Ealing
Health and Wellbeing Strategy

2012-2016
Ealing Health & Wellbeing Strategy 2012-16

FINAL

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Appendix 1: Equalities Assessment Analysis - separate document
Executive Summary

Ealing Shadow Health & Wellbeing Board has developed the Ealing Health & Wellbeing Strategy 2012-16 with the engagement of key partners and stakeholders across the council, health and voluntary organisations and Ealing LiNks (Local Involvement Networks).

Five Health & Wellbeing Priority Areas have been identified in workshops and meetings based upon an update of the Joint Strategic Needs Assessment for 2012, an agreed approach to focus on where joint working between partners could add value and a review of options for joint prevention in adults.

Five prevention Priority Areas were agreed by the Ealing Shadow Health and Wellbeing Board to improve health and reduce inequalities in Ealing:

- **Health & Wellbeing Priority Area 1: Early Years Intervention (0-5 yrs)**
- **Health & Wellbeing Priority Area 2: Childhood Obesity**
- **Health & Wellbeing Priority Area 3: Alcohol Misuse**
- **Health & Wellbeing Priority Area 4: Older People and Healthy Ageing**
- **Health & Wellbeing Priority Area 5: Out of Hospital Services**

Detailed reporting to existing partnerships is proposed to drive delivery of the strategy. The Health & Wellbeing Board will follow a cycle of Annual Review on progress on the individual Priority areas, alongside quarterly monitoring of a suite of key high level indicators, to identify where to focus strategic support across the partnerships.

This final version of the strategy has taken account of responses to a public consultation and the further release of outcome frameworks for the NHS, Public Health and Local Authorities in November 2012.
Ealing Health & Wellbeing Strategy 2012-16

Vision

The health of people and populations is determined by a range of factors, including personal, social, economic and environmental factors as well as access to health services. These factors are called the determinants of health.

The Ealing Community Strategy vision for 2006-16 encompasses the wider determinants of health. Ealing Health & Wellbeing Strategy board have adopted this broad vision of health, with the addition of health & social care services (indicated in italics in the box below):

<table>
<thead>
<tr>
<th>Ealing Health &amp; Wellbeing Board: Vision</th>
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<tbody>
<tr>
<td>Ealing will be a borough of opportunity, where people enjoy living in clean, green and cohesive neighbourhoods, as part of a community where they are able to be safe, healthy and prosperous and access high quality health and social care.</td>
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This is particularly important given the 40:30:20:10 ratio of the determinants that influence health outcomes in developed countries (Table 1). This largest determinant of health is social and economic factors, followed by health behaviours, then clinical services and finally the environment.

Table 1: Factors determining Health Outcomes in developed countries

<table>
<thead>
<tr>
<th>Broad Determinant</th>
<th>Factors</th>
<th>Proportion of Health Outcomes determined by these factors</th>
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<tbody>
<tr>
<td>Social &amp; Economic</td>
<td>Education</td>
<td>40%</td>
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<td>Employment</td>
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<td>Violent Crime</td>
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<td>Health Behaviours</td>
<td>Smoking</td>
<td>30%</td>
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<td></td>
<td>Alcohol misuse</td>
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<td></td>
<td>Sexual behaviour</td>
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<tr>
<td>Clinical</td>
<td>Quality and access to health services</td>
<td>20%</td>
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<td>Environment</td>
<td>Air Quality</td>
<td>10%</td>
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<td>Water Quality</td>
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<td>Building design</td>
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</table>

Source: Different perspectives for assigning weights to determinants of health. University of Wisconsin 2010
Context

One of the key roles of a Health and Wellbeing (H&W) Board is to produce a local health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and other relevant services. The Joint Health & Wellbeing Strategy addresses the needs of the local population identified by the Joint Strategic Needs Assessment (JSNA).

Ealing Council, local health services and voluntary sector partners have a foundation of excellent joint working. This is under challenge as individual reorganisations, service reconfigurations and funding constraints impact on each partner at different times.

How the Health & Wellbeing Strategy was developed

The Joint Strategic Needs Assessment (JSNA) 2012 update was developed by a joint working group between Council and NHS Clinical Commissioning Group colleagues. The JSNA was discussed at meetings with the Clinical Commissioning Group and with Ealing LINks (Local Involvement Networks).

At the Ealing Shadow Health & Wellbeing Board meeting in June 2012 (http://www.ealing.gov.uk/info/200892/decision_making/350/local_strategic_partnership/7) all agencies including representatives from user groups, Ealing LINks and statutory partners worked together to:

- review a summary of the updated Joint Strategic Needs Assessment 2012, (the summary and individual detailed JSNA chapters are now available at http://www.ealing.gov.uk/info/100004/council_and_democracy/1109/facts_and_figures/3)
- endorse a Joint Prevention Strategy for Adults which presented options for prevention of ill health, disability and premature death in adults
- agree an approach to the Health & Wellbeing Strategy (Figure 1).

From this work of all partner stakeholders there was a consensus that the joint Health & Wellbeing Strategy should focus on shared areas of work for Ealing Council, NHS, statutory and voluntary sector partners. The priority areas for the Health and Wellbeing strategy were agreed and built on previous work and strategies in existence.

Further discussions on these priorities were held with Ealing LINks and Ealing CVS (Community and Voluntary services).

