INSTITUTE of HEALTH EQUITY

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

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GLOSSARY

HEALTH INEQUALITIES

The systematic differences in health, the care that people receive, and the quality of care and the opportunities people have to lead healthy lives. They are avoidable and unfair.

One of the key measures of health inequality is inequality in life expectancy, whereby the people living in the poorest neighbourhoods die earlier than those in wealthier areas.

HEALTHY LIFE EXPECTANCY

The time people spend in 'good' or 'very good' health, based on how people perceive their own general health.

HEALTH PREVENTION PROGRAMMES AND HEALTH BEHAVIOURS

Prevention programmes and initiatives often focus on individual health behaviours, such as smoking, physical exercise, diets/nutrition, alcohol, and drug use. These factors affect health inequalities but the programmes do not address the drivers of these behaviours – the causes of the causes. Addressing the causes of the causes requires partnerships with wider systems, to provide good education and employment, fair pay and incomes, good quality homes and neighbourhoods.

INDEX OF MULTIPLE DEPRIVATION (IMD)

The most common measure in the UK of the socioeconomic circumstances in the places where people live. The IMD summarises how 'deprived' an area is based on a set of factors that includes: levels of income, employment, education and of crime. The IMD is based on Lower-layer Super Output Areas (LSOAs), which, though small, may include areas of both high and low deprivation. The LSOAs are ranked from 'most deprived' to 'least deprived' and divided into five equal groups or quintiles. These range from the most deprived 20% (quintile 1) of small areas nationally to the least deprived 20% (quintile 5) of small areas nationally.

LIVING WAGE

Set by the Resolution Foundation, the living wage was created to better estimate the wage rate needed 'to ensure that households earn enough to reach a minimum acceptable living standard as defined by the public'. In 2021/22 the living wage was £9.90 per hour for areas outside London.

MINIMUM INCOME STANDARD

The basket of goods and services used to calculate the living wage is based on the minimum income standard, developed to measure the income needed to live a healthy life. The minimum income standard is higher than the living wage and in 2021 it was calculated that a single person needed to earn £20,400 a year to reach a minimum acceptable standard of living in that year, whereas the living wage paid around £17,400 for a single person working full-time.

PROPORTIONATE UNIVERSALISM

The principle that describes how universal policies and interventions are needed in every area but should be developed more intensely where need is higher – to be proportionate to need. The aim of a proportionate universalist approach is to raise overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace where the need is higher.

SOCIAL DETERMINANTS OF HEALTH

The social and environmental conditions in which people are born, grow, live, work and age, which shape and drive health and wellbeing. Access to good quality healthcare is a determinant of health but most of the social determinants of health lie outside the healthcare system. The unequal distribution of power, income, goods and services and inequitable access to health care, schools and education, the conditions of work and leisure, the homes, communities, towns or cities where people live – these are the structural determinants and conditions of daily life and constitute the social determinants of health. Inequalities in the social determinants result from a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics.

SOCIAL GRADIENT IN HEALTH

The social gradient shows health inequalities are experienced by all of society, not just those at the very bottom and top. Health outcomes, such as life expectancy, improve as deprivation falls.

SOCIAL VALUE

The Social Value Act 2012 requires the public sector to ensure that the money it spends on services creates the greatest economic, social and environmental value for local communities. A social value approach involves looking beyond the price of each individual contract and reviewing the collective benefit to a community when a public body chooses to award a contract.

VCFSE SECTOR

Voluntary, community, faith and social enterprise sector and partnership organisations that support the sector.

CHAPTER 1
INTRODUCTION

The London Borough of Waltham Forest, in North East London, is one of London's outer boroughs. Covering approximately 15 square miles, it has a population of approximately 280,000 people and 102,800 households. It is a young and diverse borough: over half its residents are from ethnic minority populations. It covers an area from suburban Chingford in the north to inner-city Leytonstone in the south. Most of the employers within Waltham Forest are small and medium-sized enterprises (SMEs), most of which employ fewer than 10 people.

Prior to the COVID-19 pandemic, Waltham Forest was part of the East London regeneration programme and one of six designated 'Growth Boroughs' in London (1). Between 2012, the year of the Olympic Games and 2017, 110,000 new jobs were created in Waltham Forest (2).

As part of the 'Growth Boroughs' investment, Waltham Forest aimed to reduce inequalities in educational outcomes and in 2017 these targets were reached, with inequalities at age 5 and in GCSE grades reduced in Waltham Forest compared with the London average (2). However, the economic growth has had some unintended consequences and a short-lived impact on health and wellbeing. Between 2012 and 2017 the average property price in Walthamstow doubled, rising from an average of £238,348 to £479,421 and in 2022 the average house price was £505,000 (3) (4). While Waltham Forest is not the most deprived borough in London, it contains several areas with high levels of deprivation and child poverty, for instance in the Leyton, Cathall, Lea Bridge and Cann Hall wards in the south of the borough. Rising housing costs have led to complaints of gentrification, with many long-term residents feeling left behind and left out of these economic successes. The expected sporting impact of the 2012 Olympics failed to materialise, with the proportion of adults participating in sport in the UK declining between 2013 and 2016, and the impact on wellbeing in the UK was 'shortlived', lasting one year (5) (6).

The COVID-19 pandemic has had significant effects in Waltham Forest, as in all parts of the UK. With a higher than average working age population, the number of residents claiming unemployment benefits has more than doubled since the start of the pandemic.

Waltham Forest has shown leadership in addressing inequalities and engaging with local residents. In 2017 the Life Chances Commission was launched (7); during the COVID-19 pandemic, the Council surveyed over 11,000 residents to listen to their experiences; and in 2021 the Big Youth Conversation surveyed young people in Waltham Forest, following similar surveys in 2018 and 2019.

1A. A SOCIAL DETERMINANTS OF HEALTH APPROACH

The social determinants of health describe the social and environmental conditions in which people are born, grow, live, work and age, which shape and drive health outcomes. Factors that determine how the social determinants of health conditions are experienced across societies include the distribution of power, money and resources. Unfair distribution of these resources creates *avoidable health* inequalities, known as 'health inequities'.

Good quality, equitable and accessible healthcare is a determinant of health but most of the social determinants of health lie outside the healthcare system. These include good-quality experiences and services during early childhood, good-quality education in later childhood and adolescence, and opportunities for lifelong learning, all of which help create the conditions that enable people to have control over their lives. Working conditions, and contractual conditions of employment, are also key determinants of health, as is having sufficient income for healthy living, living in adequate housing, and living in a built and natural environment that protects from harm and enables healthy living (8). Focussing only on behaviour change and making individuals responsible for it – such as eating less or exercising more – fails to address the root causes of these behaviours. Understanding and improving the social determinants of health is needed in addition to working with people to better support these choices and behaviours (9).

We structure our analysis and recommendations using 'Marmot principles'. The first Marmot Review, *Fair Society, Healthy Lives*, published in 2010, introduced six of these principles, which are broad policy objectives aimed at reducing health inequalities by improving the conditions of everyday life and reducing socioeconomic inequalities. Two further principles were added in 2021, to make more explicit and add focus to the key considerations of racism and climate change, which are essential to equity.

The eight Marmot principles are:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

The drivers of health are broad ranging, as indicated by the breadth of the 'Marmot 8'. While health care has an important role in reducing health inequalities and potential to deliver action on the social determinants of health, much of the required action must be undertaken in the following sectors outside of the NHS:

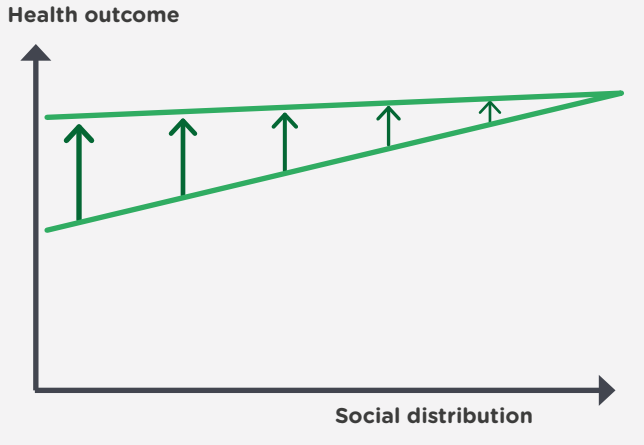
- **Local authorities** – including adult social care; schools, education and learning; regeneration and growth; planning and building control; parking, roads and travel; neighbourhoods; jobs and training; housing; families, young people and children; businesses; benefits and money; strategy and change;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

The 2010 and 2020 Marmot reports showed that health inequalities are not limited to poor health in those who are the worst-off or the most socially disadvantaged. There is a social gradient in health, running from the top to the bottom of society (10) (11). Addressing the social determinants of health is addressing the causes *of the causes* of ill-health and wellbeing; this requires time and partnerships, upstream investment and radical shifts in approaches.

Reducing health inequalities is rooted in social justice and fairness but it is also vital for the economic sector. Poor health and wellbeing reduces productivity and harms employers. Inequalities unnecessarily harm and shorten the lives of those living in poor housing, who have poor jobs and are in poor health. Prevention is fairer, better and cheaper than concentrating on 'cures'.

The 2010 and 2020 Marmot reports proposed adopting a proportionate universal approach, where universal policies and interventions are developed to be more intense where need is higher – to be proportionate to need (10) (11). The aim of a proportionate universalist approach is to raise overall levels of health at the same time as flattening the gradient in health by improving the health and wellbeing at pace where the need is higher, thereby 'levelling up' (Figure 1.1).

Figure 1.1. Proportionate universalism



Coventry, a 'Marmot City' since 2013, adopted the proportionate universalist approach and has outlined its experience of addressing the social determinants of health:

> ***Marmot approach demands that we resource and deliver services at a scale and intensity proportionate to the degree of need; just focusing on one group of disadvantaged individuals or one geographical area won't deliver change (12).***

Our recommendations for Waltham Forest are based on this principle of proportionate universalism.

1B. THE WALTHAM FOREST HEALTH EQUITY COMMISSION AND PURPOSE OF THIS REPORT

In January 2022 Waltham Forest Council commissioned the UCL Institute of Health Equity to:

1. Assess health inequalities in the borough, particularly in light of the COVID-19 pandemic
2. Provide evidence about the drivers of these inequalities
3. Propose a practical set of actions to address them.

The work was led by Professor Sir Michael Marmot and his team at the Institute of Health Equity in partnership with the public health team at Waltham Forest Council. The Commission aimed to lead to the implementation of actions to reduce health inequalities across the borough and to focus on community involvement and participation.

Our work in Waltham Forest included an assessment of health inequalities and key social determinants of health, as well as of the borough's systems. We examined the strength and appropriateness of partnerships with other sectors, governance arrangements and the way organisations and sectors – 'the system' – work together. This report shows the significant problems and also examples of best practice present in Waltham Forest. These examples show how to work differently to better meet the needs of the people living in the most deprived areas in the borough, and show that it is possible to offer a better quality of life and reduce inequalities. Too often systems reward 'innovation'. This report shows that frequently the solutions to health inequalities are known but are not implemented at the scale needed.

The Commission was overseen by an independent advisory group, chaired by Professor Sir Michael Marmot. The advisory group consisted of 24 experts across the Waltham Forest health and care system (see Appendix). The health system included representatives from the Borough Council, the voluntary, community, faith and social enterprise (VCFSE) sector, the business and economic sector, health care, other public services and academic experts.

A steering group oversaw the operation of the Commission and met every two weeks. Its members are listed in the Appendix.

Following feedback on an interim report published in the summer of 2022, we held further discussions and consulted with relevant stakeholders and the advisory and steering groups on the draft recommendations. Direct quotes from our conversations with key stakeholders and the advisory and steering groups, anonymised, are included throughout the report.

Four workshops were held in Waltham Forest in September 2022. The workshops were attended by relevant stakeholders from across the public sector, VCFSE and private sectors and covered: young people, the cost of living crisis, housing and digital inclusion and informed the report and the recommendations.

Prior to the interim report and workshops, we worked with Waltham Forest to gather views of residents on the social determinants of health.

AN INCLUSIVE APPROACH: COMMUNITY ENGAGEMENT

VCFSE groups were included in the Advisory Board and the work also included broader community engagement. IHE spoke in a community participation network meeting, where many of the borough's VCFSE groups were represented. Additional one-to-one meetings followed with key VCFSE stakeholders.

Waltham Forest Council also commissioned qualitative research to collect residents' views of the main impacts on their health and wellbeing, emphasising the social determinants of health rather than healthcare. In partnership with the public health team, IHE developed a 15-minute questionnaire for residents, asking their opinions. Interviews were carried out with 27 residents in May and June 2022. The findings from this work are included in this report. Waltham Forest's Community Organisers and volunteer Community Ambassadors conducted 15-minute ad hoc interviews with residents at key sites and events around the borough. Interviews were conducted across vaccine clinics, libraries and pop-up food banks and at community events such as the Chingford Village Festival.

To better understand the views of residents who might be underrepresented in the questionnaires, the Council held five focus groups in June 2022, targeting specific groups that may experience health inequalities: Black/Black British residents; Asian/Asian British residents; Eastern European residents; residents from lower social grades (around half of whom were parents with children at home); and residents who have long-term limiting health conditions. Within each group, where applicable, there was a diversity of age, gender, ethnicity, socioeconomic group and geographical area of residence.

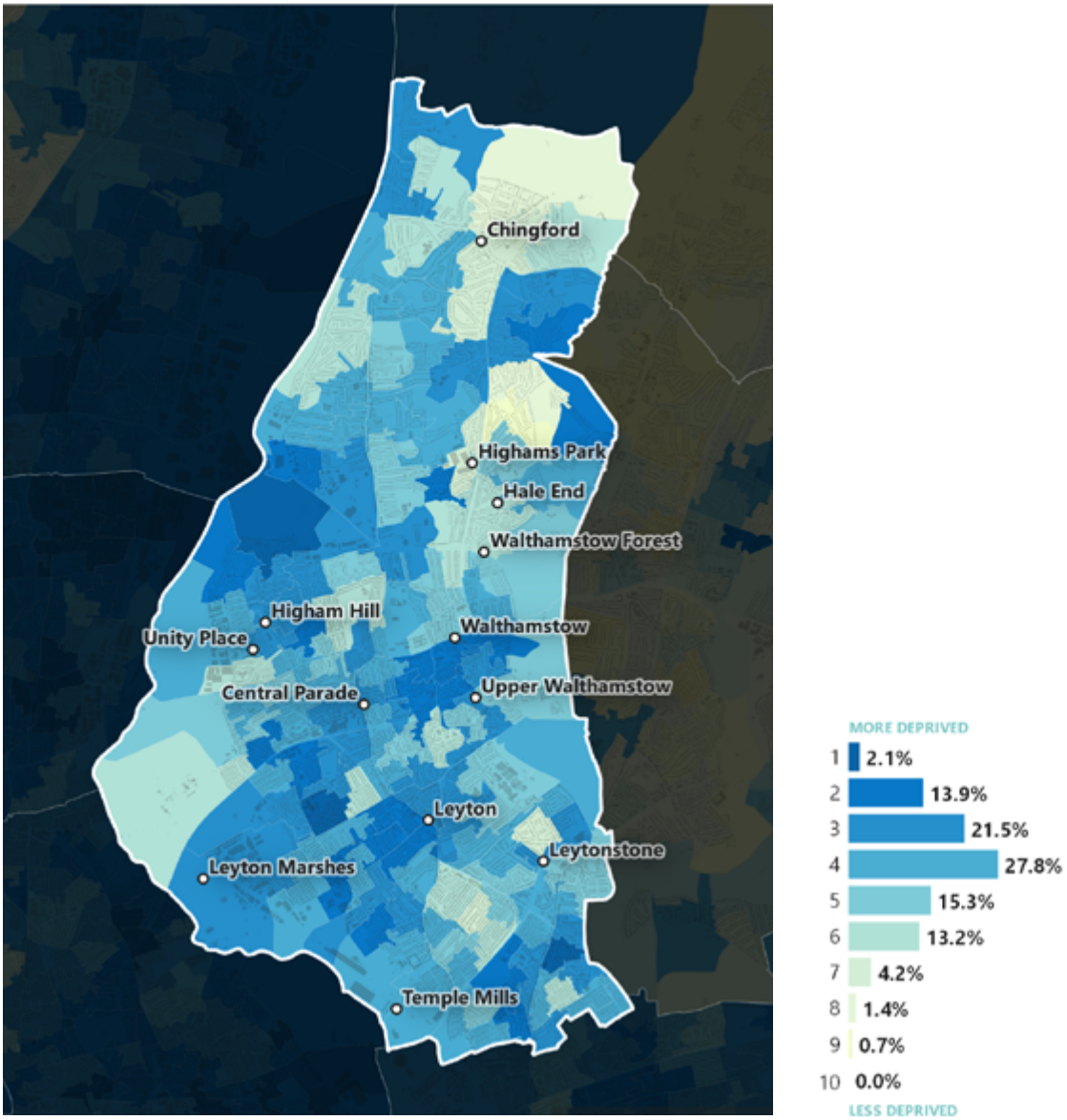
Direct quotes from the qualitative research are included throughout the report alongside their key demographic details. Minor revisions were made to the direct quotes for clarity. Different demographic details were collected in the focus groups and the questionnaire.

1C. THE CONTEXT IN WALTHAM FOREST

In the 2019 Index of Multiple Deprivation (IMD) Waltham Forest was ranked the 82nd most deprived borough nationally out of 317 districts and the 12th most deprived borough in London, out of 32 boroughs (13).

As the average IMD score is not among the worst in the country, deprivation in the borough can be obscured and unobserved. There are enormous differences in deprivation within the borough and high levels of poverty in wards in the south and west. Figure 1.2 shows the deprivation deciles in Waltham Forest measured by the IMD. The most deprived areas are shown in dark blue and the least deprived areas are lighter.

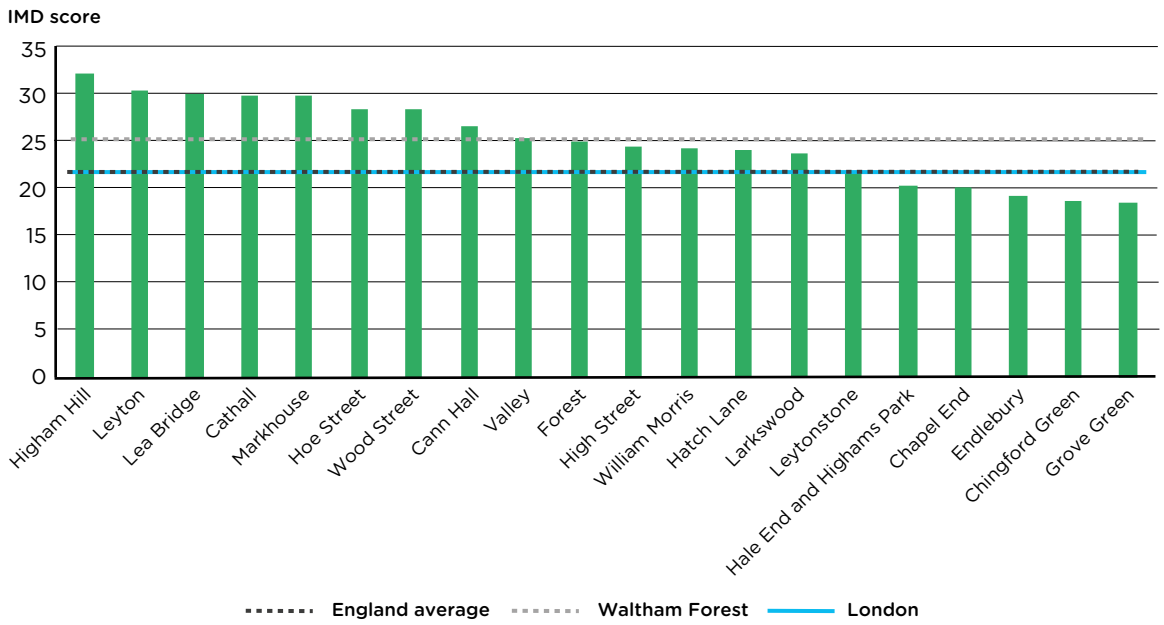
Figure 1.2. Index of Multiple Deprivation by decile in Lower Super Output Areas, Waltham Forest, 2019



Source: *OHID (13)*

While Waltham Forest is not among the most deprived boroughs in London or nationally, 14 of its 20 wards have higher levels of deprivation than the average for England and London, as shown in Figure 1.3, which also shows the inequalities within Waltham Forest. In the most deprived neighbourhood, Higham Hill, one-third of people are estimated to be income-deprived whereas in the least deprived neighbourhood, Grove Green, 3% are income-deprived (15).

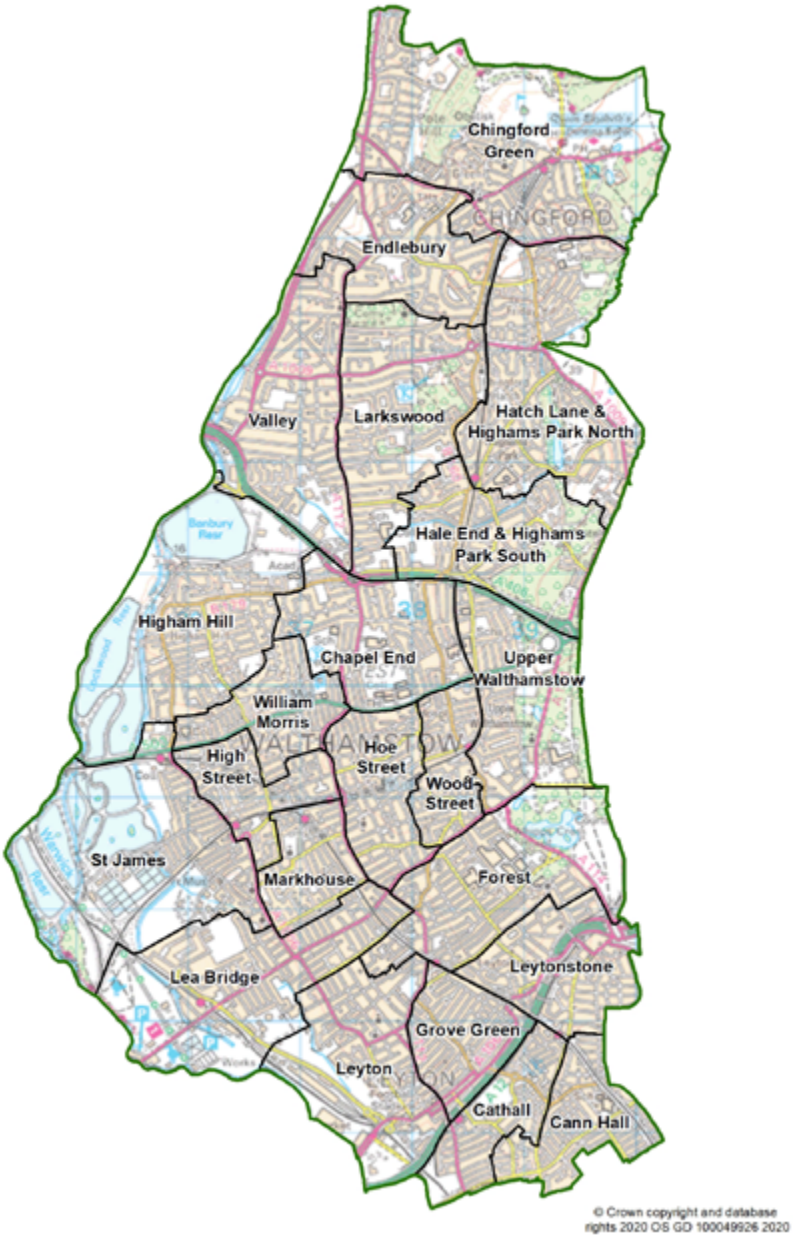
Figure 1.3. Index of Multiple Deprivation scores for Waltham Forest wards, Waltham Forest, London and England, 2019



Source: *OHID (13)*

Where available, we use ward-level data, Lower Super Output Area (LSOA) and Middle Layer Super Output Area (MSOA) data and as a last resort, local authority data, but the latter can mask inequalities. These different levels of data are important to reveal inequalities within the borough. To provide context, the report also compares Waltham Forest with its 'CIPFA nearest neighbours' [CIPFA being the Chartered Institute of Public Finance and Accountancy]: the Nearest Neighbours Model is based on 40 metrics and identifies similar local authorities, allowing useful and relevant comparisons (16). This report is based on the 20 ward boundaries that existed before they were changed in 2022 (Figure 1.4); data is not yet available based on the new boundaries.

Figure 1.4. Waltham Forest wards, pre-2022 changes



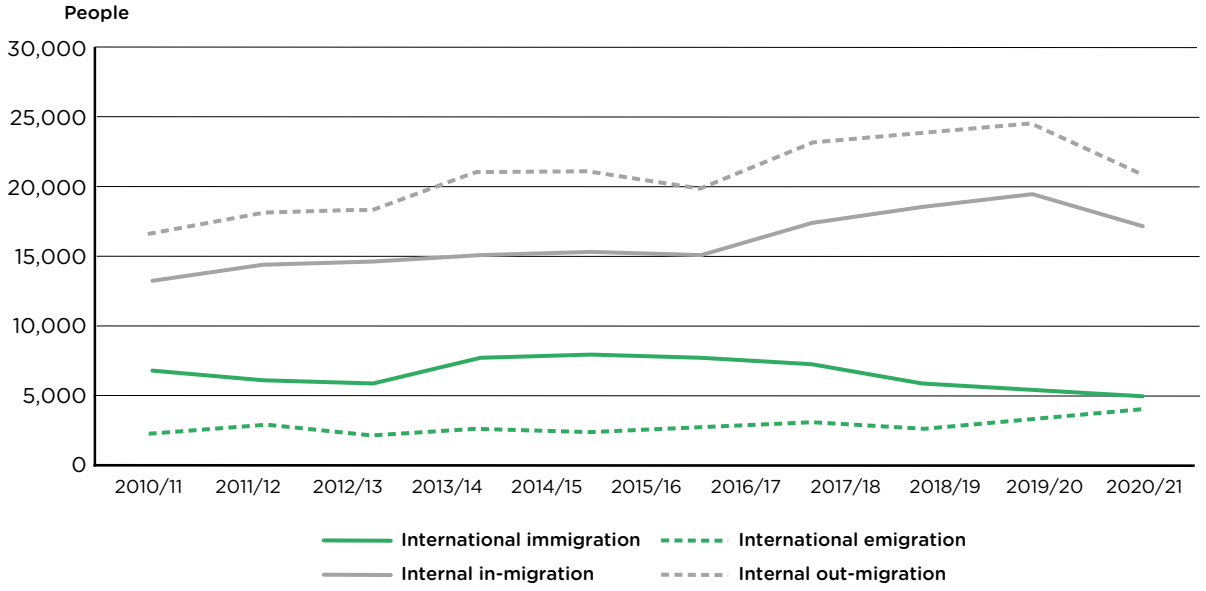
Source: *Local Government Boundary Commission (17)*

LOCAL DEMOGRAPHICS

As in London as a whole, the population of Waltham Forest grew by 0.1% in 2018/19 and was stagnant in 2019/20 (18). In 2021 its population was 276,350 and the Greater London Authority estimates it will increase by 4.1% by 2026. These figures are based on the development trajectory for Waltham Forest (19).

As with other London boroughs, there is considerable population churn in Waltham Forest, with high levels of movement in and out of the borough. Figure 1.5 represents the flow of people between 2010/11 and 2019/20, showing more people moved out of Waltham Forest than moved into the borough (this data series has been discontinued). The birth rate in Waltham Forest declined from 4,721 live births in 2013 to 4,136 in 2021 (20).

Figure 1.5. Population flows, Waltham Forest, 2010/11 to 2019/20

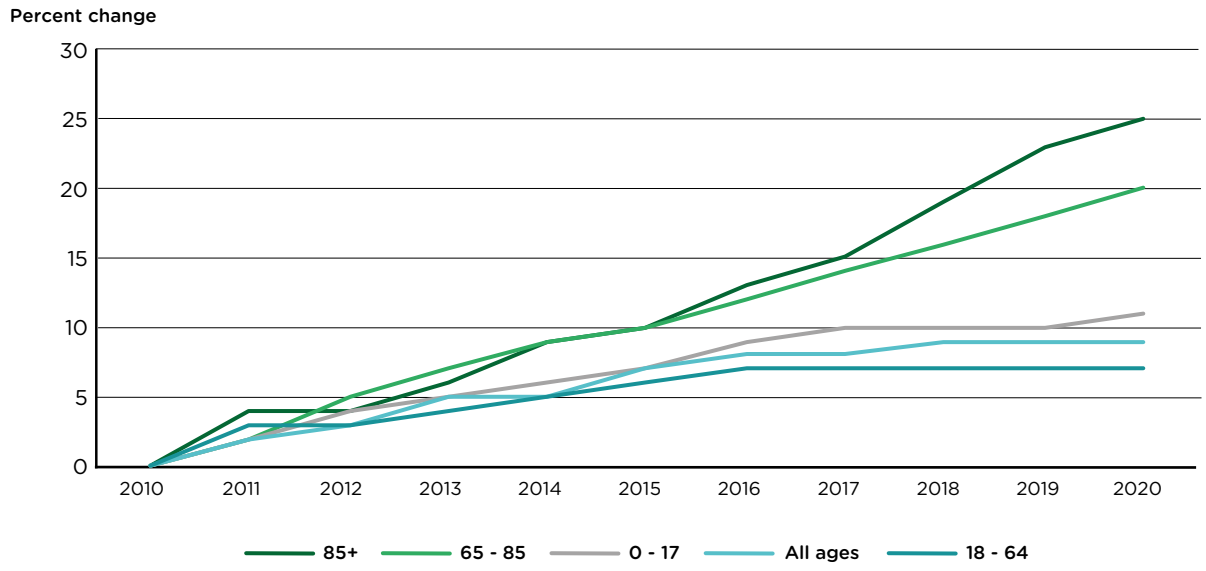


Source: *Office for National Statistics (21)*

Whilst there has been population churn in the last decade, the 2021 Census showed 38.6% of Waltham Forest's residents were born outside the UK, the same percentage in 2011 (22).

The median age in Waltham Forest is the same as London, 35 years, which is lower than the England average of 40 years. While Waltham Forest has, on average, a younger population compared with England, future population growth is forecast to be unevenly distributed between age groups. Between 2010 and 2020 the population aged 18–64 increased by 7% while those aged 65–84 increased by 20% and by 25% in the population aged over 85 (Figure 1.6). The aging population is leading to increased demand and spending on health and social care services and more demand on services provided by the VCFSE sector. There are also economic impacts from a lower proportion of the population being of working age.

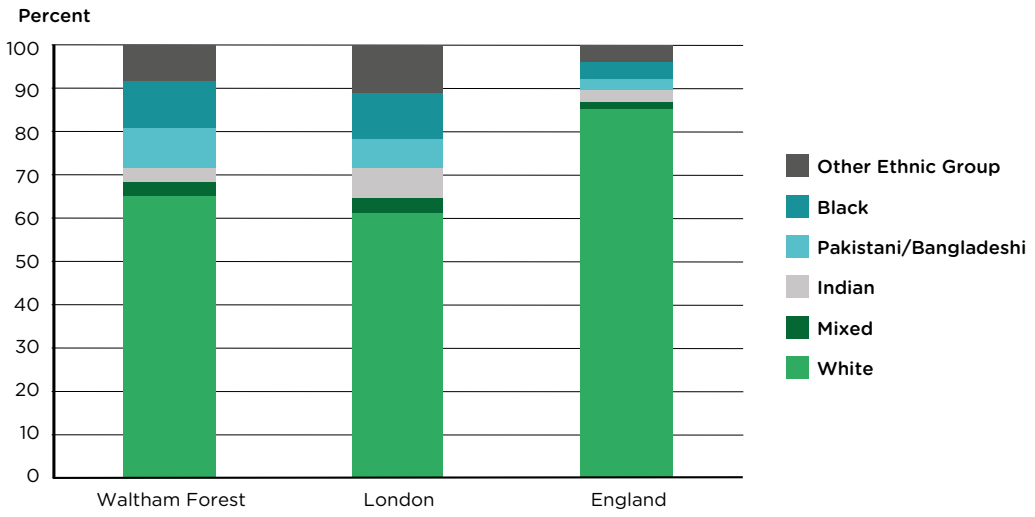
Figure 1.6. Population change, all age groups, indexed to 2010, Waltham Forest, 2010–2020



Source: *Office for National Statistics (23)*

Waltham Forest is one of London's most ethnically diverse boroughs. The 2021 Census stated 61% of Waltham Forest residents were born in the UK, compared to 83% of England's residents (22). The second most common country of birth in Waltham Forest is the European Union, 15% of its residents were born there compared to 6% in England (22). In 2021/22 the Annual Population Survey showed the largest ethnic group after White is Black, followed by 'Other' ethnicity (Figure 1.7).

Figure 1.7. Estimates of ethnicity, Waltham Forest, London, and England, April 2021–March 2022



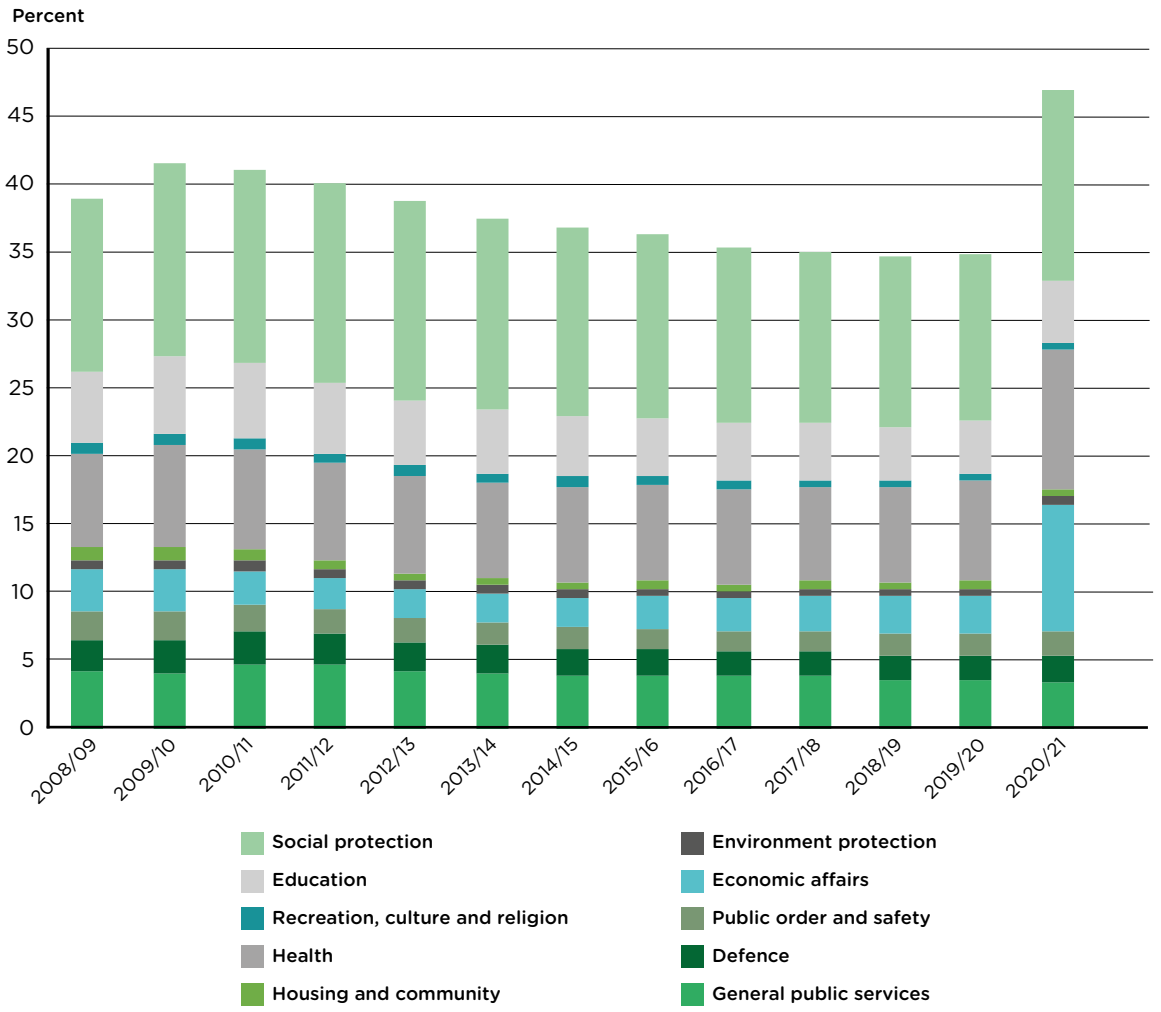
Source: *Office for National Statistics (24)*

SPENDING CUTS IN WALTHAM FOREST AND ENGLAND

The IHE *10 Years On* report outlined how policies of austerity since 2010 have taken their toll on health and the social determinants of health and since 2010, health has deteriorated, improvements in life expectancy have slowed down, and inequalities in health have widened (10). Between 2011 and 2019 over one million people in England died earlier than they would have done if they had lived in areas with the same age- and sex-specific death rates as the least deprived area (measured by deciles) (25). Between 2013 and 2017, it is estimated that in the most deprived 10% of areas in England, where local government cuts were higher, male life expectancy at birth could have been more than 2 months higher and female life expectancy 1.8 months higher (26). The researchers also find that for each £100 reduction in annual central funding to local governments (per person, between 2013 and 2017) was associated with an average decrease in life expectancy of 1.3 months for men and 1.2 months for women (26).

Government spending as a percentage of GDP declined by 7% between 2009/10 and 2018/19, from 42% to 35%. Figure 1.8 shows the decline until the COVID-19 pandemic, which led to significant increases in expenditure on health and economic affairs.

Figure 1.8. Public sector expenditure on services by function as a percentage of GDP, UK, 2008/09 to 2020/21



Source: *HM Treasury, 2019 (27)*

In England, between 2009/10 and 2018/19 local government allocations from the Ministry of Housing, Communities and Local Government declined by 77% (28). Since 2010 spending per pupil in England in secondary and tertiary education has decreased and spending in primary has decreased since 2015–16 (29). In England there have been increases in the occurrence of precarious work and zero-hour contracts, pay has not increased and in-work poverty for working-age families after housing costs rose from 16% in 2010 to 18% in 2018, as a result of a higher cost of living, increasing housing costs and low pay (30). Housing has become increasingly unaffordable. In 2021/22, private rents in England for new tenancies increased by more than 10% and the Resolution Foundation shows that for both new and existing tenancies, in 2022 private rents have been rising around twice as fast as they did between 2018 and 2021 (31). In London, average rents increased by 15.8% between June 2021 and June 2022 (32). Despite the increases in rents and living costs, Local Housing Allowance has been frozen since April 2021. Funding for local authority children and young people's services fell by £3 billion between 2010/11 and 2017/18 – a 29% reduction (33).

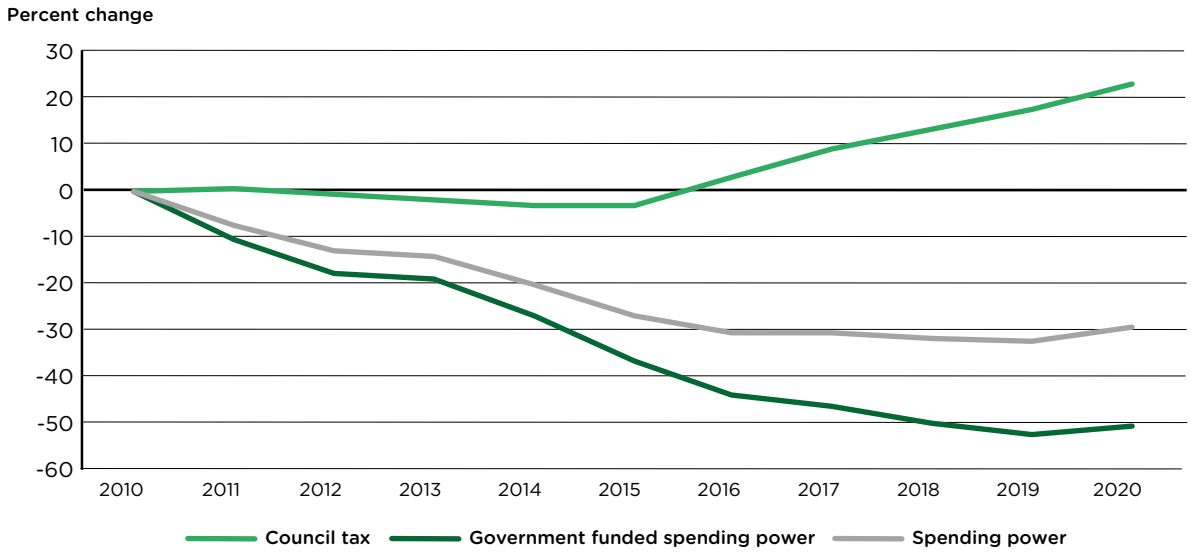
All these factors have led to increasing rates of poverty, homelessness, food and fuel poverty and a decrease in social mobility, a situation which has deteriorated further in 2022 due to the cost of living crisis. Overall, the areas with the worst levels of deprivation in England have had the greatest reductions in per-person spending: these are areas where need is highest and conditions are generally worse, with significant impacts on the social determinants of health (10).

The COVID-19 pandemic placed an additional burden on local authorities, and funding from national government has been inadequate, forcing local governments to rely on reserves (34). The National Audit Office reported that local authorities had £9.7 billion of COVID-19-related cost pressures (primarily costs related to adult social care, housing and the public health service) and income losses (from council tax and business rates) in 2020–21, yet only £9.1 billion was made available in financial support from government (34).

As with local authorities across England, there have been large cuts to Waltham Forest's local authority budget, which have resulted in cuts to services over the last 12 years. Prior to the pandemic the Local Government Association stated local authorities had 60p available out of every £1 provided to them by the Government to spend on local services between 2010 and 2018 (35).

Figure 1.9 shows the reductions in spending power in Waltham Forest (spending power is defined as government funding plus council tax), as a result of these cuts. While council tax income increased slightly between 2010 and 2020 in Waltham Forest, in the context of increasing needs and cuts to government spending, government funding decreased at a faster rate, and therefore Waltham Forest's spending power declined between 2010 and 2020.

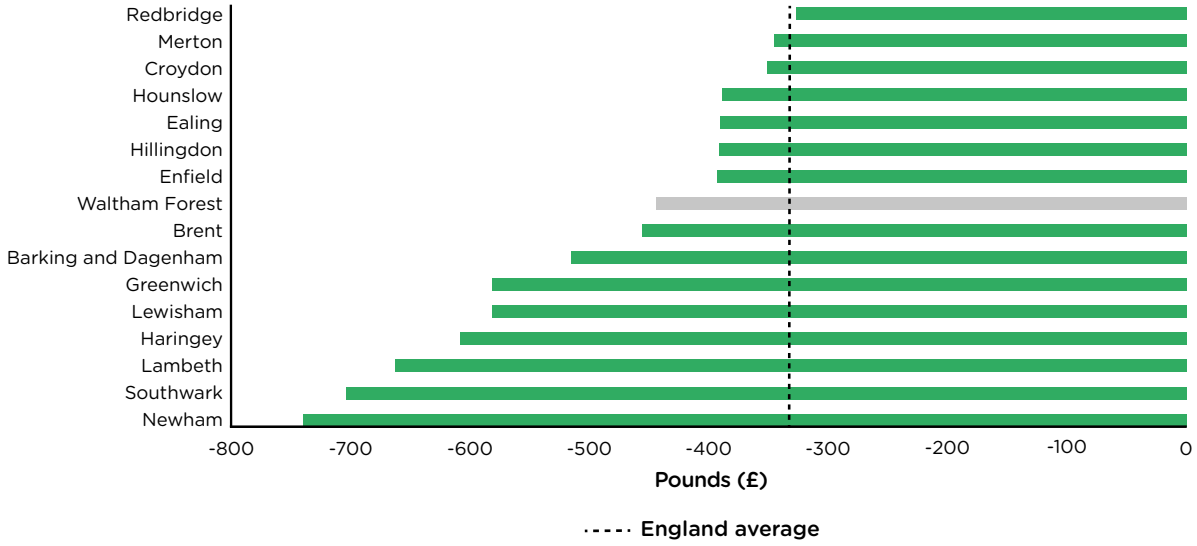
Figure 1.9. Spending power and its components, indexed to 2010, Waltham Forest, 2010–2020



Source: *National Audit Office (36)*

Between 2010 and 2018 Waltham Forest lost more local authority spending power per person compared with the England average. Figure 1.10 shows a loss of £444 per head of population in Waltham Forest, even as need increased over the period.

Figure 1.10. Change in local authority spending power (real terms), per head of population, Waltham Forest and CIPFA nearest neighbours and England, 2010–2018



Source: *Place Based Longitudinal Data Resource (37)*

Public health budgets have been ring-fenced in England, but the Institute for Public Policy Research (IPPR) estimated there was an £850 million decline in net expenditure on public health in England between 2014 and 2019, with absolute cuts in the most deprived local authorities being six times larger than in the least deprived (38). Between 2016/17 and 2022/23 Waltham Forest's public health grant per head fell slightly (Table 1.1). This slight decline occurred despite the increased pressures to public health arising from the COVID-19 pandemic and the effects of more than a decade of cuts to local authority funding, with severe effects on the causes of health inequalities – the social determinants of health.

Table 1.1. Public health grant, allocation per head of population, Waltham Forest, 2016/17– 2022/23

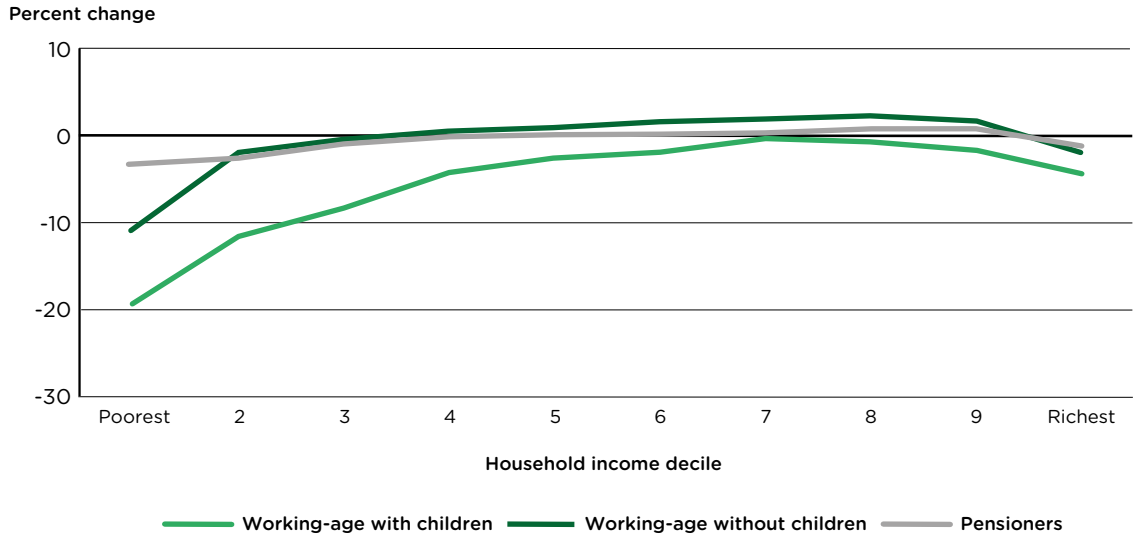
2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
£61	£59	£56	£55	£57	£59	£60

Source: *Department of Health and Social Care (39)*

Concurrent with the cuts to public services and local authority grants, since 2010 changes to the tax and benefit system have widened income inequality. The introduction of Universal Credit and changes to tax credits have negatively affected low- and middle-income households and children, penalising the poorest the most. In 2019 the Institute for Fiscal Studies found Universal Credit reduced the income for those in the lowest decile by 1.9%, equivalent to £150 per year per adult (40).

Across the whole income distribution, households of working age with children have had the greatest decreases in household incomes due to tax and benefit reforms between 2010–2019 (Figure 1.11). Poverty rates will have increased and incomes decreased further through 2022 as a result of the cost of living crisis, as we set out in Section 3D.

Figure 1.11. Percentage change in net household incomes due to tax and benefit reforms*, by income, United Kingdom, 2010–2019



Notes: **Shows long-run effect of tax and benefit changes with all reforms fully rolled-out. Household incomes calculated after taxes and benefits. Deciles based on net household incomes equivalised using modified OECD equivalence scale.*

Source: *Institute for Fiscal Studies analysis of Family Resources Survey and IFS tax and benefit microsimulation model (41).*

In September 2022 the Government introduced a mini-budget and the Resolution Foundation outlined the inequalities arising from its approach, showing those on the lowest incomes would benefit the least from the proposed tax cuts and reversal of certain other policies (42). A few weeks later, 60% of the tax cuts announced were reversed, though 40% of the cuts remained. With a forecast of increasing unemployment and higher inflation, this economic picture will lead to reduced public spending and increasing taxes, which are expected to rise to this highest levels, relative to GDP, since 1950/51. The Resolution Foundation suggest this could mean 'a return to peak austerity' (43) with anticipated damage to health, as IHE set out in the Ten Years On report report which showed health and health equity deteriorated during the period of austerity between 2010 and 2020 (10).

CHAPTER 2

HEALTH INEQUALITIES IN WALTHAM FOREST

KEY MESSAGES

- Inequalities in health are unfair and cause unnecessary harm to individuals, families and communities but they can be reduced through action on the social determinants of health.
- Quality of physical and mental health is closely related to levels of deprivation.

LIFE EXPECTANCY

- In 2020 the average female life expectancy in Waltham Forest fell by 2.6 years, more than double the decline in England and steeper than the overall decline in London.
- In 2020 men's life expectancy in Waltham Forest fell below the England average for the first time since 2015 and has been slightly below the London average since 2017.
- There are large inequalities in health in Waltham Forest: a 7.6 year difference in life expectancy between wards for women and 6.2 years for men, closely related to level of deprivation of the wards.
- Eight wards have lower male life expectancy than the average for England, and two wards have lower life expectancy for women.

COVID-19

- The COVID-19 pandemic exposed and amplified socioeconomic and ethnic inequalities in England.
- Mortality from COVID-19 in Waltham Forest was higher than the average for England and slightly higher than the average for London.
- As across many areas in England, those living in more deprived areas in Waltham Forest are less likely to have received three COVID-19 vaccines.

MENTAL HEALTH

- Poor mental health is related to deprivation and is a major contributor to inequalities in health.
- As in other London boroughs, and across England, in Waltham Forest there has been a rise in recorded depression for those aged 18 and over since 2015/16.
- There is a relationship between deprivation and loneliness, and areas with higher levels of deprivation have higher rates of loneliness.

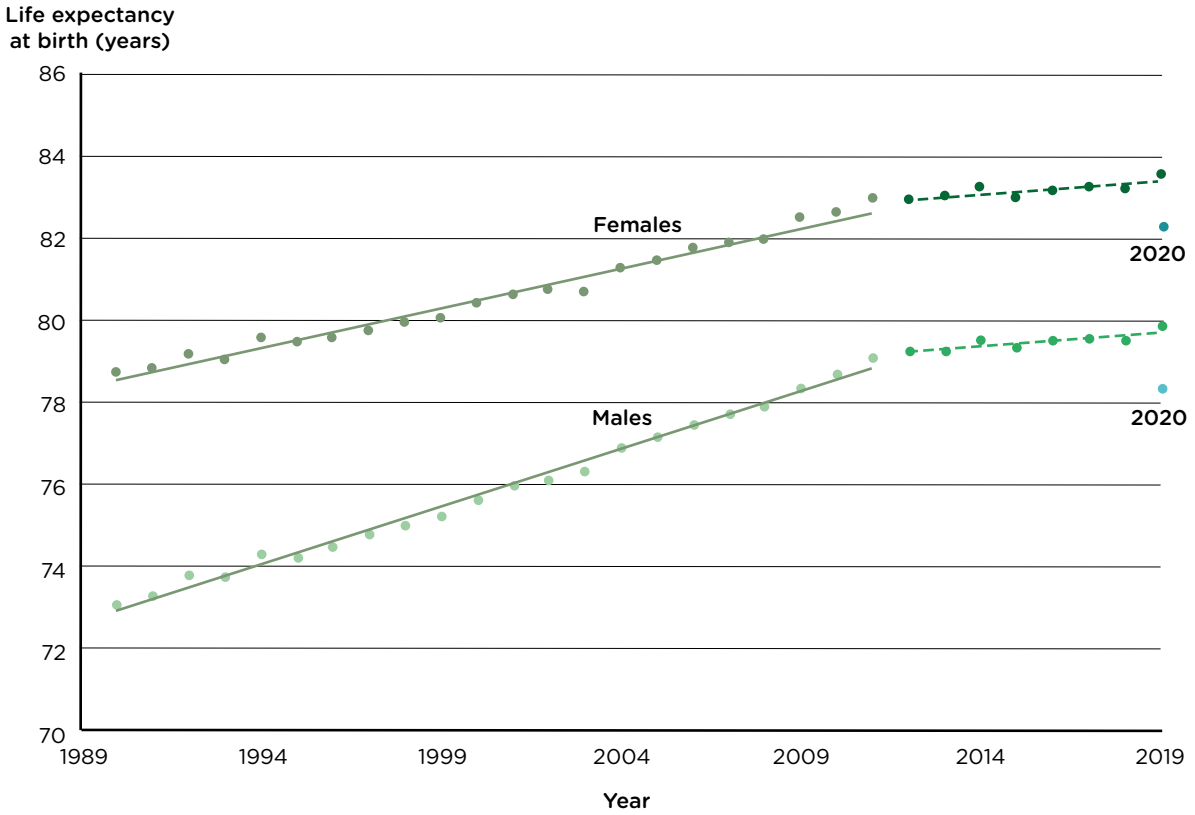
HEALTH INEQUALITIES AND THE NHS

- Areas of high deprivation, on average, have more planned admissions, substantially more emergency admissions and fewer GP practices than areas of low deprivation.
- Research consistently shows that investing in prevention and early intervention will save money by reducing demand on the NHS and public services.

2A. NATIONAL CONTEXT

In 2020 the IHE *Ten Years On* report showed life expectancy in England had stalled and for the most deprived areas outside London had actually declined (10). Figure 2.1 shows life expectancy declined for everyone in 2020, related to the COVID-19 pandemic.

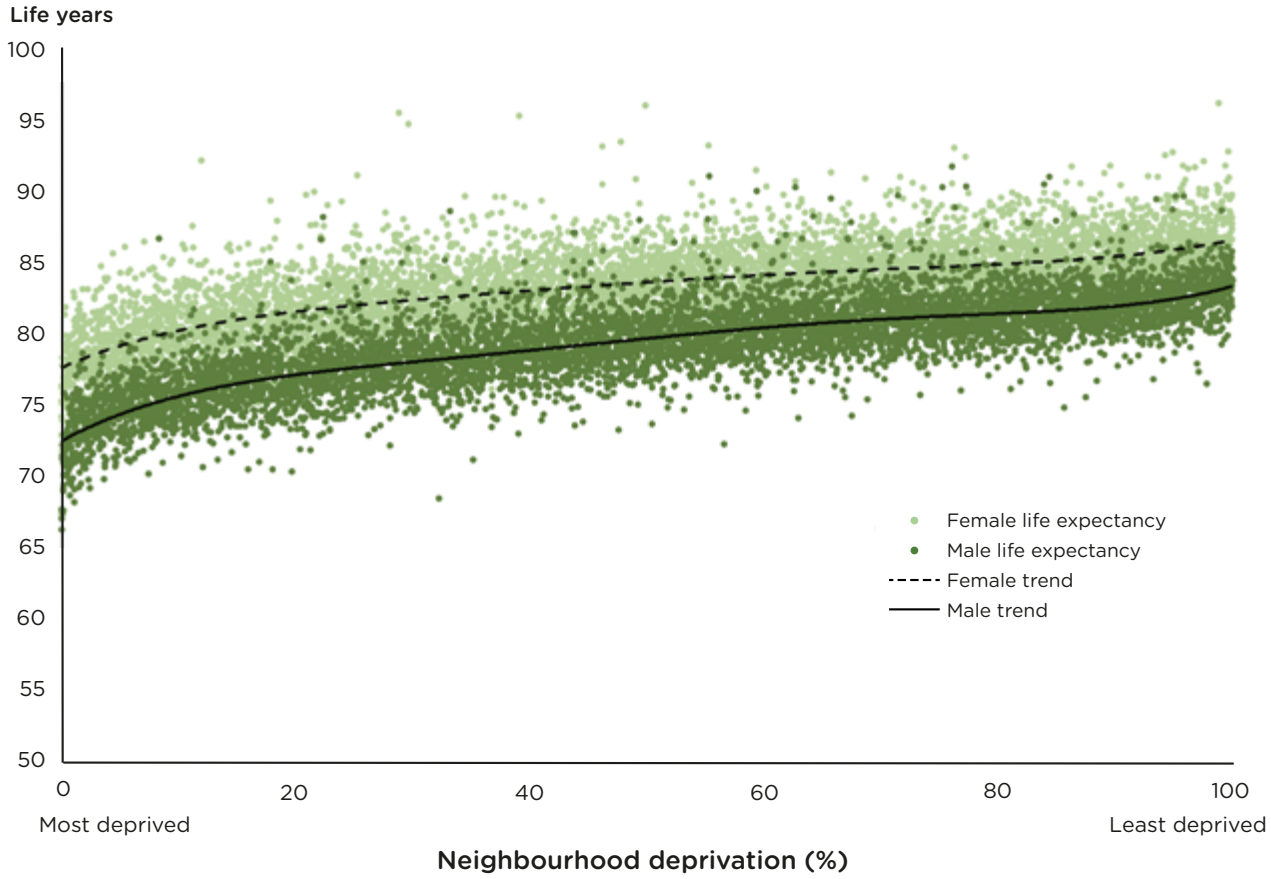
Figure 2.1. Life expectancy at birth for males and females, England and Wales, 1989–2020



Source: *Office for National Statistics (44)*

IHE's 2010 and 2020 Marmot reports showed how the social gradient in health runs from the top of the socioeconomic spectrum to the bottom, and that everyone below the top is likely to live shorter lives and develop a disability earlier than those at the top (11) (10). Figure 2.2 shows the social gradient in female and male life expectancy by neighbourhood in England. For each increase in the level of neighbourhood deprivation, life expectancy decreases. This is unnecessary and health inequalities that are remediable by reasonable means are unjust.

Figure 2.2. Life expectancy at birth for neighbourhoods (MSOAs), by sex and deprivation (IMD 2019) percentiles, England, 2016–20



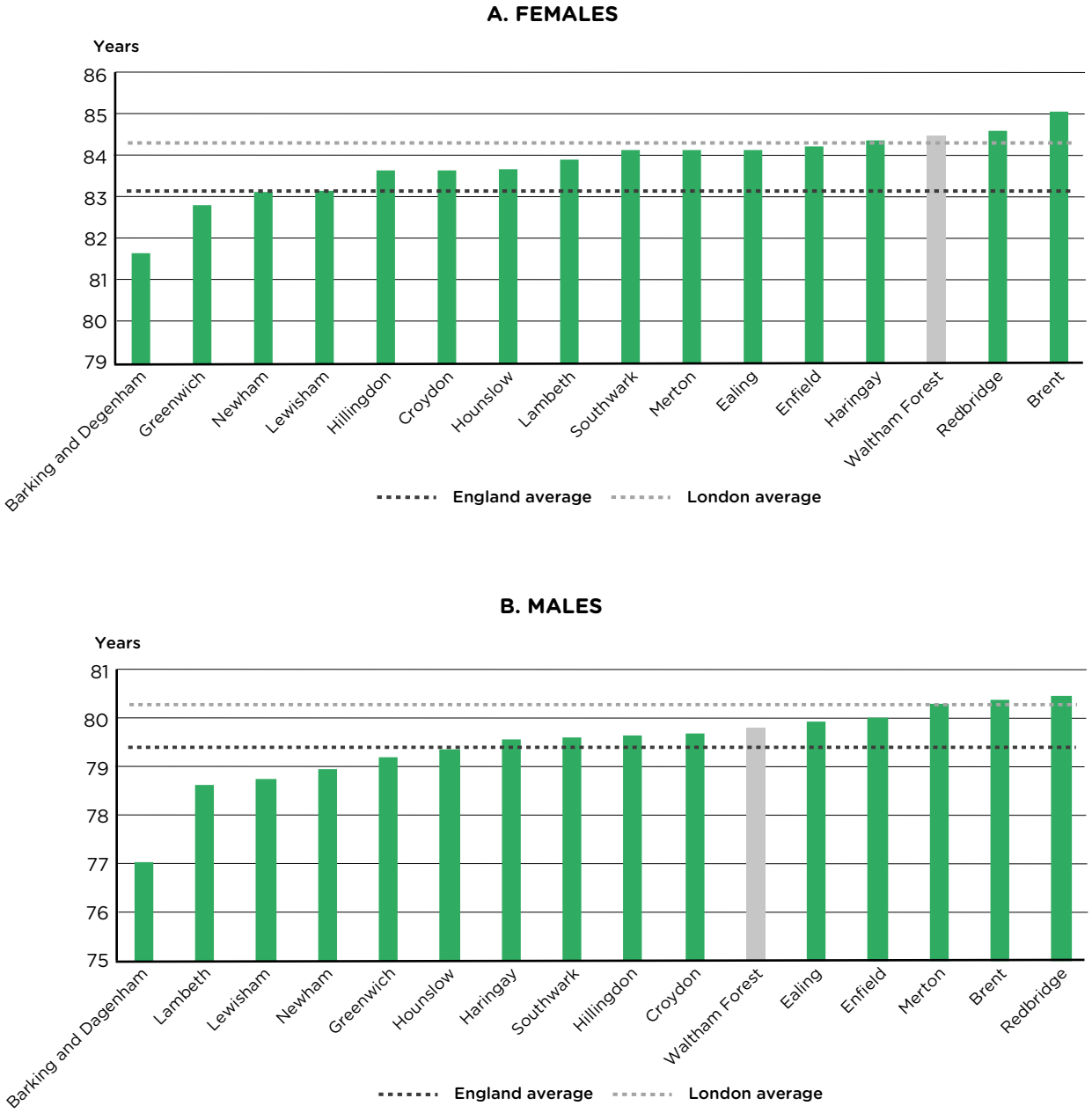
Note: *Each dot represents life expectancy (LE) or disability-free life expectancy (DFLE) of a neighbourhood (Middle Level Super Output Area/MSOA).*

Source: *Office for National Statistics and Department for Work and Pensions (45) (46)*

2B. LIFE EXPECTANCY IN WALTHAM FOREST

Life expectancy in Waltham Forest was about the same as the average for women in the London region and slightly lower than the London region average for men in 2018–20. Women and men in Waltham Forest have higher life expectancy than the England average (Figure 2.3).

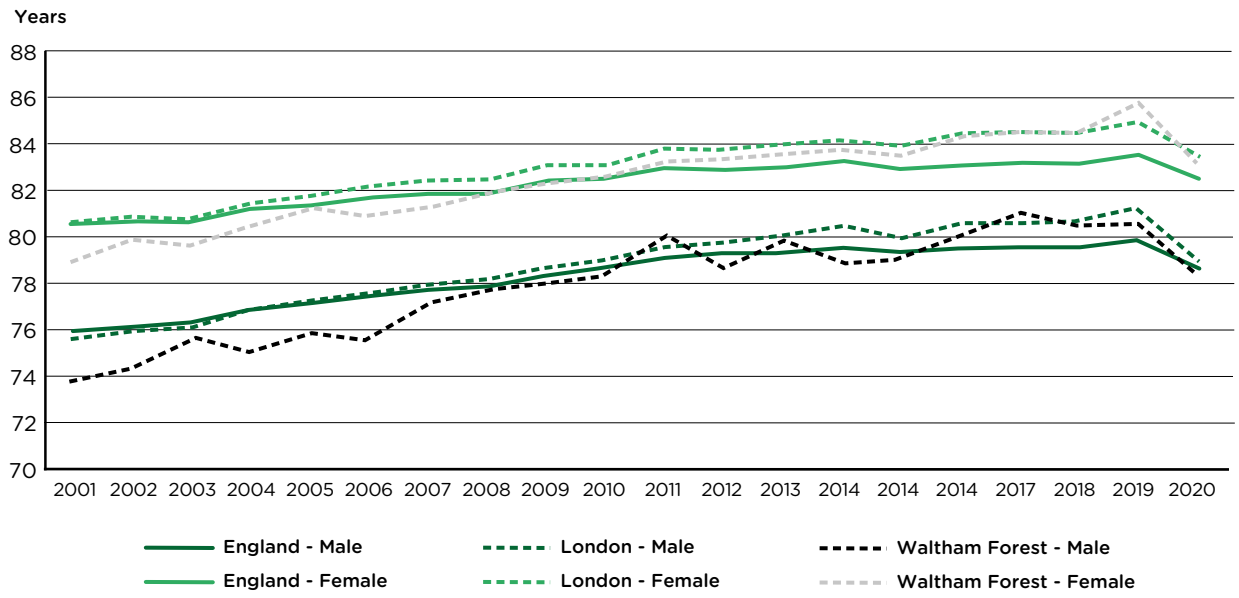
Figure 2.3. Estimated female and male life expectancy at birth, Waltham Forest and CIPFA closest neighbours, London and England, 2018–20



Source: *Office for National Statistics (47)*

In Waltham Forest life expectancy for men and women declined more sharply than the average England decline in 2020. In 2020 the average women's life expectancy in Waltham Forest dropped by 2.6 years, more than double the decline in England and steeper than the decline in London. For men in Waltham Forest, in 2020 their life expectancy dropped below the England average for the first time since 2015 (Figure 2.4). This is related to the impacts of the pandemic.

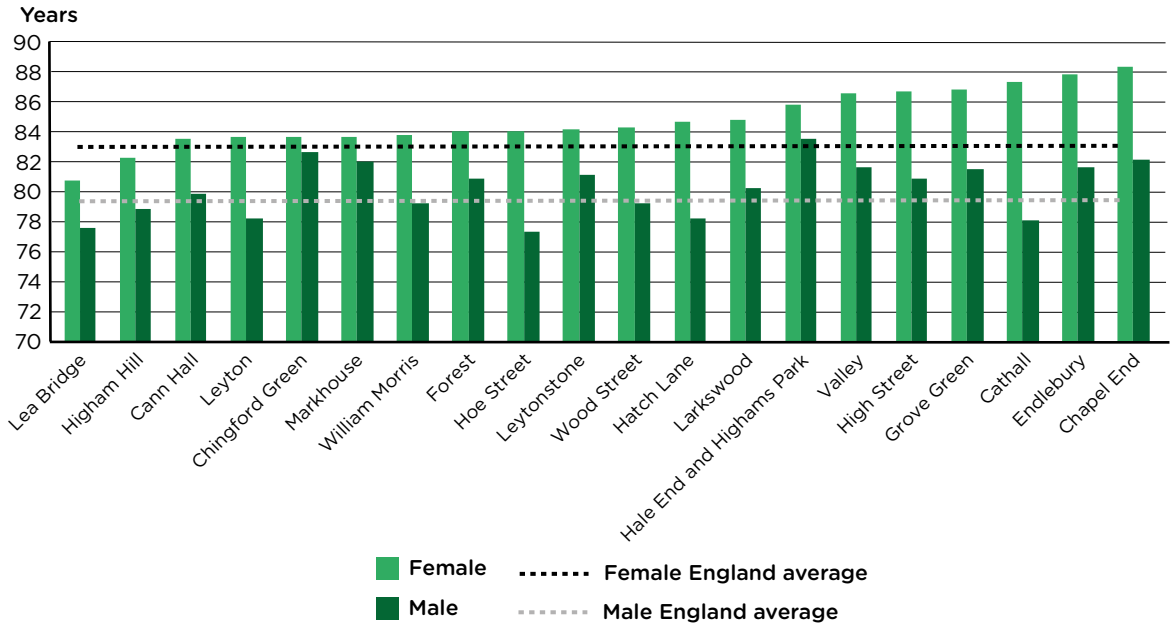
Figure 2.4. Trends in life expectancy, female and male, Waltham Forest, London and England, 2001–2020



Source: *Office for National Statistics (48)*

There are widespread inequalities in life expectancy within Waltham Forest. For women, Chapel End ward had the highest life expectancy over the period 2016–20, at 88.4 years compared with 80.8 for women in Lea Bridge ward, a difference of 7.6 years. Hale End and Highams Park and Chingford Green wards have the highest male life expectancy, 83.6 and 82.7 years respectively, compared with 77.3 years in Hoe Street. The difference between the wards with the highest and lowest average life expectancy for men in Waltham Forest is 6.2 years. Eight wards have lower male life expectancy than the average for England, and two wards have lower life expectancy than England for women (Figure 2.5).

Figure 2.5. Estimated male and female life expectancy at birth, Waltham Forest wards and England, 2016–20

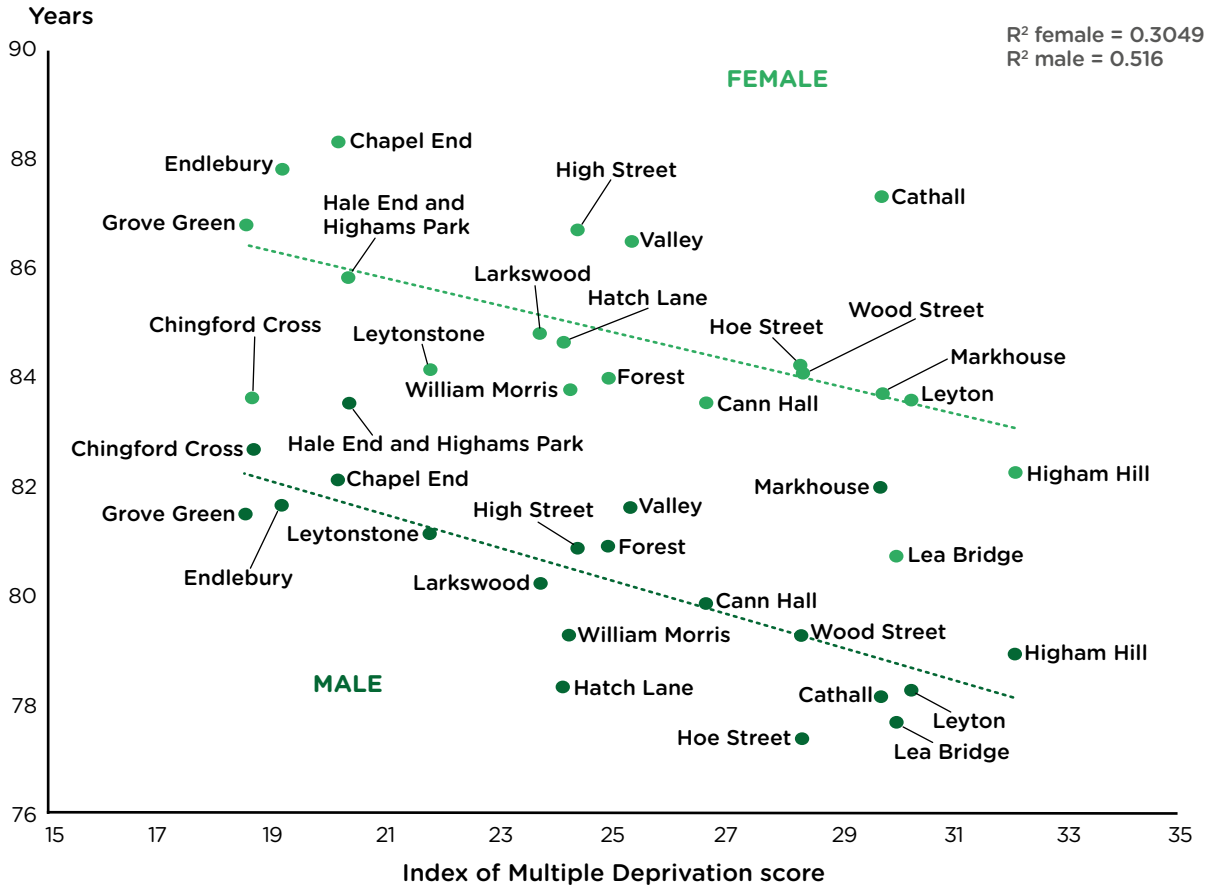


Note: *The areas are ranked by female life expectancy.*

Source: *Office for National Statistics (48)*

There is an association between life expectancy and deprivation as measured by the IMD by ward, with more deprived wards having lower life expectancy than less deprived wards (Figure 2.6).

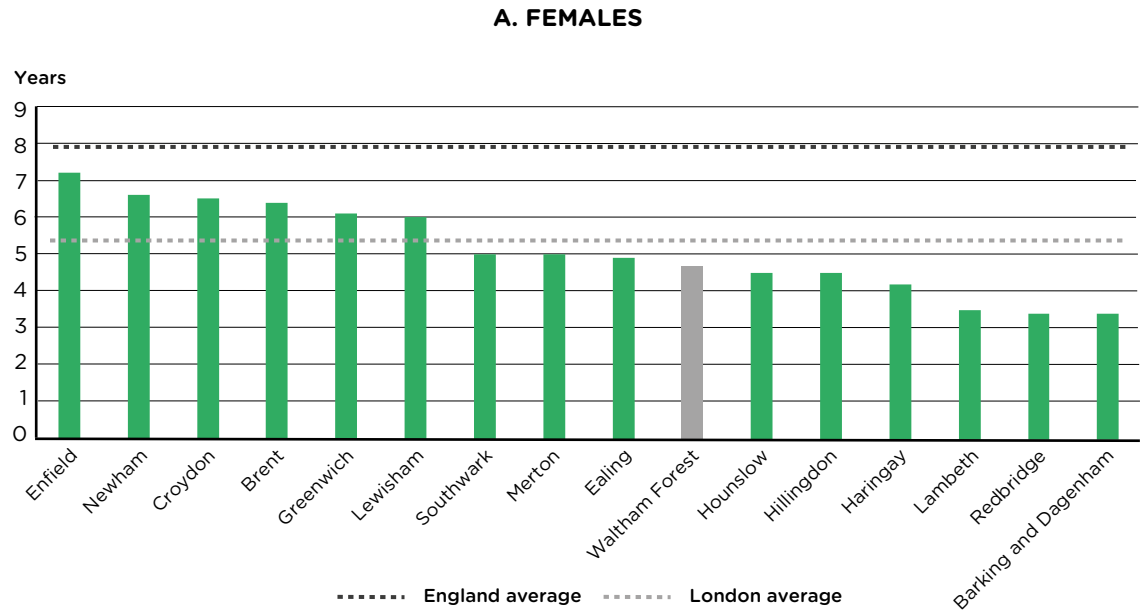
Figure 2.6. Estimated male and female life expectancy at birth and deprivation (IMD 2019), Waltham Forest wards, 2016–2020

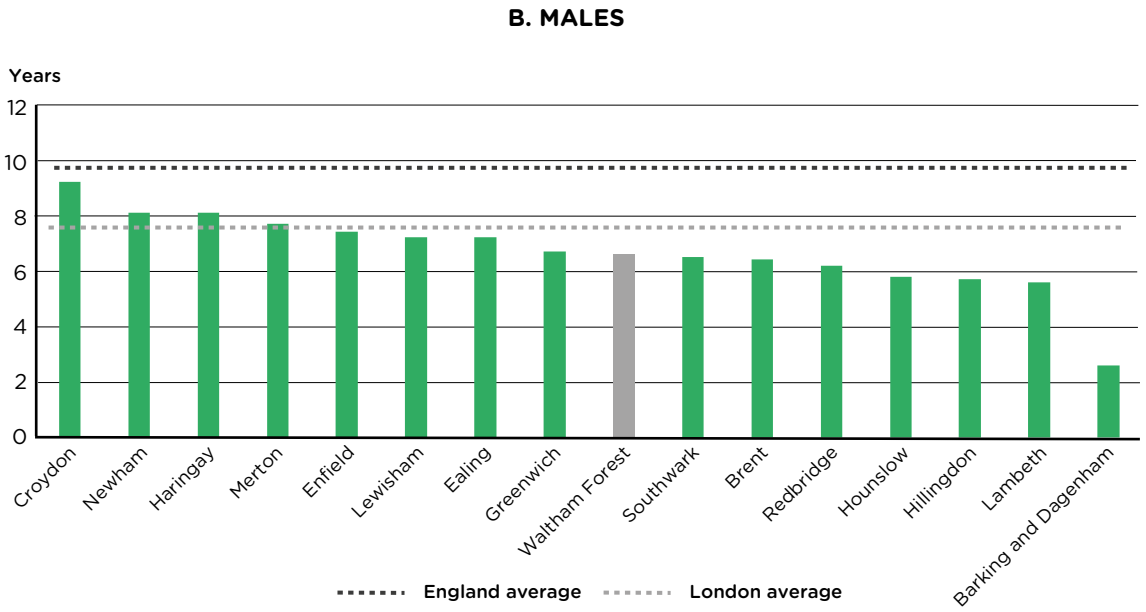


Source: *Office for National Statistics (48)*

Figure 2.7 shows inequalities in life expectancy within Waltham Forest compared to its closest statistical neighbours. Inequalities are not as steep in Waltham Forest compared to its neighbours and are below the London and England averages, for both women and men.

Figure 2.7. Within borough inequality in life expectancy at birth in number of years, females and males, Waltham Forest and CIPFA closest neighbours, 2018–20



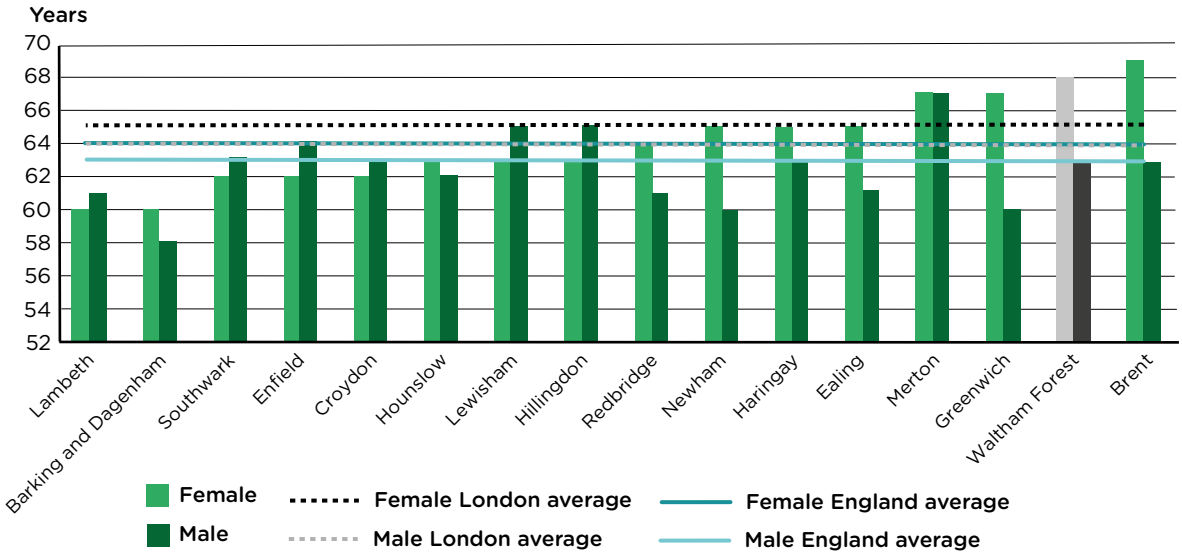


Source: *OHID (49)*

HEALTHY LIFE EXPECTANCY

Healthy life expectancy is the average number of years an individual is expected to live in a state of self-assessed 'good' or 'very good' health. Healthy life expectancy fell between 2014–16 and 2017–19 in England: men lost 1.6 months in healthy life expectancy and women lost 3.5 months (50). IHE's *Ten Years On* report found this likely related to policies of austerity, including deteriorating quality of work, stagnating wages, cuts to public services, local authority funding and benefits, and declining investment in deprived communities (10). In Waltham Forest, healthy life expectancy is the same as in England for men and four years higher for women; compared with London, male healthy life expectancy is lower than the average but higher for women (Figure 2.8).

