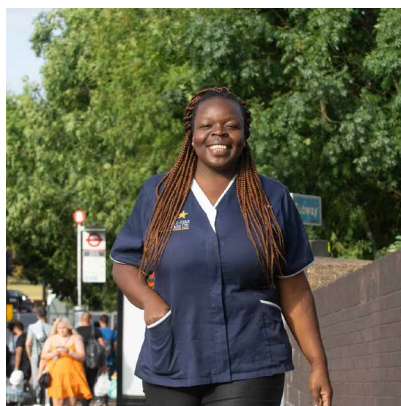
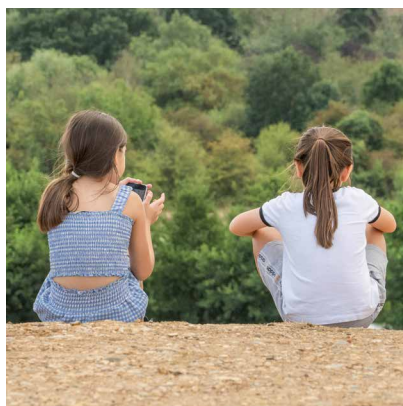
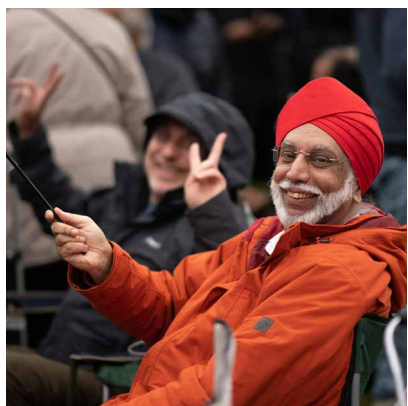


Ealing Health and Wellbeing Board

Together in Ealing

Health and Wellbeing Strategy 2023-2028



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Foreword

The pandemic of 2020 threw a harsh spotlight on health inequalities, with the most deprived parts of our borough suffering from the highest rates of infection and death. This is not a coincidence – we have known for a long time that health inequalities are intrinsically linked to deprivation, the building blocks of health, and the way that services are structured and accessed.

Residents have long raised these issues through consultations specifically about healthcare and NHS services, but they have also been a consistent theme in all of the conversations we have with local people about the future of our borough – from discussions about how we want to tackle male violence against women and girls, to dialogue at the Ealing Race Equality Commission and the resulting Citizens Tribunal; and from representations on planning applications, to responses to questions about digital exclusion.

Now is the time to think differently about health and wellbeing, and make a fundamental change to how all the different partners involved in Ealing's Health and Wellbeing Board address the challenges our seven towns face.

This strategy is an important milestone, because it brings all of that community feedback together. In doing so, it sets out the significant scale of the challenge more effectively than ever before, and provides us with an evidence base fit for the future, setting us on a path to tackling health inequalities head on.

It acknowledges the huge impact that people's wider circumstances have on how long and – crucially – how well we live. This includes, for example, housing quality and security, access to transport, availability of good jobs, access to family, friends and wider networks of community support. The strategy focuses on these 'building blocks of health and wellbeing' and importantly brings a sense of fairness and justice in order to prioritise our actions to create sustainable change across the system that will tackle inequality and improve health and wellbeing across Ealing's seven towns.

As with everything we do, in implementing this strategy we will work to give communities more power over the decisions that affect them. In putting this strategy into practice, the council and the Health and Wellbeing Board will continue to celebrate the diversity and individuality of each of our seven towns, recognising that what works in one part of the borough may not be the solution in another.

We know that making change on this scale won't be easy, and it won't be quick. We also know that the council – and even the Health and Wellbeing Board – is only part of making this happen. Our success will rely on working in partnership with service providers, charities and our local communities to shape systems and structures that leave no one behind.

We hope that we can rely on your support.



Cllr Peter Mason,
Leader of Council



Cllr Josh Blacker,
Cabinet member for Healthy Lives



Foreword

The COVID-19 pandemic has had a profound impact on the health and wellbeing of people across the world, and the borough of Ealing is no exception. The pandemic has highlighted the importance of having a robust and comprehensive health and wellbeing strategy in place, one that is responsive to the changing needs of our communities.

Ealing is a diverse and vibrant borough, but it also faces significant health inequalities. We are seeing a worrying trend of increasing levels of obesity in children, and the unintended consequences of alcohol dependency are having a significant impact on our community. This is because people have unequal life experiences, with different access to opportunities and privileges. These differences are visible in the building blocks of health and wellbeing. These are the health, social and economic inequalities acting as root causes of health and wellbeing and they ultimately impact how well, and long people live.

Addressing these challenges requires a collaborative and strategic approach, which is why members of the Ealing Health and Wellbeing Board have worked closely with partners across the NHS, Ealing council and resident and community groups, to develop 'Together in Ealing' the Health and Wellbeing Strategy for 2023-2028.

This strategy sets out a clear vision for a healthier and happier Ealing. Reducing inequalities reduces the number of people in Ealing living with poorer health, dying prematurely, and reduces the unfair differences between groups so everyone has an equal opportunity to thrive. The pandemic has reinforced the importance for us to work together to build a resilient and responsive system that promotes a culture of prevention and inclusion.