The Health and Wellbeing Board Reference Group, which has members from LINks, statutory partners, users and carers and the voluntary sector also considered the strategy in Sept 2012. Following consideration by Scrutiny in November 2012 and the strategic Health and Wellbeing Board in November 2012, it will be placed on Ealing Council’s website for wider consultation.
An equalities assessment analysis (EAA) for the strategy can be found at Appendix 1. Generally, the strategy aims to address vulnerable groups and reduce inequalities in the priority areas. The EIA raised awareness about the need to ensure male partners are involved in priority areas 1 and 2 as the responsibility may tend to fall disproportionately on women. The JSNA has reviewed needs by protected characteristic where data exists.

**Figure 1: Ealing Joint Health & Wellbeing Strategy**

The Joint Strategic Needs Assessment 2012 update shows that whilst life expectancy in Ealing is better than the average for England and there is less inequality compared to other London boroughs, significant health inequalities persist\(^1\).\(^2\)

Five priority prevention areas were agreed by the Health and Wellbeing Board in June 2012 to improve health and reduce inequalities:

**Health & Wellbeing Priority Area 1:** Early Years Intervention (0-5 yrs)  
**Health & Wellbeing Priority Area 2:** Childhood Obesity  
**Health & Wellbeing Priority Area 3:** Alcohol Misuse  
**Health & Wellbeing Priority Area 4:** Older People and Healthy Ageing  
**Health & Wellbeing Priority Area 5:** Out of Hospital Services

These priority areas have been described in detail in the following sections of this document.

\(^2\) Marmot Inequality profile for Ealing  [http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/Documents/2012_PDF_LA_00AJ.pdf](http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/Documents/2012_PDF_LA_00AJ.pdf)
Health and Wellbeing Priority Area 1: Early Years Intervention (0-5 years)

1.1. Current situation in Ealing
The Health and Wellbeing Board endorse evidence from The Marmot Review ‘Fair Society Healthy Lives’ and life course research, from leading global centres based in London, that giving every child the best start in life is essential.

An early intervention strategy for children 0-5 years is currently under development in Ealing and will be set out in the Early Years and Children’s Centres Strategies. The early intervention strategy for children 0-5 years refers to general approaches that give children aged 0-5 years the social and emotional foundation they need to fulfil their potential.

The foundations for every aspect of human development are laid down in early childhood and have lifelong effects on health, wellbeing and inequalities. Later interventions, although important, are less effective when good foundations are lacking.

What parents do with their children is more important than who they are. The right kind of parenting in the early years is a bigger influence on their child’s future than wealth, class, education or any other common social factor. Good parenting can mitigate the impact of poverty and deprivation.

A child’s development score at age 2 years is a predictor of their educational outcome at 26 years. By age 3 years, 80% of the brain is developed. Neglect or adverse experiences during this early period has a profound effect on how children are emotionally ‘wired’. This will influence their later ability to empathise with people, their response to events and their behaviour.

Early intervention to promote social and emotional development can significantly improve:

- Educational attainment
- Employment opportunities
- Physical health
- Mental health

Early intervention can also help to prevent criminal behaviour, drug and alcohol misuse and teenage pregnancy.

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3 http://www.instituteofhealthequity.org/
1.2. **Future Key Aims**
We aim to build on existing health and social services and:
1. Increase local awareness of what early intervention in 0-5 year olds can achieve.
2. Provide parents with the information and support they need to help their children.
3. Create the environment to help work across agencies to tackle shared issues.

1.3. **We will achieve these aims by:**
Finalising the early intervention strategy, which will comprise of the Early Years and Children’s Centres Strategy and developing an action plan to underpin the strategy. Children & Families team to confirm timescale.

1.4. **Supporting documents/strategies include:**
A Joint Strategic Needs Assessment update for 2012, includes a chapter on children and is accessible on the Ealing Council website and NHS intranet.

1.5. **Key indicators/high level measures of success**
The likely key indicators include:
1. School readiness
2. Pupil absence
3. First time entrants to the youth justice system
4. 16-18 year olds not in education, employment or training
5. Child development at 5 years (at 2-2.5 years if data developed)
6. Excess weight in 4-5 year olds
7. Level of sustained breast feeding at 6-8 weeks

1.6. **Reporting of progress within existing Ealing Partnership Structures**
This strategy will be monitored in detail by the Children and Young Peoples Board.
2.1 Current situation in Ealing
The prevalence of obesity has more than doubled in the UK in the last 30 years. As we eat more and move less, the issue of achieving a healthy weight affects us all individually and collectively. Levels of overweight and obesity are particularly worryingly high in children, affecting one in three 10-11 year olds. The 2007 Foresight report\(^4\) predicted that if no action was taken 25% of children would be obese by 2050.

In response the Government has produced a new national response to tackling obesity ‘Healthy Lives, Healthy People: a call to action on obesity in England’ (2011)\(^5\). This policy has set the ambition to achieve "a sustained downward trend in the level of excess weight amongst children by 2020". The 2011/12 Public Health Outcomes Framework \(^6\) specifically includes indicators of excess weight in 4-5 year old (Reception Year) and 10-11 year old (Year 6) children, as assessed by the National Child Measurement programme (NCMP) undertaken in state maintained primary schools.

In Ealing there are rising levels of childhood obesity\(^7\), with data from 2010/11 indicating that Ealing has obesity rates above the national average for children in Reception year and Year 6; with 11.2% and 21.0% respectively. Rates for children classified as overweight are slightly lower than the national average for children in Reception at 11.8% but are high at 16% amongst children in Year 6. Levels of overweight and obesity for both age groups are similar to rates across London. For more detail see Ealing Joint Strategic Needs Assessment (JSNA) 2012/13\(^8\)

Overweight and obesity affect children across the borough in all wards. For Reception Year children the highest levels of obesity (2011-12) are in Acton Central, Northolt West End and Southall Broadway. For year 6 children there is a higher prevalence in North Acton, Hanger Hill, South Acton/Southfield and Elthorne wards.