Figure 2.8. Female and male healthy life expectancy at birth, Waltham Forest and CIPFA nearest neighbours, London and England, 2018–20



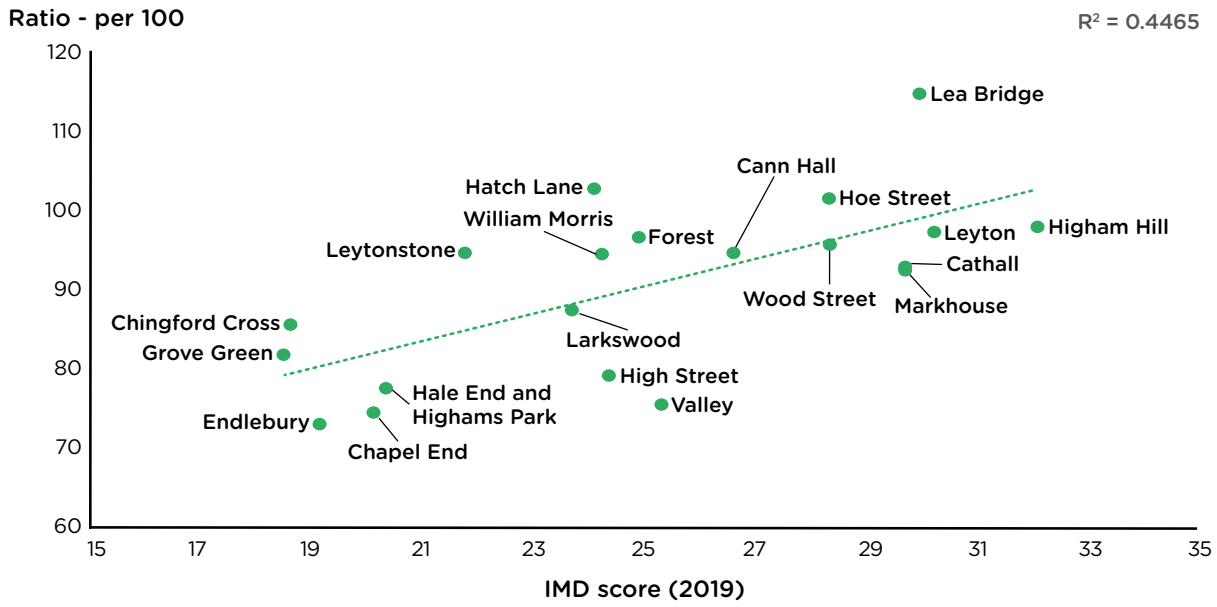
Note: *The areas are ranked by female healthy life expectancy.*

Source: *Office for National Statistics (48)*

2C. INEQUALITIES IN MORTALITY

Mortality rates, used to calculate life expectancy, are higher in Waltham Forest's more deprived wards. Figure 2.9 shows the clear inequalities in mortality from all causes in Waltham Forest, related to level of deprivation in wards over the period 2015–19.

Figure 2.9. All-cause mortality ratio and deprivation (IMD 2019), all ages, directly standardised ratio, per 100, Waltham Forest wards, 2015–2019

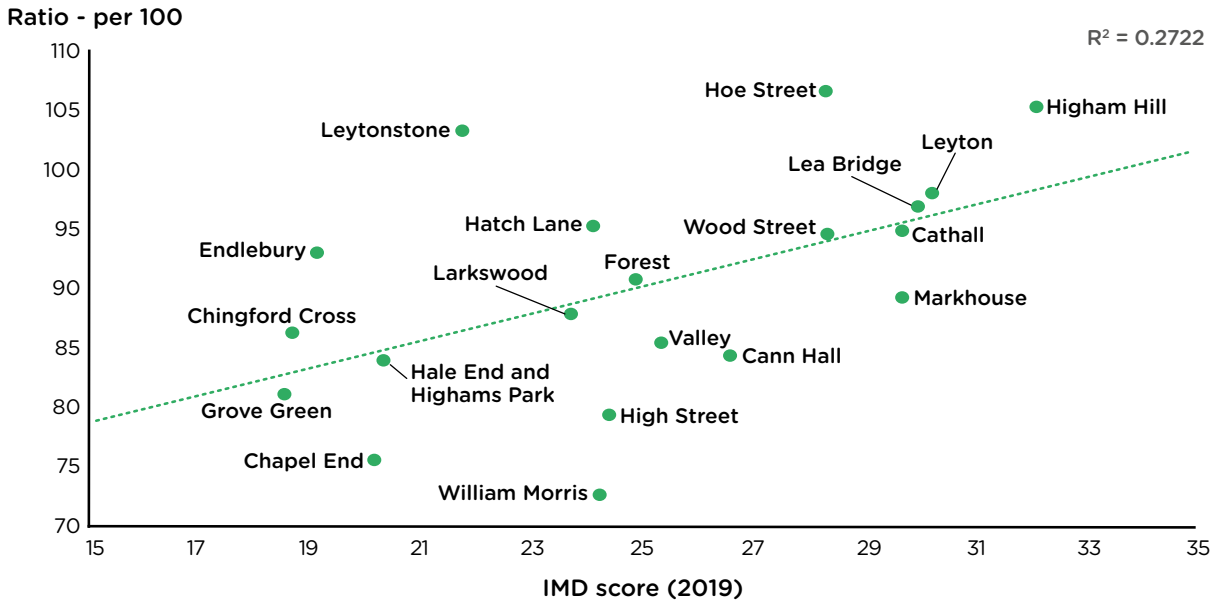


Note: *The R^2 value measures how well the linear regression model fits a dataset. It measures the proportion of the variance in the response variable that can be explained by the predictor variable.*

Source: *Office for Health Improvement & Disparities (based on Office for National Statistics source data) (51)*

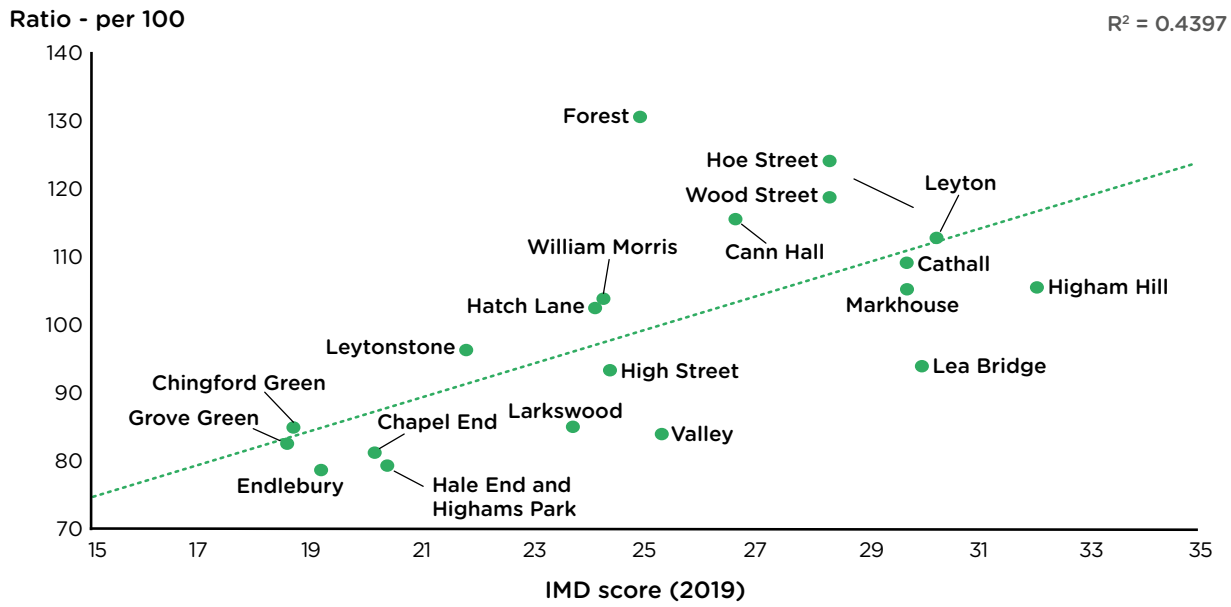
Figures 2.10–2.12 show mortality ratios for cancer, circulatory and coronary disease by ward and level of deprivation in Waltham Forest. For each disease there are clear inequalities in mortality rates, related to deprivation.

Figure 2.10. Cancer mortality ratio and deprivation (IMD 2019), all ages, directly standardised ratio, per 100, Waltham Forest wards, 2015–2019



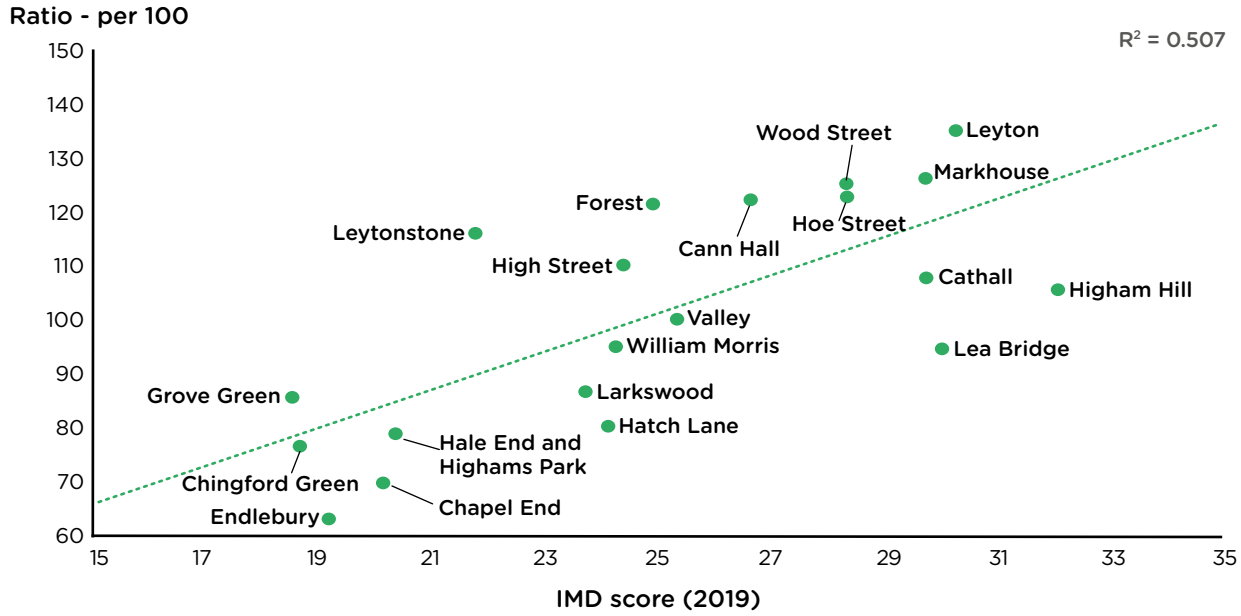
Source: *Office for Health Improvement & Disparities (based on Office for National Statistics source data) (51)*

Figure 2.11. Circulatory disease mortality ratio and deprivation (IMD 2019), all ages, directly standardised ratio, per 100, Waltham Forest wards, 2015–2019



Source: *Office for Health Improvement & Disparities (based on Office for National Statistics source data) (51)*

Figure 2.12. Coronary disease mortality ratio and deprivation (IMD 2019), all ages, directly standardised ratio, per 100, Waltham Forest wards, 2015–2019



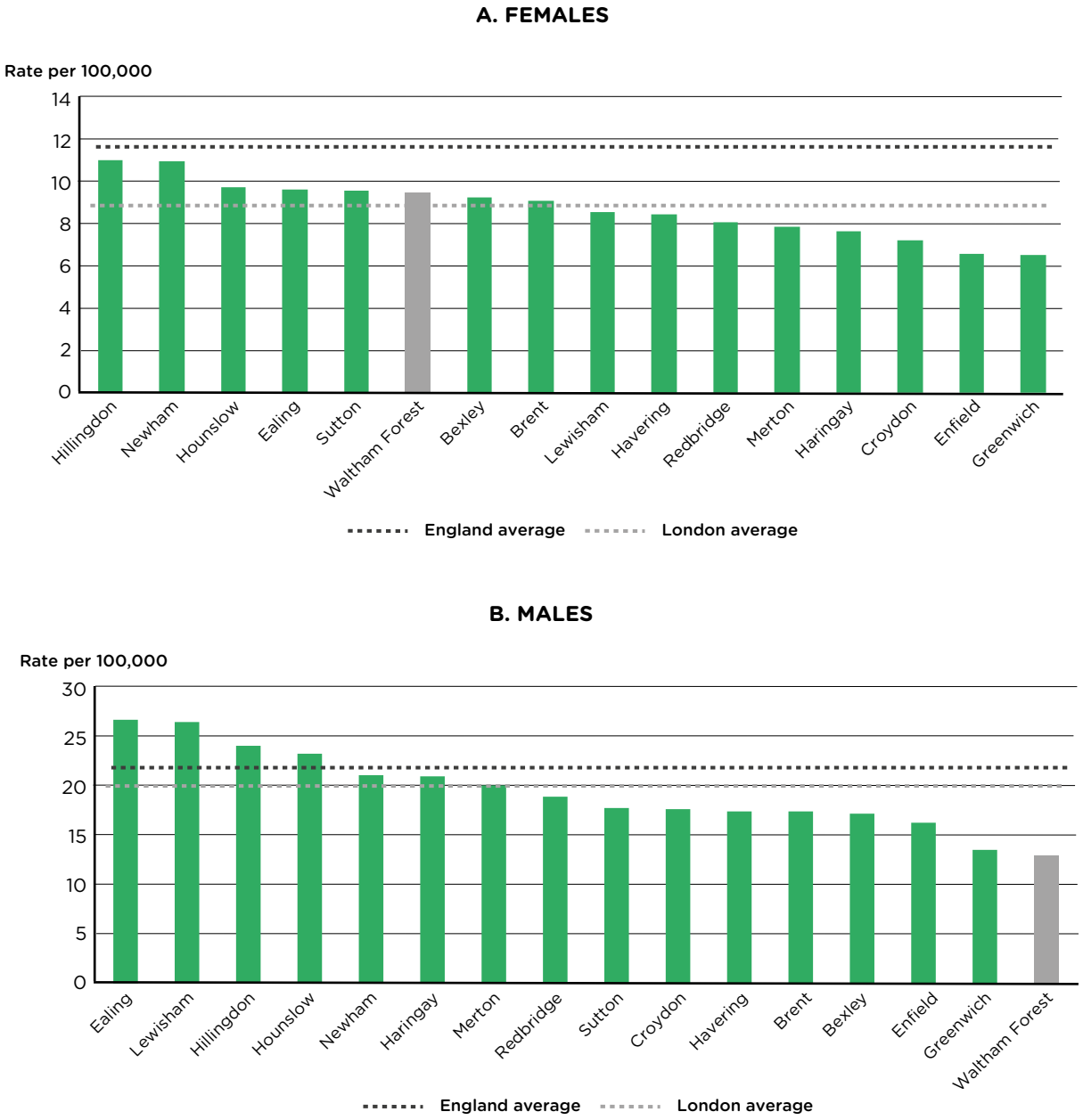
Source: *Office for Health Improvement & Disparities (based on ONS source data) (51)*

INEQUALITIES IN PREVENTABLE MORTALITY

Under-75 mortality from causes considered preventable is an important way to gauge inequalities. Causes considered preventable are defined as causes where all or most deaths could potentially be prevented by public health interventions in the broadest sense and under-75 mortality is considered to be premature mortality (52).

Waltham Forest has a slightly higher rate among men of under-75 mortality considered preventable from liver disease compared with the average for England, and higher than the London average. In women, under-75 mortality considered preventable from liver disease is slightly higher than the London average (Figure 2.13).

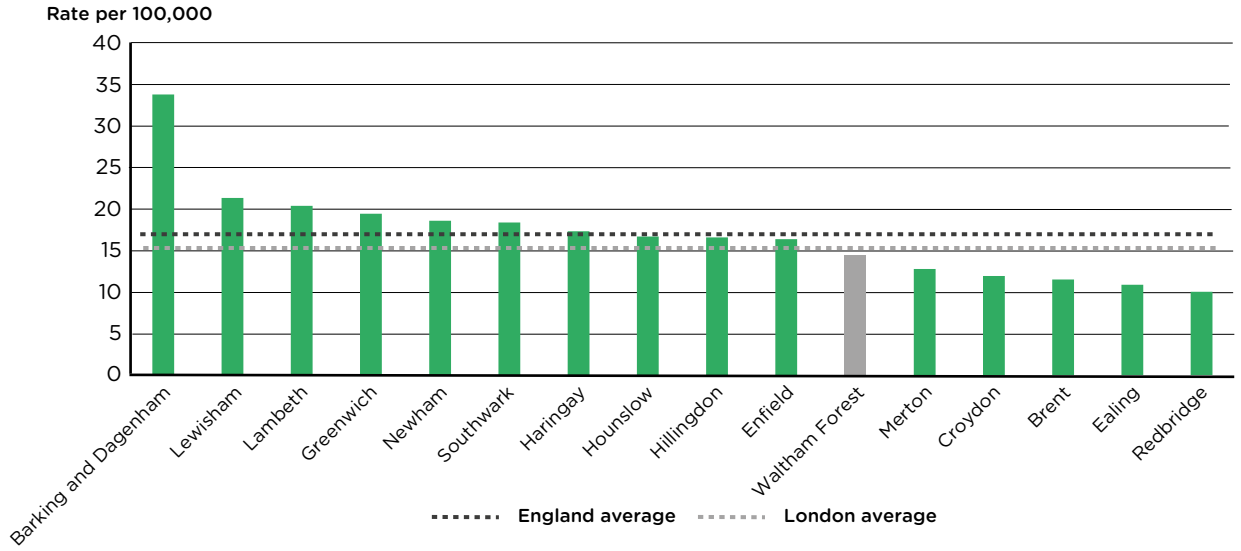
Figure 2.13. Under-75 mortality rate from liver disease considered preventable, deaths per 100,000, Waltham Forest and CIPFA nearest neighbours, London, and England, three-year average, 2017–19



Source: *Office for Health Improvement & Disparities (based on Office for National Statistics source data) (53)*

In relation to under-75 mortality from respiratory disease considered preventable, Waltham Forest has a slightly lower rate than the average for London and England and lower than many of its statistical neighbours (Figure 2.14).

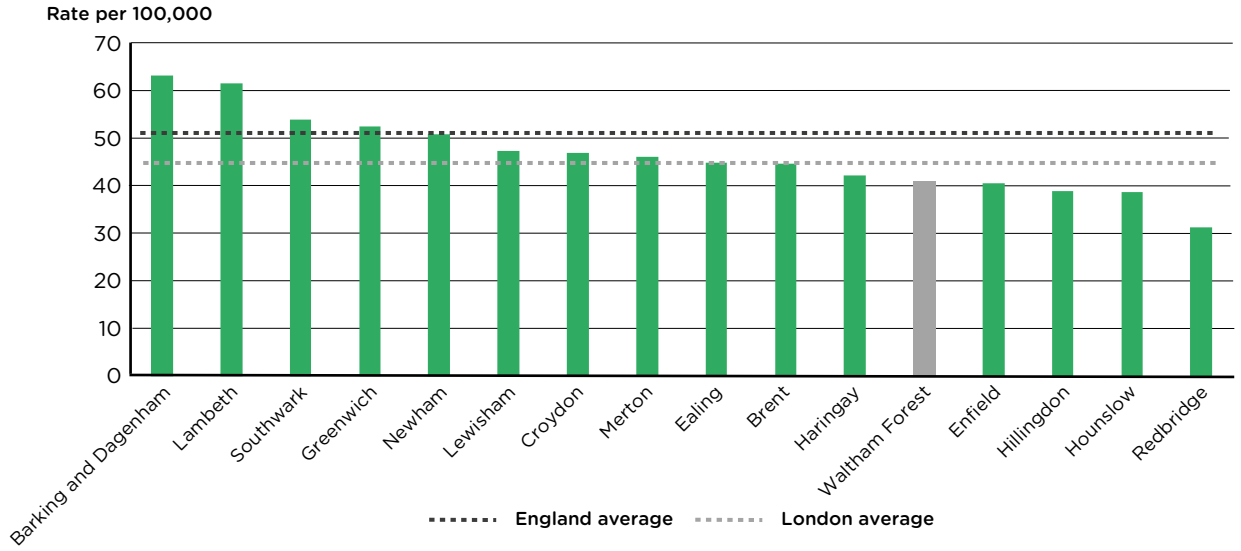
Figure 2.14. Under-75 mortality rate from respiratory disease considered preventable (2019 definition), deaths per 100,000, Waltham Forest and CIPFA nearest neighbours, London, and England, 2020



Source: *Office for Health Improvement & Disparities (based on Office for National Statistics source data) (54)*

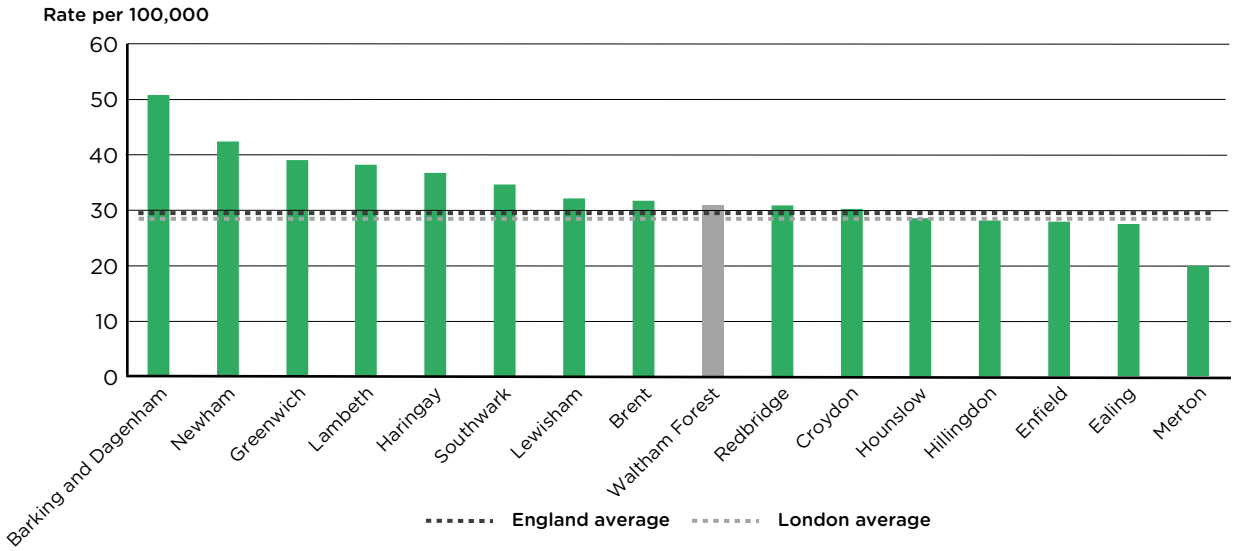
The rate is also lower than England and London for cancer and around the same for cardiovascular disease (Figures 2.15 and 2.16).

Figure 2.15. Under-75 mortality rate from cancer considered preventable (2019 definition), deaths per 100,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Source: *Office for Health Improvement & Disparities (based on Office for National Statistics source data) (55)*

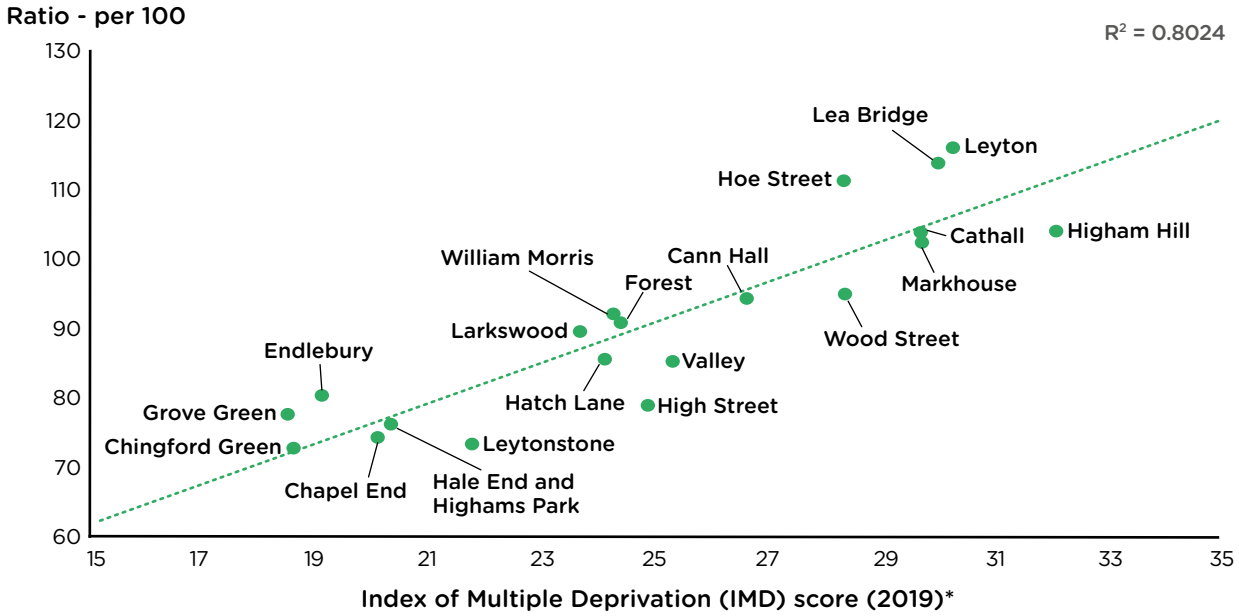
Figure 2.16. Under-75 mortality rate from cardiovascular disease considered preventable (2019 definition), deaths per 100,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



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

Overall rates of preventable mortality for those aged under 75 in Waltham Forest by ward reveal large inequalities, with more deprived areas having high rates of preventable premature mortality, though, as stated above, many of these are below the London and England averages. Figure 2.17 shows a clear association with deprivation in the under-75 mortality rate from causes considered preventable by ward in Waltham Forest – the rate in Leyton ward is over one-and-a-half times (1.6) that of Chingford Green.

Figure 2.17. Under-75 mortality rates from causes considered preventable and deprivation (IMD 2019), directly standardised ratio, per 100, Waltham Forest wards, 2015–2019



Source: *Office for Health Improvement & Disparities (based on Office for National Statistics source data) (51)*

IMPACTS OF INEQUALITIES ON NHS SERVICES

Preventable deaths, diseases and illnesses are costly: 40% of healthcare provision in the UK is used to manage these conditions (57). The British Medical Association has found that 'preventable ill health accounts for an estimated 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days' (58).

In 2011/12, the most deprived 20% of neighbourhoods had 20% more planned admissions and a 71% higher rate of emergency admissions than the most affluent 20% of neighbourhoods in England (59). GP practices in the areas of highest deprivation in England have 60–70% higher rates of admission for asthma, chronic obstructive pulmonary disease and respiratory infections compared with GP practices in the least deprived areas (60). There are also steep inequalities in hospital admissions among children and young people in England, related to level of deprivation (61).

While the moral imperative to avoid ill-health is the most pressing reason to act, there are clear financial, efficiency and demand reduction reasons for the NHS to contribute to reducing deprivation. Demand, and spiralling costs, can be reduced by effective action on the social determinants. Research consistently shows investing in prevention and early intervention will save money by reducing demand on the NHS and public services and will improve health and wellbeing and support economic growth (62). In 2011/12 socioeconomic inequalities were estimated to cost the NHS in England £4.8 billion as a result of excess hospital admissions.

For the last 50 years research has consistently shown primary care services in areas of high deprivation are under-resourced despite having higher needs (63). Primary care funding in areas of high deprivation needs to be sufficient to enable the effective primary care management of patients with additional health needs, and achieving this will contribute to reducing the number of patients in NHS hospitals for unplanned emergency care (61).

However, the NHS cannot reduce inequalities alone, and must work with partners, such as employers and the VCFSE sector, to increase incomes and reduce deprivation. An assessment in five Clinical Commissioning Groups (CCGs) in England concluded local NHS leaders should stop looking for 'simple, cheap interventions to reduce inequalities in avoidable emergency admissions' as such interventions do not exist. Instead, 'long-term multifaceted interventions are required that embed inequality considerations into mainstream decision making' (64).

The way to approach this is considered in Section 4A.

INEQUALITIES IN COVID-19

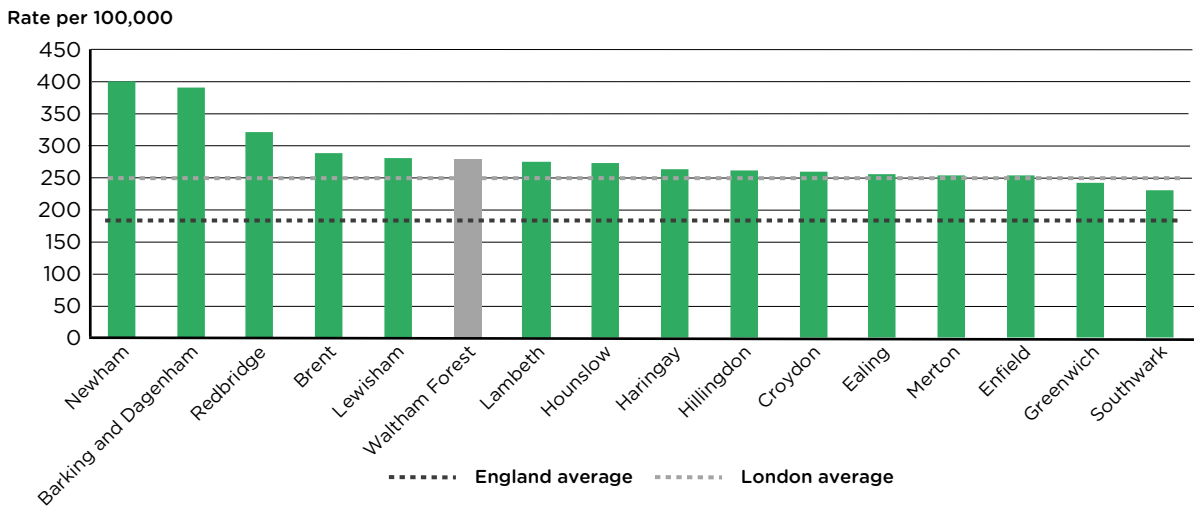
The COVID-19 pandemic exposed and amplified inequalities in the social determinants of health, globally, in England, and in London. The IHE report *Build Back Fairer* showed how the burden of mortality from COVID-19 fell unequally across society, exposing and exacerbating the health inequalities that existed prior to the pandemic related to poverty, area deprivation, occupation, ethnicity, prior health status, age and housing conditions (65) (66). The lockdowns and restrictions put in place due to the pandemic also worsened physical and mental health and widened inequalities in key social determinants of health, particularly education and income. These will have long-term impacts on inequalities in health.

In the first wave of the pandemic, the London region had the highest COVID-19 mortality rate in the UK (28). A study of COVID-19 from March to June 2020 found Waltham Forest was one of the five Northeast London boroughs where the risks of mortality were the highest (along with Barking and Dagenham, Newham, Haringey and Enfield) (67). Waltham Forest has a number of risk factors that led to a higher COVID-19 mortality. Overcrowded homes were a factor in increasing the spread of this infectious disease. The only overcrowding data from the 2011 Census showed 15% of Waltham Forest's houses were overcrowded, approximately 15,000 homes, the fifth highest rate in London. Waltham Forest had the fourth highest percentage (35%) of people aged 70-plus living in a mixed, multi-generational household at the 2011 Census, also likely to have facilitated high rates of COVID-19 infection.

The large ethnic minority population in Waltham Forest increased the risk from COVID-19. Early in the pandemic, a study of deaths due to COVID-19 (from January to May 2020), based on data from East London hospitals, identified ethnic inequalities in COVID-19 mortality, concluding people from Asian and Black backgrounds had higher mortality from COVID-19 infection than other ethnicities, after controlling for confounding effects (68). In subsequent waves, these ethnic inequalities persisted. Research analysing emergency admissions with SARS-CoV-2 infection between 1 September 2020 and 17 February 2021 to acute NHS hospitals in East London found Asian and Black ethnic groups continued to experience poor outcomes following COVID-19 (69). Waltham Forest also has a large number of people employed in healthcare, placing them at the frontline of infection. All these factors meant higher risks for many Waltham Forest residents during the pandemic (70) (71).

Over the period March 2020 to April 2021 Waltham Forest had a higher rate of COVID-19 mortality than the average for England and slightly higher than the average for London (Figure 2.18).

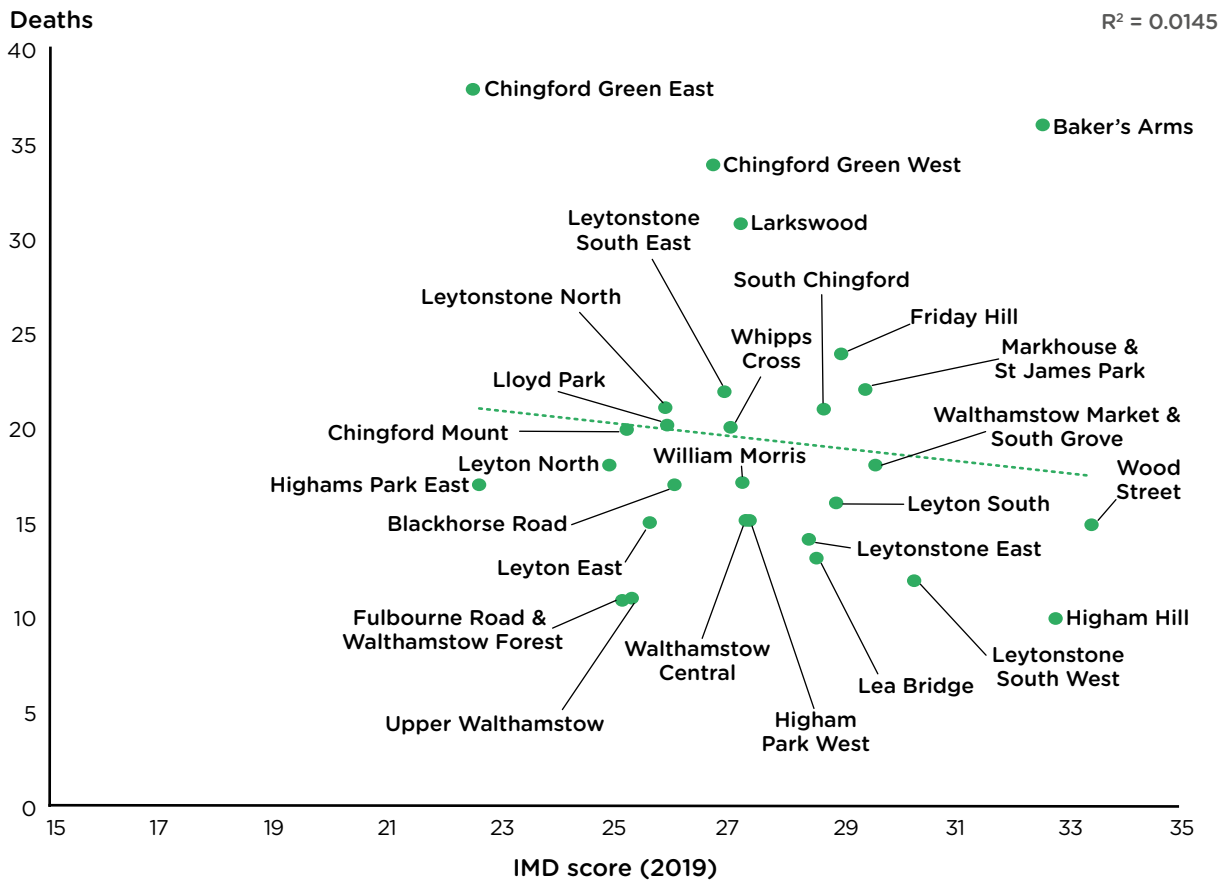
Figure 2.18. Age-standardised COVID-19 mortality rate per 100,000, Waltham Forest and CIPFA nearest neighbours and England, March 2020–April 2021



Note: *Deaths 'due to COVID-19' only include deaths where coronavirus (COVID-19) was the underlying (main) cause.*
Source: *Office for National Statistics (72)*

Our *Build Back Fairer* report showed the more deprived a local authority in England, the higher the mortality rate from COVID-19. Within Waltham Forest that association is evident though quite weak at MSOA level (Figure 2.19). However, excess mortality in some of these MSOAs may be due to higher numbers of care homes in those locations.

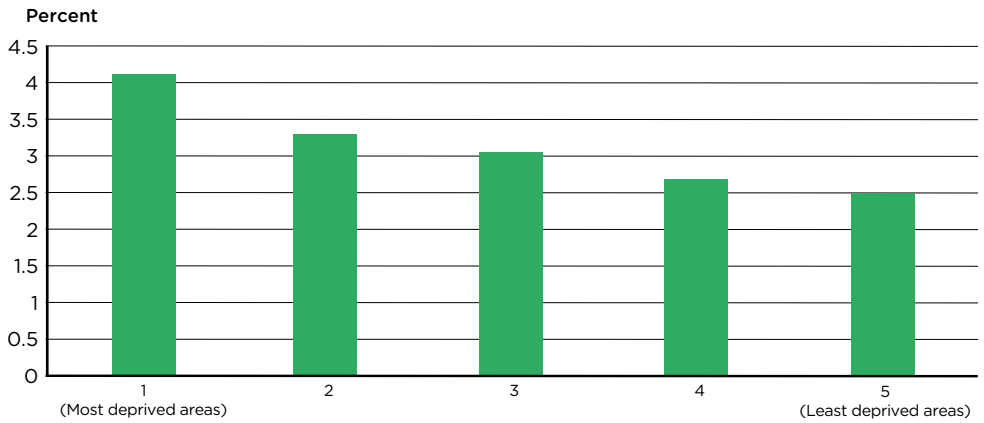
Figure 2.19. Deaths due to COVID-19 and deprivation (IMD 2019), Waltham Forest MSOAs, March 2020–April 2021



Source: *Office for National Statistics (73)*

Some people experience long-term effects of COVID-19, or 'long COVID', defined as the presence of ongoing symptoms after four weeks (74). Fatigue is the most common symptom of long COVID, followed by shortness of breath, difficulty concentrating, and muscle ache. In the UK population, ONS data shows self-reported long COVID is highest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those aged 16 years or over who are not working and are not looking for work, and those with another activity-limiting health condition or disability (75). Multivariate analysis from over 120,000 people with long COVID in England found the strongest predictors were, in order: age, sex, body mass index (BMI), household income, healthcare/care home worker, deprivation, smoking status, prior hospitalisation with COVID-19 and vaping status. The latter analysis shows those living in the most deprived areas in England have a higher burden of persistent symptoms post COVID-19, illustrated in Figure 2.20, which depicts the gradient in self-reported long COVID in the UK (76).

Figure 2.20. Estimated percentage of people with self-reported long COVID of any duration, by level of deprivation quintile, UK, four-week period ending 31 July 2022

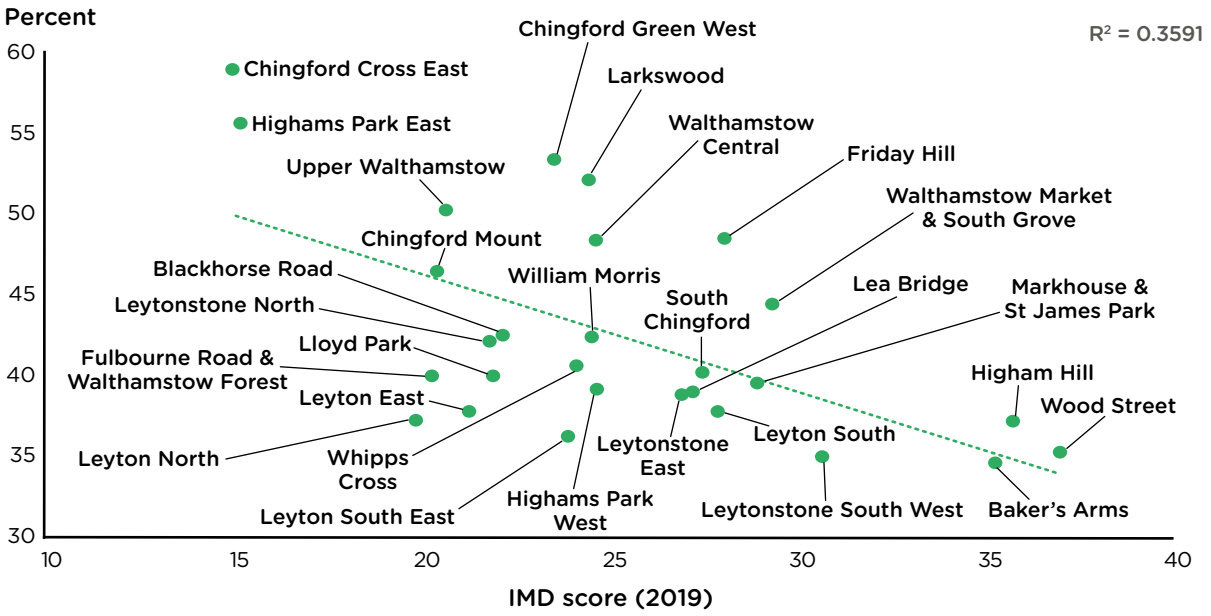


Source: *Office for National Statistics (75)*

While public health, the NHS and other sectors worked hard – and in new and innovative partnerships – to increase uptake of the vaccine and reduce inequalities in its uptake, there is a clear association between the number of people who had received three COVID-19 vaccine doses (as of May 2022) and deprivation. As across many areas in England, those living in more deprived areas in Waltham Forest were less likely to have received three vaccine doses (Figure 2.21).

> ***Regarding vaccine reluctancy within the ethnic minority community, we approached 530 people which led to take-up in 510 people, based on confidence and trust and our cultural competency.***
>
> *Waltham Forest VCFSE sector*

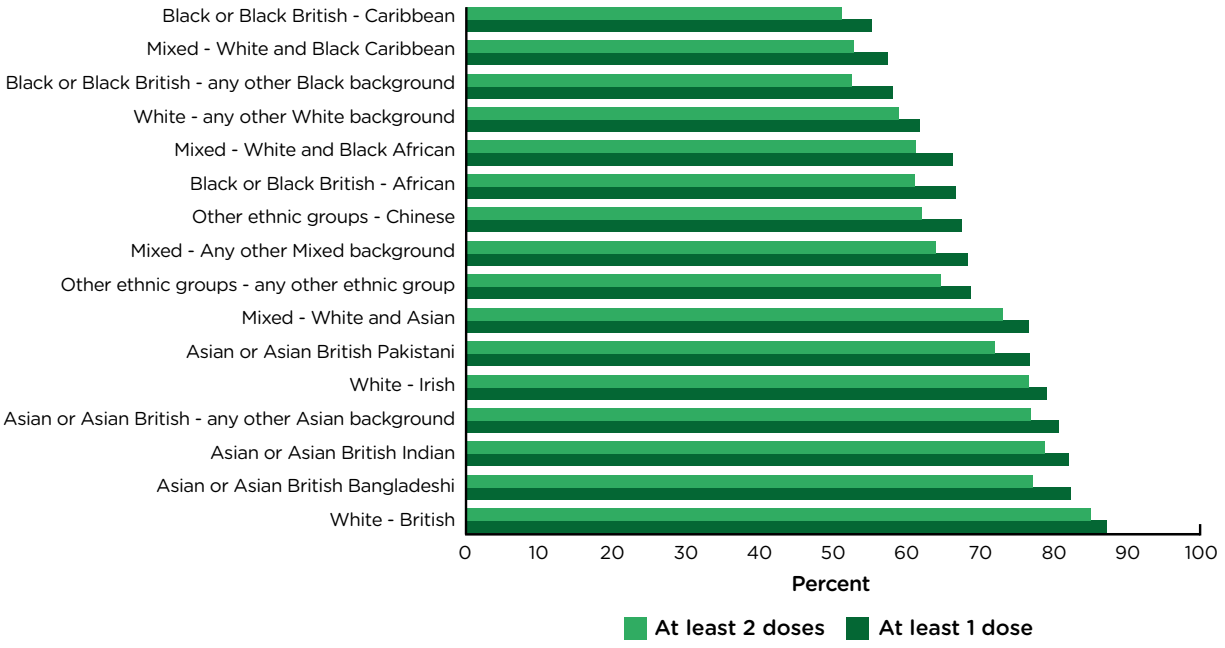
Figure 2.21. Percentage of people who had had at least three doses of a COVID-19 vaccine by level of deprivation (IMD 2019), Waltham Forest MSOAs, 5 May 2022



Source: *NHS (77)*

Across London there are inequalities by ethnicity in those receiving one or more COVID-19 vaccines, with White British people having the highest rate (Figure 2.22).

Figure 2.22. Percentage of people vaccinated for COVID-19 by ethnicity and number of doses, London region, 8 December 2020–31 March 2022



Note: *The areas are ranked by the rate receiving at least one dose.*

Source: *National Immunisation Management System (NIMS) (78)*

2D. MENTAL HEALTH

I've got multiple health issues. I'm diabetic, I've got asthma and COPD, and I'm also suffering from mental health problems. I feel really isolated. I don't go out. The traffic and parking is awful, so it is difficult for people to visit me. The noise on the street is horrendous and the air pollution is making my breathing really bad. I don't work and money is very tight. I am in debt and struggling to pay my rent. It is very difficult and no one seems to be able to help. You can't get a GP appointment. I'm not getting the mental health support I need. I feel very vulnerable.

Male, aged 35–54,
White, long-term limiting health condition

There is a history of underinvestment in mental health, community services and overreliance on acute setting - because people ending up in crisis.

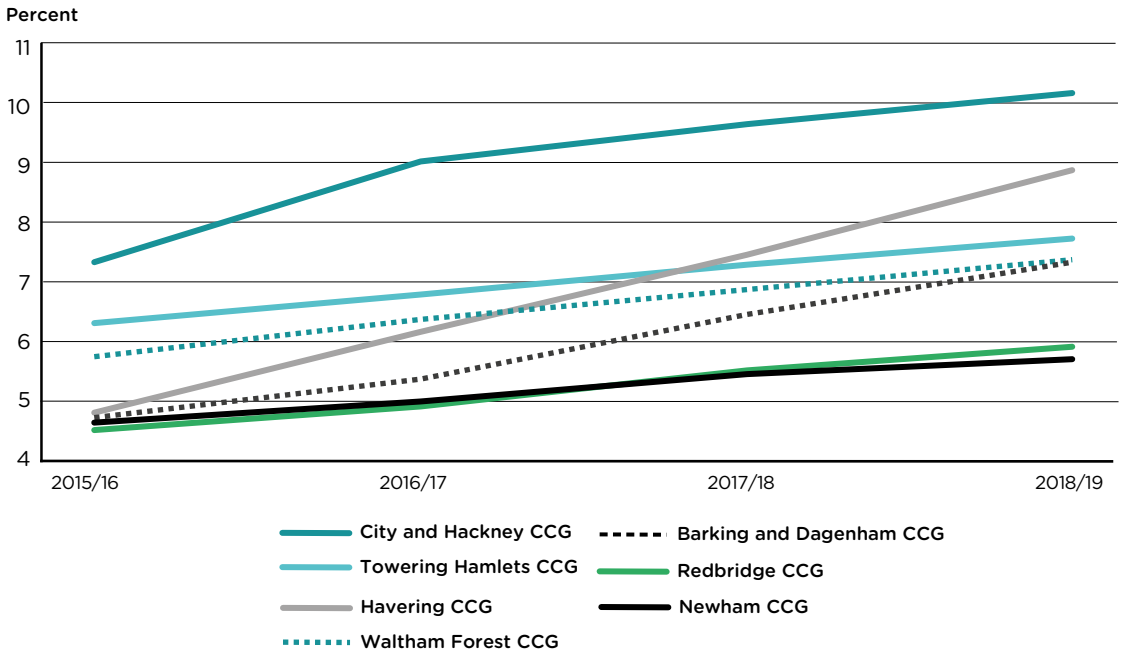
Waltham Forest NHS stakeholder

Poor mental health is a major contributor to health inequalities and austerity and the COVID-19 pandemic has worsened this situation. In this section we overview inequalities in depression, severe mental illness, suicide and life satisfaction in adults.

Severe mental illness, including diagnoses such as severe depression, bipolar affective disorder, and other psychotic illnesses, is associated with premature mortality. In England, people with severe mental illness die, on average, 15 to 20 years earlier than the average for the population as a whole, and are 4.5 times more likely to die prematurely than those without severe mental illness (79) (80). There are numerous reasons for this: higher rates of suicide, as well as behavioural risk factors such as increased rates of smoking, alcohol and drug use. Compared with all GP patients, patients with severe mental illness have higher rates of a wide range of physical ailments including obesity, diabetes, COPD and cardiovascular disease, and the prevalence of these conditions is higher for those patients with severe mental illness who live in more deprived areas (79).

As in other London boroughs, and across England, in Waltham Forest there has been a rise in recorded depression for those aged 18 and over (Figure 2.23). The data we are using is from 2018/19, as the COVID-19 pandemic affected prevalence trends and there were boundary changes in 2021 when seven CCGs became a single organisation, North East London CCG. This has led to difficulties recently in comparing trends in Waltham Forest.

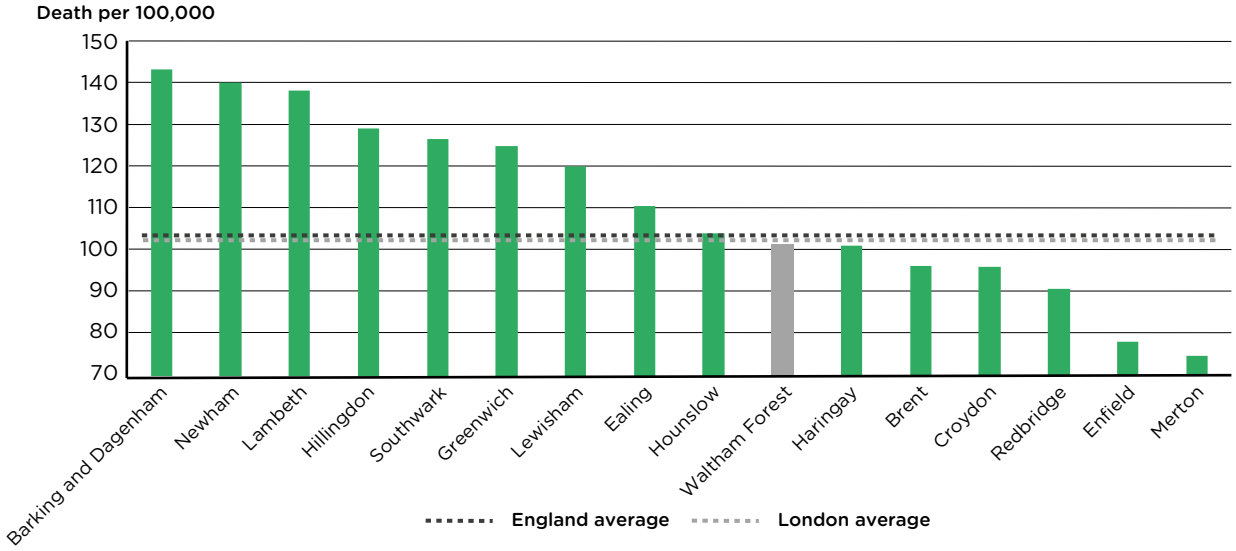
Figure 2.23. Trends in the prevalence of depression recorded for Qualities and Outcomes Framework (QOF) purposes, in people aged 18 and over, North East London Clinical Commissioning Groups, 2015/16 to 2018/19



Note: *In April 2021 the six CCGs above became a single organisation named North East London CCG.*
Source: *QOF (81)*

Figure 2.24 shows premature mortality in adults with severe mental illness in Waltham Forest and its nearest statistical neighbours. Waltham Forest has a rate of premature mortality for those with severe mental illness that is slightly lower than the averages for England and London.

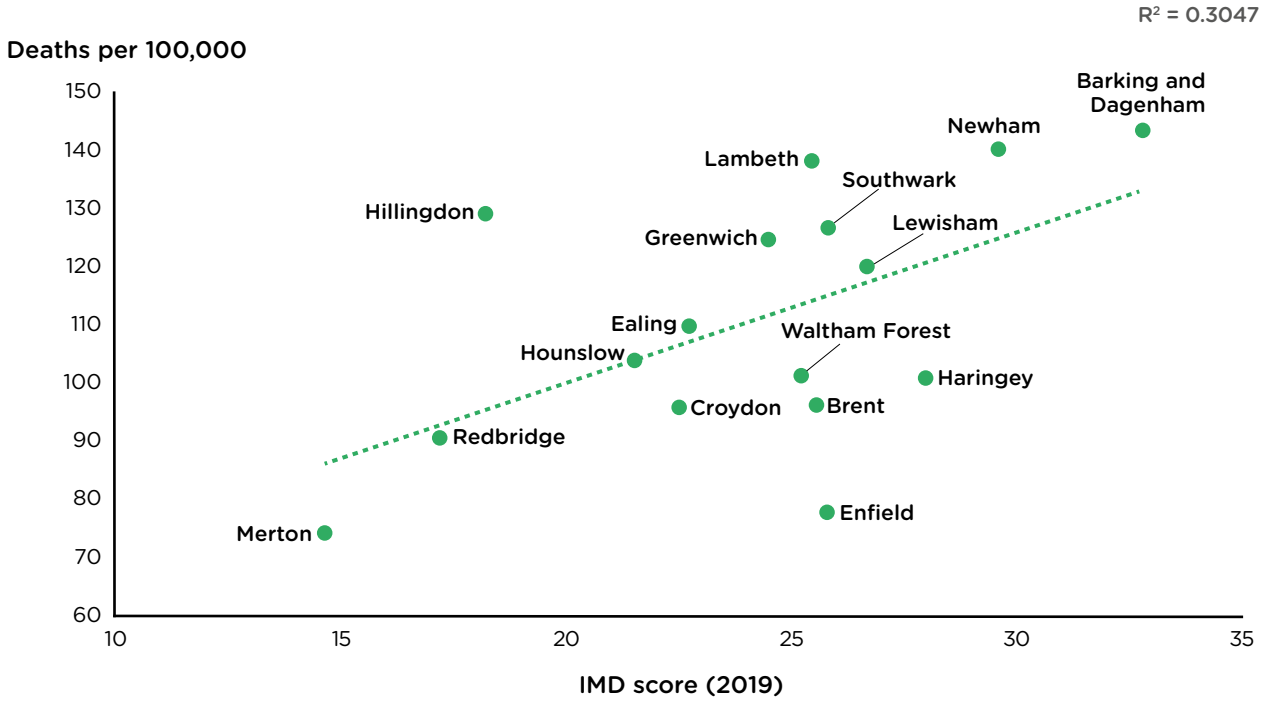
Figure 2.24. Premature mortality in adults with severe mental illness (SMI), deaths per 100,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2018–20



Source: *Office for Health Improvement & Disparities (based on Office for National Statistic source data) (82)*

There is a relationship between deprivation and premature mortality in adults with severe mental illness, shown in Figure 2.25, with those areas with higher levels of deprivation generally having higher rates of premature mortality for those with severe mental illness.

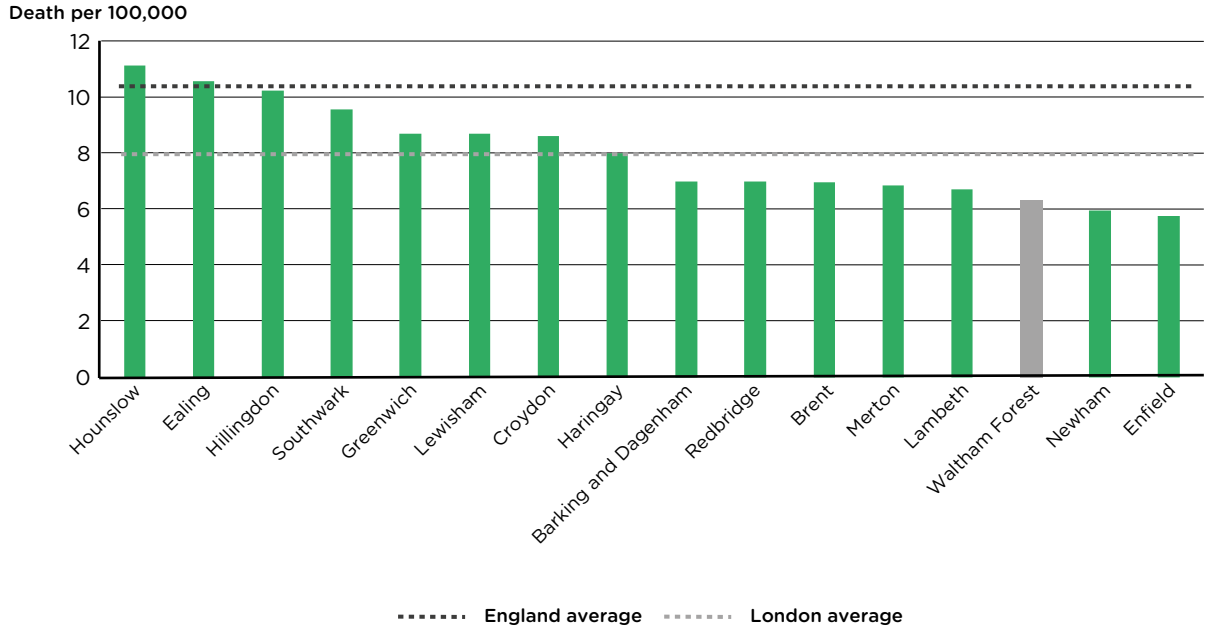
Figure 2.25. Premature mortality in adults with severe mental illness (SMI), deaths per 100,000, by level of deprivation (IMD 2019), Waltham Forest and CIPFA nearest neighbours, London and England, 2018–20



Source: *Office for Health Improvement & Disparities (based on ONS source data) (82)*

Factors in wider society affect trends in suicide and the social determinants of suicide (83). Suicides are more common in more deprived than in less deprived areas of the UK. Estimates vary but suggest twice or even three times the rates of suicide in more deprived compared with wealthier areas (84). Waltham Forest has a relatively low suicide rate compared with its nearest statistical neighbours, and with the averages for London and England (Figure 2.26).

Figure 2.26. Suicide rate* per 100,000, Waltham Forest and CIPFA nearest neighbours, London, and England, 2018–20



Note: *This figure includes the number of deaths from suicide and classified as injury of undetermined intent.*
Source: *Office for National Statistic (85)*

In the focus groups and interviews carried out for this report, residents in Waltham Forest frequently identified that poverty was having a detrimental effect on their physical and mental health, stating it was leading to them feeling depressed, anxious and stressed and that they had little control over their lives.

> ***Both my partner and I work and we have two young children. Childcare is very expensive. Life is expensive... After all the bills are paid, we don't have much left for treats... It sometimes feels like all the pleasure and joy in life is taken and replaced by work, bills and feeling like you're failing.***
>
> *Female, aged 35–54, White, lower socioeconomic group*

> ***Prices on food and basic stuff have increased so much that we have been worried lately about our future... it causes me anxiety, stress and depression. It has affected my relationship with family members and also my productivity at work.***
>
> *Female, aged 25–34, Other White*

> ***I'm in debt, unable to find work, unable to afford food, bills or rent, and I have mental health issues caused by that lack of money and the stress.***
>
> *Male, aged 35–44, White*

A sense of control over one's life is critical to an individual's health and wellbeing and the ability to lead a dignified life is central to health (11). An individual's level of control is related to their income and level of education. In general, those living on lower incomes perceive themselves to have lower levels of control than higher income groups, and those with lower educational attainment have lower levels of perceived control than those with higher levels of education (86).

Low control at work is associated with poorer health outcomes, greater levels of stress and anxiety and lower engagement in health-promoting behaviours, as exemplified in the following quote from a Waltham Forest resident (87):

> ***I still live at home out of worry that I can't afford rent, let alone a mortgage. I'm doing teacher training and am living off a loan. This is not financially feasible for someone in their late twenties. I'm often stressed that I should be more financially independent, but the cost of living is forever increasing and makes this difficult. I often eat unhealthier foods as my release to deal with this stress, which I know probably isn't the best.***
>
> *White British, female, aged 25–34, northern part of the borough*

> ***It makes you feel hopeless, I just don't see a way out of it. It is stressful, you get into debt, you can't do the things you want. It really affects your mental health, which affects your physical health.***
>
> *Female, aged 55+, Other ethnicity, lower socioeconomic group*

Loneliness and isolation are also related to poor mental health, and are closely linked to deprivation. Social isolation is an objective measure of reduced social contact, while loneliness is the subjective negative feeling that isolation can engender. Not every person who spends time alone is lonely, nor does contact with another person necessarily remove the sense of loneliness. Isolation and loneliness have been linked to a range of physical and mental health outcomes, including depression, anxiety, dementia and suicide, as well as coronary heart disease and other cardiovascular conditions, and cancer (88).

Between October 2020 and February 2021, during the pandemic, 7.2% of Waltham Forest residents reported feeling 'often' or 'always' lonely, slightly higher than the Great Britain average of 5%. This analysis found that urban areas, areas with younger populations, and areas with higher unemployment have higher rates of loneliness, all of which apply to Waltham Forest. The same analysis has found that areas with strong local business and adult education have lower rates, so improving these factors could reduce loneliness in Waltham Forest (89).

A smaller number of residents stated the pandemic and its containment measures were continuing to have an impact on their feelings of isolation and loneliness in 2022. Two women with Asian backgrounds spoke of the legacy of the pandemic on their mental health:

> ***I found the lockdowns and pandemic really hard. I felt really isolated and lonely. It really affected my mental health and it still does. I can't really get the help I need for it. I used to be quite an active person, but I've become a hermit. I work from home, I don't see friends. I'm in a rut and need help.***
>
> *Female, aged 35–54, Asian*

> ***I've been suffering from stress and depression, partly from the pandemic.***
>
> *Female, aged 18–34, Asian, lower socioeconomic group*

Residents with long-term limiting health conditions referred to the continuing difficulty of accessing healthcare, especially primary, specialist and mental health services, during the last few years.

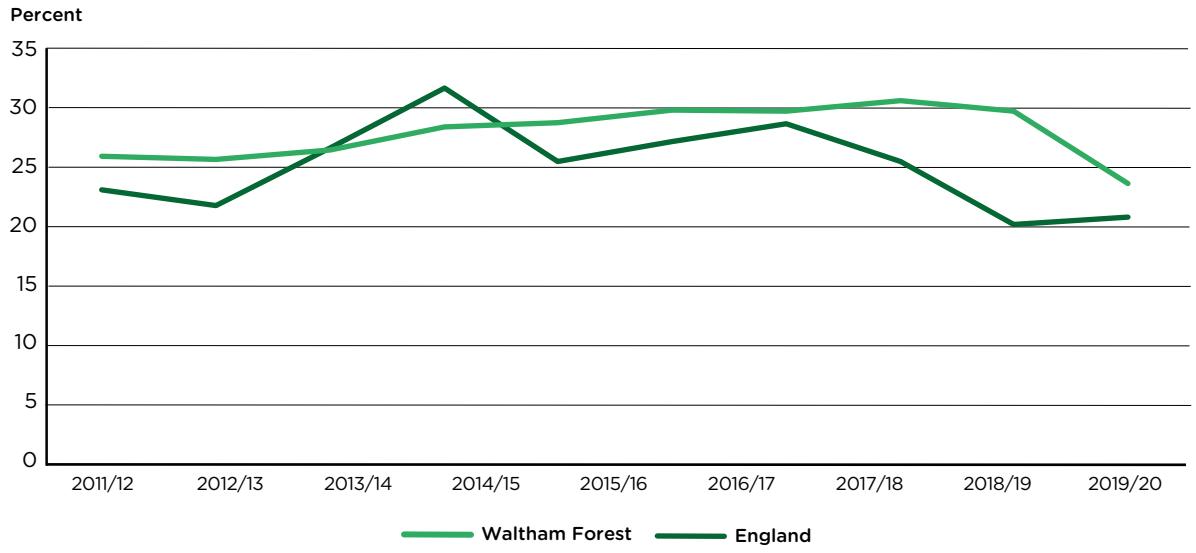
> ***There's a mental health crisis and people with other conditions can't get the help they need. If we don't do something about it now, you could live in the best place in the world, but everyone in it would be ill.***
>
> *Male, aged 55+, White, long-term limiting health condition*

It affects my ability to get the care I need. It's very frustrating to call at 8:30am and know you are thirtieth in the queue. It means I'm not going to get an appointment. I've got diabetes and COPD and need to see my doctors. It's not just access to GPs, but also mental health, which got worse during the pandemic. I've been waiting for mental health support for months. I'm lucky enough to be able to have access to some help through work and privately, but it shouldn't be that way.

Male, aged 35–54,
Asian, long-term limiting health condition

There are also indications of more positive outcomes. Figure 2.27 shows the trend over time in those reporting that their life satisfaction was 'very good' in Waltham Forest, compared with the England average. Since 2015/16 Waltham Forest's levels of life satisfaction have been below the average for England but in the context of the COVID-19 pandemic Waltham Forest has fared better than England as a whole, which saw a sharp drop in reported life satisfaction 2020/21. However, still, only one in five Waltham Forest residents stated they have 'very good' life satisfaction.

Figure 2.27. Percentage reporting 'very good' life satisfaction, Waltham Forest and England, 2011/12 to 2020/21



Source: *Office for National Statistics (90)*

CHAPTER 3

THE SOCIAL DETERMINANTS OF HEALTH IN WALTHAM FOREST

The IHE report Health Equity in England: *The Marmot Review 10 Years On*, published in 2020, built on the findings of *Fair Society, Healthy Lives* (10) (11) and showed life expectancy in England was stalling and the impacts of austerity policies had likely damaged health and increased health inequalities. The 2021 IHE report *Build Back Fairer: The COVID-19 Marmot Review* demonstrated that these inequalities had worsened the impact of the COVID-19 pandemic for those on the lowest incomes and would widen health inequalities in the longer term as a result of deepening inequalities in key social determinants of health (65).

This section reviews the evidence on the social determinants of health in Waltham Forest – along the eight Marmot principles – and makes proposals for action to reduce inequalities. No single action or action in one single area will reduce health inequalities. This section shows actions and systems change is required in all of the eight social determinants outlined.

3A. GIVE EVERY CHILD THE BEST START IN LIFE

KEY MESSAGES

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

HEALTH IN THE EARLY YEARS

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

INEQUALITIES IN DEVELOPMENT DURING THE EARLY YEARS

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

Both the 2010 and 2020 Institute of Health Equity reports showed how health inequalities in the early years have lifelong impacts.

Having a good start in life is closely associated with a range of beneficial long-term outcomes: better social and emotional development and performance at school, improved work outcomes, higher income, better lifelong health and longer life expectancy (10). Having a poor start early in life relates closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health (11). A child's early development influences school readiness and educational attainment in primary and secondary school, which goes on to influence their job prospects, economic participation and income, and thus opportunities for participating in society, for retirement, for secure older age and for good health (10). As such, we recommend action on inequalities start as early as possible, and therefore the first Marmot principle is to give every child the best possible start in life.

The early years are also the period of life when interventions are most effective, including cost-effective, yielding significant returns on investment. The Early Intervention Foundation estimated in 2016 that failing to provide the acute, statutory and essential benefits and services for children and young people early in life cost England and Wales £16.6 billion: costs to the public sector were 39% more for local government; 22% more for the NHS; 16% more for welfare; 10% more for the police; 9% more for justice and 4% more for education (37).

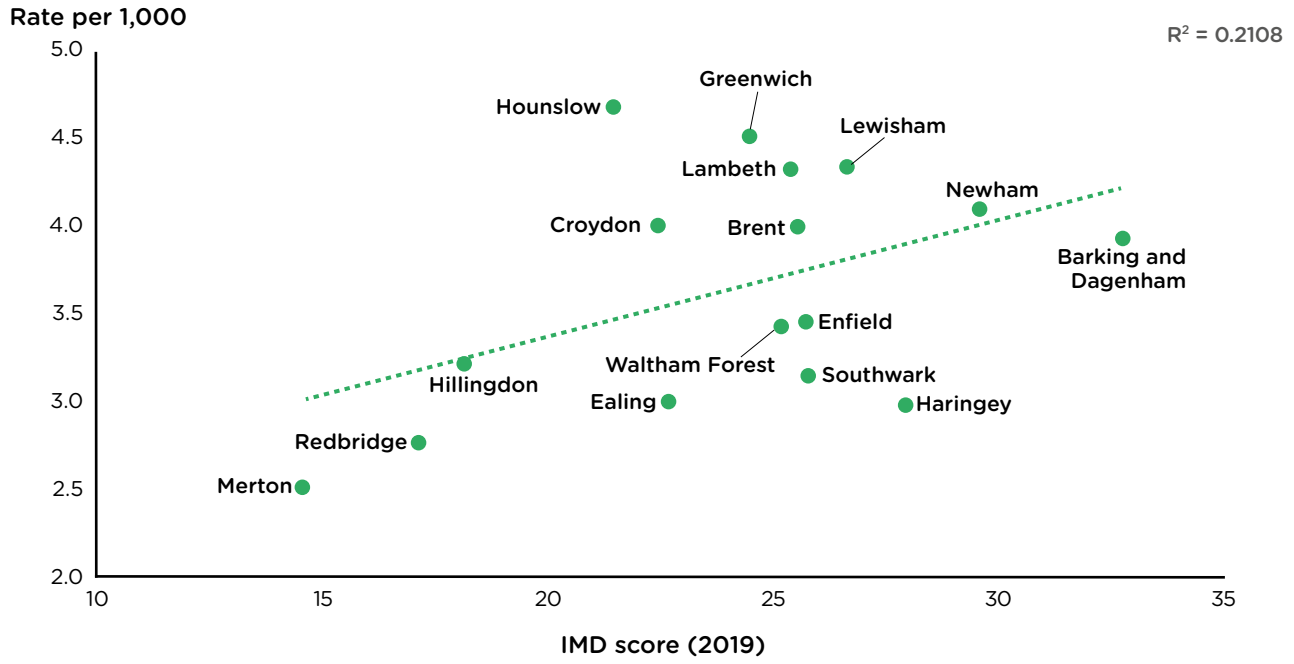
[1]*School readiness measures how prepared a child is to succeed in school cognitively, socially and emotionally. Good level of development (GLD) assesses school readiness and children have reached a GLD if they achieved at least the expected level in the areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy (400).*

Despite the evidence of its effectiveness in improving lifelong health and wellbeing and cost-effectiveness, between 2009 and 2019, there was continuous disinvestment in giving every child the best start in life. Local government spending on preventative early years and youth services (including Sure Start children's centres) fell by 21% in this period, with these declines being greatest in the most deprived areas (91).

HEALTH IN THE EARLY YEARS

Infant mortality rates are closely related to deprivation and are an indicator of the effect of family circumstances. Rates of infant mortality have increased since 2010 (10). The infant mortality rate in Waltham Forest is the same as the London average and comparable to its statistical neighbours. Figure 3.1 shows that infant mortality rates are aligned to levels of deprivation.

Figure 3.1. Infant mortality rate, rate per 1,000, by level of deprivation (IMD 2019), Waltham Forest and CIPFA nearest neighbours and England, 2018–20

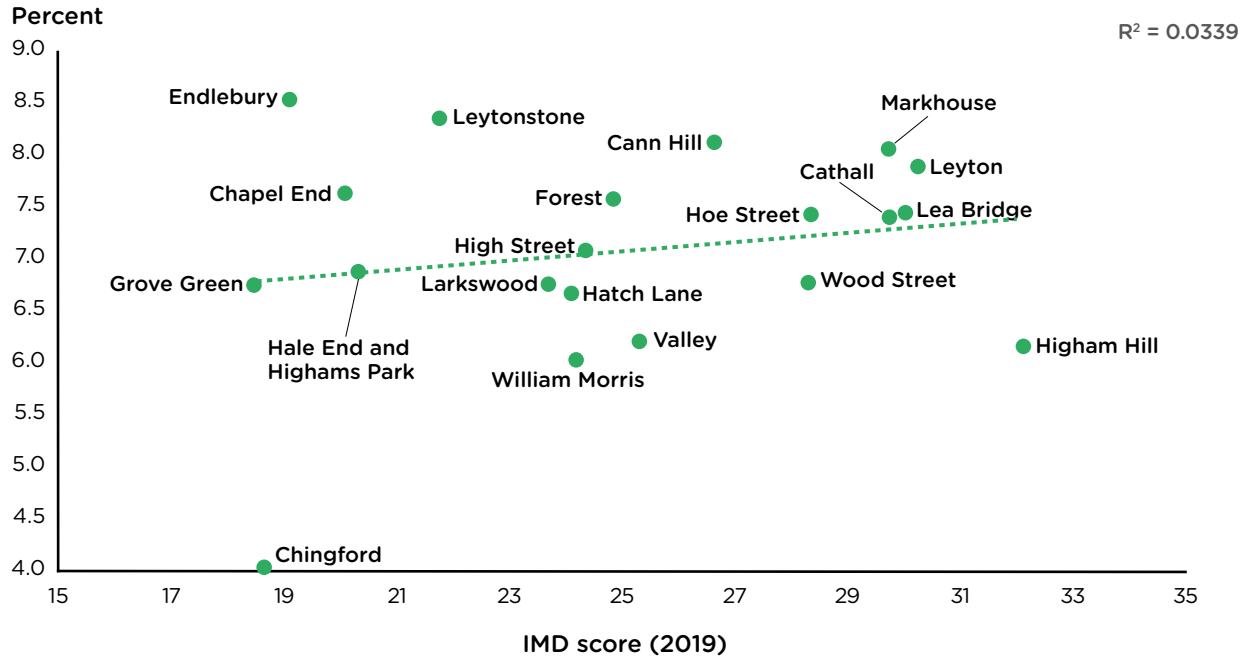


Source: *OHID analysis of Office for National Statistic data (92)*

Babies born at a low weight – less than 2,500g – are more likely to have poor health and other poor outcomes throughout life, including higher levels of obesity, and are likely to make greater use of healthcare services in the first year of life than babies born at a normal weight (93) (94) (95). Low birthweight is related to deprivation and parental low income (96). A review found that improving income levels by increasing minimum wage and longer parental leave decreases the number of low birth-weight births and infant mortality (97). The percentage of low birth-weight babies has been stable since 2010 in England. In 2020 2.9% of babies were born with low birth weight. Overall, Waltham Forest has a slightly higher rate of low birth-weight term babies than the England average.

Although there is a clear association nationally between low birth-weight term babies and deprivation in England, in Waltham Forest there is only a slight association, suggesting other factors, such as ethnicity, are more relevant (Figure 3.2).

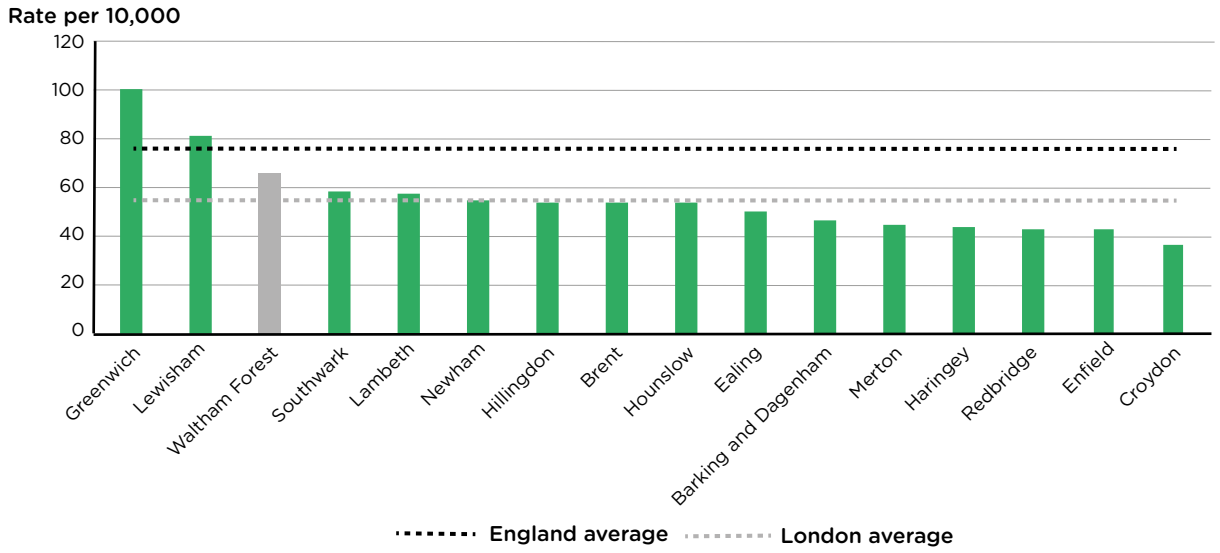
Figure 3.2. Percentage of low birth-weight term babies by level of deprivation (IMD 2019), Waltham Forest wards and England, 2016–20



Source: *Office for National Statistics (98)*

In relation to emergency hospital admissions for injuries among those aged 0–14, Waltham Forest has a higher rate than the average for London, but a lower rate than England as a whole. The rate is higher than that of all but two of Waltham Forest's nearest statistical neighbours (Figure 3.3).

Figure 3.3. Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years), rate per 10,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020/21



Source: *Hospital Episode Statistics (99)*

EARLY YEARS EDUCATION AND DEVELOPMENT

In England, families are entitled to three separate early years offers:

- 15 hours of entitlement for 2-year-olds from low-income families
- 15 hours of universal entitlement of early education and childcare for all 3- and 4-year-olds and an additional 15 hours of early education and childcare, since 2017, for 'working families' meeting certain eligibility requirements.
- Regarding eligibility for the 30 hours' entitlement for 3- and 4-year-olds, 70% of parents in the top half of earnings and 20% of parents in the bottom third of earnings are eligible for the full 30 hours. As such, the lowest-income families only have better access to early years education for the first year of their child's life compared to higher-income families, who have better access for 2 years (100).

Waltham Forest has lower than average uptake of the free early years education offer. In January 2022 only 61% of 2-year-olds in the borough took up their free 15 hour entitlement, 1% below the London average and 11% below the England average. 80% of 3- and 4-year-olds took up their universal free early education entitlement, 3% below the London average and 13% below England.

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

In 2022 the Organisation for Economic Co-operation and Development (OECD) showed childcare costs in the UK were the second highest in the developed world, and since 2010 fees almost doubled for parents with a child under 2, weakening the incentive for parents to return to work (101). The OECD estimates approximately half of women's median full-time earnings for a two-earner family with two children in the UK is spent on childcare and for single-mothers working full-time (in OECD countries), this rises so that two-thirds of earnings are spent on childcare costs (102). Costs for childcare are higher in London than the England average. In 2022 the average weekly price of a part-time childcare place (25 hours) for a child aged under 2 in a nursery in Outer London is £155.19 (£138.70 in Great Britain), and annually it costs £8,069.00 (£7,210 in Great Britain) (103). In 2021 costs for full-time childcare in nursery for children under 2 in Outer London were 14% above the England average (104).

In Great Britain, the price of a part-time childcare place for a child aged under 3 is about twice as much as the average a household spends on food and non-alcoholic drinks per week (£63.70) (103). The cost of living crisis in England could lead to further rising prices in early years provision. In March 2022 the National Day Nurseries Association found 85% of nurseries in England would run at a loss in 2022/23 (105).

In addition to the rising costs of childcare are the shortages in childcare spaces and staff. Prior to the pandemic, there were shortages in childcare. In 2020 68% of local authorities in England reported having enough childcare to meet demand for parents working full-time (106). The pandemic worsened this situation: more than 11,000 childcare places were lost in the UK and 232 nurseries closed between April 2020 and March 2022. The Early Years Alliance stated the number of registered childcare providers fell by 2,595 between December 2020 and May 2021 and Ofsted found the number of registered early years providers fell by close to 5% between April 2020 and July 2021 (105) (107). Early years providers are also facing staff shortages. In 2022 65% of early years providers stated it was 'very difficult' to recruit staff, and 29% said it was 'somewhat difficult' (103). Added to the shortages and increased prices is the difficulty of finding flexible childcare for parents who work irregular or non-standard hours. In England, one in 10 local authorities do not have sufficient childcare supply in place for parents working atypical hours (103).

There are plans in place to create approximately 480 additional early years places over the next six years in Waltham Forest, though there is concern in the borough that national government funding levels are insufficient to cover the full delivery costs (108). The high price of early years education and childcare in Waltham Forest reflect the national picture.

FREE SCHOOL MEALS

Since 2014 in England, infants in state-funded schools (in Reception, Year 1 and Year 2) have been entitled to receive a free school meal. From Year 3 free school meals are means-tested. Children are eligible for free school meals if they live in families in receipt of income support benefits, such as Universal Credit, and have a combined household income of £7,400 or less before benefits. The Child Poverty Action Group estimates one in three (800,000) children living in poverty do not qualify for free school meals in England (109).