'Together in Ealing' identifies a range of key commitments, including:

- Tackling the root causes of inequalities, such as poverty, poor housing, and access to services by working as a system to improve access to health services and providing support for people experiencing stress, anxiety or depression
- Promoting healthier opportunities, so as to reduce the risk of the consequences of health problems to people's lives by promoting systems and structures that leave no one behind
- Working with partners to develop a shared practice across the board and with our communities and a joint understanding of our role in improving the building blocks of health in Ealing

Ealing Health and Wellbeing Board is committed to working in partnership with the community to address these priorities and to create a healthier, happier borough for all. We will continue to engage with our residents and partners throughout the implementation of 'Together in Ealing' to ensure that it remains responsive to the changing needs of our communities.



Dr Vijay G Tailor Bsc MBChB MRCGP

Ealing Borough Medical Director NHS North West London



Executive Summary

We have so much to celebrate in Ealing. Communities are richly diverse, resilient and have a wide range of valuable resources and cultural capital. We also have a huge voluntary, community and faith sector supporting communities. However, we know that people in Ealing have unequal life experiences, with different access to opportunities and privileges. These differences are visible in the 'building blocks of health and wellbeing' which are the root causes of health and wellbeing, and ultimately impact how well, and long we live. This inequality is harmful for everyone in Ealing.

When we looked at recent feedback from Ealing communities, we understood how important these building blocks of health and wellbeing are for creating healthy and more equal life experiences. In other words, it is important to residents that they have better quality housing, more community spaces for people to come together, good well-paid local jobs, greater access to green space for connection to nature, inclusive access to information and services, and an anti-discrimination culture. It is also essential that relationships between communities, the Health and Wellbeing Board member organisations and partners are strong. Good partnership working is the key to enhancing the existing vast and rich resources of Ealing's communities for the benefit of local people.

Communities have also told us they want to be more engaged with the work of the board, its member organisations and partners at every stage. They want to share the power and control needed to bring about improved health and wellbeing, and reduce the unfair differences experienced and observed in their everyday lives. We heard how the board needs to listen, learn and respond to Ealing's communities through a new relationship built on trust and partnership. The board has a key role to play in unlocking the potential and creativity in Ealing to create better health and wellbeing for all.

We have heard how work at a neighbourhood level is important in Ealing, recognising the specific nature of each neighbourhood and the different communities that live there. We also recognise that residents belong to multiple communities that exist due to a shared belief, perspective, background or interest beyond the geographical location in which they live.

We are reminded of the vital importance of leaving no one behind on the journey to improved health and wellbeing in Ealing, and the key role of the Health and Wellbeing Board in leading this agenda. We understand the importance of tackling structural discrimination, learning from the COVID-19 pandemic, Black Lives Matter movement, Ealing Race Equality Commission and the current cost of living crisis.



Together in Ealing has set out nine commitments within three key themes, to drive Ealing’s Health and Wellbeing Board’s work over the next five years.

Together in Ealing

We will see Ealing’s communities thriving, with good health and wellbeing, and with fairness and justice in the building blocks of health and wellbeing

<p style="text-align: center;">Putting communities at the heart of everything</p> <ul style="list-style-type: none"> • Listen and learn from community conversations • Harness our collective resource to enhance the power of the voluntary, community and faith sector • Develop new models for working with our local communities 	<p style="text-align: center;">Systems and structures that leave no one behind</p> <ul style="list-style-type: none"> • Drive excellence in a shared equality, diversity and inclusion agenda • Make services and support meet the diverse needs of our communities • Ensure the Health and Wellbeing Board is equipped to operate for the benefit of our diverse communities 	<p style="text-align: center;">Connecting the building blocks of health and wellbeing</p> <ul style="list-style-type: none"> • Ensure the lens of wellbeing and inequalities is applied to the ‘building blocks’ • Ensure greater contribution of the board to the building blocks of health and wellbeing • Lead a whole system approach to work on the building blocks of health and wellbeing
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The themes and the commitments have been informed by a wealth of intelligence from communities, via existing consultations and strategy processes of the board member organisations, bespoke community engagement and survey methods, as well as an understanding of Ealing’s inequalities through local data analysis. The themes and commitments have also been shaped by best practice approaches and principles gathered from national and regional evidence and learning.

The board will implement these commitments over the next five years. In the immediate term, this will involve planning key actions for year one which will build the foundations for the board’s work with communities, under each of the commitments for the further four years of the strategy. The success of the strategy will be monitored, and the learning used to adapt practice in real time, ensuring maximum impact and visible change.

We will see Ealing’s communities thriving, with good health and wellbeing, and with fairness and justice in the building blocks of health and wellbeing.



Acknowledgments

The authors of **Together in Ealing**, on behalf of the **Health and Wellbeing Board**, are:

- [Maddy Gupta-Wright](#)
Consultant in Public Health
- [Ruxandra Ratiu](#)
Health and Wellbeing Strategy Support Officer
- [Mandy Harling](#)
Consultant in Public Health
- [Anna Bryden](#)
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The creation of **Together in Ealing** would not have been possible without the participation of many local residents, colleagues from voluntary, community and faith sector organisations, as well as Ealing Council, and our NHS colleagues working across Ealing.