\(^5\) Department of Health 2011 Healthy Lives Healthy people a call to action on obesity in England
\(^6\) Department of health 2012, Improving outcomes and supporting transparency, Part 1; A public health outcomes framework for England 2013-2016
\(^7\) The NHS Information Centre, National Child Measurement Programme 2006/7-2010/11 Headline Results. Website: www.ic.nhs.uk (accessed 27/4/2012)
\(^8\) Ealing Joint Strategic Needs Assessment 2012/13, Overweight & Obesity Chapter p12-13
This data coupled with local research from 2008\textsuperscript{9} indicates that children who are obese are more likely to come from families where at least one adult family member is also obese. Therefore it is important to take a broad approach, including the whole family and broad treatment and preventative action in daily settings that families access.

The previous strategy on obesity ‘Healthy Weight Healthy Lives’\textsuperscript{10} was implemented locally (Ealing Healthy Weight: Healthy Lives Strategy 2009-2012)\textsuperscript{11} and helped to identify and address gaps in services for weight management for children. Direct health spend on Childhood Obesity (2011-12) in Ealing is less than £170,000. Several effective interventions continue to be delivered for children & families. These include:

- Promotion of Breast-feeding, including a peer support programme to encourage the maintenance of breast-feeding amongst new mothers.
- The implementation of the Healthy Start vitamin programme to promote improved child and maternal health
- Healthy Eating workshops with after-schools providers and schools
- The Healthy Schools Programme with primary schools.
- The MEND (Mind, Exercise, Nutrition, Do IT) programme proving structured support for overweight/obese children from 0-13 years, which supports the delivery of the mandated NCMP which is the main source of referral for obese children.
- The successful piloting and tendering of Ealing Healthy Walks led walks programme, particularly aimed at sedentary residents, delivered by Southall Community Alliance
- Commissioning of Ealing’s multi-component lifestyle programme, implemented in partnership with Hounslow and Richmond NHS Community services, as a referral for adults at high risk of cardiovascular disease identified through the mandated NHS Health Checks programme in General Practice

\textsuperscript{9} Dr Foster Intelligence 2008, Ealing PCT Tackling Childhood Obesity, Qualitative Analysis Results
\textsuperscript{10} Department of Health 2008, Healthy Weight Healthy Lives: a cross government strategy
• Active Healthy Workplace interventions with local NHS and Ealing Council staff.
• NHS Health Trainers programme providing 1-1 support on behaviour change and health education
• Piloting and strengthening of Ealing’s Health Champion programme with Ealing Council and voluntary sector staff
• The promotion of diverse physical activity opportunities by Active Ealing

One gap that still needs to be addressed is health promotion and weight management support for teenagers. Currently health promotion work and weight management interventions focusess on children aged up to 13 years. This is particularly important given the results of the Health Related Behaviour Survey of 11,000 pupils (in England/Ealing) which reported that:

• Of the 11 year olds surveyed 15% thought they were too heavy, but actually of 11 year olds actually measured 16% were overweight and 22% obese.
• 6% (n 294) of High School pupils and 12% (n 698) of Primary School pupils said they had a take-away more than 3 times a week!
• 36% of 14-15 year old girls worry about the way they look & 52% girls said they would like to lose weight.
• 77% of 14-15 year old boys & 93% of 14-15 year old girls do less than 5 hours physical activity a week.
• 17% of primary & 14% of high school pupils report being bullied because of their weight/size.

2.2 Future Key Aims
1. To increase the number of children in Ealing who are a healthy weight.
2. To aim for a 1% decrease in obesity and overweight amongst reception and Year 6 children over the next 3 years (2012-2015) then aim to achieve an overall 2% reduction between 2012-2020.

2.3 We will achieve these aims by
The Borough of Ealing, its people & organisations working together in partnership to achieve the five strategic objectives identified in the Ealing Healthy Weight Strategy 2012-2020:
1. Make ‘Healthy weight a priority for everyone’
2. Create a healthy urban environment
3. Promote healthy lifestyles
4. Make effective use of data & research
5. Build capacity & capability through workforce and community based developments

A detailed action plan has been developed, evaluating evidence of effectiveness of previous strategies.

2.4 **Supporting documents/strategies include:**

1. Ealing Healthy Weight Strategy 2012-20 (Draft)
2. Ealing Joint Strategic Needs Assessment 2012/13
3. Ealing Sport & Physical Activity Strategy 2012-2017 (Draft)
4. Green spaces strategy for Ealing (on Council website)
5. LB Ealing Local Implementation Plan 2011-14  
   http://www.ealing.gov.uk/info/100011/transport_and_streets/620/transport_strategies_and_plans/2
6. The Sustainable Modes of Travel Strategy  
   http://www.ealing.gov.uk/info/100011/transport_and_streets/620/transport_strategies_and_plans/5

2.5 **Key indicators/high level measures of success**

1. To increase the number of children in Ealing who are a healthy weight.
2. To aim for a 1% decrease in obesity and overweight amongst reception and Year 6 children over the next 3 years (2012-2015) then aim to achieve an overall 2% reduction between 2012-2020.