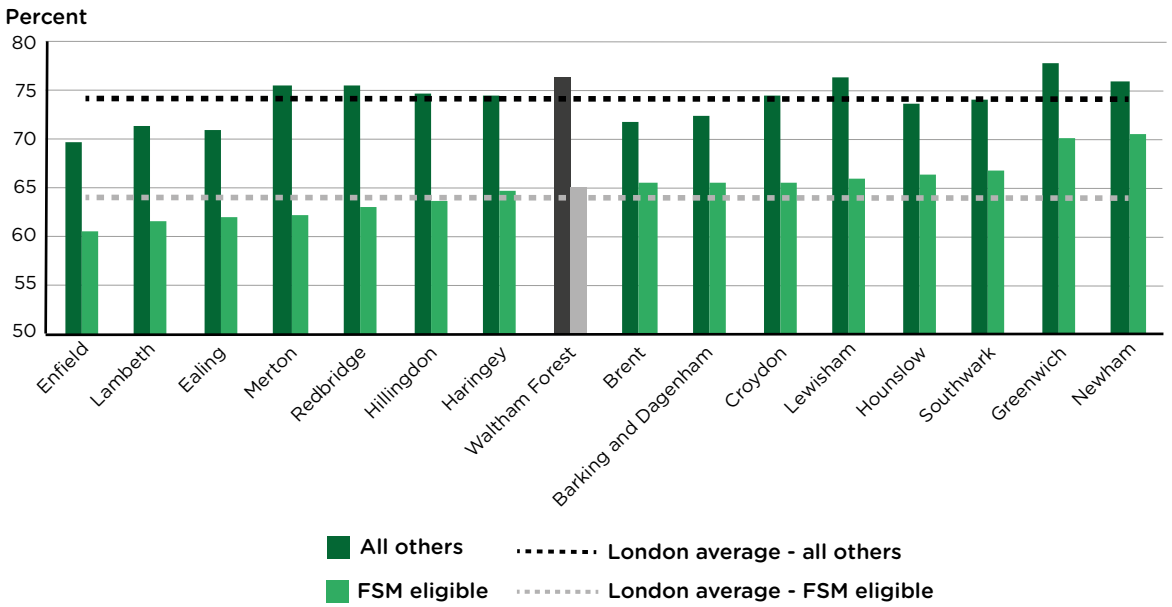
A study of the impact of the universal free school meals policy in England found the programme had multiple impacts: saving, on average, £20 per month for households with two adults and two children; reducing the proportion of children who are obese; improving absence rates for infants registered for free school meals (equivalent to missing 1.2 fewer whole days at school over the academic year) and that children who took up the offer of free school meals had stronger educational performances at ages 5 and 7 compared to pupils who were eligible but did not take up the offer of free school meals (110).

Pupils eligible for free school meals have a lower level of school readiness than children who are not eligible. Inequalities during this period of life translate into inequalities in health and in other social and economic outcomes throughout life (10). In 2022 the ONS showed the lasting impact of free school meal status in that eligible children earn less than their wealthier peers in adulthood, even with the same qualifications. At age 25, 23% of people who had been eligible for free school meals as children earned above the living wage, while the equivalent figure of those not eligible was 43.5% (111).

EARLY YEARS ATTAINMENT

Waltham Forest has performed well historically on child development measures for children who are eligible for free school meals, outperforming the England and London averages. In recent years progress has stalled slightly and Waltham Forest is now performing at about the same level as London, but still well above the England average. Nonetheless, there is an 11% difference in those achieving a good level of development at age 4 at the end of Reception between children who are eligible and not eligible for free school meals in Waltham Forest. In the nearby boroughs of Greenwich and Newham, these inequalities are lower (Figure 3.4).

Figure 3.4. Percentage of children achieving a good level of development at the end of Reception, Waltham Forest and London, 2018/19

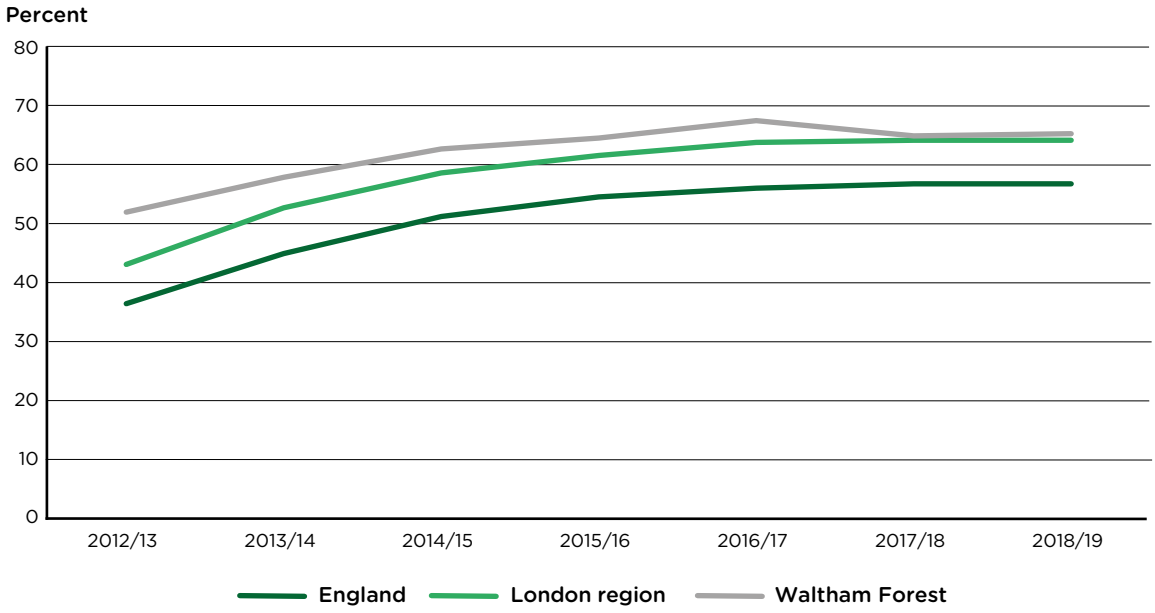


Note: *The areas are ranked by free school meal eligibility.*

Source: *Department for Education, Early Years Foundation Stage Profile (112)*

Trends in levels of school readiness among children eligible for free school meals show increasing and then plateauing levels in England between 2012/13 and 2018/19 (Figure 3.5).

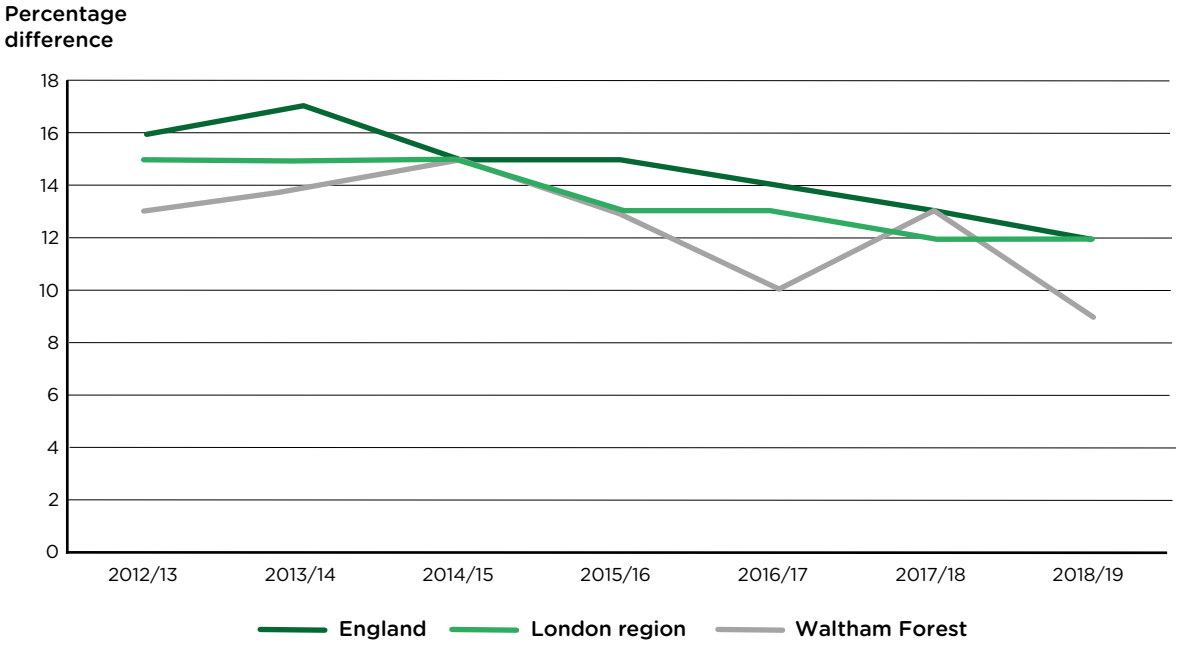
Figure 3.5. Percentage of children with free school meal status achieving a good level of school readiness at the end of Reception, Waltham Forest, London and England, 2012/13 to 2018/19



Source: *Department for Education, Early Years Foundation Stage Profile (113)*

While it is good news that Waltham Forest's trends in school readiness among children eligible for free school meals at Reception are above average, the fact remains that 35% of eligible children are not school-ready, and nor are 25% of non-eligible children. There are also differences between boys and girls at the end of Reception. Figure 3.6 shows Waltham Forest has a smaller difference between boys and girls than the England average, but still girls in the borough outperform boys at this young age.

Figure 3.6. Percentage difference between boys and girls achieving a good level of development at end of Reception, Waltham Forest, London and England, 2012/13–2018/19



Source: *Department for Education, Early Years Foundation Stage Profile (113)*

In 2022 the national government introduced Family Hubs as an intervention that was place-based and would join up local planning and delivery of family services. Box 3.1 describes the plans for Family Hubs in Waltham Forest.

Box 3.1. Family Hubs and Start for Life

The Family Hubs and Start for Life programme is a package of £81.75m from central government for 75 local authorities to transform their local services into a family hub model. The programme includes services in the period from conception to 2 years ('Start for Life') and services supporting parents in caring and engaging with their children. The model intends to bring together services for families with children from ages 0–19 years, and for up to 25-year-olds for those with special educational needs and disabilities. The aim is to provide a single point of access that joins local existing services together to provide an integrated and accessible model that puts relationships between families and professionals at the heart.

Waltham Forest Council is aiming to start delivery of the programme in early 2023. The borough already has many elements of the Start to Life offer in place through its Children and Family Centres and the approach will build on these. Since 2016 a postnatal depression support group has received referrals from health visitors and other health professionals. The existing provider, Lloyd's Park Children's Charity, understands the needs of the community, and is well placed to deliver the additional aspects of the perinatal mental health and support strand of the family hubs model. They will also continue their work on providing infant feeding support and develop this further in line with the programme's aims. They are also forming Youth Hubs, which will be developed following guidance to provide help for young jobseekers in accessing local jobs, training and other forms of support. They are aiming to have pilots by the end of the year.

Key services will be provided face-to-face, such as family support, activities for children aged 0–5 years, midwifery and antenatal services, health visiting, home learning environment support, parenting programmes, perinatal mental health, parent–infant relationship support and more. Hubs will also provide signposting to many further services. All of these will support the goal of providing the best start in life for residents of Waltham Forest (114).

RECOMMENDATIONS: GIVE EVERY CHILD THE BEST START IN LIFE

a) Reduce the gap in level of development in reception age children and set a target that every child achieves above the national average level of readiness for school at reception.

- **i.** Equip all those working with young children to support parents and carers in developing their children's early learning, especially with speech and language skills.
- **ii.** Increase Children and Family Centres in areas of high deprivation and for families with children with disabilities and where English is a second language.
- **iii.** Increase the uptake of the free early years education offer among 2,3 and 4 year olds.

b) Provide support to families through parenting programmes, via children's centres and provision of key workers to support emotional resilience and wellbeing in areas of high deprivation and for children with disabilities.

c) Ensure that early years services support households to access appropriate benefits, fuel and food support and provide advice to all households in need.

NATIONAL ADVOCACY

- Increase levels of spending on early years and as a minimum meet the Organisation for Economic Co-operation and Development average.
- Increase pay and qualification requirements for the childcare workforce and develop clear progression routes for early years staff.
- Provide additional early years hours for families living on low incomes.

3B. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

KEY MESSAGES

- Educational attainment is closely related to health, and inequalities in attainment translate into inequalities in health. Inequalities in health and wellbeing that begin at school age are likely to persist and influence health at all ages.
- Funding for education declined in England between 2010–20 and youth services have been cut, which has harmed young people, particularly those living in areas of high deprivation.

INEQUALITIES IN EDUCATIONAL ATTAINMENT

- Children and young people who grow up in poverty are more likely to have poor educational outcomes and less access to training and decent jobs than those from better-off homes.
- In the last five years in Waltham Forest the number of primary school pupils eligible for free school meals has increased by 71%. For secondary school pupils the increase is 66%.
- At Key Stage 2 and Attainment 8 Waltham Forest achieves higher scores for pupils eligible for free school meals compared with the national average and a little better than the London average for children eligible for free school meals.
- Nonetheless, there are differences in Waltham Forest between pupils eligible for free school meals and those without in achieving expected standards at Key Stage 2 and Attainment 8.
- In Waltham Forest Black pupils have the highest percentage of fixed term exclusions.
- The rate of 16–17-year-olds who are not in education, employment or training (NEET) in Waltham Forest has dropped well below the London and England averages, which is due to concerted efforts to reduce the NEET rate.

INEQUALITIES IN PHYSICAL AND MENTAL HEALTH

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

Experiences during childhood and through school into early adulthood continue to impact people throughout their lives, affecting employment opportunities, lifetime earnings and health.

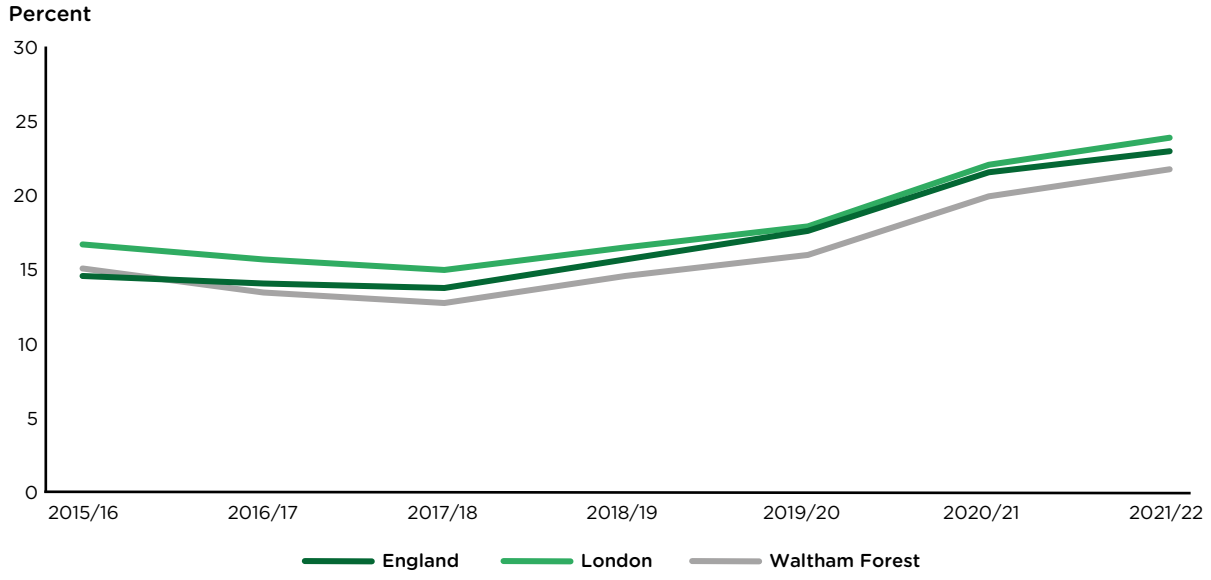
There is a clear and close relationship between health and experiences during this period of life; worse outcomes during childhood and early adulthood lead to worse health during the period and particularly later in life. In the UK, those who have no qualifications are over twice as likely to have a limiting illness as those who achieved university level (or equivalent) education (115). Reducing inequalities in educational attainment and experiences at this stage of life are therefore effective interventions for reducing health inequalities and should be considered as such by all stakeholders involved – including education, employers, healthcare and public health.

> ***Schools bridge a number of gaps, they support pupils who do not meet the threshold for free school meals, can get a lot of support, like referring on to food banks.***
>
> *Waltham Forest Council stakeholder*

In the decade between 2009/10 and 2019/20 school spending per pupil in England fell by 9%, and schools in areas of high deprivation had larger cuts. Secondary schools in the most deprived areas had a 14% real-terms fall in spending per pupil over the decade, compared with a 9% drop for schools in the least deprived areas. The National Funding Formula also gave higher real-terms increases to schools in the least deprived areas compared with schools in the most deprived areas between 2017–18 and 2022–23 (116).

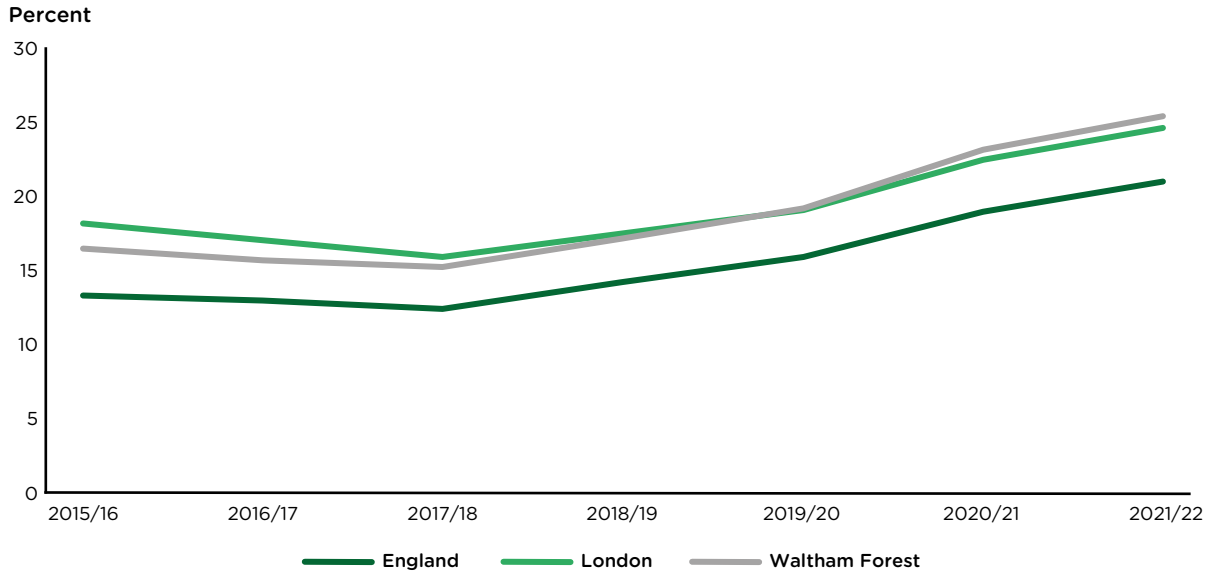
In the last five years, the number of primary school pupils eligible for free school meals increased by 71% in Waltham Forest, and for secondary school pupils there was an increase of 66% (Figures 3.7 and 3.8), reflecting rises in London and England. In 2018 eligibility for free school meals was amended and was limited to families in receipt of Universal Credit earning less than £7,400 a year. In 2022 the Child Poverty Action Group estimated one in three school-age children in England living in poverty was not eligible for free school meals due to the restrictive criteria (109). As such, the increases in pupils eligible for free school meals in Waltham Forest are significant.

Figure 3.7. Percentage of state-funded primary school pupils eligible for free school meals, Waltham Forest, London and England, 2015/16 to 2021/22



Source: *Department for Education (117)*

Figure 3.8. Percentage of state-funded secondary school pupils eligible for free school meals, Waltham Forest, London and England, 2015/16 to 2021/22



Source: *Department for Education (117)*

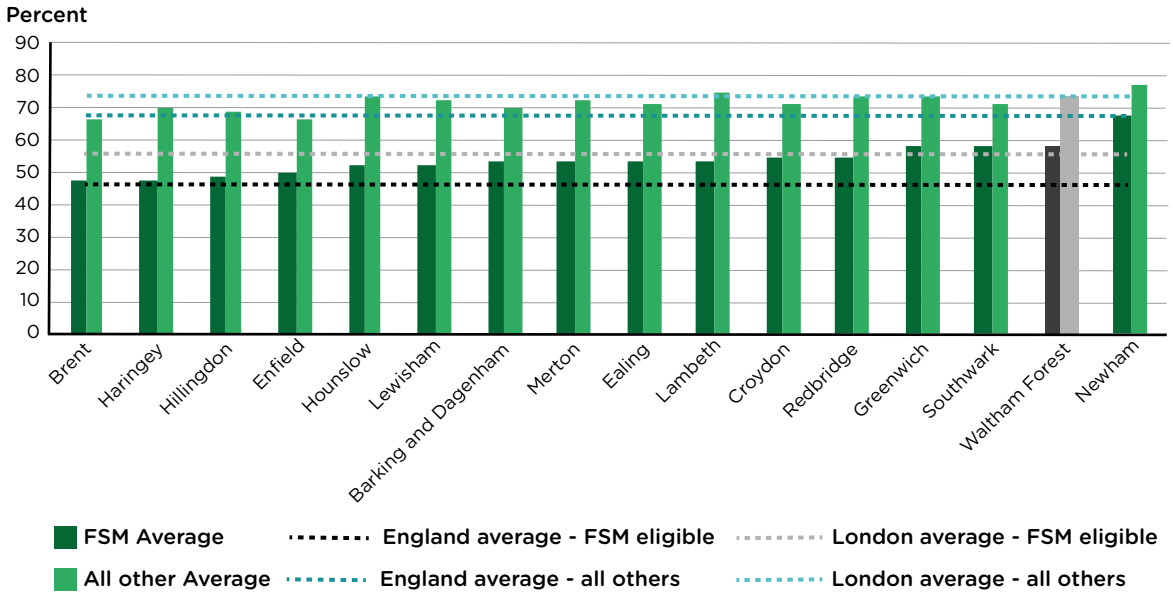
The Education Policy Institute has found increasing numbers of pupils in persistent poverty in England, with the proportion of pupils living in poverty for their entire school lives, eligible for free school meals in each year, rising from 19% of all pupils eligible for free school meals in 2017 to 25% of this same cohort in 2020 (118).

PRIMARY SCHOOL

As with early childhood development (measured by school readiness at the end of Reception), there are clear inequalities in the number of pupils reaching expected standards in reading, writing and maths at the end of primary school between those eligible for free school meals and those who are not. Despite the high numbers of pupils from low-income families in London, in the capital pupils achieve higher results than pupils from similar backgrounds in the rest of England.

Waltham Forest achieves significantly higher scores for pupils eligible for free school meals compared with the national average and a little better than the London average for free school meals eligible children (Figure 3.9). Nonetheless, inequalities remain: there is still a 15% difference in Waltham Forest between pupils eligible for free school meals and those without achieving the expected standard at Key Stage 2.

Figure 3.9. Percentage of pupils reaching expected standard at the end of Key Stage 2 in reading, writing and maths by free school meal eligibility, Waltham Forest and CIPFA nearest neighbours, London and England, 2018

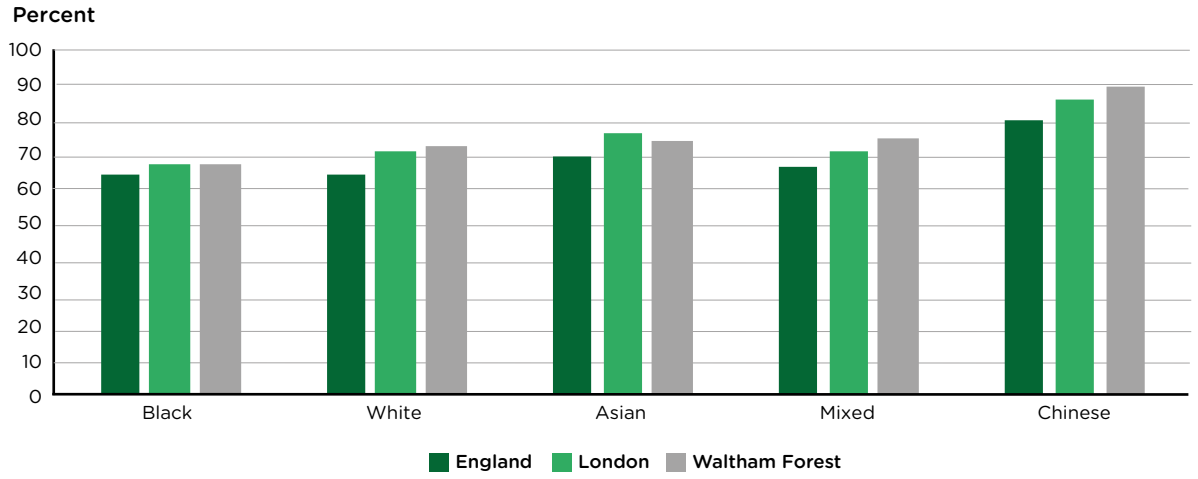


Note: *The areas are ranked by free school meal eligibility.*
Source: *Department for Education (119)*

While performance in Waltham Forest is above the national average, still more than half of pupils leaving primary school are not fully ready for secondary education (120).

Just over half, 51%, of Waltham Forest's primary school pupils' first language is not English and 45% of secondary pupils also have another first language (121). In London, pupils from ethnic minority populations achieve better educational outcomes than their counterparts outside of London. Figure 3.10 shows that in Waltham Forest, pupils from Black, White, Mixed and Chinese ethnic groups perform better at Key Stage 2 than pupils from these ethnicities living elsewhere in London and England (120).

Figure 3.10. Percentage of pupils reaching expected standard at the end of Key Stage 2 in reading, writing and maths by ethnic group, Waltham Forest, London and England, 2019

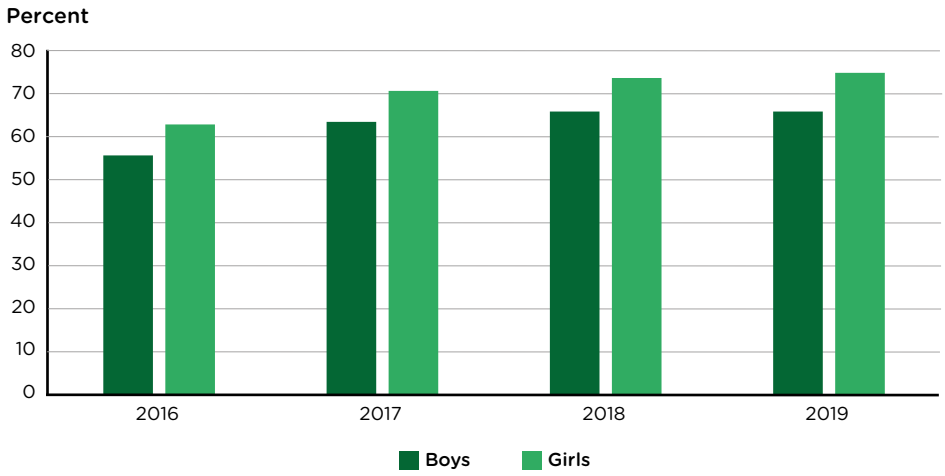


Note: *The results are ranked by Waltham Forest's results.*

Source: *Department for Education (119)*

Inequalities seen at the end of Reception persist at Key Stage 2. Figure 3.11 shows the gap between boys and girls in London between 2016 and 2019, with boys consistently performing more poorly than girls.

Figure 3.11. Percentage of pupils reaching the expected standard in writing, reading and maths by sex at Key Stage 2, London, 2016–2019



Source: *Department for Education (120)*

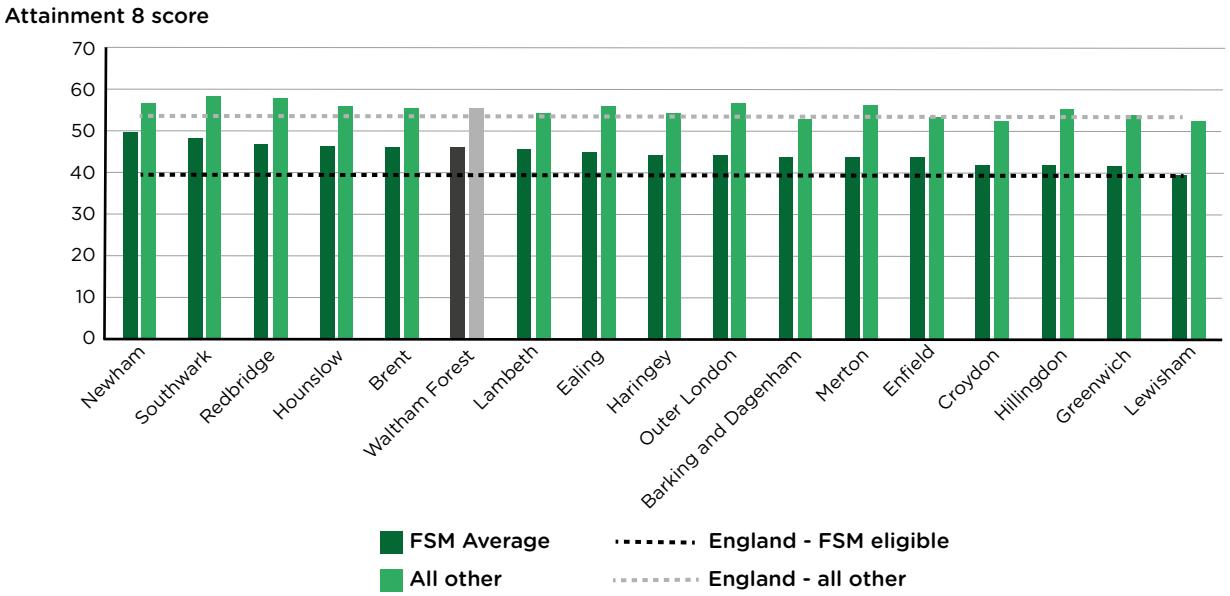
SECONDARY SCHOOL

In England, at GCSE level, educational inequalities are persistent and are not closing. The differences between pupils eligible for free school meals and their better-off peers, was, on average, 1.24 grades in 2020. This situation has changed little since 2017 (118).

Attainment 8 is a measure of a pupil's performance at the end of Key Stage 4 (GCSEs) across eight core subjects, including Maths and English. London has the highest Attainment 8 scores of any region in England (122). In London, pupils eligible for free school meals achieve higher Attainment 8 results than similar pupils elsewhere in England and the gap between pupils eligible for free school meals and those who are not is also narrower in London compared with the rest of England (118). Nonetheless, in Waltham Forest, as across England, there remain differences in the average Attainment 8 score between those pupils who are eligible for free school meals and those who are not. These inequalities are not as wide as in many other areas in England, nor as wide as in the borough's statistical neighbours. At Attainment 8 level, Newham and Southwark, with high

rates of deprivation, have better outcomes than Waltham Forest for all pupils– regardless of their free school meal eligibility (Figure 3.12).

Figure 3.12. Average Attainment 8 score, by free school meal eligibility, Waltham Forest and CIPFA nearest neighbours, Outer London and England, 2018/19

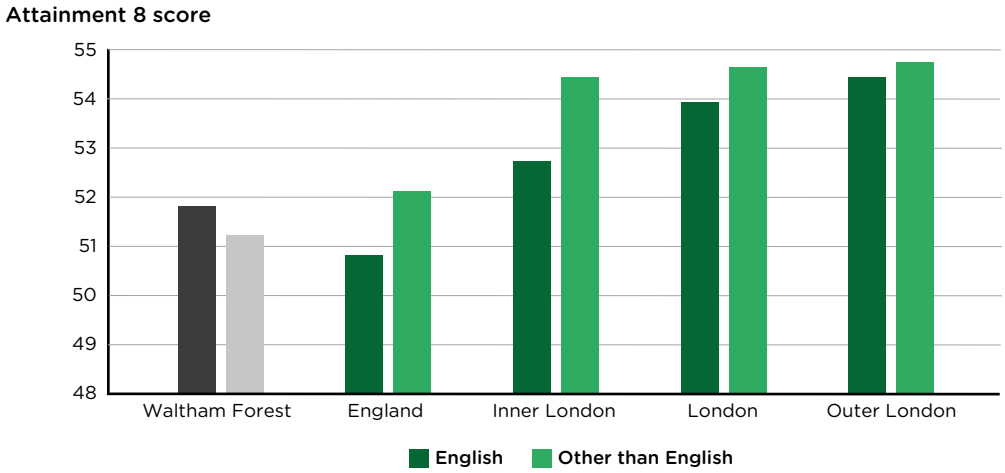


Note: *The areas are ranked by free school meal eligibility.*

Source: *Department for Education (123)*

Across England, pupils with a first language other than English have higher Attainment 8 scores than those whose first language is English (Figure 3.13). In every ethnic group girls score higher than boys and pupils eligible for free school meals score lower than pupils who are not eligible (124).

Figure 3.13. Average Attainment 8 score by first language status, Waltham Forest, Inner and Outer London, London and England, 2020/21

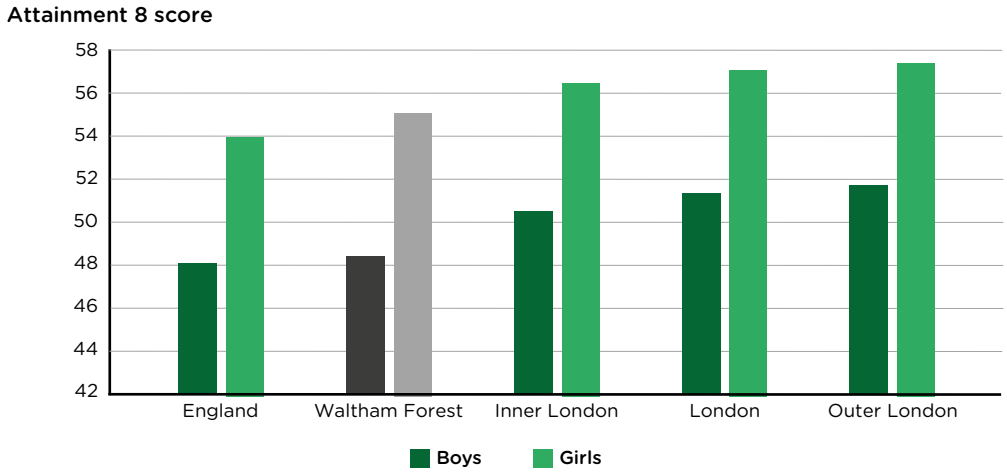


Note: *Y-axis begins at 48.The areas are ranked by 'other than English' results.*

Source: *Department for Education (125)*

The inequalities between girls and boys seen in Reception and Key Stage 2 continue at GCSE level (Figure 3.14).

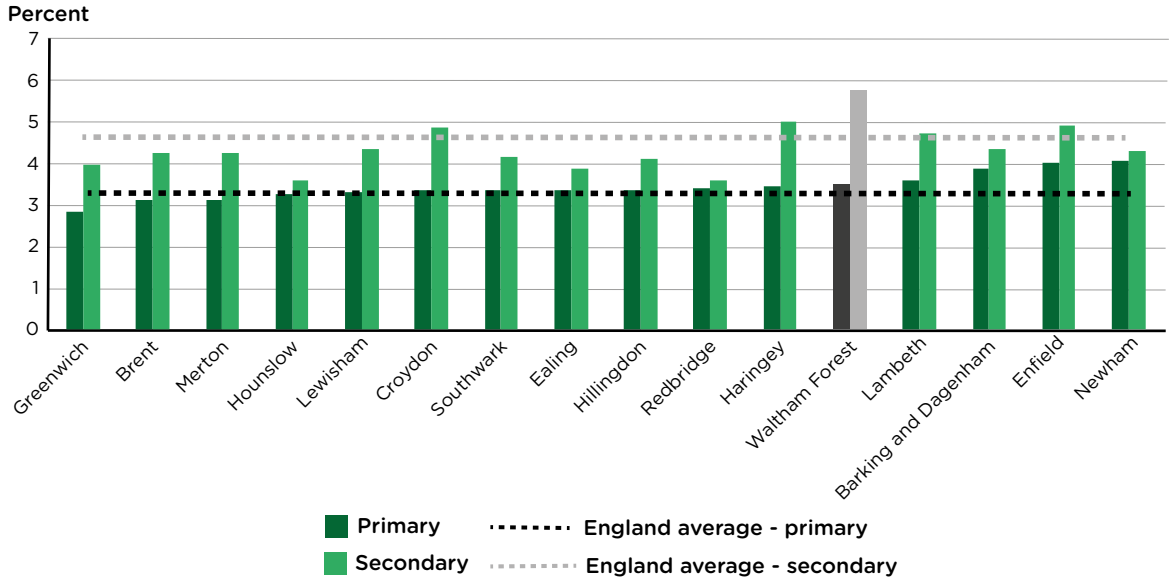
Figure 3.14. Average Attainment 8 scores, boys and girls, Waltham Forest, Inner and Outer London, London, and England, 2020/21



Note: *Y-axis begins at 42.*
Source: *Department for Education (125)*

Young people from areas of high deprivation, living in socially rented housing, coming from households with fewer years of parental education, and registered for free school meals have higher rates of school absence than those without these experiences (126). Pupil absence is associated with worse academic achievement, higher school dropout rates, and lower likelihood of post-secondary education. Levels of absence from school are higher in Waltham Forest than in its statistical neighbours and the England average (Figure 3.15).

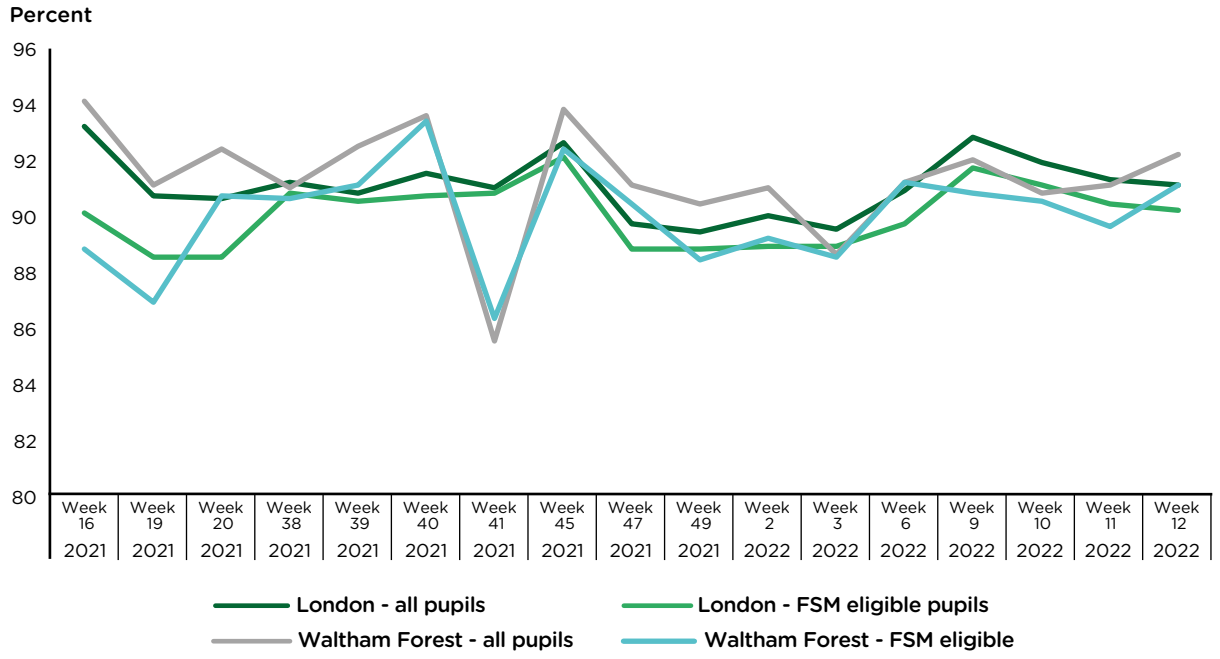
Figure 3.15. Absence rate, primary and secondary school, Waltham Forest and CIPFA nearest neighbours and England, 2020/21



Note: *The areas are ranked by primary school absences.*
Source: *Department for Education (127)*

School absences and changes to online learning have led to many pupils falling behind academically. By the 2021 summer term in England, primary pupils had regressed by around 0.9 months in reading and 2.2 months in maths and secondary pupils had regressed by around 1.2 months in reading (128). In London, as in England, pupils eligible for free school meals had lower attendance rates than those not eligible throughout the COVID-19 pandemic (129). In Waltham Forest, the differences in attendance were small and positively, at some points pupils eligible for free school meals had the same attendance as all other pupils (Figure 3.16).

Figure 3.16. Attendance rates in schools (all state-funded schools) by free school meal eligibility, Waltham Forest, Week 16, 2021 to Week 12, 2022



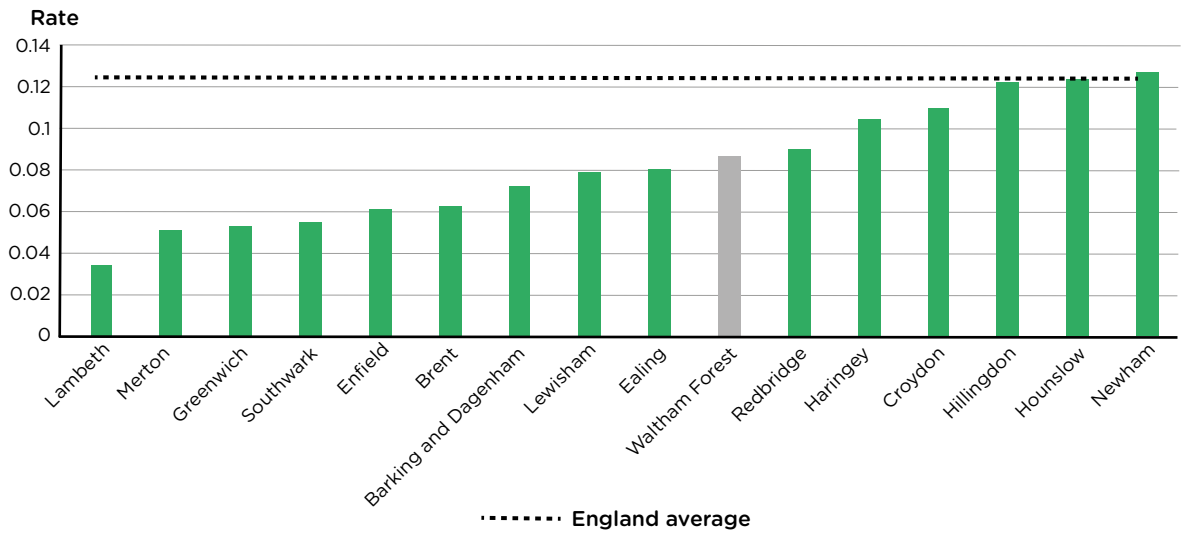
Note: *Week 41 is the week prior to autumn half-term.*

Source: *Department for Education (127)*

Exclusions at the primary school level are considerably less common than at secondary. Across London the rates of permanent and fixed-period exclusions are lower than the national average (120). Exclusions can lead young people into unemployment and into contact with the criminal justice system and reducing exclusions from school is an important measure to improve outcomes and reduce inequalities in opportunities and later life outcomes. The Timpson Review of School Exclusion (2019) showed one-third of children and young people excluded and attending alternative provision go on to be not in education, employment or training (NEET) and they are more likely to be young offenders (130). The Institute for Public Policy Research (IPPR) found in 2017 that excluded children are twice as likely to be in the care of the state, four times more likely to be growing up in poverty and ten times more likely to have a mental health problem than non-excluded children (131). Children with some types of special educational need, children with a disability, boys, and those who have been supported by social care are all more likely to be excluded from school than those without these characteristics. Exclusion rates vary too by ethnic group. Bangladeshi, Chinese and Indian children are around half as likely to be excluded as White British children. Children from other ethnic groups are more likely to experience exclusion, in particular Black Caribbean, Gypsy, Roma and Traveller children and pupils of a mixed background (130).

Exclusions from school are relatively low in Waltham Forest (Figure 3.17).

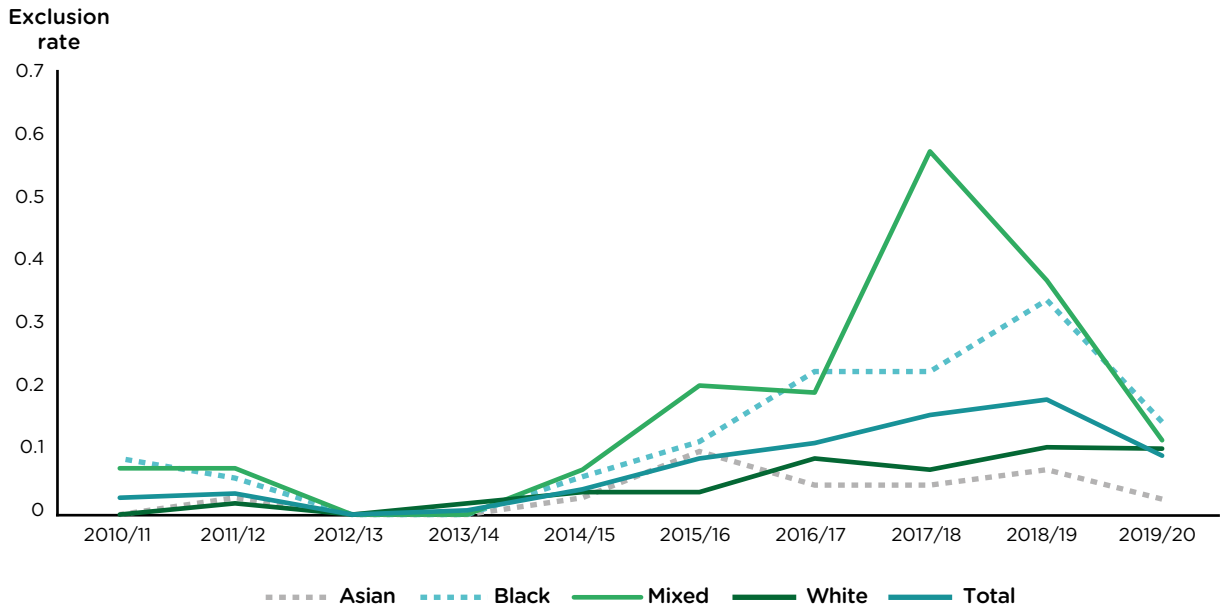
Figure 3.17. Rate* of exclusions in state-funded secondary schools, Waltham Forest and CIPFA nearest neighbours and England, 2019/20



Note: *The number of permanent exclusions as a proportion of the overall school population.*
Source: *Department for Education (132)*

In Waltham Forest Black pupils had the highest percentage of fixed term exclusions in 2019/20 but prior to that school year, Mixed ethnicity pupils were most likely to receive a fixed term exclusion (Figure 3.18). It is important to note that there were very few exclusions prior to 2015/16 and the ethnic differences were much smaller than currently.

Figure 3.18. Rate of exclusions in state-funded secondary schools by ethnicity, Waltham Forest, 2010/11 to 2019/20



Note: *The number of permanent exclusions as a proportion of the overall school population.*
Source: *Department for Education (132)*

Waltham Forest has made substantial efforts to listen to young people. Box 3.2 outlines the work of the Big Youth Conversation and Mental Health Charter, both part of the borough's Life Chances work.

Box 3.2. Big Youth Conversation

The Life Chances Commission was set up in 2017 by Waltham Forest Council (133). Part of this project is the Big Youth Conversation, an annual survey launched in 2018. The survey was developed by the young people on the Life Chances Youth Taskforce supporting the Commission. Surveys have been run in 2018, 2019 and 2021. Due to the pandemic and school closures, the 2020 survey was replaced with a small Virtual Youth Conversation.

The 2021 survey engaged with young people aged 11–25 in several ways, including through summer sessions, focus groups and work in schools. Over 1,400 young people took part. The key themes identified by the survey fell into four categories:

- Personal safety
- Spaces and activities for young people
- Mental health support
- Meaningful climate action

The 2021 survey also highlighted some of the ways in which children and young people in Waltham Forest were affected by the pandemic:

- 79% said the pandemic and lockdowns had had a serious or slight negative effect on their education.
- 69% said the pandemic had had a serious or slight negative effect on their mental health and wellbeing.
- 60% said the pandemic had had a serious or slight negative impact on their physical wellbeing.

Respondents in their early twenties, those with a disability and Middle Eastern respondents were most likely to report a negative impact from COVID (134).

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

In further response to the survey the Council set up the Future Programme, which supports underrepresented young people into work. From 2019 to 2021 it supported 200 young people, 62% of whom were from ethnic minority populations. It also launched a Young People's Mental Health Charter, which gives schools and organisations who sign up 20 ways in which they can support young people's mental health and wellbeing. 45 schools in the borough have signed up to the charter and committed to the following pledges:

- safe spaces in schools for pupils
- a peer listening or buddy scheme
- lessons, assemblies, and activities on mental health throughout the year
- engagement with mental health professionals

Schools can also support young people further by completing the Mentally Healthy Schools Checklist and all schools that do so are recognised with the Waltham Forest Mentally Healthy Schools Award (134).

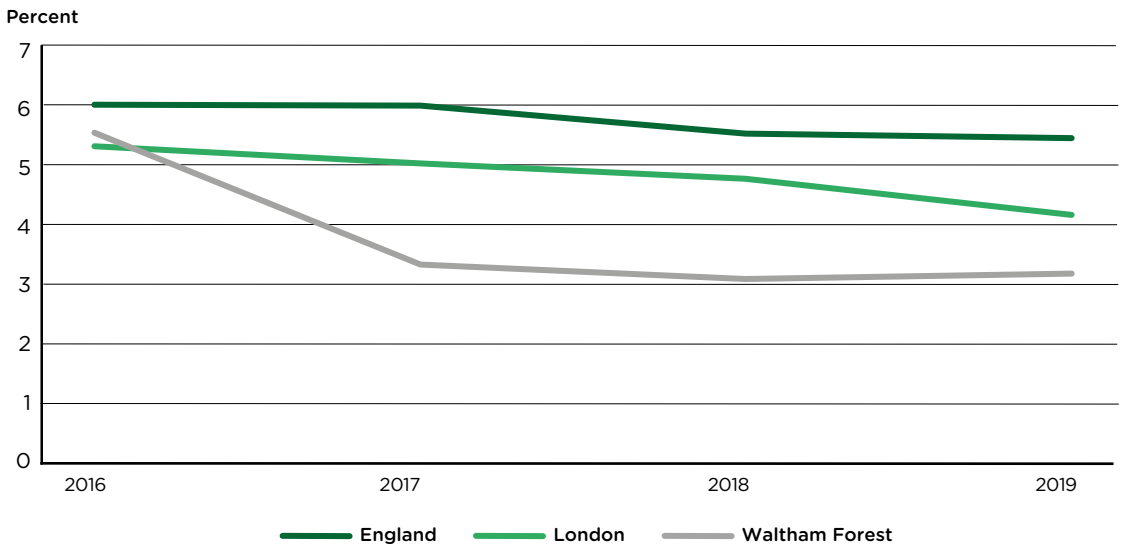
YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET)

> *We want equity in all of our pathways... our statutory duty only goes up to age 18, but we need to think about the under 25s.*
>
> *Waltham Forest council stakeholder*

The rate of young people who are NEET at ages 16–17 has declined markedly since 2013, when being in education, employment or training became compulsory for this age group, and since 2015, when being in one if these activities was made compulsory for those up to age 18. The NEET rate in Waltham Forest for 16–17-year-olds has dropped well below the London and England averages (Figure 3.19).

> *We need to invest in our young people, taking them off the streets, developing their skills and helping them into employment. I'm talking here more about outside of school and post-education and around things like career development and skills training. This is so important because they're our future and failure to do this will reduce their life chances and bring down the area.*
>
> *Waltham Forest resident, female, aged 55+, Black*

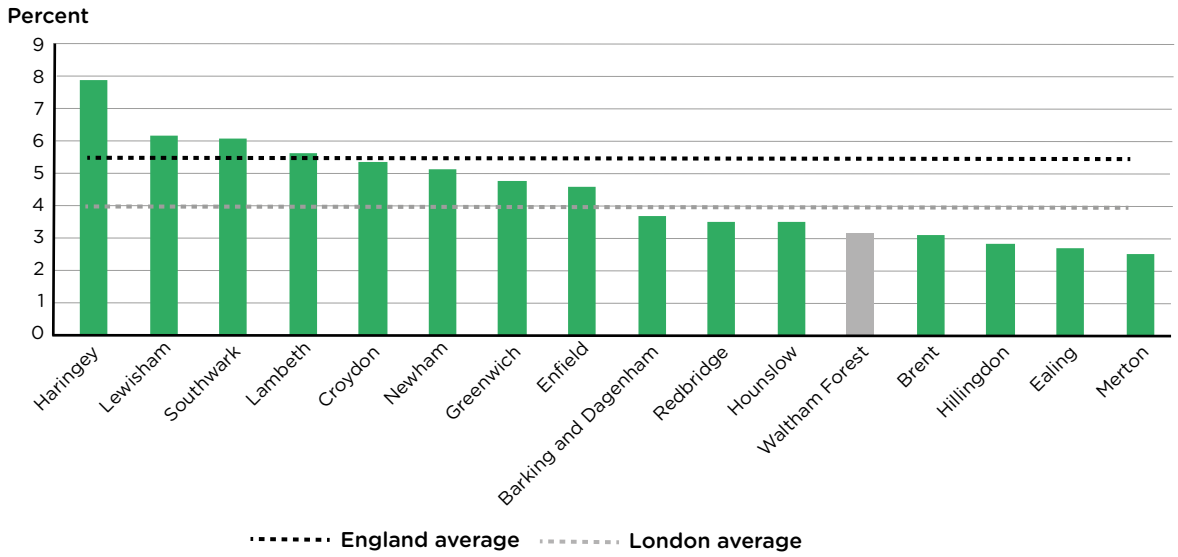
Figure 3.19. Percentage of 16–17-year-olds not in education, employment or training (NEET), Waltham Forest, London and England, 2016–2019



Source: *Office for National Statistic (135)*

Rates of NEETs at age 16–17 in Waltham Forest are also low compared with its closest statistical neighbours (Figure 3.20).

Figure 3.20. Rate of 16–17-year-olds not in education, employment or training (NEET) or not known, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Source: *Office for National Statistics (135)*

Stakeholders in Waltham Forest reported there have been concerted efforts to reduce levels of NEETs, which have been successful and contributed to reducing health and other inequalities. In September 2016, Waltham Forest analysed its high levels of NEETs in its 16- and 17-year-olds. Its combined NEET and Not Known Scorecard rating was 142 out a league table of 150 local authorities in England. To combat this a Careers Team was set up within the Education Directorate in 2016 to improve participation levels of 16- and 17-year-olds and to support schools. This team, their processes and tracking systems and the introduction of a Waltham Forest Careers Leaders Network led in four years to Waltham Forest rising from the bottom to the top quintile in the league of 150 local authorities. Box 3.3 outlines the work that caused this shift, which has also contributed to reducing health and other inequalities.

Box 3.3. Reducing NEETs in Waltham Forest

Waltham Forest track the rates of young people who are: in school; Not in Education, Employment and Training (NEET) and whose destinations are unknown (Not Known), and combined NEET/Not Known. They take additional efforts to match Census data against their own databases to pick up anomalies and go back to each school to check accuracy. This approach has significantly reduced the number of unknowns.

The Careers Team in Waltham Forest Council work in a range of areas to reduce NEETs in the borough.

They report on over 6000 16- and 17-year-old young people who receive an offer under the September Guarantee, a central government policy that aims to help local authorities meet their duty to provide education and training to young people. Local authorities work with partners, such as local schools, colleges and employers, to determine how to best offer this support for young people. A September Guarantee offer includes: full-time education, apprenticeships, traineeships or employment combined with part-time education or training. On 1 September 2022 Waltham Forest had 540 year 12 leavers without a September Guarantee Offer. The Careers Team wrote to all these young residents and their parents/carers with an offer of Careers Information, Advice and Guidance to help with re-engagement into education, employment, and training. They followed this with telephone calls, and letters sent out outlining the duty to participate and again repeating the offer of support to get a young person back into education or to move into training or employment. Follow-up calls for 16- & 17-year-olds are provided weekly via telephone, SMS, email, letter, and digital tools. Between November and February the Careers Team knock on doors, and do so again in early Summer.

Young people and their families are generally positive and supportive of the efforts taken by the Careers Team to locate and support young people. Parents are invited to attend any meetings with careers advisers. Once missing young people are located, they are given bitesize careers information on the doorstep, and booked in for a careers appointment.

The Council also provides a careers adviser in Highams Park School for 3 days a week and the Youth Offending Service for 1 day. They offer: support to staff; guidance and counselling interviews in the home for students who were not attending and interviews with students for all students with SEND needs and those in the Care system.

The Waltham Forest Careers Team Manager works with senior school leaders or careers leaders to identify areas of good practice, areas for development and guidance planning programmes to address the needs of each pupil (136) (137).

MENTAL HEALTH

The majority of our schools are well aware of mental health but at age 16 to 18, when young people most need mental health support is when it falls off a cliff. We ought to be able to address that.

Waltham Forest Council stakeholder

There is a sense of powerlessness - young people don't know how to change things. There is a lack of understanding about housing and income inequality and how that impacts access to healthcare and other issues.

Waltham Forest youth ambassador

Children and young people from lower-income households are more likely than their better-off peers to have poor mental health (138). Since the pandemic, the mental health of children and young people has deteriorated. 39% of 6–16-year-olds stated their mental health worsened over the period 2017 to 2021, while 22% stated it improved (139). For 17–23-year-olds, 53% stated their mental health deteriorated over this period, and only 15% stated it improved. In addition, during this period any probable mental health disorders, as well as eating disorders and problems sleeping all increased (139).

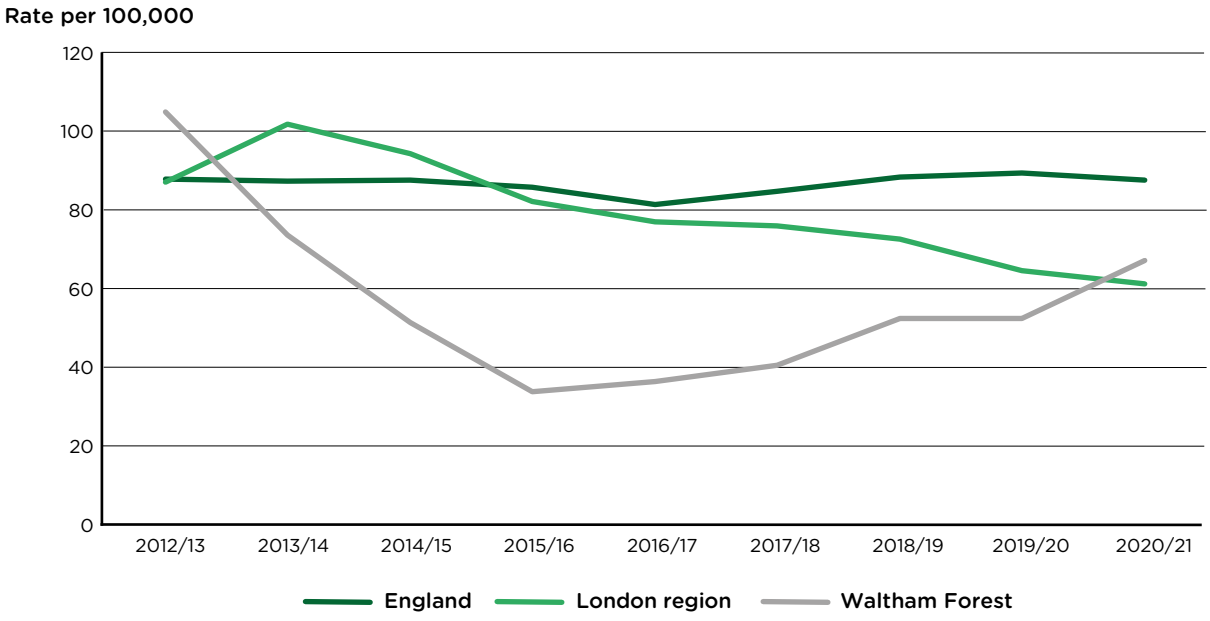
In 2022 a Health Foundation report into children and young people's mental health services outlined the stark differences in mental health provision for young people by area of deprivation. It showed widespread inequalities in the provision of crisis referrals – in the areas with the highest levels of deprivation the rate of referrals was 60% higher than the rate in the areas with the lowest levels of deprivation. For example, in Grampian, young people in the areas with the highest levels of deprivation had twice as many prescriptions for their mental health problems as those in the areas with the lowest levels of deprivation (140).

In response to worsening mental health in young people, large projects and school surveys are seeking to understand how best to support their pupils. The Oxwell Student Survey is an online study asking students aged 9–18 years over 200 questions and in 2021 it surveyed more than 30,000 pupils from 180 schools in four counties in England. It found mental health and levels of loneliness worse in young people in Years 12 and 13 than in other years. Across all ages pupils continued to have poor levels of concentration after the pandemic (141).

The mental health and wellbeing of young people was raised as a key concern in many of our meetings in Waltham Forest, reflecting increasing problems across England and the UK.

Rates of hospital admissions for mental health conditions among those under 18 were relatively low from 2012/13 but since 2015/16 have increased in Waltham Forest, where, by 2021/2, they were slightly higher than the London average, though they remain below the England average (Figure 3.21).

Figure 3.21. Hospital admissions for mental health conditions in under-18s, rate per 100,000, Waltham Forest, London region and England, 2012/13 to 2020/21



Source: *Hospital Episode Statistics (99)*

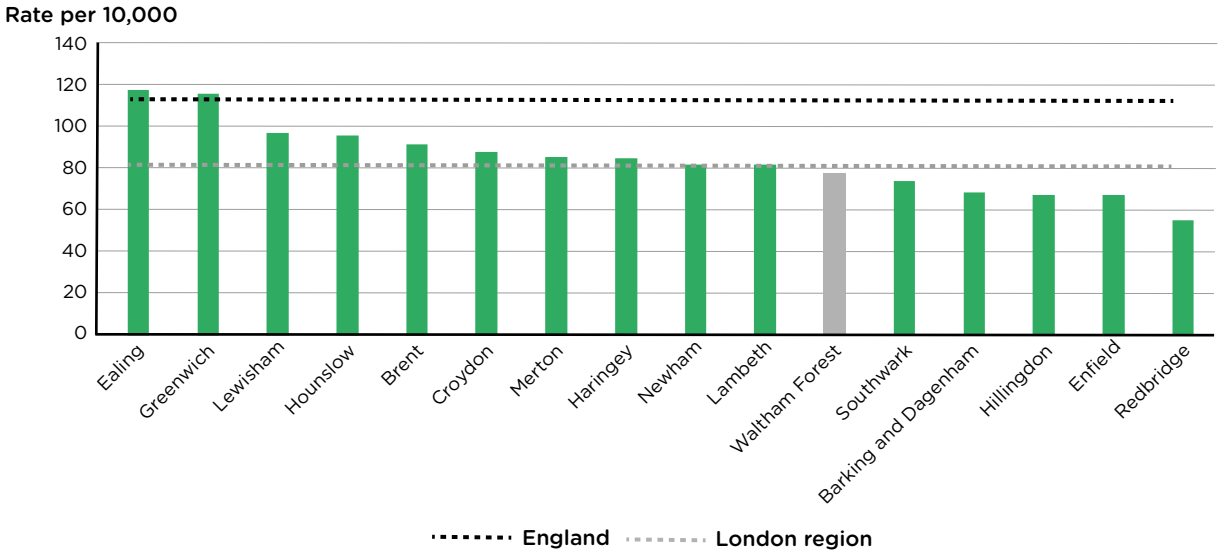
Due to changes in pathways to care in Waltham Forest, hospital admissions as a result of self-harm among those aged 10–24 years have declined rapidly and remain below the England and London averages (Figure 3.22).

Figure 3.22. Hospital admissions as a result of self-harm among those aged 10–24 years, rate per 100,000, Waltham Forest, London region and England, 2011/12 to 2020/21

Source: *Hospital Episode Statistics (99)*

For young people aged 15–24 in Waltham Forest the rate of hospital admissions caused by unintentional and deliberate injuries is on a par with the average for London and lower than the English average (Figure 3.23).

Figure 3.23. Hospital admissions caused by unintentional and deliberate* injuries in young people aged 15–24 years, rate per 10,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020/21

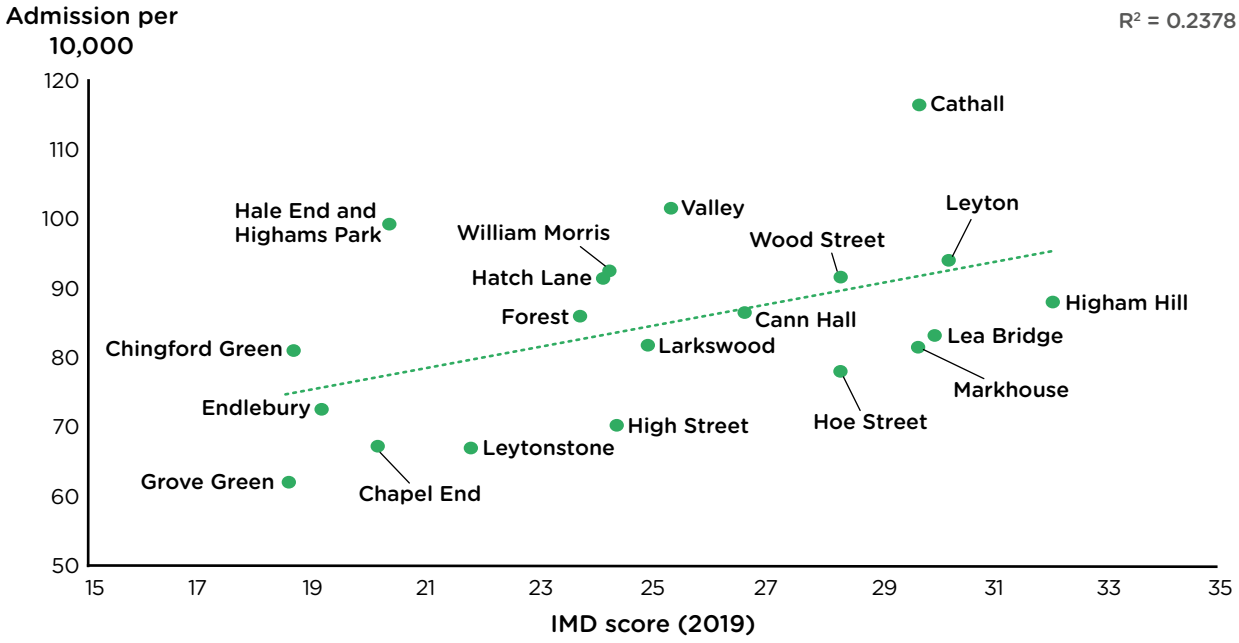


Note: **Unintentional injuries are identified as external causes of harm, such as road traffic collisions, sports injury, falls, accidental contact with machinery, burns and drowning. Deliberate injuries include different types of assaults and deliberate self-harm (142).*

Source: *Hospital Episode Statistics (99)*

There is an association between emergency hospital admissions for injuries in 15–24-year-olds and deprivation (Figure 3.24).

Figure 3.24. Emergency hospital admissions for unintentional and deliberate injuries in 15–24-year-olds, rate per 10,000, and deprivation (IMD 2019), Waltham Forest wards, 2016/17 to 2020/21



Source: *OHID analysis of Hospital Episode Statistics (143)*

Waltham Forest has received funding to implement Mental Health Support Teams in some of its schools. An England-wide Department for Education initiative to improve mental health in schools, Mental Health Support Teams, are described in Box 3.4. During our consultations, Waltham Forest's youth ambassadors told us these teams going into schools with mental health professionals is 'really helpful' and they thought this initiative was 'having some good impacts'.

Box 3.4. Mental Health Support Teams

The Department for Education launched Mental Health Support Teams (MHSTs) in 2017 with the publication of the green paper for transforming children and young people's mental health. The proposals focus on expanding access to mental healthcare for children and young people through additional support in schools and colleges and reducing waiting times for treatment. The national strategy is to achieve provision in half of schools. MHSTs offer a whole-school approach and provide interventions in schools as well as support to staff and families. MHSTs act as a link between schools and Children and Young People's Mental Health (CYPMH) and were established to provide three core functions: to deliver evidence-based interventions for mild-to-moderate mental health issues, to introduce or develop a whole-school approach to mental health, and to give timely advice to staff and liaise with external specialist services to help children and young people get appropriate support and stay in education.

While part of MHSTs' remit is to be delivered in a way to reduce health inequalities, in many areas it is unclear how the MHSTs are doing this. An evaluation of the first wave of sites concluded that as the programme is rolled out across more areas, 'a strong focus on addressing such inequalities is imperative'. The national team amended criteria for selecting successful sites, and prioritising and addressing health inequalities is now included in the requirement when applicants submit an expression of interest (144).

LIFELONG LEARNING

There is a substantial evidence base, as reported in the 2010 Marmot review and the 2019 *Post-18 Review of Education and Funding* (Augar Review), to show that more years spent in education, along with lifelong learning, are associated with better physical and mental health and a range of other positive outcomes (11) (145). Despite this evidence and recommendations to better fund lifelong learning, budgets have been severely cut. Between 2010/11 and 2019/20, overall spending across adult education, apprenticeships and work-based learning fell by 35% in England (146). The 2021 *Skills for Jobs: Lifelong learning for opportunity and growth* white paper affirmed the importance of adult education, promised reforms to post-16 technical education and training and committed to investing in new higher level qualifications and to introducing a Lifetime Skills Guarantee. However, the small increases in funding included in the white paper fell well short of compensating for decade-long decreases in adult education funding (147) (148).

In Waltham Forest, adult education offer classes for all and provide classes targeted at particular populations, such as women from ethnic minority populations and people with disabilities, Box 3.5.

Box 3.5. Adult Education in Waltham Forest

Waltham Forest adult learning services provide a range of classes, such as maths, English, English as a Second Language and digital skills. Overall, most users of the service are those with low or no skills, who use the service to help them start their learning journey, this particularly applies in basic qualifications needed for further progression, such as English and maths. It aims to be accessible to target population groups such as: women, ethnic minority communities, and people with disabilities and learning difficulties. The success of making these services accessible can be seen in the high take up from people within those groups. In 2018/19 there were 3041 learners, the majority were women and there were high numbers of participants from Asian, Black and White ethnic groups.

The financial cuts to lifelong learning has led to declining numbers of adult learners in England, numbers fell by 1.1 million between 2010/11 and 2018/19. The largest decline, of around 800,000 people, was among those taking low level qualifications (Skills for Life, English and maths, IT courses, food hygiene and other courses below Level 2) (146). Adults in lower (DE) socioeconomic group are twice as likely not to participate in learning after full-time education than those in higher (AB) socioeconomic groups. Numbers participating in adult education rose in 2020, due to better access during the pandemic, but the inequality gap did not narrow (149).

Across all social grades, learners from ethnic minority populations are more likely than the White population to engage in adult learning (150). In 2022 the Government stated the lifelong loan entitlement, which would give pupils access to loans worth up to the equivalent of four years of undergraduate study, would not be available until 2025 at the earliest (151).

Box 3.6 outlines the excellent approach adopted by Barts Health NHS Trust to engage with young people from age 10, offering information about local employment in the NHS.

Box 3.6. More than work experience: Healthcare Horizons at Barts Health NHS Trust

Barts Health NHS Trust is formed of five hospitals and has 24,290 staff, pupils and volunteers. One of these hospitals, Whipps Cross, is one of the largest employers in Waltham Forest. Barts is currently developing its role as an anchor institution in East London. It is acting on five key areas: employment and careers; civic leadership/partnership; sustainability; procurement; and estate redevelopment.

As part of its work on supporting local employment and careers, it has set up the Healthcare Horizons programme. The programme is about helping young people develop the skills and experience within the NHS that can allow them to take the first step on a career in the health sector. It offers entry-level jobs and apprenticeship vacancies and works within Tower Hamlets, Newham, Hackney and Waltham Forest, in 37 schools and colleges.

The programme offers different opportunities suited to children and young people ranging from 10–30 years old. For 10–13-year-olds it offers career talks and virtual work experience. For 12–13-year-olds there is a summer school, career events, work experience and online mentoring. And for 16–30-year-olds it offers apprenticeship recruitment, pre-employment training and one-to-one support such as interview practice.

Phase I of the programme engaged with 1,407 pupils, delivered 108 career events, and offered 269 face-to-face work experience placements. It also helped more than 100 young people progress into employment and another 182 into health-related degrees. In Phase II it continued to hold career events, work experience placements and pre-employment training, with 65 young people progressing into employment. Most of the participants in all levels of the scheme came from ethnic minority communities.

In the pre-employment training programme for the older age group, 62% were unemployed and 44% claiming benefits when they started. Feedback from those involved says the training provided by the scheme gave them opportunities they otherwise would not have had.

The Trust is planning to develop the programme further with funding from ICB North East London Inequalities Fund. This would allow it to supply at least 24 four-month administration placements for people from particular groups, focusing on women under 30 from ethnic minority populations. The Healthcare Horizons team would provide the candidates with post-placement employment support.

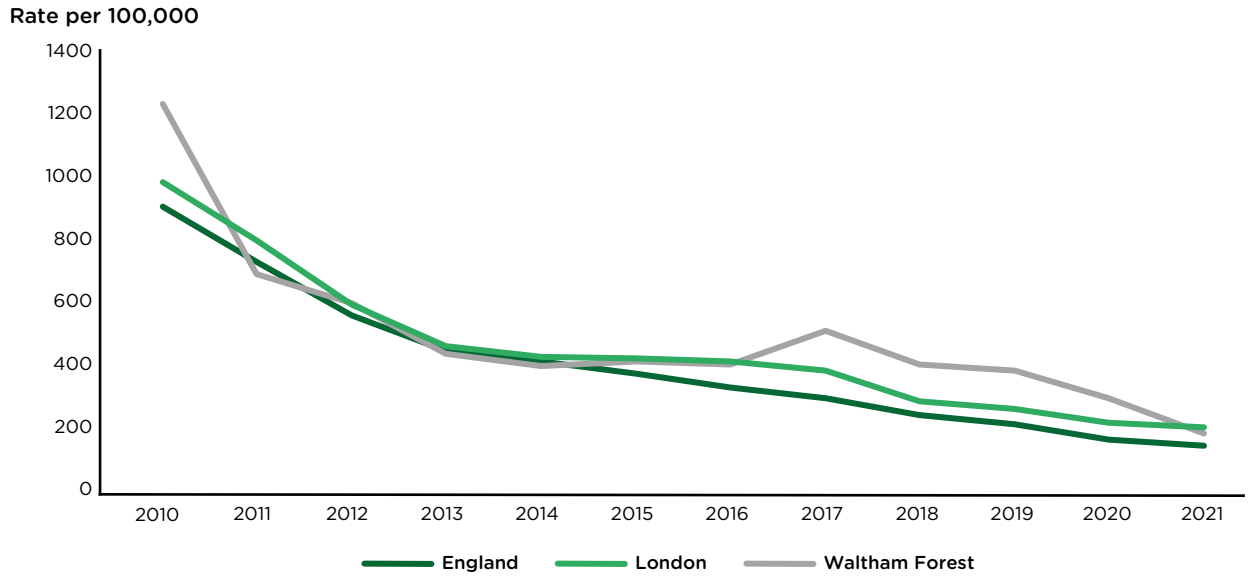
VIOLENCE REDUCTION

The *Marmot Review: 10 Years On* report showed youth crime and violence is one of the multiple negative outcomes of disadvantage and exclusion, and being a victim or perpetrator of crime, living in an area with high crime and being involved in the criminal justice system directly impact on health (10).

In England youth crime rates are falling, although the Ministry of Justice recognises that part of the decline in 2021 was due to the COVID-19 pandemic, when children and young people were mainly at home, and due also to an overall reduction in police recorded crime (152). As for England and London, the rate of young people entering the criminal justice system in Waltham Forest has declined since 2010, although by 2020 rates were once again higher than the London and England averages (Figure 3.25).

> ***Youth services are not a panacea, it's not just about the physical services... It's about knowing your neighbourhood well and adapting your neighbourhood, it's about a whole area approach.***
>
> *Waltham Forest Council stakeholder*

Figure 3.25. First-time entrants to the youth justice system, rate per 100,000, Waltham Forest, London and England, 2010–2021



Source: *OHID analysis of MoJ and ONS data (153)*

Preventing youth crime requires work in a range of areas. In Waltham Forest, more than half of the young people within the Youth Offending Service have either witnessed domestic abuse or been victim to it (154). Similarly, West Midlands Combined Authority and the West Midlands Police and Crime Commissioner examined 80 children in the criminal justice system and found:

- Nine in 10 children were known or suspected to have been abused
- Eight in 10 were known or suspected to have a health issue
- Eight in 10 had been excluded from school or attended multiple secondary schools
- Seven in 10 were known or suspected to have lived with domestic violence while growing up
- Seven in 10 were known or suspected to have been a victim of violence
- Seven in 10 were living in poverty
- Only one child had no recorded abuse or childhood adversity. (155)

This analysis indicates that tackling the socioeconomic and household circumstances of children and young people – the social determinants of health – would reduce youth crime.

The Streetbase project in Waltham Forest listens to and works with young people to better understand and meet their needs, improve relationships between the police and young people and reduce levels of crime and fear of crime (Box 3.7).

Box 3.7. Giving young people a voice: Streetbase

Streetbase is the flagship youth-led peer engagement programme initiated by the Young Advisors in Waltham Forest. Young Advisors and members of the Youth Independent Advisory Group (YIAG), aged 16–25, go on street patrols to engage with young people from across the borough. They go out in groups of three to four (with a safeguarding-trained lead aged over 18) to areas in the borough that they have identified as having high numbers of young people. The patrols engage with young people on an equal level, encouraging participation and engagement, building relationships and directing them to opportunities and support.

The programme collects contact information from those who are willing to share it, which allows the Young Advisors to send young people information from the Streetbase opportunities database. This database contains a collection of all the free activities and opportunities available to young people in Waltham Forest.

A range of partners commission the work of Streetbase, most often departments within Waltham Forest Council, but they have also included projects for external organisations. In the past Streetbase has designed a survey tailored to the requests of the partner commissioning the work and then collected the views of young people in the borough.

In June 2020 Streetbase consulted with young people across Waltham Forest on the topic of Black Lives Matter and young people's interactions with the local police. The Violence Reduction Partnership and Waltham Forest Stop & Search Monitoring Board have used the feedback from this survey to inform their work. This project engaged with over 100 young people aged between 10 and 25, from a wide range of ethnic minority populations. In the questions regarding interaction with the police, Black young people were more likely to have had an interaction since COVID-19: 54% of Black Caribbean/African young people had had an interaction compared with 29% of White young people. When asked about stop and search, most respondents said they would like to complain about a negative experience but also that they would not know how to complain if needed. They suggested proposals for improving the relationship between young people and the police, including: an advocacy service for young people to resolve issues with stop and search; training for the police from young people; transparency from the police over data around poor procedure and complaints; a communications campaign to help young people gain awareness of their rights; and a film asking young people about their experiences and knowledge.

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

a) Schools to prioritise reducing the gap in attainment.

b) Waltham Forest Council, NHS and schools to jointly commission universal personal health and wellbeing programmes for young people to build resilience and broaden aspirations and expectations.

c) Increase the number of local youth spaces and activities aimed at young people to cover all areas in Waltham Forest so that no young person is more than a 15 minute walk away from one of these facilities.

d) Ensure universal access for all young people to work experience and career paths at different stages of their educational journey, with proportionate offers and uptake for those living in households on low incomes.

- **i.** Waltham Forest Council (education and employment services), local employers, health care organisations and local education providers work in partnership with young people to improve the offer and communication of the offer on work experience, work placements, supported internships, traineeships and Under 19 apprentices (Levels 1 to 3).
- **ii.** Anchors and council to quadruple targets for new apprentices for young people 16—24 years.
- **iii.** Support employability skills pathways for young people, including those with physical and learning disabilities, through delivery of employment shadowing, job market preparation and financial skills training delivered through secondary schools and further education colleges.

e) Adult education to continue with informal and community provision with a focus on reducing social isolation, improving mental health and wellbeing and building general skills as well as improving literacy and numeracy and skills for work. Increase the number of adult learners achieving level 3 in Maths and English.

NATIONAL ADVOCACY

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

3C. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

KEY MESSAGES

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

QUALITY OF WORK

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

UNEMPLOYMENT

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

PAY

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

Unemployment, particularly when it is long-term, contributes significantly to poor health, while good-quality employment is protective of it (11).

> ***Working is so important. It helps with finances of course, but also self-esteem and reduces stress. It's about having a better life for you and your family.***
>
> *Female, aged 35–54,*
> *Other ethnicity, lower socioeconomic group*

The quote above from a Waltham Forest resident indicates that poor-quality work, which is characterised by adverse physical or psychosocial conditions, poor pay, insufficient hours, precarity, job insecurity and the risk of redundancy, can be actively harmful to physical and mental health and all the evidence backs up these points (156) (10). Patterns of employment both reflect and reinforce the social gradient in health. Those with a lower socioeconomic position find it harder to get into work, and when they do, the work is more likely to be low-paying, insecure, dangerous, stressful and offer lower satisfaction – all of which damage physical and mental health.

