community safety;
- Social cohesion and communities; and
- Climate resilience.

Interventions to address these health issues could result in noticeable improvements in health outcomes and health risk factors at the borough level and/or the neighbourhood area level.

Health priorities for neighbourhood areas

The Health Study has identified considerable spatial variation in health issues, and consequently health priorities, between and within LBE's seven neighbourhood areas. These signify considerable spatial variation in health inequalities. This is evident in, and partly due to, the distribution and quality of health assets, health infrastructure, and health services across the seven neighbourhood areas.

The LBE-wide and neighbourhood area-specific implications of this spatial variation for the planning, design and delivery of health assets, health infrastructure and health services have informed suggested interventions to address the different health issues and health priorities for neighbourhood areas and wards.

In order to improve health outcomes and reduce health inequalities, these interventions should focus on improving aspects of relevant health assets, health infrastructure and health services located within, or accessible from, each neighbourhood area.

A checklist of over 25 evidence-based recommendations, covering the suggested interventions, has been made for Ealing Council officers and their NHS Partners to consider taking forward. 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 recommendations and non-policy recommendations relating to data or further work.

In addition to the summaries of health issues and health priorities for LBE and its neighbourhood areas presented in this report, some of the health and planning related insights derived from the analysis of the data and information for LBE and neighbourhood areas are summarised below:

- LBE is an outer-London borough which demonstrates both inner- and outer-London borough characteristics. For example, population growth levels and population density ratios in the neighbourhood area of Acton are comparable to inner-London boroughs such as Tower Hamlets. However, in Perivale these levels and ratios are comparable with outer London boroughs such as Hillingdon. This presents challenges and opportunities for the health of LBE's residents, and for the role of spatial planning in providing and improving health assets, health infrastructure and health services. For example, a 20-minute neighbourhood concept could work well in Acton due to its high urban density and layout, whilst it might not work so well in Perivale due to its low suburban density and layout. Interestingly, both Acton and Perivale would both benefit from improved provision and access to good quality public open space.
- The scale of current and planned population and housing growth in certain neighbourhood areas (e.g. Acton and Southall) will result in significant additional pressure on health assets, health infrastructure and health services which are either already over utilised, at capacity and in need of major improvement and/or investment.
- The Health Study's evidence-based recommendations (see **Section 9.8**) offer a range of ways to alleviate these pressures through spatial planning and development (and other complimentary mechanisms) which should be considered urgently in order to avoid detrimental impacts on health outcomes and health inequalities in these areas.

- The Local Plan is the critical policy level, and the critical policy document, for achieving the Health Study's policy objectives within LBE. Whilst other policies and plans such as the Ealing Health and Wellbeing Strategy and the NWL HCP ICS Estates Strategy are also necessary and play an important role, it is the Local Plan which sets the spatial planning development framework for the borough and, arguably, has the greatest potential impact on all 10 Health Study policy objectives.
- This Health Study report is just one input to, and one point in, LBE's Local Plan process. It is intended to ensure better integration of health and planning policy in LBE, and that is dependent on how its recommendations are now considered and taken forward in the next stages of Local Plan.
- As other elements of the Local Plan are progressed and the proposed distribution of growth in the borough is established at a more granular level, the Health Study has identified further work (see **Section 9.7**) which will be required to develop more specific proposals to provide the required additional quantity and quality of health assets, health infrastructure and health services in the right places.

Since the Health Study was commissioned, events have unfolded which make the implications of the Health Study work even more important and bring health inequalities into sharper focus. These are summarised below:

- The severe financial crisis in local government continues, meaning tough decisions about funding and which health assets to prioritise, or continue to run, are also continuing;
- The cost-of-living crisis is becoming more serious, resulting in more people facing fuel poverty, more people requiring access to food banks and key workers, including Council employees and NHS staff, not being able to afford to live or work in London;
- Recovery from the COVID-19 health crisis which exposed long-standing inequalities in society, disproportionally affecting BAME and certain types of business and economic sectors is ongoing; and
- Tackling the COVID-19 related backlog of planned and elective care – alongside addressing additional demand, for example in primary care and for mental health services – is going to be a long-term challenge. This will exacerbate underlying pressures on health services in London and LBE.

Within this context, an integrated and collaborative approach to spatial planning and development in LBE has an important role to play in improving health outcomes and reducing health inequalities. In doing so this approach can alleviate some of the contributing factors to these crises and pressures.

11. Glossary of key terms and acronyms

The following key terms have been used within this report and its appendices. They are also included in grey text boxes at appropriate points throughout this report to aide understanding.

health – a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

health assets – any resource (physical or non-physical) which enhances the ability of people, communities and populations to maintain and sustain health (e.g. parks and open spaces, housing, leisure centres, support networks and community groups). These resources or assets can include health infrastructure and health services.

health determinant indicator - 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.

health determinants– a diverse range of biological, social, economic and environmental factors which impact on people's health (e.g. access to open space and nature, access to affordable good quality housing, access to work and training and access to community facilities).

health inequalities – avoidable, unfair and systematic differences in health and 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 wider determinants of health (e.g. quality of housing).

health infrastructure – the things that support the NHS' delivery of health services and health care including land and buildings for hospitals, community facilities, general practitioners (GP) and dental surgeries, pharmacies and specialised housing.

health issue (for a neighbourhood area) - a health determinant which is considered to perform relatively worse than other neighbourhood areas, but does not fall within the top three worst performing health determinants for the neighbourhood area.

health issue (for LBE) - a health determinant which is considered to perform 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

health outcome – a change in the health status of an individual, group of people or population (e.g. length of life or quality of life) which is attributable to a change in a health determinant (e.g. age of population or population density), or to an intervention (e.g. a policy, decision or allocation of resources which results in improvements to/deterioration of a health asset, investment/lack of investment in health infrastructure or increased/decreased access to health services) which may have positive or negative impacts on a health determinant.