2.6 **Reporting of progress within Ealing Partnership Structures**

The Ealing Healthy Weight Steering Group meets quarterly to oversee the development and implementation of the Ealing Healthy Weight Strategy 2012-20. The Ealing Healthy Weight Strategy will be presented to the Health and Wellbeing Board in November 2012 and at the Children’s and Young People’s Partnership Board in December 2012 where it will be monitored.
3.1 Current Situation in Ealing

Alcohol misuse costs the nation between £18 and £25 billion per year\textsuperscript{12}, across the economy. This detrimental impact is seen in alcohol-related diseases, crime and anti-social behaviour, loss of workplace productivity and social problems experienced by those who misuse alcohol and their families. Alcohol misuse is linked to other public sector priorities such as well-being, lifestyle choices, domestic violence and risky sexual activity.

As alcohol cuts across a wide range of agendas, it is vital that organisations work in partnership to raise awareness and tackle the issues together to ensure a coherent and effective approach. Involvement of local communities will be key to challenging the social acceptability of alcohol misuse and associated behaviour.

Ealing experiences significant harm in relation to alcohol misuse. In 2008/2009 Ealing had the highest rate of alcohol attributable hospital admissions (previously NI 39) in London and now has the fifth highest rate (Figure 2).

The Local Alcohol Profiles for England (LAPE) show that Ealing has high levels of alcohol related violent and non-violent crimes, which are both significantly worse than the national averages (Figure 3). The profile also shows the greater impact of alcohol misuse on men’s health in Ealing and is consistent with treatment services where there are generally twice as many men as women.

Whilst directly related alcohol deaths are small in number, liver disease related deaths are increasing in contrast to other causes of premature death and Ealing has the fourth highest under 18 alcohol specific admission rate in London.

Mapping Data shows there is a significant difference in how alcohol misuse impacts different wards in Ealing.

For example Southall Green shows some of the highest levels in the Borough for alcohol related violent crime and Southall also has the highest number of people in treatment for any Ealing ward but also show some of the lowest levels in the Borough for estimated binge drinking. The latter estimates do not take account of drinking patterns in different minority groups within the population.

The Joint Strategic Needs Assessment 2012 Drugs & Alcohol chapter for over 18 year olds details the variations across the borough, age groups and ethnic minorities.

\textsuperscript{12} \url{www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy}
Figure 2: Alcohol related admissions per 100,000 population (DSR) across London 2010/11

Source: NWPHO, LAPE 2012
Figure 3: Ealing Local Alcohol Profile compared to England (LAPE 2012)

<table>
<thead>
<tr>
<th>Metric</th>
<th>England Average</th>
<th>Ealing Average</th>
<th>England Rank</th>
<th>Ealing Rank</th>
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<tbody>
<tr>
<td>Months of life lost - males</td>
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<td>Months of life lost - females</td>
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<td>Alcohol-specific mortality - males</td>
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<td>Alcohol-specific mortality - females</td>
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<td>Mortality from chronic liver disease - males</td>
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<td>Mortality from chronic liver disease - females</td>
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<td>Alcohol-attributable mortality - males</td>
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<td>Alcohol-attributable mortality - females</td>
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<td>Alcohol-specific hospital admission - under 18s</td>
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<td>Alcohol-specific hospital admission - males</td>
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<td>Alcohol-specific hospital admission - females</td>
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<td>Alcohol-attributable hospital admission - males</td>
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<td>Alcohol-attributable hospital admission - females</td>
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<td>Admission episodes for alcohol-attributable conditions (previously NICE)</td>
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<td>Alcohol-related recorded crimes</td>
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<td>Alcohol-related violent crimes</td>
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<td>Alcohol-related sexual offences</td>
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<td>Claimants of incapacity benefits - working age</td>
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<td>Mortality from road transport accidents</td>
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<td>Abstainers synthetic estimate</td>
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<td>Lower Risk drinking (% of drinkers only) synthetic estimate</td>
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<td>Increasing Risk drinking (% of drinkers only) synthetic estimate</td>
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<td>Higher Risk drinking (% of drinkers only) synthetic estimate</td>
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<td>Binge drinking (synthetic estimate)</td>
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<td>Employees in bars - % of all employees</td>
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3.2 Future Key Aims

It is vital to use evidence of best practice but to also be at the forefront of innovative solutions and engaging local communities, where appropriate, to tackle alcohol issues.

Ealing’s Alcohol Strategy 2011-14 aims to reduce the harmful impact of alcohol in the London Borough of Ealing through the following three priorities:

3.2.1 Alcohol Priority 1: Prevention, Early Identification and Specialist/Targeted approaches

Alcohol is a major cause of disease, injury & accidents, disability, violence, social problems and premature death. The impact of alcohol on health and wellbeing is wide reaching across all ages and backgrounds. People may be at increased risk of alcohol related harm to their health but may not be “alcohol dependent”. People have difficulty estimating how much alcohol they drink and if they are within safe limits (3-4 units daily for men, 2-3 units daily for women). There is growing concern about the impact of drinking at higher than recommended levels over long periods of time. This is known to increase the likelihood of a range of cancers and heart problems as well as the more well-known liver diseases often associated with alcohol consumption. Many people who regard themselves as social drinkers may come into this risk group.

3.2.2 Alcohol Priority 2: Crime reduction through working with crime intervention agencies, licensing and late night economy.