Work matters as a source of income. It is crucial to health and wellbeing that individuals have control over their own lives and are able to participate in society. Having money is necessary, but not sufficient alone: but while having a reasonable income cannot guarantee good health, having an income insufficient for one's needs will contribute to worse health. Inadequate incomes lead to poor health by making it harder to avoid stress and feel in control of one's life; harder to access resources; harder to adopt and maintain healthy behaviours; and by removing the sense of a supportive financial safety net (10) (157).

Paid employment can represent a way out of poverty, but only if the wages and working conditions are sufficient to support an adequate standard of living (158) (159). In the UK, the majority of those living in poverty are in work; having a job does not guarantee a sufficient income (10). This can also lead to a vicious cycle, as low income can lead to poorer health, and poorer health can reduce chances of employment and earning capacity (11). The cycle can even perpetuate into the next generation: forced to take multiple jobs and work unsociable hours to make ends meet, workers in precarious employment will spend less time with their families. Children who receive less attention at home from absent or exhausted and preoccupied parents are likely to have reduced cognitive development compared with their peers, before formal education even begins (160).

In the last 10 years, while unemployment has decreased in the UK, there has been an increase in precarious employment: jobs that are frequently low-paid and unskilled and offer insecure contracts (10). Job insecurity is associated with poorer health (161). Insecure employment can include self-employment or employment on temporary or zero-hour contracts. Workers on zero-hour contracts may both lack a reliable income and endure an unbalanced power dynamic with an employer who expects them to be available at short notice. People in lower-skilled and lower-paid occupations and people from ethnic minority populations are more likely to be on zero-hour contracts than in those in higher skilled occupations and people from White backgrounds (10).

Hierarchy in the workplace plays a significant role in shaping health inequalities, as first established by the Whitehall studies of UK civil servants. The higher rates of illness, both physical and mental, among those lower down the civil service hierarchy were found not to be entirely explained by differences in lifestyle, like smoking and drinking alcohol, and these civil servants were not facing absolute poverty or deprivation either. It was the psychosocial conditions at work – particularly associated with facing high demands but having a low level of control over work tasks – that were found to play a key part in generating inequalities in health (162) (163). Stressful jobs also ask the worker for a great deal of effort but provide little reward in the form of pay, recognition or status (164) (162). These jobs are associated with worse physical and mental health, including higher risks of obesity, heart disease and diabetes, aspects of the 'metabolic syndrome' (165) (162). 'Worse' jobs, in these terms, tend to be clustered at the lower end of the socioeconomic gradient, thus worsening the inequalities in health across society (156).

Working long hours, defined as 48 hours or more per week, increases the risk of experiencing fatigue and accidents. There is some evidence that long working hours can lead to stress, depression and mental ill-health, too. The World Health Organisation has found that exposure to long working hours (of 55 hours or more a week) is the occupational risk factor most associated with increased mortality, responsible for around 750,000 deaths per year globally due to an increased incidence of stroke and ischaemic heart disease (166). In the UK approximately one in eight workers works more than 48 hours per week, rising to one in six in London (156). One in four of all sick days taken in the UK is directly attributed to workload problems (167).

Lower-skilled work is associated with higher rates of mortality (168). Investment in recruitment, training and retraining, particularly in underserved regions, may help move people into higher-skilled, higher-paid jobs that protect their health, but we must also strive to improve the conditions of work to protect those in lower-skilled and lower-paying jobs, who must also have the chance of a long and healthy life.

QUALITY OF WORK IN WALTHAM FOREST

I have a lot of stress due to work, I do not have a good work/life balance and will work over my required hours to get the job done... that stress definitely has the largest impact on my health overall.

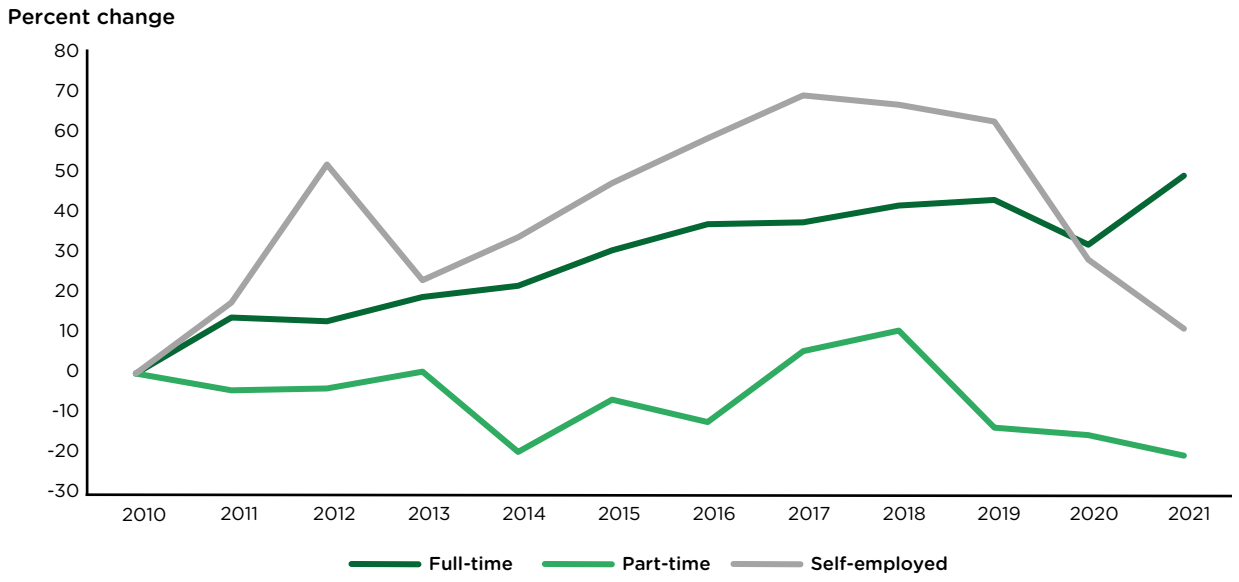
Female, aged 55–64, White

I'm really affected by stress at work. The amount of time I spend commuting to work means I never have time to do anything productive outside of work hours, like cook properly, go to the gym, or clean and tidy the house.

Male, aged 25–34, Mixed ethnicity

The number of people in full-time work in Waltham Forest increased from 118,900 in 2019 to 123,700 in 2021. In addition, there have been significant increases in self-employment in Waltham Forest as a proportion of employment and more recently in people employed full-time, while part-time work has decreased as a proportion of all employment (Figure 3.26).

Figure 3.26. Change in employment type (indexed to 2010 level), Waltham Forest, 2010–2020

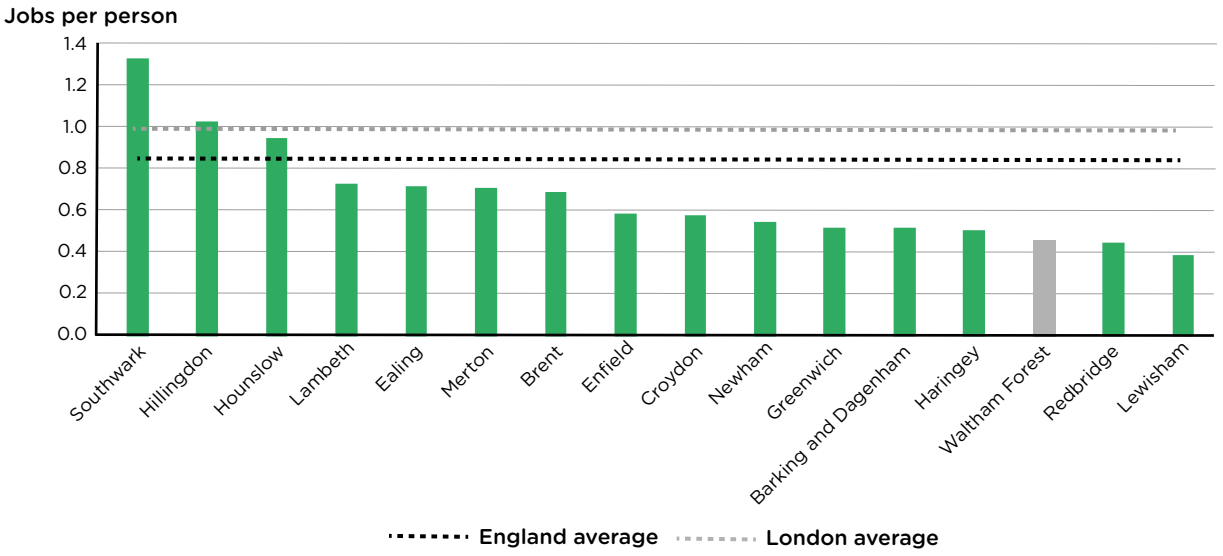


Source: *Office for National Statistics (169)*

Most residents of Waltham Forest do not work within the borough. It is estimated that only 22% of residents also work within Waltham Forest (170). 7% of residents working in office jobs work within the borough (170).

In 2020 there was a relatively small number of jobs available in Waltham Forest compared with the England and London averages (Figure 3.27), and fewer jobs compared with most of its statistical neighbours.

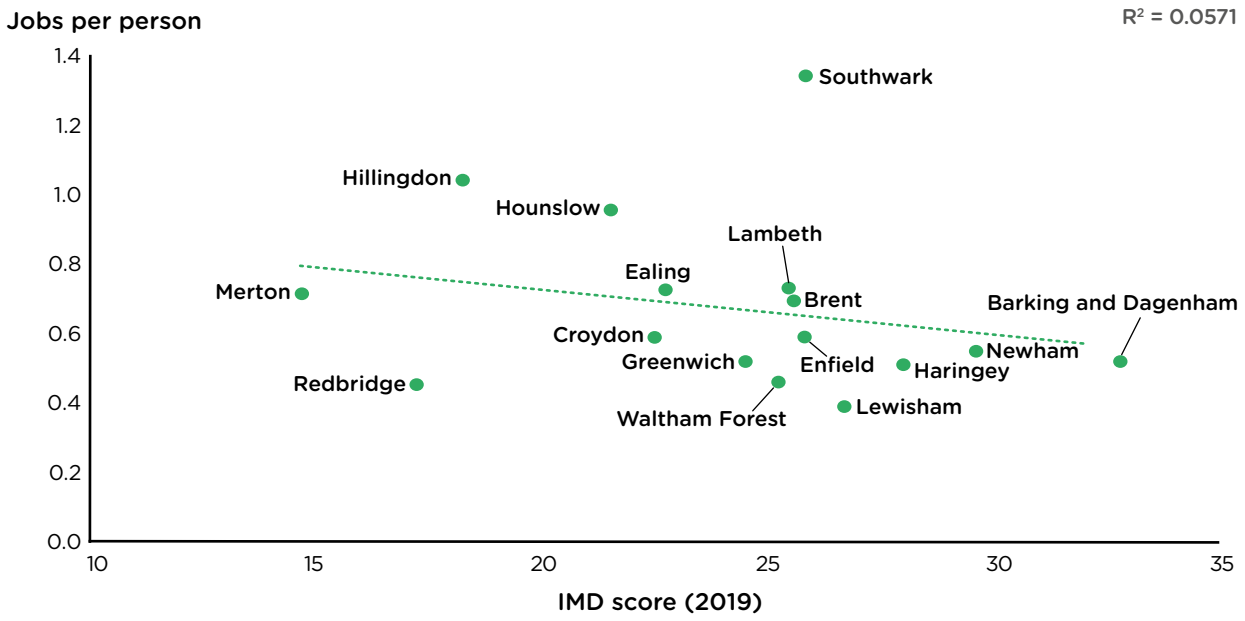
Figure 3.27. Number of jobs per resident (aged 16–64 years), Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Source: *Office for National Statistics (169)*

Figure 3.28 shows the relationship between the overall level of deprivation in Waltham Forest and the availability of jobs in the borough and its statistical neighbours. The lack of available jobs could undermine opportunities for good health and beneficial outcomes in other social determinants in Waltham Forest.

Figure 3.28. Number of jobs per resident (aged 16–64 years) and deprivation (IMD 2019), Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Note: *Number of jobs in a local authority divided by age 16-64 years population.*
Source: *Office for National Statistics (169)*

To improve the quality of work, interventions such as Good Work Charters and Standards have been introduced in several areas in England (Box 3.8).

Box 3.8. Good Work Charters and Standards

The London Good Work Standard offers best employment practice and links to resources and support to help employers meet the standard. It has been developed in collaboration with London's employers, trade unions, professional bodies and experts (171).

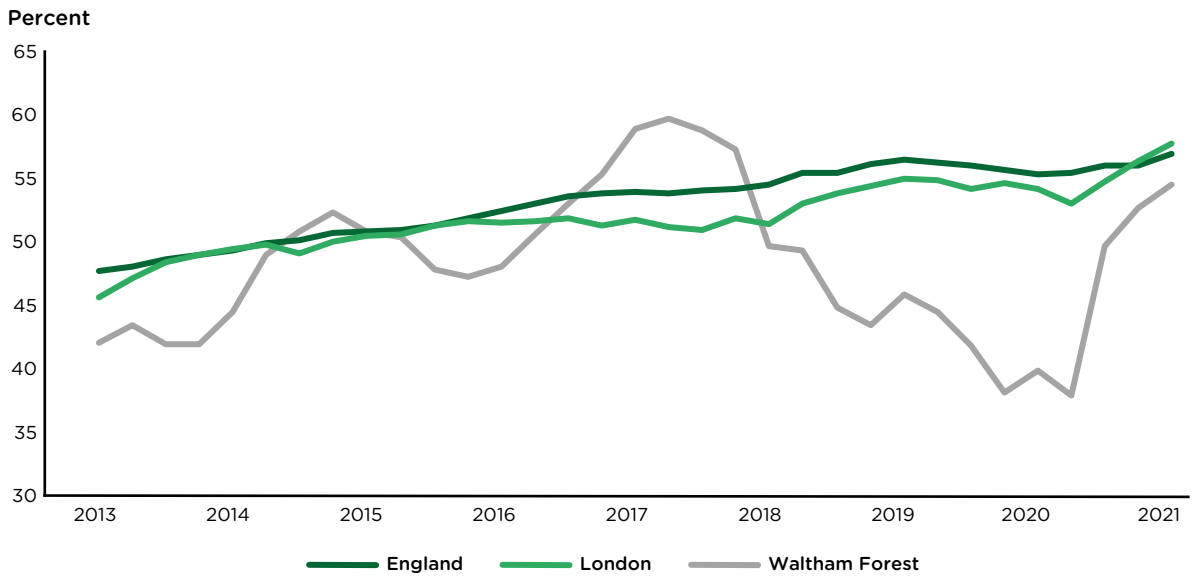
The Greater Manchester Good Employment Charter, introduced in January 2020, aims to improve employment standards across Greater Manchester. Membership of the Charter requires employers to demonstrate a commitment to excellent practice in seven key employment characteristics: secure work; flexible work; real living wage; engagement and voice; recruitment; people management; and health and wellbeing (172).

In both schemes employers and organisations that meet the criteria apply for accreditation and recognition as leading employers.

In 2021 Waltham Forest's employment rate was 76.2%, slightly higher than the England average of 75.1% (for those aged 16–64 years) (173).

The rate of employment for people with disabilities in Waltham Forest was well below the London and England averages before the pandemic but has since narrowed, most likely due to the COVID-19 furlough scheme (Figure 3.29).

Figure 3.29 Employment rate for people aged 16–64 and considered disabled under the Equalities Act core or work-limiting disabled definition, Waltham Forest, London and England, 2013–2021



Note: *Equalities Act Core disabled includes those who have a long-term disability that substantially limits their day-to-day activities. Work-limiting disabled includes those who have a long-term disability that affects the kind or amount of work they might do.*

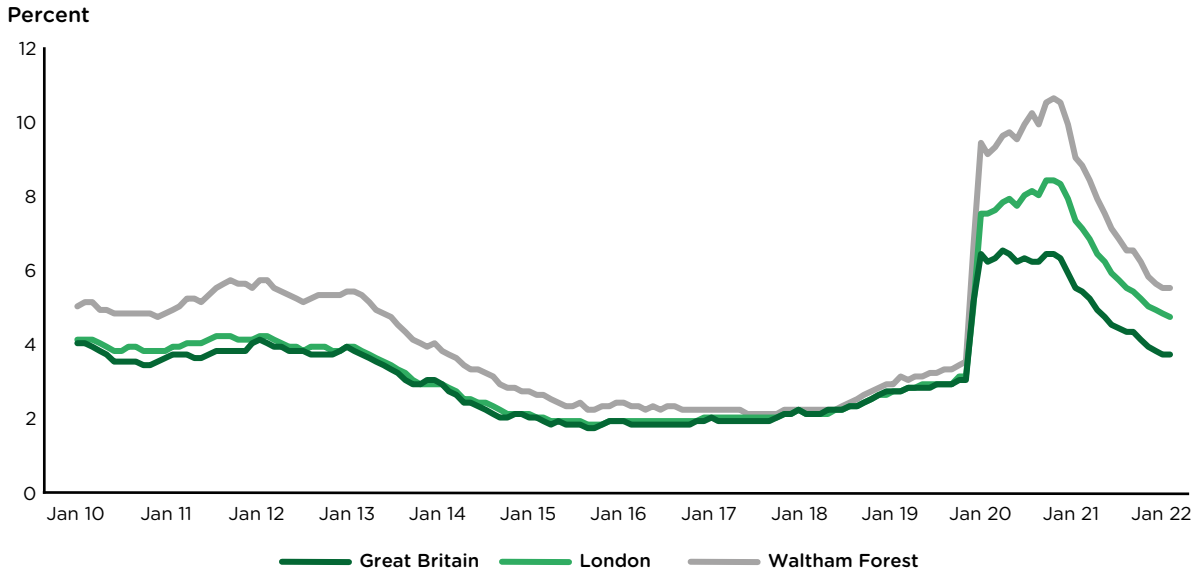
Source: *Annual Population Survey (24)*

UNEMPLOYMENT

Unemployment and worklessness are major issues in Waltham Forest, which had one of the highest unemployment rates in all London boroughs during the pandemic. In December 2021, it was estimated the youth unemployment rate in the borough was between 35 and 52% (170).

Prior to the pandemic, the unemployment benefit claimant count in Waltham Forest fell from 2013, then began to increase in 2018, a reflection of the national trend (Figure 3.30). In both the pre-pandemic and pandemic trends, Waltham Forest has closely followed the picture nationally, but had a much higher percentage of claimants in the pandemic. (Figure 3.30 uses benefit claimants, therefore excludes those who are ineligible for benefits or choose not to claim them.)

Figure 3.30. Out-of-work benefit claimant count, percentage of economically active persons, Waltham Forest, London and Great Britain, January 2010–July 2022

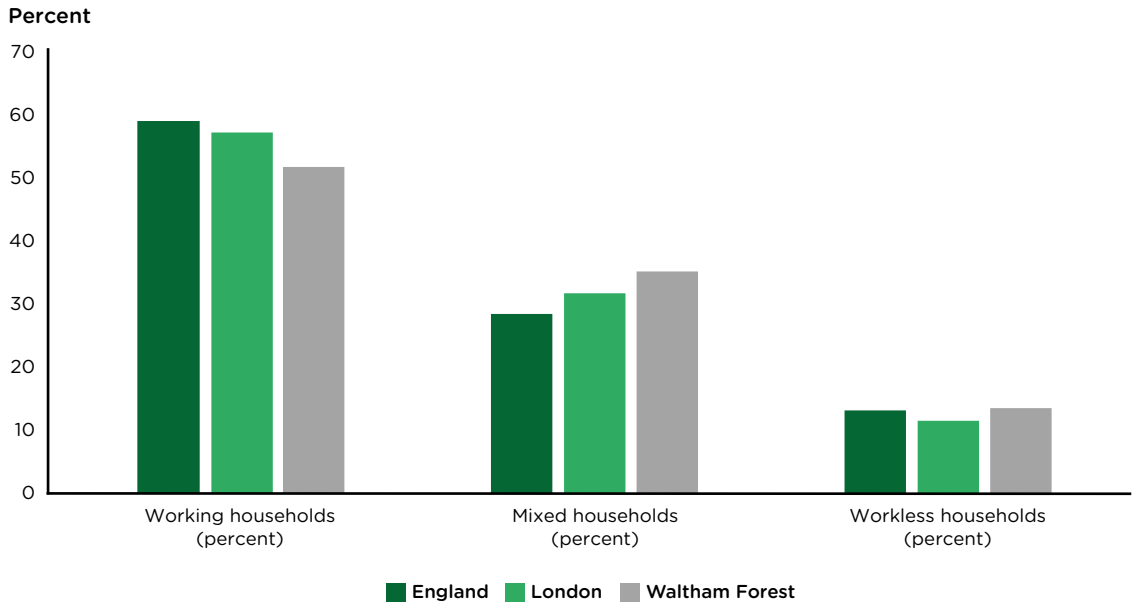


Source: *Office for National Statistics (169)*

Unemployment rates differ by ethnicity. The unemployment rate for Waltham Forest residents who are from ethnic minority populations and not born in the UK is four times higher than for White, UK-born residents (154). The gap in the employment rate between White residents and residents from a Pakistani or Bangladeshi background means a person from a White background in the borough is almost twice as likely to be employed as someone from a Pakistani or Bangladeshi background (154).

Workless households are those where all adults aged 16–64 in the household are currently economically inactive or unemployed (174). In Waltham Forest, 13.4% of households are workless households, slightly higher than the England average of 13% (Figure 3.31).

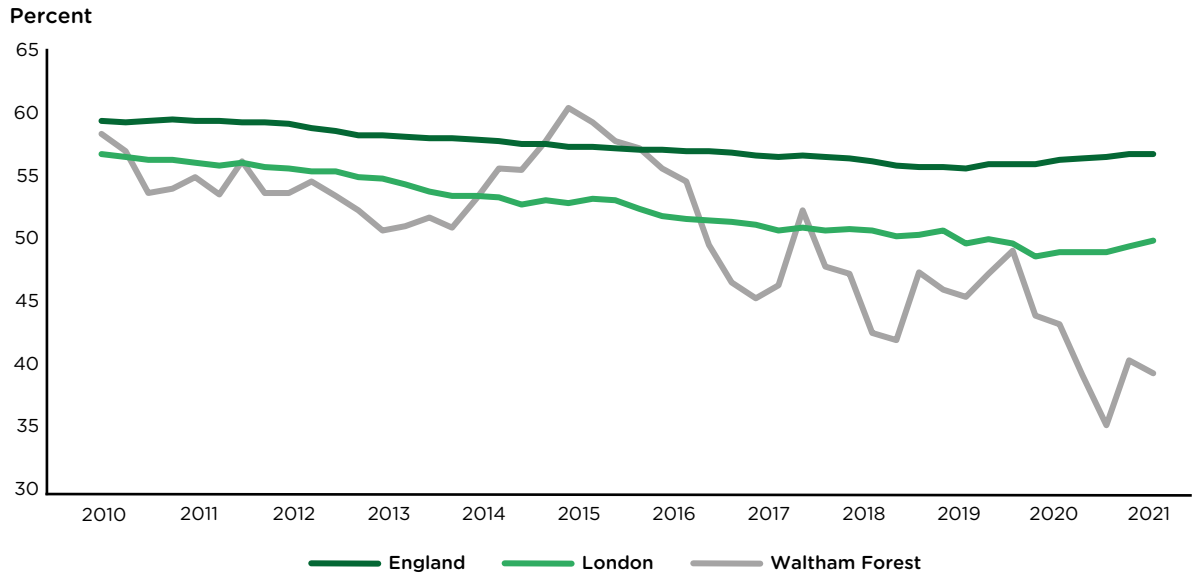
Figure 3.31. Percentage of working and workless households, Waltham Forest, London and England, 2020



Source: *Office for National Statistics (169)*

In contrast to other areas, economic inactivity in people aged over 50 has been declining in Waltham Forest. Figure 3.32 shows the contrast in this trend in the borough compared with London and England.

Figure 3.32. Percentage of economically inactive people aged over 50, Waltham Forest, London, and England, January 2010–March 2022

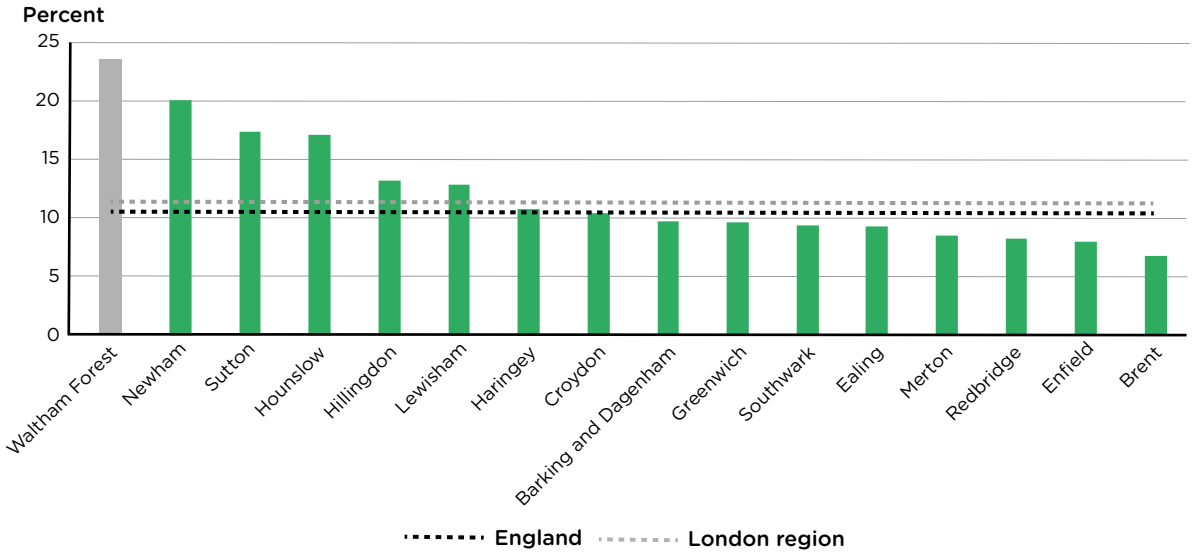


Source: *Annual Population Survey (24)*

Being in poor health is strongly linked with lower employment. In 2019 employment rates for people with long-term limiting health conditions in the UK were 17 percentage points lower than the national average (175). Many people with long-term health conditions want to work but they require more support to return to work and many employers do not provide this support or training (176). Being out of work can contribute to further deterioration in health among people with a long-term health condition or disability (177).

Compared with the England average, there is a larger gap in employment between those with a long-term health condition and those without in Waltham Forest (Figure 3.33). There is an opportunity for employers and those who are supporting people with a health condition in Waltham Forest to support people with long-term health conditions into good quality and fair-paid work.

Figure 3.33. Gap* in employment rate between those with a long-term health condition and the overall employment rate, Waltham Forest and CIPFA nearest neighbours, London and England, 2019/20

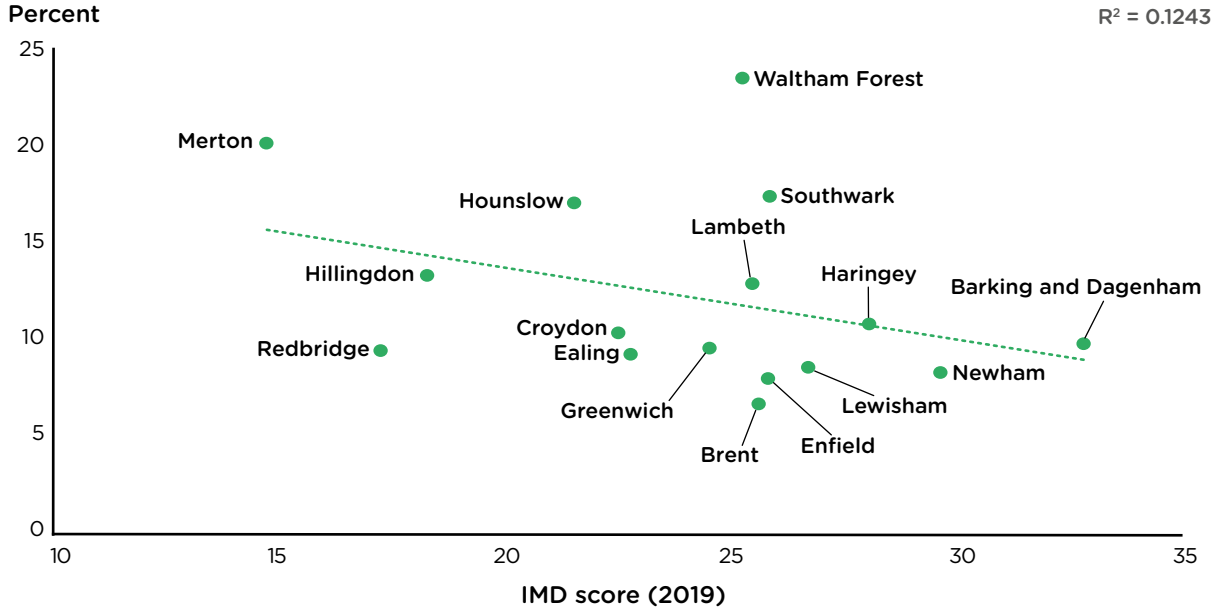


Note: **The percentage point gap between the percentage of respondents in the Labour Force Survey who declared a long-term condition who are classified as employed (aged 16–64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16–64).*

Source: *Office for National Statistics (169)*

Figure 3.34 shows the relationship between the employment rate and deprivation. It indicates that the large gap in employment in Waltham Forest between those with a long-term condition and the rest of the population is not inevitable, given that its similar statistical neighbours with higher rates of deprivation have smaller gaps in their employment rates.

Figure 3.34. Gap* in employment rate between those with a long-term health condition and the overall employment rate, Waltham Forest and CIPFA nearest neighbours, 2019/20



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

Source: *Office for National Statistics (169)*

> ***We don't track people with long term disability very well. We don't do as much as we'd like to.***
>
> *Waltham Forest Council stakeholder*

> ***The work and health programme were massive but have now been cut. They were administered by the GLA and delivered sub-regionally. Maximus delivers this sub regionally, the quality is not great...The contracts are too aggregated and Waltham Forest has no control, it could be good in Newham but not in Waltham Forest. Their contract isn't to do a certain percentage in each borough but for the whole sub-region.***
>
> *Waltham Forest Council stakeholder*

These two quotes highlight the awareness of Waltham Forest's Council staff of the support they offer to those who are not working due to long-term illness. Programmes such as the Households into Work programme in Liverpool City Region, is an example of how a local council can better support people who have been out of work for long periods, many of whom have ill-health (Box 3.9).

Box 3.9. Supporting Households into Work, Liverpool City Region

Launched in February 2018 and developed through the Liverpool City Region Devolution Agreement, Households into Work (HiW) is a labour activation programme. As a collaboration between the Liverpool City Region Combined Authority (LCRCA), six local authorities and the Department for Work and Pensions, HiW was designed to address the systemic issues associated with long-term and entrenched worklessness in a region where there were around 130,000 residents in receipt of out-of-work benefits, representing one of the highest rates of any economic area nationally.

Unlike more traditional employment support programmes, which focus on developing an individual's progress through skills-based interventions alone, HiW adopts a flexible, person-centred approach to take account of and respond to the multiple employment barriers that many people face, ranging from skills assessment to community engagement, debt and finance advice, and support over mental health, drugs and alcohol and housing issues.

An evaluation of pilot programme data (covering February 2018–February 2020) found that the key barriers to employment in this client group were mental health issues (65%); chronic health conditions (23%); and care responsibilities (26%). Some 72% of those on the HiW programme are living on incomes below £13,000 per year, with 40% reporting that they live on less than £6,000 a year.

Another evaluation of the programme found that HiW demonstrated the value of an asset-based approach, placing the client at the centre of both service design and delivery, which helps to better tackle longstanding and entrenched worklessness. Additionally, the evaluations found the programme brought together collective skills and knowledge assets that existed within organisations from across the City Region, translating them into a single source of service delivery and thereby adopting a whole systems approach.

Following the completion of the pilot phase of the programme in March 2020, HiW was extended for a further two years and has become a component of the LCRCA levelling-up plans. Policymakers and practitioners are working together to plan for secure resourcing to continue the work of the programme beyond 2023 (178).

LCRCA has also received funding from the Health Foundation to transform the way it delivers labour market programmes and economic strategy, ensuring it applies a public health-centred approach. Labour market programmes will promote health and wellbeing, for example, through direct support for health conditions (such as early access to mental health support); through their employment effects; through community engagement, social connections and skills development (such as enabling the unemployed to remain socially connected and develop skills); and through material benefits (such as preventing income loss, debt, or decline in housing conditions that adversely affect health).

The project integrates labour market programmes with health services, including a public health and employment post within the LCRCA Employment and Skills Team with the aim of acting as a 'bridge' between health and economic development policymakers and commissioners. These efforts are aimed at ensuring there is greater overlap of activities and support between health and employment professionals.

Box 3.10 outlines a joint initiative Waltham Forest Council and the Department for Work and Pensions have offered since 2015 to better focus employment support to local residents.

Box 3.10. Increasing employment in Waltham Forest

Steps into Work is an employment support programme set up by Waltham Forest Council in 2015 that brings together the Council's offer of job opportunities, skills provision, information, advice and guidance to support residents into local jobs in different sectors.

The programme is focussed on those in greatest need such as care leavers, unemployed residents, those in insecure employment and/or on low incomes, people who are economically inactive and those who have not worked for a long time. Since the COVID-19 pandemic, the focus has widened to help residents though the cost-of-living crisis by helping them get better paid work or to secure an entry-level job from which they can progress into better paid work.

Employment Support officers work closely with case workers to support individual residents and create job action plans, with clear pathways towards training, work placements or employment and, where needed, they provide interpreters. The Council's Connecting Communities programme is currently funding a project support to Waltham Forest residents who are looking for work but have a low level of digital skills.

The Council's Care Leavers Offer is aimed at young people aged over 16 who have been in local authority care, some for all of their childhood, and have subsequently left the care system or are in the process of doing so. The project supports care leavers into apprenticeships, employment, education and training, and also provides support and training to build confidence, overcome barriers and realise their full potential.

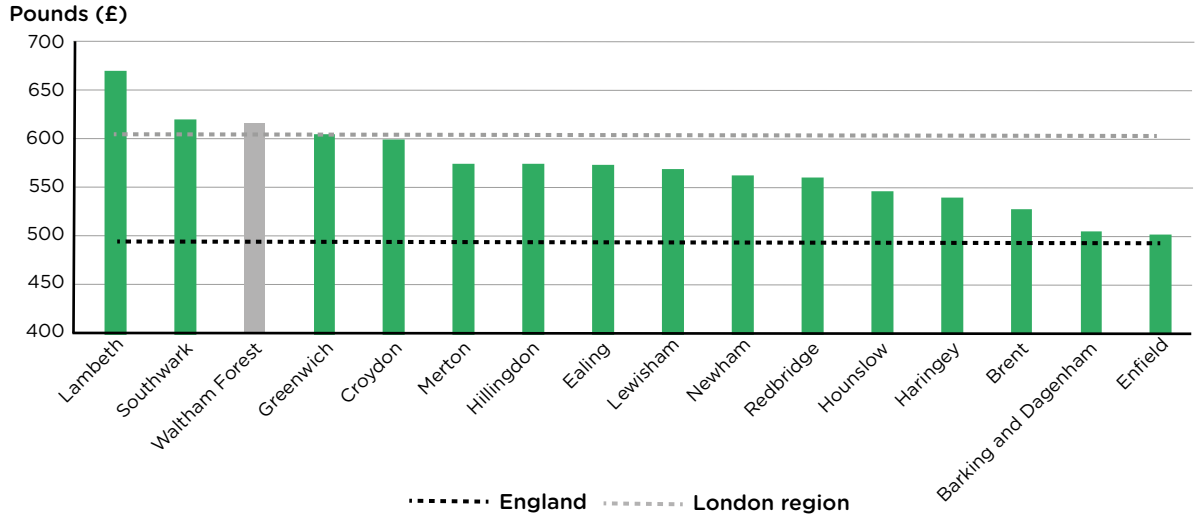
Supported by Steps into Work, the HGV academy was established during the pandemic in November 2021 to support residents into roles created by labour market shortages. Delivered in partnership with specialist HGV training providers and government-funded Skills Bootcamp providers, 300 residents were engaged, 158 were interviewed, and 10 have found work, having completed the 18–24 week specialist training to become HGV drivers.

PAY

Between 2011 and 2019 there were increases in the proportion of jobs that were low-paid in most London boroughs. In 2021 in Waltham Forest it was estimated that 20.7% of women and 14.4% of men held jobs that were low-paid, below the London averages of 22% and 16.7%, respectively. (These figures are calculated as the percentage of workers earning below the living wage on the basis of the wage decile distribution published by the Annual Survey of Hours and Earnings (179)). Waltham Forest Council is an accredited living wage employer and it supplements employees earning below the threshold of £20,741.30 per year (180).

Average weekly earnings are calculated using a sample of approximately 9,000 employers in Great Britain. In 2021 average weekly earnings increased for most workers but this was due to many being on the furlough scheme in 2020 (181) (182). In 2021 average weekly earnings in Waltham Forest were marginally higher than the average in London (Figure 3.35). While many residents are paid less than the living wage in Waltham Forest, many residents are well-paid employees working outside the borough. It is vital to look at the inequalities in both earnings and pay within Waltham Forest, which is based on residence, regardless of place of work.

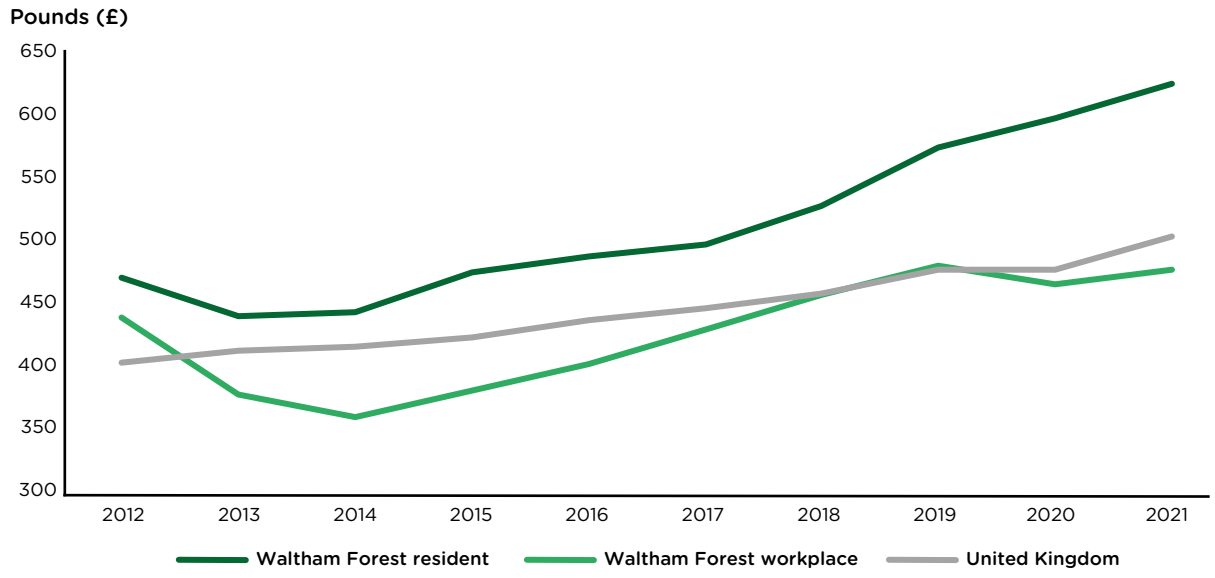
Figure 3.35. Average weekly earnings for people aged 16 years and over, Waltham Forest and CIPFA nearest neighbours, London and England, 2021



Source: *Office for National Statistics (183)*

Figure 3.36 indicates that Waltham Forest residents working outside the borough are earning considerably more than those working within the borough and more than the average for the UK. For employees within Waltham Forest, wages remain below the UK average, although they have increased in recent years.

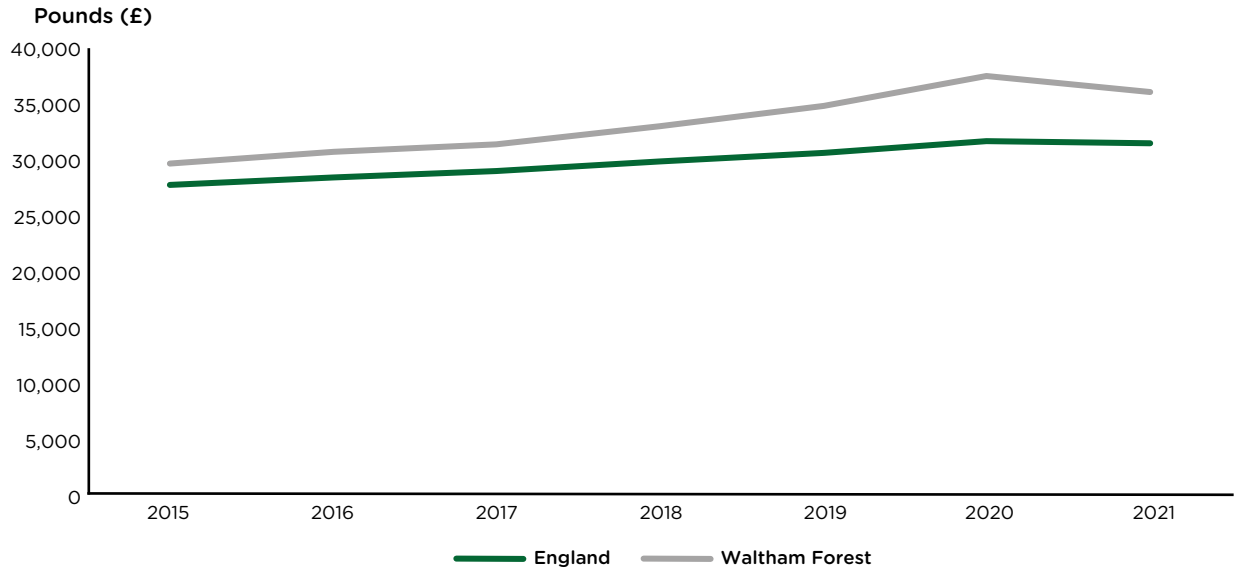
Figure 3.36. Median weekly resident and workplace earnings, Waltham Forest and UK, 2012–2021



Source: *Annual Survey of Hours and Earnings (184)*

Overall, wages for residents (working within and outside the borough) have been increasing in Waltham Forest at a faster rate than in the rest of England, although there was a marked decrease, steeper than across England, between 2020 and 2021. The reasons for this decrease are unclear but may be related to the effects of the pandemic (Figure 3.37).

Figure 3.37. Median gross annual pay of employees, Waltham Forest and England, 2015–2021



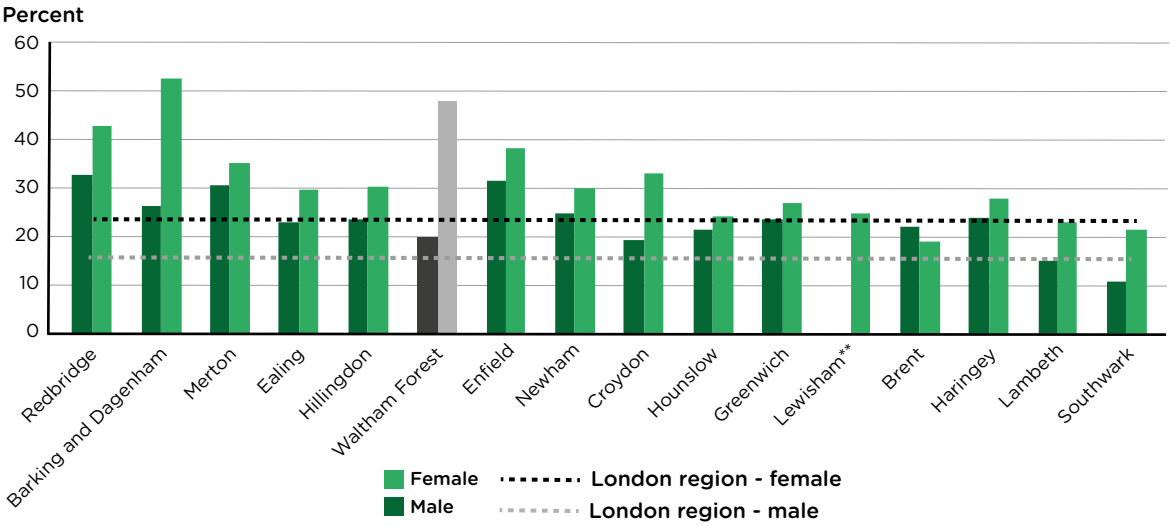
Source: *Office for National Statistics (183)*

In 2020 the average median hourly wage for men in Waltham Forest was 28% higher than for women: a wider gender wage gap than the 15% gap across London. This pay gap has long- and short-term effects. By the time a woman in the UK is aged 65 to 69, her average pension wealth is £35,800, one-fifth of that of a man at the same age (154).

There are high proportions of women in Waltham Forest earning below the living wage – nearly 50% of employed women do not receive this level of pay, with significant negative impacts on health.

Figure 3.38 shows that the rate of women earning below the living wage is nearly double the rate across London and higher than for most of Waltham Forest's nearest statistical neighbours. For men, there is a slightly higher proportion of men not earning the living wage than across London, but the difference is smaller. There is an important opportunity to ensure that employers across the borough pay the living wage and there needs to be a focus on increasing wages for women in particular.

Figure 3.38. Employees earning below the living wage*, Waltham Forest, CIPFA nearest neighbours and London, 2021

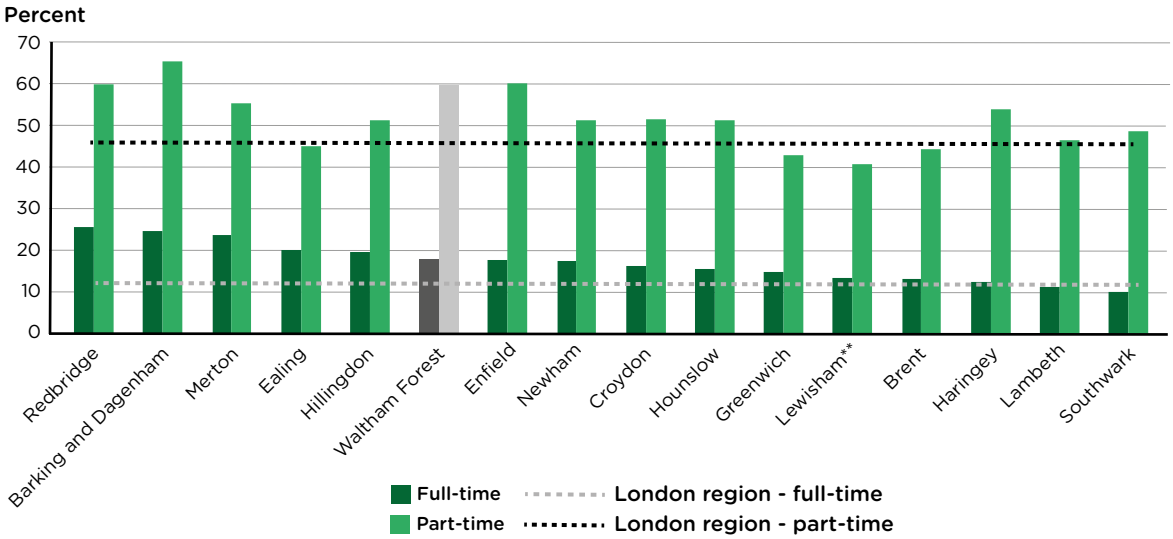


Note: **As defined by the Living Wage Foundation, at £11.05/hour in London in 2021/22. (185). Data for males in Lewisham is unreliable. Includes employees who were furloughed under the Coronavirus Job Retention Scheme.*

Source: *Office for National Statistics (186)*

Part-time workers are much less likely than full-time workers to receive the living wage or above and a significant proportion of part-time workers, 60%, do not earn the living wage in Waltham Forest. This is a higher rate than in most of Waltham Forest's statistical neighbours and nearly 15% higher than the average for London. Full-time workers are 5% more likely to be earning below the living wage in Waltham Forest than in London as a whole (Figure 3.39).

Figure 3.39. Full-time and part-time employees earning below the living wage*, Waltham Forest, CIPFA nearest neighbours and London, 2021



Note: **As defined by the Living Wage Foundation, at £11.05/hour in London in 2021/22, based on hourly and weekly estimates (185).*

Source*: Annual Survey of Hours and Earnings (186)*

This low level of pay for part-time workers relates to the requirement for people who receive Universal Credit to look for work. While parents with children under age 1 do not need to look for work, when children turn 2 years old, their parents must do so. Many women with children work part-time and on low pay. All employment must be paid at least at the living wage and it is particularly crucial that levels of pay for part-time employment quickly increase.

The London Living Wage in 2022 is £11.95 per hour. Waltham Forest has been working with employers such as Wood Street Walls to encourage them to pay the London Living Wage (Box 3.11).

Box 3.11. A social enterprise offering the London Living Wage in Waltham Forest

In 2022 Wood Street Walls were accredited as a London Living Wage employer. Wood Street Walls have fewer than 10 employees and work with local communities and artists to curate murals on walls and use art and creativity to run events to highlight key social issues and causes that affect London and the UK. They run two artist workspaces in Walthamstow (187).

They recruited their first full-time and part-time employees through the Kickstart scheme and have sought to ensure they have transparent working practices as a local employer within the creative sector. They believe the Living Wage Employer accreditation will help when advertising for full- and part-time roles and will encourage other local employers to think hard about pay when recruiting for their own roles.

Wood Street Walls regard the accreditation as a benchmark of fairness and it will influence the quality of work and career opportunities they can provide. The UN Sustainable Development Goals are a key driver in deciding what projects they take on, with Goal 8, on decent work and economic growth, encouraging them to 'practise what they preach'. The Living Wage accreditation helps provide the guidance to drive towards these key principles. In the future they aim to have a larger team, well paid and fulfilling job roles and to employ young people from the borough.

Anchor institutions, such as the NHS and local government, have a powerful role to play in providing fair-paid jobs in local areas such as Waltham Forest. Anchor institutions are large organisations, rooted in place and can have a significant impact on the health and wellbeing of their local community and can help to address health inequalities (188). Box 3.12 outlines the work Barts Health NHS Trust has carried out to increase the number of local people it employs.

Box. 3.12. Barts Trust and Community Works for Health

Waltham Forest Council and Barts Health NHS Trust are working together to provide jobs to local people in Waltham Forest, enabling both teams to fulfil their anchor institution responsibilities. Community Works for Health (CWfH) is a core part of Waltham Forest Council's vision to help local residents secure work in low to medium bands (e.g. administration/clerical, healthcare assistants/theatre support workers, phlebotomists and medical lab assistants) at Barts Health NHS Trust. Since 2012 CWfH has been working with local partners to fill vacancies with local residents and targets unemployed people, those on low incomes, and Waltham Forest residents with qualifications from abroad who are in low-skilled jobs and are looking for skilled work.

Online information days provide information to potential candidates about the programme, the roles available, entry requirements and how to apply. After attending the information day, candidates sit functional skills assessments and attend a week-long employability training course. The course is offered in small classes and provides adult learners with information about Barts Health, policies and procedures and how to successfully apply for roles and prepare for interviews within the NHS. Upon completion of this training, candidates are registered with Barts Health Talent Pool and are eligible to apply for internal entry-level vacancies.

CWfH has helped hundreds of local people get skills and experience through placements and jobs and as such has helped Waltham Forest and Barts Health NHS Trust to develop a local workforce that better represents its community. In 2020 150 local residents were registered into the Barts Talent Pool and over 110 jobs secured. In 2022 a number of CWfH programmes are running. The 2022 programme has had 18 registered learners and six have secured work, while a number of other registered learners are in work placements at Barts (189).

RECOMMENDATIONS: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

a) Based on the London Good Work Standard, develop a Waltham Forest Good Employment Charter. Public sector to implement and support small and medium enterprises to apply these obligations.

b) The public sector and the Waltham Forest Business Advisory Board to work with small and medium enterprises to encourage and incentivise employers to recruit lone parents, those with experience of living in care and people with poor mental and physical health and disabilities and make reasonable adjustments to meet their needs.

c) Public sector employers to provide social welfare, legal and debt advice, including fuel and food poverty support and support local SMEs to have access to this same advice and information.

NATIONAL ADVOCACY

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

3D. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

KEY MESSAGES

- Poverty damages health in many ways, from reducing access to healthy and nutritious food and good quality, sufficiently warm housing, to restricting opportunities to engage fully with society, to directly causing physiological stress and harming physical health.
- Most people living in poverty live in a household where at least one member is in work.
- Over 30% of older people in six wards in Waltham Forest are living in poverty and 13 wards have higher rates of older people living in poverty than the English average.
- The cost of living is rapidly increasing, pushing many more people into poverty and ill-health.
- The cost-of-living crisis is disproportionately affecting those already experiencing deprivation.
- Up to £3.4 billion of available Housing Benefit went unclaimed in 2018/19, according to the Department for Work and Pensions.
- In 2021 the number of UK households with large debts increased by 35%, even before increases in energy prices and the removal of the £20 uplift in Universal Credit payments.

CHILD POVERTY

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

COST OF LIVING

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

DIGITAL EXCLUSION

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

FUEL POVERTY

- Cold, damp homes damage health and increase mortality. In 2022/23 fuel poverty will increase significantly as fuel costs continue to increase, damaging the health of many more people. As well as the health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food.
- Waltham Forest has high levels of fuel poverty, higher than the average across England and higher than in all but two of its statistical neighbours.

In 2019/20 29% of Londoners were living in poverty, compared with 21% of the population in the UK. 38% of households in London with a disabled person are living in poverty, compared with 26% of similar households in the UK (190). Londoners living in households in poverty are more likely than similar households elsewhere in the UK to hold qualifications (190).

Most people living in poverty live in a household where at least one member of the household is in work. 74% of households in poverty in London have a working family member (full-time or part-time), compared with 62% of poor households in the rest of the UK. As set out in the previous section, full-time work significantly reduces the likelihood of experiencing poverty, while part-time work does less to protect against poverty: the poverty rate for part-time working households is 69%, only slightly lower than the poverty rate for workless families (190).

Loss of incomes can have further knock-on effects, as already meagre savings are depleted, resulting in further cash-flow problems and worsening deprivation. The effects of the pandemic are likely to be felt for years to come, and are already contributing to a growing cost-of-living crisis in the UK, where the prices of consumer products have been rising across the board (191). In particular, energy prices are being pushed up, with the potential to leave poor families in a situation where they have to choose whether to 'heat or eat' (192) (193).

> ***My parents are on benefits and it's not enough to cover everything. My brother is also autistic and has lots of needs – paying for nappies, transport, entertainment... Everything is very expensive. I have very little cash after all the bills.***
>
> *Female, aged 16–24, Black/Black British*

> ***The Benefits Cap will put pressure on families and a lot of young people that we mentor. In our mentoring service the kids talk about homelessness.***
>
> *Waltham Forest VCFSE sector*

The Trust for London's poverty profile of the capital in 2022 found most people living in poverty who were forced to rely on benefits were also in work. Between 2020 and 2021 the number of households affected by the benefits cap grew from just below 20,000 to just below 60,000 (194). The Benefit Cap limits the total amount of benefits some working-age people receive. The current caps in Greater London are: £442.31 per week (£1,916.67 per month or £23,000 per year) for couples and lone parents and £296.35 per week (£1,284.17 per month or £15,410 per year) for single adults.

POVERTY AND HEALTH

Poverty can affect health in a variety of ways. The minimum income for healthy living is the minimum income sufficient to enable people to pursue a healthy and dignified life that they have reason to value. This includes being able to pay for nutritious food, good quality housing and the ability to heat it, the resources to allow a health-supportive lifestyle, and also to engage fully with society, which is necessary for good mental health and wellbeing. An inadequate income leads to deprivation and the inability to maintain a healthy and fulfilling life. The Joseph Rowntree Foundation has estimated minimum income standards for Outer London, shown in Table 3.1.

Table 3.1. Minimum income standard for Outer London, 2021

Household types	Minimum income standard (after housing costs)
Single, working-age	£28,817
Couple, working-age	£20,481 (per person)
Single, pensioner	£15,811
Couple, pensioner	£25,582
Lone parent, one child (aged 1)	£61,828
Couple with two children (aged 3 and 7)	£24,355 (per adult)

***Source**: Minimum Income Standard (195)*

The impact of the pandemic on incomes fell unequally across society: one survey found that 43% of people from a Bangladeshi ethnic background and 38% of people from a Black Caribbean ethnic background had experienced loss of income as a result of the pandemic by June 2020, compared with 22% of White British people (196). Due to London's large populations of ethnic minority communities, the majority (56%) of those in poverty in London are in families headed by a non-White person. A survey of more than 11,000 Waltham Forest residents found people from ethnic minority populations were more likely than White people to have felt a negative financial impact due to the pandemic (197).

CHILD POVERTY

In the focus groups residents from lower socioeconomic groups with children discussed the various pressures and stresses they were facing to make ends meet.

> ***Both my partner and I work and we have two young children. Childcare is very expensive. Life is expensive. We get some help from family and friends, but it is still difficult. After all the bills are paid, we don't have much left for treats. Money is probably the main thing we argue about. I would love to spend more time with my children and as a family. It sometimes feels like all the pleasure and joy in life is taken and replaced by work, bills and feeling like you're failing.***
>
> *Female, aged 35–54, White British-Irish, northern part of the borough, lower socioeconomic/family group*

Child poverty can have lasting effects. Sections 3A and 3B showed inequalities in educational attainment and 3B also showed the relationships between child poverty and being NEET, and between being excluded from school and involvement in the criminal justice system. Experiencing child poverty also leads to reduced employment opportunities and earnings (198). A study of people aged 30 in England between 2016 and 2019 found 50% of people who had received free school meals as children earned £17,000 or less at age 30 and 16% were estimated to have gone to university, compared with 28% of their cohort who had not been eligible for free school meals (199).

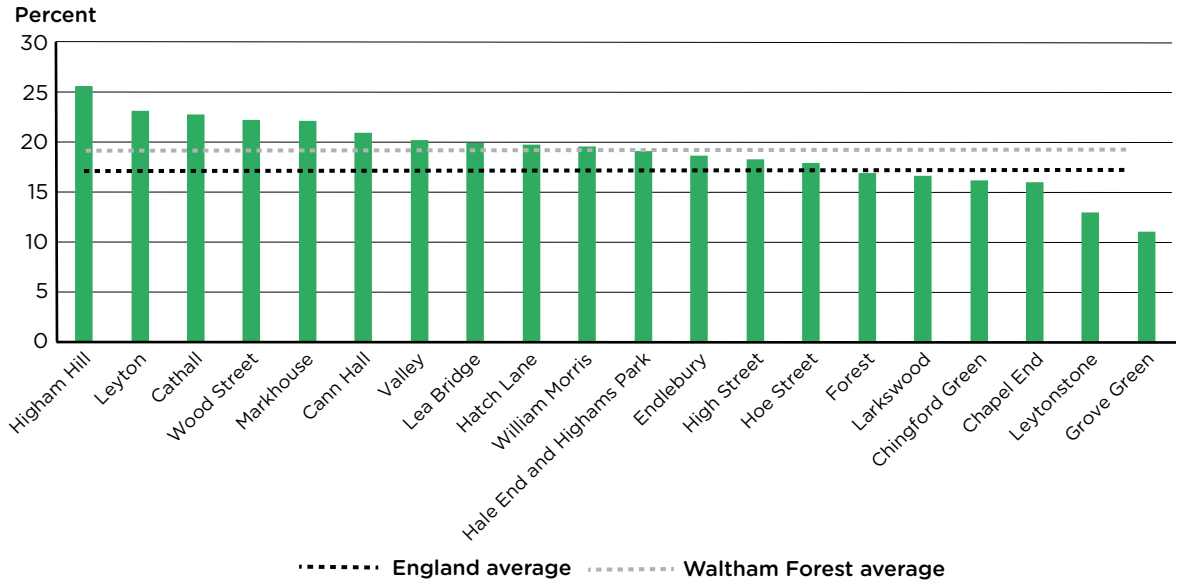
In 2022 the Royal College of Paediatrics and Child Health surveyed and spoke to over 2,000 children and young people. In response to a question about what stopped them from being healthy, well and happy and links to health inequalities, more than half, 57%, of the respondents mentioned issues related to a lack of money: being unable to afford food, transport, school costs (e.g. uniform, trips), technology in the home, clothes or unable to do things they enjoy (200).

There are high rates of child poverty in Waltham Forest. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income-deprived families. Income-deprived families are defined as families that receive:

- Income Support; or
- Income-based Jobseeker's Allowance; or
- Income-based Employment and Support Allowance; or
- Pension Credit (Guarantee); or
- Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60% of the national median before housing costs (201).

Figure 3.40 shows that one in four children are living in poverty in Higham Hill and that 14 of the 20 wards in Waltham Forest have higher rates of child poverty than the average for England.

Figure 3.40. Percentage of children aged 0–15 living in income-deprived homes, Waltham Forest wards, Waltham Forest and England, 2019

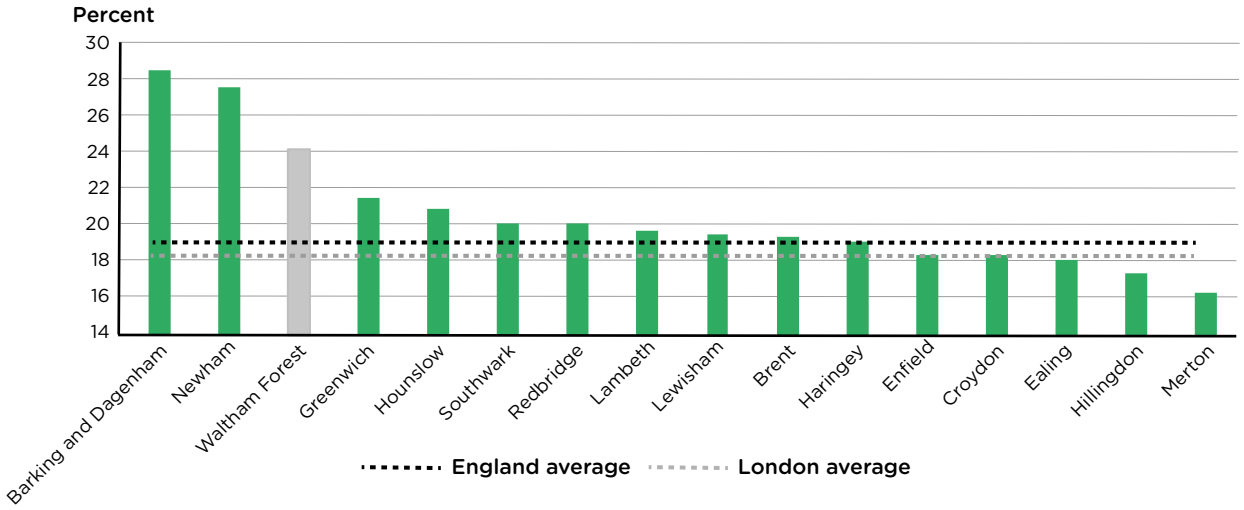


***Source**: Ministry of Housing, Communities & Local Government*

In the UK, children from Pakistani and Bangladeshi backgrounds were the most likely of all ethnicities to live in low-income households (in the year ending 2018).

Relative poverty is an alternative measure: under this definition someone is poor if living in a household with income below 60% of the median in that year (202). Nearly one-quarter of children in Waltham Forest were living in relative poverty in 2019/20, higher than the average for England and London (Figure 3.41).

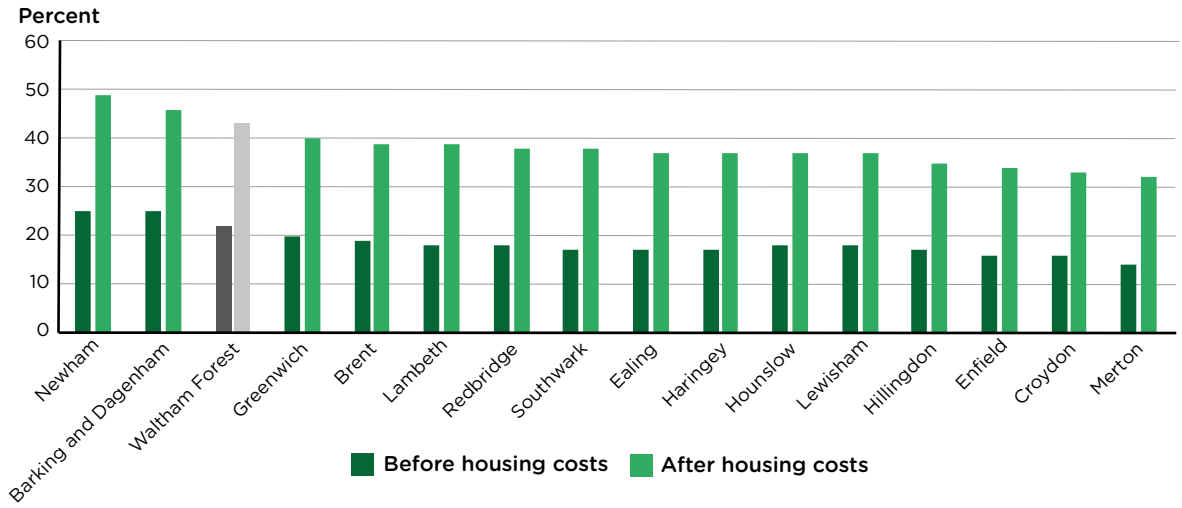
Figure 3.41. Percentage of children aged under 16 living in households in relative poverty, Waltham Forest and CIPFA nearest neighbours, London and England, 2019/20



***Source**: Office for National Statistics (203)*

The percentage of children living in poverty calculated after housing costs have been taken into consideration is much higher than the rates described above, which are before housing costs. The Centre for Research in Social Policy at Loughborough University calculates poverty levels before and after housing, and estimates for Waltham Forest that 43% of children are living in poverty after housing costs (204). There is a caveat to this data and the Department for Work and Pensions state it is not possible to calculate poverty after housing Costs based on data from the Households Below Average Income report, as no adjustments are made for differences in regional cost of living (205). Figure 3.42 shows the levels of child poverty, before and after housing costs, in Waltham Forest and its nearest statistical neighbours. In Waltham Forest, the levels of child poverty jump from 22% before housing costs to 43% after housing costs.

Figure 3.42. Percentage of children aged under 16 living in poverty, before and after housing costs, Waltham Forest and CIPFA nearest neighbours, 2020/21



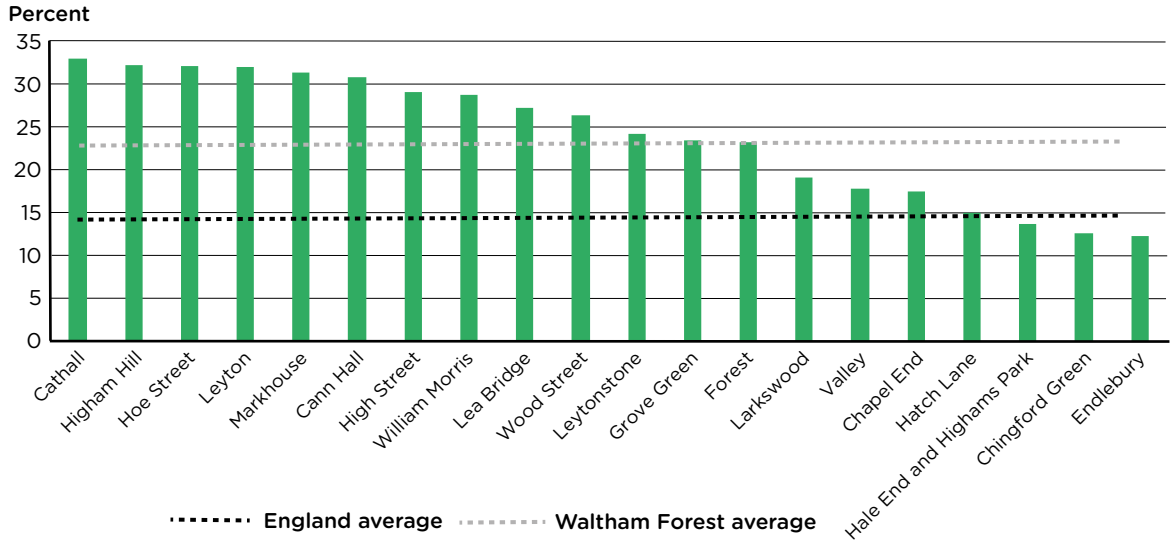
***Source**: Trust for London (204)*

Understanding rates of poverty has been hampered by the Government's decision to no longer collect poverty rates that take housing costs into account. It is likely that rates of poverty will be under-represented, therefore, as housing costs deepen poverty and push many people into poverty. The Resolution Foundation has said: 'There is little justification for poverty statistics that do not account for housing at all' (206).

OLDER PEOPLE IN POVERTY

Income deprivation affects older people even more than children in Waltham Forest. Over 30% of older people in six wards in Waltham Forest are living in poverty and 13 wards have higher rates of older people living in poverty than the English average (Figure 3.43).

Figure 3.43. Percentage of older people living in poverty, Waltham Forest wards, Waltham Forest, and England, 2019



***Source**: Ministry of Housing, Communities & Local Government (13)*

COST OF LIVING CRISIS

In May 2022 gas and electricity bills for a typical household were expected to rise to about £2,800 a year from October. However, new forecasts suggest the energy price cap could reach £3,582 a year for a typical household from October 2022, and £4,266 a year from January 2023. A typical low-income household paying their energy costs by direct debit is expected to need an extra £418 to pay their energy bills over the first three months of 2023. The Resolution Foundation estimates households in the bottom quintile will have to cut back almost 24% of 'non-essential' spending to be able to put on the heating, pay the rent, and afford food, transport and communication (i.e. mobile and Wi-Fi). However, the richest tenth (decile) of households will have to cut back only £1 in £12, or 8%, of their non-essential spending in order to accommodate the higher heating bills, as their gas and electricity expenditure makes up a much smaller proportion of their total outgoings (207). The support package announced in May 2022 (including £650 to households on means-tested benefits; an additional £300 of Winter Fuel Payment to all pensioner households and an additional £150 to people who receive a disability benefit) was expected to cover less than half of the estimated increasing costs for low-income households (208).

In addition, if benefits are not uprated with inflation, the added pressure on incomes will lead to increasing rates of poverty and debt. The Resolution Foundation estimates that raising benefits in line with earnings rather than inflation would leave a couple with two children more than £1,061 a year worse off, and a single parent with one child £607 a year out of pocket (209).

In 2020 the poorest 10% of households in Britain spent 54% of their average weekly expenditure on essentials such as housing (including electricity and gas), food and transport while the richest 10% spent 42% on the same essentials (210). The increasing energy costs will continue to be compounded by rising costs in other areas of life in 2022 and in the future.

The ONS reports that private rental prices in London only increased by 2.5% in the 12 months to August 2022 (211). However, research from Crisis in partnership with Zoopla shows a very different picture. Their research found in 2021 that fewer than one in eight properties available for rent were affordable to those in receipt of housing benefit, meaning many were not able to afford rent prior to the cost-of-living crisis. Average monthly rental prices are 12% higher in the UK than before the pandemic while housing benefit has remained frozen since March 2020 and is based on rents from 2018–19. For low-income renters, housing benefit is not covering rents and these renters must find, on average, an additional £648 a year to rent a one-bedroom property, £1,052 for a two-bed and £1,655 for a three-bed (212).

In January 2022 a survey of 1,702 adults earning below the living wage found that 38% had fallen behind on household bills; 32% regularly skipped meals for financial reasons; and even before the large increases in energy costs, 28% reported being unable to heat their homes for financial reasons. Two-thirds, 66%, stated that their mental health would improve if they earned a wage that covered their basic living costs (210).

In Waltham Forest, given the multiple and increasing pressures on households, it is difficult to provide a summary definition of what constitutes poverty. Looking at separate measures of poverty does not enable a full understanding. An appreciation of the multiple increases in costs – including of housing, food, energy, transport and childcare – combined with insufficient income can increase understanding of pockets of deep poverty, which are hidden under the larger area data currently available/used.

> ***I was in a difficult position financially before the cost of living issues, but I'm really starting to feel it now. It affects everything I do and is on my mind all the time. It is bad for my mental health. I don't eat as well as I should. I'm getting behind on rent. I'm not sure how to get out of it.***
>
> *Male, aged 55+, Black, lower socioeconomic group*

> ***The cost of living has gone up so much. It is not reflected in my wages – they have not gone up. Being able to do things as a family... going on an outing, that costs so much. We are lucky that we have a forest near us and beautiful gardens to visit but petrol costs and other transport, food and drink even... Thank goodness summer is coming up and the heating will not have to go on. That will save us... but I'm still worrying about the winter.***
>
> *Female, aged 55–64, White British*

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

In July 2022 Waltham Forest Council declared a cost-of-living emergency and committed to providing extra support 'for its most vulnerable residents to help see them through the crisis' (213). In November 2021 the Council held a summit bringing together 50 frontline organisations working within Waltham Forest to hear how cuts to benefits and a rise in inflation were hitting residents' incomes. In the winter of 2021/22 the Council distributed £2.46m of Household Support Funding to help residents with food, clothing, energy and water costs, including funding to support grants to 4,600 low-income households to pay utility bills, emergency grants to 635 vulnerable families struggling to pay rent, paying off rent arrears for 119 residents in social housing, £25,000 in grants to households with vulnerable children to assist with bills, £146,700 in utilities and food vouchers to vulnerable households, £100,000 to 80 schools to support vulnerable families, and £25,000 to bolster emergency supply to partnered foodbanks. In the summer of 2022 the Council put in some financial measures to help with the cost of living, including a one-off £75 reduction in council tax bills and it offered a universal programme of free activities for children aged 5–11 in the 2022 school summer holidays. The Council posted 125,000 'Worried about Money?' flyers, designed with Citizens Advice, aiming to ensure all residents are aware of available local support. The Council is offering families of children eligible for free school meals £30 in vouchers for the two-week Christmas break.

These quick and impacting crisis interventions are welcome but Waltham Forest also needs to develop longer-term approaches to continue to address the effects of poverty on health. During the COVID-19 pandemic, many local authorities had a single point of contact or group to coordinate their response. A similar post would be useful as an approach to the cost-of-living crisis, to bring together key partners and develop and implement interventions at scale, across the borough.

All sectors in Waltham Forest have a role to play in supporting residents during the cost-of-living crisis in the winter of 2022/23. Employers need to pay fair wages and could provide additional support such as food and fuel packages to their employees and donations to local communities. Public services, such as schools and leisure centres, also have a role in providing spaces for residents to feel warm and safe and to use broadband facilities.

INCREASING BENEFITS UPTAKE

Non-uptake of financial benefits leads to entrenched poverty and is remediable. According to the Department for Work and Pensions, in 2018/19 up to £3.4 billion of available Housing Benefit went unclaimed. If claimed, on average this would have led to those households receiving an additional £3,100 per year. Of the unclaimed benefit, it is estimated that up to 1.1 million families who were entitled were among those not claiming it. Uptake of Housing Benefit varies by rental sector and has done so consistently since 2013. Households in the private rented sector have a much lower uptake rate, 69%, compared with 88% in the social rented sector (214). Policy in Practice estimates that one in five people who need discretionary support are not always aware that it exists or understand if they are eligible, or how to access this support (215).

However, for many benefits, there are no uptake estimates, including for Disability Living Allowance and Personal Independence Payments, Attendance Allowance and Carer's Allowance. Jobseeker's Allowance statistics are no longer published and there have been no estimates for Council Tax Benefit (formerly the Council Tax Support scheme) since 2009–10 (216).

People with complex problems, communication problems, and who are unable to access or do not wish to access the services and benefits available to them may not claim benefits, as well as and including people who are reluctant to claim financial benefits due to feelings of shame, anxiety and hopelessness and feelings associated with the stigma of being poor. Staff and organisations that work with local communities to identify barriers find accessibility to be a significant problem. For example, the impact of disabilities, lack of digital access, and the effects of previous traumas experienced all affect uptake of financial benefits. People eligible for financial benefits say it is easier to visit a food bank than to engage with a longer-term solution that requires a long wait and submission of evidence (e.g. of unemployment status/income). As such it is important to provide services at the point people need them, as early as possible, rather than allowing issues to escalate until people fall into arrears or face eviction, for example. People need to feel and believe they will receive help when they seek it, rather than face a list of administrative demands or tasks and a long waiting period.

Citizens Advice offers support to help people claim the benefits they are entitled to, as well as projects such as Health Justice Partnerships, which are also a valuable intervention to increase incomes and thus address the social determinants of health (Box 3.13).

Box 3.13. Health Justice Partnerships

Health Justice Partnerships (HJPs) tackle poverty-related issues that affect the health of populations. HJPs involve the integration of free community legal services with patient care, in hospitals, mental health trusts and in primary care. These services provide advice and assistance relating to matters of social welfare law, such as welfare benefits, debt, housing and employment. Ensuring access to legal advice is not only a matter of social justice but also addresses the root causes of poor health and health inequality.

Social welfare legal issues predominantly affect low-income groups (63). People experiencing social welfare legal problems commonly suffer mental and physical health consequences, due to chronic anxiety about the issue or its effects on living and working conditions (64). Community legal services such as HJP help individuals to gain access to the support they are entitled to by law, and are a key partner for the NHS in the fight against health inequality.

HJPs exist in many healthcare settings across England, including GP practices, hospital clinics, mental health services, hospices, maternity services and others. There are different ways in which legal advice services can be linked with healthcare, for example by integrating welfare rights advisors directly within multidisciplinary care teams, or using referral systems to coordinate service delivery.

HJPs can achieve a range of positive impacts (65). Providing advice in healthcare settings facilitates timely access to assistance and reaches people who would otherwise not seek help. The legal interventions achieve significant improvements for individuals, notably with income and finances, as well as other material and social circumstances. This has been shown to have positive benefits for mental health. In-house legal services also support care teams in managing welfare-related workloads and enable a more personalised and responsive approach to patient care.

Free community legal services are diverse, and can include local authority welfare rights units, law centres, and local and national charities. Advice networks operate in some regions, bringing together local providers to coordinate activity. An example in Cheshire and Merseyside is the Liverpool Access to Advice Network, which operates a local referral network (66). Many HJPs are localised and small-scale projects. To achieve the greatest impact, these partnerships should be scaled up to operate across regions (217).

DEBT

Debt, like poverty, affects mental health, increasing stress and anxiety, and also worsens physical health (218) (219). Household debt in the UK has been increasing since 2012 and worsened during the pandemic. IHE's *Build Back Fairer* report showed low-income households had taken on additional debt whereas high-income households increased their savings during the first few months of the pandemic (220) (65). In 2021 a study of 1,252 people who had been forced to use loan sharks in the UK found 62% had an income below £20,000 and 65% had a long-term health condition (221).

Levels of debt continued to increase and in 2021 the number of UK households with large debts increased by 35%, even before increases in energy prices and the removal of the £20 uplift in Universal Credit payments. In May 2022, StepChange, the debt advice service, recorded a 12% increase in the number of people asking for debt advice compared with April 2022 (222).

Over one-quarter of households in Waltham Forest have less than £124 available at the end of the month, meaning that emergency costs, such as boiler repairs, could plunge these families into debt (223). Local credit unions are an alternative to high street banks and can provide services to tackle financial exclusion and offer affordable loans, reducing the reliance on high interest loans from loan sharks.

DIGITAL EXCLUSION

> ***Lack of digital skills and learning leads to a huge gap in knowledge and skills as a result. Someone who is not digitally literate is in a difficult situation when it comes to applying for jobs.***
>
> *Waltham Forest Council stakeholder*

> ***Lots of people don't have laptops and fell behind...Lack of access to technology is a big barrier...it's so intrinsic to everything - you can really get left behind and it's going to worsen polarities and wage gaps.***
>
> *Waltham Forest youth ambassador*

> ***A lot of services are moving online, but you still need people on the end of the telephone to book appointments, as not everyone has access to online services.***
>
> *Female, aged 35–44, Other White*

Access to many public services and resources is increasingly dependent on having access to high-speed digital devices and the capacity and ability to use them. This is leading to digital exclusion, a form of inequality related to income, age, literacy, language and health/disability that affects access to online services including employment, education, financial services and health care. Digital exclusion occurs when an individual does not have access to the Internet or digital technology – or will not/cannot access it. The Digital Poverty Alliance defines digital poverty as 'the inability to interact with the online world fully, when, where, and how an individual needs to' (224). The quote above from a Waltham Forest resident illustrates that digital exclusion is not only about improving digital skills but also involves making broadband accessible and affordable.

Digital healthcare and 'behaviour change' apps are often seen as a solution to health inequalities and managing demand in the NHS. Without attention to digital exclusion, digital solutions can widen health inequalities. Digital exclusion is linked to other forms of inequalities. 60% of those without basic digital skills have no qualifications, 57% are aged over 65, and 49% are disabled (225). Widespread inequalities in access to healthcare and education were particularly evident during the COVID-19 pandemic, as we set out in IHE's *Build Back Fairer* report (65).

