EALING HEALTH AND WELLBEING
STRATEGY 2016-21

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Executive summary

Through this Health and Wellbeing Strategy, local partners are seeking to achieve the following long-term ambitions:

- Create and sustain good mental and physical health for children and adults at every stage of life
- Reduce health inequalities by improving outcomes for neighbourhoods and communities experiencing poor health
- Enable people of working age to participate as fully as possible in working life, to improve the health and economic outcomes for them and their families
- Enable everyone to be healthy and independent for as long as possible, helping to prevent or delay the need for social and acute care

At the heart of this Strategy is a desire to promote wellness, in its broadest sense, throughout Ealing’s population. For too long, the focus has been on the health and care needs of individuals, and on treating specific diseases, conditions or problems. There has been less emphasis on preventing ill health, and on identifying and using the vast array of assets that individuals, families, and communities can contribute to sustaining good health and wellbeing. Organising services and treatment around specific illnesses, rather than taking a holistic, person-centred approach, has often meant that care is fragmented and uncoordinated, and the underlying causes of poor physical health and mental ill health are not addressed.

We can no longer afford to take this approach. It is simply not viable to continue trying to respond to increasing demand for services, particularly at the expense of preventative action. We need to find ways to achieve better outcomes for individuals and their families, in a way that is financially sustainable and makes best use of the collective resources that all parties can contribute. This includes all Health and Wellbeing Board partners, local employers, schools/colleges, and residents and communities. Given the current financial climate, this needs to be far broader than monetary resources, taking advantage of all the other assets at our disposal.

This draft Strategy sets out how we propose to do this, based around four priority areas. These priority areas have been developed in a way that recognises and seeks to utilise the interconnected nature of people’s lives, and the wide range of factors that positively and negatively influence their health, wellbeing, and behaviour. In particular, we have taken on board the strong argument in the NHS ‘Five Year Forward View’ that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.\(^1\) Whilst this draft Strategy sets out our priorities it does not set out in detail how we plan to achieve them. This work will follow and be led by Ealing’s Health and Wellbeing Board.

The priorities and objectives also reflect ambitions in the London Health Commission report Better Health for London, as well as Sir Michael Marmot’s report Fair Society Healthy Lives. This concluded that reducing health inequalities would require action on six policy objectives:

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\(^1\) NHS: Five Year Forward View (2014) [Link](#)
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Our four priority areas for this draft Strategy are as follows.

**Firstly, we emphasise the collective nature of this Strategy, and the added value of working together to tackle challenging issues and improve outcomes.** There are many situations where a concerted effort, taken collectively by partners, is required. Every partner organisation, and every team and service area within those organisations, has a role to play in health and wellbeing. More work is required to ensure this happens.

**Secondly, we want to make more extensive use of educational settings and workplaces as health-promoting environments.** A lot of time is spent in these settings, and they can be hugely influential on behaviour. This makes them ideal places to implement a range of health-related measures. There is also considerable potential to use the Council, healthcare providers, other public services, and wider workforce to deliver basic public health messages and to engage residents in health change conversations.

**Thirdly, we want to address the broader social, economic, and environmental factors that can support people’s ability to be healthy and make changes to improve their health.** This includes healthy urban planning, and creating physical environments that make it easier for everyone to eat healthy food and take more exercise, and for older people to be independent.

**Finally, we want to encourage and enable people to be active managers of their own health and wellbeing, and to become resilient to the challenges life may bring.** This approach recognises that behavioural patterns contribute around 40 per cent to preventing premature death, and these patterns can be modified by changes in behaviour and lifestyle. Information and support to make these changes can come from a wide range of sources, including families and communities. Activities that promote wellbeing – so people feel good and function well – are an essential part of building healthy, resilient individuals and communities, and reducing inequalities.
1. Introduction

1.1 What is a Health and Wellbeing Strategy?

A health and wellbeing strategy is a long-term strategy for meeting the needs of the local population, as identified in the Joint Strategic Needs Assessment (JSNA). It is a statutory requirement, which is to be developed and delivered jointly by partners in Ealing’s Health and Wellbeing Board. These partners include Ealing Council, Ealing Clinical Commissioning Group (CCG), Ealing Community and Voluntary Service (ECVS), and HealthWatch Ealing.

Statutory guidance on health and wellbeing strategies highlights the importance of setting out a small number of key strategic priorities for action that will make a real impact on people’s lives. Strategies should translate JSNA findings into clear outcomes the Board wants to achieve, which will inform local commissioning – leading to locally-led initiatives that meet those outcomes and address the needs. Services and commissioning plans for CCGs and local authorities are required to take account of the priorities set out in their local strategy.

The priorities proposed in this draft Strategy have been developed by Health and Wellbeing Board members, based on an understanding of issues in the JSNA and wider factors, and the outcomes that they want to achieve for the borough. Engagement with service commissioners, providers and users has helped to inform these priorities.

Once the final Strategy has been agreed by the Board (in March 2016), it will inform decisions about the services commissioned and delivered by partner organisations. This means members of the public and services users will see a difference over the next few years.

1.2 Scope and context

This is a strategic document, which sets out the high-level objectives and possible actions in relation to four, broad priority areas. It does not provide detailed information about how the priorities will be delivered; these details will be contained in supporting strategies, and evidence-based implementation plans, service plans, and/or commissioning plans.

For Ealing Council, the Health and Wellbeing Strategy is one of four key strategies, along with growth, employment and skills; housing quality, affordability and supply; and place and public realm. This means the provisions in this new Strategy (once finalised) will direct all other related strategies and plans, and they will need to include cross-references.

There is also an expectation that Council and CCG plans for commissioning services will be informed by this Strategy. This includes strategies, plans, and services that are directly health-related, and

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3 The Local Government and Public Involvement in Health Act 2007, section 116B (as inserted by the Health and Social Care Act 2012, section 193) requires local authorities and CCGs, in exercising any functions and the NHS Commissioning Board, in exercising its commissioning functions in relation to the local area, to have regard to any JSNA and Health and Wellbeing Strategy that is relevant to the exercise of those functions.
those with an indirect connection, such as housing, employment and skills, children’s and adult services, and the Local Plan.

It is important to note that health and wellbeing strategies are not required to cover every health issue facing a local area. Statutory guidance emphasises that this is not about taking action on everything at once, but about setting a small number of key strategic priorities for action. Therefore, not all of the ‘needs’ that are highlighted in the JSNA will be addressed in this Strategy.

In addition, this Strategy has limited scope to directly influence matters where Ealing is part of a wider sub-regional network. For example, the main provider of mental health care in Ealing is the West London Mental Health NHS Trust. For some topics that benefit from collective action, Ealing CCG is part of the ‘CWHHE Collaborative’, a working partnership with Central London, West London, Hammersmith and Fulham, and Hounslow CCGs.

This draft Strategy has been developed within a local, regional, and national context, and an overarching legal framework. It has been informed by, and seeks to align with, the broader strategic priorities of Ealing Council and Ealing CCG, as well the NHS, London Health Commission, and Public Health England. Further details are provided in Appendix 1 and 2 on the wider legal and strategic context for this draft strategy.
2. **Prevalence and needs analysis**

2.1 **Health in Ealing and progress since the last Health and Wellbeing Strategy**

Ealing is the third largest London borough with a resident population in 2013 of 342,500 (based on the mid-year population estimates). There are more people aged 0-9 and 25-44 but fewer aged 50 or more compared to England. Over the next 20 years in Ealing, the number of children and young people is projected to grow by 16% and the number of residents aged 65 and over will increase more by 53%. These increases, particularly in the older population will increase the needs for both health and social services. Ealing is currently the third most densely populated Outer London borough, with 63 persons per hectare, and this adds to the challenge to maintain environment, community space, schools and public services.

Ealing is an increasingly diverse borough, with a steady rise projected for BAME groups at 53% (184,500 out of a total population of 350,900) and the white ethnic group at 47% (166400)\(^4\). Some health conditions are more prevalent in the BME communities highlighted. These include higher levels of mental health issues but lower levels of advice sought and higher levels of diabetes. South Asians are at increased risk of coronary heart disease (CHD) and stroke and are particularly prone to the metabolic syndrome. African-Caribbean people have less risk of CHD but greater risk of hypertension and stroke, lower awareness of cancer and low uptake of cancer screening.

Whilst Ealing is a prosperous borough with above average life expectancy, it includes wards with areas and estates amongst the 10% most health deprived in England, and levels of homelessness above the England average.

Some of the health challenges facing Ealing are highlighted below\(^5\):

- The excess weight prevalence rates among Ealing children aged 10-11 years (38.3%) is higher than the national average (33.5%), but on par with London levels (37.6%)(2013-2014);
- The percentage of people using space for exercise / health reasons (11.4%) is significantly lower than the national average (17.1%) but similar to London (11.8%).
- The incidence of tuberculosis in Ealing (65.3 per 100,000) is higher than London (35.4 per 100,000) and the national average (13.5 per 100,000);
- In 2015, the breast cancer screening rate in Ealing was (68.2%) compared to London (68.3%) and England (75.4%);
- The figures for cervical cancer screening show that in 2015 the rate in Ealing was (64.6%) compared to London (68.4%) and England (73.5%);
- Emergency hospital admission rates due to falls among older people in Ealing are higher than the national and London average and have risen since 2011/12.

In 2012, five priority areas were agreed by the Ealing Shadow Health and Wellbeing Board to improve health and reduce inequalities in Ealing. There have been improvements in all five priority areas, in particular improvements in school readiness, reductions in alcohol related hospital

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\(^4\) GLA Trend-based ethnic group population projections (Long term migration scenario); October 2015

\(^5\) Public Health Outcomes Framework, 2015
admissions, reduction in childhood obesity at reception age. However, challenges still remain, particular around obesity levels for older children and adults which are reflected in the key issues section of this new draft strategy. Appendix 3 provides further detail on improvements and achievements.

2.2 Stakeholder views

To develop this draft Strategy, we have sought views from a range of stakeholders on the priorities for action. Engagement exercises included:

- A survey of local stakeholders (HealthWatch members, ECVS partners, and the Ealing Residents’ Panel), which received 263 responses.
- Interviews with over 20 lead executives and decision makers from across the Council, CCG and voluntary sector.
- Discussions at partnership forums and with managers and front line staff.
- A focus group of service users.

The survey included a list of some of the key health issues in Ealing, and asked which ones were considered to be priority areas. All of the issues on the list received a rating average of six or above (on a scale from one to 10). The highest rated issues were:

- Improving the quality of life of older people.
- Improving the support, treatment and/or physical health of adults with mental ill health.
- Preventing diabetes.
- Improving children’s mental health and wellbeing.
- Reducing obesity in children.