Community Safety covers a wide range of issues that can affect local people and communities. This includes levels of crime, anti-social behaviour, hate crime, fear of crime and how satisfied people are with their local area. Alcohol is often linked, in varying degrees; to specific problems including anti-social behaviour, environmental issues, domestic abuse and the impact on emergency services. The action plans drawn up on these and other specific issues include work to address use and abuse of alcohol where it is a root cause.

3.2.3 Alcohol Priority 3: Raising alcohol awareness across Ealing Borough, especially in Young People (under 18)

Young People and their relationship with alcohol cannot be tackled in isolation. It is important to make the links with other risky behaviours such as sexual activity, unplanned pregnancy, anti-social behaviour and being a victim of crime. As there are a wide range of agencies engaging with young people, it is essential to have a coordinated approach to minimise duplication and maximise effectiveness in delivery. The strategic approach for alcohol needs to be part of the Every Child Matters agenda and link to the Children and Young Peoples Partnership Board and its Children and Young People’s Plan and objectives.
The three underpinning notions are community safety priorities, health priorities and young people.

**Figure 4: Alcohol Links between underpinning notions and priorities:**

**Priority 1**
- Health Priorities
  - Treatment
  - Identification
  - Brief Advice
  - Mental Health (Dual Diagnosis)
  - Link to complex needs services
  - Integrated pathways
  - Impact on mental and social wellbeing
  - Messages
  - Alcohol Units
  - Self harm
  - Primary Care and Hospital Engagement
  - Target ‘at risk’ groups

**Priority 2**
- Community Safety Priorities
  - Night time economy
  - Nightsafe
  - Pre loading
  - Domestic Abuse
  - Hate Crime
  - Community Perception and Participation
  - Licensing
  - Responsible retailing
  - Alcohol Industry Link
  - Licensing checks

**Priority 3**
- Health & Young People
  - Impact of parent/carer drinking on YP
  - Specialist Services for YP
  - Long term health effects

**Priority 2 + 3**
- Young People & Community Safety
  - Anti Social Behaviour and Crime
  - Diversionary Activities
  - Reduce Supply
  - Test Purchase Operations (including proxy sales)
  - Parents supply
  - Best practice messages in a range of settings

**Priority 3**
- Young People Priorities
  - Safeguarding
  - Age relevant education
  - Risky Behaviours*
  - Peer lead mentoring
  - Training for Professionals
  - Parents
  - Support
  - Targeting

*Risky Behaviours can include Sexual Activity and Pregnancy, Drugs, Bullying, Peer Pressure, ASB and Crime, becoming a victim, etc.

**Priority 1 + 2**
- Community Safety & Health
  - Emergency Department
  - Binge Drinking (18-25 yr olds)
  - Support for Offenders
  - Housing Link (including homelessness agenda)

**Prevention/Treatment**
- Challenge Social Acceptability by Promoting Self Responsibility
  - Multi agency approaches
  - Active enforcement of licensing laws

**Raising Awareness**
- Impact of parent/carer drinking on YP
- Specialist Services for YP
- Long term health effects
3.3 We will achieve these aims by

Prevention and Treatment - It is important to identify which evidenced based approach needs to be taken when action planning for the prevention of alcohol misuse; with a streamlined accessible treatment system for those who need various levels of treatment.

For this reason one of the key actions is to train health professionals and other staff who may come into contact with vulnerable groups in a cost-effective, high impact but brief intervention call Intervention and Brief Advice (IBA). This aims to identify people who are drinking at increasing risk levels of drinking and give advice and whilst it takes only 5mins, evaluation shows 1 in 8 drinkers will reduce their consumption.

Given high rates of hospital admissions, another High Impact investment is in an Alcohol team located in the Accident & Emergency (A&E) department at Ealing Hospital to support people presenting at A&E with alcohol related issues and offer pathways into treatment and support.

Alcohol and drug treatment services have also been recommissioned to provide an integrated service with improved access, peer support and improved recovery outcomes. The new service started Nov 2012, with the fully transformed service in place from May 2013.

Challenge Social Acceptability by Promoting Self Responsibility - There needs to be a shift towards changing unacceptable behaviour linked to alcohol and encouraging people to take responsibility for the impact of their drinking on their own health and the wellbeing of others. The evidence base for what works is unclear in this area but good practice and national campaigns e.g. Drink Awareness week are followed to inform local work.

Active enforcement of licensing law - that regulate licensing hours and prohibit the sale of alcohol to individuals who are drunk or those who are underage and Licensing interventions that regulate where, when and to whom alcohol can be sold are one of the most influential methods for controlling consumption and misuse.

Raising Awareness - through consistent messages that are relevant to the intended audience and communities and are delivered in the most appropriate way. This could be via a communication campaign for the general public, best practice sharing for professionals, increasing levels of support and communication through volunteers and mentors or targeting a particular ‘at risk’ group. The Schools Improvement Team is planning alcohol awareness sessions for primary and secondary schools about the key signs, symptoms and risks of alcohol and parental attitudes and roles. Alcohol Awareness sessions are being developed for Ealing Council Employees for November 2012.
We develop a local response to Alcohol Awareness Week which takes place nationally in November. This year we will focus on key communities as well as wider population. The key messages about risks of drinking in pregnancy will also be targeted at women.

**Multi Agency Responses** - All agencies and organisations who deal with alcohol and its effects need to work together to realise a more coherent and effective response to the issues and accomplish more effective outcomes.

The Alcohol Working Group will set annual objectives and actions under the three priorities as part of annual delivery plans for the Alcohol Strategy 2011-14.