Working from home has become more commonplace and is leading to further inequalities between those who 'can' work from home and access broadband and those who cannot use or afford sufficient digital access or have room to work from home. Applications for jobs, access to healthcare, housing services, financial services, local authority services, retail, information and utilities are all moving to being predominantly online and leading to significant exclusions and harm to health and the social determinants of health. Effective measures to enable access to those services and resources for those who cannot access online services are vital. As social interaction also becomes increasingly online, there is increasing social isolation, particularly for those who do not want to, or cannot, access social interactions and community connections in this way.

In March 2021 Ofcom research found those least likely to have home Internet access are those aged 65-plus (18% of whom have no access), lower-income households (11% having no access), and those on the lowest incomes (10% having no access). Ofcom's research finds three key reasons adults remain offline: 46% of those not online stated they find the Internet too complicated, 42% stated it holds no interest for them and 37% described a lack of equipment or mobile data as a barrier (226).

In Waltham Forest around 7% of people overall do not have access to the Internet. Lack of access is higher in particular populations:

- 36% of the elderly
- 23% of people with chronic health conditions or disabilities
- 16% of people on low incomes (154).

The cost of devices and of sufficient, private and secure mobile data or broadband connection is out of the financial reach of many in the UK. In July 2022 Ofcom reported that 29% of UK households stated they had difficulty affording a communication service and that

the proportion of households finding it difficult to pay for communication services was increasing. Those who have the most difficultly paying for communication services are: 43% of adults aged 18–24, 29% of households with children, 35% of people in receipt of benefits, 32% of Black people, and 39% of people with a disability or limiting condition (227). A UK survey of 500 people living on household incomes of £25,000 or less in the spring of 2022 found 9% had reduced spending on food or clothes in order to afford phone or home Internet, and 17% of adults on low incomes with pay-as-you-go or pre-pay mobile data packages ran out of data before the end of the month (228).

The cost of broadband increased in the UK by 9–11% in 2022, and mobile phone prices increased by between 11 and 22% in 2022, according to research by the Institute of Development Studies, which estimates a UK family claiming Universal Credit could expect to spend 8% of their income on broadband (228). As such, those who are already facing increased levels of deprivation may be pushed into worse deprivation and higher rates of poverty as it becomes more difficult to navigate banking, education, employment, healthcare or social interactions without access to technology and the Internet. It is crucial that barriers to digital communication are removed (229).

In 2018 the Government set out five categories of essential digital skills needed for life and work: communicating (email, video tools, social media); handling information and content (understanding content, using search engines); transacting (buying and selling goods and services); problem-solving; and being safe and legal online (230). Ofcom research also found 33% of people looking for work have difficulty paying for communication services. Reducing unemployment involves improving digital skills but also providing people with affordable access to broadband.

Improving digital inclusion involves making it affordable for people to access broadband and equipment and providing formal and informal support to improve digital skills. There are more than 100 different initiatives across London to address digital exclusion but these interventions are often one-off offers, improving basic skills or offering a device or a cheap connection, according to the Mayor. Longer-term support and access is needed (231). In Liverpool a partnership is seeking to reduce digital exclusion by providing long-term free connections (Box 3.14).

Box 3.14. Free 5G in Liverpool

Liverpool 5G, a consortium of public sector health and social care suppliers, is developing a civic private 5G network to provide free connectivity for health, social care and education purposes and to reduce digital poverty. Local lampposts and key buildings host a mesh network and this provides connectivity into people's homes irrespective of whether they have their own broadband connection or not. The consortium supplies and maintains the network and does not charge residents and there are no restrictions on data. Liverpool 5G bears the costs of deployment and maintenance. In addition to homes access the free 5G network, health services, care homes, supported living and home care are also able to access the network at less than current costs, or for free in some cases. Currently, telehealth and telecare devices are being connected and the consortium is working with a local primary school to enable the pupils who live in the area to connect to the network when they are at home (232).

Until digital exclusion is eradicated, it is important for public services such as the NHS and councils to ensure a non-digital offer is available to those without needed digital skills or unable to pay for data and equipment such as printers.

Adult education services can embed digital skills into all of their services, increasing digital inclusion among people who are unemployed or economically inactive as well as those who have chronic health conditions or disabilities. Libraries also have a key role in providing the spaces for people to access formal and informal digital skills support but they also can increase their outreach work to improve digital skills in the community or to work in partnership with the VCFSE sector to improve skills. In Leeds a new project is working with a range of partners and taking a holistic approach to improving digital inclusion (Box 3.15).

Box 3.15. Improving digital inclusion in Leeds

In Leeds a community-based approach to supporting digital inclusion has been adopted. Central to the approach are Digital Health Hubs, which holistically support people to:

- Manage their health and wellbeing
- Access digital health services (using NHS and GP services online)
- Develop their digital skills and confidence and overcome digital inclusion barriers.

Local Care Partnerships in Leeds will develop a network of local Digital Health Hubs tailored to meet the needs of each community. The plan started in October 2022 with the support of over £200,000 in Health Inequalities funding, supporting work from the VCFSE sector. Each wave will include a series of six workshops which will act as a launch as well as engaging potential partners. Between workshops each Local Care Partnership will work to implement the model in a way that works for their place, building on local strengths and assets.

The project adopts a community-based approach, relying on partners from across all sectors to identify need, motivate people to engage with the project, build users' confidence, signpost them to support, support skills development and connect people to Wi-Fi/data or equipment (233).

FUEL POVERTY

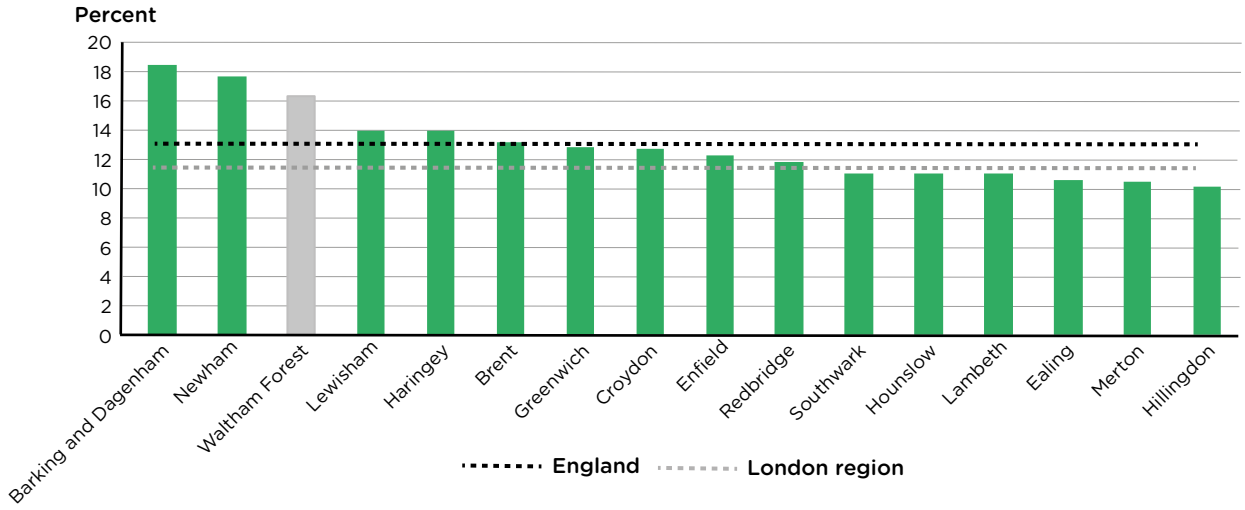
> ***[A key issue is] the state of housing... We have very bad insulation. Even with the heating on full blast, our house will be cold in winter, and our landlord has little intention of being of assistance.***
>
> *Female, aged 29, White British, Leytonstone*

Fuel poverty and cold homes have a significant impact on people's lives and health. A household is defined as being in fuel poverty if they are living in a property with an energy efficiency rating in band D (which is the average rating for England) or below and they are left with a residual income below the official poverty line after they spend the amount required to heat their home (234). In 2019, 3.16 million households were in fuel poverty, now estimated to be 6.32 million after the price cap rise in April 2022, and predicted to reach 8.5 million by the end of 2022 (235).

Fuel poverty is a particular concern in the context of rising fuel costs. As well as the health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food. The increasing costs of energy and rising poverty rates will lead to much higher rates of fuel poverty in England, including in Waltham Forest.

Figure 3.44 shows Waltham Forest has high levels of fuel poverty, higher than the average across England and higher than all but two of its statistical neighbours. The figures are based on the most recent published data, from two years before the price cap rise in 2022, and as such they are a significant underestimation of current fuel poverty.

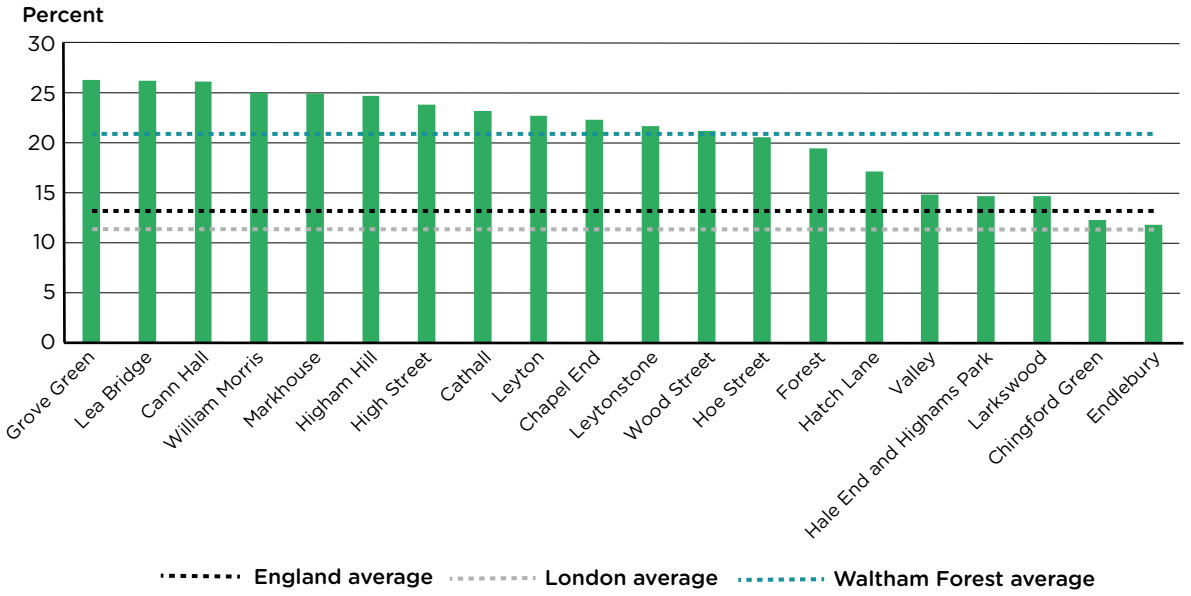
Figure 3.44. Fuel poverty, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



***Source**: Department for Business, Energy and Industrial Strategy (236)*

Some wards in the borough had particularly high rates of fuel poverty according to data for 2019, and these rates will have increased subsequently. Figure 3.45 shows the highest rates locally are in Lea Bridge, Grove Green and Cathall wards, where 26%, or one in four households, were in fuel poverty in 2019.

Figure 3.45. Percentage of households in fuel poverty, Waltham Forest wards, Waltham Forest, London and England, 2019



***Source**: OHID analysis of Department for Business, Energy and Industrial Strategy data (237)*

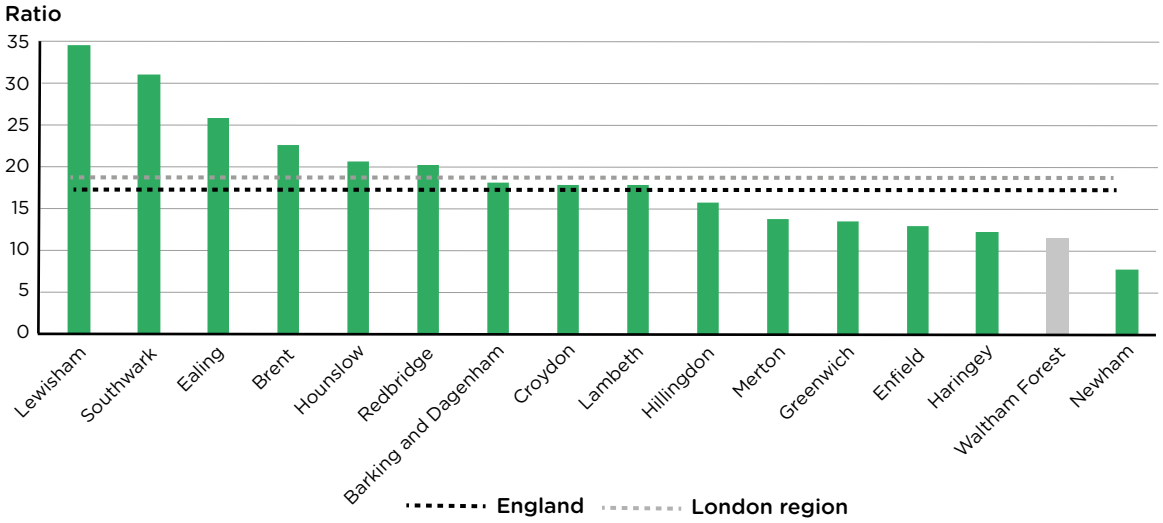
Fuel poverty is driven by three factors: household income, the affordability of energy, and the energy efficiency of a home. Cold homes cause physical illness, including increases in circulatory and respiratory disease, colds and flu, and chronic conditions such as rheumatism and arthritis. As well as contributing to preventable deaths and physical ill-health, cold homes also impact on the mental health of both young people and adults. Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes (238) and there are also impacts on educational attainment. More than one in four adolescents living in cold housing are at risk of multiple mental health problems compared with a rate of one in 20 for adolescents who have always lived in warm housing (10).

In England cold homes are estimated to cost the NHS alone £857 million a year (239). The wider costs to society are estimated to be around £15 billion per year (239), coming from care costs, loss of economic potential, and the cost of mental health suffering and trauma caused by living in a cold home.

Older people are also more likely to be fuel-poor than younger people due to spending more time in their homes and therefore requiring their houses to be heated for longer periods, and because they need to heat their homes to a higher temperature to avoid hypothermia (240). Most excess winter deaths (EWDs) are among older people and are often caused by respiratory problems, strokes and heart attacks due to cold temperatures (241). The Excess Winter Mortality Index (EWMI) is the percentage of additional deaths in December to March compared with the average deaths in the preceding August to November and the following April to July. Institute of Health Equity analysis estimates that 21.5% of EWDs are due to living in a cold home (242). This is not an inevitability: people in the UK are 23% more likely to die as a result of winter conditions than people in Sweden, where winters are colder (243). In the winter of 2018/19 there were 23,670 EWDs in England and Wales (244). Between 2010 and 2020, before the pandemic, excess winter deaths peaked in 2017/18, then dropped, rising again in the winter of 2020/21 due to deaths from COVID-19.

Figure 3.46 shows Waltham Forest has a lower level of excess winter deaths than its nearest statistical neighbours. The low EWD ratio in Waltham Forest suggests that the fuel poverty issue there is not due to older people living in cold, damp homes, but rather that fuel poverty is affecting working age people, children and babies. These groups are at risk of a range of poor physical and mental health impacts as a result, but less risk of increased mortality than older people.

Figure 3.46. Excess Winter Deaths Index, Ratio, Waltham Forest and CIPFA nearest neighbours, London and England, August 2019–July 2020



***Note**: The EWD index is the percentage of additional deaths that occur in the winter compared with the rest of the year. It is not the number of people who died directly as a result of colder weather in the winter.*

***Source:** Office for National Statistics (245)*

By addressing the social determinants of health, increasing incomes, properly insulating homes and taking other measures to tackle fuel poverty, many of the UK's yearly excess winter deaths and burden of poor health from cold, damp homes could be prevented. The total cost of mitigating excess cold in homes in England is estimated to be £5.9 billion, which would take seven years to pay back in terms of direct savings to the NHS or under five months in terms of wider savings to society (239). The prevalence of poor housing combined with the ongoing rises in energy prices have exacerbated the UK's fuel poverty problem (241).

HEET is a not-for-profit organisation working in Waltham Forest, Redbridge and Enfield, offering help to households to reduce fuel poverty. Box 3.16 outlines the typical offer of support it provides.

Box 3.16. Reducing fuel poverty in Waltham Forest

HEET was started by local residents in 1998. Its mission is to work with the community to make the homes of local people safe and healthy with affordable fuel bills and low carbon emissions. It focuses on supporting residents whose health conditions make them more vulnerable to the effects of living in a cold home.

HEET currently employs seven staff, is delivering a number of projects and over the years has carried out interventions in over 12,000 homes across Northeast London.

HEET delivers services across five key functions, free of charge:

- Advice and information for residents
- Home visits
- Casework and advocacy
- Energy efficiency and heating work
- Forward referrals for financial help and additional support.

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

For example, in 2022 HEET provided Kylie, a single mother with two children, with support. She was referred by the respiratory health team as both she and her two children were suffering from asthma. The house had a severe mould problem caused by condensation, worsening their asthma, and caused by the house being under-heated and insufficiently ventilated. Kylie explained she could not afford to put the heating on and leave the windows open. HEET had to find ways to make Kylie's home warmer in a way that cost her less money. Kylie's home is a two-bedroom, solid wall mid-terraced house. Storage heaters had been fitted but these no longer worked so Kylie was using on-peak electric heaters. HEET installed a gas central heating system using National Grid and ECO funds. ECO funding also enabled HEET to fit external wall insulation in Kylie's home and HEET used its own funds to top-up the loft insulation, draught-proof the doors, install LED lighting and a shower saver. It will also fit extractor fans in the kitchen and bathroom and treat the mould to prevent it reappearing. It helped Kylie to claim the Warm Home Discount and WaterHelp and to move away from an Economy 7 tariff, as she was using very little night-time electricity and being over-charged on the day-time tariff. The insulation measures will reduce Kylie's required fuel bill by £690 per year and reduce annual carbon emissions by 2.1 tonnes. Her utility bills are further reduced by £384 as a result of claiming water and fuel discounts and switching tariffs.

HEET also provides support and advice to residents on issues of energy efficiency and housing related ill-health through advice sessions in public spaces. The advice sessions help identify residents in need and allow signposting on to other support services and grant schemes.

While fuel poverty remains at the core of what HEET does, its scope has broadened to include other activities to prevent ill health or accidents caused by sub-standard housing where a Category 1 hazard is present. This has included a gas safety project, handyperson service, mould and damp removal, 'target hardening' (home security), fire safety work and a community advocacy project (246).

The impacts of cold homes on health are discussed further in Section 3E under 'Housing quality'.

The housing sector, employers, local authorities and the public sector have a role to play in reducing the number of cold homes and improving damp homes. Box 3.17 outlines what the NHS can do.

Box 3.17. A role for the NHS in reducing cold and damp in homes

The NICE guidelines on health risks of cold homes are a useful tool for the NHS to address the problems of cold homes in their local areas. Key themes from the guidelines for Health and Wellbeing Boards include:

1. Include health effects of cold homes in joint strategic needs assessments and ensure a year-round strategy which incorporates local providers.
2. Recognise those most at risk from cold homes (both those most at risk of fuel poverty and those most at risk of ill-health from cold homes).
3. Ensure all health and social care providers, as well as non-health and social workers who may visit households, including those working in home maintenance, voluntary and faith-based organisations and fire protection, are trained in the health risks of a cold home, and how to identify at-risk people.
4. Create a 'single-point-of-contact health and housing referral service' to which anyone coming into contact with groups at high risk of fuel poverty can refer into. The referral service should:
   - **a)** provide tailored, personal advice
   - **b)** be available as a face-to-face service as well as free over the phone
   - **c)** link with health and social care providers, local housing providers, advice agencies, health and social care charities, voluntary organisations and home improvement agencies
   - **d)** provide short-term emergency support as well as long-term solutions (247).

FOOD POVERTY

Hunger is understood through the term 'food insecurity'. The Food and Agriculture Organization define food insecurity as when a person lacks 'regular access to enough safe and nutritious food for normal growth and development and an active and healthy life' (248). In the UK the Trussel Trust and Food Foundation define household food insecurity as having both physiological and social impacts, and ask questions about being hungry due to lack of money or skipping meals/cutting portion sizes (249) (250).

> ***Sometimes I have to choose between eating and bathing.***
>
> *Female, aged 55+,*
> *Other ethnicity, lower socioeconomic group*

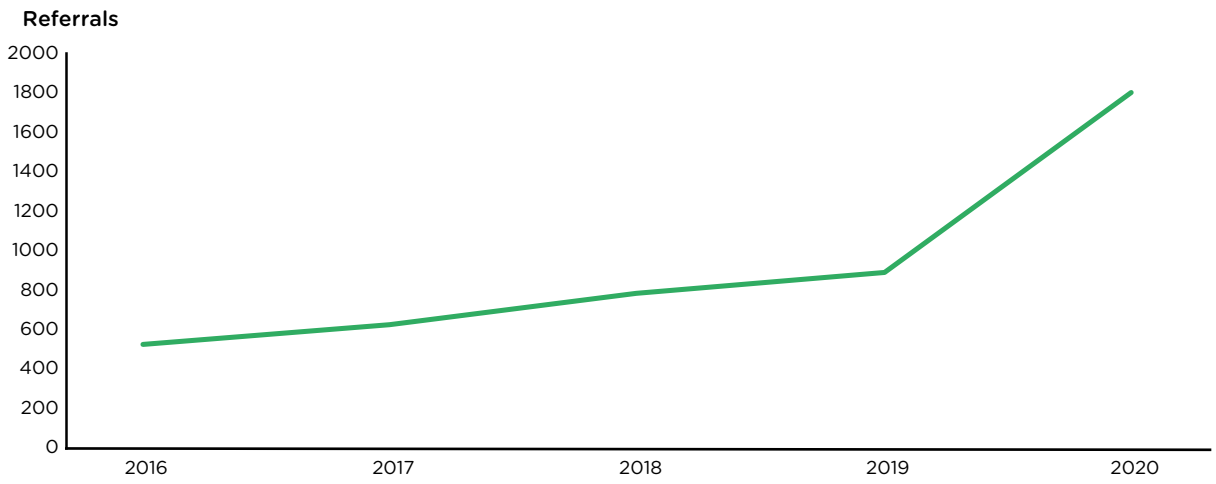
The above quote illustrates the choices some residents in Waltham Forest are forced to take – in this case, eating or spending money on warm water. Food insecurity is significantly associated with low-income people, lower age groups (people aged 18–24 report the highest levels of food insecurity) and those who rent their homes (251).

There have been widespread increases in food poverty and insecurity in the UK in recent years, and further rises are expected due to the cost-of-living crisis. In March 2022 prices for commonly purchased food and drink items rose by 5.9% compared with a year before and prices are continuing to increase steeply (252). As a result of this, and due to rising costs for other essentials, the numbers who are food-insecure have increased significantly and quickly in 2022. In January 2022 the Food Foundation reported 4.7 million households were food-insecure – by March 2022 this had increased to 7.3 million households, a 57% increase in three months (250). In April 2022, 7.3 million households in the UK stated they 'had gone without food or could not physically get it in the past month', including 2.6 million children (250). Households with children, households in receipt of Universal Credit, people with disabilities and Asian/Asian British, Mixed and Black/African/Caribbean households are all more at risk of food insecurity (250). In October 2022 a survey of 9,500 charities that receive food from the charity FareShare found 90% had an increase in demand since January 2022, 73% of people receiving help from charities were seeking help for the first time and 51% worked full-time (253). However, measuring food poverty is difficult as the data is not collected or published by government statistical authorities, and it is not possible to get reliable data for Waltham Forest.

The number of children receiving free school meals increased between 2021 and 2022. In 2022 1.9 million children, 22.5%, in England were eligible for free school meals, an increase of 160,000 pupils since the previous academic year (254). As stated in Section 3A, there are still children living in poverty who are not eligible for free school meals.

While there is no official local data on food poverty, data from Eat or Heat, one of the charities in Waltham Forest, shows that referrals to their services are high and rising in number rapidly. Figure 3.47 shows a significant increase between 2019 and 2020. In the summer of 2022 the Felix Project, another charity that distributes foods to households in Waltham Forest, estimated over 11,000 people were supported by community food providers in the borough.

Figure 3.47. Number of first-time referrals to Waltham Forest-based charity Eat or Heat, 2016–2020



Source: *Eat or Heat (255)*

There have been efforts to shift food poverty support from a crisis focus (i.e. food banks) to a more preventative style, such as the work being done by the Salford Food Share Network, Feeding Liverpool and the Warrington Food Network (Box 3.18).

Box 3.18. Schemes to reduce food poverty and help people maintain dignity

The **Salford Food Share Network** consists of a range of organisations in the Salford area that work together to support residents in food crisis. Within the food network, foodbanks are seen as just one element of the provision; the key focus is about how residents who enter the network in crisis and in need of a foodbank can be supported so that they are can access more sustainable food sources in the long term. Residents are signposted to, or receive support from, many of the organisations to help address underlying financial challenges, reducing the need for the food network over time (198).

Since 2015 **Feeding Liverpool** has been working to tackle hunger and food insecurity across the city. The charity draws on local knowledge and experience to contribute to policy debates both locally and nationally. It is developing greater public understanding of food policy and related issues, sharing best practice in relation to good food and networking organisations, and is an example of residents and businesses working together towards a vision of creating a city where everyone can eat good food.

Since July 2021 Feeding Liverpool assumed responsibility for developing and driving forward Liverpool's Good Food Plan in partnership with communities and organisations across the city. The plan lays out five goals for the years ahead:

- **Goal 1** ensures that people in crisis can get access to good food quickly and easily.
- **Goal 2** assesses the true scale of food insecurity and introduces better food insecurity screening tools, to track how the problem changes over time and identify groups that are more at risk of food insecurity. Feeding Liverpool's two-question screening tool is simple to use and has a 97% sensitivity to identifying food insecurity.
- **Goal 3** encourages 'food citizenship', which enables people to have the power, voice and resources to shape their local food environments. Feeding Liverpool has identified that people had little, if any, control over the food environment around them.
- **Goal 4** aims to influence policy to allow people to afford and access good food, including promotion of universal free school meals, promoting the Healthy Start Scheme and advocating for good employment practices.
- **Goal 5** seeks to connect and bring together a community of people and organisations with the goal of achieving good food for all.

The **Warrington Food Network**, established in 2021, is a partnership of community food providers, support providers and public sector representatives who have come together to tackle food insecurity across the town. The aims of the network are to develop sustainable, short- and long-term solutions to alleviate food poverty within Warrington; create a better understanding of the food provisions available across Warrington within both the VCFSE and public sectors; influence and tackle the underlying causes of food insecurity and develop strong links with connected support services; develop and promote a food support pathway; and use the collective knowledge and voice of the network to represent the community and influence change. Warrington has a wide range of emergency food provisions, including both a Trussell Trust food bank and independent food banks and meal schemes. The focus on developing additional affordable food provision has brought The Bread and Butter Thing (TBBT) to the town. This pop-up food club offers members from the local community three bags of food (chilled, cupboard, fruit and vegetables) for £7.50. Open to anyone, it provides access to good-quality food at a fraction of the commercial price, saving members around £26 per week.

RECOMMENDATIONS: ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

a) Increase cost of living crisis support

- **i.** Waltham Forest Council to appoint single point of contact/lead to coordinate cost of living crisis support, similar to the COVID-19 response, to bring together partners.
- **ii.** Work in partnership with housing associations, VCFSE sector and grassroots organisation to do 'door knocking' or similar interventions exercise to identify who needs support in cost of living crisis and reduce fuel and food poverty.
- **iii.** Local health providers implement the NICE guidelines on health risks of cold homes with immediate effect.
- **iv.** Developers, supermarkets and key retailers to further support emergency food provision.
- **v.** Assess who is not being paid the London Living Wage.

b) All employers to pay the London Living Wage.

c) Reduce child poverty by ensuring that early years and maternity services, VCFSE organisations and employers support households to access available benefits and services and pay London Living Wage.

d) Shift from crisis to prevention approaches in delivering food security and have as a goal eliminating the need for food banks.

e) Reduce fuel poverty by further targeting, subsidising and tailoring housing retrofit interventions for households most at risk.

f) Work with Credit Unions to reduce the use of high interest loan businesses and reduce predatory lending.

g) Waltham Forest Council to work in partnership with adult/further education, employers, housing associations, social housing and schools to reduce digital exclusion:

- **i.** Waltham Forest Council to implement the Waltham Forest digital inclusion strategy and provide long-term funding to the VCFSE sector as a partner in this.
- **ii.** Waltham Forest Council to provide funding to improve the digital inclusion support offered in libraries.
- **iii.** Waltham Forest Council and public sector employers to improve digital skills amongst own staff. Waltham Forest people's strategy to include section on digital skills.
- **iv.** Ensure all existing and future high footfall places in Waltham Forest, including council hubs, housing, retail developments and health care spaces have WIFI which is free and easily accessible.
- **v.** Council staff to better communicate the non-digital offer of public services to those who need it.

NATIONAL ADVOCACY

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

3E. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

KEY MESSAGES

- Good mental and physical health are supported by healthy and sustainable places, which are characterised by access to safe green spaces, clean air, opportunities for active travel, good quality housing and a range of amenities and community resources.

HOUSING

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

CRIME

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

TRANSPORT

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

Healthy and sustainable places support good mental and physical health by enabling and encouraging healthy, active and socially engaged lifestyles. Such places feature access to good quality, affordable housing, safe urban and green spaces, opportunities for active travel, and access to quality local amenities and a range of opportunities for social interaction (10).

> *(Developers) need to be far broader when talking about how they are using regeneration to increase affordable housing. 35% affordable? Affordable for whom? They are not really affordable. Affordable housing needs a national response, which isn't coming.*
>
> *Waltham Forest councillor*

REGENERATION

In the last decade development in Waltham Forest has not been evenly distributed: most of it has taken place in the south and central parts of the borough. Lea Bridge and Leyton have had the highest number of new homes, followed by Forest, Markhouse, and William Morris wards (19). An analysis of gentrification in Waltham Forest by the Runnymede Trust found two distinct regions in the borough, with high gentrification patterns across Walthamstow and Leyton, and low gentrification in Chingford. It identified two factors that could explain the difference: first, the transit terminuses concentrated in the southern half of the borough and lack of stations servicing Chingford, which limits the effects of transit-induced gentrification; and second the inequalities within Chingford, with neighbourhoods (lower super output areas) in the top and bottom quartiles of deprivation in London. The report states '(v)ery wealthy areas are not likely to gentrify; nor are poor areas that are not located near other amenities' (256). The research also identified the area that had gentrified most in the borough, near Walthamstow Central station, from Queens Road/Orford Road south along Hoe Street to Boundary Road and Granville Road, and west to east from the train tracks of the Lea Valley line of the Overground to Pembroke Road. Between 2010 and 2016, 60% of residents left this neighbourhood, the proportion of ethnic minority residents fell by 13% and the average price of a house increased from £165,000 in 2010 to £445,000 in 2016. The area with the highest population churn was the area northwest of Leyton Underground station and east of Leyton Mills shopping centre, where 65% of households changed residency between 2010 and 2016. The area south of Lloyd Park, from Pearl Road to Hoe Street and west of Chingford Road, had the largest relative decrease in the proportion of ethnic minority residents, falling by 18% between 2010 and 2016 (256).

In our focus groups, many participants discussed their concerns about the pace of housing and population growth in Waltham Forest. They spoke of Waltham Forest being 'noisier and busier', and that growth was undermining a sense of community and belonging with longstanding residents often living in areas of high deprivation and new residents in more affluent areas, able to afford the new housing. The differences left them feeling depressed and divided.

> ***You see all these changes happening around you, but none of it benefits you. All these changes, new housing and new people undermines community. It's like the tale of two cities, we're divided.***
>
> *Female, aged 55+, Black*

> ***I feel like a second-class citizen, ignored, neglected, priced out and forced out of the area I grew up in, watching other people lead the life I'd like to live.***
>
> *Male, aged 18–34, Asian, lower socioeconomic group*

Residents speaking in the focus groups also had concerns that growth is placing increased pressure on already overly-stretched infrastructure such as green spaces, sports, leisure and recreational facilities, transport and roads, and healthcare provision.

> ***It's fine to build all this housing, but that doesn't really benefit people like me that have lived here most of their lives. They also need to invest in the people and places that are already here, especially young people, who are the future, and vulnerable people that are ill or old. We see all these changes happening around us, but feel forgotten, neglected because we're not really benefitting from it, and instead all we see is more people, traffic, and it being harder to see your doctor. Things have got so bad that after 30 years I want to leave, get out. There's nothing keeping me here, but I'm not sure where to go or how to leave. I feel stuck.***
>
> *Male, aged 55+, Black*

Residents stated the regeneration of Waltham Forest was directly affecting their mental and physical health directly by impeding their access to primary care, increasing traffic and worsening air pollution. It was also reducing their access to community facilities or green space and increasing their stress due to living in a more urban environment, with indirect impacts on their health.

Residents spoke of the prevalence of cheap fast food and takeaway outlets in Waltham Forest. Some residents talked about the negative effects on health, while there were also concerns with how these shops undermine the look and feel of an area.

> ***You can find any type of fried food you want at almost any time, anywhere in the borough. It is cheap and easy. They need to stop this somehow. Who keeps approving these applications? They need to find a way to encourage healthier food shops and help educate people to buy, cook and eat healthily. A good diet is one of the most important ways to live a healthy life.***
>
> *Male, aged 35–54, Eastern European*

> ***There's so many takeaway shops. They just keep opening. It's so bad for your health. Near me there was a juice shop that I really liked going to, which was nice and healthy. That closed down and they opened up another takeaway. It's not just that it's bad for your health, it just brings down the area. It looks ugly and makes you feel like you're living somewhere you'd rather not.***
>
> *Female, aged 18–34, Asian, long-term limiting health condition*

To allay residents' concerns about inequalities arising from gentrification, Waltham Forest is considering a new approach to providing healthier and more equitable places. The Council's current Public Service Strategy seeks to ensure all '(r)esidents of every neighbourhood should have easy access to everything they need to live well', with a comprehensive approach that includes: supporting local shops, increasing sustainable local deliveries (e.g. cycle couriers or electric vehicles only), increasing the number of cycle hangars, increasing the school streets programme to encourage pupils to walk and cycle to school, creating local jobs and working spaces and placing culture at the heart of regeneration (197).

The Council wishes to go further and ensure regeneration is for everyone and in its Public Service Strategy it states the borough will 'create quality spaces where residents can live, travel, shop and strengthen our communities... encourage the temporary use of vacant and idle spaces for innovative community-led projects with a high local impact...sustainably improve homes by working with local community organisations' (197).

To meet its residents' concerns, Waltham Forest Council is considering adopting the '15-minute city' model. The 15-minute city model is a vision of local planning that focuses on residents' proximity to essential services and aims to make cities and neighbourhoods healthy and sustainable places to live, providing a mix of amenities and places to meet and work within a 15 minute walk, encouraging active travel, reducing transport pollution and greenhouse gas emissions as well as improving social capital and fostering a sense of community among residents (257) (258). The 15-minute neighbourhoods model can be used to develop place-based public health approaches outside of health, such as public health approaches to policing and violent crime. Box 3.19 outlines Waltham Forest's plans in this regard.

Box 3.19. 15-minute neighbourhoods in Waltham Forest

Following the height of the COVID-19 pandemic, Waltham Forest Council named the introduction of 15-minute neighbourhoods as one of its key priorities in its Public Service Strategy and it hopes to implement the vision of the 15-minute city at a neighbourhood level across the borough. The plan is designed to make all necessary support services accessible to residents at a hyper-local level. Urban design would be shaped to create people-friendly streets, the importance of green spaces and climate friendly planning would be emphasised, and there would be investment in spaces for cultural activities to celebrate local communities. The borough has consulted widely with communities, focussing on how they experience their neighbourhoods and what they need locally so that communities are at the centre of the plans. Whereas most 15-minute plans have checklists of places and space that should be available within neighbourhoods for residents to meet their daily needs, the Waltham Forest plan has also placed social and cultural capital as part of the model.

If implemented, the development of these 15-minute neighbourhoods is an opportunity for Waltham Forest to work differently with its communities, ensuring that all neighbourhoods across the borough are healthy and sustainable communities, suited to the real needs of those who live there (197).

In addition, Waltham Forest's Housing Strategy includes a focus on providing a healthy, safe, green, and more equal borough. It has provision for connecting local people with jobs in the housing sector and green jobs (e.g. industries defined as green or jobs that are green based in any industry) in partnership with the London Academy of Sustainable Construction and will provide careers advice and green jobs fairs (259).

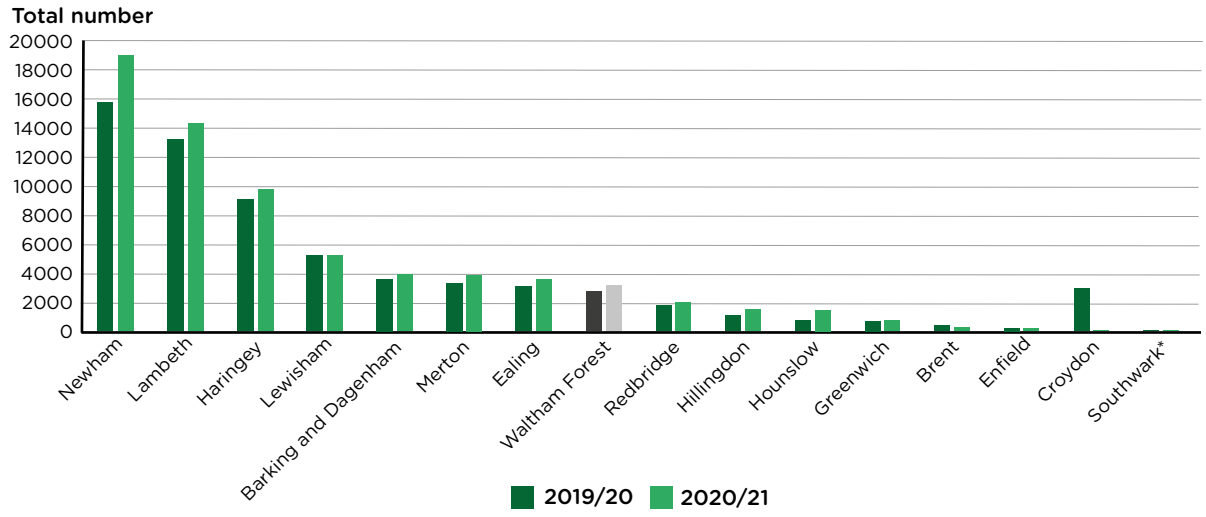
HOUSING QUALITY

Good quality housing is essential for health, as poor-quality housing increases mortality and ill-health. Cold, damp homes, insecure tenures, high rents, disrepair and overcrowding are significant drivers of poor health and inequalities in health. These issues have direct and indirect impacts on health – direct in terms of immediate health effects such as increased risk of cardiovascular and respiratory disease from cold, damp housing and indirect effects due to increasing stress and impacts on key social determinants of health – education, housing and social interaction. Overcrowding increases risks of respiratory and other infections (260) (261). Poor-quality, unsuitable and overcrowded housing is associated with higher rates of infant and child mortality in people living in areas of high deprivation (262). Ill-health resulting from poor housing conditions is estimated to cost the NHS £1.4 billion per year (263). Improving housing quality and affordability is an investment in immediate and long-term health and in health equity.

There is a high proportion of unsuitable and health-harming housing in Waltham Forest as in many other areas in England – including poor-quality, poorly insulated and overcrowded homes. In 2017 the Strategic Housing Market Assessment found there is a small proportion of larger homes in the borough, making overcrowding more likely. Nearly half, 49%, of Waltham Forest's stock was built before 1919. This older housing is often inaccessible for people with disabilities and difficult to insulate from the cold, damp and increasingly from the heat. As seen in Section 3D, there are high rates of fuel poverty in Waltham Forest.

Over 3,000 people are living in insanitary or overcrowded housing in Waltham Forest, and this number has increased since 2019/20 (Figure 3.48). While this is a relatively low proportion of residents compared with the borough's statistical neighbours, with effective interventions, investment, regulations and support from the local authority and housing associations these numbers could be reduced.

Figure 3.48. People occupying insanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions, Waltham Forest and CIPFA nearest neighbours, 2019/20 to 2020/21

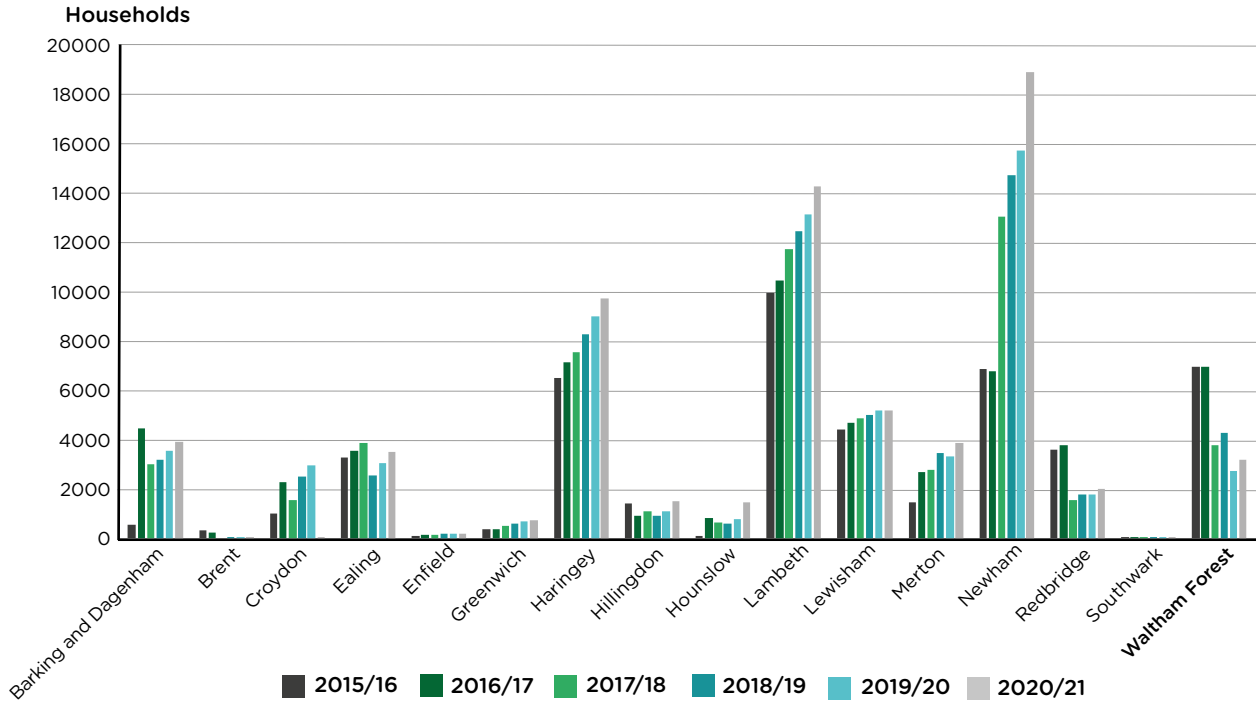


Note: *Southwark unfinalised.*

Source: *Ministry of Housing, Communities and Local Government, Department for Levelling Up, Housing and Communities (264)*

Since 2015 the quality of the worst housing in Waltham Forest has improved. Figure 3.49 shows that in six years the number of households living in poor-quality or overcrowded housing decreased by 54%; in the same period there were worse outcomes in most of the borough's statistical neighbours.

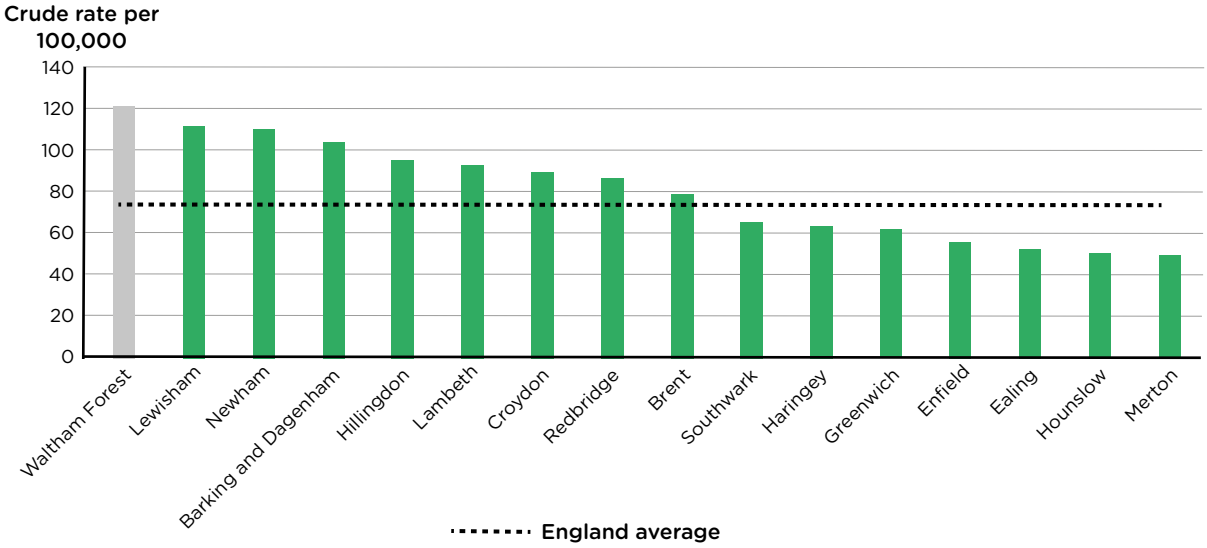
Figure 3.49. Number of households occupying insanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions, Waltham Forest and CIPFA nearest neighbours, 2015/16 to 2020/21



Source: *Ministry of Housing, Communities and Local Government, Department for Levelling Up, Housing and Communities (264)*

Children are particularly at risk from the effects of cold homes. Poor housing conditions during childhood and early adulthood increase the risk of developing severe ill-health or disability by up to 25%, as well as increasing the risk of respiratory problems, slowed physical growth, delayed cognitive development and mental health problems like anxiety and depression (265) (260). Waltham Forest's rate of asthma-related hospital admissions for young people under the age of 19 is the highest among its statistical neighbours, and higher than the England average (Figure 3.50).

Figure 3.50. Hospital admissions for asthma in children and young people aged under 19, crude rate per 100,000, Waltham Forest and CIPFA nearest neighbours, England, 2020/21



Source: *OHID analysis of NHS Digital and ONS data (266)*

Security of tenure is vital for health (267). Children living in precarious housing conditions have lower rates of enrolment, attendance and performance at school (268). Privately rented housing can be the most insecure form of housing, as private landlords have more freedom to refuse tenancy or evict tenants than do Housing Associations. In the UK nearly one in five private landlords will not rent to families with children. Two in five refuse to rent to those on housing benefit, disproportionately affecting women and people with disabilities, who are more likely to be in receipt of housing benefit (10) (269) (270). Conditions in privately rented accommodation are often poor, and due to cuts the capacity of local governments to enforce housing standards has been undermined. Poor-quality privately rented housing is a significant driver of health inequalities in England.

Although Waltham Forest has a relatively low percentage of residents who are privately renting, the Council is seeking to improve the quality of the private rented sector in the borough through its Selective Licensing scheme (Box 3.20). In September 2022 the Housing Department in Waltham Forest estimate 80% of Waltham Forest's properties are licensed, as the quote below shows, the Council continues to develop its Selective Licensing scheme.

> ***We go after landlords who haven't applied (for the licensing scheme). In Waltham Forest we are in the second term of selective licensing, a lot of tenants still aren't aware we are here. We have tenant drop-in sessions and officers at Wood Street Library.***
>
> *Waltham Forest Council stakeholder*

Box 3.20. Waltham Forest's Selective Licensing scheme

In May 2020 Waltham Forest's Selective Licensing scheme was introduced in 18 of the borough's 20 wards. The scheme was introduced to improve conditions in the private rented sector and address the significant and persistent problems with antisocial behaviour from some tenants in this sector. It is set to run until 2025 (271).

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

While the COVID-19 lockdowns disrupted service delivery, the licensing scheme team had carried out 3,849 property audits including inspections of 1,280 houses in multiple occupation (HMOs), as of April 2022. The team has also started tenant drop-in sessions held every Friday morning at Wood Street library. Officers are available to assist privately renting tenants over issues to do with property conditions or licensing enquiries, and follow-up inspections can be arranged if required.

The Council has committed to inspect all HMOs following receipt of a licence application. The Council recognises that these homes can create issues particularly in relation to fire safety, poor housing standards and antisocial behaviour from some tenants.

The scheme also seeks to decrease fuel poverty in the private rented sector, where some of the lowest levels of energy efficiency can be found. 'Excess cold' is one of the most significant hazards in private rented stock. A key licensing scheme objective is the reduction of 'category 1' serious housing hazards, which are currently present in more than 20% of the borough's privately rented homes[2]. The licensing scheme enables the Council to identify properties with the poorest energy characteristics and to intervene to improve standards. A new team has been established to focus on both empty properties and cold homes in the borough and will work with landlords to improve energy efficiency and reduce fuel poverty, especially important considering the recent fuel price increases.

Beyond the licensing scheme, the Council takes a robust approach to enforcement against private landlords who fail to meet their legal obligations. It was one of the first local authorities nationally to adopt the power to issue a financial penalty of up to £30,000 introduced by the Housing and Planning Act 2016 as an alternative to prosecution for certain housing offences. It is the leading authority nationally in the use of Interim Management Orders to take control of unlicensed privately rented properties.

Many Housing Associations in Waltham Forest offer support services to their residents, such as giving advice on employment and financial issues, and providing training and spaces for access to free Wi-Fi. Box 3.21 describes the support offered by Peabody Housing Association. Provision of this type of advice, either through Housing Associations or in partnership with the Council, the VCFSE sector or social prescribers, should be rolled out across Waltham Forest.

[2]*Category 1 hazards are a serious and immediate risk to a person's health and safety (391).*

Box 3.21. Supporting tenants in the social determinants of health: the Peabody Group

The Peabody Group owns and manages 2,793 homes and approximately 4,000 residents clustered in four primary locations in Waltham Forest: Chingford, Leyton, Leytonstone and Walthamstow. It also has two community buildings in the north and centre of the borough. The Community Based Housing Association (CBHA) has delivered community programmes across the borough, including employment and training, youth services, and volunteering and apprenticeship opportunities and in 2015 CBHA was integrated into Peabody.

Peabody's strategic plan for 2021–24 was based on consultations with colleagues and partners, experience in community development in the borough, data analysis and the priorities of stakeholders, particularly those of residents themselves. This has resulted in prioritisation of four key areas in Waltham Forest:

1. Routes to financial independence
2. Improved community safety
3. Community mobilisation
4. Place-making in Chingford Hall

Plans within these four areas include financial inclusion advice, access to training, education and routes into employment, youth-led initiatives, crime prevention workshops, micro-grants for community members and groups, hosting a nursery and two early years programmes.

An example of work already underway in Waltham Forest is the Community Pantry at the Paradox Centre. Part of the national Your Local Pantry network, it provides heavily discounted weekly shops to residents in Chingford Hall. Pantries adopt an approach based on dignity, choice and hope in addressing food poverty. They are run by their members who pay £4.50 to use the Pantry shop and then have full access to all products in the Pantry. Your Local Pantry has found it can help households save up to £1,000 a year on shopping bills (272).

At the Paradox Centre in Chingford Hall, a volunteer team manages and runs the Pantry, which has been open to customers since August 2020. Since launching, 259 households containing 503 adults and 292 children have signed up as members. Since August 2020 an average of 27 households have shopped at the Pantry each week.

In addition to providing a sustainable solution to food poverty, it also provides signposting services to activities and support relevant to each member. These services include Peabody's financial inclusion advice and employment and training advice, as well as volunteering opportunities and partner-led services such as English as a second language classes and early years sessions (273).

HOUSING SUPPLY AND AFFORDABILITY

Affordable housing is essential for reducing health inequalities. The cost of housing drives many families into poverty and impacts their ability to lead a healthy life, in addition to the mental health impacts associated with stress and anxiety. Not being able to find housing near work increases commuting times, contributing to pollution, and worsening work–life balance. Not being able to afford decent housing has been linked to raised blood pressure, depression and anxiety (274). In March 2021 house prices in Waltham Forest had risen by 7.7% in a year, the highest annual increase across London (275).

In 2017 Waltham Forest lagged behind all its statistical neighbours in terms of new-build homes (276). The 2019– 2024 Waltham Forest Housing Compact outlines the borough's new housing delivery target of 18,000 new homes over 10 years starting from 2019–20, with the aim of including the highest percentage of affordable housing in London. This doubles the previous target of 862 new homes per year.

Some of our qualitative research participants also called for more Council investment in affordable homes for residents to buy and rent. Despite the growth in new housing, several participants shared issues around the lack of affordable housing both for rental and purchase. This contributes to cost-of-living issues and also plays a large part in creating a disconnect between established and new residents and a related sense of a loss of community. Among other things, this has an impact on residents' sense of self-worth and self-esteem, and consequently their mental health.

My main problem is about actually being able to afford somewhere to live. I had to move back home because it was so expensive and I'm desperately trying to save to get a mortgage, but I can't see how I can do that in Waltham Forest, the place I grew up in.

Male, aged 18–34, Asian

I moved here 15 years ago and Waltham Forest felt like a calm area. It now feels really busy, noisy, urban. It's not where I want to be. It makes me feel anxious. I just think they should slow down the pace of development.

Female, aged 35–54, White British-Irish, lower socioeconomic group, central part of borough

They build all this housing but they don't put in new schools or doctors. It's impossible to get an appointment. They build over green spaces. The roads get busier. None of it benefits me or my family. I'd rather them not build, but if they have to, they need to invest in the area.

Male, aged 35–54, Eastern European, southern part of borough

The area I live in has completely changed in the last few years. It's really strange because you can see it, but you don't benefit from it. It is all new housing for new people, housing I can't afford. You feel like a second-class citizen just watching all this happen across the street from you, almost like you don't exist. That makes me feel pretty bad. There's a divide between people like me that have lived in the borough all my life and these new people that have the money to buy a house in the area, near my parents, but I can only dream of being able to do that. You feel ignored, like the area isn't for us anymore.

Female, aged 18–34, Black

There are financial issues – I'm renting privately and there's an extortionate amount of rent.

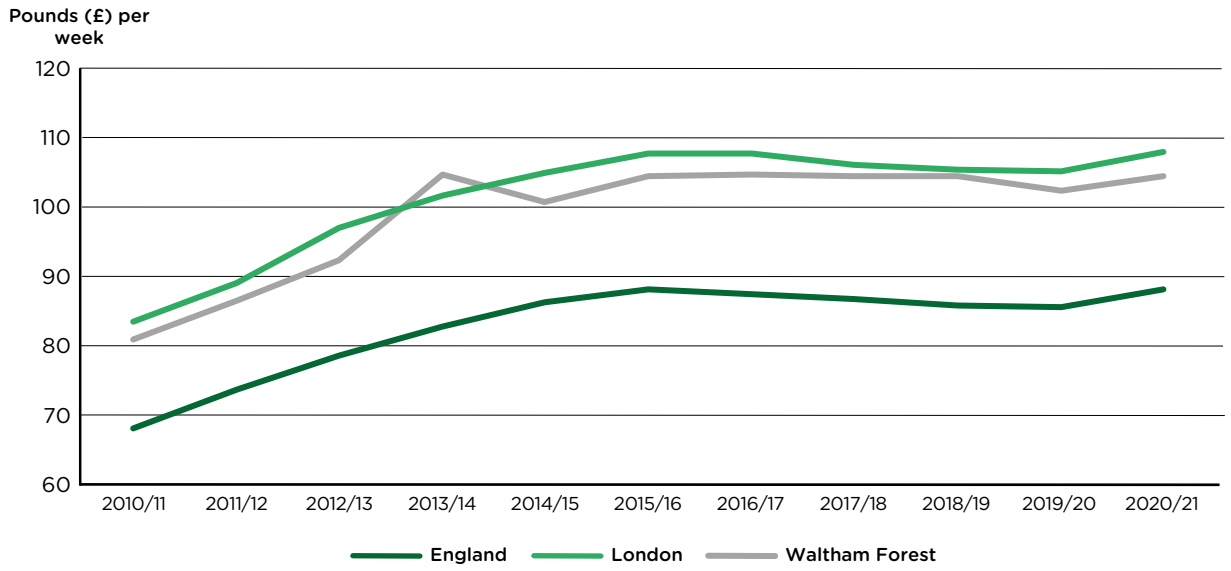
Female, White British, aged 25–34, southern part of borough

It is all just so expensive here now...Normal people like us can't afford to live here anymore. It feels like we're being forced out. It puts a lot of financial pressure on families like mine that were already struggling to survive.

Female, aged 35–54, Other ethnicity, lower socioeconomic group

The costs of social housing rents have been increasing in England, and particularly in London (Figure 3.51). Since 2010/11 Waltham Forest has mainly tracked the London trend.

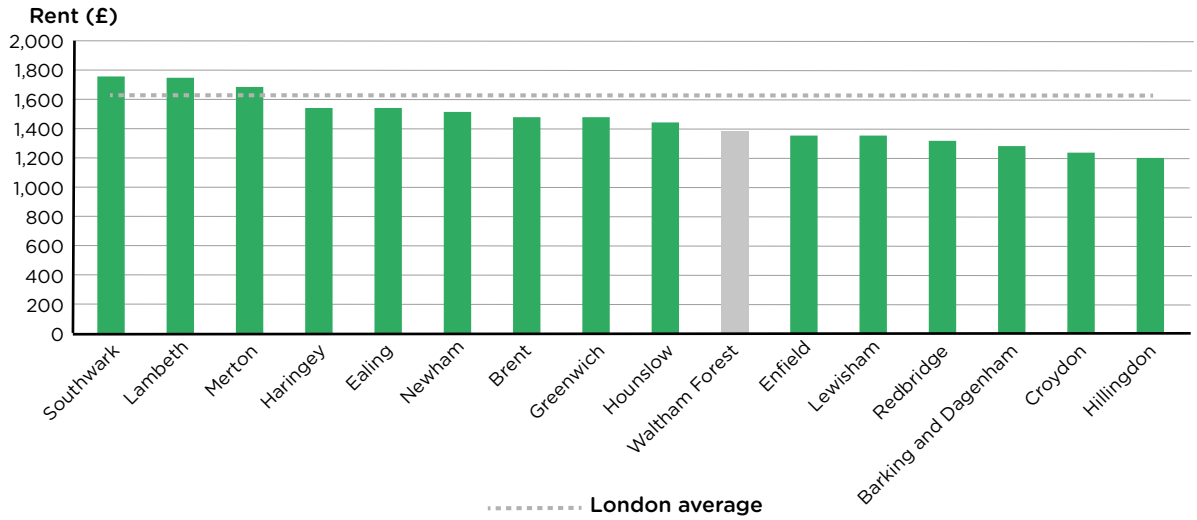
Figure 3.51. Local authority average weekly social housing rents, Waltham Forest, London and England, 2010/11 to 2020/21



Source: *Ministry of Housing, Communities and Local Government (277)*

Figure 3.52 shows the mean private sector rent in Waltham Forest compared with its statistical neighbours. While private rents in Waltham Forest are below the London average and those in many comparable local authorities, the mean monthly rent of £1,381 is more than twice the average social housing rent, which was closer to £550 per month in 2020/21. As respondents to the qualitative survey carried out for this report stated repeatedly, this is unaffordable for many residents of Waltham Forest.

Figure 3.52. Mean monthly private sector rents, Waltham Forest and CIPFA nearest neighbours and London, 1 April 2021 to 31 March 2022



Source: *Office for National Statistics (278)*

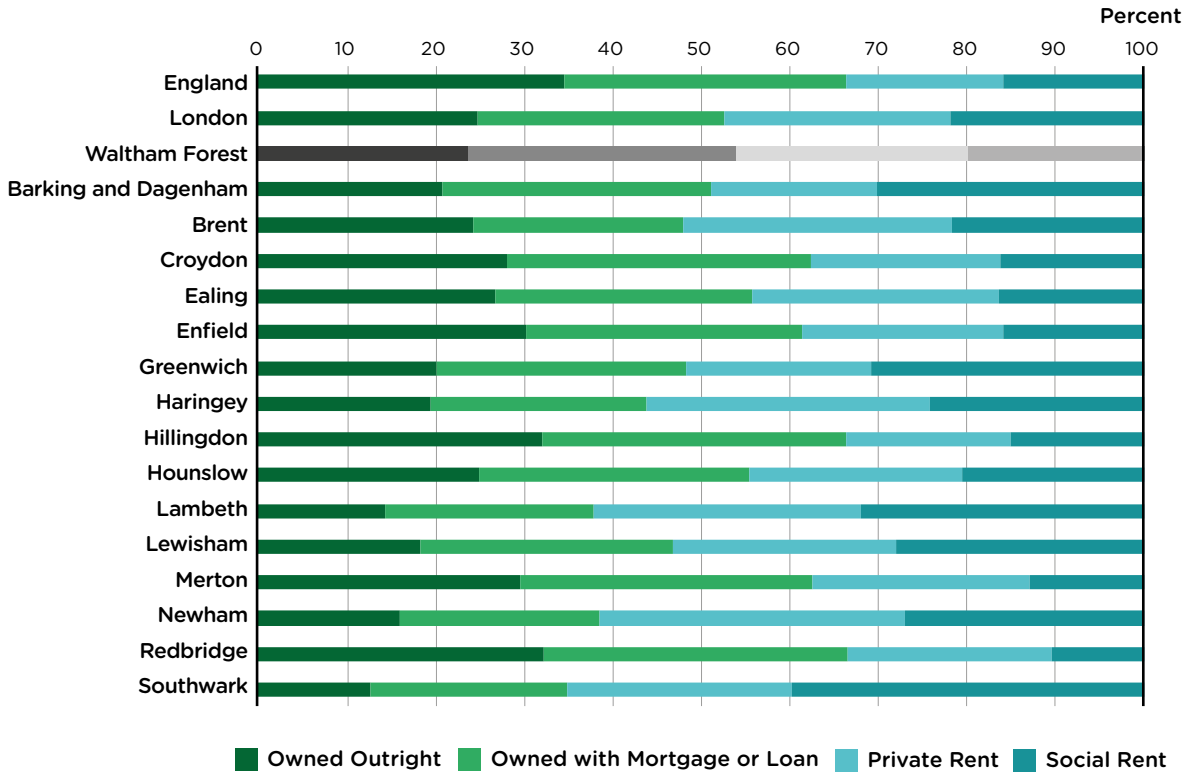
Participants in the qualitative research stated they were struggling with the cost of housing, mainly in the private rented sector, and suggested the Council has a stronger role in the sector.

> ***If anything was possible – a rent cap to protect those who are renting. I can't see any real protection from the Council... Not all landlords are bad but the ones that are should be held accountable. This also applies for letting agents, some are not up to much, and there should be greater oversight from the Council, 100%.***
>
> *Female, aged 25–34, White British, southern part of borough*

> ***It would be really great if we could have more checks on agencies and the way they rent houses. The criteria that they use needs to be less strict so everyone can afford to rent.***
>
> *Female, aged 25–34, Other White background, central part of borough*

A higher proportion of residents in Waltham Forest own their homes, compared with London, Figure 3.53. Just over a quarter, 26%, of the population live in rented accommodation in Waltham Forest, with 20% of residents living in social housing.

Figure 3.53. Households by tenure type, Waltham Forest and CIPFA nearest neighbours, London and England, 2020

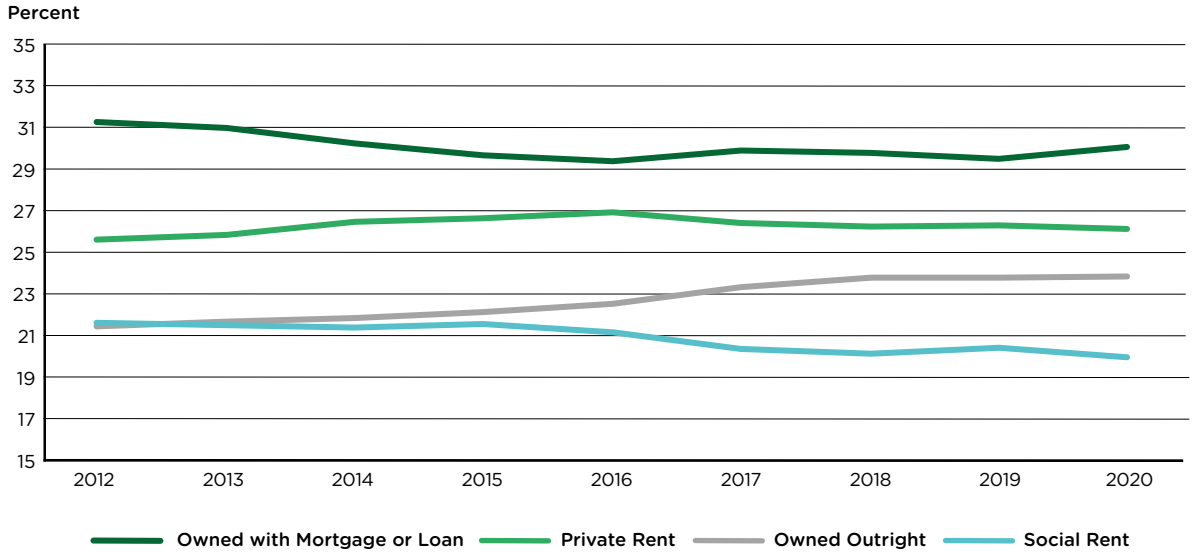


Note: *The areas are ranked by percentage of households rented from private landlords.*

Source: *Office for National Statistics (279)*

The proportion of private renters in Waltham Forest changed little between 2012 and 2020 whilst the social rented sector has declined slightly (Figure 3.54).

Figure 3.54. Households by tenure, Waltham Forest, 2012 to 2020



Source: *Office for National Statistics (279)*

Waltham Forest Council has launched Sixty Bricks, a housing development company to increase the availability of affordable housing in the borough (Box 3.22).

Box 3.22. Sixty Bricks housing development company, Waltham Forest

The mission of Sixty Bricks, Waltham Forest's housing development company, is to be 'the net zero carbon developer of choice in Waltham Forest, maximising the social housing provided in a financially sustainable manner'. The company operates as a commercial company (for trading or other purposes) and delivers a financial return for the benefit of the Council or to fund the company's future business activities. It delivers high-quality, affordable new homes and purchases land and property either from the Council or on the open market and acquires, develops, constructs and refurbishes residential homes and retail or commercial premises.

Through Sixty Bricks, the Council has committed to apply a 50% affordable housing agreement on each council scheme and no less than 50% affordable housing across the Sixty Bricks portfolio. Sixty Bricks also aims to improve the local employment market by encouraging partners and contractors to employ as many local people from within a 25-mile radius of each development as possible, including through apprenticeship schemes that extend opportunities to young people to learn trades and skills while actively transforming their own communities.

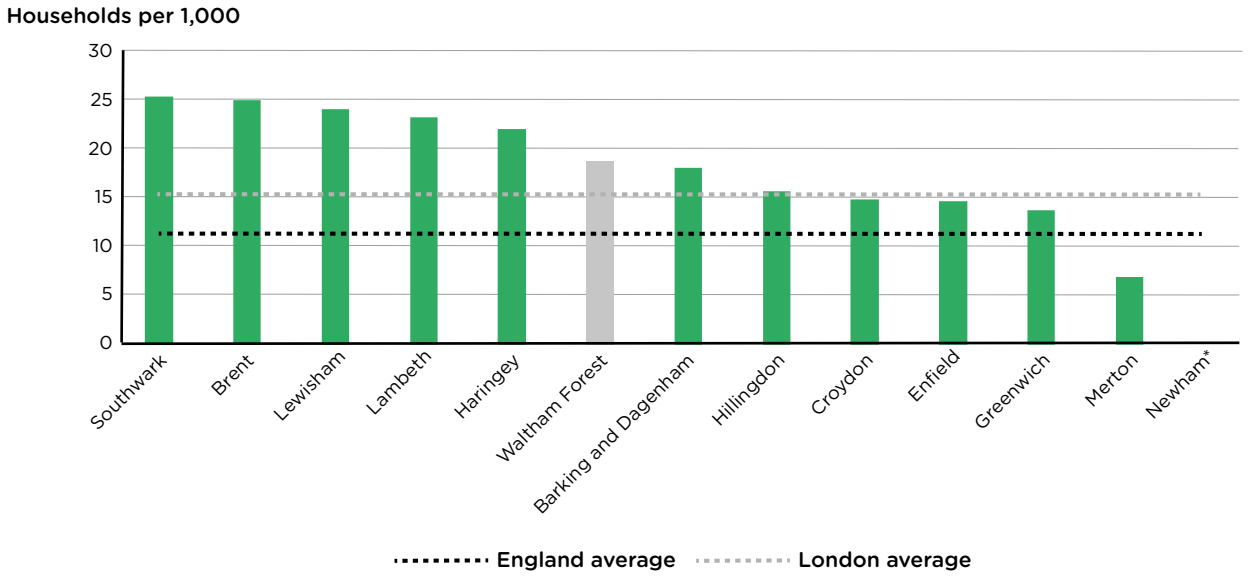
In 2021, Sixty Bricks completed the Centenary House development with 11 new social rent homes and 12 shared ownership homes. By the end of 2022, a further four developments will have been completed with a total of 177 social rent and 20 shared ownership homes. These include: Sansom Road, a former car park being redeveloped to provide 31 new social rent homes, including three wheelchair-accessible homes. The new residential block is six storeys high and will consist of a mix of one- to four-bedroom apartments. The development is within walking distance of Leytonstone Underground Station and Leytonstone High Road Overground station. The Brick Works, Essex Close is a redevelopment of a former garage site and will provide 20 new residential apartments including six new social rent homes. The development benefits from a communal garden and play area, and is within walking distance of St James Street Station and Blackhorse Road Station.

HOMELESSNESS

A person is defined as homeless if they have no accommodation available in the UK or abroad; have a split household and accommodation is not available for the whole household; are at risk of violence from any person; are unable to secure entry to their accommodation; or live in a moveable structure but have no place to put it (280). This definition includes those living in temporary accommodation, 'sofa surfing' and other forms of insecure housing, as well as rough sleeping.

The number of households in temporary accommodation has risen steadily since 2010. In England, at the end of September 2021, 26,110 households were placed in temporary accommodation, 1% fewer than the previous year but 344% more than in 2010. Out-of-borough placements are much more common in London; 37% of homeless households in London were housed in a different borough in 2021 (281). In 2022, between 7,000 and 8,000 households were on Waltham Forest's housing register. The number of households owed a homelessness duty in Waltham Forest is above the London and England averages (Figure 3.55).

Figure 3.55. Households owed a duty under the Homeless Reduction Act, rate per 1,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020/21

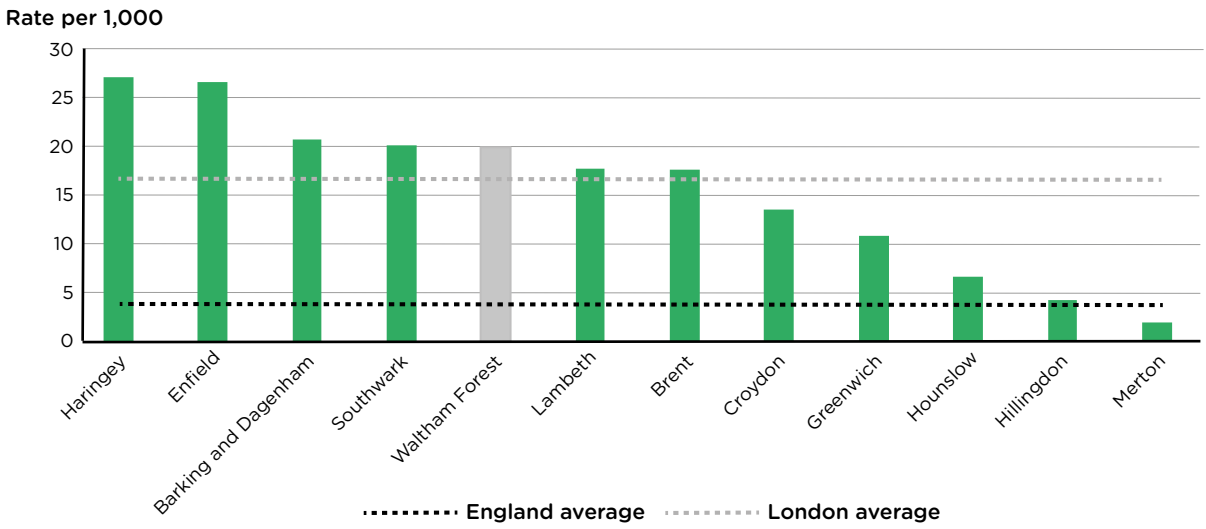


Note: *Newham data not available.*

Source: *Ministry of Housing, Communities and Local Government (282)*

In 2019/20 the rate of households in temporary accommodation was higher in Waltham Forest than in London as a whole and the fifth highest among its statistical neighbours (Figure 3.56).

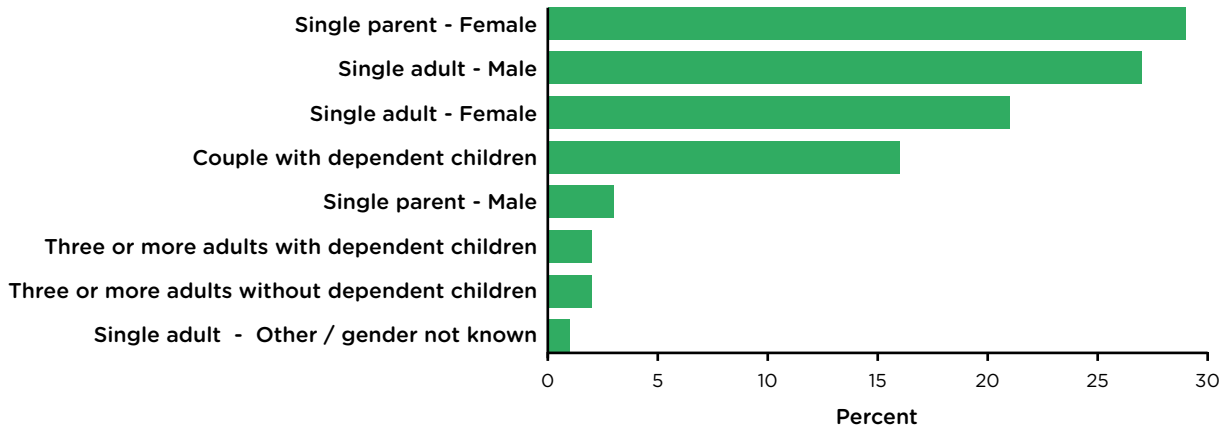
Figure 3.56. Homelessness – households in temporary accommodation, rate per 1,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2019/20



Source: *Ministry of Housing, Communities and Local Government*

Figure 3.57 shows the most common type of household owed a homelessness duty is one led by a female single parent, followed by single males and females.

Figure 3.57. Types of households threatened with homelessness (prevention duty owed), Waltham Forest, 2021–22



Source: *Department for Levelling Up, Housing and Communities (284)*

The significant cuts to local authorities have severely hampered their ability to address homelessness. Human Rights Watch, in its 2022 review of families living in temporary accommodation in the UK, concluded: 'local authorities have had to increase their spending on short term fixes that do not address the root of the problem' (285).

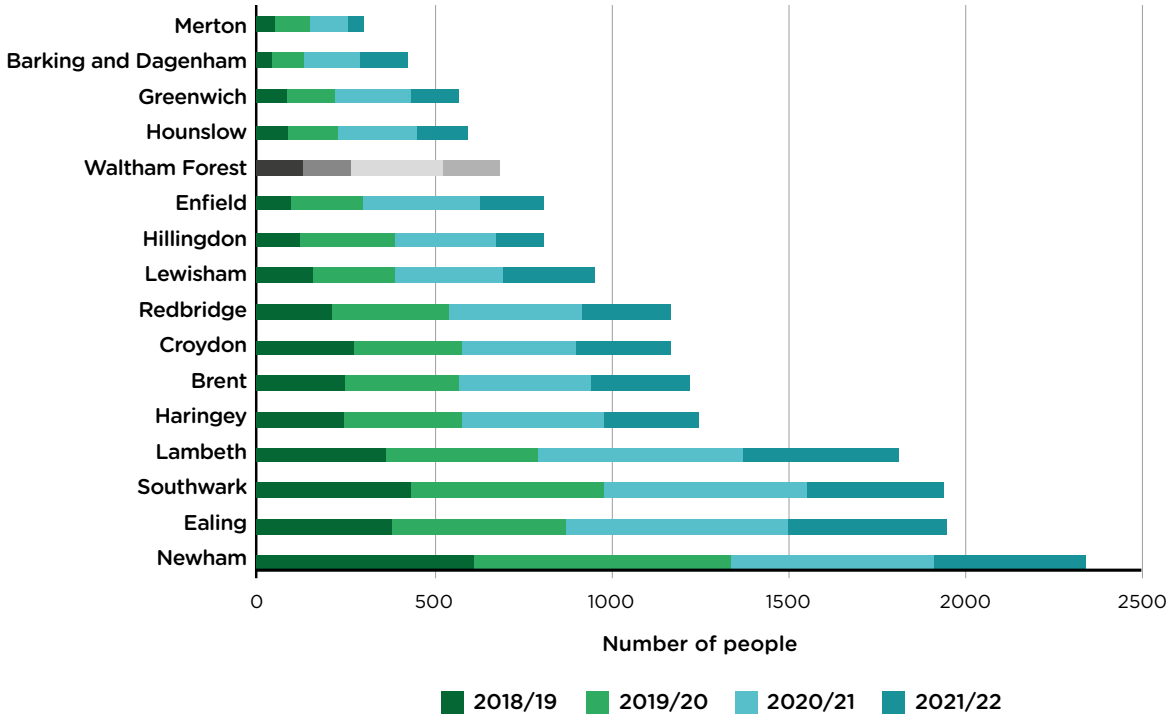
The severe shortage of affordable housing means households can remain in temporary accommodation for months or even years. Current Department for Levelling Up, Housing and Communities guidance for households in temporary accommodation states it is: 'essential to ensure that they are able to continue to enjoy a reasonable quality of life and access the range of services they need...In particular households will need to be able to access: a. primary care services such as health visitors and GPs; b. appropriate education services; c. relevant social services; and, d. employment and training services' (286). The charity Shelter surveyed more than 400 homeless households living in temporary accommodation in England and found this kind of living had a 'devastating impact on the health, education and job opportunities of the homeless'. The National Audit Office has found temporary accommodation increases the burden on public services, due to associated increased admissions to hospital and outpatient services, policing, and costs to the justice system (287).

We were told by a range of stakeholders that the process of applying for and living in temporary housing in Waltham Forest could improve. The VCFSE sector and Housing Associations provide advice to residents when approached. They stated most residents are unaware of the process of applying for and living in temporary accommodation and have a poor understanding of the appeals process. People were sometimes offered unfurnished flats, some waiting weeks with very limited furniture. In this gap, the local VCFSE sector are providing support. Human Rights Watch, in its report of temporary housing in the UK, recommended ensuring that residents in temporary accommodation feel supported following placements and are fully aware of who to contact with potential complaints or issues (285). For example, Richmond Council provides transparent information on its temporary accommodation offer on its website, to ensure all of its tenants are fully aware of the potential length of stay in temporary accommodation (288).

There are opportunities to improve processes, better inform residents of their options and routes, and to outline the support available more prominently. These factors are not unique to Waltham Forest; other areas in the UK are also seeking to improve their temporary accommodation offer. The Northern Ireland Housing Executive is exploring 'flipping' temporary accommodation to permanent housing. This involves: developing medium-/long-term community hosting models as alternatives to temporary accommodation; introducing new contractual arrangements for private sector temporary accommodation, such as short- and long-term leasing models; and the Housing Executive purchasing properties for temporary accommodation and carrying out qualitative work with customers and providers to agree standards for temporary accommodation (289). Brent Council has set an ambitious target to supply all temporary accommodation itself by 2024. It has built 92 new council-owned temporary homes at Anansi House as one of its steps to meet this target. It has calculated Anansi House will save the Council, on average, £1.63 million per year instead of paying an external supplier for these rooms. In the longer term it will build more homes, as Waltham Forest is doing (290).

At the sharpest end of housing problems are rough sleepers. Levels of rough sleeping rose significantly in Waltham Forest between 2013 and 2017 in the context of rising poverty and homelessness nationwide. During the pandemic, the *Everyone In* initiative essentially eliminated rough sleeping, but significant problems continued to be encountered with people returning to the streets and the increasing numbers of people with no recourse to public funds (i.e. those subject to Immigration control) (Figure 3.58).