The survey asked what would most help Ealing residents to improve or control their own health. The three most popular responses were:

- Access to specialist support/services (e.g. gyms/exercise programmes; weight loss classes; smoking cessation support).
- Better availability of cheap, healthy food.
- Fewer places selling unhealthy food.

We also asked what would help Ealing residents with long-term health conditions to live healthily and independently, and to self-manage their conditions. The three most popular responses were:

- Joined-up care services.
- Patient education / motivational training programmes.
- Local activities to enable healthy lifestyles.

6 In this question, people were asked to rate a list of issues in order of importance, on a scale from 1 to 10. Each response was given a rating average out of 10. There were 240 responses, 164 from the residents’ panel and 76 from local stakeholders.

7 In this question and the following question, people were asked to pick up to three answers from a list of options. There were 236 responses to each question, 160 from the residents’ panel and 76 from local stakeholders.
3. Key issues

Based on analysis of the JSNA, stakeholder engagement, and consideration of the broader context, we have identified the following key issues and opportunities to be addressed by this Strategy. These issues and opportunities represent a combination of the things we think need to change and the things that partners can influence directly and collectively.

There is an overarching challenge that faces health and social care services. Ealing, like the rest of England, is facing an increasing mismatch between needs and resources. Demographic factors are leading to rising demand for services at a time where resources to provide services are diminishing as the government seeks to reduce the national deficit. As the chart below indicates, this is estimated to be around £30 billion in the NHS alone by 2021/22, based on current demand patterns and likely available funding. The demand and funding profile is very similar for adult social care services. Clearly, this situation is not sustainable.

![Figure 1: Funding pressures on NHS services](image)

International studies suggest that behavioural patterns contribute around 40 per cent to preventing premature death, whereas healthcare contributes around 10 per cent - see diagram below. This means improving how people live their lives offers considerable opportunities for improving their health.\(^8\) Primary and secondary prevention, early intervention, and supporting self-care and behaviour change, throughout the life course, are key factors. The key issues that this draft strategy seeks to address and the rationale for choosing them are set out below.

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\(^8\) Public Health England: From evidence into action: opportunities to protect and improve the nation’s health (October 2014)
Key issue 1: Lifestyle factors – contributing to many major health conditions

- Obesity and poor diet in children and adults, linked with poor oral health in children:
  - Recent evidence indicates that poor diet is now the leading risk factor for ill health and mortality in England (along with smoking)\(^9\)
  - Obesity is a major risk factor for Type 2 diabetes, cardiovascular disease, certain cancers, musculoskeletal disorders, and many other significant health conditions
  - Reducing obesity is a priority for the Council and the NHS, as highlighted in many of the documents referred to earlier
  - Childhood obesity in Ealing is significantly worse than the England average (at Year 6), particularly in some parts of the borough, and prevalence is increasing (from 20.7 per cent in 2009/10 to 23.0 per cent in 2013/14)
  - Tooth decay in children (at age 5) is significantly worse in Ealing than the England average, and is linked with poor nutrition and high emergency admissions to A&E for young children

- Physical inactivity:
  - This is a significant risk factor for mortality; being active reduces the risk for many serious conditions and diseases, and can improve mental and physical health
  - Local activity rates have been fluctuating – in 2013 local performance was significantly worse than the England average, but this improved slightly in 2014
  - The JSNA highlighted the need to understand and remove the environmental barriers to being active, for all age groups and different population groups

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\(^9\) McGinnis JM, Williams-Russo P, Knickman JR: *The case for more active policy attention to health promotion* (2002)
• Smoking:
  o This continues to be a leading risk factor for ill health and mortality, and is a significant contributor to health inequalities – NHS England and the London Health Commission want there to be ambitious targets for reducing prevalence
  o Although considerable progress has been made with reducing overall smoking prevalence rates in Ealing, there are variations within the borough (see inequalities highlighted below)
  o It is estimated the total annual cost of smoking in Ealing is approximately £67 million. This includes £52 million due to lost productivity (early deaths, smoking breaks, and sick days), £8 million in costs to the NHS due to smoking-related disease, and £4 million spent on smoking-related social care

• Alcohol misuse:
  o There was a declining trend in alcohol-related admissions, but more recently this has begun to turn upwards. Ealing is higher than our statistical neighbours, London, and England averages
  o Alcohol-related mortality in men is consistently higher in Ealing than other areas
  o Over a quarter of our adult population drink more than ‘sensible limits’; many of these people do not realise they are risking their health

Key issue 2: Major conditions – contributing to the burden of ill health

• Diabetes:
  o Ealing has a higher prevalence of diabetes than the London and England averages – possibly due to demographic factors within the borough (see below)
  o Diabetes prevalence increased from 6.5 per cent in 2010 to 6.9 per cent in 2013/14, and is predicted to rise by 46 per cent by 2030 (according to the JSNA)
  o 60,000 people in Ealing are at high risk of developing Type 2 diabetes
  o Managing diabetes is challenging for individuals and their families; treating its consequences is very expensive for the NHS and social services

• Cardiovascular disease (CVD):
  o While there is lower prevalence of CVD in Ealing than the London and England averages, this is expected to increase over the next decade and many cases are undiagnosed
  o CVD is the highest cause of death, and under 75 mortality is higher than the London and England averages (though the trend is improving)
  o Ealing has the highest CVD elective admission rate in London, and many wards have far more admissions than expected

• Musculoskeletal disorders (MSK):

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11 ASH Ready Reckoner
12 For example, Diabetes UK has estimated that the NHS already spends around £10 billion a year on diabetes
The JSNA indicates that 30 per cent of people in Ealing suffer from lower back pain, and 10 per cent have hip or knee osteoarthritis. It also estimates that around 210,000 working days are lost per year due to back pain.

Musculoskeletal causes account for 68 per cent of chronic painful conditions; 87 per cent of people with chronic pain will have another significant medical condition.

The greatest burden from musculoskeletal disorders comes from the long-term morbidity due to pain and loss of function, leading to reduced quality of life. Data for London from the Global Burden of Disease shows that low back pain accounts for 10 per cent of all causes of Disability Life Adjusted Years (the gap between where we are now and normative health), making it the leading cause.

- **Mental ill health:**
  - Mental health problems make up 23 per cent of the total ‘burden of disease’ in the UK (compared with 16 per cent for cancer and 16 per cent for heart disease), and costs the economy an estimated £51.6 billion every year.
  - The NHS has an objective of putting mental health on a par with physical health, and closing the gap between people with mental ill health and the population as a whole.
  - Locally, there was a considerable increase in excess under 75 mortality in adults with serious mental illness (from 204.6 in 2009/10 to 334.6 in 2011/12, according to Public Health Outcomes Framework data).
  - The IAPT recovery rate in Ealing is lower than the England average.
  - The rate of hospital admissions due to self-harm is lower in Ealing than the London average, and the reasons for this are unclear.

**Key issue 3: Controlling personal health and the ability to self-manage**

- The JSNA notes that many people with long-term conditions do not feel supported to self-manage their condition.
- Providing better support for people with long-term conditions is an NHS objective and a local priority.

**Key issue 4: Particular neighbourhoods and population groups experiencing, or at greater risk of, poor health**

- Inequalities in smoking prevalence and access to cessation services:
  - There is a gap in smoking prevalence between the local population as a whole (14.8 per cent in 2013) and the routine and manual population group (21.4 per cent in 2013).
  - There are also differences between wards; the highest prevalence rates (above 21 per cent) were seen in five wards in Southall, and in Northolt West End.

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13 Mental Health Strategic Partnership: Building Resilient Communities (2013)
People with mental health conditions are twice as likely to smoke than the general public; 42 per cent of all cigarettes in England are smoked by people with mental ill health. The JSNA notes there are variations in access and referrals to smoking cessation support in Ealing; for example, younger smokers (aged 25 to 34 years) access services less frequently than older adults; BME groups may experience language barriers, and women are less likely to seek support due to cultural norms.

- Obesity: There are high levels of childhood obesity in particular wards – Acton, Southall, Greenford, Northolt, and Ealing – all of which are higher than the London and England averages.

- Variations in physical activity levels according to ethnicity:
  - Levels of physical activity show an association with ethnicity; most minority ethnic groups have relatively low rates of adherence to the Chief Medical Officer’s recommendations on physical activity for adults.
  - In Ealing, inequalities are greatest for South Asian women. For example, in a physical activity survey, only 11 per cent of Bangladeshi and 14 per cent of Pakistani women were reported to have done the recommended amounts of physical activity, compared with 25 per cent in the general population.

- Diabetes:
  - Prevalence is higher in areas experiencing deprivation; Ealing is the third most deprived borough in West London.
  - Prevalence is also higher in people from Black and Asian ethnic groups; 41 per cent of Ealing residents are from these groups.

- Musculoskeletal health inequalities:
  - Access to community MSK services is lower in areas with high deprivation and BME populations.
  - There are variations in referrals to community MSK interface services between GP practices in the east and west of the borough.

- Inequalities relating to mental health and wellbeing:
  - There is a clear link between social and economic inequalities and mental health problems; people living on the lowest fifth of household incomes are twice as likely to develop common mental health problems as those on the highest incomes.
  - Deprivation is associated with poor wellbeing; local data indicates there are low wellbeing scores in some of the more deprived wards of the borough (e.g. Northolt West End, Greenford Broadway, Norwood Green).
  - The JSNA highlights possible underreporting of depression in BME population groups.

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15 Department of Health: *General Practice Physical Activity Questionnaire* (DH Physical Activity Team, 2009)
Key issue 5: Quality of life for older people and their carers

- Social isolation:
  - Social contact for adult social care users is reported to be significantly worse in Ealing than the London and England averages (2013/14)
  - The number of older people living alone in Ealing is predicted to increase by 2020 (JSNA). The WISH study found that 12 per cent of older people felt lonely much of the time

- Health-related quality of life: Local levels are significantly worse than London and England averages, and have remained static since 2011/12

- Depression: The number of older people living with depression is expected to increase by 46.8 per cent by 2030 (JSNA)

- Injuries due to falls:
  - The JSNA predicts a 51 per cent increase in falls by 2030, with the highest rise being in people aged 85+
  - The Public Health Outcomes Framework indicates there was a steady increase in injuries due to falls between 2010/11 and 2012/13. This levelled off in 2013/14 in ages 65+, but continued to increase in the 80+ age group

Key issue 6: Wider determinants of health

- According to the Ealing Health Profile for 2015, local performance was significantly worse than the England average in relation to deprivation, children in poverty, statutory homelessness, and violent crime

- Fuel poverty – an indicator of wider factors, like deprivation and lack of income – was consistently worse than the London and England averages (2011 to 2013)
4. Priorities and objectives

The priorities and objectives that follow provide a summary of what partners want to achieve in relation to health and wellbeing, and why. They have been developed following consideration of the evidence base, key issues we are seeking to address in Ealing, and work that is already underway across London and within the borough (as outlined in sections 2 and 3 above). A focus on reducing health inequalities forms part of all the priority areas, and there are opportunities to target interventions at particular population groups and parts of the borough.