### 3.4 Supporting documents/strategies include:

Ealing’s Alcohol Strategy 2011-14 has been developed and is accompanied by an Action Plan. The Strategy was ratified by the Safer Ealing Partnership (SEP) in 2011. The implementation of the Action Plan is directly overseen by Ealing’s Alcohol Partnership Group. The Alcohol Partnership Group is also developing a wider approach across council.

There is a separate in depth Young Persons Substance Misuse plan, of which alcohol is an integral part. Ealing Mental Health Promotion Strategy draft highlights the impact of alcohol on mental health and its use as an inappropriate support in times of stress.

The Joint Prevention Strategy for Adults also highlighted the impact of alcohol in pregnancy and on the development of the foetus and resulting learning disabilities in later life.

The Joint Strategic Needs Assessment 2012 update includes a chapter on Drugs & Alcohol which gives more details about the impact of alcohol misuse in Ealing. An Alcohol Data paper to Ealing Scrutiny Committee in Sept 2012 outlines the variations across Ealing related to alcohol.

### 3.5 Key indicators/high level measures of success

Success will be measured by Ealing managing to sustain the drop in the rate of increase of number of hospital admissions for alcohol attributable conditions (previously NI 39), alcohol specific admissions and performance criteria for the new treatment services.

### 3.6 Reporting of progress within current Ealing Partnership Structures

Progress is monitored and reported through the Alcohol Partnership Group which in turn reports to the Drug and Alcohol Task Group (DATG) and Safer Ealing Partnership (SEP).
## 4.1 Current situation in Ealing

Ageing well can enable people to have a better quality of life in later years. All older people should be able to:

- Maintain dignity, independence and control, and be treated as equal citizens
- Make a positive contribution, and feel purposeful and cheerful
- Participate in the social activities and networks that connect them to other people
- Have a healthy lifestyle that maintains physical and mental well-being
- Cope effectively with difficult life events
- Live in a place that promotes a good quality of life
- Be able to get around: to shops, friends and activities

The Foresight principles for Mental Wellbeing are particularly relevant. Enabling older people to connect, remain engaged, move, give and learn are critical to maintaining good health and reducing morbidity. By the age of 65 the majority of people will have developed two long term conditions and will have to manage them, with the help of health and social care professionals.

In contrast to the Foresight recommendations for Mental Wellbeing, social isolation can increase the risk of premature death, impacts upon quality of life adversely affects physical and mental health and increases use of health services. Older people are some of the most isolated in our society.

A number of factors increase the chances of older people experiencing social isolation including living alone, poverty, bereavement, physical immobility and poor health. Ageing can reduce opportunities for participating in social and community groups, and limit their ability to make or maintain friendships. Poor motivation, transport and lack of information about community groups can also act as barriers to social inclusion.

The Ealing Local Involvement Network (LINk) has identified isolation of vulnerable people as a key concern. In July 2011 they reported that isolated vulnerable people needed more support to access educational and social activities and support to develop social networks. They were also concerned about addressing the lack of information about community resources that can help alleviate social isolation.

Involvement in educational and social activity groups is proven to significantly alleviate isolation in older people (Cattam M et al. 2005).

Older people who have taken part in volunteering projects report enhanced well-being, a reduction in isolation and a sense of empowerment because they have made a difference to a someone else’s life (Springate et al. 2008). People who use Community
Navigator services report that they were less socially isolated following the intervention (Windle G et al. 2008).

In Ealing there are 35,000 older people: 24,000 older people are receiving only the state pension, 17,000 older people have a limiting long-term illness, 21,000 older people live alone and 3000 older people have depression. Income deprivation affecting older people in Ealing is concentrated around Southall, Norwood Green and some parts of Acton. The rate for all hospital admissions and emergency hospital admissions for older people are significantly higher in Ealing than the national and London rates (JSNA 2012).

The incidence of older people living alone, the projected increase in the number of people aged over 65 over the next ten years and the expected increase in the proportion of over 65s from minority ethnic communities are important considerations when planning services for older people in Ealing.

The Ealing Growing Older, Growing Bolder, Living Well Strategy 2006-2016 vision (http://www.ealing.gov.uk/download/downloads/id/587/quality_of_life_strategy_for_older_people_and_carers_20062016) is to make Ealing a safe, enjoyable and healthy place to live for older people through the promotion of independence. This strategy, previously led by the Older Peoples team within the local authority, is on the Ealing Council website. Whilst the majority of existing actions have been implemented it will be updated, overseen and monitored by the Older Persons/Long Term conditions Partnership Board.

4.2 Future Key Aims
The Growing Older, Growing Bolder, Living Well Strategy 2006-2016 had four Strategic Themes:

Strategic theme 1 - Healthy lives
Promoting well-being by improving access to a range of health promotion services, which focus on both physical and mental health and reduce health inequalities and social isolation.

Strategic theme 2 - Economic and environmental wellbeing
Improve quality of life by assisting older people and carers to have financial security, arrange of Housing opportunities, access to support services and creating a pleasant and safe living environment.

Strategic theme 3 - Active engagement
Ensuring the continued active engagement of older people and carers in the planning, provision and evaluation of services both strategically and at a micro level.