Figure 3.58. Number of people seen rough sleeping in the year, by borough, Waltham Forest and CIPFA nearest neighbours, 2018/19 to 2021/22



Source: *Greater London Authority (291)*

Waltham Forest Council's housing team works across partners in the borough to reduce homelessness (Box 3.23).

Box 3.23. Waltham Forest Council's homelessness prevention and rough sleeping support

Several factors contribute to the high levels of homelessness in Waltham Forest: welfare reform, freezing of local housing allowance (until recently), Benefit Cap, rising rents, a fast-moving property market and a reduction in the supply of social housing.

The key priority for Waltham Forest's Housing Solutions Service is to prevent households from becoming homeless. Since the start of the COVID-19 pandemic, Waltham Forest's housing officers have remained closed to the public. Residents who are homeless or threatened with becoming homeless phone the Council's Customer Contact Service where they can book a virtual or telephone interview with the Homelessness Prevention and Assessment Service. They can also access an online help tool that provides instant advice and signposts to relevant services. If a household cannot go online, residents can arrange an interview at one of the borough's libraries.

Waltham Forest's main homeless prevention initiatives are:

- A mediation service with family or friends. The main reason for residents approaching the Council for housing assistance is due to the breakdown in relationships within the home and the mediation helps individuals to address these problems.
- Promotion of a self-help scheme and encouraging residents to look for private rented accommodation. The Council offers financial assistance to residents to help pay the deposit to secure a tenancy, as well as incentives to landlords to sustain a resident's tenancy.
- Negotiation with landlords to encourage them to renew a resident's tenancy.

- Support for victim survivors of domestic abuse. Waltham Forest is accredited by the Domestic Abuse Housing Alliance, recognising its commitment to supporting survivors to access safe housing and hold perpetrators of abuse to account. It is the result of partnership work with others, such as Aston Group, Violence Against Women and Girls Team, and Solace Women's Aid.

Waltham Forest also raises public awareness and ensures that members of the public know what to do if they see people sleeping rough. The communications team runs regular publicity campaigns, including social media campaigns, to promote Streetlink, a government-funded platform. Once identified, people sleeping rough are assessed and provided with support to meet their individual needs including an accommodation offer depending on their individual circumstances and ability to cope. This team in the Council are responsible for supporting and assessing existing people sleeping rough already in accommodation, and the Council is developing a prevention model to reduce the number of people returning to the streets. The Council also funds support for people sleeping rough who have 'no recourse to public funds', helping them to find accommodation and access specialist legal immigration advice.

The Council works in partnership with a range of agencies in the borough to prevent homelessness and support people sleeping rough. Some of these partnerships include:

Single Homeless Prevention Service/Bridges, commissioned to enhance the service offers to single homeless residents, providing them with a Personal Housing Plan, support to find alternative housing and help to sustain existing and new accommodation.

YMCA Young Persons Project, commissioned to provide 33 rooms for young people aged 16–17. Housing and Children Services jointly assess a young person's housing and support needs and can refer them to this project, where they are supported to develop skills to live independently in the future.

Branches, commissioned to provide supported accommodation for homeless, vulnerable adults in Waltham Forest. Branches helps adults to tackle the causes of homelessness and develop life skills, and provides access to training and education to support individuals to move on and live independently.

Cambridge House Safer Renting, which provides early targeted homelessness prevention advice and advocacy to private tenants. It works with the Property Licensing Team and supports council officers to optimise homelessness prevention and minimise evictions from the private rented sector.

Ashiana Network, which receives funding from the Council for the delivery of a range of advice services to Black and ethnic minority residents, women and girls affected by domestic abuse, sexual violence, forced marriage, homelessness and female genital mutilation, and women with no recourse to public funds.

Citizens Advice, which has a contract with the Council to provide financial and debt counselling advice to residents in Council and temporary accommodation to prevent them from losing their home.

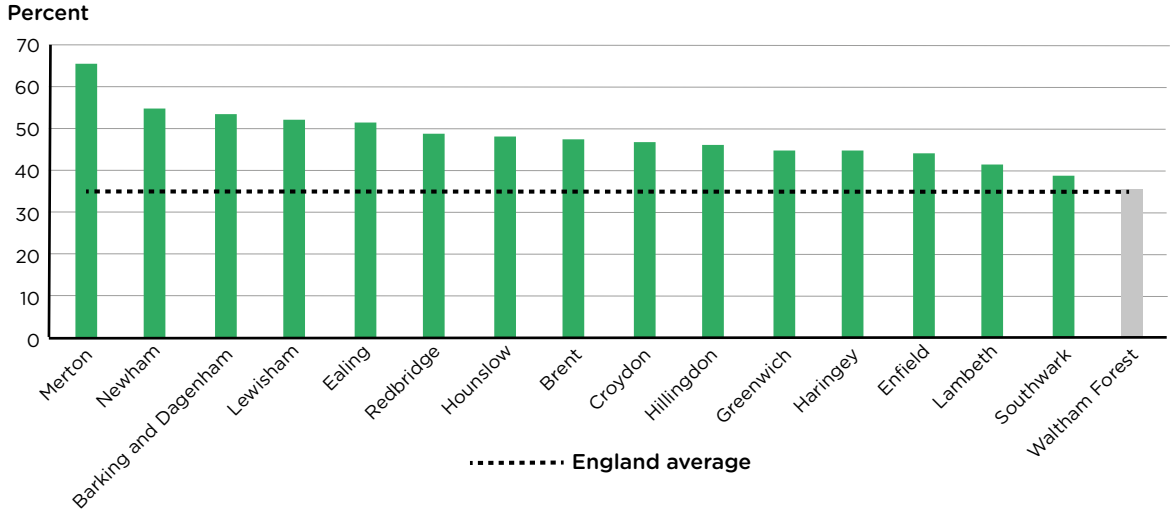
Adult Social Care/NHS, which has a Lead Officer funded by Adult Social Care to facilitate hospital discharge for those homeless or threatened with homelessness. The role was developed to help reduce delayed hospital discharges and reduce the strain that unplanned homeless presentations have on the provision of temporary accommodation.

GREEN SPACES AND AMENITIES

> *There needs to be more green spaces - with efforts to ensure they are safe and well lit. North and East Waltham Forest have green spaces but the South and West don't and people don't want to travel to access, and can't afford to travel.*
>
> *Waltham Forest Youth Ambassador*

Access to good quality and safe green spaces, gardens and parks is important. In 2020 Friends of the Earth quantified access to green spaces for neighbourhoods across England. Compared with its statistical neighbours, Waltham Forest has the lowest percentage of people living close to a green space area (Figure 3.59).

Figure 3.59. Population living within 300 metres of a green space*, percentage, Waltham Forest and CIPFA nearest neighbours and England, 2020



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

Source: *Friends of the Earth (292)*

Residents highlighted the importance of green and open spaces to their mental and physical health in the focus groups, considering these spaces one of the borough's greatest assets. At the same time, residents also reported concerns about a decline in green and open spaces due to housing growth, through building on these spaces due to population growth and increasing urbanisation.

> ***They don't really look after the parks and open spaces like they should. Some of them, the smaller ones, just aren't looked after and it puts you off from going. They need to do more to get people to use these facilities. It's a great local resource.***
>
> *Male, aged 35–54, Black*

> ***Spending time outdoors and looking at nature is really important, but there is less and less of it in Waltham Forest. They keep on building on green spaces, small outside spaces and not replacing them.***
>
> *Male, aged 35–54, Black, lower socioeconomic group*

> ***The thing I like most about the borough is the green space. We live near to Epping Forest, which is a brilliant natural resource. It's so important just to get out, get some fresh air and get that heart beating. It's good for your mind and body.***
>
> *Female, aged 55+, White, long-term limiting health condition*

Residents also made suggestions to improve green spaces and suggested residents should be given more ownership of these spaces.

> ***Residents should be given ownership or just more involvement of their local public green spaces. Maybe a green champions programme – some way to encourage residents to use their shared spaces to a greater extent, and maybe pool funding for shared projects.***
>
> *Male, aged 65–74, White*

Residents also identified that under-maintained and under-used spaces could provide an opportunity for more sporting, social and community activities.

> *We can make better use of public spaces in the borough – more multi-use of facilities and spaces that are already available... for example, there can be a redesign of Lloyd Park – the space at the back is underused.*
>
> *Male, aged 65–74, White*

Similarly to green and open spaces, participants highlighted the importance of sport, leisure and recreation spaces, facilities and activities to promote physical and mental health. As with green and outdoor spaces, they felt there has been a decline in these relative to housing and population growth. These facilities were also considered an opportunity to provide activities to young people, maximising their potential.

> *A while back they handed over Low Hall Sports Ground for the summer to a private company to run a cinema. Lots of local people use this space but couldn't during the summer. It's an example of the Council being more interested in money than the health of local people. You had to pay for the cinema so it isn't affordable for many people. I'd like to see them put on free or cheap events and activities to bring people together, being active and socialising. It's good for their health and community spirit.*
>
> *Female, aged 35–54, Eastern European*

I always thought the borough had pretty good sports and leisure facilities, but it just feels like there's not as much available or happening as before. They're cutting classes, like a women-only swimming class and some of the facilities are not maintained as well as they could. They've closed libraries. There's a park with one basketball court near us and my son plays there, but it's poorly maintained. It is so obvious to me that if you want a healthy population, they need to have places to go and activities to do.

Female, aged 35–54, Asian

There's a tennis court near me, which is closed half the time and you have to pay £30 to hire it. There's lots of private gyms. If you have money, you can afford to do all this and stay fit, but most of us can't. I don't know why they don't allow discounted or free access to some of these facilities so people can be active. We talked about crime earlier and young people. We need to do more for them to take them off the streets and teach them new skills. Sport and leisure is a really important part of a young person's development and we need to do more.

Male, aged 35–54, Black

The Health Foundation state the success and impact of social prescribing is very much related to what resources are available in local communities (293). Social prescribing on its own can do little if the services and activities it needs to refer people to are not available. In addition there are pressures on social prescribing due to the cuts to local government funding in England since 2012 and more severe cuts in more deprived areas, and the increasing pressures the VCFSE sector are under as grants and charitable contributions decline due to the cost of living crisis (294) (295) (296). As such, as the Health Foundation state, social prescribing is suffering from already overstretched community services and there is a risk social prescribing could exacerbate inequities as patients in areas of high deprivation face greater barriers to accessing the support that his prescribed to them (e.g. high transport costs or absence or reduced services in areas of higher deprivation) (293).

In Waltham Forest, the social prescribing service's efforts to better link its residents to local green spaces has been a leading example of how to use preventative services to engage with local environments (Box 3.24).

Box 3.24. Improving health and wellbeing and appreciating Waltham Forest's local environments

I didn't want to come out of the house. I was withdrawn. I had no hope. I thought that was the end of my life. The GP started to encourage me to do an activity and then join a group.

In 2017 the Waltham Forest Adult Learning Service set up a partnership with Waltham Forest Social Prescribing to deliver art and horticulture courses in green spaces across the borough, enabling local residents to enjoy and connect with nature.

Learners are referred by GPs, nurses and other primary care health professionals as well as outside of the NHS through the VCFSE sector, such as the Alzheimer's Society. Many of those referred have not visited outdoor spaces within the borough and many suffer from anxiety, depression, social isolation or have a long-term illness. Others are carers, have dementia, other mental health conditions or reduced mobility.

The partnership offers a range of creative and gardening courses at different venues in Waltham Forest including Lloyd Park, Walthamstow Wetlands and Epping Forest. The courses introduce learners to the borough's outdoor spaces through plant lovers' walks and introduction to gardening courses. They aim to holistically improve health, wellbeing and social welfare and encourage collaborative projects and the exploration of nature and wildlife for residents. The health and wellbeing courses are offered in a variety of green spaces throughout the borough and at community centres.

The five-week Health and Wellbeing course encourages learners to improve their mental health and to use the natural environment to be creative and inspired. Participants create prints, paintings and drawings inspired by the surroundings of Waltham Forest's green spaces. The course helps participants to socialise with people from a broad range of backgrounds. A number of participants have progressed onto a range of courses within the service, including English as a second language, gardening and various community courses as well as accredited courses and volunteering opportunities in the parks.

Since 2017 the programme has reached over 300 residents and in 2020 it won the England-wide Festival of Learning Health and Wellbeing award (180) (297). In evaluations participants state the workshops have improved their mental health and helped them feel more motivated, confident and less isolated.

CRIME AND SAFETY

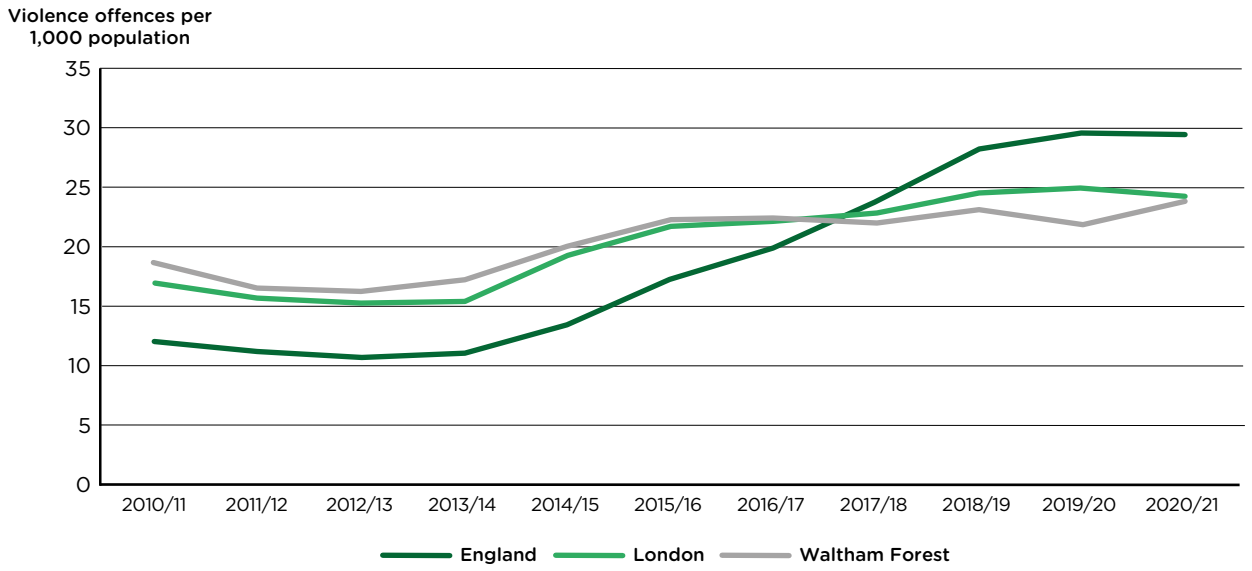
Between 2004/05 and 2018/19 in the UK violence significantly declined overall but it did not decrease among all groups equally. Women remained at broadly the same risk of violence at the end of the period; however, violence against men decreased so much that by 2018/19, women were at a greater risk of violence than men. In the same period rates of violence did not change for people from Black, Mixed or Other ethnic backgrounds while rates of violence against White and Asian ethnic groups significantly decreased (298).[3]

Living in areas with high levels of crime is linked to mental health problems, including a higher risk of depression, psychological distress and anxiety (299). Perceptions of crime in areas of high crime should be considered as part of a public health approach to improving population mental health, especially for those living in areas of high deprivation (300).

In addition to the direct health effects of violent crime, crime can reduce social cohesion and impair the ability of residents to feel safe in their neighbourhoods and in control of their lives. As well as causing stress, this can have indirect effects such as discouraging social engagement and physical activity in a local area. Exposure to violence can have long-term psychological effects, particularly in children (301).

In England the rate of violent offences increased between 2010 and 2013, then levelled off and declined slightly during the pandemic before rising slightly again. Violent offences are now lower in Waltham Forest than the England average and at the same level as the London average (Figure 3.60).

Figure 3.60. Violent crime – violent offences per 1,000 population, Waltham Forest, London, and England, 2010/11 to 2020/21

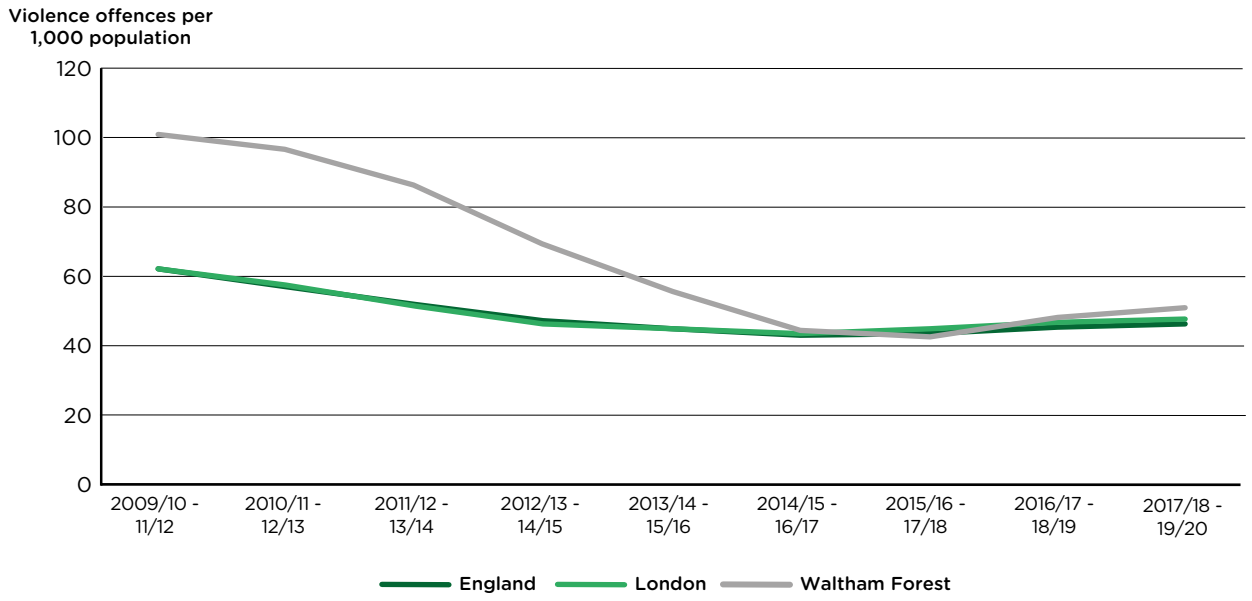


Source: *OHID analysis of ONS data (302)*

[3]*Violent crime is based on the ONS definition of violence against the person and includes experience of the following offences: serious wounding; other wounding; common assault; attempted assault; serious wounding with sexual motive; other wounding with sexual motive.*

Hospital admissions for injuries caused by violence have declined rapidly in Waltham Forest and by 2014/15 were the same as the rates for London and England, and have matched those rates since (Figure 3.61).

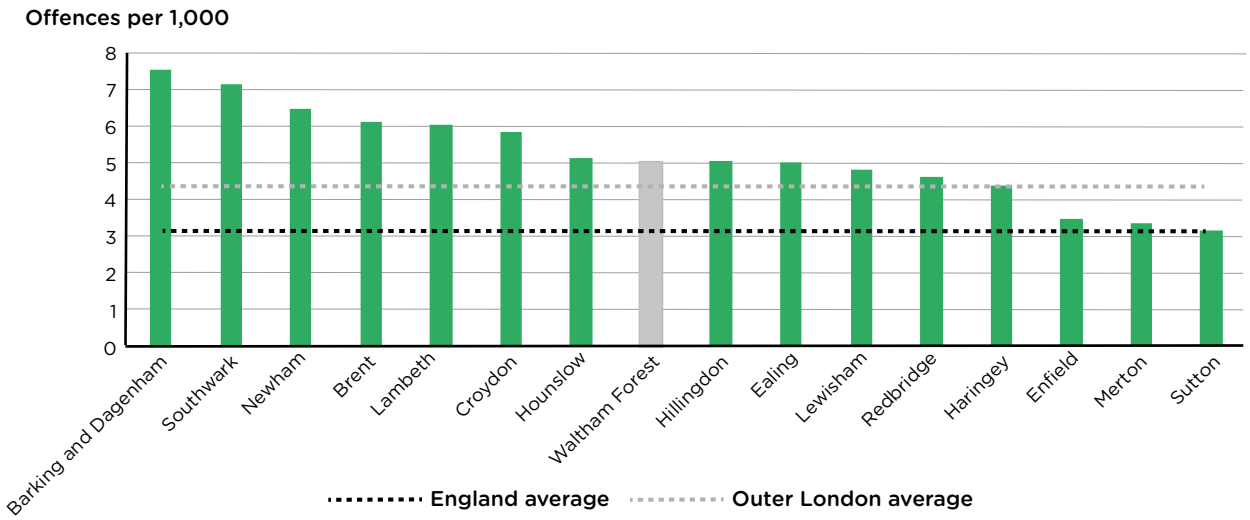
Figure 3.61. Hospital admissions for violence (including sexual violence), rate per 100,000, Waltham Forest, London and England, 2009/10 to 2019/20



Source: *NHS Digital (99)*

Figure 3.62 shows numbers of drug offences in Waltham Forest. The number of drug offences recorded varies depending on policing priorities and activity, and so may not capture the full reality of the drug trade. As such, official crime statistics may well underestimate the volume of the drug trade. In 2021 Waltham Forest had a slightly higher rate of drug offences than the rate for Outer London as a whole and England, but the rate is about average compared with its statistical neighbours.

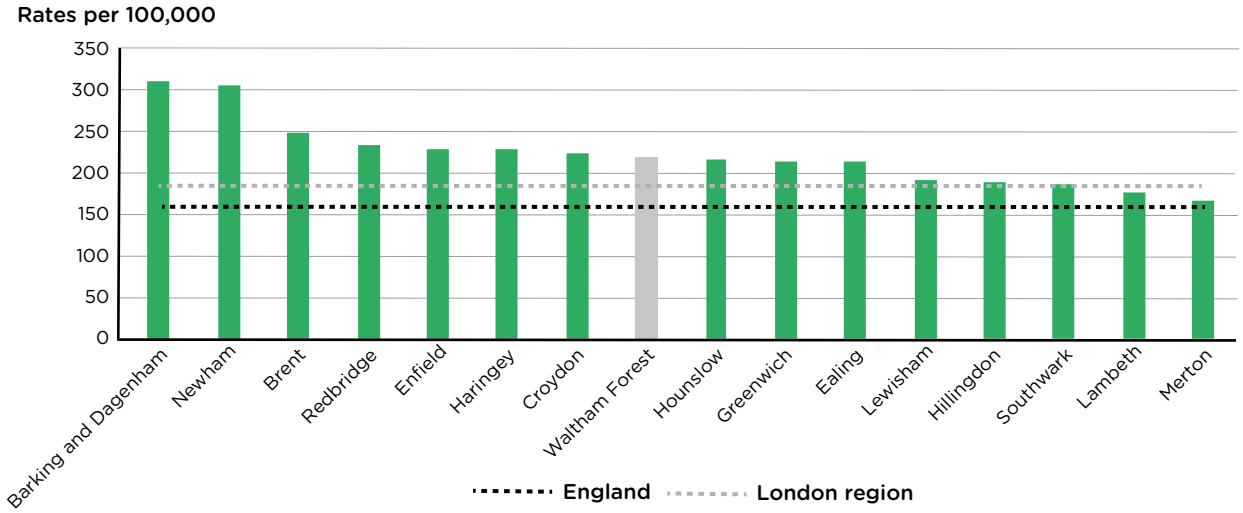
Figure 3.62. Drug offences per 1,000 population, Waltham Forest and CIPFA nearest neighbours, Outer London and England, 2021



Source: *Home Office (303)*

As well as the risks of drug use and violence associated with the drug trade, young people involved in criminality run the risk of receiving convictions and custodial sentences, which can damage their life chances. *The Marmot Review: 10 Years On* report found that the areas with the largest cuts to spending on young people corresponded with bigger rises in knife crime – maintaining youth clubs and youth workers is therefore crucial to keeping children and young people safe from involvement in violence and crime (10). Waltham Forest has a slightly higher rate of first-time offenders than London and England but the rate is about average compared with its statistical neighbours (Figure 3.63).

Figure 3.63. First-time offenders, rate per 100,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020

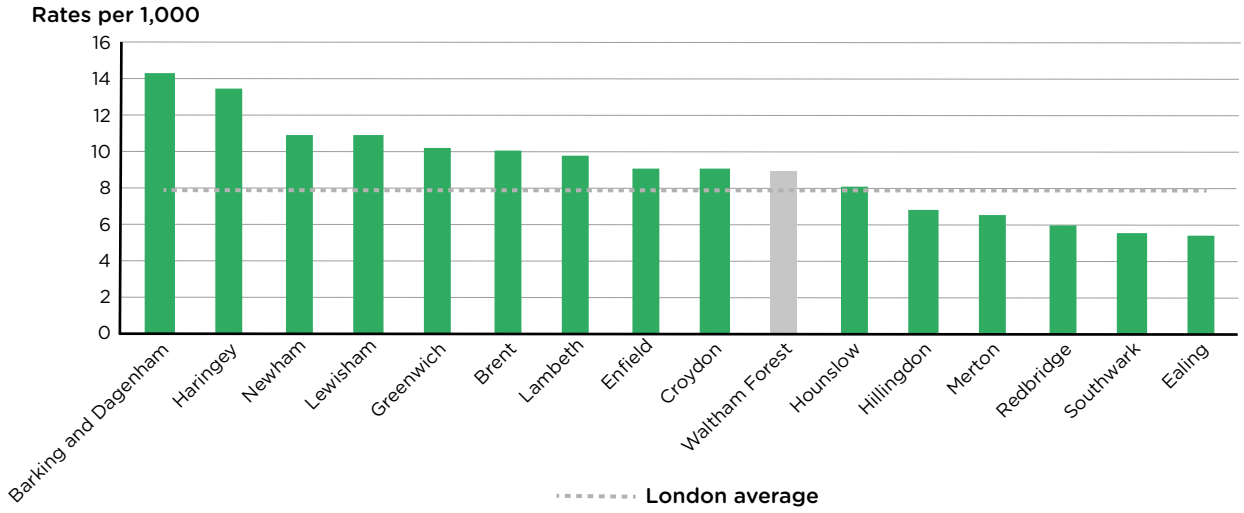


Source: *OHID analysis of Ministry of Justice data (304)*

In 2020/21 the rate of offences in Waltham Forest committed by young people fell by 22% on the previous year (305). There has been a 7% increase in crime in the borough since lockdown began, slightly above the London average of 5%. The number of antisocial behaviour complaints received by the Council in lockdown more than tripled compared with 2019 (306).

The rate of offences committed by young people in Waltham Forest is slightly above the London average and Figures 3.64 and 3.65 also show the relationship between deprivation and the rate of criminal offences.

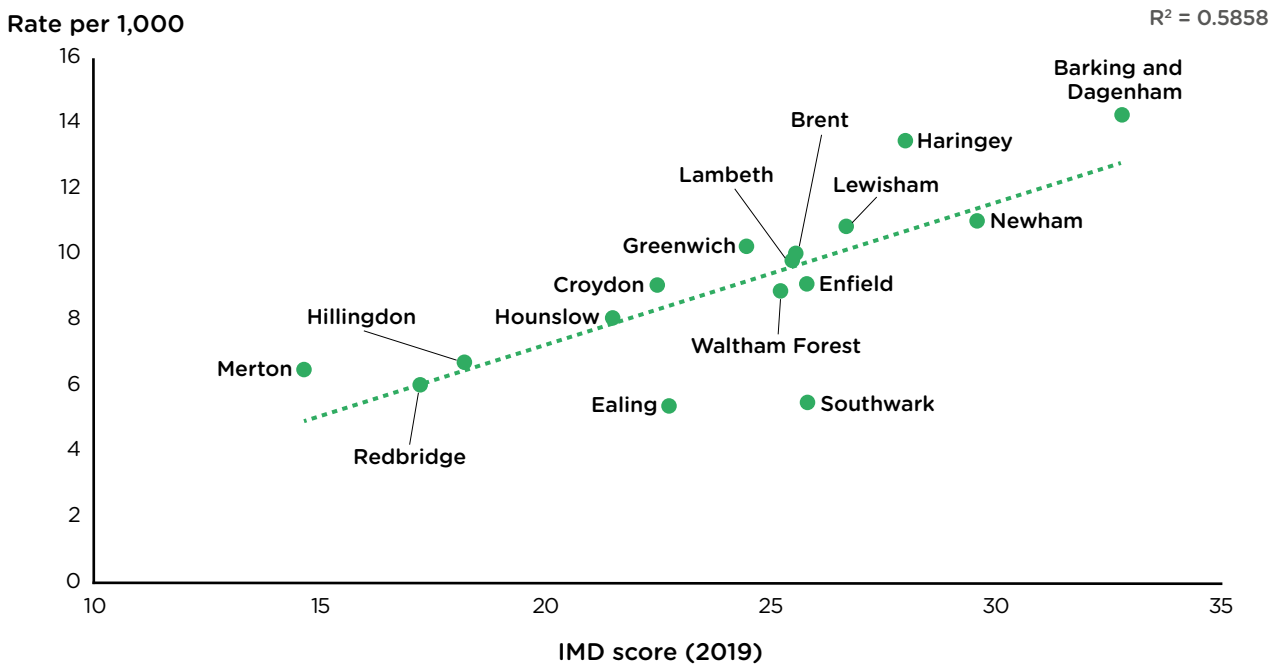
Figure 3.64. Proven offences by children and young people aged 10–17, per 1,000, Waltham Forest and CIPFA nearest neighbours and London, 2020–21



Note: *Based on 2020 ONS population estimates.*

Source: *Youth Justice Board for England and Wales (305)*

Figure 3.65. Proven offences by children and young people aged 10–17, per 1,000, and deprivation (IMD 2019), Waltham Forest and CIPFA nearest neighbours, 2020–21



Note: *Based on 2020 ONS population estimates.*

Source: *Youth Justice Board for England and Wales (305)*

There are clear socioeconomic inequalities in the experience of crime: both victims of crime and offenders are more likely to live in England's neighbourhoods with the highest levels of deprivation than in better-off areas, and people living on lower incomes are much more likely than wealthier people to be the victims of crime, including experiencing six times the risk of domestic violence (307). Reducing crime and the fear of crime has health benefits, and it is the poorest who would benefit most from such a reduction (307).

A public health approach to policing should involve the police and other partners in tackling the social determinants of crime and in early prevention (308). Waltham Forest's Violence Reduction Partnership has adopted this public health approach (Box 3.25).

Box 3.25. Violence Reduction Partnership in Waltham Forest

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

- **CURTAIL** – Curtail violent acts at source, pursuing perpetrators and enforcing action
- **TREAT** – Treat those who have been exposed to violence to control the spread
- **SUPPORT** – Support those susceptible to violence due to their exposure to risk factors
- **STRENGTHEN** – Strengthen community resilience through a universal approach

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

Despite the positive developments, there is still progress to be made. Some persistent issues include the perception of crime and violence: residents perceive crime to be increasing despite offences in fact reducing; and trust in the police. A plan for the future of the VRP that could help tackle these issues is to embed it within the upcoming 15-minute neighbourhood strategy (see Box 3.19). This will see a Violence Reduction Coordinator employed to coordinate the Neighbourhood Violence Reduction offer, providing localised high-level, specialist one-to-one support and intervention (309).

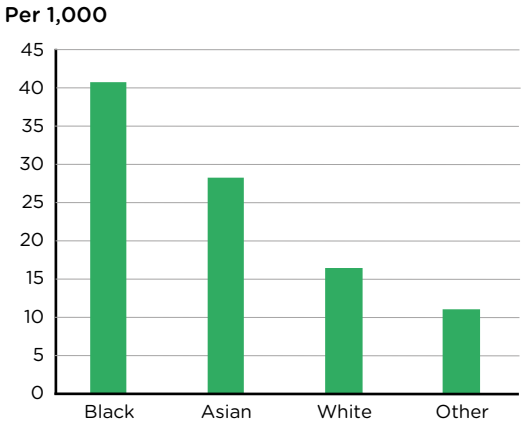
STOP AND SEARCH

Certain geographical areas and certain populations are more likely to be stopped and searched. Ethnic minority populations are more likely to be stopped and searched than White populations, in 2017 Black people were stopped and searched more than eight times the rate of White people (310). Police officers are more likely to use stop and search in more economically unequal locations, where the gap between wealthier and poorer residents is large (311).

In 2021 stop and search data for 10–17-year-olds was made available for the first time. Across England, the vast majority, four out of five stop and searches, across all ethnicities, resulted in no further action. In England Black young people were more likely to be stopped than children from other ethnicities (152).

Figure 3.66 shows that across Waltham Forest, Black people are most likely to be stopped and searched, despite being only 10.8% of Waltham Forest's population (Section 1).

Figure 3.66. Stop and search rates per 1,000, by ethnicity, Waltham Forest, November 2021 – September 2022



Source: *London Borough of Waltham Forest (154)*

In 2021-22 in Waltham Forest, two-thirds of stop and searches (63.5%) focussed on people from an ethnic minority background, higher than the London rate of 60%.

Analysis of the UK Millennium Cohort Study from 2012 to 2019 (an ongoing nationally representative birth cohort of children born in the UK between September 2000 and January 2002) found young people stopped by the police by the age of 14 years reported significantly higher rates of self-harm and significantly higher odds of attempted suicide by age 17 years (312).

FEAR OF CRIME AND COMMUNITY COHESION

Fear of crime is a serious problem in Waltham Forest, despite the enormous reductions in crime and violent crime in the borough. Residents in our focus groups and interviews raised concerns and provided examples related to antisocial behaviour and crime, with issues more prevalent in urban and areas of high deprivation, where most participants lived. This ranged from intimidating groups of young people hanging around on the street to drug dealing and taking on the streets, street drinking, and in some cases personal experience of knife crime and mugging.

Residents referred to direct experiences of crime and antisocial behaviour and how this impacted their mental health and quality of life.

> ***I personally know people that have been mugged, including one on my street. I've been followed. I'm scared walking back from the station after work. I won't go out late at night. I used to like to go for a walk in the park, but there's now street drinking there. It really affects the quality of your life. It means you become a bit of a hermit in your own home, which isn't good for you.***
>
> *Female, aged 18–34, Asian, lower socioeconomic group*

> ***There's drug dealing and taking just outside my house. It's intimidating. The police do nothing. It really affects the quality of your life. It's made me depressed and anxious just having this outside on my doorstep each day. You can't escape it, especially since the pandemic I mainly work from home, so I see it all the time. It makes me not want to leave my house and go out.***
>
> *Female, aged 35–54, Eastern European*

> ***I have experienced crime in the past and this has left me feeling unsafe in my own home and neighbourhood. It's disrupted my sleeping pattern, and it's hard to completely 'switch off' now.***
>
> *Male, aged 25–34, Mixed or multiple ethnic group*

Most participants did not have direct experiences, but even so, a fear of crime impacted on their mental health and meant they were less active and social than they might otherwise be.

> *It feels dangerous out there, for me and my family. Gangs of young people, all these stabbings and muggings. I haven't personally experienced it, fortunately, but you hear about it all the time and see it around you. It feels like it's got worse in the last few years. I don't feel like this is a place I want to live in anymore, but it's not so easy to move, so you feel stuck. You hardly ever see any police unless it's an emergency. I've not seen an officer on the street for the past two or three years.*
>
> *Male, aged 35–54, Eastern European*

> *Crime is big in the area. I won't let my kids out to play without supervision as there is a lot of drunk and disorderly behaviour in the area.*
>
> *Female, aged 35–44, Asian/Asian British*

Female residents were more likely than men to state they did not feel safe.

> *I don't always feel safe as a woman in the borough... I'm glad lights have been put on the main road and residential areas are well lit, but I still often plan running routes based on safety and will avoid certain areas.*
>
> *Female, aged 35–44, Other White*

> *As a woman, I don't feel particularly safe in the area where I live, especially at night.*
>
> *Female, aged 25–34, White British*

COMMUNITY COHESION

The 2010 and 2020 IHE reports stated communities can have positive effects on health through the services they provide and the resources they have – through the offer of quality community and health services, a sense of safety, green spaces for activities, sports facilities, active travel initiatives, thriving high streets and good educational facilities (10) (11). Communities also can have a positive influence through supporting the development of social capital and cohesion and feelings of safety, low levels of which are associated with higher stress and worse physical and mental health (313).

In Waltham Forest the COVID-19 pandemic led to a significant increase in volunteering by local residents. There was a 380% increase in the number of volunteers registered with the Council in April 2020 compared with 2019, with over 4,000 residents signed-up to support vulnerable people (306).

In our qualitative research, residents suggested there could be more activities for all people to come together and build a sense of community.

> *We need to get people out and about, interacting with each other, lots of events and activities, maybe volunteering in their communities. Socialising, getting fresh air and exercise are the best things for mental health. Plus it can help bring people and communities together.*
>
> *Male, aged 35–54, Black*

> *I think it is an opportunity to run activities and initiatives that help bring people together. This can be sports, but also social and community activities. This is important because it gets people out, active and socialising, which is good for them. I'm thinking simple things like local football competitions, local walking groups, yoga, picnics, just small neighbourhood-based things.*
>
> *Male, aged 35–54, Black*

TRANSPORT

Transport is the largest contributor to the UK's poor air quality. Supporting public transport and active travel and reducing private car use improves air quality and improves health.

In our qualitative research some participants highlighted barriers to getting around and being active on foot or by cycle in Waltham Forest, such as high levels of traffic and pavements being misused by motorists (parking cars on pavements) and cyclists (cycling on pavements instead of on the road or in dedicated lanes). Cycle lanes were also sometimes perceived as being dangerous – for instance, where they've been placed across busy junctions.

I know they want more people to cycle and walk, but some of us have to use our cars to get to work, especially where the transport links aren't good. The traffic is atrocious. I now have to leave 30 minutes earlier to get to work on time. It means you don't want to go anywhere or do anything. It's really bad for your stress and anxiety levels, spending more time in the car, in traffic, away from doing anything productive is clearly bad for your health.

Female, aged 35–54, White, lower socioeconomic group

People parking inconsiderately and blocking the pavements adds to the impression that car drivers rule the roads in the borough. Take-away drivers on mopeds also often take over the pavement. It's dangerous for pedestrians, and makes you feel like there's no space for pedestrians... [on cycling] Even getting to Epping Forest, it's right on the doorstep, but for most residents to get there means crossing traffic-filled busy roads... it's a daily dice with death, with cars not looking and leaving the junctions at speed.

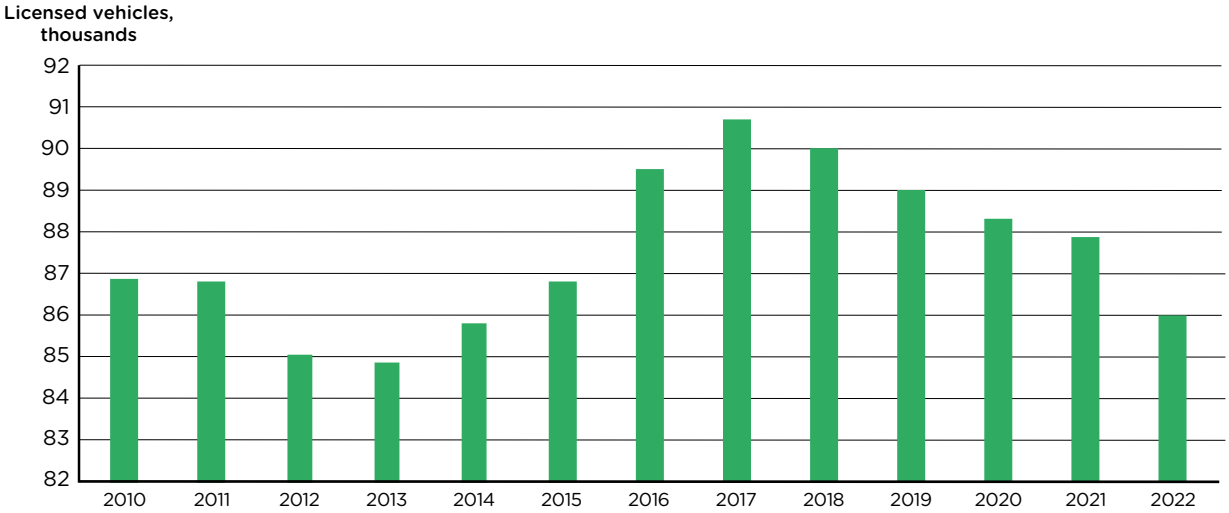
Female, aged 35–44, Mixed or multiple ethnic

I'm dependent on public transport to get around. I don't drive and I can't cycle or really walk long distances. It is now impossible to get anywhere with all the road blockages and restrictions.

Female, aged 55+, Other ethnicity, long-term limiting health condition

Good, affordable public transport networks promote social cohesion, facilitate access to education, services and employment and reduce social isolation – all of which have positive benefits for health and reducing health inequalities. 58% of households in Waltham Forest owned a car or van in 2011, according to that year's Census (314). The 2021 Census has yet to publish the updated statistics, but Figure 3.67 shows the number of licensed vehicles in Waltham Forest rose after 2011 but by 2022 was below the 2011 figure.

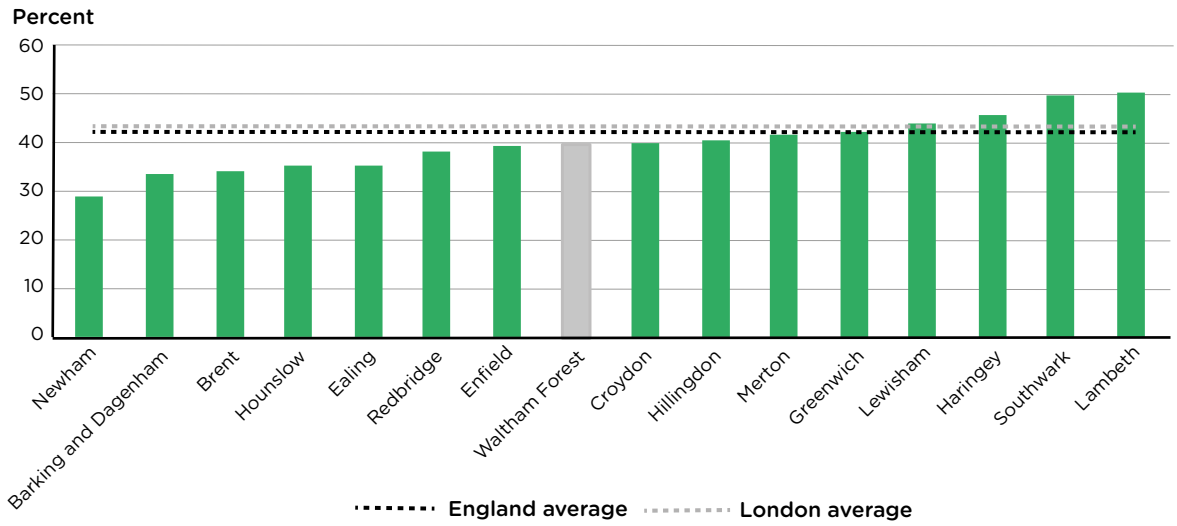
Figure 3.67. Number of licensed vehicles (thousands) at the end of the quarter, 2010–22, Waltham Forest



Source: *Department for Transport and Driver and Vehicle Licensing Agency (315)*

Promoting and supporting active travel is an important health equity intervention. It reduces air pollution, improves fitness and reduces financial burdens. Figure 3.68 shows Waltham Forest has lower rates of walking 'for any purpose' than the English and London averages but higher walking rates for travelling, which is measured separately.

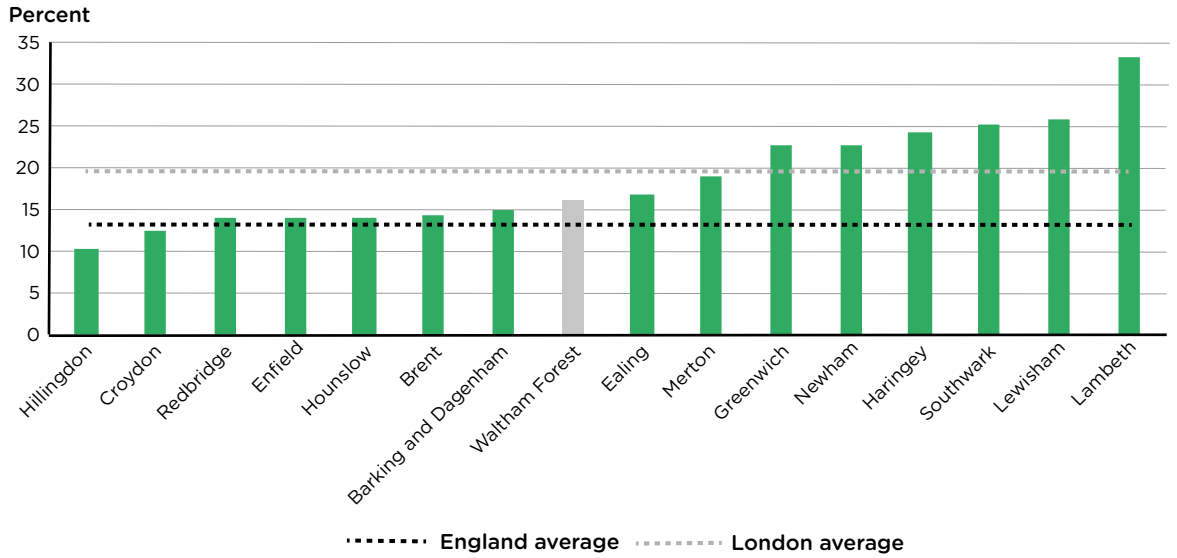
Figure 3.68. Percentage of adults walking for any purpose at least three times per week, Waltham Forest and CIPFA nearest neighbours, London and England, 2019/20



Source: *Department for Transport (316)*

Waltham Forest has made significant efforts to improve active travel through its Mini-Holland scheme, discussed in Section 3H. It has higher rates of walking for travel than the English average, but the rate is just below the average for London (Figure 3.69). While parts of Waltham Forest are easily accessible by public transport and suitable for active travel, other parts of the borough, towards Chingford and the north, are less accessible and residents there are more likely to be reliant on cars.

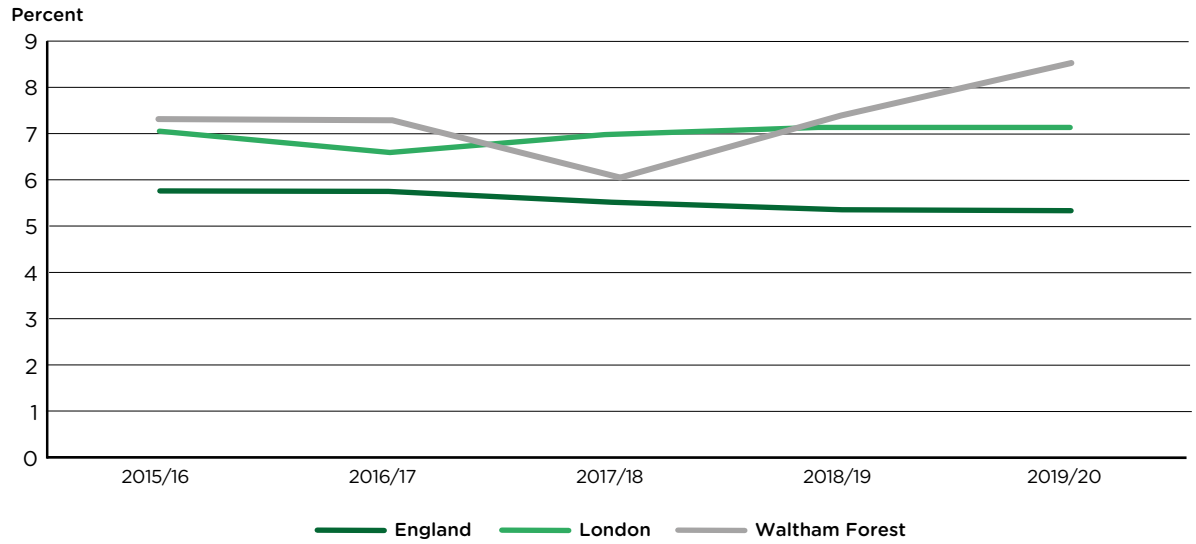
Figure 3.69. Percentage of adults walking for travel, Waltham Forest and CIPFA nearest neighbours, London and England, 2019/20



Source: *Department for Transport (316)*

Rates of cycling have been increasing across Waltham Forest (Figure 3.70) and there have been significant developments of cycling infrastructure in the borough. The COVID-19 pandemic led to further increases in residents cycling: between 2019 and 2020 there was a 178% increase in cycling at Lea Bridge Junction and all sites measured in the borough recorded an increase in cycling of at least 60% (197).

Figure 3.70. Proportion of adults cycling for any purpose at least three times per week, Waltham Forest, London and England, 2015/16 to 2019/20



Source: *Department for Transport (316)*

While there have been increases in cycling and active travel, 44% of residents said they want more information to be provided on walking and cycling routes to help them navigate and explore the borough (197).

RECOMMENDATIONS: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

a) Improve the quality of housing in Waltham Forest and develop and enforce a Waltham Forest decent homes standard.

- **i.** Undertake health equity impact assessment of housing in Waltham Forest.
- **ii.** Create two senior roles for health, social care and housing – one in Waltham Forest Council and one in Barts Health - to work with housing providers to reduce risks of housing causing poor physical and mental health.
- **iii.** Invite VCFSE sector, social prescribers and others from health care to the private landlords forum.
- **iv.** Better communicate Waltham Forest's Selective Licensing scheme, with residents and those working with residents, such as NHS (primary care, social prescribers) and VCFSE sector.
- **v.** Implement and evaluate interventions to address overcrowding in the social and private rented sectors that include both facilitating moves and supporting people to live in their existing homes through modifications and support.
- **vi.** Develop network of social housing providers (community and housing staff) to work towards providers addressing the social determinants of health.

b) Improve the supply and affordability of housing in Waltham Forest.

- **i.** Council provide short-term loans to cover deposit costs to enable people to move in private rented sector.
- **ii.** Working in partnership with developers, all future housing developments to include range of affordable family sized housing, including 3-4 bedroom homes, and improve social value offer in all housing developments in Waltham Forest.
- **iii.** Council to revise information provided to residents about the 'Temporary' accommodation offer to reflect length of stay.

c) Use the 15-minute neighbourhoods approach to develop place-based partnerships to: strengthen the public health approach to policing and violent crime; and assess inequalities in local needs and consider shifting from a one-size fits all service delivery model in Waltham Forest to a neighourhood model that better meets levels of deprivation and need.

d) Maintain current bus routes in Waltham Forest and improve connections to green spaces to eradicate inequalities.

NATIONAL ADVOCACY

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

3F. STRENGTHEN THE ROLE OF ILL-HEALTH PREVENTION

KEY MESSAGES

- Preventing ill health is beneficial for the population and the economy and vital for reducing demand for NHS services.
- Much of the ill health in Waltham Forest is avoidable and action on the social determinants would improve health, reduce inequalities, improve employment and productivity and reduce the burden on NHS and other services, reducing costs in the long run.
- Efforts at disease prevention need to ensure that they are universal but particularly targeted at those living in the highest levels of deprivation, who stand to benefit the most, rather than those living in the areas of less deprivation, who may be 'easy wins'. At the same time, these programmes need to engage with the reality of the lives of those living on low incomes.

OBESITY

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

SMOKING

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

SOCIAL ISOLATION

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

VIOLENCE AGAINST WOMEN AND GIRLS

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

Taking a preventative approach to illness often focuses on individual behaviour and the impact that can have on health. There are many avoidable risk factors that contribute to the development of ill health, including poor diet, lack of exercise, smoking, and alcohol and drug misuse.

> *People are less likely to improve their physical and mental health if you have to pay for services... make more services free or subsidised.*
>
> *Female, aged 35–44, Other White*

Risk factors can also include behaviour related to health beliefs and priorities, including having recommended vaccinations and informed interaction with healthcare providers. Taking a social determinants view involves thinking about 'the causes of the causes' – why people make what may appear from the outside to be poor decisions about their lives and their health. Health behaviour is closely related to the social determinants

and to deprivation. People living on low incomes are more likely to smoke, to be overweight or obese and suffer higher levels of harm from alcohol than better-off groups.

There are other reasons why there are socioeconomic inequalities in health behaviours. Sometimes it is simply a question of resources – for example, a healthy diet can be more expensive than an unhealthy one. Families with the lowest 10% of household income would have to spend nearly three-quarters of their entire income (after housing costs) to afford the recommended healthy NHS Eatwell plate (317). People living on low incomes are often time-poor as well as cash-poor, and while it can be cheap to make healthy meals at home, it is also demanding on time and energy. The stress of poverty can narrow the 'mental bandwidth' available for other tasks. The ability to cook meals also requires a reasonable kitchen space in your home, and equipment. Buying in bulk, which is cheaper, is often out of reach for those with less control over their cash flow and no savings, especially if they want some variation in diet, or have dietary restrictions of any kind. Similarly, it can be much easier to exercise regularly if you have access to green spaces, a workplace that supports cycling, or can afford a gym membership. Rising fuel and housing costs reduce the available funds for a healthy diet. Obesity and diabetes are closely related to deprivation across England (318). There are other factors related to the stresses of economic and social deprivation. Quitting smoking or cutting down on alcohol may simply not be a priority when you already have multiple sources of stress in your life.

The further 'upstream' action is taken, that is addressing inequalities in the social determinants of health , the more effective it can be. However, the recognition that it is mostly the economic, environmental and social conditions in which people live that make them unhealthy does not remove the need for healthcare to provide treatment when they do become unwell. Between action on the social determinants – housing, income, education and so on – and healthcare for the treatment and management of disease, whether from a GP practice, clinic or inpatient care – lies the public health approach to disease prevention and health promotion. These interventions include smoking cessation services, dietary and exercise advice and public information campaigns. While they do not target the social determinants of health themselves, they can do much for health equity when designed explicitly to improve the health of marginalised groups, to reduce health inequalities, and to attenuate the link between deprivation and ill health.

> ***We didn't really have a proactive model of care, Everything is reactive.***
>
> *Waltham Forest NHS stakeholder*

Disease prevention and health promotion are also cost-effective because they reduce demand on more acute services. In the long run, it is cheaper to prevent heart attacks with dietary advice, exercise classes, smoking cessation aids or even preventative medication like statins than it is to treat them with angioplasty, as well as less invasive and less debilitating for the individuals and communities involved. However, there have been substantial cuts to key preventative services. Between 2015/16 and 2022/23 in England, funding for stop smoking services and tobacco control fell by 41%, drug and alcohol services for adults fell by 28% (319).

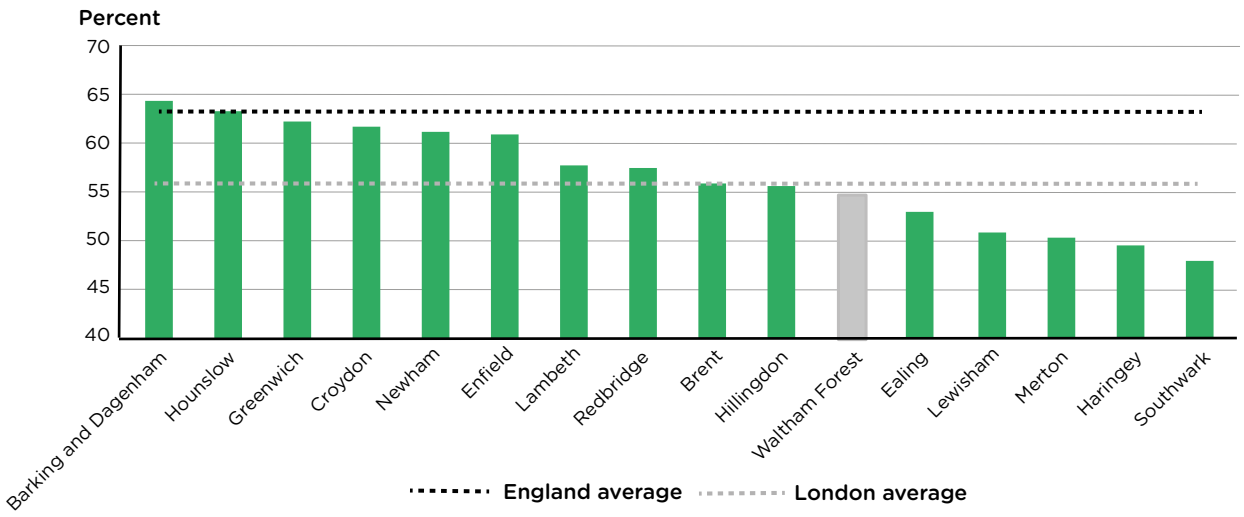
By preventing ill-health, it also allows people to stay in work longer if they wish to and so contribute to the economy; conversely, poor health is very damaging to productivity, employment and the wider economy. Research has consistently shown that investment in prevention and early intervention saves money by reducing demand on the NHS and public services, improving health and wellbeing and supporting economic growth (62). The British Medical Association estimated in 2018 that preventable ill-health accounts for 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days. It also reported that effective action on smoking, drinking alcohol, physical inactivity and poor diet could reduce the uptake of health services in England by 40% (58).

OBESITY AND OVERWEIGHT

Levels of overweight and obesity in children are higher in local authorities with higher levels of child poverty. A Nuffield Trust report in 2022 found individual or household behaviour is not the single cause of obesity and overweight amongst children and societal and environmental factors, which lie outside of an individual's control, have a significant influence on obesity and overweight levels. The Nuffield Trust report found a number of factors associated with higher rates of obesity and overweight. Local authorities with higher percentages of overweight or obese Reception children had: higher rates of under-fives living in areas with poor access to passive green spaces[4]; lower rates of adults walking for leisure; lower rates of physically active adults and lower breastfeeding rates. These environmental factors, which children and young people cannot choose, have an important role in childhood obesity and overweight levels (320). Overall, deprivation is closely associated with childhood and adult obesity and overweight in the UK.

The proportion of those classified as overweight or obese in Waltham Forest is just under the average for London and about average compared with its nearest statistical neighbours (Figure 3.71). While rates are roughly the same as the average for London, they are high with 54% of people classified as overweight or obese in Waltham Forest in 2020/21.

Figure 3.71. Proportion of those classified as overweight or obese, Waltham Forest and CIPFA nearest neighbours, London and England, 2020/21

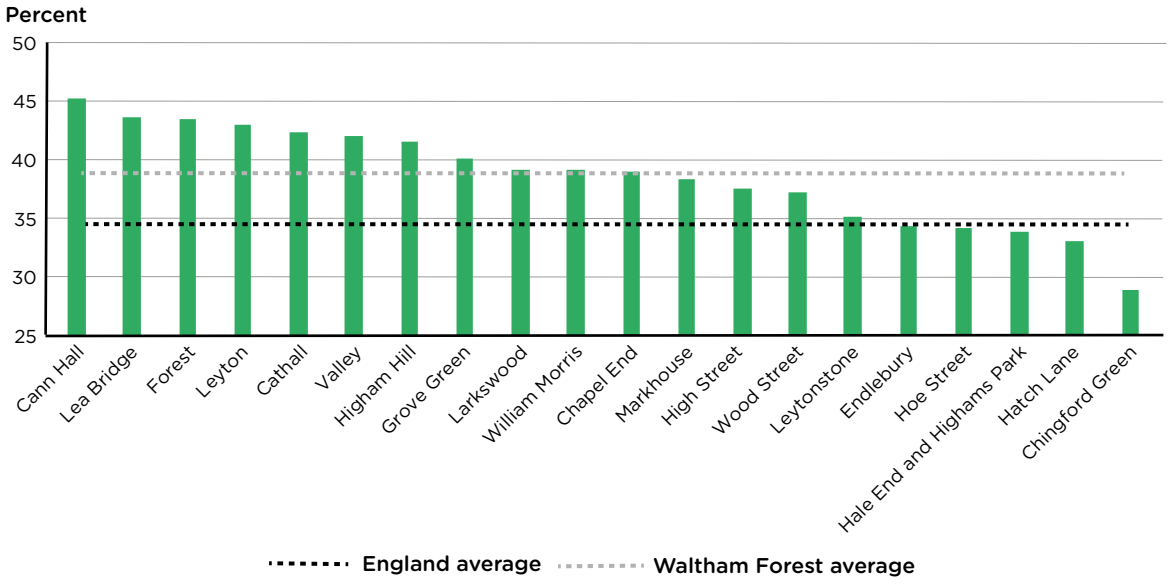


Source: *Sport England (321)*

[4]Passive green spaces include public parks, gardens, playing fields, golf courses, allotments or community growing spaces and cemeteries. Passive green spaces exclude play spaces, bowling greens and tennis courts because these areas are not considered to enhance the 'green' environment, often being behind fences, for example (321).

Rates of overweight (including obesity) for children in Year 6 in Waltham Forest are higher than the average in England and there is considerable difference across the borough (Figure 3.72). Chingford Green has relatively low rates at 29% compared with 45% in Cann Hall.

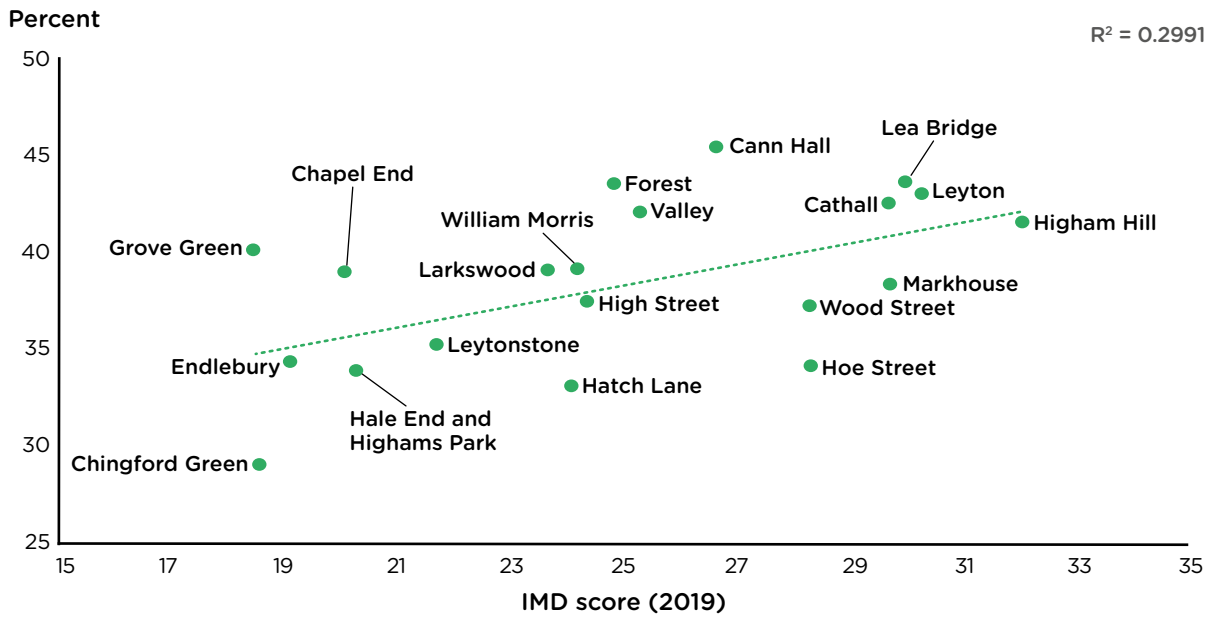
Figure 3.72. Overweight (including obesity) prevalence among children in Year 6, Waltham Forest wards, Waltham Forest and England, 2017/18 to 2019/20



Source: *NHS Digital, National Child Measurement Programme (322)*

As across England, there is an association between rates of obesity and deprivation in Waltham Forest (Figure 3.73).

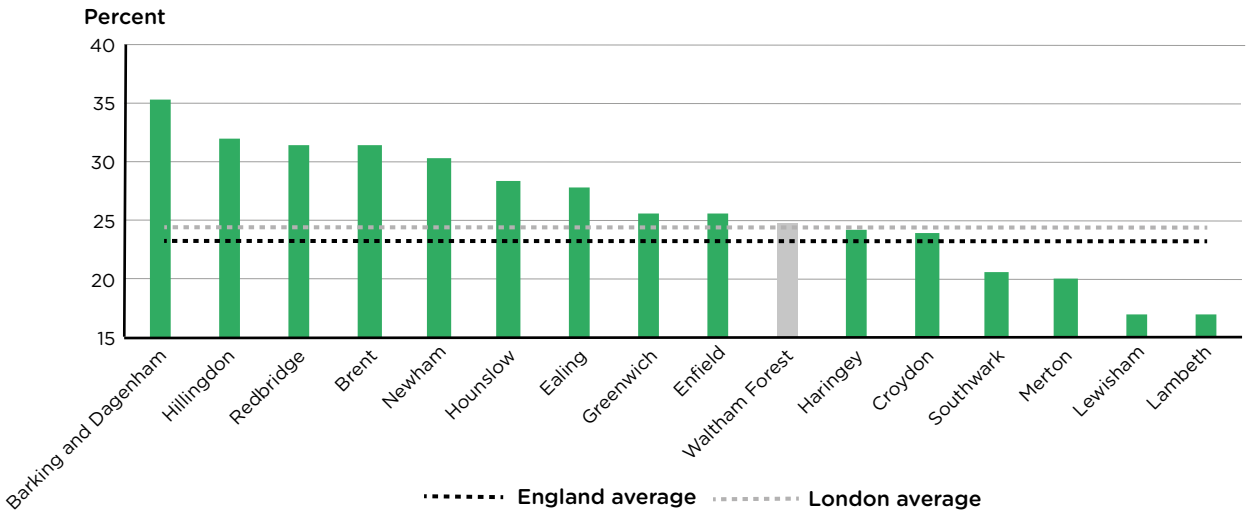
Figure 3.73. Overweight (including obesity) prevalence among children in Year 6 by level of deprivation (IMD 2019), Waltham Forest wards, 2019/20



Source: *OHID analysis of NHS Digital data (323)*

One-quarter of people in Waltham Forest are physically inactive, which contributes to obesity and overweight and to cardiovascular and other diseases. Rates of physical inactivity among adults in the borough are slightly higher than the average for England and London (Figure 3.74).

Figure 3.74. Percentage of physically inactive adults, Waltham Forest and CIPFA nearest neighbours, London and England, 2019/20



Source: *Sport England (321)*

> ***It's expensive to buy healthy food. It's a lot easier and cheaper to get food from one of the many takeaway shops that keep opening up in the area. We're guilty of it. Sometimes you come home and you can't be bothered to cook, so you get a takeaway. It goes without saying that this can be bad for your health and that of your children if you do it too much.***
>
> *Female, aged 35–54, White other ethnicity, lower socioeconomic group*

The quote above shows one of the factors in obesity – the easy availability of cheap food, such as takeaways, with low nutritional value. A study of people's exposure to takeaway outlets around homes, workplaces and commuting routes found higher exposure to takeaway outlets was associated with higher consumption of takeaway food, a higher body mass index, and an increased likelihood of obesity (324). The larger number of takeaways in areas of high deprivation exacerbates inequalities. A systematic review of evidence examining the presence of takeaways near schools found more hot food takeaways in areas of high deprivation and that children living in these neighbourhoods tended to eat more fast food and have higher rates of obesity than those in areas of low deprivation (325). Public Health England studied the presence of takeaways in communities across England and also found a clear link between deprivation and the number of takeaways in an area; the areas with high levels of deprivation in England had the most takeaways and the richest areas the fewest (326).

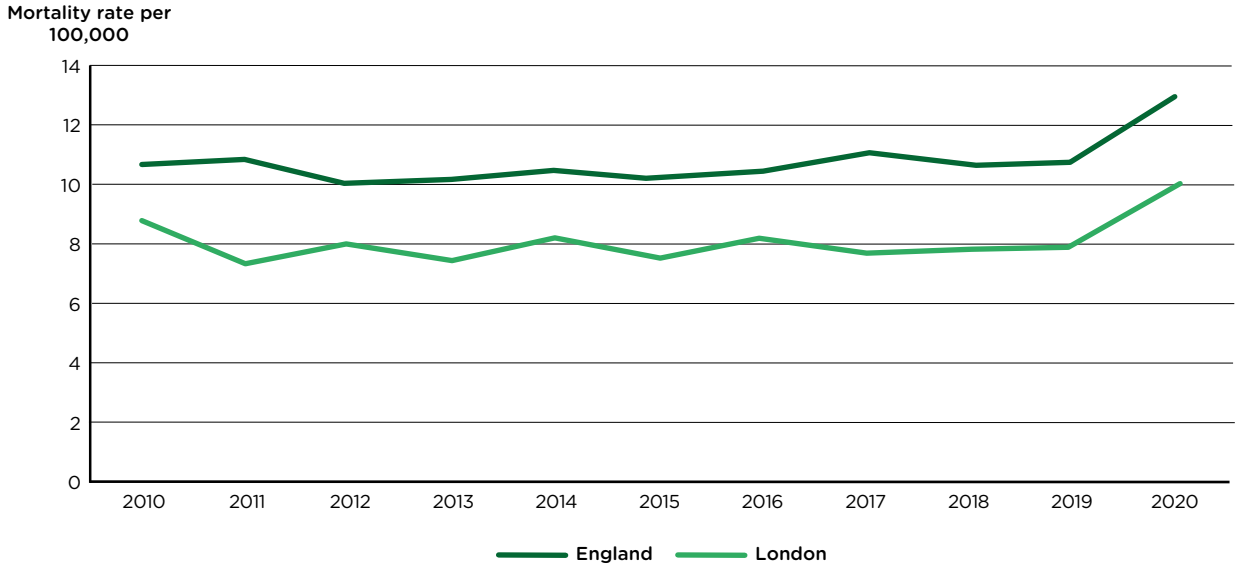
ALCOHOL AND DRUG USE

In England since 2012, avoidable mortality from alcohol and drug-related disorders has increased. Alcohol and drug misuse is associated with long-term health risks including high blood pressure, depression, liver disease, certain types of cancer and pancreatitis (10). People living in the most deprived areas in England have a substantially higher rate of death from alcohol and drugs than do people living in the least deprived areas. In addition, deaths from alcohol and drug-related disorders are increasing, and increasing fastest in those living in areas with the worst levels of deprivation in England (327).

Alcohol consumption increased during the first COVID-19 lockdown and subsequent analysis shows that alcohol-related deaths also increased. Figure 3.75 shows the sharp increase in alcohol-related deaths in 2020 in London and in England as a whole. It is unclear if the increase in alcohol-related deaths was influenced by little or worse access to healthcare or by changes in drinking behaviours; however, evidence shows the increase in drinking was in high-risk drinkers (328).

Households already purchasing the highest amount of alcohol increased their purchases by more than 17 times compared with those who purchased the least alcohol. People living in the most deprived areas in England increased their alcohol purchases more than in the least deprived areas (329).

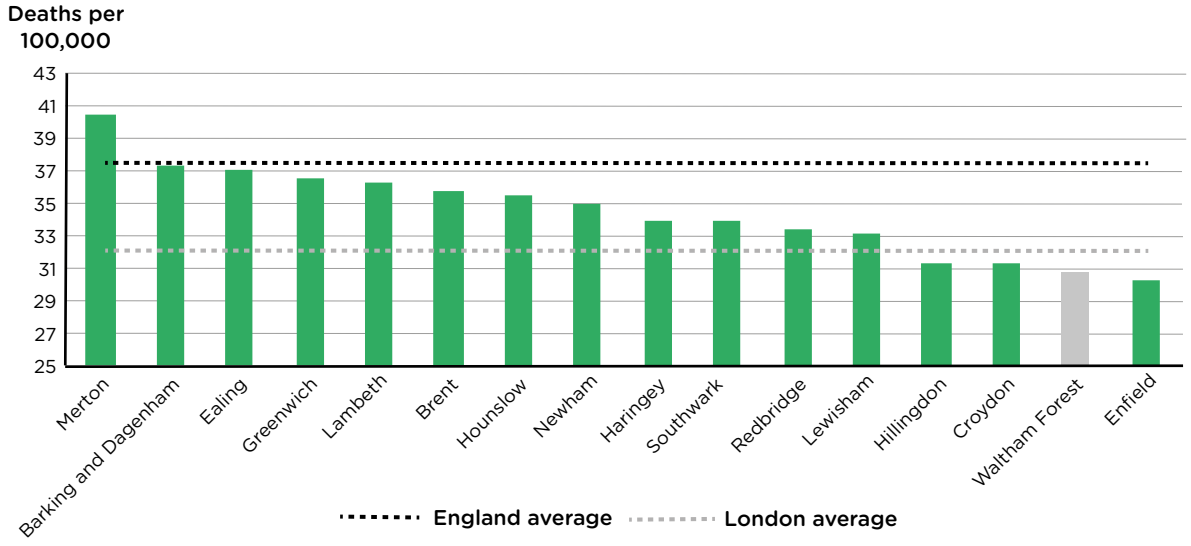
Figure 3.75. Age-standardised alcohol-specific death rates per 100,000 people, London region and England, deaths registered between 2010 and 2020



Source: *Office for National Statistics (327)*

Compared with its statistical neighbours, there are relatively low rates of alcohol-related mortality in Waltham Forest (Figure 3.76).

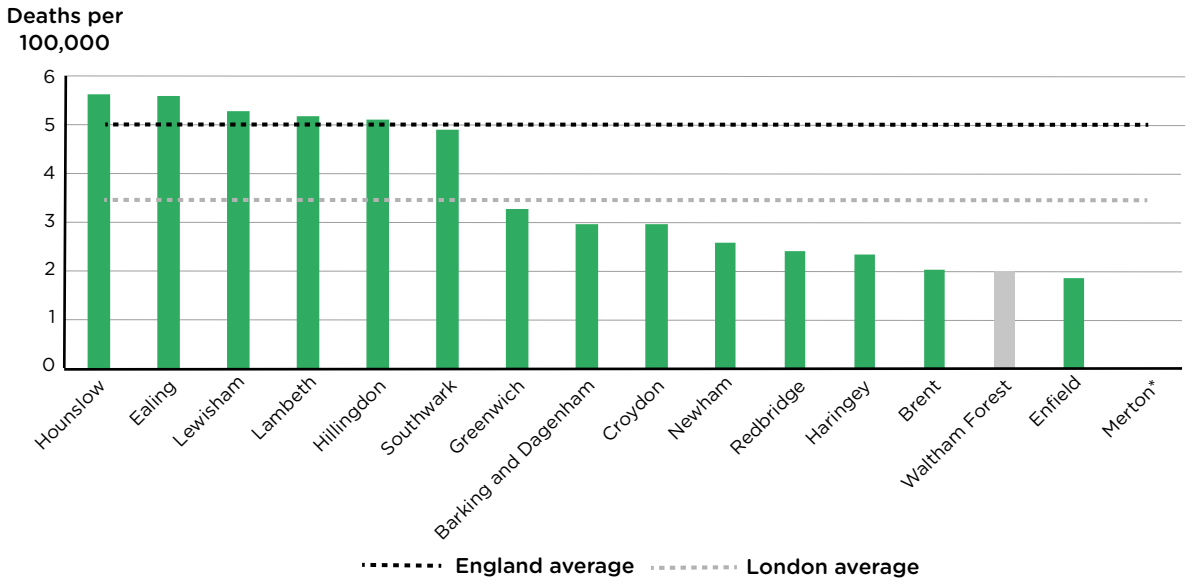
Figure 3.76. Alcohol-related mortality, directly standardised rate per 100,000, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Source: *OHID analysis of Office for National Statistics data (330)*

Harm from drug use includes the harm from involvement in the drug trade, which leads to youth offending, crime and violence, and the direct harm from drug taking. In Section 3E we showed that there are relatively high rates of offences involving drugs. Waltham Forest has a considerably lower rate of deaths from drug misuse than England and London as a whole and the rate is lower than in most of its statistical neighbours (Figure 3.77). However, there is still potential to reduce deaths from drug misuse further and to continue efforts to minimise health harm.

Figure 3.77. Deaths per 100,000 from drug misuse, Waltham Forest and CIPFA nearest neighbours, London and England, 2018–20



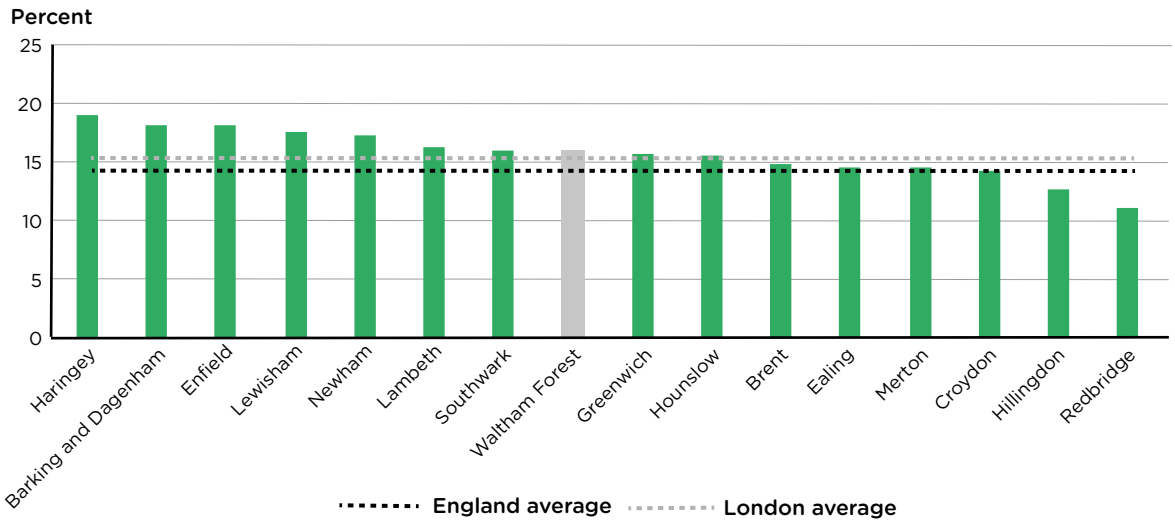
Note: *Data not available*

Source: *Office for National Statistics (331)*

SMOKING

Rates of smoking among those aged 18 or over in Waltham Forest are, at 16%, slightly higher than the averages for England and London (Figure 3.78).

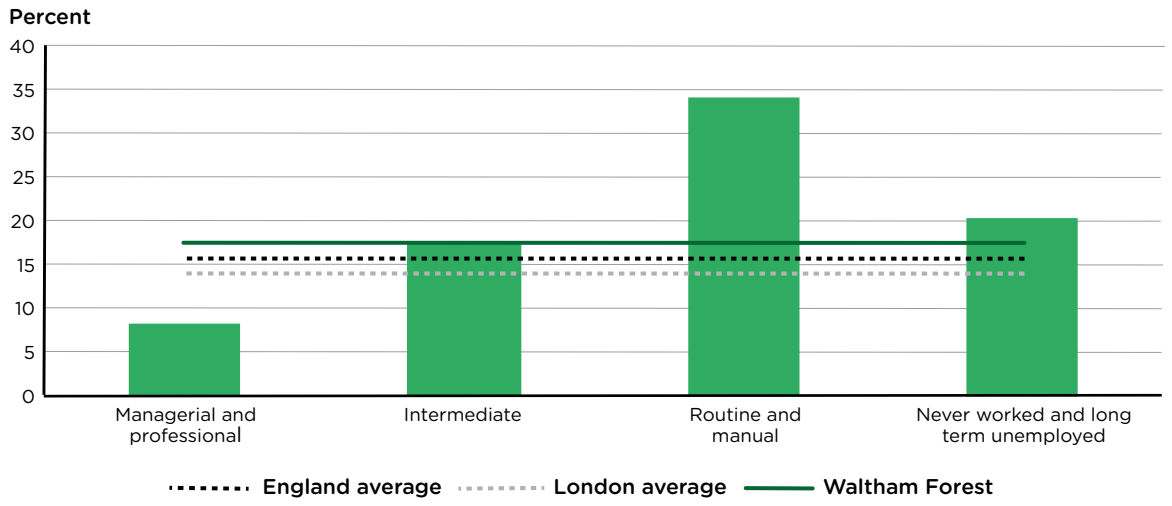
Figure 3.78. Smoking prevalence among adults aged 18 and over, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Source: *NHS England (332)*

Across England there is a clear relationship between socioeconomic status and smoking, with smoking rates much higher among those working in routine and manual occupations. In 2019 in the UK, 23% of people in routine and manual occupations smoked, compared with 9% of people in managerial and professional occupations (333). These inequalities in smoking prevalence related to employment type are very clear in Waltham Forest too, with rates among those working in manual occupations roughly four times higher than those in occupations classified as managerial and professional (Figure 3.79). While smoking cessation efforts could be further directed towards those in manual occupations, it is also important to note that the conditions in which people are living and working, their levels of income and debt all affect smoking prevalence as well as obesity, and as we advocate in this report, action to reduce inequalities in the social determinants of health will lead to improved health behaviours and reduced health inequalities.