We would like to express our thanks in particular to:

- All our local residents who participated in the engagement process (through focus groups, community conversations and the online survey) for **Together in Ealing**.
- The members of the Steering Group who oversaw the process of delivering this plan from inception to completion providing invaluable feedback throughout.
- The members of the Health and Wellbeing Board who shaped the priorities for **Together in Ealing** following consultation and workshops
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- Colleagues from the Public Health Team, in Ealing Council for their contributions to the best practice evidence and interpretation of inequalities data.
- Colleagues in the Strategy, Intelligence and Corporate performance team in Ealing Council for their helpful data sourcing, presentation and analysis.

All those that were involved in the engagement process, specifically:

- Residents from an Irish traveller community
- Participants at an Anti-Poverty Week Summit organised by Southall Community Alliance in November 2022
- Residents in Northolt as part of the Active Travel Scheme engagement in October 2022 at the Northolt Leisure Centre/Library
- Acton Gardens Community Centre mum and toddler group and 50-year-old plus Caribbean group
- Residents at the Ealing Residents Forum at the Ealing Town Hall, in collaboration with NHS colleagues
- Let's Go Southall Community
- Mind Food
- Ealing Hounslow Community Voluntary Service users including people seeking asylum in Ealing
- RISE drug and alcohol service users
- Young people from Bollo Brook Youth Centre

Steering Group members:

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- Maddy Gupta-Wright - Consultant in Public Health, Ealing Council
- Simon Hall – Chair of Ealing Community Network
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- Mark Wiltshire - Director of Community Development, Ealing Council



Introduction

Together in Ealing is the Joint Local Health and Wellbeing Strategy for 2023-2028, setting out the commitments of Ealing's Health and Wellbeing Board over the next five years. Where we refer to Ealing in this strategy, unless qualified, we are referring to Ealing borough as a whole.

Health and Wellbeing Boards were established by the Health and Social Care Act 2012. As the Board, we are responsible for setting the tone and direction of local action to improve health and wellbeing for all Ealing's communities.

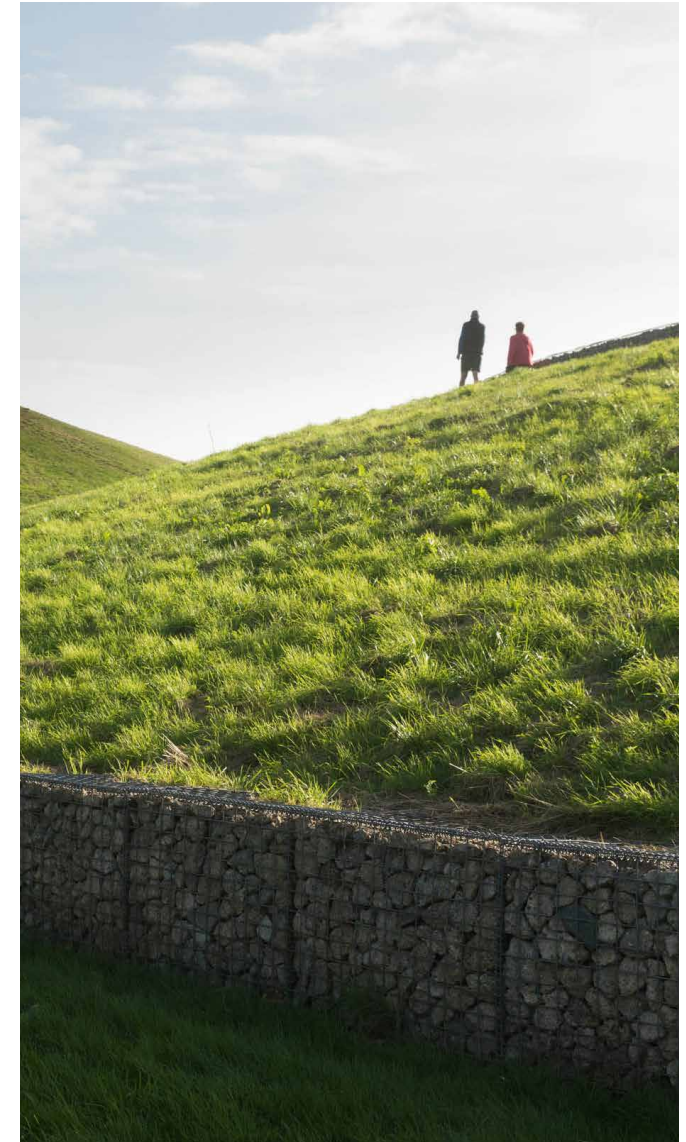
Ealing's Health and Wellbeing Board brings together local leaders from across the system, who have a role in the creation and maintenance of health and wellbeing in Ealing. This includes leaders in the health and social care system but also in the broader system responsible for the [building blocks of health and wellbeing](#).