Taking forward the priorities in this Strategy provides an opportunity to think about how we might do things differently. This means there is potential to commission new programmes/activities, to modify existing approaches, and to stop doing certain things. This will be considered further as action plans are developed.

Some of the actions that might be taken to achieve particular outcomes are also provided below. These are suggestions for how the Strategy could be delivered, which should help to guide the development of the more detailed action and implementation plans that will follow.

In these priority areas and possible actions, we have looked for things that are likely to do one or more of the following:

- utilise collective effort/resource for greater impact;
- be feasible in terms of delivery;
- be affordable and demonstrate a good return on investment;
- address a gap in current provision/need;
- expand already effective programmes/services for greater impact; and/or
- develop an untapped opportunity.

The priorities, objectives, and outcomes that follow are intended to address one or more of the above factors, using a partnership-based approach wherever possible. The focus is on identifying new actions or expanding on already successful activities, rather than describing existing work. However, in some cases work is already underway that should contribute to one or more of the priority areas. Further information on work already planned please see Appendix 4.
Priority 1: Take a systems leadership approach to improving health and wellbeing across the borough

Why is this a priority?

Many of the issues that we face are extremely challenging, particularly those that require wide scale behaviour change to reduce the impact of lifestyle factors (such as obesity and smoking), addressing the wider determinants of health, and reducing inequalities within the borough. These are complex matters, requiring joined-up and integrated solutions.

Partnership working, and the coordination and alignment of activities, have the potential to deliver better outcomes for individuals/cohorts, to reduce duplication across organisations, and to end working in siloes. There are many areas where a concerted effort, taken collectively across and within all partners, is likely to have the biggest impact. To achieve this, all organisations (and teams within them) need to recognise the role they can play, and commit to taking action.

Discussions during the development of this draft Strategy have indicated the need for wholesale action and widespread commitment when it comes to tackling particularly difficult issues. It has also been suggested that there should be ambitious goals associated with these issues, to focus attention and ensure all partners and service areas prioritise this work and devote the resources needed to reverse current trends. The priority areas throughout this Strategy could all contribute to the achievement of such goals.

Through this objective we want to encourage a wide range of organisations to take collective action to achieve better outcomes – building on the added value offered by the existence of the new Strategy, and utilising the Health and Wellbeing Board to full effect.

Implementation in relation to this objective could be approached in various ways; for example:

- There could be a particular focus on:
  - tackling multiple issues that affect vulnerable people who are facing inequalities (to narrow the gap between them and the rest of the population);
  - aligning interventions around cohorts of people with high needs / high service use (who have multiple interactions with different services); and/or
  - taking a holistic approach to improve the care and outcomes for people with common mental health conditions.

- Outcomes-based commissioning offers an opportunity to consider and concentrate on the broader outcomes we want to be achieved for individuals or cohorts, rather than thinking about the provision of specific needs-based services in isolation. This is a person-centred approach, which is often used effectively to support people with complex long-term health conditions and/or adult social care needs. It relies on coordinated services and partnership working.

Many of the people who come into regular contact with local services are often facing multiple issues (directly and indirectly related to health and wellbeing), which are intrinsically linked. This means there is potential to apply the principles of an outcomes-based approach more widely.
• Commissioning for value could be used to identify priority programmes that offer the best opportunities to improve healthcare for local populations. This is about improving the value that patients receive from their healthcare and improving the value that populations receive from investment in their local health system.  

• Partnership working could include private sector organisations, as well as the public and voluntary sectors. It could be used to shape the market for adult social care, for example, by involving care providers in the co-production of sustainable care solutions.

There are also opportunities for public sector partners to make more extensive use of ‘social value’ approaches in their procurement activities, to improve the economic, environmental, and social wellbeing of local communities, and deliver value for money. Evidence indicates a range of benefits in embedding social value in commissioning, including improved service delivery, greater economic growth, greater engagement with the voluntary sector, improved wellbeing and quality of life, and an increase in the resilience of communities. In the longer term, there is potential to reduce health inequalities, and to reduce demand on health and other services.

Implementing and embedding social value involves making procurement decisions in a new way that ensures wider benefits are considered throughout the commissioning cycle. Key factors for success include ensuring strong leadership, involving a range of staff, reflecting and embedding within other priorities, working collaboratively with communities and providers, and strengthening partnerships across silos through integrated working.

**Key action 1: Work together to achieve challenging targets in a small number of key areas that will have a significant impact on major health conditions**

The areas proposed for joint working to achieve challenging targets are:

• Reducing childhood obesity;
• Reducing smoking prevalence;
• Increasing physical activity;
• Improving health-related quality of life for people with mental illness;
• Increasing social contact for older people and carers;
• Reduction in alcohol related hospital admissions;
• The widespread implementation of the ‘Making Every Contact Count’ (MECC) programme;
• Increasing the uptake of the London Healthy Workplace Charter by businesses.

Further detail on proposed targets is set out below in section 6.

Possible activities that could be explored by lead commissioners include:

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16 Commissioning for Value is a collaboration between NHS England, Public Health England, and NHS Right Care

17 The Public Services (Social Value) Act 2012 came into force on 31 January 2013. It requires the public sector to ensure that the money it spends on services creates the greatest economic, social and environmental value for local communities. It applies to local authorities, CCGs, acute trusts, other NHS organisations, fire and rescue services, education and early years services, police, housing associations, and government departments.

• **Commit to comprehensive, collective action to achieve ambitious goals and joint targets for specific key issues.** Components of this approach could include that:
  
  o targets are agreed, ‘owned’ and monitored by the Health and Wellbeing Board;
  
  o Board members each take the lead for particular targets;
  
  o this Strategy is used as the basis for unifying activity around common goals (improving partnership working);
  
  o the implementation plan for this Strategy clarifies what each organisation/team is responsible for leading and delivering, and how others will be involved (helping to reduce duplication);
  
  o co-commissioning is considered in relation to some target areas.

• **Develop and implement joint approaches to improve health and resilience, and/or reduce reliance on public services, in particular cohorts.** This could involve:
  
  o A range of activities that build resilient individuals and communities (as outlined in Priority 4)
  
  o Local implementation of the ‘Like Minded’ mental health strategy for North West London (once actions have been identified and developed)
  
  o A neighbourhood-based approach, such as improving health and wellbeing on social housing estates (links with Priority 3)
  
  o A cohort-based approach, focused on identifying people with high consumption of public services (such as unplanned hospital admissions), predicting future use, and then aligning a range of preventative interventions around that cohort
  
  o A cohort-based approach, focused on helping people affected by welfare reform
  
  o Trialling the use of outcomes-based commissioning in the Council and CCG – as a way to meet obligations under the Care Act, for example

• **Increasing ‘social value’ in Council and CCG procurement activities, including measures to:**
  
  o embed social value considerations throughout the commissioning cycle (including in the core requirements, contract notices, pre-qualification questionnaire, award processes, and throughout delivery and contract management, as well as through a prominent position in the pre-procurement process); and
  
  o ensure that local procurement decisions benefit local populations in addition to the direct benefit of the services being purchased.

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**Key action 2: Lead commissioners and partners understand the priorities in the Health and Wellbeing Strategy and that this informs planning, commissioning and decision making across the partnership**

A common message during development of this draft Strategy has been that more could be done to embed health and wellbeing within our organisations. This includes developing a general
understanding about opportunities to improve and promote health, wellbeing, and resilience through our work, and considering health implications during all planning and decision-making processes.

At a national level, Public Health England has initiated a work programme on ‘Health in All Policies’. This is seeking to harness the potential of diverse local authority policies and services to address the wider determinants of health. Health in All Policies is defined as “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity”. 19

Furthermore, there are new duties under the Care Act that need to be communicated, recognised, and embedded more extensively throughout our organisations – in relation to wellbeing, and preventing and delaying the need for care and support (the ‘prevention pathway’). This Strategy could be a useful mechanism for communicating information about partners’ new duties, and for getting teams/organisations to commit to embedding these things in their work.

There is currently a lot of information (and misinformation) about how to be healthy, but this does not always provide consistent guidance, and people may be overwhelmed with the amount of detail available. Within many service areas, there are staff who would like to consider and promote basic health and wellbeing messages, but they are unclear about what to say.

What is needed is a set of simple, key messages about health and wellbeing that could be:

- used consistently by all organisations when communicating with the public and other stakeholders; and
- referred to internally when developing policies, commissioning documents, contracts, etc.

Health and Wellbeing Board members have important roles to play in terms of communicating commitment to the implementation of the Strategy and helping their organisations to lead by example in a positive way. They can assist with securing commitment to the use of common health improvement and prevention-related messages across their organisations.

Possible activities that could be explored by lead commissioners include:

- General communication to improve the understanding of health, wellbeing, and resilience across organisations, so every team, service area, and councillor can recognising the part they can play
- Targeted communication about contributions and commitments specific teams can make – for example, running a series of workshops to: explain Care Act duties around wellbeing and consider how these apply across organisations; and/or to consider what different teams can do to support carers or to implement the social care prevention pathway
- Mental health, dementia and carers awareness training for staff and elected members

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• Public health specialists working closely with teams throughout the Council and CCG to provide a public health perspective in plans, commissioning documents, etc. (this could involve hot-desking, for example)

• Making changes to internal processes and report templates to embed considerations (and data) about health and wellbeing into decision making

• Using a ‘policy deployment’ tool to enable health and wellbeing objectives to be cascaded throughout the Council/CCG and translated into service plans

• Ensuring a ‘Health in All Policy’ approach is being taken systematically, using the Local Government Association’s peer review or facilitated self-assessment tools, and other national guidance

• Developing a set of common messages about health and wellbeing (including health improvement and prevention, mental wellbeing and resilience, and Care Act duties), which all partners commit to using

• Health and Wellbeing Board members ensure these messages are used throughout their organisations.