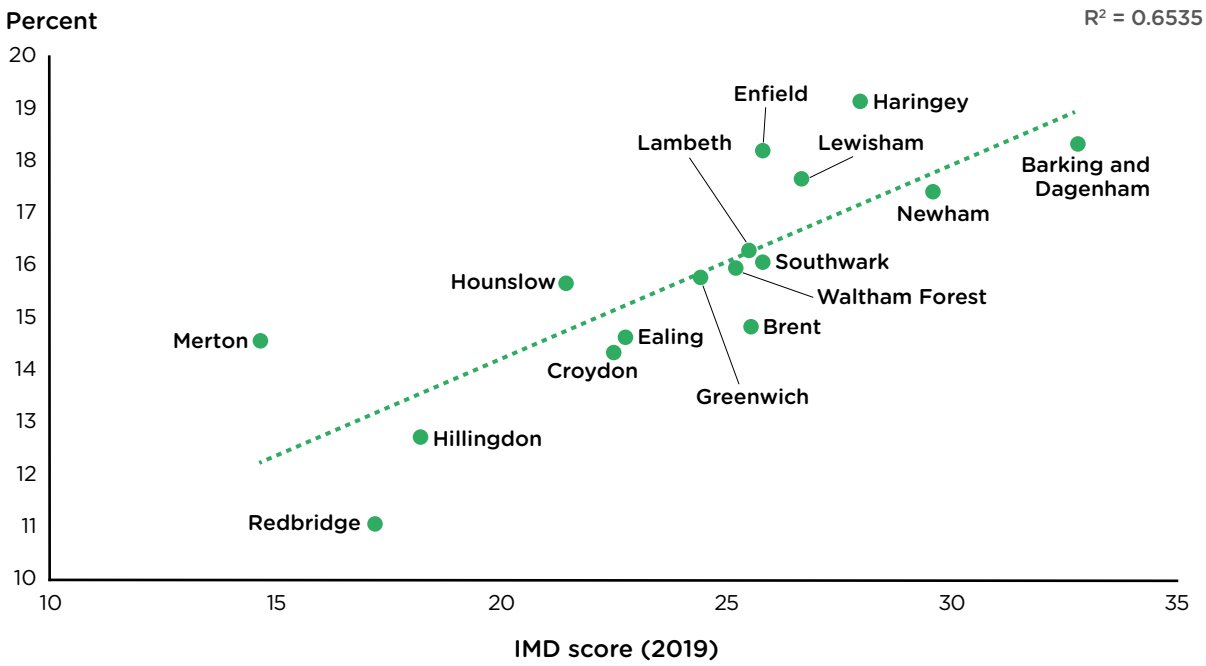
Figure 3.79. Smoking prevalence among the working-age population (aged 18–64) by employment type in Waltham Forest, London and England, 2019



Source: *OHID analysis of APS (334)*

There is a strong relationship between smoking and deprivation, as illustrated in Figure 3.80, showing that as deprivation decreases, rates of smoking increase steeply.

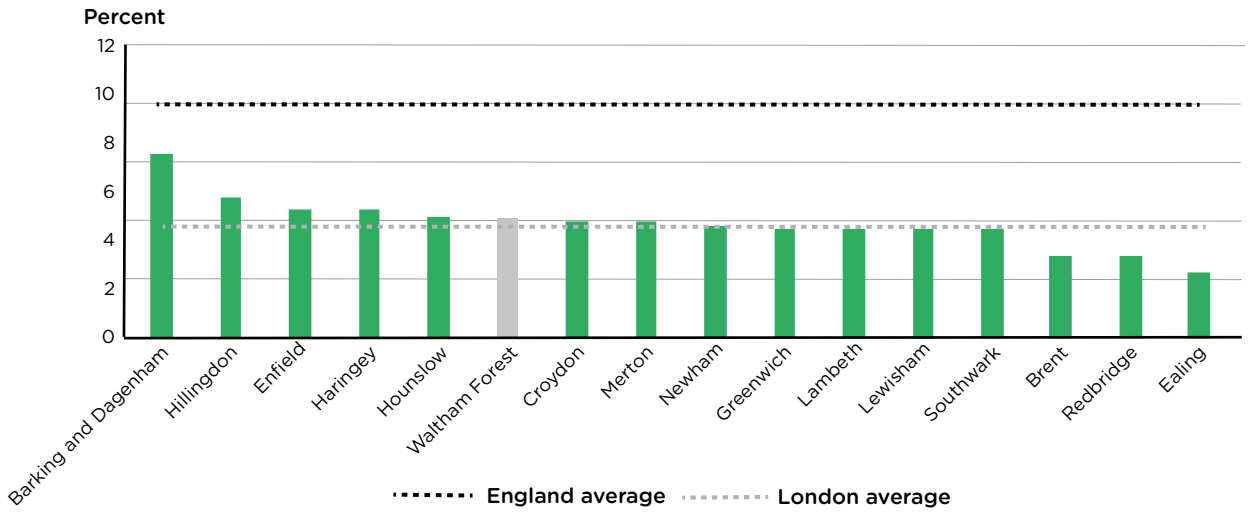
Figure 3.80. Smoking prevalence among adults aged 18 and over, and deprivation (IMD 2019), Waltham Forest and CIPFA nearest neighbours, 2020



Source: *NHS England (332)*

Smoking rates in pregnant women at time of delivery are slightly higher than the average for London at nearly 5%, although nearly half the England average of 9.6% (Figure 3.81).

Figure 3.81. Smoking rates in pregnant women at time of delivery, Waltham Forest and CIPFA nearest neighbours, London and England, 2020/21



Source: *NHS Digital (335)*

VIOLENCE AGAINST WOMEN AND GIRLS

Violence against women and girls is committed primarily by partners or ex-partners, and involves ongoing abuse in the home, threats or intimidation (336). In 2020, 99% of adult offenders sentenced or cautioned for sexual offences in London were men (337). A number of high-level cases in London have highlighted the shortcomings in police responses to violence against women and girls. As such, the Mayor of London has stated his priorities for tackling violence against women and girls in the Police and Crime Plan and refreshed the Violence Against Women and Girls strategy. The strategy aims to adopt a public health approach to identify and address the underlying causes of violence against women and girls (338).

In London, violence against women and girls is increasing. In 2021, total reported sexual offences increased by 26%; rape by 17%; and other sexual offences by 31%. Domestic abuse in London also rose in 2021, increasing by 6% in Quarter 3 in 2021–22 compared with the same quarter in 2020–21. Both sexual offences and domestic abuse offences have increased compared with pre-pandemic levels: domestic abuse by 18% and sexual offences by 30% (339).

Violence against women and girls causes physical and mental ill-health to the victims and considerable societal costs (340). The Crime Survey for England and Wales in 2020 found of women who were victims of rape, 63% reported mental or emotional problems and 10% reported that they had tried to kill themselves as a result of a rape. 21% had taken time off work and 5% lost their job or gave up work as a result of a rape (341).

The 2021 review of the Tackling Violence Against Women and Girls strategy recommended adopting a prevention and early intervention approach to influence values in young people, as well as shifting social norms to become less accepting of violence and inequality (342) (343). Box 3.26 outlines the public health approach taken in Waltham Forest to address violence against women and girls.

Box 3.26. Taking action to end violence against women and girls in Waltham Forest

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

One area of focus for the borough's work is increasing safety in the home and providing support for survivors of domestic abuse. For this they have partnered with services including Solace Advocacy and Support Service, and RISE. Solace is a support service that works across London, providing practical and emotional support, information, advocacy, advice, and safety planning. They also run services providing counselling, group work, creative therapies, and other therapeutic paths.

RISE works to reduce the pattern of reoffending and harm in those who use abusive and violent behaviour. They also have a drop-in service based in Family Centres around the borough. Anyone can attend and receive advice, safety planning and referrals to services from a specialist practitioner. They additionally have procedures in in their Housing Service place to help survivors and ensure insight staff are trained on how to identify signs of domestic abuse.

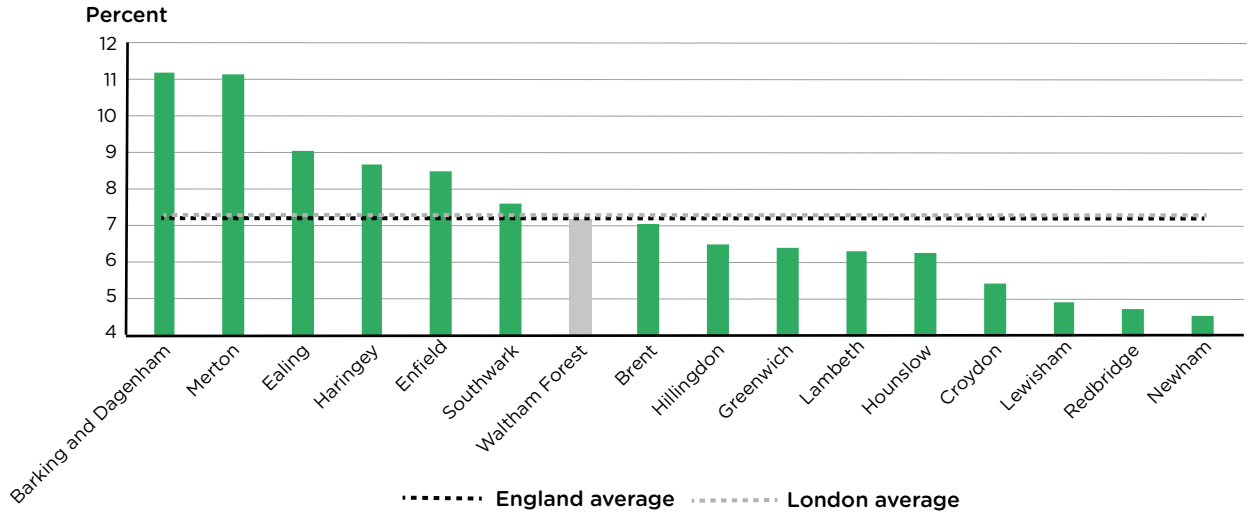
As well as trying to ensure women and children's safety in the home, Waltham Forest is working to make the streets of the borough a place where women and girls feel safe. They have introduced an app which provides an easy platform to report street harassment, access specialist support, report incidents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

The Council also offers schools and colleges a wide range of programmes that intended to prevent sexual harassment or help those who have experienced it. This also serves to empower young people to challenge misogyny and lead the way in ending violence against women and girls (344) (345) (346).

SOCIAL ISOLATION

Loneliness, as defined by the Jo Cox Commission and in the Loneliness Strategy for England, is: 'A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.' Loneliness is a common psychological manifestation of social isolation, and if prolonged it can have adverse impacts on an individual's physical and mental health and wellbeing (347). Loneliness can occur among those who are not socially isolated. Inequities in the experiences of social isolation, however, are likely to influence inequities in loneliness and related adverse health consequences (348). Loneliness was already increasing prior to the outbreak of the COVID-19 pandemic in the UK (349). Figure 3.82 shows about 7% of people in Waltham Forest 'often or always' feel lonely.

Figure 3.82. Percentage of people who 'often or always' feel lonely, Waltham Forest and CIPFA nearest neighbours, London and England, October 2020 to February 2021



Source: *Office for National Statistics (350)*

> ***The pandemic really hit me and people in my community hard. I'm not sure why, but I know lots of people that really struggled with their mental health. I did, and there's also someone in my family who has been in crisis. They actually got quite a lot of support, which really helped us. But I'm still waiting to get a referral. My mental health problems are less severe, but I would like some help and I'm worried if I don't that it may get worse.***
>
> *Female, aged 18–34, Asian group, southern part of borough*

In the qualitative research in Waltham Forest, participants from Asian ethnicities frequently mentioned feelings of isolation and associated mental health difficulties, which in many cases had been triggered or exacerbated by the pandemic. Participants also referred to a loss of community in the borough, caused in part by social isolation due to the pandemic and also due to housing and population growth undermining a sense of community and belonging. As already mentioned, participants said it is important to invest in helping to create a sense of community, encouraging and supporting people to come together through community, social and sporting activities.

The Waltham Forest residents survey of Winter 2019 found almost one in 10 residents living with a disability felt isolated, three times higher than residents without a disability. Isolation in older people was higher than in younger people: half of those aged 16 to 29 years old had the social contact they wanted compared with only one in five residents aged over 65 years. 84% of economically-active residents had adequate levels of social contact, compared with 71% of economically-inactive residents (154).

The VCFSE sector are also key partners in reducing social isolation. In Waltham Forest, Age UK provides a befriending service to reduce isolation (Box 3.27).

Box 3.27. Reducing isolation in older people

Age UK in Waltham Forest runs a befriending service for residents aged over 60 who live alone or do not have the confidence to go out. In 2021/22 they supported 333 older people in the borough with weekly visits from volunteer befrienders. The service aims to help those who are lonely or isolated by providing them with company and support, building their confidence and developing social networks. As well as providing companionship, befrienders report back to Age UK about issues that people are facing, which the organisation then tries to help with. Some of the most common problems people face are around housing quality, healthcare and digital exclusion.

The service helps a wide range of people from across the borough. Staff at the service say that the inequalities across Waltham Forest can be seen in the wellbeing of the people that use their service. In the southern part of the borough, which has worse levels of deprivation than the rest, the people they help in their sixties have problems comparable to those of people in their eighties and nineties from the wealthier northern part of the borough.

Since it began in 2017 the service has grown, especially during the COVID-19 pandemic, when demand escalated as more people were at home alone. Monthly feedback the service collects suggests that the befriending service provides joy and company to older people and helps them tackle issues they are struggling to manage alone.

Age UK in Waltham Forest offer a wide range of opportunities for older people to meet up, and support in raising incomes. In 2021/22 they supported 2,979 individuals to claim a total of £2,035,280 in previously unclaimed benefits.

Age UK is a voluntary organisation with limited resources and staff. It has 15 staff and 450 volunteers in Waltham Forest but needs more resources to organise its volunteers and events. In the past the befriending service has been funded by the Clinical Commissioning Group, but despite the evidence of the impact of the service, the future of its funding is unclear.

RECOMMENDATIONS: STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

a) Develop and/or extend current ill health prevention policies and actions to adopt an equity and the social determinants of health approach.

- **i.** Undertake equity impact assessment of obesity and smoking policies in Waltham Forest.
- **ii.** Review social prescribing offer to ensure it is addressing the social determinants of health, including referrals to food and fuel security support and financial, legal, housing and debt advice.
- **iii.** Support primary care and other NHS institutions to address the social determinants of health.

b) Health equity assessments of all planning decisions to deliver healthy high streets and healthy and equitable development in Waltham Forest.

c) Ensure all health and public service settings include staff that are appropriately trained to enable identification of all forms of violence against women and girls and have robust referral pathways to specialist services related to violence against women and girls.

NATIONAL ADVOCACY

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

3G. TACKLE DISCRIMINATION, RACISM AND THEIR OUTCOMES

KEY MESSAGES

- Structural and systemic racism contributes to perpetuating health inequalities, as one of the 'causes of the causes of the causes' of ill-health, and lies behind ethnic inequalities in the social determinants.
- While most ethnic populations in the UK have longer life expectancies than White Britons, some ethnic populations appear more likely to be in poor health. Rates of some diseases and infant and maternal mortality are higher in ethnic minority populations and access to, experience of, and outcomes from health services can also be worse for ethnic minority populations.
- Pre-existing health inequalities, including those related to ethnicity, were exposed and exacerbated by COVID-19. Mortality was higher for some non-White ethnic groups throughout the pandemic.
- There are widespread ethnic inequalities in access, use and experience of services in London; some services developed by statutory services and local authorities are culturally inappropriate and/or exclusionary. There is evidence of discrimination and racism in some services.
- Data on ethnicity is lacking in many health outcomes and in key social determinants of health. It is crucial that NHS bodies and other services routinely gather data on ethnicity to determine where inequalities exist, including in access to services, to enable employers and providers of services to reduce discrimination and inequalities.
- Child poverty, overcrowding in the home, unemployment and factors associated with deprivation are more common among some ethnic minority populations.
- The extent to which programmes intended to reduce poverty and its effects support ethnic minority populations, and the possible need for programmes that address the experience of ethnic minority populations, need to be addressed.
- Some community, voluntary, faith and social enterprise groups represent particular ethnic minority populations, but they mostly lack resources and are often either marginally involved or not involved at all with the design or delivery of interventions by local governments and public services in London.

There are differences around public safety by ethnicity. Black residents don't feel as safe than other minority ethnic groups. Young people of Middle Eastern descent have the most difficulty accessing training and employment and Black young people find it most difficult to access mental health services.

Waltham Forest Council stakeholder

Advocacy is a major issue. Women from other cultures struggle with their confidence, are less likely to have friends, and the language barrier is a massive issue. We need to give them advocates - help them.

Waltham Forest VCFSE sector

Structural racism is deeply embedded within social, economic, cultural and environmental systems in the UK, as in many other countries. There are many dimensions to racism, including in cultural, political and socioeconomic arenas that determine health outcomes, and they include experiences of individual, institutional and structural racism. These experiences lead to exclusions that result in a range of poorer outcomes in key social determinants of health for many ethnic minority populations.

In an IHE report produced for the Pan American Health Organization region, we addressed structural racism in the context of the COVID-19 pandemic and against movements for racial justice worldwide in the wake of the murder of George Floyd. We suggested that if the social determinants are the 'causes of the causes' of ill-health, then structural racism could be considered as one of the 'causes of the causes of the causes'. It is due to structural racism that ethnic minority populations may face discrimination and disadvantage in each of the determinants discussed elsewhere in this report (351). Racism is part of the public health crisis and '(p)ublic health interventions must account for the structural racism that produces racialised health outcomes' (352).

HEALTH AND ETHNICITY

The relationship between ethnicity and health in the UK is complex. While most ethnic minority populations have longer life expectancies than White Britons, people from some populations, especially Pakistani and Bangladeshi populations, are more likely to report being in poor health and to have shorter disability-free life expectancy. Maternal mortality in the first year after giving birth, while rare, is nearly double for Asian women compared with White women, and over four times higher for Black women (353). There are reports of higher rates of poor mental health among many ethnic minority populations and also worse access to and outcomes from health care services.

COVID-19 AND ETHNIC INEQUALIITES

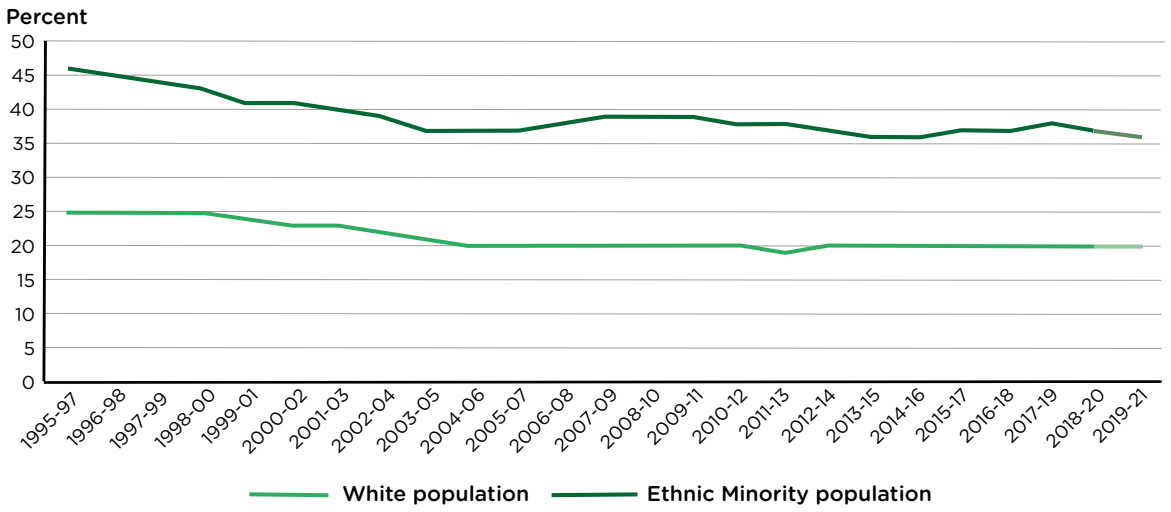
The COVID-19 pandemic exposed and exacerbated pre-existing health inequalities, including inequalities between ethnicities. As noted earlier in the report, mortality from COVID-19 in England for Black and Asian populations was double that of their White counterparts. While there was variation through the multiple waves of infection and the variants of the virus, higher mortality among some ethnic minority populations was observed consistently throughout the pandemic (71). Contributing factors were related to geographical location, occupation, deprivation, pre-existing health conditions and household composition, although there remains some inequality that is not yet explained. People from Asian and Black ethnic groups, for example, are more likely to live in urban communities, where spread has been more rapid than in more dispersed rural communities. Pakistani and Bangladeshi populations, who experienced the highest mortality in the second and third waves and in the period characterised by the Omicron variant, are more likely to live in large, multigenerational households, also facilitating the spread of infectious disease (354). Black, Bangladeshi and Pakistani populations are also overrepresented in some occupations that were particularly at risk, including cab and bus drivers and security guards (355). People from ethnic minority populations are also more likely to have suffered other negative effects of the pandemic, including financial loss and poorer mental health (356) (357).

RACISM, DISCRIMINATION AND IMPACTS ON THE SOCIAL DETERMINANTS OF HEALTH

Crucially for health, people from many ethnic minority populations are more likely to live in more deprived communities compared to White populations (358). Analysis from the Runnymede Trust finds that in the UK, 37% of ethnic minority populations live in relative poverty, compared with 19% of the White population. Ethnic minority populations are currently 2.2 times more likely to be in deep poverty, experiencing extreme levels of hardship, meaning they struggle to afford everyday basics such as food and energy, than White populations and the Bangladeshi populations are more than three times as likely.

The Runnymede Trust has assessed relative poverty over the last 25 years and finds the rate had been falling but then stalled around 2006-2008. There are persistent inequalities in rates of relative poverty by ethnicity with BME communities consistently experience much higher rates. Since the 2007–08 global financial crisis, poverty rates in ethnic minority populations have stalled at around 37% with rates 17% higher than White communities, Figure 3.83 (359).

Figure 3.83. Relative poverty, by ethnicity, UK, 1995/97-2019/21

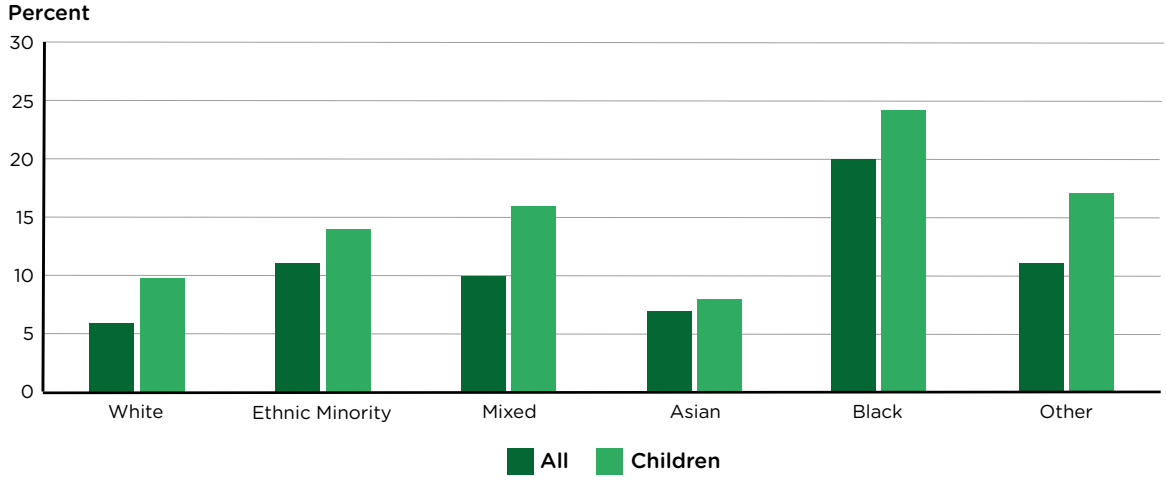


Source: *Department for Work and Pensions and Runnymede Trust (359)*

Child poverty disproportionately affects some ethnic minority populations. Children of Pakistani, Bangladeshi, Mixed, Chinese and Black ethnic backgrounds are all more likely than White British children to live in low-income households. There are also inequalities in educational outcomes by ethnicity, which interact with poverty and deprivation, though, on average, children from some Asian ethnic populations perform better in school than all other ethnicities (198).

Figure 3.84 shows in the UK, the level of food insecurity for ethnic minority populations is considerably higher than for White people.

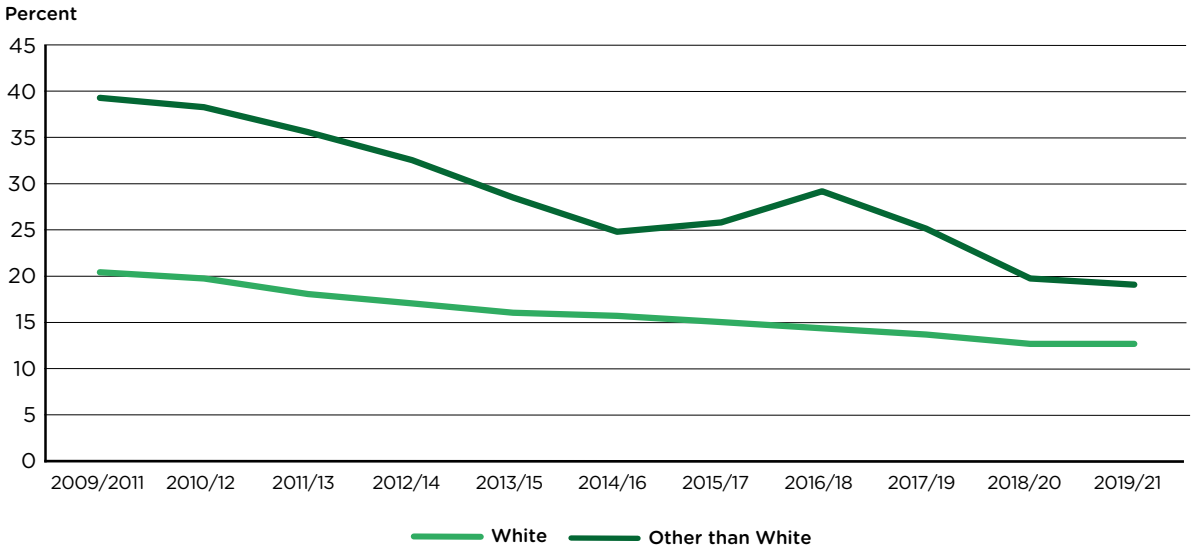
Figure 3.84. Food insecurity by ethnicity, UK, 2020/21



Source: *Department for Work and Pensions and Runnymede Trust (359)*

Ethnic Minority households in England are also more likely to be in fuel poverty than White households (Figure 3.85) and also more likely to be in more severe forms of fuel poverty (360). This is partly explained by the increased rates of poverty in ethnic minority households. Analysis from the Runnymede Trust shows the universal interventions introduced to reduce fuel poverty, such as the Energy Price Guarantee and energy rebate, will disproportionately benefit higher income households and White households. They estimate these two measures are likely to reduce fuel poverty rates amongst White people by 53% in the winter of 2022, but by 35% for ethnic minority people (359).

Figure 3.85. Percentage of households in fuel poverty, by ethnicity, 2009/11-2019/21

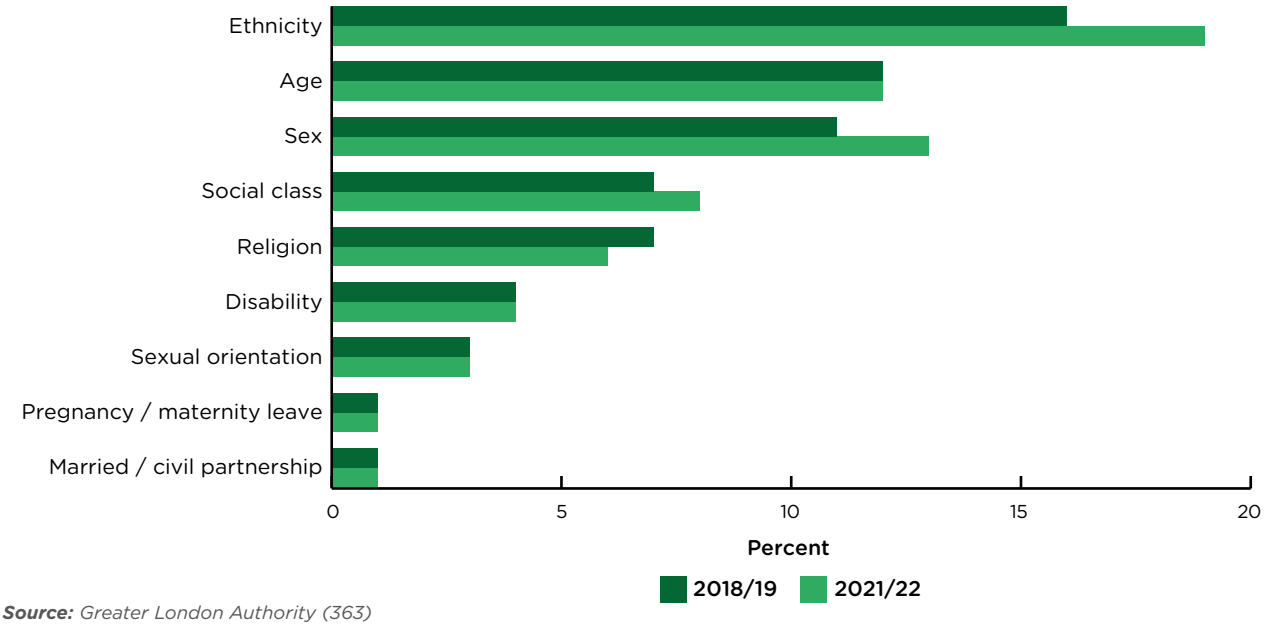


Note: *Department for Business, Energy & Industrial Strategy labels.*

Source: *Department for Business, Energy & Industrial Strategy (361)*

Unemployment rates among Pakistani and Bangladeshi, mixed and black ethnic groups are more than double the Great Britain average (362). For those in employment, ethnicity also impacts on work. Figure 3.86 shows that Londoners were more likely to be treated unfairly at work because of their ethnicity than any other characteristic, and that this kind of treatment increased between 2018/19 and 2021/22, according to data from a Greater London Authority survey. In 2021/22, of those Londoners surveyed who said they were treated unfairly at work, they were most likely to report ethnicity as the characteristic that caused them to be treated unfairly (19%), followed by sex (13%), age (12%), social class (8%) and religion (6%). Reported discriminatory treatment due to ethnicity increased by 3% between 2018/19 and 2021/22.

Figure 3.86. Percent of Londoners reporting being treated unfairly at work by characteristics, 2018/19 and 2021/22



Source: *Greater London Authority (363)*

Rates of overcrowding are also higher for ethnic minority households – just 2% of White British households are overcrowded compared with 15% of Arab households, 16% of Black African households, 18% of Pakistani households, and 24% of Bangladeshi households in the UK (353).

While 74% of Indian households and 68% of White British households own their own home, this falls to only 20% of Black African households, and 17% of Arab households. When broken down into age groups, in every group White British people are more likely to own their own homes than all ethnic minority populations combined (364).

The NHS depends enormously on ethnic minority populations, at all levels. More than one in five NHS staff, 22%, are from ethnic minority populations, and 27% of NHS staff in London were born outside the UK (365) (366). However, despite the numbers of ethnic minority populations working in the NHS, across all staff levels they experience pay inequalities. Overall, Black, African, Caribbean, and Black British NHS workers earn 7% less than their White counterparts. Among support staff, Black, African, Caribbean and Black British staff earn 12% less, and among managers, Black, African, Caribbean, and Black British people earn 14% less. There are also inequalities in pay for nurses and doctors. Asian or Asian British nurses earn 8% less than their White counterparts and Black and ethnic minority doctors earn 5% less than their White counterparts (367).

SCHOOL EXCLUSIONS AND RACISM

One of the manifestations of discrimination and racism is the proportion of children and young people from ethnic minority populations who are excluded from school; it was suggested to us that this may relate to a lack of diagnosis of special educational needs due to racial stereotypes about behaviour. Section 3B showed Black pupils in Waltham Forest have the highest percentage of fixed term exclusions: they were almost three times as likely to receive a fixed term exclusion as White pupils, reflecting similar inequalities in England (368). Black Caribbean pupils also receive comparatively low grades at GCSE and A-level, are overrepresented in special education programmes, are disproportionately allocated to lower-ranked and less academically rigorous classes in schools, and are underrepresented at Russell Group universities (369). Children who are excluded from school are more likely to be exploited by criminal gangs and be attracted to the structure that gangs can bring. Gang members are five-and-a-half times more likely to have been excluded than the rest of the population. 85% of children in Young Offender Institutions have been excluded from school (370).

WALTHAM FOREST

Waltham Forest is a diverse and mixed area. Section 1 set out the ethnic composition of the borough.

In the qualitative research, residents from Black, Asian and Eastern European populations, who tend to live in the most urban and deprived areas of Waltham Forest, spoke of concerns around anti-social behaviour, crime and safety, access to green spaces, sports and leisure facilities/ services, traffic and air pollution, and access to healthcare.

In Waltham Forest local community groups such as Blossom provide a range of support to ethnic minority communities, and spaces for people from different backgrounds to meet (Box 3.28).

Box 3.28. Blossom community interest company

Blossom is a grassroots community interest company committed to tackling inequalities, working within communities in Waltham Forest and Newham. They work with all communities but are particularly focussed on people from excluded or marginalised communities that have been labelled as 'hard to reach' by other partners in the system.

Blossom works to support the local authority, NHS and other parts of the system in addressing the social inequalities and discrimination that exist within local communities. Additionally, they help to identify some of the root causes of these disparities. They act as representation for underrepresented communities to allow them to promote change and have influence on matters that affect their lives. The ability to perform this role is strengthened by the fact that those working for Blossom come from ethnic minority communities and therefore can act as a voice from within the community.

One of the services they provide in Waltham Forest is Together Cafés, held at local libraries. The aim of the Cafés is to boost social capital and promote community cohesion and interaction. The Cafés provide a safe and accessible space, helps reduce social isolation by providing somewhere for people to come together and make contact, provides opportunities for people from different cultures to meet, and helps build strong social bonds through social action, volunteering opportunities and local pride. They also deliver their 'Let's Learn' programme within the Cafés. One of the aims of this programme is to get people to understand each other's values and tackle stigma. They also provide English Skills for Life and for Work courses and digital skills learning (which they provide in a different community). The learning is delivered across local venues, including cafes, colleges and community and faith centres (371).

In our focus groups discrimination was rarely directly discussed. Instead, participants referred to racism by making statements such as 'something we have always lived with'. Participants also discussed discrimination indirectly, reflecting on their disadvantage and worse life chances.

> ***I guess we do experience discrimination, but we're used to it so don't really pay attention to it much. But it does of course affect your life. You have to work much harder for anything, like jobs and qualifications.***
>
> *Female, aged 35–54, Black group*

> ***I want to move from this area because of all the problems with the gangs, but landlords don't want tenants like me.***
>
> *Male, aged 55+, Black, lower socioeconomic group*

Black participants in the focus groups raised issues related to living in areas of high deprivation and urban areas, and talked of their experiences of discrimination, including worse access to affordable housing. They emphasised cost of living challenges and financial insecurity, with consequent impacts on health and wellbeing. Many of the Black participants were born and grew up in Waltham Forest or have lived for decades in the borough.

> ***I'm born and bred in the borough. My parents live here. But I don't feel like I belong here anymore. It is just so expensive. I can't afford to buy a sandwich here, and definitely not a house. I'd like to live in the area I grew up with family and friends, but I'm going to have to move. It makes you feel ignored, excluded from your own area. I'm priced out. It actually feels like being forced out. It's unfair. It's depressing.***
>
> *Male, aged 18–34, Black group*

The importance of community was raised by many participants. Community had different definitions: sometimes people were referring to an ethnic community; other times people spoke of Waltham Forest as a community.

> *I try to think about it more positively. I like to think about 'inclusion'. How can we make sure that people from lots of different backgrounds can access facilities, activities and services? And how can we bring people together to learn from each other, respect each other, interact and spend time with each other, and be a community? For me this is key to living in a positive society and environment, which affects your quality of life and wellbeing.*
>
> *Male, aged 35–54, Asian*

> *Sometimes I am discriminated against because of my ethnicity, but that is why I'm grateful for my community.*
>
> *Female, aged 35–44, Asian*

> *Walthamstow is very diverse, but a lot of people keep to their own communities.*
>
> *Female, 16–25, Black/Black British*

Waltham Forest has taken two significant actions to reduce racism and have placed community at the centre of its efforts. Firstly, in 2019 and 2020 the Citizens Assembly on Hate directly addressed racism in the borough (Box 3.29). Secondly, in light of the findings from the Citizens Assembly, and the impact of COVID-19 on its population, Waltham Forest Council is implementing actions to tackle structural inequalities (Box 3.30).

Box 3.29. Citizens Assembly on Hate, 2020

In 2019 Waltham Forest Council commissioned the Democratic Society to design a Citizens Assembly to identify and tackle hate in the borough. The Citizens Assembly on Hate met in February and March 2020, bringing together 45 residents who were representative of the wider community. Beforehand, a wider consultation about hate crime was held with Waltham Forest residents, communities and organisations to gather a range of evidence to be heard at the Citizens Assembly.

Over the course of five days, the Assembly heard the wider evidence, evidence from young people's feelings about hate, and from academics, experts and the police, and engaged with other boroughs and organisations to learn from best practice in the UK. They also heard from 10 people who had experienced hate crime and talked to them in small groups to gain an understanding of the real impact an experience of hate crime has on lives. The Assembly then worked together to develop a vision for Waltham Forest as a 'welcoming borough' and made the following six recommendations for tackling hate and achieving the vision:

1. Carry out a large-scale multi-media information and awareness-raising campaign.
2. Create community solidarity and prevent hate crime through effective bystander intervention.
3. Given the rise of hate crimes and incidents in London and the borough, provide support services for victims and rehabilitation services for offenders.
4. Make reporting of hate crime easier; use data to enable the effective allocation of resources, identify hot spots and inform the location of safe zones.
5. To support and deliver all the recommendations from the Citizens Assembly, institutions must: provide adequate and sustainable resourcing; give clear leadership direction; review policies and processes that impact on hate crime and incidents, and work with a broad, nuanced definition to ensure action is taken against all discrimination and prejudicial behaviour including that which may not fully constitute a hate crime or hate incident.
6. Educate and empower young people in the community to recognise hate, with appropriate tools to reduce hate, to ensure a better future for all.

Under each recommendation there were action plans detailing what needs to happen, who needs to be involved and the benefits that would result from following the recommendation. Additionally, the Council encouraged accountability for itself and other parts of the system by creating a Citizens Assembly panel to report quarterly on how they are working on achieving the recommendations. It has already started to work towards the goals, including providing an initial £150,000 and developing a programme called 'No Space for Hate' (372) (373).

Box 3.30. Putting communities at the centre of tackling racism and structural inequalities

Waltham Forest is working with local residents to develop its Equality, Diversity and Inclusion (EDI) Strategy to tackle structural inequalities. The project is focussed on improving quality of life and how people are able to make a living after the COVID-19 pandemic. While supporting many who face structural inequalities, the project will target additional interventions at six groups that require the most support: Black men, disabled people, migrants, including refugees and asylum seekers, older residents, South Asian women and young people.

The process has involved: publishing a 'State of the Borough' report – outlining the structural inequalities and injustices faced by residents in Waltham Forest and the scale of the challenge based on a review of over 100 documents; engaging with 550 residents through workshops, face-to-face sessions and an online survey, to understand the experience of residents from groups who face the most structural inequalities in Waltham Forest; and an EDI Making a Living summit with 32 participants from key target groups held over three days to identify solutions and empower participants to create 15 recommendations for the Council to deliver (see Table 3.2 for outcomes and responses from the summit).

The Making a Living Strategy and full action plan will be launched in 2022/23. The Council intends to review the progress of the project upon development of the action plans (154).

Table 3.2. Recommendations from summit participants to tackle structural inequalities

BUILDING INCLUSIVE WORKPLACES		
1	Introduce reasonable adjustment passports.	**Waltham Forest (WF) will:** ✓ Implement reasonable adjustment passports for staff by the end of 2022.
2	Facilitate flexible working.	**WF will:** ✓ Look at how to encourage other employers in the borough to enable flexible working.
3	Make job adverts and application forms available to all by making digital and hard copies.	**WF will:** ✓ Explore co-designing job application processes with the community. ✓ Publish the Digital Inclusion Strategy, aimed at ensuring everyone in the borough has the skills, tools and support to thrive digitally. ✓ Draft the WF Customer Experience strategy, enabling residents to have excellent experiences in engaging with the Council at each part of the customer journey and receiving information and support in a format that aligns with their needs.
4	Consult with all staff to get their input for creating all-inclusive workplaces, including future proofing, acoustics, lighting, heating, accessibility, braille, inclusive toilets.	**WF will:** ✓ Run an annual Future Leaders programme, supporting staff from under-represented groups into leadership and management. ✓ Consult with the Safe Spaces champions in the Council to identify opportunities to continuously improve the inclusivity of our workspaces.

DEVELOPING GOOD QUALITY JOBS FOR ALL		
1	Improve transport and public transport accessibility, affordability and parking so that more employees can access jobs in the borough and more customers travel to local businesses, leading to more sales, growth and economic opportunities.	**WF will:** ✓ Look at providing support for people receiving unemployment benefits so that the cost of attending interviews is not a barrier to work. ✓ Consider lobbying the Government and Greater London Assembly to change policy so that all job seekers have free travel.
2	Encourage and support the creation of local internships, apprenticeships and enterprise programmes, and map and coordinate existing ones, to produce a clear online and in-person (within community hubs) directory for people to use. These programmes should be for everyone, but also with a large number specifically for marginalised and under-represented groups, as well as those that aim to fill gaps within the community's needs.	**WF will:** ✓ Launch an online hub for young people to access opportunities. ✓ Work with residents to inform the detailed Making a Living action plan. ✓ Review how support programmes can reach those who need them most. ✓ Continue to build WF jobs programme and pipeline for 2022/23.
3	Tailor employment support programmes to different needs, for example for older people, those going back into work and young people.	**WF will:** ✓ Run the Fair Deal Jobs Programme: aiming to engage 3,500 residents and support 350 into work placements, 300 mentoring opportunities, and to train 2,000 residents in employment skills.
4	Develop Council-funded mental health training for local employers in partnership with mental health services, so that employees can better support employees. This will include information packs for all employees, advice on enabling people to work from home, and testimonies from people with lived experience.	**WF will:** ✓ Promote the Mindful Employment Charter to partners and stakeholders.

LEARNING, ADVICE AND SKILLS SUPPORT FOR THOSE WHO NEED IT MOST		
1	Create a physical local building hub that provides tailored support to meet the diverse needs of the wider community and empower people to access skills, support and interests that can lead to social inclusion and/or employment.	**WF will:** ✓ Pilot targeted drop-in sessions, with multiple services that enable residents to make a good living to visiting community spaces such as libraries or voluntary and community sector venues.
2	Create dedicated youth hubs that help young people and help employers to take on young people on employment programmes that are paid, are advertised well and equip young people with life skills and knowledge that are essential to the progression of their future. This could be face-to-face and through social media, with online integration.	**WF will:** ✓ Launch an online hub for young people to access employment opportunities. ✓ Begin a feasibility study for delivering four dedicated youth hubs for the borough.
3	Evaluate the wants and needs of under-represented groups, by signposting to relevant organisations, by ensuring the signposting is a success through monitoring and evaluation and ensuring members of the community get adequate support without bias.	**WF will:** ✓ Continue to commit to improving services through resident engagement. ✓ Work with residents and local businesses to map the local economy. ✓ Establish a Digital Inclusion Strategy and Action Plan, following engagement with at least 600 residents. ✓ Commit £2m to helping families in housing need.

CREATING A CARING AND FAIR SYSTEM		
1	Create a safe space where residents, especially those who are marginalised or vulnerable, can access a wide range of services and resources.	**WF will:** ✓ Open a new Families and Homes Hub at Wood Street in 2024. ✓ Pilot targeting drop-in settings with multiple services in one place.
2	Change the Council's systems for accessing information and services so that people who are digitally excluded and/or housebound can easily access all Council services.	**WF will:** ✓ Identify barriers to accessing frontline Council services, phonelines and libraries that people who are digitally excluded or housebound face. ✓ Review how jobs are advertised within the Council, both online and physically.
3	Put in place a system (with policies) that is fair for all employees towards hours, leave and makes it easier to raise issues regarding work conditions, across all sectors for marginalised groups – to include the whole community, new and old.	**WF will:** ✓ Review how the Council supports other organisations within the borough to ensure all employees are treated fairly and equitably. ✓ Support 2,600 Council staff to take part in a training programme that aims to create a culture of inclusion, and ensure the Council is a safe space.
4	Community spaces are visited by Council workers to engage with people who are prevented from, or unable to, leave their homes due to coercion or domestic violence to highlight available services rather than expecting those people to come to the Council.	**WF will:** ✓ Go into the community to provide support and drop-in advice for domestic abuse survivors, through the Violence Against Women and Girls (VAWG) partnership. ✓ Look at existing examples of bringing community services under one roof to discover what works best for WF residents.

RECOMMENDATIONS: TACKLE DISCRIMINATION, RACISM AND THEIR OUTCOMES

a) NHS, public service and local authorities to develop indicators related to equity of access for all services in Waltham Forest and commit to improving performance against them.

b) All employers to gather data on their workforce by employee ethnicity and pay and grade. All employers to communicate and publish how they meet equality duties related to ethnicity in recruitment and employment including pay, progression and terms.

c) Interventions to support more deprived communities to be designed and delivered with an ethnicity/structural racism lens.

d) Involve VCFSE sector organisations and networks tackling racism in businesses and the public sector, and support excluded groups from ethnic minority communities into good employment.

e) All services, including health, social care, education and criminal justice, to make explicit commitments towards tackling racism and discrimination and reducing unequal outcomes due to ethnicity and work with local minority communities and relevant VCFSE sector in the design of services.

NATIONAL ADVOCACY

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

3H. PURSUE SUSTAINABILITY AND HEALTH EQUITY TOGETHER

KEY MESSAGES

- Tackling climate change and health inequalities in unison is vital so that efforts to reduce health inequalities do not damage the environment and efforts to improve the environment do not damage equity.
- Harm to health from climate change will affect communities living in the most deprived areas the most.
- Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst-off who also bear the costs of remedying the problem.
- Waltham Forest's Mini-Holland project has proved beneficial to the environment and to health.

AIR POLLUTION

- Waltham Forest has a slightly higher mortality attributable to particulate air pollution than the London average.
- Waltham Forest has relatively low carbon dioxide emissions compared with its statistical neighbours.

There are direct and indirect impacts of climate change to mental and physical health and unequal impacts that deepen health inequalities. As the climate warms and the incidence of extreme weather events such as intense rainfall increases, harm to health from climate change will increase too and, in the future will affect people who live in the most deprived areas the most (374). Many of the actions to reduce greenhouse gas emissions will also improve health as a co-benefit and reduce existing health inequalities, for example, by improving local air quality. However, there is potential for interventions such as phasing out petrol and diesel cars that would widen inequalities (374). There must be an equity focus as well as a harm reduction and mitigation focus in interventions and policies to reduce the effects of climate change.

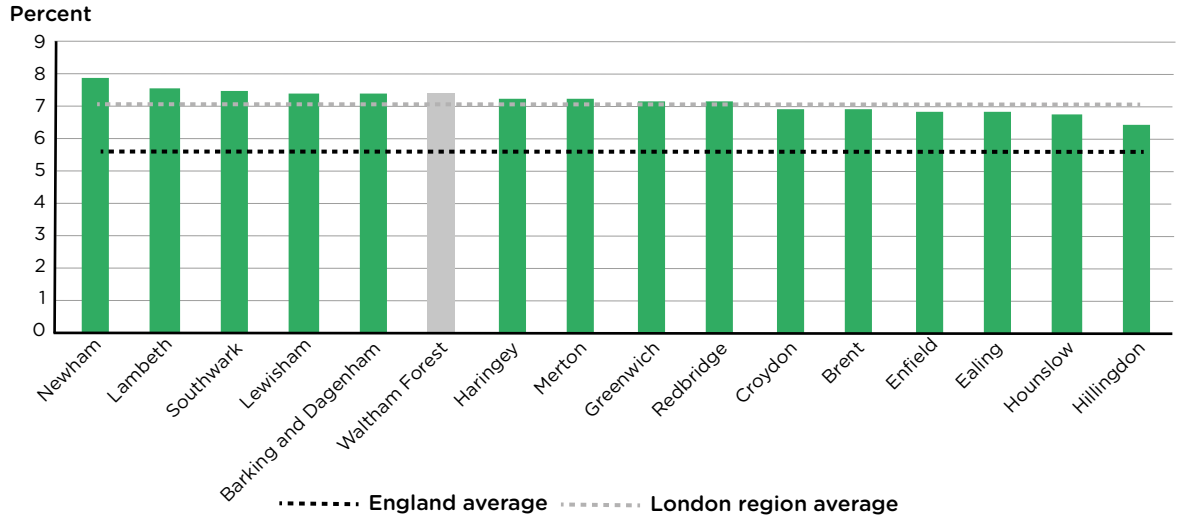
AIR POLLUTION

Measures to reduce local air pollution include switching to electric vehicles, increasing rates of public transport and encouraging active travel (walking and cycling). These are also beneficial to health because they can reduce obesity and increase physical activity and because they reduce direct health harm from breathing in polluted air. (They also reduce greenhouse gas emissions – see later in this section.)

Air pollution is bad for health and unequal. On average, air pollution levels (nitrogen dioxide and PM2.5) are worse in areas of highest deprivation. At local levels, efforts to reduce greenhouse gases and improve air pollution are mainly concerned with reducing vehicle use and increasing active travel and public transportation, for example through Low Emissions Zones (375). This is a clear example of where health equity and policies to reduce harm to the environment are mutually beneficial.

Figure 3.87 shows Waltham Forest has a slightly higher mortality (7.4%) attributable to particulate air pollution than the London average, and higher than the average across England of 5.6%. Health harm related to air pollution, including respiratory disease and cardiovascular disease, will be high as a result. As such, air pollution is likely to be a significant contributor to inequality in health and life expectancy across the borough.

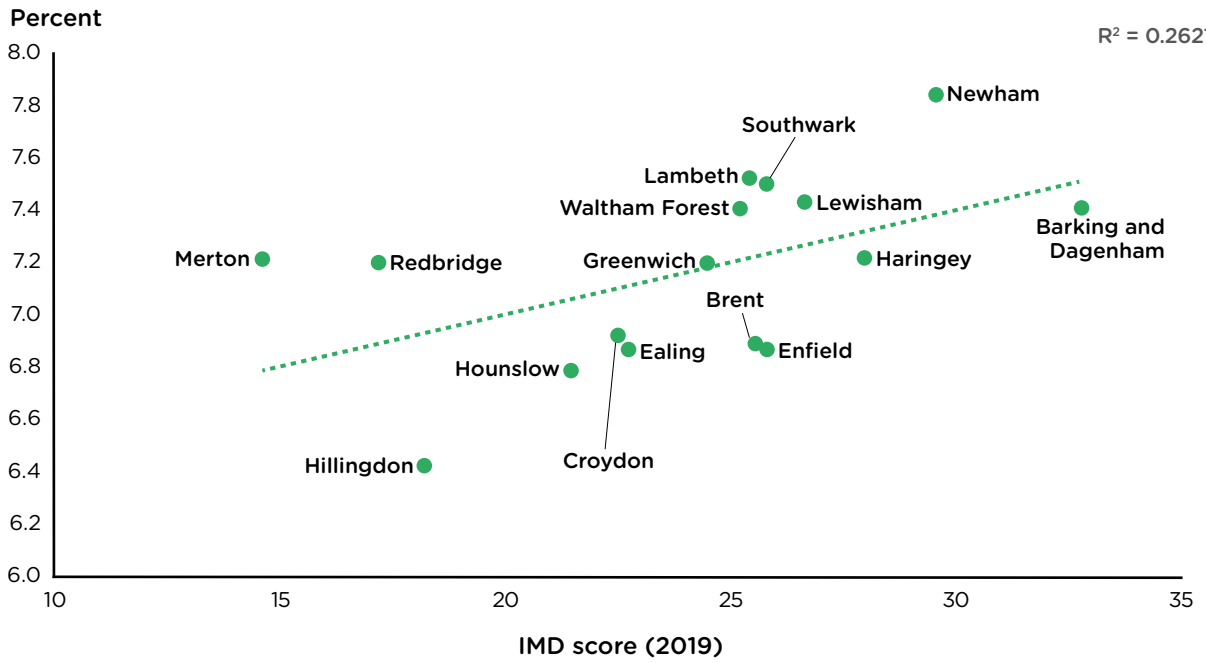
Figure 3.87. Percentage of mortality attributable to particulate air pollution, Waltham Forest and CIPFA nearest neighbours, London and England, 2020



Source: *Department for Environment, Food & Rural Affairs (376)*

While we cannot assess inequalities in the effects of air pollution on health related to deprivation within Waltham Forest, it is highly likely that mortality attributable to air pollution will be much higher in the more urbanised areas in the southern part of the borough. Figure 3.88 shows the strong relationship between deprivation and mortality attributable to air pollution in Waltham Forest compared with its statistical neighbours. As deprivation increases, the impact of air pollution on mortality also increases.

Figure 3.88. Percentage of mortality attributable to particulate air pollution, and level of deprivation (IMD 2019), Waltham Forest and CIPFA nearest neighbours, 2020



Source: *OHID analysis of DEFRA data (377)*

The Mini-Holland scheme in Waltham Forest, introduced in 2013 as part of the Mayor of London's Healthy Streets approach, has been shown to increase rates of active travel (see Box 3.31). The scheme was indirectly mentioned by a number of Waltham Forest residents who supported the efforts of the borough to reduce air pollution but also raised concerns about the continuing impact of poor air quality on their physical health, which some attributed to the scheme itself.

> ***Air pollution is affecting my asthma really badly. I've also got COPD. It's all got worse since they closed all these roads and now have lots of traffic. The traffic that used to go down side roads now all just goes down the main road. It's seriously affected my health, both physically, which then gets you down mentally.***
>
> *Male, aged 35–54, White, long-term limiting health condition*

> ***Air pollution in the borough is terrible. You can smell it, see it and taste it.***
>
> *Female, aged 35–44, Mixed ethnicity*

> ***My main concern regarding public health would be air pollution within the borough. I think that some of the low traffic network areas are fantastic, and have given some parts a real boost – nicer environment, better use of outside space for smaller businesses – but this has channelled traffic to already congested main roads.***
>
> *Male, aged 35–44, White*

Whilst residents stated their belief that air pollution had deteriorated, research commissioned by Waltham Forest council found the opposite. Looking at the effects of shifting the school run from car journeys to bicycles, walking and public transportation, researchers from King's College London estimated the number of households exposed to dangerous levels of nitrogen dioxide fell from 58,000 in 2007 to 6,300 in 2017. They also estimated life expectancy in Waltham Forest would increase by around 1.5 months by 2020 if air pollution concentrations continued to improve (378).

Box 3.31. Mini-Holland scheme

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

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

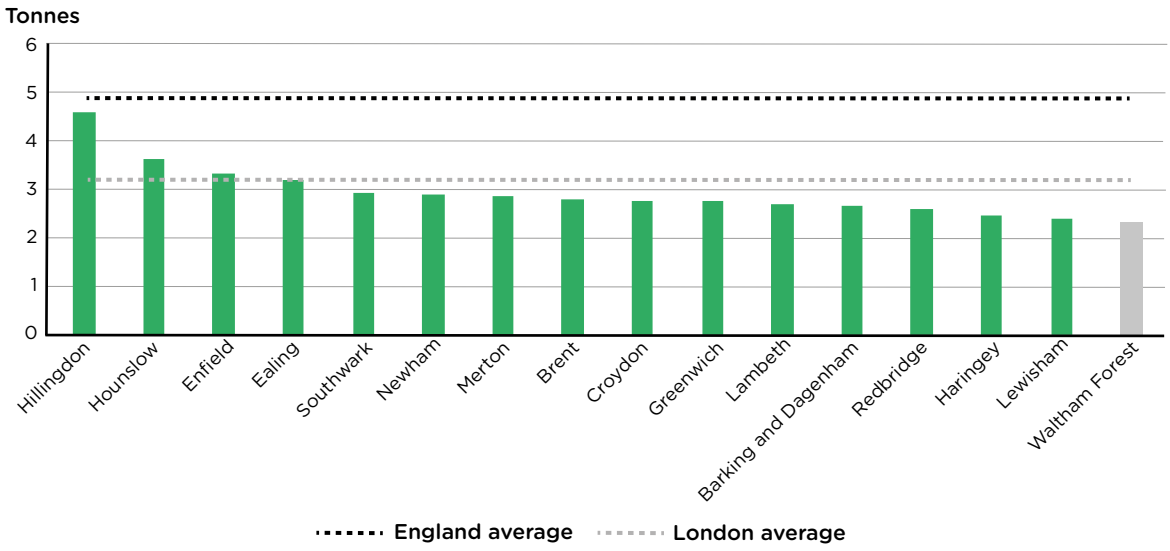
Findings so far indicate that this has had an impact on active travel in the borough, particularly in 'high-dose' areas where there has been an increase in average time spent of 41 minutes per week of active travel cycling and a statistically significant increase in participation in cycling. People in these high-dose areas, who are directly affected by the interventions, are 13% more likely to spend at least 150 minutes a week walking or cycling compared to areas without the Mini-Holland scheme (379).

GREENHOUSE GAS EMISSIONS

Energy use in homes accounts for about 15% of UK greenhouse gas emissions (including from electricity consumption) (380). The UK Climate Change Committee states greenhouse gas emissions from existing homes are not falling, as policy is not driving uptake of energy efficiency or low-carbon heating (381).

Compared with England, London and its statistical neighbours, Waltham Forest had relatively low carbon dioxide emissions per capita in 2019 (Figure 3.89).

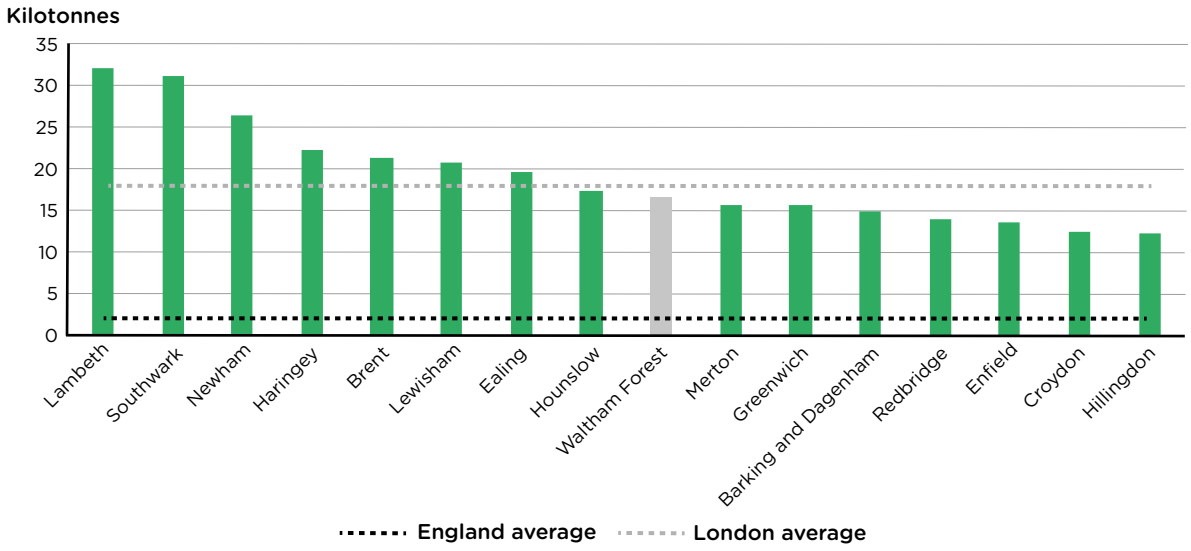
Figure 3.89. Carbon dioxide emissions (tonnes) per capita, Waltham Forest and CIPFA nearest neighbours, London and England, 2019



Source: *Department for Business, Energy & Industrial Strategy (382).*

While carbon dioxide emissions per head are relatively low, they are closer to the average for London and much higher than the English average when considering emissions per square kilometre (Figure 3.90).

Figure 3.90. Carbon dioxide emissions (kilotonnes) per square kilometre, Waltham Forest and CIPFA nearest neighbours, London and England 2019



Source: *Department for Business, Energy & Industrial Strategy (382)*

In the UK approximately 20% of homes overheat in summer, even in cool summers. In 2018 the Government's own research concluded all new build homes are at risk of overheating (383). In our meetings, locals spoke of new housing developments in Waltham Forest overheating during the 2022 summer heatwave and that these new residents were calling for air conditioning in new housing. Building regulations introduced in the summer of 2022 require developers to have an overheating strategy, with input from specialists. As recommended by the Climate Change Committee, standards for overheating are needed, including passive cooling measures, and regulations around ventilation must evolve to keep pace with improvements in the energy efficiency of buildings (381).

There are co-benefits / positive side-effects of addressing climate change (374). The most effective policies focus on whole-house approaches, improving insulation, heating and ventilation as well as influencing behaviours and lifestyles (384). The IHE report *Fuel Poverty, Cold Homes and Health Inequalities in the UK* showed retrofitting existing houses (e.g. improving insulation, fitting double-glazing, etc) will improve housing standards and reduce greenhouse gas emissions as well as improve health outcomes and reduce inequalities (385).

RECOMMENDATIONS: PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

a) Ensure that the health equity, wellbeing and environmental sustainability are the basis of Waltham Forest's local economic policy.

b) Establish regular meetings between inequality and sustainability leads in the NHS, local communities, the VCFSE sector and local authorities to monitor net-zero policies for equity impacts.

c) Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity first.

NATIONAL ADVOCACY

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

CHAPTER 4

A HEALTH EQUITY SYSTEM FOR WALTHAM FOREST

The work between IHE and Waltham Forest has engaged with stakeholders across the borough, including the local authority, the VCFSE and private sectors, healthcare and other public services and the community. These are the key system partners and many of the recommendations and proposals we make in this report are based on discussions with these partners; together with residents, they comprise the health equity system. Implementation of the recommendations outlined by Marmot theme in Section 3 requires system collaboration and leadership: these partners need to work with a common goal and shared sense of purpose to improve health equity.

In setting out how a health equity system can function in the borough, we start with outlining how to develop a health equity system in Waltham Forest to ensure the most effective leadership, partnerships and investments in health equity. The second part of the section outlines the actions that stakeholders in Waltham Forest can take – including healthcare organisations, the local authority, businesses and the economic sector, public services, communities and the VCFSE sector.

4A. THE HEALTH EQUITY SYSTEM IN WALTHAM FOREST

KEY MESSAGES

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

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

LEADERSHIP AND OVERSIGHT

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

PARTNERSHIPS

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

RESOURCES

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

In Waltham Forest, the public health department is the lead organisation addressing health inequalities. Though it works with a range of sectors, the sectors and organisations that have a role in improving health equity are quite separate from one another and health equity has not been taken forward as a priority across the system. In our many conversations participants spoke of the need for stronger partnerships within organisations and between the NHS, local government, businesses and the VCFSE sector and communities. Organisational and system-wide leadership on health equity needs to be strengthened. Components of this leadership include ensuring that the organisation has equity at the heart of all its own operations as well as the interventions and policies it leads.

HEALTH EQUITY SYSTEM LEADERSHIP AND OVERSIGHT

Strong leadership on health equity is essential for action on health inequalities. This is the case for all the organisations that have a role in creating and reducing health inequalities. Such systemwide leadership is urgently needed. In order to develop leadership and oversight involving all the partners in Waltham Forest, we propose that the Waltham Forest Marmot Advisory Board becomes the Waltham Forest Health Equity Board and oversees the development of an implementation plan based on the findings and recommendations in this report. The implementation plan should identify lead organisations for each action we propose, a timeframe (short and long) and associated indicators for monitoring.

The new Waltham Forest Health Equity Board would provide oversight of the implementation of agreed recommendations and oversee progress on reduce health inequalities. It would contribute to strengthened accountability for health inequality at senior levels in the NHS, local authorities and public services.

STRENGTHENING PARTNERSHIPS FOR HEALTH EQUITY

> ***It's not just a health provider challenge – it's about partnerships.***
>
> *Waltham Forest NHS stakeholder*

> ***Everybody is siloed in the borough...Better partnership would be one of the most major changes that could happen in the borough.***
>
> *Waltham Forest VCFSE sector*

As outlined, reducing health inequalities requires robust partnerships between sectors and organisations that have an impact on health. As set out, these sectors and organisations include local government, public services including healthcare, the VCFSE sector, businesses and communities. There must be a central focus on equity and the social determinants of health and on developing the necessary mechanisms to support such partnerships.

Across Waltham Forest there has been great support for a plan on the social determinants of health that involves all the partners in the system. While this report and the associated action plan is a start, an operational strategy requires engagement and commitment from all the partners. The borough recognises that no single agency alone can reduce inequalities.

The partnerships between local government, particularly public health, and the NHS are especially important but are not sufficiently strong or harmonious in every case. We suggest a Director of Partnership is appointed at Board level within the ICS to support the development of new and stronger partnerships. More broadly other public services, including schools, transport, housing and the criminal justice system, have enormous impacts on health and the social determinants of health and need to be more centrally involved in efforts to improve health and reduce health inequalities. Such actions will also support better outcomes in each sector - for instance reducing inequalities in education. A housing and health lead in Barts Health is needed to provide additional momentum and focus on the role of the NHS in aligning with and advocating for improvements to housing quality and affordability in the borough.

The VCFSE sector and communities are not often involved in work on health inequalities or in discussions among statutory organisations and local government yet the VCFSE and business sector are essential partners; these relationships thus need to be improved (see further in Sections 4D and 4E). Businesses and the economic sector have not been involved in plans for improving health equity, despite having a vital role in shaping health. This needs to change.

INCREASED AND MORE EQUITABLY DISTRIBUTED RESOURCES

As this report and others have pointed out, in the last 12 years funding for public services in the UK has significantly declined, even as needs have increased. With these cuts, local authorities have been less able to take action on critical social determinants of health – and cuts have been far greater in more deprived areas than wealthier ones, further increasing inequalities (as covered in Section 1). An increase in resources is urgently needed to reduce health inequalities and to fund action on the social determinants of health, but recent spending and announcements about future funding levels are undermining the possibilities.

Since 2010 funding for local authorities has decreased. The National Audit Office shows local government spending on non-social care services in 2019/20 was 25% lower in real terms than in 2010/11 (34). Waltham Forest local government funding declined and overall spending power decreased by 30% between 2010 and 2020. Table 4.1 shows the range of local government funding spending cuts between 2010/11 and 2022/23. There have been enormous declines in many sectors vital for health including education, highways and transport and planning and development.

Table 4.1. Net expenditure Waltham Forest (thousands)

	2010/11	2022/23	Difference between 2010/11 and 2020/23
Cultural and related services	£9,720	£9,052	-7%
Education	£272,858	£232,685	-16%
Highways and transport	£15,660	£5,913	-90%
Planning and Development	£6,857	£1,927	-112%
Adult social care	£110,262	£85,835	+27%
Child social care		£59,245	

Source: *Ministry of Housing, Communities & Local Government, Department for Levelling Up, Housing and Communities (386) (387)*

While there has been some focus on increasing the level of spending on prevention within the NHS and public health, this 'prevention spend' is often not the same as spending on the social determinants of health. Prevention is often conceived as a clinical or behavioural intervention, which evidence shows will not reduce inequalities in health on anything like the scale required. The spending on prevention and on reducing inequalities needs to be mapped and must relate to deprivation, and a significant proportion must be allocated to organisations that are working to achieve improved and more equitable outcomes in the social determinants of health.

Overall, investments for communities and the VCFSE sector need to be increased.

> ***We need to shift funding into the community.***
>
> *Waltham Forest NHS stakeholder*

> ***Prior to Covid we were below the median for northeast London for community investment. We didn't really have a proactive model of care.***
>
> *Waltham Forest NHS stakeholder*

To take action on the social determinants of health, healthcare organisations need to make investments. The social justice, efficiency, demand and cost cases to do this are clear and there is increasing evidence on what healthcare organisations can do, but the money needs to follow, as recognised by healthcare stakeholders. Strengthening partnerships with the VCFSE sector, local authorities and employers in Waltham Forest takes time and resources. While all healthcare organisations are under enormous cost and demand pressure, there is such a strong case to resource population health improvement and reducing health inequalities. We therefore propose that individual trusts increase their investments.

> ***Business case says if we intervene early we can reduce non-elective activity. Shift the activity you need to resource this into communities. Although the situation is dire in the NHS you need to do something to try and reduce demand and improve health. The uplift to NHS, we could allocate to the Social determinants of health.***
>
> *Waltham Forest NHS stakeholder*

> ***There is a history of underinvestment in mental health, community services and overreliance on acute settings because too many people are ending up in crisis and do not have access to interventions earlier which would prevent overdependence on acute services.***
>
> *Waltham Forest NHS stakeholder*

There are several existing weighted resource allocation formulae that adopt a proportionate universal approach. The Lancashire and South Cumbria weighted funding formula, described in Box 4.1, is leading by example, designed to ensure that funding is allocated according to level of need – to be proportionate and equitable. This formula should be applied to other service resource allocations, within the NHS and beyond.

Box 4.1. Lancashire and South Cumbria weighted funding formula

The Lancashire and Cumbria weighted funding formula (formerly the Morecambe Bay funding formula) is helping to lead efforts in England to ensure funding for primary care is more equitable. The weighted funding formula was developed in an attempt to allocate resources to better reflect the inequalities faced by local communities and to allocate resources to the areas that need it the most. The formula is based 50% on the Carr-Hill formula and 50% on the proportion of the population living in the 20% most deprived areas. The purpose of the Carr-Hill formula is to create fair funding allocations based upon the cost of providing services for a given population and their respective needs. The formula is based on a number of variables including: patient age and sex; additional needs of patients; and rurality. Research shows the formula is 'very unlikely' to benefit areas with worse levels of deprivation (388).

The 50/50 formula is designed to reflect geographical differences in local deprivation and to acknowledge the impact that COVID-19 has had on communities. Morecambe Bay CCG studied its own General Practices serving atypical populations (e.g. those that have higher levels of deprivation than the average) and looked at how other CCGs were supporting atypical populations across England. It found a number of CCGs were commissioning services for these atypical populations that had a greater need for improved access to local primary and community services in their local areas.

Currently 27% of the population health budget in Morecambe Bay is funded in this way and Morecambe Bay CCG is looking at other areas to apply the weighted funding formula, such as applying it to more of the population health budget or to other funding streams in the ICS, in order to better address inequalities. While there is not yet evidence the weighted formula is having an impact, current funding models have not had a beneficial effect on health inequalities. The Weighted Funding Formula will be evaluated with academic partners to measure the short-, medium- and long-term impacts on health inequalities.

The NHS has been awarded an increased funding settlement largely to cope with increased demand through the pandemic and the resulting backlogs and growing waiting lists. In February 2022 NHS England published its plan to tackle the backlog of elective care resulting from the COVID-19 pandemic. This three-year plan states services and resources should be 'distributed fairly according to clinical need' and requires local systems to analyse waiting list data by level of deprivation, ethnicity and age (389). Demand for health services is driven by inequalities and deprivation.

We propose that a proportion of this funding is directly allocated to the social determinants of health: benchmarking NHS and local authority prevention spending in 2022–23 and increasing funding for prevention by 1% above inflation each year for the next 10 years could help to address the social determinants.

MONITORING FOR HEALTH EQUITY

A health equity indicator set for Waltham Forest needs to be developed, to cover key health outcomes and social determinants based on data that is robust, timely, reliable and appropriately disaggregated. The indicators should be used to inform strategic approaches, to help prioritise actions and to develop the most effective, evidence-based approaches and monitor the impact of interventions and policies. To understand and report on health inequalities and inequalities in the social determinants of health, data that are relevant, robust, timely and disaggregated are needed. Such data are also essential to help evaluate and track the impact of policies and interventions, to identify new and emerging issues and to ensure there is accountability for health inequalities. An indicator set based on relevant data needs to be regularly reviewed and adapted to ensure continuing relevance (390).

Compared with many other countries, England has abundant data on outcomes and inequalities in health and the social determinants. Yet despite this relative abundance, there are limitations in the availability of data at sufficiently small geographical level that can capture within-local authority inequalities and also a lack of data disaggregated by ethnicity and by socioeconomic position such as income, occupation or education.

Greater Manchester and Cheshire and Merseyside have developed health equity indicator sets to establish baselines to monitor the effects of their actions to address health inequalities. Figures 4.1 and 4.2 outline the proposed 'Marmot beacon indicators' for Cheshire and Merseyside and Greater Manchester, respectively. The proposed indicator sets can help Waltham Forest develop its own indicator set on health inequalities and the social determinants of health. The monitoring framework needs to be jointly owned and shared by the key stakeholders we have described, to support an equity-focused and whole-system approach.

Figure 4.1. Marmot Beacon indicators for Cheshire and Merseyside

Life expectancy		Frequency	Source
1	Life expectancy, Female, Male	Yearly	ONS
2	Healthy life expectancy, Female, Male	Yearly	ONS
Give every child the best start in life			
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives			
5	Average Progress 8 score**	Yearly	DfE
6	Average Attainment 8 score**	Yearly	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	Fingertips, OHID
8	Staying in education or entering employment (NEETS) at ages 18 to 24	Yearly	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	DfE
Create fair employment and good work for all			
10	Percentage unemployed	Yearly	Labour Force Survey (LFS)
11	Proportion of employed in permanent and non-permanent employment	Yearly	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	ONS
Ensure a healthy standard of living for all			
14	Proportion of children in workless households	Yearly	ONS
15	Percentage of households in fuel poverty	Yearly	Fingertips OHID
Create and develop healthy and sustainable places and communities			
16	Households in temporary accommodation****	Yearly	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention			
17	Activity levels (active, fairly active, inactive)	Yearly	Active lives survey
18	Percentage of loneliness in population (often/always, some of the time, occasionally, hardly ever, never)	Yearly	Active lives survey
Tackle racism and its outcomes			
19	Percentage of employees who are from ethnic minority background and band/level***	-	NHS, local government
Tackle climate change and health equity in unison			
20	Percentage (£) spent in local supply chain through contracts***	-	NHS, local government
21	Cycling or walking for travel (3-5 times/week)	Yearly	Active lives survey

Source: *Institute of Health Equity (391)*

** Children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.*

*** Both the Progress 8 and Attainment 8 scores are proposed for inclusion. Progress 8 scores at local authority level demonstrate that schools with a negative average score require systematic intervention. Attainment 8 show the percentage achievement of school-leavers and is a more sensitive measure of annual change within schools.*

**** These indicators will require the NHS and local authorities to establish new data recording and collection methods. We have factored the social value indicators into the 2022/23 work programme to align with the rollout of the Anchor Institute Charter. They will also require definitions of 'local' in both the local supply chain and employment. All contracts, direct and subcontracted, should be analysed and included. This should be reviewed after the first year of implementation. Collecting ethnicity data related to employment should also be reviewed after the first year of implementation.*

***** To be used to demonstrate annual changes, interpretation to factor in population changes.*

ADDITIONAL ASPIRATIONAL INDICATORS IN CHESHIRE AND MERSEYSIDE

Health and wellbeing of children and young people – BeeWell is a survey of selected schools in England and includes several potential indicators.

Number of Living Wage Employers – this has been measured in Greater Manchester.

Debt and debt advice, food bank use – Citizens Advice Liverpool has been working with Liverpool Clinical Commissioning Group for a number of years and sharing data to monitor the 'Advice on Prescription' programme.

Community resilience and cohesion – Greater Manchester has carried out a series of representative surveys of its population which have provided excellent information on such difficult-to-assess factors.

Figure 4.2. Greater Manchester Marmot Beacon Indicators

MARMOT BEACON INDICATORS

Early years, children and young people

- Indicator 1: School readiness
- Indicator 2: Low wellbeing in secondary school children (#Beewell)
- Indicator 3: Pupil absences
- Indicator 4: Educational attainment by FSM eligibility

Work and employment

- Indicator 5: NEETs at ages 18 to 24
- Indicator 6: Unemployment rate
- Indicator 7: Low earning key workers
- Indicator 8: Proportion of employed in non-permanent employment

Income poverty and debt

- Indicator 9: Children in low income households
- Indicator 10: Proportion of households with low income
- Indicator 11: Debt data from Citizens Advice

Housing transport and the environment

- Indicator 12: Ratio of house price to earnings
- Indicator 13: Households/persons/children in temporary accommodation
- Indicator 14: Average public transport payments per mile travelled
- Indicator 15: Air quality breaches

Communities and place

- Indicator 16: Feelings of safety in local area
- Indicator 17: People with different backgrounds get on well together
- Indicator 18: Antisocial behaviour

Public health

- Indicator 19: Low self-reported health
- Indicator 20: Low wellbeing in adults
- Indicator 21: Numbers on NHS waiting list for 18 weeks
- Indicator 22: Emergency readmissions for ambulatory sensitive conditions
- Indicator 23: Adults/children obese
- Indicator 24: Smoking prevalence

Source: *Institute of Health Equity (390)*

Currently, data on inequalities in health is presented by public health departments through their Joint Strategic Needs Assessments and Health and Wellbeing Boards and the NHS monitors access to services and, increasingly, population health outcomes by area and socioeconomic position. But in Waltham Forest as in the rest of England, these data are largely not visible to the public or widely drawn on outside their respective organisations. Health equity indicators must also be clearly visible to the public and enable communities to hold leaders and national politicians accountable.

The process for developing an indicator must involve collaboration with partners and be developed with local information analysts and stakeholders and ultimately jointly owned between stakeholders in the region. We propose a joint working group to develop a shared indicator set for health inequalities and the social determinants in Waltham Forest.

RECOMMENDATIONS TO DEVELOP A HEALTH EQUITY SYSTEM ACROSS WALTHAM FOREST

1. **Health equity leadership and oversight**
   - **a)** The Waltham Forest Marmot Advisory Board becomes an Implementation Board and oversees development of an implementation plan, based on this report.
   - **b)** The new Implementation Board to provide oversight and contribute to strengthen accountability for health inequality at senior level in the NHS, local authorities and public services.
2. **Monitoring for health equity**
   - **a)** Develop a set of health equity and social determinants of health indicators based on reliable, regular data which is disaggregated by key characteristics, including deprivation, ethnicity, disability and sex, to be used by all sectors.
   - **b)** Assess data from the VCFSE sector which is relevant to understanding and addressing the social determinants of health.
   - **c)** Develop data sharing agreements between NHS and VCFSE sector to enable shared understanding and development of interventions to address the social determinants of health.
3. **Strengthening partnerships for health equity**
   - **a)** Develop a health equity network in Waltham Forest to include businesses and the economic sector, public services, VCFSE sector and local government.
   - **b)** Appoint a Director of Partnerships at Board level within the ICS.
   - **c)** Appoint a housing and health lead at Barts Health.
4. **Increasing and more equitably allocating resources**
   - **a)** Benchmark NHS and local authority prevention spend in 2022–23 and increase funding for prevention by 1% above inflation each year for the next 10 years to address inequalities in the social determinants.
   - **b)** Allocate health resources proportionately, with a focus on the social determinants. Develop a weighted funding formula that takes deprivation into account.
   - **c)** Increase funding for community services and the VCFSE sector.