Strategic theme 4 - Creative partnerships – Having successful and effective partnerships through creating innovative, co-ordinated and integrated services
4.3 *We will achieve these aims by:*

The Older People’s Consultative Forum has continued to be involved in identifying future objectives for the strategy. This process has identified three priorities:

1. To improve wellbeing through continued active engagement of older people and carers in the planning, provision and evaluation of services for existing services and future provision
2. To improve access to a range of health promotion services through reviewing existing and developing prevention services for older people covering: Audiology, Ophthalmology, Falls prevention, Dentistry, Podiatry
3. To improve community support promoting age-friendly attitudes towards planning and delivery of services to ensure the whole range of issues that are important to older people are taken into account. This includes policies and practice, urban renewal, planning, transport, community safety, housing, leisure as well as health and social services should meet the aspirations of older people

There are a number of small-scale home visiting services in parts of Ealing playing a crucial role in reducing isolation for the very frail and housebound older people. However there are also many other isolated older people who have lost confidence and/or lack awareness of community groups available locally and need some level of support to help them gain the knowledge and confidence to go out and meet others.

Services that help to prevent or alleviate isolation in older age could include interventions delivered by both the voluntary and the public sector:

**Information and signposting services**
- websites or directories including information about social support services;
- telephone help-lines providing information about social support services;
- health and social support needs assessment services (postal or web based questionnaires or visits).

**Support for individuals**
- befriending – visits or phone contact, it may include assistance with small tasks such as shopping;
- mentoring – usually focused on helping an individual achieve a particular goal, generally short term;
- buddying or partnering – helping people re-engage with their social networks, often following a major life change such as bereavement;
- Community Navigator initiatives – helping individuals, often those who are frail or vulnerable, to find appropriate services and support.

**Group interventions – social**
- day centre services such as lunch clubs for older people;
- social groups which aim to help older people broaden their social circle, these may focus on particular interests for example, reading.

**Group interventions – cultural**
• initiatives that support older people to increase their participation in cultural activities (e.g. use of libraries and museums); community arts and crafts activities, local history and reminiscence projects.

Health promotion interventions
• Fitness classes for people over 50;
• Healthy walks

Wider community engagement
• projects that encourage older people to volunteer in their local community (for example, local volunteer centres and Time Banks).

4.4 Supporting documents/strategies include:
The Joint Strategic Needs Assessment 2012 update has been finalised and includes a chapter on older people and is on the Ealing Council website and CCG intranet.

4.5 Key indicators/high level measures of success
1. Hip Fractures in over 65s
2. Reduce time spent in hospital by people with long term conditions – unplanned hospitalisation for people with chronic ambulatory care conditions (adults)
3. Helping older people to recover their independence after illness or injury – the proportion of older people (65 and over) who were still at home 91 days after discharge into rehabilitation/reablement services.

4.6 Reporting of progress within Ealing Partnership Structures
Long term Conditions and Older People Partnership Board will oversee and monitor progress on updating the Ealing Growing Older, Growing Bolder, Living Well Strategy 2006-2016.
Health and Wellbeing Priority Area 5: Out of Hospital Services Strategy

5.1 Current situation in Ealing
The Ealing Joint Strategic Needs Assessment 2012 update includes chapters on a range of long term conditions e.g. diabetes, cancers, circulatory and respiratory conditions and Older People. This shows that Ealing has higher rates of hospital admissions for many conditions and there are opportunities for better models of care.


A full draft of Ealing’s Out of Hospital strategy can be found at: (http://www.ealing.gov.uk/info/200892/decision_making/350/local_strategic_partnership/7)

5.2 Future Key Aims
The Out of Hospital Strategy aims to promote:
1. Easy access to high quality care
2. Simpler planned care pathways
3. Quick responses to urgent care problems
4. Coordinated care for long term conditions
5. Less time spent in hospital

5.3 We will achieve these aims by:
• Spending an extra £9-11 million on community based services.
• Recruiting an additional 130 primary care & community professional health staff.
• Improving primary care facilities and health centres.
• Coordinating work across 7 primary care health networks including GPs, mental health, social care and health care services staff.
• Developing care pathways for long term conditions and community based services that will reduce hospital admissions and promote supported discharge.

5.4 Supporting documents/strategies include:
None

5.5 Key indicators/high level measures of success
1. Reduce time spent in hospital by people with long term conditions – unplanned hospitalisation for people with chronic ambulatory care conditions (adults)
2. Helping older people to recover their independence after illness or injury – the proportion of older people (65 and over) who were still at home 91 days after discharge into rehabilitation/reablement services.
5.6 Reporting of progress within current Ealing Partnership Structures

Progress on the Out of Hospital strategy will report to Ealing Clinical Commissioning Group. The Strategy has been discussed at Health & Well Being board given connections with acute hospital services consultations in London.

Over Arching Priority: Reducing Inequalities

It is a key aim of Ealing Health and Wellbeing board to ensure that all sections of society are able to benefit from improvements to health and access to services and inequalities are not worsened.

As with any new initiatives, some people take them up quicker than others depending on their knowledge, capabilities, competing needs, beliefs and values.

For example, as the evidence about the harmful effects of smoking emerged from the 1950s onwards, the levels of smoking across England have fallen in all sections of society. However, smoking still remains more common in manual groups compared to non-manual workers.

Whilst a number of inequalities indicators are proposed in the various frameworks the best developed indicator that is available from 2012 across boroughs is the Male and Female Life Expectancy Slope of Inequality. This is a single summary measure of social inequality in life expectancy across the local authority.

The male and female indicator Slope Index of Inequality (SII) in life expectancy at birth, represents the range in life expectancy across the whole population of the local authority, from most to least deprived over a five year period. An SII of 10 years, for example, indicates that life expectancy for the best-off in the LA is 10 years higher than for the worst-off in the same LA. The higher the value of the SII, the greater the inequality within the area.