**Key action 3: Continue to develop a joint approach to service integration and prevention for people with complex needs.**

A significant work programme is already underway looking at the integration of health and social care services. This is an important new model for delivering care, which places the individual and their needs at the centre, and makes sure the whole system’s resources are directed at those needs. Taking a person-centred approach moves away from disease-specific or organisation-specific care, and has the potential to reduce duplication and improve the efficiency and effectiveness of services.

There are opportunities to learn from existing work, and consider how to expand this model to other cohorts. The aim would be to provide holistic, person-centred care to other priority groups, where there is added value in collaboration across services and potential to achieve better outcomes for individuals. Priority groups that are likely to benefit the most from an integrated service approach include:

• children aged 0 to 5;
• people with long-term conditions;
• frail elderly people;
• people with dementia.

**Key action 4: Quickly identify people with common mental illnesses and improve quality and availability of appropriate support.**

Mental health has been identified as a key issue in Ealing, and features in many of the priority areas in this Strategy. It is essential that we deal with prevention as well as supporting people with existing mental health conditions. There is a growing evidence base around the use of psychological
treatments and education to prevent mental health problems. Some people are at particular risk of developing common mental health conditions during periods of stress or change, such as following a diagnosis of a long-term health condition, following the birth of a child, or after moving into a residential care home. Simple, cost-effective interventions have been shown to reduce the likelihood of developing depression, and reduce stress and anxiety.  

‘Like Minded – Working together for mental health and wellbeing across North West London’ is a significant programme of work is underway to improve mental health services in the sub-region.

The prevalence of mental health issues amongst young people is also high in Ealing and amongst the North West London boroughs (at 9.5%, June 2015). The NHS England/Department of Health publication “Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing” sets out the national vision and ambition for children’s mental health services. Its recommendations relate to work at national and more local levels.

“Future in Mind” is a five year improvement plan covering the period 2015 to 2020. It covers all aspects of children’s mental health and service delivery at universal. Part of the guidance is for local areas to develop Local Transformation Plans to support improvements in children and young people’s mental health and wellbeing. The guidance sets out the expectation that Clinical Commissioning Groups will work with Health and Wellbeing Boards and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, Local Authority, Youth Justice and Education sectors to develop the Plan.

Possible activities that could be explored by lead commissioners include:

- Implementing proposals in the North-West London strategy for mental health – ‘Like Minded’;
- Exploring ways to help people at risk of poor mental health/wellbeing to build their psychological coping skills (including people who are isolated, such as the elderly and new parents, the unemployed, carers and people with long-term physical health conditions)

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20 Mental Health Strategic Partnership: Building Resilient Communities (2013)
21 http://www.healthiernorthwestlondon.nhs.uk/mental-health
Priority 2: Take every opportunity to improve health and wellbeing through contacts with residents and in key settings such as schools and the workplace

Why is this a priority?

Primary and secondary prevention are an integral part of this Strategy. This priority area utilises educational and workplace settings to support children, young people, and working-age adults to:

- improve their overall health, wellbeing, and resilience;
- prevent poor health, by developing healthy preferences and making lifestyle changes;
- (for adults) remain in employment during periods of illness.

There is a particular focus on encouraging behaviour change in relation to several of our key issues: improving diet, nutrition and physical activity, and reducing obesity, alcohol misuse, and smoking. Supporting people with, or at risk of, common mental health conditions (such as anxiety or depression) is also an important element.

Many people spend a lot of their time in educational or workplace settings, making these ideal places to employ health improvement measures. Schools are a particularly influential setting for young children, which can be used to implement a range of actions to improve diets and exercise, and to help students to develop resilience and healthy preferences that can endure throughout their lives. Improving the health of our students and workforces also provides opportunities to extend the impact to their families and communities.

The NHS is a significant employer, with potential to do more to support health improvements in its own workforce. This was highlighted in the NHS Five Year Forward View, which stated:

- While three quarters of NHS trusts say they offer staff help to quit smoking, only about a third offer them support in keeping to a healthy weight. Three-quarters of hospitals do not offer healthy food to staff working night shifts.
- It has previously been estimated the NHS could reduce its overall sickness rate by a third – the equivalent of adding almost 15,000 staff and 3.3 million working days, at a cost saving of £550 million.\(^{22}\)

That document also notes the intention to pursue several initiatives to improve health and wellbeing across the NHS, including:

- Cutting access to unhealthy products on NHS premises, implementing food standards, and providing healthy options for night staff.
- Measuring staff health and wellbeing, and introducing voluntary work-based weight watching and health schemes (which international studies have shown achieve sustainable weight loss in more than a third of those who take part).

\(^{22}\) NHS Five Year Forward View, page 12
• Supporting “active travel” schemes for staff and visitors.
• Ensuring NICE guidance on promoting healthy workplaces is implemented, particularly for mental health.

These are workplace-related initiatives that could be considered by other Health and Wellbeing Board partners as well – particularly in relation to demonstrating full commitment to the ethos of the London Healthy Workplace Charter. There is also considerable potential to train the Council, CCG, and wider local workforce to deliver public health messages across our communities, using the ‘Making Every Contact Count’ approach.

**Key action 5: Our early years offer provides a comprehensive range of support to give children the best start in life and looks for opportunities to improve the health of the whole household and that healthy behaviours are embedded on into schools and further education**

Our early years offer provides a comprehensive range of support to give children the best start in life and looks for opportunities to improve the health of the whole household and that healthy behaviours are embedded on into schools and further education.

Giving children the best start in life is a core component of recommended approaches to reducing health inequalities. In relation to nutrition, this can be achieved in part by helping children to establish healthy eating patterns and food preferences from an early age. The promotion of breastfeeding, and nutrition counselling for pregnant women, new parents and caregivers, are potential mechanisms for affecting early feeding practices. Nutrition counselling/education can also encourage families to change their own food preferences, affecting what children will go on to eat and drink as they grow up.

Reducing childhood obesity and improving oral health are key issues for this Strategy. Research into obesity has emphasised that schools and early years settings are influential places for young children, which can help them to develop healthy behaviours. Specific actions to improve diets in these settings include: the provision of fruits and vegetables; food-based and nutrient-based standards for the meals available in schools; changes to presentation and financial incentives for food choices at point of purchase; and nutrition education for students, teachers, and catering staff.\(^{23}\)

In September 2015, changes to the common inspection framework used by Ofsted for all early years settings, schools, and further education providers came into effect. This now includes judgements on personal development, behaviour and welfare. It involves looking at the extent to which providers are successfully supporting students to gain knowledge about how to keep themselves healthy, including through healthy eating and exercising. Inspectors will be looking for evidence of this ethos throughout their visit, in classrooms as well as canteens. They will look at the food on offer, the atmosphere, and the breadth of the curriculum.

There is potential to use changes to Ofsted inspections as a basis for encouraging all education settings to do everything they can to support health and wellbeing.

Possible activities that could be explored by lead commissioners include:

- Using changes to Ofsted inspections as a basis for ensuring all education settings are doing everything they can to support health and wellbeing, and to change unhealthy behaviour, including:
  - Providing healthy food to children and young people
  - Reducing access to, and/or disincentivising consumption of, unhealthy food and drink
  - Providing healthy eating education for children, their families, teachers, and catering staff
  - Promoting a culture of exercise
  - Messages to prevent smoking and alcohol/substance misuse
  - Awareness-raising in relation to mental health issues
  - Helping children and young people to build resilience

- Using the Council’s role in the development and/or financing of education facilities to build in health promotion provisions

- Piloting a scheme of ‘mini’ health champions / peer support networks within schools to increase healthy eating and drinking, and physical activity

Case study – Reducing childhood obesity

In 2007/08 40% of year 6 pupils at Berrymede Junior School were either overweight or obese. The school looked into what was happening and a number of issues were highlighted that contributed to this issue:

- 23% exercised everyday
- 38% ate sweets on at least 2-3 days a week
- 27% ate 5 portions of fruit and vegetables a day
- 11% ate no fruit or vegetables
- 34% had a filling last time they’d visited the dentist

To tackle this, the school focussed on getting pupils active so a dedicated PE teacher was employed who carried out two hours of high quality PE. New play equipment and facilities supported pupil activity with competitions to encourage this. Teachers were also trained to bring health and wellbeing elements in their lessons.

So far, a number of benefits have been noted including a positive change in behaviour towards physical activity and healthy eating, improved concentration, mood and attainment amongst pupils in class. By 2013/14, the weight of year 6 pupils had reduced by 5% from the 2007/2008 figure to 35%. Significantly, Berrymede Juniors was the one of only two schools in Ealing to see a reduction in the weight of its pupils over this period.

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24 (NCMP 2007/08).
**Key action 6: A wide range of Ealing employers adopt the London Healthy Workplace Charter, to improve workplace-based health and wellbeing for employees across the borough**

Work plays a key role in helping people to be in good mental and physical health. Evidence suggests that healthy workplace programmes can encourage positive lifestyle changes. We spend 60 per cent of our waking life at work. Of Ealing residents in work, 26 per cent of them work in Ealing. Therefore, a significant improvement in the health of Ealing’s workforce will benefit the health of the borough’s population.

The aim is to create and sustain healthy workplaces across Ealing, starting with Health and Wellbeing Board and LSP partners. The London Healthy Workplace Charter is a potentially useful mechanism for achieving this objective. The Council has already been accredited under this scheme.

As noted above, the NHS *Five Year Forward View* emphasises that the NHS needs to do more to support employees to be healthy. Healthy workplaces make economic sense. The Charter has estimated a return on investment of £9 for every £1 invested, as a result of reduced sick leave and staff turnover and increased productivity.

Given that Council and NHS venues are workplaces, as well as places that might be visited and used by children and young people, NICE quality standard 94 (referred to in Priority 3 below) has broader applicability. It could be used to encourage healthy behaviour in employees, as part of approaches to supporting weight management and lifestyle changes.

The Health and Wellbeing Board needs to work with the Local Strategic Partnership to identify and progress ways to increase uptake London Healthy Workplace Charter in member organisations, and more widely across Ealing employers.