4B. THE NHS

This section sets out how each sector or organisation can take action on the social determinants of health within their own organisation and as part of the wider health equity system in Waltham Forest

KEY MESSAGES

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

NHS TRUSTS

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

PRIMARY CARE

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

THE ROLE OF THE INTEGRATED CARE SYSTEM

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

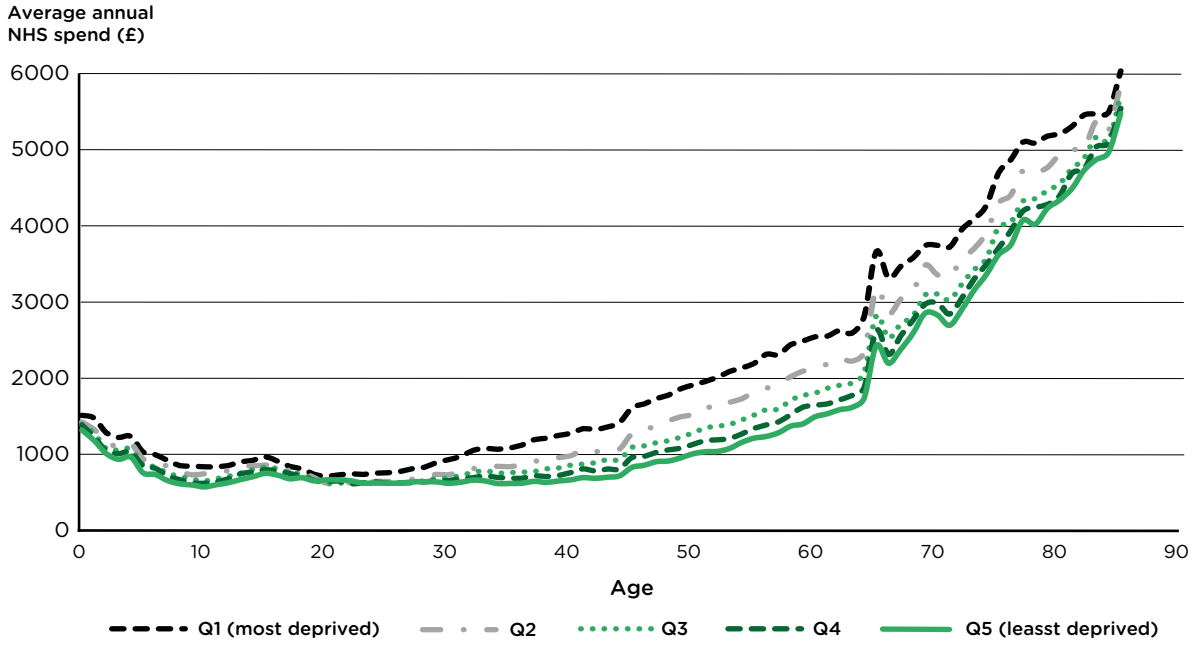
> *The NHS is wrestling with how the NHS works - but we need to make sure it is broader than health care.*
>
> *Barts Health stakeholder*

There is far more that healthcare services and those who work in them can do to reduce health inequalities and support action on the social determinants of health. There is a general willingness among those who work in healthcare do this – the workforce cares deeply about the health of the population. However, the main obstacles to action on the social determinants of health in the NHS are that it is currently overstretched and under-resourced and tackling long waiting lists is the priority across the system.

The primary reason for taking action to improve population health and reduce health inequalities is that it is the right thing to do. Inequalities that are remediable by reasonable means are unfair and unjust and harm individuals, families, communities and national development. However, the costs of treating ill health, driven by deprivation and exclusion, fall heavily on the NHS; if the NHS were able to extend action on the social determinants of health it would reduce costs and demand as well as improving health.

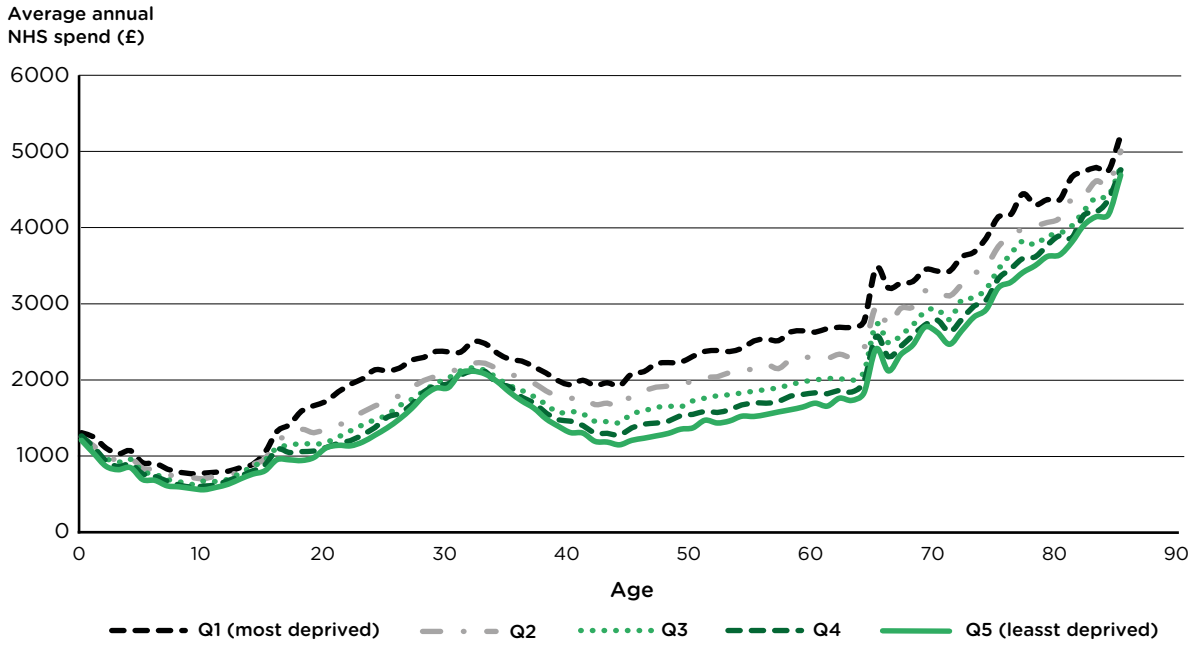
Figures 4.3a and 4.3b shows the average additional annual NHS spend in England in each neighbourhood deprivation quintile, revealing that the NHS spends considerably more on the populations living on the lowest incomes than wealthier populations, due to the effects of social and economic inequalities. Whilst this data is from 2011/12, it is indicative of the proportionately increasing costs to the NHS of providing acute care for those in more deprived areas.

Figure 4.3a. Average annual NHS spend by age and neighbourhood deprivation quintile group for females in England, 2011/12



Source: *Asaria (392)*

Figure 4.3b. Average annual NHS spend by age and neighbourhood deprivation quintile group for males in England, 2011/12



Source: *Asaria (392)*

Asaria also found and that people living in the most deprived 20% of neighbourhoods had 72% more emergency admissions and 20% more planned admissions than those living in the most affluent 20% of neighbourhoods in England (59).

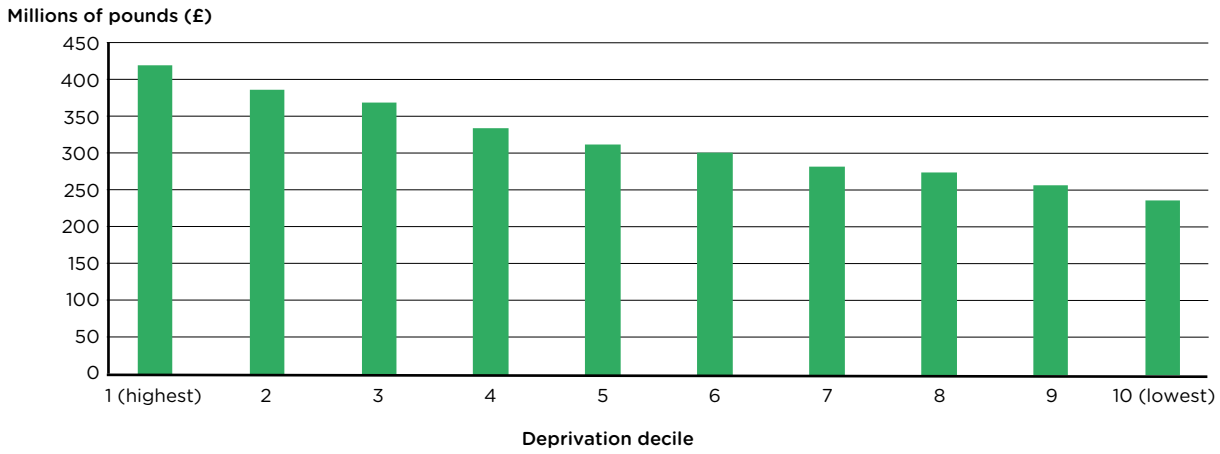
The British Red Cross analysed frequent attendance at Accident and Emergency departments and found people who live in the most deprived areas were more likely to attend frequently (five or more times a year). These people account for less than 1% of England's population yet account for more than 16% of Accident and Emergency attendances and 29% of ambulance journeys (393). Their study of high-intensive users of Accident and Emergency services suggests three areas of action to reduce demand on Accident and Emergency services:

- Providing non-clinical, specialist support (e.g. support for people experiencing homelessness and substance abuse).
- Improving access to community-based support so that people do not need to reach A&E.
- Taking action on the social determinants of health, to address the causes of high intensity use, such as poor housing and low income (393).

A separate assessment of five CCGs in England conducted in 2022 concluded that local NHS leaders should stop looking for 'simple, cheap interventions to reduce inequalities in avoidable emergency admissions' as these simply do not exist. Instead, 'long-term multifaceted interventions are required that embed inequality considerations into mainstream decision making' (64).

The cost of A&E attendances in England in 2019/20 corresponded closely to level of deprivation, Figure 4.4, with costs rising as levels of deprivation increased.

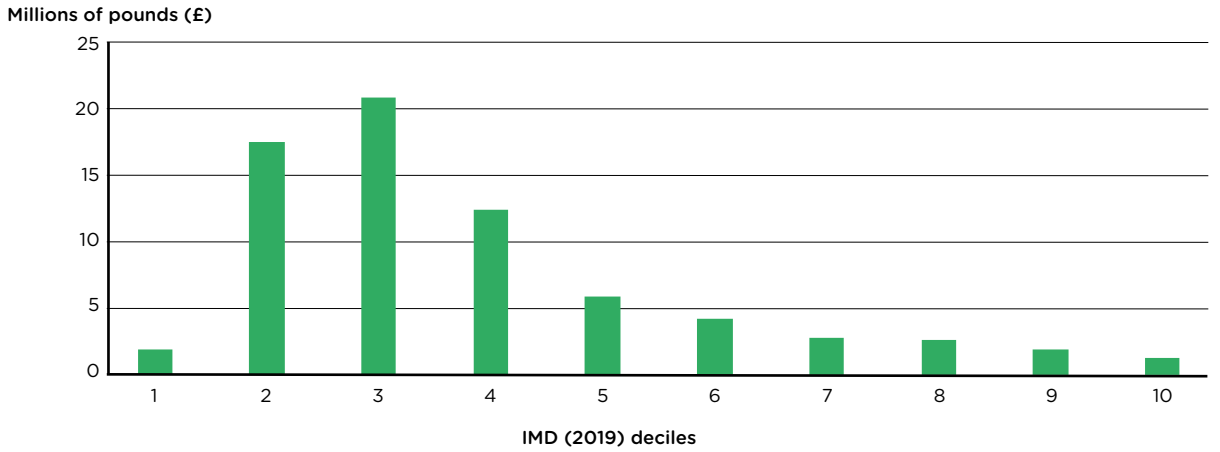
Figure 4.4. Total cost of A&E attendances, and deprivation (IMD 2019), England, 2019/20



Source: *NHS Digital (394)*

The relationship between the cost of A&E attendances for the five hospitals covered by Barts Health Care and deprivation are outlined in Figure 4.5. It is unclear why there is an unexpected low level of costs for A&E attendances in the most deprived 10% of areas in Waltham Forest (decile 1). Further analysis is warranted to suggest why this might be.

Figure 4.5. Total cost of A&E attendances, and deprivation (IMD 2019), Barts Health NHS Trust, 2019/20



Source: *NHS Digital (394)*

IHE has previously set out the potential for healthcare to take action on the social determinants and proposed how to do this (395) (396). We suggested healthcare organisations strengthen the following approaches:

- Focus on place
- Cross-sector collaboration
- Focus on population health
- Act on the social determinants of health
- Proportionate universal approaches

In relation to how the healthcare workforce can take action on the social determinants of health, two separate IHE reports, for the 22 Royal Colleges and the British Medical Association, proposed the following five areas for improving the social determinants of health:

- Education and training
- Work with individuals and communities
- Healthcare organisations
- Working in partnership
- Workforce as advocates

Both reports contain further recommendations and practical ways for healthcare organisations to improve the social determinants (395) (396).

In recognition of the central importance of the NHS in tackling health inequalities, there has been an increased focus on reducing health inequalities from national NHS organisations. The most recent approach, Core20PLUS5, is described in Box 4.2, although it focuses more on inequalities in access to healthcare services than on the social determinants of health. The approach is also mostly focused on people living in the most deprived 20% of areas in England – whereas we show that action is needed across the whole gradient in a proportionate way.

Box 4.2. The Core20PLUS5 approach, NHS England

The Core20PLUS5 approach aims to improve equity of access, experience and outcomes for the population living in the most deprived 20% of areas in England in five clinical areas: maternity, severe mental illness, chronic respiratory disease, cancer and hypertension case-finding, with an additional focus on particularly excluded communities to be defined by local ICSs (397) (389). The Core20PLUS5 programme brings a welcome focus on health inequalities to the NHS. However, as it is so targeted at the most deprived segment of the population, IHE is concerned it will not lead to the much-needed health improvements across the social gradient. The social gradient in health shows that it is not only those on the lowest income who have poor health: as incomes decrease and levels of deprivation decrease, health and wellbeing also worsen across all incomes, not only for the poorest 20%. There is also a concern that as Core20PLUS5 is focussing on clinical areas, it will pull attention, resources and capacity away from the social determinants of health just when they are most needed, due to the negative impacts of the COVID-19 pandemic (65).

Several stakeholders in Waltham Forest were clear that the NHS should and could do more to support better social determinants of health approaches and to tackle health inequalities:

> ***Inequalities has been a bigger theme from the NHS in the last year-and-a-half. COVID recovery – there was focus on health inequalities. That lens has slipped – it's a shame – [but] we are still working on it in Barts. In East London it's so fundamental.***
>
> *Barts Healthcare stakeholder*

Clinicians often do not take account of, or try to remedy, poor living or working conditions and even at a basic level of providing information about possible support there is a lack of information and awareness among NHS staff. Social prescribing helps with forging these links and referrals, but the whole system approach advocated in this report is not yet embedded enough at the strategic level, or in the design and delivery of appropriate services.

BARTS HEALTH, NORTH EAST LONDON FOUNDATION TRUST

During IHE discussions with personnel working at Barts Health and North East London NHS Foundation Trust (NELFT) it became evident that there was widespread awareness that there needed to be more concerted action on the social determinants of health as well as some signs of promising developing approaches. To further develop actions on health inequalities, stronger partnerships are needed, further and extended investment and resources, the further development of extended anchor approaches and stronger relationships with the community and the VCFSE sector. Having covered these principles for action above, here we set them out more specifically for the healthcare sector.

PARTNERSHIPS

Partnerships between the NHS and other sectors are not strong in England – and siloed working is the norm. There are efforts to extend these partnerships through ICSs and the development of anchor organisations but barriers to more collaborative joined-up working persist. There was acknowledgement that:

> *Existing services are reactive....We need to work with the community and also housing....If we were more proactive, we could reduce admissions – some individuals were having 40 admissions in four years.*
>
> *Barts Health stakeholder*

> *We need to get it right with Waltham Forest. We have a hospital that is sufficiently coterminous with the local authority for this to work. The redevelopment is an opportunity upon which this can be layered.*
>
> *Barts Health stakeholder*

The redevelopment of Whipps Cross Hospital offers an important opportunity to embed a social determinants of health perspective into an acute Trust. There are plans to reduce the number of acute beds by investing in more community services in primary care. To achieve this requires a stronger, well-resourced community care system and much greater focus on the social determinants by primary care.

It is recognised by at least some in the Trust that a better, more sustainable relationship with the VCFSE sector is central:

> *NELFT and Whipps Cross need to strengthen their role with [the] VCFSE. We need to work much more closely with the voluntary and community sector but how do we do this? They are close to communities.*
>
> *North East London Foundation Trust stakeholder*

> *We need to relaunch and strengthen our community wellbeing programme. We don't want to increase the burden on social care either. We should offer more support, developing community and individuals assets, but the NHS doesn't really do that.*
>
> *North East London Foundation Trust stakeholder*

> *There was recognition that ill-health is increasingly affecting younger age groups and the most effective way to reduce this is to partner with other sectors, including schools, housing and employers to support the conditions in which young people are living.*
>
> *Barts Health stakeholder*

As well as better supporting those with long-term conditions, the redevelopment of Whipps Cross needs to support those more at risk of ill-health in the future.

> ***...The new hospital, there is a huge opportunity around housing, leisure and redevelopment. How can we redevelop to benefit health?***
>
> *North East London Foundation Trust stakeholder*

We propose the establishment of a Marmot Trust Network in the region with strong links to other trusts across the UK that are extending their actions on the social determinants with their own workforce, with patients and through their impacts on the social determinants.

ANCHOR APPROACHES

In addition to the services they provide to improve health directly, hospitals and other healthcare organisations can also act on the social determinants of health by being anchor institutions. Anchor institutions are institutions like hospitals, universities and councils that are physically rooted in communities and can directly and indirectly shape the health and wellbeing of the local population. They can leverage their position as employers, purchasers of goods and services, providers of services, owners of local buildings, land and other assets and as leaders in the community to effect change. For example, they can ensure that they are providing good, health-supporting work to the local community, including underrepresented and groups living in high deprivation, and pay a real living wage that enables a healthy lifestyle. For healthcare organisations in particular, this also represents a form of disease prevention, and an investment in the future of the community that they serve.

While anchor approaches are supported in Waltham Forest there was a sense they can continue to go further. Barts Health have made significant efforts to strengthen their recruitment from local communities in areas of high deprivation (as set out in Section 3B) and there are strong social value procurement approaches and active programmes with the voluntary sector and community. While these are important, innovative approaches, there is more that NELFT and Barts Health can do to develop their own approaches to strengthen what is happening across the larger Barts system. This will require some additional investment.

> ***NHS colleagues say all the right stuff about anchors but the NHS needs to put its money where its mouth is.***
>
> *Waltham Forest NHS stakeholder*

> ***There are buckets of social value in NHS procurement and housing and community resources.***
>
> *Waltham Forest stakeholder*

The North East London Foundation Trust provides community and mental health services across Waltham Forest. There is potential for NELFT to further extend its role in preventing ill-health through action on the social determinants of health. This includes work to support the lives of clients, its own workforce and the broader community in Waltham Forest. If developed, the approach will not only improve the lives and health of those supported by the actions, but also help reduce demand and cost for services. The NELFT acknowledges the centrality of the social determinants of health to its work, however, and this narrative needs to be further highlighted and actions prioritised. Partnerships with the acute trust, primary care and the local authority are a strong point and it was felt there is a joined-up agenda, which is a good basis upon which to extend social determinants approaches.

> ***The narrative of social determinants of health is useful. We need to acknowledge the challenges.***
>
> *North East London Foundation Trust stakeholder*

The East London Foundation Trust is developing some promising approaches to tackling the social determinants of health (Box 4.3).

Box 4.3. Addressing the social determinants in health in East London Foundation Trust

The East London Foundation Trust (ELFT) is the first 'Marmot Trust' in England. It is embedding a social determinants of health approach and is developing action that will improve social determinants for its own workforce, its patients and the communities in which it operates. The Trust sees these approaches as preventing ill-health and reducing the demand for its services as well as reflecting its mission to improve health and reduce health inequalities. ELFT serves some of the most deprived boroughs in the country, with high rates of children living in poverty and many overcrowded households as well as small pockets of rural poverty (in Central Bedfordshire). The pandemic highlighted the impact of inequalities and social injustice on ELFT's communities.

ELFT provides mental health, community health, primary care and inpatient services to children, young people, those of working age and older adults across East London. It operates in over 100 community and inpatient sites. As part of refreshing its strategy, in 2021 ELFT held a 'Big Conversation' and listened to service users, carers, staff and local communities and heard that ELFT should commit to improving the health and wellbeing of the communities it serves and promote social justice.

Ambition and support came from ELFT senior leadership to test the boundaries of what an NHS organisation can and should do to improve the health of communities, not just service users, and not just focused on clinical services. This means thinking more upstream and looking at how to improve the social determinants of health in ELFT's communities. It has also committed to not duplicate good already being delivered by local authority partners and the VCFSE sector and instead is seeking to work in partnership with stakeholders and contribute where ELFT can add value. It convened a Marmot Trust Steering Group, which met monthly at the start, to understand existing synergies and existing work and to agree priorities.

The ELFT is also developing its workforce to take action on the social determinants of health. This includes the development of a population health learning programme to support individuals, teams and the organisation to improve understanding of the impact of social determinants of health and health inequalities in communities, service users and staff; support organisational action to improve population health and identify inequalities in access, experience and outcomes from ELFT's services; and increase the capability and confidence of ELFT's teams and service users to address population health and inequalities.

The NELFT has suffered from underfunding, in part due to its location within an Outer London borough, which means that its funding is allocated on the basis of average deprivation and needs of outer London boroughs, which are generally of lower need than Inner London boroughs. However, Waltham Forest and other areas covered by NELFT cover many places which are similar to Inner London boroughs. In addition, staff working for NELFT do not receive the Inner London pay weighting as the Trust is in an Outer London borough, and this has contributed to its significant recruitment problems.

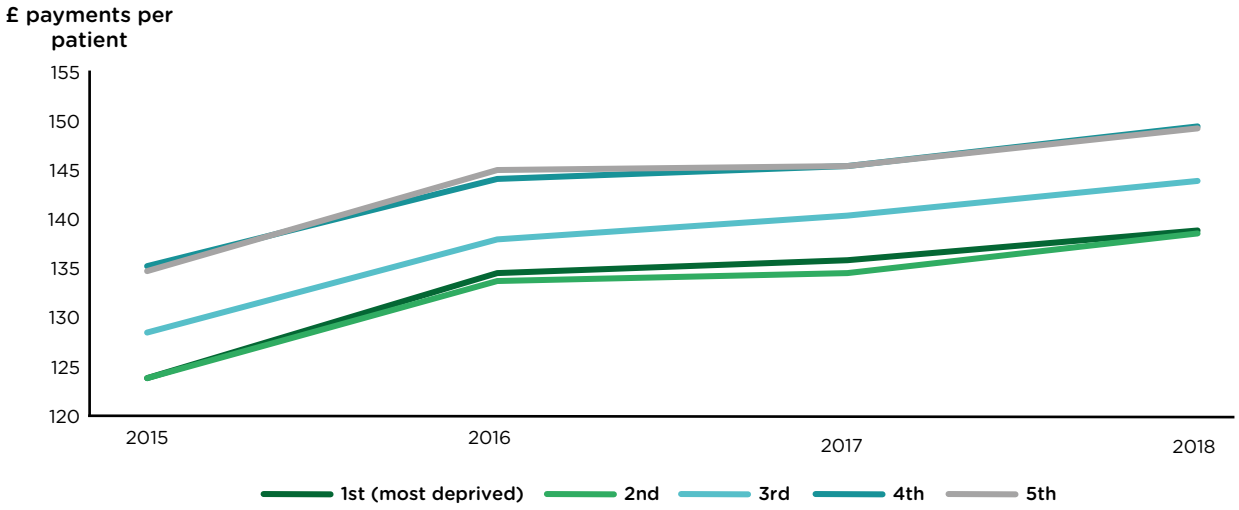
PRIMARY CARE, EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH

> ***Our volunteers spend time waiting on phone to talk to GPs, on behalf of our clients.***
>
> *Waltham Forest VCFSE sector*

Primary care is well placed to take action to improve health and reduce health inequalities through action on the social determinants to improve the conditions in which people are living, to prevent ill-health occurring in the first place. This can include creating access to services supporting better housing, support with debt and access to benefit entitlements, referrals to skills and training for employment. Social prescribers and Citizens Advice have been involved in this in many GP practices and across primary care – but there is a lot of scope for them to do more. The current funding and demand pressures on primary care mean that much of the work needed to improve health and reduce inequalities is being overlooked.

General practice should be funded using proportionate universalism whereby all universal services are adequately resourced and then additional funding is provided to areas where the degree of need is higher. GP practices serving areas with high levels of deprivation receive around 7% less funding per patient than those serving more affluent populations (Figure 4.6).

Figure 4.6. Trends in general practice payments per patient by neighbourhood deprivation quintile (IMD 2019), net payments per registered weighted patient, England, 2015–2018



Source: *Health Foundation analysis of NHS Digital, ONS, and MHCLG data (398)*

The Deep End GP approach is an example of a shift from the medical model of health and illness to a more preventative approach. It has required working with patients to strengthen understanding about the drivers of ill health (Box 4.4). In this model, GPs spend time with patients to discuss alternatives to prescriptions (399).

Box 4.4. Deep End GPs

Originally set up in Glasgow in 2009, Deep End GPs is a network of GP practices based in the most deprived areas, aiming to address the social determinants of health through cooperation and the sharing of best practice. Deep End networks have been established across the UK, in Ireland and in Australia, with the goal of tackling health inequalities and championing primary care's role in tackling these inequalities. Populations living in Deep End practice areas have lower life expectancy and spend far more of their lives in poor health, physical and mental, than people in more affluent areas.

Deep End practices focus on working collaboratively to create the best outcomes for practices, patients and communities, addressing health inequalities. Deep End practices offer longer than usual consultations, which allows for better opportunity for health screening, health promotion, and assessment of the medical problems of those in more deprived cohorts who might otherwise be missed.

Deep End GPs recognise the additional demands that come with working in practices with high levels of its population living in deprived areas. Deep End GPs aim to support and promote understanding of the health effects of inequalities and to offer positive reasons for GPs to train and work in their practices. They advocate for deprivation to be more meaningfully considered when allocating funding.

Being part of the network gives practitioners a sense of identity and recognition of the additional challenges. Deep End aims to support these practitioners and allow them the time and resources to develop interventions catered to the communities they work in (400).

In Waltham Forest the primary care system is fragmented and dominated by small practices that do not work together effectively. Stakeholders said this needs to be addressed and would enhance the capacity of primary care to take action on the social determinants of health:

> ***There's a problem of some individual GPs not wanting to work together.***
>
> *Waltham Forest councillor*

The primary care system is piecemeal - we need to look at this. Primary care is a load of small business that don't work together - they are under-resourced but aren't innovative... There are some which are good - but lots are less so .. How we can wrap our services around GP services?

Waltham Forest NHS stakeholder

Requiring primary care services to collaborate in tackling poor health and inequalities in health, or supporting them to do so, through the social determinants, requires close collaboration and partnerships with other sectors. Currently these partnerships are not strong.

Primary care is not really involved in children centres, children services, schools. GP infrastructure delivery in Waltham Forest.

Waltham Forest Council stakeholder

How do we work with voluntary sector? How do we build resilience in the community, social prescribers? This is really important.

Waltham Forest NHS stakeholder

IHE has previously set out how primary care can take a more active role in supporting better social determinants of health (396). This requires partnerships with the VCFSE sector, public services and local authorities, referrals to other services, recording data about the patient social economic and ethnicity, linking much more closely with housing and schools in particular, and being advocates for the local community. Further support can be given to residents to access green spaces, pursue active travel and gain good quality employment, for instance.

Social prescribers have identified that social isolation and loneliness, welfare benefits, debt, low mood and anxiety and housing are driving demand for GP services and resulting in poor health. Most referrals from social prescribers for people suffering from these problems were to talking therapies which at best, help people to cope but do not tackle the issues themselves. Social prescribing needs to be oriented towards addressing the underlying causes of ill health – rather than dealing with the symptoms. Waltham Forest social prescribing approach does orientate itself this way, as outlined in Box 4.5.

Box 4.5. Waltham Forest Social Prescribing

The Waltham Forest social prescribing service, established in 2016, connects clients to community groups and services with the aim of creating meaningful social connections and helping people to feel safer, happier and heathier – physically and mentally. The Waltham Forest social prescribing team connects people with a range of services, including: welfare advice, healthy eating advice, employment advice and help getting people back into work and reducing isolation by, for example, connecting residents with local befriending schemes. Prior to the pandemic the most common reason for referral to the team was debt and welfare advice, however since the onset of the pandemic, this has been taken over by referrals relating to social isolation.

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

Prior to the COVID-19 pandemic the service was supporting just under 1,000 people a year, this figure rose by around a third during the pandemic. During the pandemic the service had some degree of continuity, due to already being primarily telephone based. This aspect of the service offered continued during the pandemic but unfortunately the majority of the activities clients are normally referred to either stopped or moved online.

Getting activities up and running after the pandemic has also been a challenge. In October 2021 social prescribers launched a series of 'wellbeing cafes' running once a week in three community venues across

Waltham Forest, the Paradox Centre in Chingford, the Hornbeam Café in Walthamstow, and the Salvation Army in Leytonstone. The Wellbeing Cafes are attended by around 40 residents a week in total, with the aim of providing people with the opportunity to get out of the house and back involved in the community. In March 2022 the Hornbeam Centre launched an online Wellbeing Café offering information on wellbeing groups and activities available locally, and the opportunity for a chat to those who still do not feel comfortable or are unable to leave their homes (401) (402).

In 2017 the University of East London calculated that the social return on investment of the Waltham Forest social prescribing team could be as high as £1.92 for every £1 spent.

Blackpool NHS has a long-term commissioning relationship with Citizens Advice who have delivered social welfare advice in primary care for over 20 years. This advice is now offered as part of the social prescribing service. Box 4.6 outlines this partnership and its social prescribing network.

Box 4.6. Social prescribing and Citizens Advice in Blackpool

Citizens Advice Blackpool works closely with GPs and has delivered advice in surgeries since 1997. Prior to the COVID-19 pandemic, weekly advice sessions were happening in 17 Blackpool general practices. This is being built back currently, with the long-term ambition being to have social welfare advisers in every GP practice in Lancashire.

In addition to its work providing social welfare advisers in general practices, Citizens Advice Blackpool is a provider of social prescribing services. For example, in January 2020 five primary care networks agreed to work in partnership with Citizens Advice Blackpool to deliver a social prescribing model across the Fylde Coast. This led to delivering social prescribing services and also to the creation of a network.

A partnership between the Institute for Voluntary Action Research (IVAR) and the Lancashire and South Cumbria Health and Care Partnership saw there was a gap between primary care workers and those in the VCFSE sector, who did not often cross paths. A steering group was established, consisting of Lytham St Anne's Primary Care Network, Blackpool, Wyre & Fylde Volunteer Centre and Citizens Advice Blackpool, with the aim of establishing a social prescribing network, to share local experiences, listen to voices from the community, and make connections. The social prescribing network enables health providers to connect with social prescribing link workers across the Fylde Coast, and to refer individuals to a range of activities provided by the VCFSE sector.

INTEGRATED CARE SYSTEMS

The ICS are still very early days. Within the ICS and the borough - partnerships are the next layer of the system we need to develop. The IHE review is well timed - we spend too long on governance and purpose – we need a powerful reminder of what the system faces, the responses must be multi-agency responses – we need to take substantial and urgent actions.

Waltham Forest NHS stakeholder

The advent of Integrated Care Systems (ICSs) provides an opportunity for further action on the social determinants and the clear ethical, demand and financial case for reducing health inequalities shows that action is more important than ever. The argument for action on the social determinants of health is particularly strong at the level of the ICS. The size and scope of an ICS allows for more longer-term planning and partnerships with key stakeholders to support better population health. An ICS can also hope to have a louder voice for national advocacy on health equity than any individual NHS Trust or GP practice. By setting the reduction of health inequalities through action on the social determinants as a priority, going beyond the Core20PLUS5 approach (see Box 4.2), the ICS can incentivise and ensure action throughout the healthcare system. Critical to this is leadership and strong accountability at ICS board level

and working in partnership with the local authority, the VCFSE and businesses to support, and sometimes lead, action on the determinants of health. While there are examples of strong partnerships in. Waltham Forest, often these actions are not at the scale or intensity that is required for sustainable change. The North East London Integrated Care System (ICS) has a responsibility to reduce health inequalities; appointments for partnerships and health inequalities should be at board level, giving appointees a clear remit of ensuring action and investment in the social determinants of health.

> ***North East London ICS will get a lot of pressure to get NHS things done. The local authority must act as a conscience of the system.***
>
> *Waltham Forest NHS stakeholder*

> ***Within those ICS the borough partnerships are the next layer of the system we need to develop. Within the ICS we talk a lot about place-based partnerships aligned with the boroughs.***
>
> *Waltham Forest NHS stakeholder*

Strengthening accountability for health inequalities within healthcare is essential. Many of the accountability mechanisms are set nationally and often prioritise saving money and reducing response times and do not include a wider assessment of the impact of policies on inequalities. Accountability in the healthcare system is mostly related to specified targets around access to health services. These are important but there should also be greater accountability for reducing health inequalities through the social determinants of health including for senior leadership in local and regional systems and the ICS can lead this move to stronger accountability.

RECOMMENDATIONS: NHS

Trusts and primary care

a) Define and implement Marmot NHS Trusts approach.

b) NHS organisations to strengthen local and national advocacy for action on the social determinants.

c) Develop Deep end practices approach.

d) Financial wellbeing and fuel poverty embedded into clinical pathways.

e) The Primary Care Network in Waltham Forest to enhance support for social prescribing and support for social determinants of health approaches in primary care.

Integrated Care System

a) Develop the workforce and provide training within each ICS, working alongside the VCFSE sector and local authorities, to identify and deliver local approaches to address the social determinants of health.

b) Initiate and support the development of Marmot Trust approaches.

c) Maintain public health consultant in the ICB and ensure they are adequately resourced.

d) Strengthen accountability for health inequalities for the ICS and providers in the area.

4C. OTHER ORGANISATIONS AND SECTORS

KEY MESSAGES

LOCAL GOVERNMENT

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

BUSINESSES AND THE ECONOMIC SECTOR

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

PUBLIC SERVICES

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

COMMUNITIES AND THE VCFSE SECTOR

- There are some excellent examples of constructive community engagement in Waltham Forest, particularly by the local authority and the VCFSE sector. These approaches can be further utilised in the borough and in other public services, particularly healthcare.
- The VCFSE sector is often underutilised as a resource to improve health equity. Investment in this sector offers a great return on investment, and VCFSE partners should be involved at the highest level, to harness their energy, knowledge and skills.
- Funding for the VCFSE sector must become more sustainable and not small 'one-off' pots of money as these degrade the capacity of the sector to have sustainable and lasting impact.
- The VCFSE sector in Waltham Forest is disparate and under-resourced; a coordinating, umbrella organisation would be of value to support better coordination and relationships with the public sector.

LOCAL GOVERNMENT

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

This report was commissioned by a public health department; however, the impact of local government on health goes far beyond public health and health equity must be a consideration in all policies and programmes. Many of the recommendations we make are for the local authority and we expect that the local authority will take the lead on the development and implementation of these proposals for action. Only by action on the social determinants and improving future health, can local government avoid a future where social care consumes the entire budget.

In the introduction to this report (Section 1) we overviewed the severe cuts to funding for local authorities, and the decreases in Waltham Forest's spending power between 2010 and 2020 (Figure 1.9). Yet reducing health inequalities and improving health and wellbeing is a central task for local authorities and it supports the achievement of other ambitions – such as supporting young children and families, reducing inequalities in education and for young people, reducing deprivation, improving housing, air quality and reducing greenhouse gas emissions. We have also pointed out the cost–benefit and demand reduction case.

As well as collaboration between different sectors outlined above, there must be closer collaboration within the local authority. Waltham Forest has made progress in this direction and has reorganised its services, joining together its statutory boards – community safety, health and wellbeing and adult and child safe guarding – to the Community Safety Partnership to improve cooperation and collaboration across the borough (403). The Council's overarching strategy is its Public Service Strategy (197). During COVID-19, the Council listened to more than 11,000 residents, seeking their views of the pandemic and the future which fed into the Public Service Strategy. The arising vision for Waltham Forest includes four immediate strategies: connecting people with jobs; safe and healthy lives; 15-minute neighbourhoods and confidence in our future (197). While the local authority already has many important pro-health equity policies and programmes, including in the Public Service Strategy and a strong social value contracting system, these can be strengthened and built on.

> ***The local authority has a strong social value contracting system but the requirements for social value contracting could be increased beyond the current 10% requirement.***
>
> *Waltham Forest stakeholder*

Strengthening approaches to health equity, as envisaged in this report, will require a united and collaborative approach within the local authority and a commitment to take forward a health equity in all policies approach. This approach means that health equity must be a central consideration in the design and delivery of policies and interventions, requiring health equity impact assessments and collaborations with all relevant sectors across the local authority. It is vital that the local authority takes this cross-sectoral approach.

There is scope for building capacity to undertake the required joint, cross-sectoral working and to undertake the social determinants approach we advocate in this report. We recommend that the local authority supports the training and development of its own staff and that of other sectors with a specific training programme.

RECOMMENDATIONS: LOCAL GOVERNMENT

a) Ensure a health equity in all policy approach across the Council.

b) Provide lead support for the development of of the Waltham Forest health equity system and implementation plan.

c) Support training for the local government workforce on how it can tackle the social determinants and health equity.

d) Extend partnerships with healthcare and business to support action on the social determinants of health.

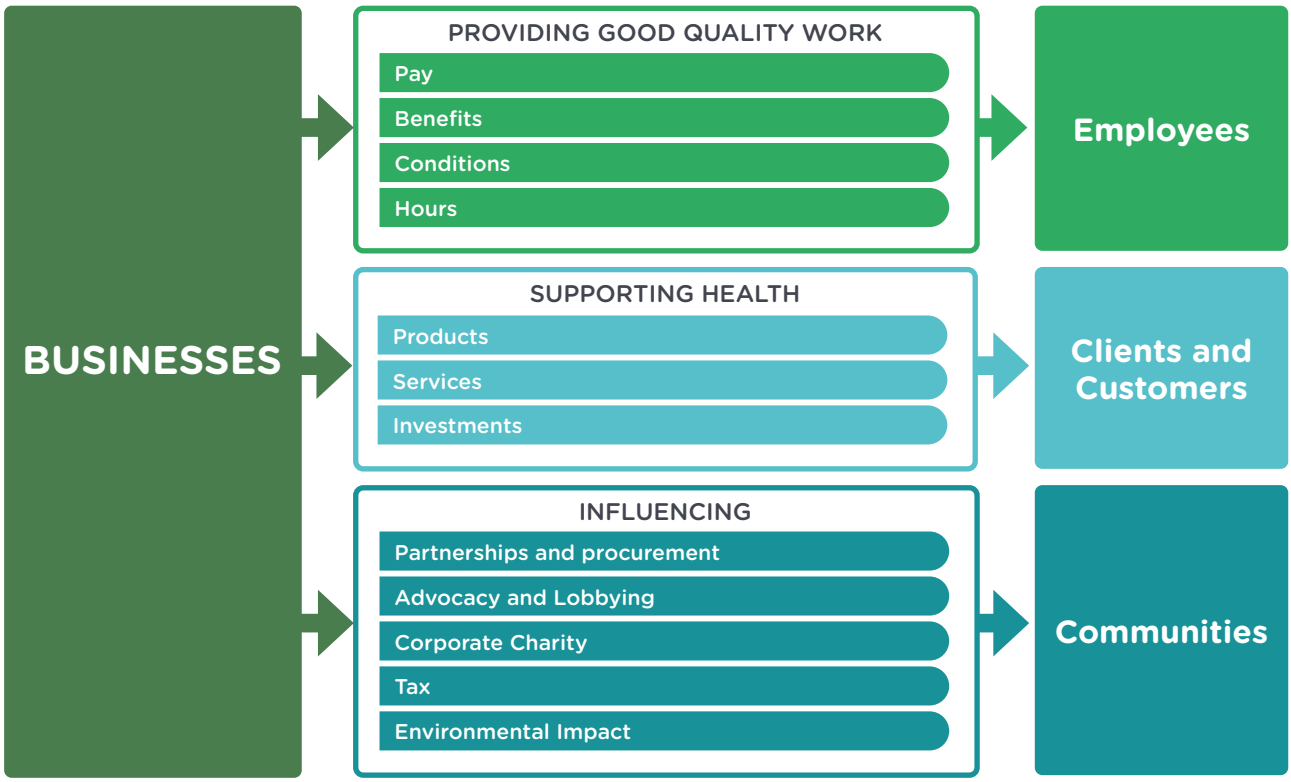
BUSINESSES AND THE ECONOMIC SECTOR

> ***Employers could really help, they could train people, work with us and support relationships.***
>
> *Waltham Forest VCFSE sector*

At the national and international level, the COVID-19 pandemic made clear the close interdependency of health and wealth. Despite opinions sometimes expressed in the media that at times suggested a need to balance the health of the population against the health of the economy, the real lesson was that neither could thrive without the other. The economy requires healthy workers and healthy customers, and a failing economy damages health. Involvement of business in taking action on health inequalities is a recent development, but one that may be gaining momentum. IHE recently published *The Business of Health Equity: The Marmot Review for Industry*, examining the ways in which businesses shape the conditions in which people live and work and, through these, their health (404).

Businesses affect the health of their employees and suppliers through the pay and benefits they offer, hours worked and job security, and the conditions of work. Businesses affect the health of their clients, customers and shareholders through the products and services they provide and how their investments are held. Businesses can also affect the health of individuals in the communities in which they operate and in wider society, through local partnerships, procurement and supply networks, and in the way they use their influence through advocacy and lobbying. The effects on wider society also encompass the environmental impacts of business operations, including carbon footprint and air pollution, as well as the taxes paid by businesses to local and national governments, which support policies for health. This framework is shown in Figure 4.7.

Figure 4.7. How businesses shape health: the IHE framework



Source: *Institute of Health Equity (404)*

The costs of ill-health are well known to businesses, who find that productivity and staff retention are linked to the health of the working age population. The social justice case for reducing health inequalities is clear and is also a motivation for many businesses that want to contribute to achieving better health and reducing inequality. But there is also a strong economic case for businesses to help improve health. The economic costs of poor health are high: it is estimated that poor health costs the economy £100 billion per year (405).

As set out in Section 3C, good health requires good quality employment, sufficient pay and reasonable terms and conditions sufficient to provide a minimum income

for healthy living. Recruitment should benefit local and excluded communities and provide opportunities for progression and on-the-job training, with links to community and voluntary sector organisations, and schools and colleges to support training and skills development.

While there is a clear rationale for businesses and the economic sector in Waltham Forest to become more involved as a partner in the health equity system, there are significant challenges. The business sector in Waltham Forest is dominated by small and medium-sized enterprises (SMEs): 99% of all employers in Waltham Forest employ fewer than 49 people and 95% employ fewer than nine (Table 4.2). The small size of businesses makes efforts to coordinate a business partnership difficult and due to the extremely challenging operating environment means that developing better quality employment is seen as an unlikely outcome. In our discussions with business leaders in the area it was felt that businesses were unlikely to proactively adopt the measures we are recommending. Many small businesses owners are themselves earning extremely low incomes.

Table 4.2. Size of businesses in Waltham Forest, 2021

Enterprises (no. of employees)	Number	Percentage
Micro (0 to 9)	11,485	94.6
Small (10 to 49)	575	4.7
Medium (50 to 249)	65	0.5
Large (250+)	15	0.1
Total	12,135	-

Source: *ONS (406)*

As one business owner told us:

> ***Small businesses aren't anchor organisations. That needs to come from big organisations in the borough – the NHS and local authority.***
>
> *Waltham Forest stakeholder*

It was highlighted to us that there are barriers to persuading business owners to act as anchor organisations - partly related to the perceived additional costs of putting pressure on supply chains to improve their terms and conditions and questions around the merits of more regulation. Large organisations including in the public sector can take the lead in this regard and encourage and support small businesses to take action. Instigating contractual requirements for the supply chain to have good quality working conditions is an important lever to support good health among small businesses. The Good Work Charter (see Box 3.8) and extensions to social value contracting are important mechanisms to achieve this leverage. A social value approach supports contracting that builds in social as well as economic value as a criterion for awarding contracts and spending public money (407). The 'Preston Model' has received international recognition for its innovation in using a community wealth approach, which is closely related to social value approaches (Box 4.7).

Box 4.7. The Preston Model

Community wealth-building in Preston, Lancashire, often referred to as 'the Preston Model', began in 2011 when Preston City Council began discussions with the Centre for Local Economic Strategies (CLES) about how to tackle inequality in economic development. As a first step, Preston City Council committed to paying all its staff the living wage, becoming the first accredited Living Wage Employer in the North of England, in 2012.

In 2013 the Council engaged CLES to research the proportion of anchor institution procurement that was local to Preston and Lancashire. CLES found there was a collective procurement spend of £750 million by Preston's anchor institutions and that in 2012/13 only 5% was spent in Preston and 39% in Lancashire, meaning £450 million was leaving the Lancashire economy. This research was repeated four years later to assess the results of community wealth-building, where local economies are reorganised so that wealth is not extracted from an area but recirculated. The results were promising, with locally retained spending increasing from 5% to 18.2% in Preston, and from 39% to 79.2% across Lancashire. Further, in 2018 there were 4,000 more employees earning the real living wage than at the beginning of the project.

Community wealth-building has been advanced by Preston through a promotion of five strategies:

- **Plural ownership of the economy:** a blend of ownership models in an area, small enterprises, community organisation, cooperatives and municipal ownership.
- **Making financial power work for local places:** increasing local investment as opposed to focusing on attracting national or international investment.
- **Fair employment:** anchor institutions as larger employers recruiting from lower income areas, committing to paying the living wage, and promoting progression routes for workers.
- **Progressive procurement:** developing dense local supply chains, SMEs, employee-owned businesses, social enterprises and cooperatives, types of business that are more likely to support local employment.
- **Socially productive use of land and property:** anchor institutions often hold large amounts of land and property, which represent a base from which local wealth can be accrued.

While the Council leads the way in implementing the community wealth-building approach and the five strategies, it is through promoting the concept to other anchor institutions, which often have far greater spending power and assets, that success is to be found.

The National Institute of Health Research has invested £600,000 in investigating the Preston Model and whether it could be used as a national template for 'building back better' in the aftermath of COVID-19 (408).

As well as improving working conditions within Waltham Forest there is an important role for employers across London, where many Waltham Forest residents work. The Greater London Authority has developed a Good Work Standard, mostly relevant for larger businesses, but while this can have an impact on the health of many Waltham Forest residents, it does not provide significant impact on health inequalities within Waltham Forest because it is mostly relevant to wealthier residents of the borough. Relevant approaches for SMEs need to be developed within Waltham Forest (171).

Businesses in Waltham Forest and from outside the borough can also support improvements in communities in areas of high deprivation in the borough, through recruitment within those communities and supporting development of relevant skills including IT development and financial literacy. Closer partnerships between schools, colleges, youth spaces and businesses can greatly assist in reducing inequalities in opportunities and skills for young people.

A business owner commented that:

> ***Financial literacy is essential. Kids leave school without understanding how to read a bank statement. There is almost nothing offered by schools to teach financial skills. With support we could help with this.***
>
> *Waltham Forest stakeholder*

Providing advice and information about critical social determinants of health is an important way to support better health and wellbeing among employees. This advice and information includes access to benefits for low-paid workers, financial management advice, and advice about housing and skills development on offer from the local authority and from other employers in the borough. Some business owners expressed the view that the local authority and other public services do not provide sufficient information and that more regular sharing of information and better targeted support would enable employees to understand what is available to them within the local authority.

RECOMMENDATIONS: BUSINESS AND THE ECONOMIC SECTOR

a) The Waltham Forest Business Advisory Group to support development of the Good Work Charter and require adoption of these standards by businesses, linked to eligibility for contracts by public services.

b) Businesses to provide support and advice to the workforce and community around finances, housing and debt. Small and medium enterprises to provide this support to the VCFSE sector, commissioned by NHS and local authority.

c) Employers to advocate for and ensure equity in pay, employment terms and promotion.

PUBLIC SERVICES

The anchor institution approach is not limited to healthcare organisations. Other public services can adopt similar strategies and play a role in reducing health inequalities through action on the social determinants of health. Concern for health equity needs to be embedded in the way all these services operate. As with healthcare, a move from crisis management to a prevention-focussed model, acting upstream on the social determinants, has the potential to relieve pressure on overburdened services. This requires all organisations to consider what they can do, in partnership, to improve social conditions, beyond their core operations, including as employers, as contractors of services, and as anchor institutions for their communities. Sharing of data, insights and best practice is of fundamental importance to identifying those in need. IHE has previously set out how public services can ensure that their procurement, and that of their suppliers, includes social value as a requirement for contract awards (407).

IHE has worked with the West Midlands Fire Service on embedding a social determinants approach into their work (409) (410). The service recognised that the social determinants of health are also often the social determinants of fire risk – overcrowded, poor quality housing, poverty and deprivation. The individuals and families they were visiting often had complex needs and risks in a number of domains. The service realised they could use the contacts they were making to signpost them to appropriate help and support, for example accessing benefits, advice services and addressing housing needs.

A public health approach to policing involves investigating root causes and working at the most fundamental level of prevention including collaborations with schools, employers the community and local authorities to improve conditions locally.

> ***The Police – it's very difficult to get any sort of change, particularly not the sort of change that young people want.***
>
> *Waltham Forest Council stakeholder*

> ***Relationships with the NHS - we don't do a great deal. Link between health and crime is poor, we should do more with the NHS. We deal with a lot of mental health - 70-80 percent dealing with mental health and people from absconding from NHS hospitals. We send people in crisis to the hospital, then they walk out. So we need better links.***
>
> *Waltham Forest police*

Partnerships between public services and business and the VCFSE sector are vital for action on the social determinants. The Jobs Friends and Houses project in Blackpool shows how the public sector – in this case a local authority and the police – can work closely in partnership to influence the social determinants of health (Box 4.8).

Box 4.8. Working in partnership to improve wellbeing and health

Jobs Friends and Houses (JFH) is a community interest company set up in 2014 and is jointly 'owned' by Blackpool Council and Lancashire Police. Since 2017, JFH has been managed by Blackpool Coastal Housing.

JFH's key objective is to help people to heal from substance misuse and to begin thinking about their future. The company works with individuals often referred to as 'revolving door' clients, who repeatedly access treatment without ever being able to take control of their own recovery. JFH works on the model of long-term support, as evidence shows average recovery time from alcohol addiction is four to five years and from opiates is five to seven years.

A one-year evaluation in 2018 showed reductions in offending and substance misuse and improvements in wellbeing among service users. These outcomes were strongly associated with the length of time spent in the programme. The 48 clients involved in the first-year evaluation had, prior to joining JFH, a total of 1,142 recorded offences over 13 years between them. After joining JFH a total of five offences had been recorded, representing a 94.1% reduction in the annual recorded offence rate.

JFH helps people to build a future through support to recovery from addiction, to routes into employment, and to finding housing. JFH recognises that meaningful activity is good for an individual's wellbeing and when clients join the service their existing skills are identified and the team then seeks to raise aspirations of each client. They help clients find work and offer support to both employees and employers.

JFH connects clients who have been socially isolated or had destructive relationships with a positive community that cares about others. The JFH community is an important aspect of the programme, which is made up of those in recovery and the wider community. This includes a network of mentors who have lived experience of addiction but are further along their recovery journey and a psychologist who provides therapeutic support.

JFH's recovery houses have a crucial role in helping individuals heal and rebuild their lives, offering security and stability. When clients are ready to move on, they are supported to find secure and safe accommodation and begin independent living with the support of the recovery community.

JFH's commitment to partnerships is key to the organisation's success. It has a strong business and community representation so that it is viewed as a key part of the Blackpool community. This also means that JFH clients have increased access to a range of community resources (411) (412).

The importance of education has been discussed in detail in Section 3B above. The education system has a role to play in improving health equity by mitigating the effects of deprivation and supporting families, linking with organisations and sectors that can improve living and working conditions. Educational institutions can further their partnerships with the VCFSE sector and employers in helping children and young people to achieve their potential, enhance mental wellbeing and gain good, health-supporting work.

RECOMMENDATIONS: PUBLIC SERVICES

a) All public services to focus on reducing health inequalities and strengthening prevention approaches.

b) Improve implementation and monitoring of social value commitments in all public sector procurement and contracting.

c) Develop extended anchor institution approaches in all public services, including in schools, further education colleges, the University of Portsmouth partnership, fire services and the police.

COMMUNITIES AND THE VCFSE SECTOR

> *The Council gave us £1,000 for a workshop - but nothing significant enough...The Council could do our printing - there are millions of ways to support us.*
>
> *Waltham Forest VCFSE stakeholder*

> *There are so many amazing VCS orgs in this borough - but we don't get funding - just praise.*
>
> *Waltham Forest VCFSE stakeholder*

> *The VCFSE sector need to be more involved. It's that old chestnut between coproducing, co creation and you need everybody around the table as opposed to consultation.*
>
> *Waltham Forest Council stakeholder*

> *There's a disconnect with the local community and the local authority, and a lack of trust...For a very long time the voluntary sector has felt as if it is not trusted by the local authority.*
>
> *Waltham Forest VCFSE stakeholder*

> *We want genuine resident engagement.*
>
> *Waltham Forest councillor*

The involvement of communities and people with lived experience should be at the heart of public sector and business approaches and strategies. Involving the VCFSE sector and communities in the design and delivery of public and local government services is a long-touted ambition, but one that is rarely achieved effectively. Waltham Forest Council, however, has made considerable efforts to involve local communities and regularly consults with them, including in the Public Services Strategy, the 15-minute neighbourhoods approach and the Citizens Assembly on Hate. There is a strong youth participation model with advisors, with cohorts of young people who can be commissioned to act as a critical friend. There is a peer outreach team within the local authority, who do street outreach specifically with young people. During COVID-19 the Council carried out a number of consultations with local residents, and this work revealed the urgent desire to ensure Waltham Forest retains its sense of community as it makes plans for a post-pandemic future.

Healthcare organisations tend to rely on patient groups for community involvement. While this is essential, it does not sufficiently enable effective partnerships with communities that bring insight and draw benefits to the communities themselves. Approaches that ensure that communities are at the heart of public sector decision-making in the region need to be adopted rapidly. Involving the VCFSE sector is an important first step but these organisations are not always fully representative of the broader community. Community involvement must be meaningful, leading to real change, with the process directly benefiting communities. There must be greater integration of communities into the design and delivery of strategies and interventions addressing poverty in the NHS and public services. (413). Whipps Cross Hospital does have reasonably strong community involvement, including at Board level.

In Waltham Forest the VCFSE sector is often underutilised as a resource in improving people's lives and health, despite being deeply embedded in the community in many locations and the fact that many parts of the sector have greater insight than elements of the public sector into the needs of deprived communities. Especially in the context of ongoing austerity measures and funding restrictions, harnessing the energy, knowledge and other assets of the community is indispensable.

While partnerships between the local authority and public services are reasonably strong, there is an opportunity to significantly increase and strengthen partnerships with the VCFSE sector, which are covered in greater detail in Section 4A. The VCFSE sector role in providing services and support across a range of key social determinant areas should be extended; including educational and employment, support for housing, social prescribing for the NHS, advice and guidance in navigating the healthcare, criminal justice and welfare and benefits systems and supporting uptake of benefits, reducing social isolation, improving community cohesion, supporting mental health and physical activity, providing financial advice, guiding service design and delivery and more. All of these support key social determinants of health and make significant contributions to reducing health inequality.

In addition, volunteering in the VCFSE sector can itself help build skills and knowledge and help people who have not been in the workforce find a way into, or back into, full-time employment, as well as reducing social isolation and providing a fulfilling experience of working for the community. The VCFSE sector can offer direct support to residents, help shape the design and delivery of statutory services and also train community leaders – an important part of building community resilience and ensuring that communities' voices are heard.

When the pandemic hit the local authority put out the call for volunteers and we had more than any other London borough.

Waltham Forest Council stakeholder

Across the UK the pandemic resulted in the closure of many charitable and voluntary enterprises but also the opening of many more across the country, including very local mutual aid groups (65). The VCFSE sector in Waltham Forest is made up primarily of small organisations, who are active and committed, but struggle with resources and time.

The VCFSE sector are really struggling, they are facing enormous hikes in energy costs as well as increased demand, it's not sustainable.

Waltham Forest Council stakeholder

It's the same old faces doing everything in VCFSE sector. We are passionate but we are very few.

Waltham Forest VCFSE stakeholder

We don't do a very good job with the voluntary sector – we make the classic mistake of insisting that the voluntary sector does what we want. We should listen to the VCFSE sector and enable them to do what they want.

Waltham Forest councillor

A recurrent issue raised in Waltham Forest during our research by those working in the VCFSE sector is the lack of support from public services and the local authority. This was also acknowledged by some within the local authority:

We should listen to the VCFSE sector and enable them to do what they want.

Waltham Forest Council stakeholder

Box 4.9 outlines the work of the Women's Network in Waltham Forest, providing a number of services but with little financial support from anchor institutions such as the Council or the NHS.

Box 4.9. Waltham Forest Women's Network

Waltham Forest Women's Network (WFWN) was formed out of the Asian Women's Network which began in 2005. They formed with the purpose of empowering and improving the wellbeing of local women and their aim is to build confidence in local women, especially those who lack access to resources otherwise, through learning and building strong networks.

The WFWN often see women who are otherwise isolated, who come to them for support that they cannot access elsewhere. The organisation is run by women with lived experience of the issues their service users come to them with. They provide a safe space for women by providing individual support both in person and online, and by connecting women with local community opportunities. They also provide a range of community resources, activities, and events.

One of the services they offer is their Menopause Café, which they hold on a monthly basis to discuss menopause and women's health. Following the council's State of the Borough report they were given funding by Waltham Forest Council to host the Fresh start programme to support disadvantaged women's groups in the borough. Groups they reached out to: a South Asian women's group, a black women's group, and a group of women from different backgrounds all with an experience of domestic violence. This programme involved hosting workshops to support these women into employment or training, providing support for jobs, training, CV writing and interview practice. They also work in partnership with local organisations to provide mental health support, support for women and girls affected by gender-based violence and many other issues.

They are a small local voluntary organisation, and have struggled to access sufficient funding, relying in part on fundraising and small grants. They have a strong following within the local community but limited resources.

The lack of an umbrella organisation in the voluntary sector was mentioned by every voluntary sector representative and by many other stakeholders.

There is a need for a coordinating, umbrella organisation for the sector that can share information between the public, private and VCFSE sector and offer coordination, provide administrative support, and potentially support the sector to make bids for funding. Representatives from the sector told us:

> ***We should listen to the VCFSE sector and enable them to do what they want.***
>
> *Waltham Forest Council stakeholder*

> ***From within the sector itself there is difficulty knowing what support is available to the VCFSE sector and how to access it which an umbrella, coordination organisation could rectify.***
>
> *Waltham Forest VCFSE stakeholder*

> ***We don't think a VCFSE sector umbrella organisation should be in-house. They need independence from the Council.***
>
> *Waltham Forest VCFSE stakeholder*

> ***There is a lot of enthusiasm and work and engagement from people, but there is not coordination, which reduces effectiveness hugely and makes it difficult to source funding.***
>
> *Waltham Forest VCFSE stakeholder*

> ***[An]other worrying thing is how unlinked all the organisations are...We need a one stop shop.***
>
> *Waltham Forest VCFSE stakeholder*

Another recurrent theme in discussions had with the VCFSE sector is the lack of funding and difficulty in knowing what funding is:

> ***You need payment, and you don't feel valued... we are exhausted and have mental health problems.***
>
> *Waltham Forest VCFSE stakeholder*

> ***The Council are always coming to us to do things e.g. vaccination, reclaim the night match – we had to organise it. But we run on empty.***
>
> *Waltham Forest VCFSE stakeholder*

> ***The local authority have small pots of money with huge levels of bureaucracy***
>
> *Waltham Forest VCFSE stakeholder*

Funding streams are often intermittent and limited and successful initiatives can find themselves closing when funding ends. The local authority can do far more to improve the process of grant giving and to ensure that funding is more sustainable. Many small VCFSE struggle with resources and capacity to go through the lengthy applications for relatively small, short term grant funding - simplification of the process is needed with the intention to ease applications. External organisations, including businesses can offer support to small VCFSE organisations to undertake the often rigorous application process.

The VCFSE sector also raised that commissioners' requirements for evidence of impact were too high and impossible for small, under-resourced organisations to achieve. Recognising impact can and should involve qualitative research and 'common sense approaches'. As one representative told us:

> ***The key is to empower the people. They [the local authority and healthcare] won't promote what we are doing because they can't validate it.***
>
> *Waltham Forest VCFSE stakeholder*

There is work to do to establish the full range of organisations and services currently operating in Waltham Forest, and to link these up with partners across the system, including funders:

> ***Certain departments of the borough have good connections but lots do not, e.g. housing.***
>
> *Waltham Forest VCFSE stakeholder*

> ***Resources are always going to be limited but joint work can achieve much more.***
>
> *Waltham Forest VCFSE stakeholder*

Investing in the VCFSE sector should be seen as investing long-term in the community, with potential returns far in excess of the initial cost.

RECOMMENDATIONS: COMMUNITIES AND THE VCFSE SECTOR

a) Continue to use community development approaches to have regular conversations with residents to identify the services and support they need to develop strong and resilient communities.

b) Waltham Forest Council to fund an umbrella VCFSE organisation to enable coordination and representation of the sector.

c) Assess and match VCFSE sector funding levels provided in similar boroughs.

d) Assess the NHS and local authority commissioning processes and enable longer-term funding for the VCFSE sector to enhance support for the social determinants of health. Assess monitoring and administrative requirements for grants to encourage smaller VCFSE sector organisations.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

IHE proposes the following Marmot 8 and system-wide recommendations for action across Waltham Forest. The system-wide recommendations enable and support actions in the Marmot 8 thematic areas.

These are the building blocks for building a healthier and more equitable society. Some of the recommended actions and policies are already in place in Waltham Forest but not at the scale or the pace needed. The recommendations cover the critical social determinants of health and are tailored to the circumstances in Waltham Forest. While many of the recommendations require investment, we highlight the importance of good health to the economy and businesses and the reduced demand and costs to services that will result from better health and reduced inequalities.

There are other recommended actions that can be done without additional investment. Many of these are within the remit of the broad system – public services, the community and voluntary sector, businesses and local authorities. Shifting ways of working can result in enormous benefits to health equity and support the leadership that is so important to health equity.

MARMOT 8 RECOMMENDATIONS

1. GIVE EVERY CHILD THE BEST START IN LIFE

KEY MESSAGES

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

HEALTH IN THE EARLY YEARS

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

INEQUALITIES IN DEVELOPMENT DURING THE EARLY YEARS

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

a) Reduce the gap in level of development in reception age children and set a target that every child achieves above the national average level of readiness for school at reception.

- **i.** Equip all those working with young children to support parents and carers in developing their children's early learning, especially with speech and language skills.
- **ii.** Increase Children and Family Centres in areas of high deprivation and for families with children with disabilities and where English is a second language.
- **iii.** Increase the uptake of the free early years education offer among 2,3 and 4 year olds.

b) Provide support to families through parenting programmes, via children's centres and provision of key workers to support emotional resilience and wellbeing in areas of high deprivation and for children with disabilities.

c) Ensure that early years services support households to access appropriate benefits, fuel and food support and provide advice to all households in need.

NATIONAL ADVOCACY

- Increase levels of spending on early years and as a minimum meet the Organisation for Economic Co-operation and Development average.
- Increase pay and qualification requirements for the childcare workforce and develop clear progression routes for early years staff.
- Provide additional early years hours for families living on low incomes.

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

KEY MESSAGES

- Educational attainment is closely related to health, and inequalities in attainment translate into inequalities in health. Inequalities in health and wellbeing that begin at school age are likely to persist and influence health at all ages.
- Funding for education declined in England between 2010–20 and youth services have been cut, which has harmed young people, particularly those living in areas of high deprivation.

INEQUALITIES IN EDUCATIONAL ATTAINMENT

- Children and young people who grow up in poverty are more likely to have poor educational outcomes and less access to training and decent jobs than those from better-off homes.
- In the last five years in Waltham Forest the number of primary school pupils eligible for free school meals has increased by 71%. For secondary school pupils the increase is 66%.
- At Key Stage 2 and Attainment 8 Waltham Forest achieves higher scores for pupils eligible for free school meals compared with the national average and a little better than the London average for children eligible for free school meals.
- Nonetheless, there are differences in Waltham Forest between pupils eligible for free school meals and those without in achieving expected standards at Key Stage 2 and Attainment 8.
- In Waltham Forest Black pupils have the highest percentage of fixed term exclusions.
- The rate of 16–17-year-olds who are not in education, employment or training (NEET) in Waltham Forest has dropped well below the London and England averages, which is due to concerted efforts to reduce the NEET rate.

INEQUALITIES IN PHYSICAL AND MENTAL HEALTH

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

a) Schools to prioritise reducing the gap in attainment.

b) Waltham Forest Council, NHS and schools to jointly commission universal personal health and wellbeing programmes for young people to build resilience and broaden aspirations and expectations.

c) Increase the number of local youth spaces and activities aimed at young people to cover all areas in Waltham Forest so that no young person is more than a 15 minute walk away from one of these facilities.

d) Ensure universal access for all young people to work experience and career paths at different stages of their educational journey, with proportionate offers and uptake for those living in households on low incomes.

- **i.** Waltham Forest Council (education and employment services), local employers, health care organisations and local education providers work in partnership with young people to improve the offer and communication of the offer on work experience, work placements, supported internships, traineeships and Under 19 apprentices (Levels 1 to 3).
- **ii.** Anchors and council to quadruple targets for new apprentices for young people 16—24 years.
- **iii.** Support employability skills pathways for young people, including those with physical and learning disabilities, through delivery of employment shadowing, job market preparation and financial skills training delivered through secondary schools and further education colleges.

e) Adult education to continue with informal and community provision with a focus on reducing social isolation, improving mental health and wellbeing and building general skills as well as improving literacy and numeracy and skills for work. Increase the number of adult learners achieving level 3 in Maths and English.

NATIONAL ADVOCACY

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

3. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

KEY MESSAGES

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

QUALITY OF WORK

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

UNEMPLOYMENT

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

PAY

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

a) Based on the London Good Work Standard, develop a Waltham Forest Good Employment Charter. Public sector to implement and support small and medium enterprises to apply these obligations.

b) The public sector and the Waltham Forest Business Advisory Board to work with small and medium enterprises to encourage and incentivise employers to recruit lone parents, those with experience of living in care and people with poor mental and physical health and disabilities and make reasonable adjustments to meet their needs.

c) Public sector employers to provide social welfare, legal and debt advice, including fuel and food poverty support and support local SMEs to have access to this same advice and information.

NATIONAL ADVOCACY

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

4. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

KEY MESSAGES

- Poverty damages health in many ways, from reducing access to healthy and nutritious food and good quality, sufficiently warm housing, to restricting opportunities to engage fully with society, to directly causing physiological stress and harming physical health.
- Most people living in poverty live in a household where at least one member is in work.
- Over 30% of older people in six wards in Waltham Forest are living in poverty and 13 wards have higher rates of older people living in poverty than the English average.
- The cost of living is rapidly increasing, pushing many more people into poverty and ill-health.
- The cost-of-living crisis is disproportionately affecting those already experiencing deprivation.
- Up to £3.4 billion of available Housing Benefit went unclaimed in 2018/19, according to the Department for Work and Pensions.
- In 2021 the number of UK households with large debts increased by 35%, even before increases in energy prices and the removal of the £20 uplift in Universal Credit payments.

CHILD POVERTY

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

COST OF LIVING

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

DIGITAL EXCLUSION

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

FUEL POVERTY

- Cold, damp homes damage health and increase mortality. In 2022/23 fuel poverty will increase significantly as fuel costs continue to increase, damaging the health of many more people. As well as the health effects of cold homes, rising energy bills reduce the cash available for other expenditure critical to health, including food.
- Waltham Forest has high levels of fuel poverty, higher than the average across England and higher than in all but two of its statistical neighbours.

a) Increase cost of living crisis support

- **i.** Waltham Forest Council to appoint single point of contact/lead to coordinate cost of living crisis support, similar to the COVID-19 response, to bring together partners.
- **ii.** Work in partnership with housing associations, VCFSE sector and grassroots organisation to do 'door knocking' or similar interventions exercise to identify who needs support in cost of living crisis and reduce fuel and food poverty.
- **iii.** Local health providers implement the NICE guidelines on health risks of cold homes with immediate effect.
- **iv.** Developers, supermarkets and key retailers to further support emergency food provision.
- **v.** Assess who is not being paid the London Living Wage.

b) All employers to pay the London Living Wage.

c) Reduce child poverty by ensuring that early years and maternity services, VCFSE organisations and employers support households to access available benefits and services and pay London Living Wage.

d) Shift from crisis to prevention approaches in delivering food security and have as a goal eliminating the need for food banks.

e) Reduce fuel poverty by further targeting, subsidising and tailoring housing retrofit interventions for households most at risk.

f) Work with Credit Unions to reduce the use of high interest loan businesses and reduce predatory lending.

g) Waltham Forest Council to work in partnership with adult/further education, employers, housing associations, social housing and schools to reduce digital exclusion:

- **i.** Waltham Forest Council to implement the Waltham Forest digital inclusion strategy and provide long-term funding to the VCFSE sector as a partner in this.
- **ii.** Waltham Forest Council to provide funding to improve the digital inclusion support offered in libraries.
- **iii.** Waltham Forest Council and public sector employers to improve digital skills amongst own staff. Waltham Forest people's strategy to include section on digital skills.
- **iv.** Ensure all existing and future high footfall places in Waltham Forest, including council hubs, housing, retail developments and health care spaces have WIFI which is free and easily accessible.
- **v.** Council staff to better communicate the non-digital offer of public services to those who need it.

NATIONAL ADVOCACY

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

5. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

KEY MESSAGES

- Good mental and physical health are supported by healthy and sustainable places, which are characterised by access to safe green spaces, clean air, opportunities for active travel, good quality housing and a range of amenities and community resources.

HOUSING

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

CRIME

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

TRANSPORT

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

a) Improve the quality of housing in Waltham Forest and develop and enforce a Waltham Forest decent homes standard.

- **i.** Undertake health equity impact assessment of housing in Waltham Forest.
- **ii.** Create two senior roles for health, social care and housing – one in Waltham Forest Council and one in Barts Health - to work with housing providers to reduce risks of housing causing poor physical and mental health.
- **iii.** Invite VCFSE sector, social prescribers and others from health care to the private landlords forum.
- **iv.** Better communicate Waltham Forest's Selective Licensing scheme, with residents and those working with residents, such as NHS (primary care, social prescribers) and VCFSE sector.
- **v.** Implement and evaluate interventions to address overcrowding in the social and private rented sectors that include both facilitating moves and supporting people to live in their existing homes through modifications and support.
- **vi.** Develop network of social housing providers (community and housing staff) to work towards providers addressing the social determinants of health.

b) Improve the supply and affordability of housing in Waltham Forest.

- **i.** Council provide short-term loans to cover deposit costs to enable people to move in private rented sector.
- **ii.** Working in partnership with developers, all future housing developments to include range of affordable family sized housing, including 3-4 bedroom homes, and improve social value offer in all housing developments in Waltham Forest.
- **iii.** Council to revise information provided to residents about the 'Temporary' accommodation offer to reflect length of stay.

c) Use the 15-minute neighbourhoods approach to develop place-based partnerships to: strengthen the public health approach to policing and violent crime; and assess inequalities in local needs and consider shifting from a one-size fits all service delivery model in Waltham Forest to a neighourhood model that better meets levels of deprivation and need.

d) Maintain current bus routes in Waltham Forest and improve connections to green spaces to eradicate inequalities.

NATIONAL ADVOCACY

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

6. STRENGTHEN THE ROLE OF ILL-HEALTH PREVENTION

KEY MESSAGES

- Preventing ill health is beneficial for the population and the economy and vital for reducing demand for NHS services.
- Much of the ill health in Waltham Forest is avoidable and action on the social determinants would improve health, reduce inequalities, improve employment and productivity and reduce the burden on NHS and other services, reducing costs in the long run.
- Efforts at disease prevention need to ensure that they are universal but particularly targeted at those living in the highest levels of deprivation, who stand to benefit the most, rather than those living in the areas of less deprivation, who may be 'easy wins'. At the same time, these programmes need to engage with the reality of the lives of those living on low incomes.

OBESITY

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

SMOKING

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

SOCIAL ISOLATION

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

VIOLENCE AGAINST WOMEN AND GIRLS

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

a) Develop and/or extend current ill health prevention policies and actions to adopt an equity and the social determinants of health approach.

- **i.** Undertake equity impact assessment of obesity and smoking policies in Waltham Forest.
- **ii.** Review social prescribing offer to ensure it is addressing the social determinants of health, including referrals to food and fuel security support and financial, legal, housing and debt advice.
- **iii.** Support primary care and other NHS institutions to address the social determinants of health.

b) Health equity assessments of all planning decisions to deliver healthy high streets and healthy and equitable development in Waltham Forest.

c) Ensure all health and public service settings include staff that are appropriately trained to enable identification of all forms of violence against women and girls and have robust referral pathways to specialist services related to violence against women and girls.

NATIONAL ADVOCACY

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

7. TACKLE DISCRIMINATION, RACISM AND THEIR OUTCOMES

KEY MESSAGES

- Structural and systemic racism contributes to perpetuating health inequalities, as one of the 'causes of the causes of the causes' of ill-health, and lies behind ethnic inequalities in the social determinants.
- While most ethnic populations in the UK have longer life expectancies than White Britons, some ethnic populations appear more likely to be in poor health. Rates of some diseases and infant and maternal mortality are higher in ethnic minority populations and access to, experience of, and outcomes from health services can also be worse for ethnic minority populations.
- Pre-existing health inequalities, including those related to ethnicity, were exposed and exacerbated by COVID-19. Mortality was higher for some non-White ethnic groups throughout the pandemic.
- There are widespread ethnic inequalities in access, use and experience of services in London; some services developed by statutory services and local authorities are culturally inappropriate and/or exclusionary. There is evidence of discrimination and racism in some services.
- Data on ethnicity is lacking in many health outcomes and in key social determinants of health. It is crucial that NHS bodies and other services routinely gather data on ethnicity to determine where inequalities exist, including in access to services, to enable employers and providers of services to reduce discrimination and inequalities.
- Child poverty, overcrowding in the home, unemployment and factors associated with deprivation are more common among some ethnic minority populations.
- The extent to which programmes intended to reduce poverty and its effects support ethnic minority populations, and the possible need for programmes that address the experience of ethnic minority populations, need to be addressed.
- Some community, voluntary, faith and social enterprise groups represent particular ethnic minority populations, but they mostly lack resources and are often either marginally involved or not involved at all with the design or delivery of interventions by local governments and public services in London.

a) NHS, public service and local authorities to develop indicators related to equity of access for all services in Waltham Forest and commit to improving performance against them.

b) All employers to gather data on their workforce by employee ethnicity and pay and grade. All employers to communicate and publish how they meet equality duties related to ethnicity in recruitment and employment including pay, progression and terms.

c) Interventions to support more deprived communities to be designed and delivered with an ethnicity/structural racism lens.

d) Involve VCFSE sector organisations and networks tackling racism in businesses and the public sector, and support excluded groups from ethnic minority communities into good employment.

e) All services, including health, social care, education and criminal justice, to make explicit commitments towards tackling racism and discrimination and reducing unequal outcomes due to ethnicity and work with local minority communities and relevant VCFSE sector in the design of services.

NATIONAL ADVOCACY

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

8. PURSUE SUSTAINABILITY AND HEALTH EQUITY TOGETHER

KEY MESSAGES

- Tackling climate change and health inequalities in unison is vital so that efforts to reduce health inequalities do not damage the environment and efforts to improve the environment do not damage equity.
- Harm to health from climate change will affect communities living in the most deprived areas the most.
- Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst-off who also bear the costs of remedying the problem.
- Waltham Forest's Mini-Holland project has proved beneficial to the environment and to health.

AIR POLLUTION

- Waltham Forest has a slightly higher mortality attributable to particulate air pollution than the London average.
- Waltham Forest has relatively low carbon dioxide emissions compared with its statistical neighbours.

a) Ensure that the health equity, wellbeing and environmental sustainability are the basis of Waltham Forest's local economic policy.

b) Establish regular meetings between inequality and sustainability leads in the NHS, local communities, the VCFSE sector and local authorities to monitor net-zero policies for equity impacts.

c) Ensure new walking and cycling infrastructure reaches areas with the lowest rates of physical activity first.

NATIONAL ADVOCACY

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

SYSTEM-WIDE RECOMMENDATIONS

A. THE HEALTH EQUITY SYSTEM IN WALTHAM FOREST

KEY MESSAGES

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

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

LEADERSHIP AND OVERSIGHT

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

PARTNERSHIPS

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

RESOURCES

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

1. **Health equity leadership and oversight**
   a) The Waltham Forest Marmot Advisory Board becomes an Implementation Board and oversees development of an implementation plan, based on this report.
   b) The new Implementation Board to provide oversight and contribute to strengthen accountability for health inequality at senior level in the NHS, local authorities and public services.
2. **Monitoring for health equity**
   a) Develop a set of health equity and social determinants of health indicators based on reliable, regular data which is disaggregated by key characteristics, including deprivation, ethnicity, disability and sex, to be used by all sectors.
   b) Assess data from the VCFSE sector which is relevant to understanding and addressing the social determinants of health.
   c) Develop data sharing agreements between NHS and VCFSE sector to enable shared understanding and development of interventions to address the social determinants of health.
3. **Strengthening partnerships for health equity**
   a) Develop a health equity network in Waltham Forest to include businesses and the economic sector, public services, VCFSE sector and local government.
   b) Appoint a Director of Partnerships at Board level within the ICS.
   c) Appoint a housing and health lead at Barts Health.
4. **Increasing and more equitably allocating resources**
   a) Benchmark NHS and local authority prevention spend in 2022–23 and increase funding for prevention by 1% above inflation each year for the next 10 years to address inequalities in the social determinants.
   b) Allocate health resources proportionately, with a focus on the social determinants. Develop a weighted funding formula that takes deprivation into account.
   c) Increase funding for community services and the VCFSE sector.

B. THE NHS

KEY MESSAGES

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

NHS TRUSTS

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

PRIMARY CARE

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

THE ROLE OF THE INTEGRATED CARE SYSTEM

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

Trusts and primary care

a) Define and implement Marmot NHS Trusts approach.

b) NHS organisations to strengthen local and national advocacy for action on the social determinants.

c) Develop Deep end practices approach.

d) Financial wellbeing and fuel poverty embedded into clinical pathways.

e) The Primary Care Network in Waltham Forest to enhance support for social prescribing and support for social determinants of health approaches in primary care.

Integrated Care System

a) Develop the workforce and provide training within each ICS, working alongside the VCFSE sector and local authorities, to identify and deliver local approaches to address the social determinants of health.

b) Initiate and support the development of Marmot Trust approaches.

c) Maintain public health consultant in the ICB and ensure they are adequately resourced.

d) Strengthen accountability for health inequalities for the ICS and providers in the area.

C. OTHER ORGANISATIONS AND SECTORS

KEY MESSAGES

LOCAL GOVERNMENT

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

BUSINESSES AND THE ECONOMIC SECTOR

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

PUBLIC SERVICES

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

COMMUNITIES AND THE VCFSE SECTOR

- There are some excellent examples of constructive community engagement in Waltham Forest, particularly by the local authority and the VCFSE sector. These approaches can be further utilised in the borough and in other public services, particularly healthcare.
- The VCFSE sector is often underutilised as a resource to improve health equity. Investment in this sector offers a great return on investment, and VCFSE partners should be involved at the highest level, to harness their energy, knowledge and skills.
- Funding for the VCFSE sector must become more sustainable and not small 'one-off' pots of money as these degrade the capacity of the sector to have sustainable and lasting impact.
- The VCFSE sector in Waltham Forest is disparate and under-resourced; a coordinating, umbrella organisation would be of value to support better coordination and relationships with the public sector.

Local government

a) Ensure a health equity in all policy approach across the Council.

b) Provide lead support for the development of the Waltham Forest health equity system and implementation plan.

c) Support training for the local government workforce on how it can tackle the social determinants and health equity.

d) Extend partnerships with healthcare and business to support action on the social determinants of health.

Business and the economic sector

a) The Waltham Forest Business Advisory Group to support development of the Good Work Charter and require adoption of these standards by businesses, linked to eligibility for contracts by public services.

b) Businesses to provide support and advice to the workforce and community around finances, housing and debt. Small and medium enterprises to provide this support to the VCFSE sector, commissioned by NHS and local authority.

c) Employers to advocate for and ensure equity in pay, employment terms and promotion.

Public services

a) All public services to focus on reducing health inequalities and strengthening prevention approaches.

b) Improve implementation and monitoring of social value commitments in all public sector procurement and contracting.

c) Develop extended anchor institution approaches in all public services, including in schools, further education colleges, the University of Portsmouth partnership, fire services and the police.

Communities and VCFSE sector

a) Continue to use community development approaches to have regular conversations with residents to identify the services and support they need to develop strong and resilient communities.

b) Waltham Forest Council to fund an umbrella VCFSE organisation to enable coordination and representation of the sector.

c) Assess and match VCFSE sector funding levels provided in similar boroughs.

d) Assess the NHS and local authority commissioning processes and enable longer-term funding for the VCFSE sector to enhance support for the social determinants of health. Assess monitoring and administrative requirements for grants to encourage smaller VCFSE sector organisations.

APPENDIX

INDEPENDENT ADVISORY GROUP MEMBERS

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

STEERING GROUP MEMBERS

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Edmund Wildish – Head of Change Delivery, London Borough of Waltham Forest
Scarlet Willis – Researcher, Institute of Health Equity

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