The member organisations of the Ealing Health and Wellbeing Board are:

- Ealing Council
- Ealing NHS Integrated Care Board (ICB)
- Healthwatch Ealing
- London North West University Healthcare NHS Trust
- West London NHS Trust
- Hillingdon Hospital Trust,
- Imperial College Healthcare NHS Trust
- Ealing GP Federation
- Ealing Community Network

The purpose of Ealing's Health and Wellbeing Board is to lead and coordinate local collaborative efforts to improve health and wellbeing and reduce health inequalities in Ealing. This strategy is a statutory duty of the Board and its development has been overseen by a steering group made up of representatives of the Health and Wellbeing Board member organisations.

Ealing's Health and Wellbeing Board serves the communities living in the seven towns of Ealing, which are supported in health care delivery by eight primary care networks, Ealing's integrated neighbourhood teams and community and hospital NHS trusts. In addition, the Health and Wellbeing Board has strong partners in the police, local education institutions, and employers in the borough.



The focus on inequality

The Vision: We will see Ealing’s communities thriving, with good health and wellbeing, and with fairness and justice in the building blocks of health and wellbeing.

Ealing communities are richly diverse, resilient and have a wide range of valuable resources and cultural capital. However, we know that people in Ealing have unequal life experiences including their health and wellbeing. In addition to inequalities in health outcomes, we also know that Ealing’s communities experience inequalities in the building blocks of health and wellbeing, the conditions of life which are the root causes of health and wellbeing, and ultimately impact how well, and long we live. This inequality is harmful for everyone in Ealing.

These inequalities are not new, but their significance was more exposed during the COVID-19 pandemic, and existing health, social and economic inequalities were exacerbated. In addition to COVID-19, we learnt more about racial inequality in Ealing through the Race Equality Commission in 2021.² The commission declared race inequality a

crisis that demands an urgent response, calling on Ealing’s institutions to be bold and make clear commitments in response to their work. The Health and Wellbeing Board’s decision to focus its strategy for 2023-2028 on tackling inequality is an opportunity to respond to this need.

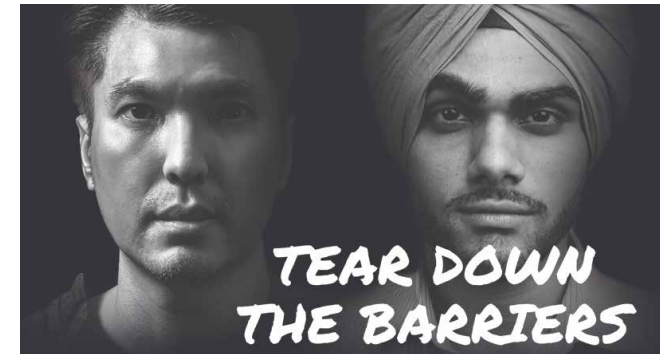
Reducing inequality reduces the number of people in Ealing living with poorer health, dying prematurely, and reduces the unfair differences between groups so everyone has an equal opportunity to thrive. Even for people living in relative privilege, wealth and good health, living in an unequal society is bad for us. We lose social empathy and are less likely to act as a community to make improvements for everyone. In other words, reducing inequalities is good for everyone’s health and wellbeing.^{4,5,6}

As well as the strong moral arguments for reducing inequalities, there are considerable financial arguments too,

as it reduces the costs to families, communities, employers, the economy and of course the health, social care and welfare system as a whole.⁴

The inequality focus for Together in Ealing is a shared vision of the Health and Wellbeing Board. It aligns well with ‘Fighting Inequalities’ as one of the three Ealing Council plan 2022-2026 priorities, complements the strategic vision set out in the North-West London Integrated Care System Strategy, and is echoed as a core principle for the Ealing Integrated Care Board, supported by the Core 20 Plus 5 NHS England frameworks for adults and children, which are designed to support Integrated Care Systems to reduce healthcare inequalities.

Together in Ealing will build on a wealth of good practice across the board, looking for ways to scale up, adapt and enhance this work to drive and improve positive change which is already occurring. But we also recognise that we must be bold in our approach to new ways of working. We must be innovative, test new approaches, and ensure that there are good mechanisms for learning and adaptation in place.⁷



¹ Ealing Council 2021 Annual Public Health Report COVID Inequalities

² Ealing Council 2021 Race Equality Commission

³ Scanlon, T.M. Why Does Inequality Matter? New York: Oxford University Press 2018 Pp. ix + 170

⁴ Wilkinson, R. and Pickett, K. The Spirit Level 2009

⁵ Marmot 2010 Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010

⁶ Marmot 2020 Health Equity in England: The Marmot Review 10 Years On

⁷ NHS England Core20PLUS5 (adults and children and young people) – an approach to reducing healthcare inequalities for children and young people

What has informed Together in Ealing?