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**Case study – Healthy Workplace Charter**

Danone has four business divisions operating in the UK. Ealing has been the base for the Waters and Dairy operations since 2001. There is around 200 staff across the two divisions in the Ealing office with a range of different roles and responsibilities. Danone achieved accreditation to the London Healthy Workplace Charter in March 2015. James Pearson, the Managing Director of Danone said, ‘Signing up to the Charter has been very beneficial – it has given us a framework to work from, and has allowed us to pull together all the initiatives we currently do and what we could do in the future to improve health and wellbeing for our staff. It helped us to identify some gaps which we did have in our policies. It has also given us some new ideas and ways of communicating with our staff to ensure everybody knows about health and wellbeing and that the messages are embedded throughout the organisation. It was motivating and rewarding for the HR team to see the value of their work recognised externally’.
**Key action 7: ‘Making Every Contact Count’ is embedded across the Council and CCG and is used in a wide range of other public, private and community settings**

The NHS Mandate for 2015/16 includes an objective for NHS England to focus on preventing illness, with staff using every contact they have with people as an opportunity to help them to stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more.\(^\text{25}\) This approach is also being championed by the Local Government Association (LGA).\(^\text{26}\)

Ealing Council is starting to roll out ‘Making Every Contact Count’ (MECC), focusing on healthy eating, physical activity, smoking, alcohol/drugs, and mental health. MECC is an evidence-based, cost and clinically effective initiative, which is starting to be widely used by health and wellbeing partners across England. It involves training the wider public sector workforce to deliver basic public health messages and to engage residents in health change conversations.\(^\text{27}\)

Staff throughout the Council and CCG (and in the services we commission) come into contact with a significant number of local residents every day, providing multiple opportunities to encourage them to make positive lifestyle changes. The aim is to equip these staff with the skills to start conversations and provide brief advice/interventions.

There are a range of short and longer term benefits associated with implementing MECC, including financial, efficiency, and service user benefits. MECC training is also advantageous to staff: evaluations have shown that many of those trained improved their own health behaviours as a result, and applied their new skills to family and friends.

**Possible activities that could be explored by lead commissioners include:**

- **Expand and embed the use of ‘Making Every Contact Count’ across and within Health and Wellbeing Board partners, and external service providers, by:**
  - Securing senior-level buy-in, backed up with targets for the number of staff trained per year (linked with ambitious targets in priority 1)
  - Managers committing to ensuring all staff who want to do basic MECC training can do so, and will use what they have learned to train members of their team
  - Councillors committing to doing basic MECC training, so they are comfortable encouraging people they meet to take action to improve their health
  - Creating MECC champions within each organisation
  - Including MECC requirements in Council and CCG commissioning documents and contracts with providers (with targets for the percentage of contracts that will include these requirements)
  - Including requirements to do MECC training in the contracts of front line staff

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\(^{26}\) For example, in the Local Government Association report, *Making every contact count: Taking every opportunity to improve health and wellbeing*

\(^{27}\) According to case studies collected by the Local Government Association, in some places between 1,000 and 2,000 staff have been trained in MECC, including people working in the Fire Service, Police, and libraries
• Make more extensive use of MECC in the wider health and public service workforce, such as:
  o Other LSP members – encouraging Police and Fire Service to use MECC
  o Pharmacies – publicising local health initiatives; using deliveries of prescriptions to people’s homes as opportunities to notice health issues, isolation, etc. and signpost to support services
  o Dentistry – training dentists and hygienists to understand the underlying causes of poor ill and inequalities, and to offer brief advice / signposting to support services

• Ensure the importance of making every contact count for wellbeing is widely understood, by:
  o Providing training on mental health, the five ways to wellbeing, and resilience to frontline staff, community groups, elected members, faith groups and service providers; and
  o Including training requirements in service level agreements

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**Case study – Make Every Contact Count,**

Posy Zawalynski from Ealing Council’s Public Health team told us about her experience of Making Every Contact Count:

“After being shown the 5 ways to wellbeing, I started to think if they really worked. I had some spare time in the evenings through the week so thought I would try out one of the 5 ways to wellbeing (which is taught on MECC), which is about ‘connecting’ and ‘learning’ and ‘trying something new’. I decided to join a classical music group because I had done a lot of that when I was at school, and thought it would be good to pick it back up. The thought of going alone every week (especially when it’s cold and wet) became a little onerous, but it made me feel so much better to go and use my time learning something different. I met lots of new people which made me feel really good and of course the Xmas concert in December gave me something to work towards and gain a sense of achievement. So for me, I felt this way to wellbeing definitely worked.

Coincidentally, a friend was feeling a little flat... so I thought I would put my 5 ways to wellbeing to good use. I told her about them in quite a relaxed manner, so not to scare her off... and I suggested she join a group to boost her mood a little, in something she feels confident in but a new environment too, because it worked for me. She suggested going to the gym but I tried to put her off as that wouldn’t involve interacting with others. So a few weeks later I assumed she had ignored the suggestion, but she told me she had joined the running club on a Wed eve and is loving it. Just like me – the thought of having to go every week is hard, but she forces herself to and always enjoys. Her decision to go actually combines 2 of the ‘ways to wellbeing’ as she connects with others, and also exercises. I hope she spreads the 5 ways to wellbeing to friends too, because that’s the whole idea of MECC.”
Priority 3: Create and sustain an urban environment that helps people to make healthy choices

Why is this a priority?

The NHS Five Year Forward View set out three gaps the health service must close in order to be sustainable into the future, and how this might be achieved:

- The health gap – by radically upgrading prevention efforts.
- The care gap – by redesigning how health and social care services are delivered, through a New Models of Care programme.
- The financial gap – by delivering efficiencies of 2 to 3 per cent across the NHS’s entire funding base by 2020/21.

Measures to build strong communities and create healthy places to live can contribute to each of these three gaps. Good urban and housing design can promote healthy lifestyles, help to prevent illness, and keep older people independent and healthy. New developments provide opportunities to reshape health and care services. By keeping people well and providing services in better, more productive ways, healthy places to live can also contribute to the long-term financial sustainability of the NHS.28

The environment in which many people live, and their social circumstances, can limit their ability to make healthy choices and develop healthy preferences – contributing to poor diets and inactive lifestyles. Research into the prevention of obesity emphasises the need to provide an enabling environment for healthy preference learning and the expression of healthy preferences, and to help people to overcome barriers to this.29 This evidence also suggests that people who have already developed unhealthy preferences struggle to make healthier choices, but these choices can be shifted through changes in the way food is priced, presented, and made available.

Health and Wellbeing Board partners have many opportunities to create healthier places, through our role in urban planning, regulatory actions and decisions, and in our own infrastructure and venues, for example.

Key action 8: Through planning, regeneration and urban design we create healthy places to live from the outset

The National Planning Policy Framework (March 2012) promotes a collaborative approach to health and planning. Local planning authorities should work with public health leads and health organisations to understand and take account of the health needs/status of the local population, and the barriers to improving health and wellbeing. To help support this collaborative approach to urban planning, and ensure the health and wellbeing implications are consistently taken into

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28 NHS: The Forward View into Action: Registering Interest to Join the New Healthy Towns Programme, page 2
account, the NHS has created a Healthy Urban Planning Checklist. Healthy urban planning aims to promote healthy, successful places for people to work, live, and be active, and to influence the social, economic, and environmental determinants of health. The Checklist is divided into four key themes: healthy housing; active travel; healthy environments; and vibrant neighbourhoods.

Good planning and high quality urban design can help reduce healthcare costs over time by preventing ill-health from risks attributed to urban planning (including pollution, social isolation, excess winter deaths, obesity, and conditions related to physical inactivity and poor diet). Conversely, poorly planned and designed buildings and spaces can deter healthy, active lifestyles and exacerbate poor physical and mental health. For each of its four key themes, the Checklist highlights the connections between planning issues and health and wellbeing issues.

The NHS Five Year Forward View noted that “new town developments and the refurbishment of some urban areas offer the opportunity to design modern services from scratch, with fewer legacy constraints – integrating not only health and social care, but also other public services such as welfare, education and affordable housing”.

As part of work to put the Five Year Forward View into action, a programme has been developed to identify and support innovative approaches to urban planning (the ‘NHS Healthy Towns’ programme). This highlights a number of opportunities to improve health, wellbeing and independence by shaping the built environment, including:

- Building healthier homes and environments that support independence at all stages of life, such as exploring ways of integrating housing, care, and communities to keep people independent and in their own homes, and designing-in the use of new digital technologies.
- Tackling unhealthy (and “obesogenic”) environments by creating walkable neighbourhoods, delivering radically improved infrastructure for safe active travel and more accessible public transport, and by providing easy access to healthy and affordable food in the local area.
- Creating connected neighbourhoods, strong communities, and inclusive public spaces that enable people of all ages and abilities from all backgrounds to mix.
- Considering how to make better use of underutilised NHS estate.
- Sharing land and buildings infrastructure such as new NHS clinics, schools, police and fire stations, and other public services.
- Designing healthy workplaces, schools and leisure facilities that make the most of opportunities to encourage physical activity, healthy eating and positive mental health and wellbeing.
- Implementing a new ‘operating system’ for health and care that achieves “triple integration” between primary and secondary care, mental and physical health, and health and social care.

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31 NHS: The Forward View into Action: Registering Interest to Join the New Healthy Towns Programme, page 3
32 Examples include ‘dementia-friendly’ design, or ensuring that public spaces include features such as public toilets or benches that can make the difference between people being able to get out and about and being confined to their homes.
Possible activities that could be explored by lead commissioners include:

- The Healthy Urban Planning Checklist is used routinely to ensure health and wellbeing issues are embedded into the Local Plan, neighbourhood plans, and major planning applications
- Components of the ‘Healthy Towns’ programme (as outlined above) are considered and applied to planning and regeneration projects/decisions (this could include exploring opportunities for the NHS and other public services to share new or existing buildings)
- Council public health specialists advise planning teams on the creation of health-promoting (non-obesogenic) developments and environments
- A concerted neighbourhood-based approach to improving health and wellbeing on social housing estates
- Supporting people to stop smoking (and preventing children from starting in the first place) by implementing a voluntary smoking ban in some public outdoor environments – such as parks and outside schools

**Case study – smoke free playgrounds**

Ealing council has introduced a voluntary ban in children’s play areas across 65 parks in the borough. 10 signs were produced that display a clear message ‘Please do not smoke around our play areas’ and will be rotated on a weekly basis across the 65 parks. The signage supports children to encourage parents and visitors to avoid smoking around the play areas. The voluntary measure encourages people to think about the implications of smoking near play areas, such as children seeing the act of smoking as normal and harmless activity. The ban is introduced ahead of Ealing Council’s Environment Team planning to redesign their park signage to include the internationally recognised no-smoking sign.

**Key action 9: Use our powers and influence over the wider urban environment to increase the availability of healthy food and drink options, particularly in areas of deprivation**

Poor diets and poor nutrition are key contributors to overweight, obesity, and tooth decay. The impact of alcohol misuse is far reaching, affecting health, crime, the economy, and society. Improving diets/nutrition and reducing alcohol consumption are integral to preventative approaches and an important element of this draft Strategy.