Currently, the SII for men in Ealing is currently 6.2 and for women is 4.2. We would look to these values not increasing over the period of this strategy, despite the challenging economic background.
Key High Level Indicators for Health & Well Being

The Health and Wellbeing reference Group in Sept 2012 reviewed the potential key indicators, originating from the NHS, Adult Social Care and Public Health outcome indicators, and proposed which ones were most relevant to the Health & Wellbeing Five Priority Areas (Figure 5). A lead for each Priority area was also identified.

An overarching indicator was also proposed to monitor that action on the priority areas contributes to reducing inequalities across Ealing.

Figure 5: Key High Level Indicators & Leads for Health & Well Being Priority Areas

<table>
<thead>
<tr>
<th>Health Wellbeing Area &amp; Priority Area</th>
<th>Key High Level Indicators</th>
<th>Lead Director or Organisation</th>
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</table>
| Priority Area 1: Early Years Intervention (0-5 yrs) | School readiness  
Pupil absence  
First time entrants to the youth justice system  
16-18 year olds not in education, employment or training  
Child development at 5 years (2-2.5 in due course)  
Excess weight in 4-5 year olds  
Breast feeding at 6-8 weeks | Director of Children and Families |
| Priority Area 2: Childhood Obesity | The number of children that are a healthy weight and obese | Director of Public Health |
| Priority Area 3: Alcohol Misuse | Reducing the rate of increase of number of hospital admissions for alcohol related conditions | Director of Public Health |
| Priority Area 4: Older People and Healthy Ageing | Hip Fractures in over 65s.  
Reduce time spent in hospital by people with long term conditions – unplanned hospitalisation for people with chronic ambulatory care conditions (adults).  
Helping older people to recover their independence after illness or injury – the proportion of older people (65 and over) who were still at home 91 days after discharge into rehabilitation/reablement services. | Director of Adult Social Services |
Priority Area 5: Out of Hospital Services

Reduce time spent in hospital by people with long term conditions – unplanned hospitalisation for people with chronic ambulatory care conditions (adults)

Helping older people to recover their independence after illness or injury – the proportion of older people (65 and over) who were still at home 91 days after discharge into rehabilitation/reablement services.

Over Arching Indicator

Male & Female Life Expectancy Slope of Inequality

Director of Public Health

Clinical Commissioning Group

However, taking into account responses to consultation and a review of the availability of quarterly data to underpin these indicators the High Level scorecard is limited.

High Level Scorecard Summary

<table>
<thead>
<tr>
<th>Annual</th>
<th>Quarterly</th>
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<tbody>
<tr>
<td>School readiness</td>
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<tr>
<td>Pupil absence</td>
<td></td>
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<tr>
<td>Child development at 5 yrs (2-2.5 yrs)</td>
<td>Breastfeeding</td>
</tr>
<tr>
<td>Number of children that are a healthy weight and obese</td>
<td>NI125n No. 65+ discharged &amp; benefiting from intermediate care/rehabilitation still living at home at 91 days</td>
</tr>
<tr>
<td>Alcohol related hospital admissions</td>
<td></td>
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<tr>
<td>Male &amp; female life expectancy slope of inequality</td>
<td></td>
</tr>
<tr>
<td>Hip fractures in over 65 yr olds</td>
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</tbody>
</table>
Delivering and Monitoring the Health & Well Being strategy

1. The detailed action plans and delivery of the individual Health & Well Being Priority areas will be monitored by each relevant partnership board. The proposed reporting lines for the five Health and Well Being Priority areas are to the Children and Young People’s Board (Priority Areas 1 & 2), Safer Ealing Partnership and DATG (Priority Area 3), Older people/Long term conditions Partnership Board (Priority Area 4) and Ealing Clinical Commissioning Group (Priority Area 5)

2. The Health & Wellbeing Board will review performance by quarterly reports on each Health & Well Being priority area including a review of the high level indicators proposed below.

3. The Health & Wellbeing Board will meet six times a year and will review progress on each priority area in depth at least annually or more often if required.

4. The four year cycle for the Health & Wellbeing strategy from 2012-16 is in line with the Ealing Community Strategy which runs to 2016, but will be refreshed annually along with the annual refresh of the JSNA. The annual refresh will consider the impact with regard to equalities and the protected equalities groups.
Supporting Documents

Outcome Indicators

Public Health Outcome Indicators 2012
1. Summary

2. Technical specification of individual Public Health outcome indicators

NHS Indicators 2012

Adult & Social Care Indicators 2012

Slope of Index of Equality – Marmot Indicator
http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

Children’s Health Indicators

Other Documents

1. Ealing Joint Prevention Strategy 2012-16 DRAFT
   http://www.ealing.gov.uk/meetings/meeting/89/health_and_well_being_board

2. Ealing’s Alcohol Strategy 2011-14

4. Ealing Out of Hospital strategy:  
   (http://www.ealing.gov.uk/info/200892/decision_making/350/local_strategic_partnership/7)

5. Ealing Healthy Weight Strategy- Draft


   http://www.ealing.gov.uk/site/scripts/google_results.php?q=green+spaces+strategy

8. LB Ealing Local Implementation Plan 2011-14  
   http://www.ealing.gov.uk/info/100011/transport_and_streets/620/transport_strategies_and_plans/2

9. The Sustainable Modes of Travel Strategy  
   http://www.ealing.gov.uk/info/100011/transport_and_streets/620/transport_strategies_and_plans/5