The following four sections describe the intelligence which has informed the development of the themes and commitments in this plan. These are:

1. The Building Blocks of Health and Wellbeing

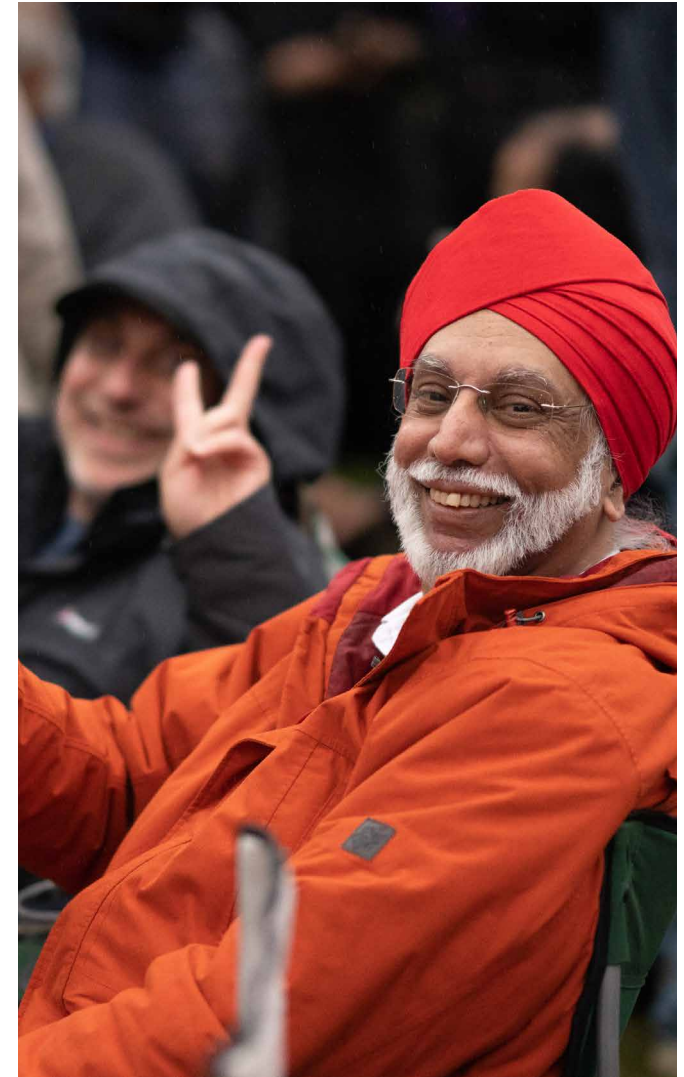
2. Inequalities in Ealing

3. What our residents, communities and partners told us

4. Best practice approaches

The voices of Ealing residents were strong and echoed in a variety of reports and conversations

Some of this intelligence is from the national and regional literature on tackling inequalities, some of it is quantitative data on the inequalities in Ealing, and some of it is very locally specific, from key existing reports and consultations and bespoke engagement activities. Through the processes of gathering these different strands of intelligence, we heard and read the same themes many times. The voices of Ealing residents were strong and echoed in a variety of reports and conversations. As well as this, the national and regional best practice guidance has led us to a purposeful approach to addressing the 'Building Blocks of Health and Wellbeing' as the most sustainable route to tackle the specific inequalities facing the communities in Ealing.



1. The Building Blocks of Health and Wellbeing

Good health and wellbeing is much more than just the absence of illness. It is the overall state of wellbeing of individuals and communities and their capacity to thrive. It must be actively created by ensuring everyone has the building blocks for good health and wellbeing and has access to mechanisms and knowledge to protect themselves from poor health and wellbeing. In other words, health and wellbeing will be best achieved by ensuring that the conditions of life are health-creating.^{8,9,10,11,12}

The ‘building blocks of health and wellbeing’ refer to a wide range of aspects of our lives, such as work, homes, access to education, skills and learning, green space and transport, how well socially connected we are, and whether we experience poverty or racism. These conditions of life are the root causes of health and wellbeing, and ultimately impact how well and long we live.

Of course, our access to quality, prevention or treatment health and welfare services, impact our health and wellbeing greatly. However, sustained health and wellbeing over our life course, and the unfair differences in

health and wellbeing for different groups of people, occur more as a result of the building blocks of health and wellbeing, than service provision alone.

Related to this, our behaviours (such as smoking) are not simply a choice but are informed by the building blocks of health and wellbeing around us, for example, through what we can afford, the degree of stress we are under, and the cultural and social norms that make us who we are. Food is a good example here - less healthy food is often cheaper to buy (fresh food inflation hit 15% in the UK in December 2022 according to The British Retail Consortium), there are different cultural norms around food which influence the health benefits or harms that food brings, and foods that are less healthy may be eaten more at times of stress, for comfort or convenience. Information about healthier food choices will not address the inequality but tackling some of the building blocks of healthier food choices, such as food prices, accessibility, and the licensing and regulation of the food industry, will.



Figure A: What Makes Us Healthy – The Building Blocks of Health and Wellbeing^{13,14}

⁸ Local Government Association 2016 Health in all Policies

⁹ The Health Foundation 2019 Implementing health in all policies

¹⁰ Local Government Association 2021. Inclusive economies and healthy futures: Supporting place-based action to reduce health inequalities

¹¹ Marmot 2010 Fair society, healthy lives: The Marmot Review: strategic review of health inequalities in England post-2010

¹² Marmot 2020 Health Equity in England: The Marmot Review 10 Years On

¹³ The Health Foundation 2022 How to talk about the building blocks of health

¹⁴ The Health Foundation 2022 Shaping places for healthier lives

People's experience of the building blocks of health and wellbeing will also be different because of other influences such as people's language, digital skills, sense of power and control over their lives, and whether or not they are affected by discrimination, including racism. These phenomena are themselves 'building blocks of health and well-being' and of course, none of these factors, work in isolation. In reality, the same groups of people experience multiple disadvantages which are connected and dependent on one another. This 'intersection of disadvantage', creates an even greater day to day stress and strain, resulting in poorer wellbeing over a range of time frames (see example in Figure B). Comparing oneself to others and feeling disadvantaged is distressing, which can lead to biochemical changes in the body, eventually causing ill health¹⁵. The frequency and level of stress experienced by an individual or community will also influence the size of the impact on health and well-being. In contrast, an 'intersection of advantage' will help a person or community have greater resilience and social capital for mitigating the harms of life stresses.