The local food environment plays as important part, as it affects food and alcohol availability, and the ability to make healthy – and less healthy – choices. Influencing the availability, presentation, and prices of healthier options can encourage consumers to reassess their preferences and make alternative choices.

Obesity prevention researchers have argued that local authorities should regulate to prevent positioning of unhealthy food outlets where children gather. The London Health Commission suggested that local authorities should be influencing what food is available in local shops and restaurants. It recommended, for example, introducing mandatory traffic light labelling and
nutritional information on menus in all restaurant and food outlet chains in London, by using local authority byelaw and licensing powers.\textsuperscript{33}

Health and Wellbeing Board partners have a key role in enabling healthy choices and encouraging behaviour change relating to food and alcohol. In particular, we can help to create environments that help children and young people to develop healthy behaviours and preferences, and to become resilient and able to resist pressure to eat unhealthy food. This can be achieved through measures to influence the external food/drink environment, as well as through school and workplace based measures (as outlined in Priority 2).

A potential lever – and one that we can control directly – is the food and drink that is available at Council and NHS venues. In July 2015, NICE published quality standard 94, \textit{Obesity: prevention and lifestyle weight management in children and young people}. The quality statements in this document include that:

- Children and young people, and their parents or carers, using vending machines in local authority and NHS venues can buy healthy food and drink options. (Rationale: the environment in which people live influences their ability to achieve and maintain a healthy weight. Local authorities and NHS organisations can set an example by providing healthy food and drink choices at their venues.)

- Children and young people, and their parents or carers, can see details of nutritional information on menus at local authority and NHS venues. (Rationale: providing details about the nutritional content of food enables people to make an informed choice when choosing meals. This information will help them achieve or maintain a healthy weight by enabling them to manage their daily nutritional intake.)

- Children and young people, and their parents or carers, can see healthy food and drink choices displayed prominently in local authority and NHS venues. (Rationale: local authorities and NHS organisations can set an example by ensuring that healthy food and drink choices are promoted in their venues. Prominent positioning will help to ensure people consider healthier options when they are choosing food and drink.)

Possible activities that could be explored by lead commissioners include:

- \textit{Regulating to prevent the positioning of unhealthy food outlets where children gather (expanding on current approaches limited to 400 metres around schools)}

- \textit{Providing incentives to attract retailers of healthy food to under-served, low-income neighbourhoods and/or to encourage existing retailers to offer more healthy products}

- \textit{Implementation of the Outdoor Drinking Strategy to develop focused initiatives to combat street drinking}

- \textit{Considering local health data during licensing decisions}

\textsuperscript{33} London Health Commission: \textit{Better Health for London}. The report explains that these initiatives would be likely to be popular among Londoners – 73 per cent of those polled said they would support restaurants and takeaway chains having to display nutritional information about calories, salt and fat; 82 per cent said such labelling would encourage them to choose healthier options.
• Increase healthy food options on Council and NHS premises, and make unhealthy options less prominent (including by providing nutritional information on menus, offering healthy products in vending machines, and more prominent display of healthy options – thereby applying NICE QS 94)

• Implement NICE guidance on promoting healthy workplaces, including for mental health

• Introduce voluntary workplace-based weight watching, exercise, and smoking cessation schemes in the Council and CCG

• Develop / support “active travel” schemes for staff and visitors
Priority 4: Support residents and communities to manage their health, prevent ill health and build resilience

Why is this a priority?

Building resilient individuals and communities is integral to delivering this Strategy, and will help to address many of the key issues we are facing – including those relating to mental health and wellbeing. Resilience is the capacity of people to confront and cope with life’s challenges, and to maintain their wellbeing in the face of adversity. Wellbeing is made up of two key elements: ‘feeling good’ and ‘functioning well’.  

Self-care is an important part of primary and secondary prevention, which can range from making dietary choices to learning strategies that enable the effective management of long-term conditions. However, many people do not know how to actively manage their own health. Evidence suggests, for example, that population groups with limited financial and/or social resources have low levels of health literacy and are unable to make use of everyday health information.

Many health conditions can be prevented, or their onset delayed, through lifestyle changes. As noted earlier, behavioural patterns contribute around 40 per cent to preventing premature death. Eating a poor diet, being overweight, obese, and physically inactive, smoking, and drinking more than the recommended amounts of alcohol, are all contributory risk factors.

These are lifestyle changes that individuals have to make for themselves, though they may need to be alerted to the health risks they are facing first, and be given advice and support to alter their behaviour. This support can come from a range of sources, including families, communities, faith groups, employers, the voluntary sector, and public sector organisations, and from specialist programmes and services. Knowing when, and from where, to seek the right sort of care and support is crucial.

Self-care is essential for people with long-term health conditions, yet the proportion of patients in Ealing who feel supported to self-manage their condition(s) is the eleventh lowest nationally. It is estimated that there are over 66,000 adults with one or more long-term condition in Ealing. People with long-term conditions are the most frequent users of health care services, accounting for 50 per cent of all GP appointments and 70 per cent of all inpatient bed days. Active support for self-management has been identified by the King’s Fund as one of the top 10 priorities for commissioners transforming the health care system.

In Ealing, cancer caused 1,573 deaths during 2011-13, with 824 deaths in men and 749 in women. Over half (51.4%, 809) of cancer deaths were premature (under 75) with 442 in men and 367 in women. There are 10% more cancer deaths in men and 20% more premature cancer deaths in men.

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34 Mental Health Strategic Partnership: Building Resilient Communities (2013)
35 Public Health England and UCL Institute of Health Equity: Local action on health inequalities – Improving health literacy to reduce health inequalities (Practice resource summary, September 2015) This notes, for example, that 42 per cent of working age adults are unable to make use of every day health information.
36 Figures referred to in the draft Ealing Self-Care Strategy (version 8, August 2015)
37 King’s Fund: Transforming our health care system – Ten priorities for commissioners (June 2015)
compared to women. The commonest causes of premature cancer deaths are lung cancer (315), colorectal (157) breast (151) and prostate (107) with only 7 due to cervical cancer. The remainder (836) deaths are caused from other cancers. Early detection of cancer is an issue in Ealing and although NHS England commissions breast, bowel and cervical screening services, there is currently low uptake of screening amongst certain groups:

- Breast, cervical and bowel cancer screening programmes all show higher participation in more affluent areas.
- For cervical cancer, ethnicity is the most important predictor of participation.
- Men are less likely to accept an invitation to participate in bowel cancer screening than women, even though they are at higher risk.
- People with other health problems are less likely to participate in cancer screening, in particular people with learning disabilities or mental health problems.

Supporting self-care, particularly for people with long-term conditions, is already being prioritised in Ealing. A self-care strategy is being developed, and its implementation should have a positive impact on many issues highlighted in the JSNA and in this draft Health and Wellbeing Strategy. This Strategy complements and reinforces the self-care agenda, but does not seek to duplicate the contents of the self-care strategy. Rather, it focuses on some of the broader factors that can support individuals and communities to actively manage their health and improve their wellbeing and resilience.

**Key action 10: People at high risk of developing major physical health conditions are identified early and able to access appropriate support.**

Primary and secondary prevention are vital if we are going to reduce the demand for health and social care services, and tackle the increasing burden of avoidable illness. The objectives, outcomes, and possible actions throughout this draft Strategy have all been designed with this in mind.

Prevention is a key feature of the Care Act 2014. This new legislation introduced duties on local authorities to provide services that prevent care needs from becoming more serious, or delay the impact of care needs. In Ealing, work is already underway to reconfigure adult social care services in this way.

Diabetes is also a key issue. Prevalence in Ealing is relatively high and increasing steadily, and 60,000 residents are at high risk of developing Type 2 diabetes. The NHS and Public Health England have recognised that more needs to be done to prevent this condition, and work is underway to design a national, evidence-based Diabetes Prevention Programme. This programme will help people who are at high risk of getting Type 2 diabetes to become healthier, lose weight, and become more active in a structured way, supporting long-term behaviour change.

Lifestyle changes of this kind can reduce the risk of, and lessen the impact of, many other health conditions that are significant in Ealing, including MSK and CVD. They can also help with the self-management of long-term conditions, improve aspects of mental ill health, and enable older people to maintain their independence.
Some people need support from specialist services or programmes that help them to make lifestyle changes, prevent poor health, and develop their psychological coping skills. This applies to people who are at an increased risk of developing significant new health conditions, and to people with existing conditions to help them manage those conditions effectively and to reduce the risk of complications.

Possible activities that could be explored by lead commissioners include:

- Making sure residents are aware of all existing opportunities to make lifestyle changes, and reviewing whether additional support programmes/services are required
- Taking advantage of the opportunities offered by the national procurement of a Diabetes Prevention Programme, once this is rolled out
- Implementing proposals in the draft self-care strategy relating to rolling out motivational training / expert patient programmes
- Implementing proposals in the North-West London strategy for mental health – ‘Like Minded;’
- Exploring ways to help people at risk of poor mental health/wellbeing to build their psychological coping skills (including people who are isolated, such as the elderly and new parents, the unemployed, carers and people with long-term physical health conditions)
- Development of ‘healthy lifestyle hubs’ (possibly based around GP practices), particularly in areas with health inequalities

Key action 11: Identify and support the skills, knowledge, connections and capacity within communities to make them more resilient and to reduce inequalities;

We want to encourage and enable people to be active managers of their own health and wellbeing, and help to build resilient communities. In particular, we are seeking to make greater use of the assets and social capital that individuals and communities have at their disposal. Assets are the collective resources that can protect against negative health outcomes and promote health status. They are the part of every person, but are not necessarily recognised or used purposefully.

An asset-based approach makes visible and values the skills, knowledge, connections and potential in a community, and promotes capacity and social capital. This approach is concerned with identifying the protective factors that support health and wellbeing, and offers the opportunity to enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities. It can be a useful component of efforts to build resilience and reduce inequalities.  

Resilience can be affected by activities that promote wellbeing and build social capital. The New Economics Foundation has set out five actions that promote wellbeing (the Five Ways to Wellbeing): connect; be active; take notice; keep learning; and give. These are actions that can be controlled by

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38 Glasgow Centre for Population Health: Asset based approaches for health improvement, redressing the balance (October 2011)
individuals themselves, and can be encouraged by ‘upstream’ interventions by others, such as removing barriers, and providing services in such a way that they support people to take part in activities that promote positive behaviours.