health priority (for a neighbourhood area) – a health determinant which is considered to demonstrate multiple health issues, and these issues contribute to a poor overall relative ranking of health determinant indicators between neighbourhood areas, based on data summarised in the Health Study matrix.

health priority (for LBE) – a health determinant which considered to contain multiple health issues across health determinant indicators, and which falls within the top three worst performing health determinants for the borough.

health risk factor - 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 cancer screening, physical activity and smoking prevalence).

health services – a wide range of services which provide medical treatment and care to people from birth to the end of their life, including acute care (e.g. accident and emergency, surgery), primary care (e.g. general practice, community pharmacy, dentistry and eye health), community health (e.g. social care, sexual health, palliative care) and mental health (e.g. psychological therapies, alcohol and drug misuse services).

Intervention – a policy, decision or allocation of resources which could lead to improvement or deterioration in health assets, health infrastructure or health services and which may have a positive or negative impact on health determinants.

protected characteristics – the characteristics that are protected by the Equality Act 2010: age; disability; gender reassignment; marriage or civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

vulnerable groups – groups of people that, for certain reasons, may be more likely to be exposed to a change in a health determinant, or more likely to experience health outcomes (positive or negative) as a result of this change. These groups may include people on low incomes or living in poverty, or with specific characteristics that make them more likely to experience adverse effects (e.g. young children, isolated older people, ethnic minorities, people with disabilities, people who are homeless and people struggling with addiction and substance abuse).

The following acronyms have been used within this report and its appendices. Explanations for each acronym are also included in brackets at appropriate points throughout this report to aide understanding.

Acronyms	Definition
AQFA	Air Quality Focus Area
AQMA	Air Quality Management Area
ATOS	Access to Opportunities and Services
B&NES	Bath and North East Somerset
BAME	Black Asian Minority Ethnic
BHC	Before Housing Costs
CHP	Community Health Partnership
CIBSE	Chartered Institution of Building Services Engineers
CoT	Courses of Treatment
CPTED	Crime Prevention Through Environmental Design
CQC	Care Quality Commission
DHSC	Department for Health and Social Care
DoPH	Director of Public Health
ECMs	Energy Conservation Measures
EqIA	Equalities Impact Assessment
EYFS	Early Years Foundation Stage
FSM	Free School Meals
GLA	Greater London Area
GP	General Practitioner
HBAI	Households Below Average Income
HIA	Health Impact Assessment
HiAP	Health in All Policies
HIF	Housing Infrastructure Funding
HLA	Health Led Approach
HS2	High Speed 2
HUDU	NHS London Healthy Urban Development Unit
HWB	Health and Wellbeing Board
ICP	Integrated Care Partnership
IDACI	Index of Deprivation Affecting Children Index
IDAOPI	Index of Deprivation Affecting Older People Index
IIA	Integrated Impact Assessment
IMD	Index of Multiple Deprivation
IoD	Indices of Deprivation

Acronyms	Definition
LBE	London Borough of Ealing
LDPAC	Local Development Plan Advisory Committee
LEDU	London Estates Delivery Unit
LIP	Local Implementation Plan
LPPG	Local Planning Policy Guidance
LSOA	Lower Super Output Area
MOL	Metropolitan Open Land
NHS LIFT	National Health Service Local Improvement Finance Trust
NHS	National Health Service
NWL HCP ICS	North West London Health Care Partnership Integrated Care System
NWL ICS	North West London Integrated Care System
NWL CCG	North West London Clinical Commissioning Group
OADLTC	Older Adults, Disabilities and Long Term Condition
ODPB	Operational Delivery Partnership Board
OPDC	Old Oak and Park Royal Development Corporation
OPE	One Public Estate
PCN	Primary Care Network
PIP	Personal Independence Payment
PSDS	Public Sector Decarbonisation Scheme
PTAL	Public Transport Accessibility Levels
SBD	Secured By Design
SEND	Special Education Needs and Disability
SMR	Standardised Mortality Ratios
SPD	Supplementary Planning Documents
SPG	Supplementary Planning Guidance
STP	Sustainability and Transformation Partnership
TCPA	Town and Country Planning Association
UDA	Units of Dental Activity
VCS	Voluntary and Community Sector

12. Appendices

Appendix A: Baseline data

- Appendix A1: Baseline data profile for LBE and its neighbourhood areas
- Appendix A2: Spreadsheet summarising baseline data and sources (non-spatial and geo-spatial)
- Appendix A3: Health Study WebMap of geospatial data layers
- Appendix A4: Geospatial data files

Appendix B: Future growth and demand for health infrastructure and health services

- Appendix B1: HUDU modelling outputs for LBE, wards and neighbourhood areas 2022-2037

Appendix C: Policy and strategy review and evaluation

- Appendix C1: Spreadsheet summarising high level policy and strategy review and gap analysis
- Appendix C2: Policy and strategy review of NPPF, London Plan and Health and Social Care Bill
- Appendix C3: Summary of co-benefits of Health Study policy objectives

Appendix D: Case studies

- Appendix D1: Spreadsheet summarising rapid review of good and best practice case studies

Appendix E: Stakeholder engagement

- Appendix E1: Summary of stakeholder engagement methodology
- Appendix E2: Summary of stakeholder workshop comments and stakeholder survey responses
- Appendix E3 ‘Screen grab’ image of the workshop Miro board and pdf of survey form
- Appendix E4: Initial and revised HLA health asset evaluations for LBE and neighbourhood areas
- Appendix E5: Arup HLA Health Assets categories
- Appendix E6: Comparison of HLA health asset categories and Health Study policy objectives