This is how, and why, we see a range of inequalities affecting the same groups of people. This phenomenon was most starkly revealed during the COVID-19 pandemic, where both direct and indirect impacts of the pandemic were greatest for some of the same groups of people over very short time frames.

In combination, the building blocks of health and wellbeing, and the sense of power and control we have over them, are the foundations of creating good health and wellbeing. Working in partnership across the Health and Wellbeing Board, with partners and our communities, sustainable system change is achievable to fight inequalities, and improve health and wellbeing in the seven towns of Ealing. Together in Ealing has this strong partnership and 'whole system working' of the board, with communities, at its heart.

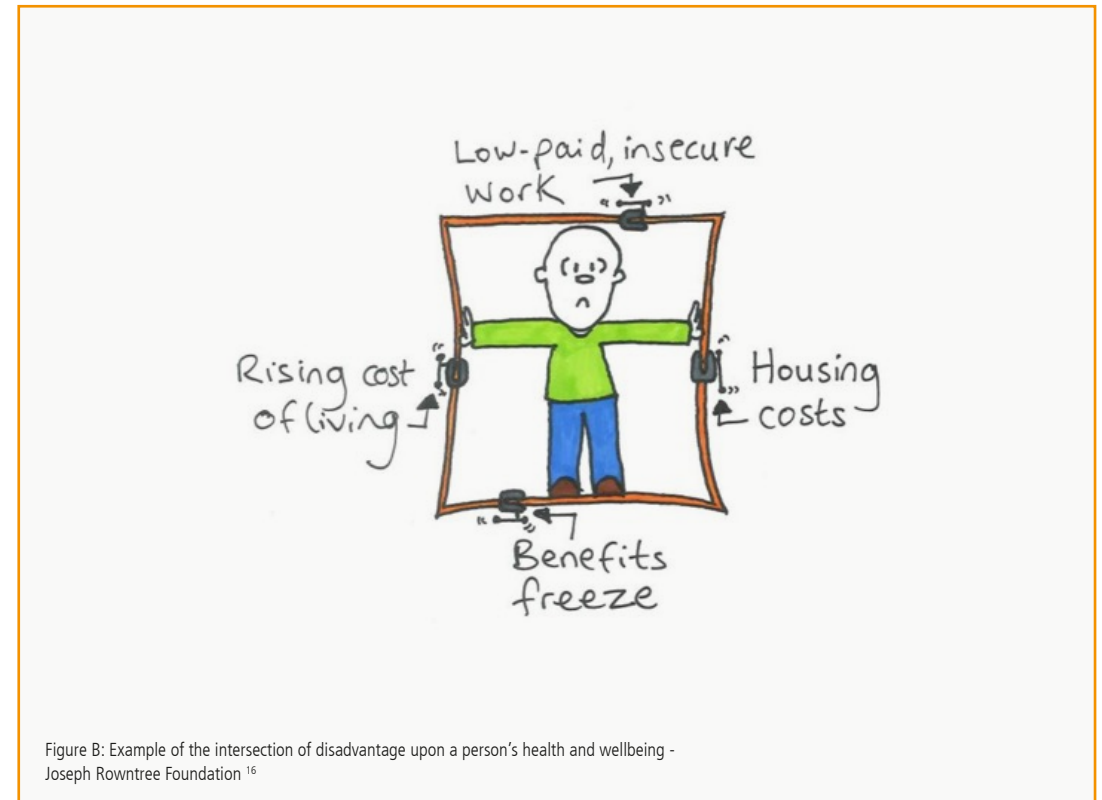


Figure B: Example of the intersection of disadvantage upon a person's health and wellbeing - Joseph Rowntree Foundation¹⁶



The importance of community assets and relationships

The building blocks of health and wellbeing include the strength and resource of the communities with which we identify. Health and wellbeing can be created and sustained through strong relationships, community connection and access to community 'assets' (see figure C). The power of good relationships for health and wellbeing is profound, whether between couples, families, in our communities, or between ourselves and the services we use, the resilience and support we gain from these interactions is very health creating.^{17,18}

Overall, people experiencing less stress from the physical building blocks of health and wellbeing i.e. those with better housing etc.

and less discrimination will find it easier to have stronger, more nurturing relationships and social connection. In other words, wealth and privilege makes relationships and social connection easier because of greater access to local spaces, and resources to enhance social activity and fewer stresses in life to test our relationships. However, this is not always the case. Positive social connection through strong, supportive, and reliable relationships, can be achieved in a variety of ways. Many of the mechanisms for developing such 'health creating' relationships are not reliant on material means, such as through faith or shared interests or perspectives. Authentic and nurturing relationships may also be stronger for residents who have built dependencies and shared assets within their communities.