Relationships are a key component of social capital, which can help to promote wellbeing and prevent mental health problems. Facilitating social connections is an area where Health and Wellbeing Board partners can make a significant impact, through the services we provide and commission. We can also shape services in ways that encourage the promotion of the five ways to wellbeing.

Possible activities that could be explored by lead commissioners include:

- **Reviewing the extent to which existing services, facilities, and resources support people to take part in activities that involve the five ways to wellbeing, and ensure this is prioritised and promoted wherever possible**

- **Reviewing how services are provided to ensure these are run in ways that facilitate social connections, such as by providing befriending, mentoring, buddyng, and/or peer support opportunities**

- **Targeted interventions to build social relationships among isolated groups (such as older people, new mothers, people who are unemployed, and people with long-term health conditions and carers)**

- **Encouraging people to volunteer in different settings and/or participate in environmental and community activities**

- **Asset mapping – across communities, local public services, other local employers, etc.**

- **Building on, and maximising the potential offered by, existing community programmes, including:**
  - peer-to-peer support
  - community development approaches
  - local voluntary health champions (trained by ECVS)
  - volunteering schemes

- **Implementing suggestions in the draft self-care strategy to develop ‘expert patients’ into health champions who can offer peer support to other people with long-term conditions (linking with work HealthWatch is doing around health champions and patient participation groups)**

- **Creation of neighbourhood health improvement teams (as used in other areas)**

- **Developing mechanisms to enable residents to contribute to discussions about local health and wellbeing issues and/or to enable the co-production of solutions between service users and staff**

- **Finding ways to address the transport needs of older people in the borough, helping to reduce isolation**

- **Grants programmes are used as an opportunity to maximise assets**
• Commissioning plans recognise the assets already in communities, in addition to what is being contributed by other sources

• Finding ways to ensure access to information and uptake of home improvement schemes, particularly for older people (such as the Handyperson scheme, which carries out home safety checks and improvements)

**Case study - Local Health Champions**

Ealing CVS runs a programme to train volunteer Health Champions. These Champions are using health briefing information to improve their own health and the health of their families and neighbours; and to provide practical information to other residents who have a range of physical and mental health issues (including signposting hard to reach communities to appropriate support services). They also organise local health events. Successes include encouraging people to take more exercise and adopt a healthier diet, and helping people with common mental health conditions to return to work.

**Key action 12: Easy access to the information and resources that allow citizens to make healthy choices and manage their own health:**

We need to enable people to access the information they need to manage their health and find out about opportunities to make lifestyle changes. We also need to ensure people who would particularly benefit from specialist support services/programmes are aware of, and have access to, appropriate interventions.

**Possible activities that could be explored by lead commissioners include:**

• **Development/promotion of Care Place** (with links to NHS Choices website and the ECVS directory)

• **Developing comprehensive information about all mental wellbeing and resilience activities, resources and services,** and:
  
  o Actively promoting this information to groups that are most likely to benefit and to frontline professionals who can signpost people to further support
  
  o Using local community groups and networks to disseminate this information

• **Implementing proposals in the draft self-care strategy relating to the development of resource directories**

• **Access to personal health records** (e.g. through the current IT project between the GP Federation and the CWHHE collaborative)

• **Ensuring GP practices and frontline service providers have access to information about the programmes available in the local area, and are able provide timely, consistent referrals to appropriate programmes**
• Ensuring there is easy access to a list of local weight management programmes, and inviting overweight children and their families to attend specific programmes (thereby applying NICE quality standard 94\textsuperscript{39})

5. Governance arrangements
An implementation plan is being drafted to accompany the final draft strategy for the Health and Wellbeing Board in March 2016.

6. Measuring the impact of the strategy

The Health and Wellbeing Board is planning to agree a number of challenging targets that reflect the need to improve the health and wellbeing of our residents and to reduce the long term burden of ill-health on our health and social care services. The Board is seeking improvements to the following outcomes:

<table>
<thead>
<tr>
<th>Outcome sought</th>
<th>Indicator</th>
<th>Ealing latest *</th>
<th>Proposed Target to 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce childhood obesity</td>
<td>Excess weight in 4-5 year olds</td>
<td>22.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td></td>
<td>Excess weight in 10-11 year olds</td>
<td>38.3%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Reduce smoking prevalence</td>
<td>Smoking prevalence</td>
<td>16.4%</td>
<td>14%</td>
</tr>
<tr>
<td>Increase physical activity</td>
<td>Utilisation of outdoor space for exercise/health reasons</td>
<td>11.4%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Reduce social isolation amongst older people</td>
<td>Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</td>
<td>34.6%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Help improve people’s mental health</td>
<td>Reducing the long-term negative effects on young people caused by mental health issues</td>
<td>Measured through a range of targets for the projects that will contribute in aiming to improving children’s mental health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-reported well-being - people with a high anxiety score</td>
<td>23.9%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Help people manage long term health conditions</td>
<td>Social care-related quality of life score</td>
<td>18.0%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Reduce alcohol admissions</td>
<td>Admission episodes for alcohol-related conditions - narrow definition (Persons)</td>
<td>563.16</td>
<td>541.22</td>
</tr>
<tr>
<td>Increase the use of ‘Making Every Contact Count’</td>
<td>Staff, contractors and volunteers trained</td>
<td>N/A</td>
<td>All staff groups (in the MECC strategy) to be trained by 2017.</td>
</tr>
<tr>
<td>Increase the number of businesses signed-up to the London Healthy Workplace Charter</td>
<td>Businesses who have adopted the Healthy Workplace Charter</td>
<td>N/A</td>
<td>10 businesses to have signed up with GLA to register interest per year</td>
</tr>
</tbody>
</table>

*Based on latest available data, which may vary for different indicators*
Appendix 1: Legal context

Requirements in the Health and Social Care Act 2012

The Health and Social Care Act 2012 introduced duties and powers for Health and Wellbeing Boards in relation to JSNAs and Joint Health and Wellbeing Strategies. Local authorities and CCGs have equal and joint duties to prepare these documents, through the Health and Wellbeing Board.

While statutory guidance explains the duties and powers relating to JSNAs and Health and Wellbeing Strategies, it does not specify or dictate which issues should be prioritised or which services should be commissioned. Strategies are intended to be unique to each local area, and these decisions are to be made locally.

However, the statutory guidance does make it clear that the purpose of Health and Wellbeing Strategies and JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Strategies should translate JSNA findings into clear outcomes the Board wants to achieve, which will inform local commissioning – leading to locally-led initiatives that meet those outcomes and address the needs.\(^{40}\)

Connections with the Care Act 2014

The Care Act 2014 introduced major reforms to the legal framework for adult social care, to the funding system, and to the duties of local authorities. New duties include:

- a wellbeing principle, which means that whenever a local authority makes a decision about an adult, it must promote that adult’s wellbeing;
- promoting diversity and quality in the local care market;
- cooperating with other relevant organisations, including a duty on the local authority itself to ensure cooperation between its adult social care, housing, public health, and children’s services;
- providing services that prevent care needs from becoming more serious, or delay the impact of their needs.

\(^{40}\) Department of Health: Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (2012)
Appendix 2: Local, regional and national context

The local context – strategic priorities and financial challenges in Ealing

Local strategic priorities – Ealing Council and Ealing CCG

Ealing Council and Ealing CCG have a number of strategic priorities that are directly relevant to this draft Strategy, and have been considered during the development of the key issues/opportunities and priority areas.

Implementing this Strategy is fundamental to the delivery of the Council’s Corporate Plan. Relevant priorities and key issues in that Plan include:

- Enabling healthy lifestyles, independent living, and access to good quality healthcare.
- Working with the CCG to integrate health and social care.
- Reducing childhood obesity.
- Helping people to stop smoking.
- Using public health, leisure and parks resources to make a positive impact on health of the population.
- Making this a dementia friendly borough.
- Supporting carers.

Ealing CCG’s strategic objectives include:

- Enabling people to take more control of their health and wellbeing.
- Securing quality healthcare services and improved outcomes for people we commission services for.
- Establishing a collaborative and proactive culture with partners.
- Strategies and actions that reduce inequalities and improve health outcomes.
- Enhancing the organisation’s culture – developing people, processes and systems to help deliver high quality commissioning.

Regional and national context

London Health Commission

In September 2013, the Mayor of London established a London Health Commission to examine how London’s health and healthcare can be improved for the benefit of the population. The resulting report, Better Health for London (October 2014), contains a number of ambitions, including:

- Halving the number of children who are obese by the time they leave primary school, and reversing the trend in those who are overweight.
- Boosting the number of active Londoners to 80 per cent by supporting them to walk, jog, run or cycle to school or work.
• Gaining 1.5 million working days a year by improving employee health and wellbeing.

• Having the lowest smoking rate of any city over five million inhabitants.

• Reducing the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 10 per cent.

• Increasing the proportion of people who feel supported to manage their long-term condition to the top quartile nationally.

**NHS Five Year Forward View**

The *Five Year Forward View* (October 2014) sets out a vision of the future of the NHS. Key components of this vision include:

• A radical upgrade in prevention and public health to tackle the increasing burden of avoidable illness:
  - One in five adults still smoke. A third of people drink too much alcohol. A third of men and half of women do not get enough exercise. Almost two-thirds of adults are overweight or obese.
  - While England has made significant strides in reducing smoking, it still remains the number one killer. More than half of the inequality in life expectancy between social classes is now linked to higher smoking rates amongst poorer people. There are now over 3,000 alcohol-related admissions to A&E every day. Young people have the highest consumption of sugary soft drinks in Europe.
  - To address these issues, the NHS will back national action on obesity, smoking, alcohol, and other major health risks. It will also help to develop and support new workplace incentives to promote employee health and cut sickness-related unemployment.

• Patients will gain far greater control of their own care, including the option of shared budgets combining health and social care.

• The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, and between health and social care. In the future, far more care will be delivered locally (but with some services in specialist centres), and organised to support people with multiple health conditions, not just single diseases.

**NHS Mandate**

Statutory guidance requires Health and Wellbeing Boards to have regard to the Secretary of State’s Mandate to the NHS when preparing their health and wellbeing strategies. The current Mandate (April 2015 to March 2016), includes a number of objectives that are particularly relevant to this Strategy, such as:

41 NHS: *Five Year Forward View* (2014)

• Focus on preventing illness, with staff using every contact they have with people as an opportunity to help them stay in good health – by not smoking, eating healthily, drinking less alcohol and exercising more. As the country’s largest employer, the NHS should also make an important contribution by promoting the mental and physical health and wellbeing of its own workforce.

• Support the earlier diagnosis of illness, and tackle risk factors such as high blood pressure and cholesterol.

• Support people with ongoing health problems to live healthily and independently, with much better control over the care they receive.

• Coordinate a major drive for better integration of care across different services, including leading implementation of the Better Care Fund.

• Put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole.

Work together with public sector partners to achieve objectives, and make those partnerships a success.

‘Like Minded’ – a mental health strategy for North West London

To improve mental health and wellbeing across North West London, a new strategy is being developed by the NHS and its partners. The aim is to establish excellent, integrated services.

An early phase of this work is the Like Minded ‘Case for Change’ paper. This describes why changes are required, and the areas we need to focus on. It sets out a number of ambitions, including:

• Ensuring mental health needs are better understood and talked about more openly, and improving the range of services for people with mental illness in North West London.

• Improving wellbeing and resilience, and preventing mental health needs, by supporting people in the workplace, building resilience in children and young people, and reducing loneliness for older people.

• For people with serious, long-term mental health needs, developing new community-based care/support models, and simplifying care pathways.

• For people experiencing depression and anxiety, faster identification, and improving the quality and quantity of therapy that does not require medicines.

• Ensuring implementation of the national strategy for children and young people responds to our local needs.

• Improving the care for specific groups in our community, and the support available to those who do not always get the mental health care they need within existing services.

43 http://www.healthiernorthwestlondon.nhs.uk/mental-health
• Making sure that physical health and mental health are supported for people with existing physical or mental long-term conditions, learning from other work in North West London around the importance of joining up care.
• Ensuring systems help rather than hinder integrated care.

Public Health England’s strategic priorities for the next five years

In From evidence into action: opportunities to protect and improve the nation’s health (October 2014), Public Health England sets out seven priorities for the next five years, having looked at the evidence to determine where it can most effectively focus its efforts.

The priorities are:
• Tackling obesity, especially in children.
• Reducing smoking and stopping children starting.
• Reducing harmful drinking and alcohol-related hospital admissions.
• Ensuring every child has the best start in life.
• Reducing the risk of dementia and its incidence and prevalence in 65-75 year olds.
• Tackling the growth in antimicrobial resistance.
• Achieving a year-on-year decline in tuberculosis incidence.

Public Health England is focusing its efforts on securing improvements against each of these priorities, working in partnership with a wide range of national and local partners. This work has three underpinning themes:
• a concern with population health and with the impact on individuals, as well as a recognition that mental and physical health are equally important to wellbeing;
• the need to act in a way that reduces health inequality and ensures everyone is able to benefit;
• the importance of place and the strength of building on all of a community’s assets.
Appendix 3: Progress update from the previous Health and Wellbeing Strategy (2012-16)

Priority 1: Early Years Intervention (0-5 years)

The development of the Early Start Ealing Service will be implemented from October 2015. This integrated approach to service delivery will bring together professionals including Health Visitors, Family Nurse Partnership workers, School Nurses, Family workers, Speech and Language and OT specialists into three integrated teams. Each of the locality teams will deliver home, Children Centre and community based services for prospective parents and parents of young children. School Readiness has also improved, the % of children achieving a good level of development at the end of reception was at 56.3% (12/13) and is now at 63.9% (13/14).

Priority 2: Childhood Obesity

In terms of tackling childhood obesity, some of the key achievements over the past 4 to 5 years include a child obesity care pathway for 0-18 year olds in Ealing with some successes with targeted work undertaken with children. Schools have participated successfully in ‘Eat like a champ’ and healthy schools programmes locally whilst training has been delivered to staff across the children’s centres around the borough on nutritional standards and hosting workshops for families in conjunction with MEND & Boost delivered to families across the borough identified as being overweight.

Priority 3: Alcohol Misuse

Since the focus of programmes to reduce alcohol misuse has been prevention and early intervention there has been a reduction of premature mortality rates for conditions where alcohol is a risk factor, reduced in hospital admissions for conditions related to alcohol and an increase in the number of individuals accessing treatment for alcohol needs. The close partnership working between Public Health and the Licensing Team has resulted in a number of alcohol licenses being revoked or varied where licensing holders failed to comply with licensing requirements. The impact of this has been evident in the reduction in alcohol related recorded crimes and a reduction in alcohol related hospital admissions for under 18 years old.

Priority 4: Older People and Healthy Ageing

In 2014, Public Health Grant Funding was approved for projects to support the delivery of the Ageing Well action plan including an exercise programme to prevent falls in older people, projects to improve outcomes for socially isolated older people. Additional funding was also provided to support people with dementia and their carers. The projects are in their early stages, however there

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44 Early Start Ealing. Cabinet Report 20/01/15.
45 Public Health Outcomes Framework
are already some achievements including 501 participants and 344 completers (68.6% completion rate) of the strength and balance exercise programmes and an increase in the number of older people participating in the Ealing Walks Programme and accessing Health checks.

**Priority 5: Out of Hospital Services**

Good progress in improving access to care and services closer to home has been made since the last strategy. The Integrated Care Pilot (ICP) in Ealing was set up in July 2012, to improve care for people over the age of 75 years and has helped the CCG to allow people to stay healthier for longer, improve the management of patient conditions and reduce unnecessary utilisation of acute services. The Ealing ICP completed 6808 Care Plans for elderly patients in 2014/15. The ICP was replaced by the Whole Systems Integrated Care (WSiC) Programme in April 2015. In April 2015/16 the Integrated Model of Care was rolled out across Ealing, the programme focuses on using Care Coordinators, Care Navigators and a multi-disciplinary group of professionals to support the most vulnerable of patients to remain as independent as possible within the community. Throughout 2014/15 the CCG prioritised the development of its Better Care Fund initiatives. Primary Care Extended Hours has meant that all 78 GP practices in Ealing are working to extend their practice hours. The CCG has supported investment and planning in the primary care estate needed to deliver more services in an out of hospital setting. Three out of hospital hubs at Ealing Local Hospital, and North and East Ealing are planned to deliver extended access to integrated care to patients across the borough in 15/16

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46 Based on latest available figures at October 2015.
Appendix 4: Current programmes of work

- **Integrating health and adult social care through use of the Better Care Fund**: In Ealing, the BCF includes a number of schemes designed to support a reduction in hospital or care home admissions and, when hospital admission does occur, to enable patients to return home as quickly as possible. The main schemes are:
  - Seven day working – redesigning health and social care services so patients can access the care they need when they need it.
  - Models of Care – Patients over 75 with one or more long-term condition and at risk of a hospital admission will have a care coordinator or care navigator.
  - Healthy at Home – Patients at high risk of admission can be supported to remain at home and receive the care they require in a home or community setting. This also includes caring for patients who can be discharged from hospital with short-term clinical, reablement, and/or rehabilitation support in place.\(^{47}\)

- **Implementation of the Care Act 2014**: The general ethos of this new legislation is reflected throughout this draft Strategy, particularly the focus on promoting wellbeing, enhancing cooperation between and within partners, and preventing or delaying the need for care. Where relevant, connections with specific duties are highlighted in particular priority areas, or will be explored as implementation plans for this Strategy are developed.

- **Like Minded – Working together for mental health and wellbeing across North West London**: A significant programme of work is underway to improve mental health services in the sub-region.\(^{48}\) An early phase of this work is the Like Minded ‘Case for Change’ paper. This sets out a number of ambitions, including:
  - Ensuring mental health needs are better understood and talked about more openly, and improving the range of services for people with mental illness in North West London.
  - Improving wellbeing and resilience, and preventing mental health needs, by supporting people in the workplace, building resilience in children and young people, and reducing loneliness for older people.
  - For people with serious, long-term mental health needs, developing new community-based care/support models, and simplifying care pathways.
  - For people experiencing depression and anxiety, faster identification, and improving the quality and quantity of therapy that does not require medicines.
  - Making sure that physical health and mental health are supported for people with existing physical or mental long-term conditions, learning from other work in North West London around the importance of joining up care.
  - Ensuring systems help rather than hinder integrated care.

\(^{47}\) Ealing CCG: Better Care Fund Briefing (February 2015) [Link](http://www.healthiernorthwestlondon.nhs.uk/mental-health)

\(^{48}\) [http://www.healthiernorthwestlondon.nhs.uk/mental-health](http://www.healthiernorthwestlondon.nhs.uk/mental-health)
• **Potential Years of Life Lost (PYLL)**

Potential Years of Life Lost (PYLL) reflects deaths in people aged under 75. Some of these deaths could have been avoided had effective healthcare been provided. ECCG has committed to reducing PYLL that are amenable to healthcare by 3.2% per year over the course of the 5 year strategy. CCG is identified four main areas within this work: Cardiovascular, Cancer, Respiratory & Public Health. The CCG is going to work with Voluntary and Community Sector (VCS) organisations to target these clinical areas. As part of ECCG business plan 2016-2017, the CCG is progressing its detection work on hypertension through the PYLL work with Public Health as part of its programme of work around prevention.

• **Primary Care Transformation Programme**

To address the significant challenges, the implementation of Shaping a Healthier Future (SaHF) will deliver a vision where patients can benefit from:

- Improved health outcomes, equity of access, reduced inequalities and better patient experience;
- Services that are joined up, coordinated and easy to use;
- More services available, closer to homes;
- High quality out-of-hospital care;

The aim is to alleviate increasing demand and projected shortages in workforce and accommodate patients’ changing needs. The systems currently in place need to evolve to ensure that they are still fit for purpose in light of this change. The transformation programme will allow more local patient and public involvement in developing services, with a greater focus on prevention, staying healthy and patient empowerment. This will then enable accessible provision, coordinated and proactive care, as set out in the London-wide strategic commissioning framework.

• **Self-Care Strategy**

To support patient empowerment and self-management, there are a number of new and existing initiatives that support the movement towards offering people more choice and control. These include:

- the development of the Self Care Strategy
- providing training and support for healthcare professionals in the Joint Care Team
- providing motivational training for patients and carers and in other languages for hard to reach communities and supporting the voluntary sector.

And then embedding these principles in Homeward and Models of Care which are already fully implemented.

• **Early Years Integration**

‘Early Start Ealing,’ is a new integrated 0 – 5 years’ service which went live in October 2015.

The report advised that the Early Start Ealing service will bring together Health Visiting Teams, the Family Nurse Partnership (FNP), Social Workers, therapists and the Council’s Early Years services into one holistic service, focussed on improving outcomes for young children, and reducing inequalities at individual, family and community levels.