Figure C: What are community health assets? UK Health Security Agency¹⁹



The importance of race equity and health and wellbeing

Racism is a health issue. In other words, racial equity is essential for individuals and communities to experience equity in health and wellbeing. We can think of racial equity as a building block of health and wellbeing itself, but also as the wider context and an essential foundation for other building blocks to have positive impact.

Sadly, there has long been evidence of stark health inequalities faced by ethnic minority groups in UK.²¹ Some of these health inequalities can be firmly attributed to racial inequity in access, experiences and outcomes of health care²¹, and some of it because the stress associated with being discriminated against based on race, directly affects people's mental and physical health.^{22,23} There are also huge contributions from racial inequity in access to, and experiences of, the building blocks of health and wellbeing.²⁴ In addition, any intersection in disadvantage in the building blocks of health and wellbeing for ethnic minority communities can frequently be linked back to experiences of 'structural' racism.

By 'structural', 'systemic' or 'institutional' racism (used interchangeably), we mean racism arising from systems, structures, or expectations that have become established within society or an institution.

A more detailed definition of institutional racism is

'The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.'²⁵



Examples of the health inequalities experienced by ethnic minority groups in the UK are many and shameful, not least the example of COVID-19. The pandemic shone a brighter light on these inequalities, because COVID-19 had, and continues to have, a disproportionate impact on ethnic minority groups. Analysis published by the Government showed that the greater negative impact of COVID-19 on certain ethnic groups could not be fully explained by the other building blocks of health and wellbeing (e.g. income) suggesting that structural racism was a contributor.²⁶ This fits with evidence of structural racism as a contributor to many other poorer health outcomes.²⁶

In late 2020, Ealing Council established an independent Race Equality Commission (REC) to look at race inequality in detail.²⁷ The catalysts to the commission were the COVID-19 pandemic and the brutal murder of George Floyd by a police officer in the United States and the Black Lives Matter movement as a response to this atrocity. While very different in nature, both these events and the more open conversations about race equity that followed, were the backdrop to the commission's work.

The Commission concluded that to bring about change in Ealing, those responsible for commissioning, delivering and co-designing services must:

- Build trust with communities.
- Listen to the experiences of residents and understand their challenges, recognising the differences between groups and their histories.
- Use data and insight to ensure the tenacious pursuit of narrowing inequality.

Through the commission, the Board has a clear remit to do more to improve life chances and outcomes for all communities by working on racial equity.

Throughout the strategy and its implementation, we have been clear to acknowledge that language has power and limitations, and the words we use when talking about race and ethnicity have an impact on residents and communities. Where possibly we will be specific in referring to an ethnic group, however where collective terminology is needed, we have opted to use the language of 'ethnic minority groups' or 'people from ethnic minority backgrounds' as per government guidance.²⁸ These terms refer to all ethnic groups except the white British group, and hence includes white minorities, such as Gypsy, Roma and Irish Traveller groups. We acknowledge that no one term is preferred by everyone in Ealing, but we use these terms with utmost respect to individual and community dignity. As part of the board's learning journey in this strategy we will remain receptive and adaptable to changing our approach to language in the future.

We acknowledge that no one term is preferred by everyone in Ealing, but we use these terms with utmost respect to individual and community dignity. As part of the Board's learning journey in this strategy we will remain receptive and adaptable to changing our approach to language in the future.



The impacts of the building blocks of health and wellbeing

The ‘building blocks’ impact our health and wellbeing in a host of complex ways (figure D). Some of these ways are more ‘direct’ and others more ‘indirect’. Those causing more *direct* impact include, for example, the nutritional quality of the food we eat, the quality of the air we breathe and the access to space, active travel infrastructure, or facilities in which to undertake physical activity.

Other building blocks have more indirect impacts for example the financial resources we have available to us, the education and skills that afford us better opportunities for income generation, job satisfaction and welfare at work, and the levels of stress that we experience in getting timely access to quality services and support that meet our needs. Such stress builds up to affect our bodies causing for example higher blood pressure, poorer mental health and a weaker immune system. It also affects our sleep, relationships, ability to be productive at work, and how likely we are to adopt unhealthy behaviours.

Some building blocks can impact directly and indirectly in different ways, for example there is a wealth of evidence for the significant impact on our mental and physical health and wellbeing of being better connected to nature and natural green spaces of high biodiversity. Not only is it good for us to use green space to be physical active, there are huge indirect benefits to our mental health and wellbeing from being amongst nature.²⁹

All our different circumstances and experiences through the ‘building blocks’ combine and lead to real differences in our quality of life and overall wellbeing, our risk of developing specific health conditions, and our long-term ability to thrive and prevent ill-health for ourselves, our families and communities.



Figure D: How do the ‘building blocks’ create differences in health and wellbeing?

The role of the Health and Wellbeing Board in achieving change in the building blocks of health and wellbeing

Ealing’s Health and Wellbeing Board operates a ‘place-based partnership’,^{31,32} and as such is well placed to lead on whole system change to the building blocks of health and wellbeing in Ealing.^{33,34} We will do this through the coordinated efforts of its member organisations who have the collective responsibility for the health and wellbeing of Ealing’s residents. The key functions of such a place-based partnership are described by The Kings Fund in figure E and have helped shape our commitments for Ealing.

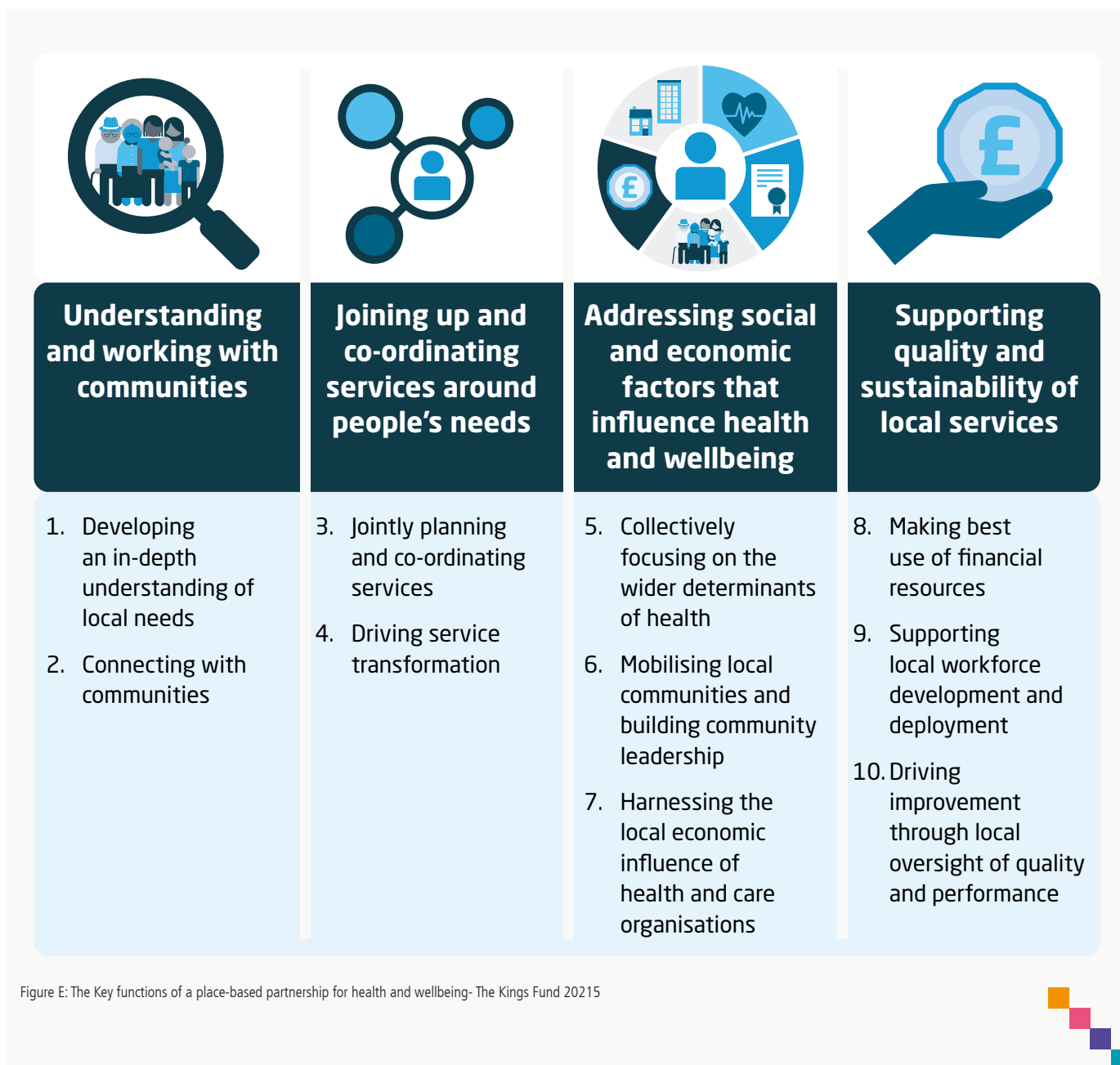


Figure E: The Key functions of a place-based partnership for health and wellbeing- The Kings Fund 20215

³¹ The Kings Fund 2021. Developing place-based partnerships: The foundation of effective integrated care systems

³² Ealing Borough Based Partnership: North West London ICS (www.ealingbbp.nhs.uk)

³³ Institute of Health Equity 2021. Addressing the National Syndemic: Place-based problems and solutions to UK health inequality.

³⁴ Public Health England 2019. Place-based approaches for reducing health inequalities: main report.

2. Inequalities in Ealing

Ealing is a large borough with the third largest population in London.

The following summary of data for Ealing’s communities, includes a snapshot of what we know about some of the building block of health and wellbeing. Whilst the data highlights the rich diversity we have to celebrate in Ealing, it purposefully focuses on the inequalities we also see amongst our communities. These inequalities are the drivers for this plan’s approach for 2023-2028 and provide important context for the selection of the themes and commitments.



Population and Life expectancy

Residents are having children at a declining rate and the proportion of residents in their older years is growing, similar to across London and England. Compared to the rest of England, Ealing’s residents as a whole population, are relatively young.³⁵ Ealing residents live in one of seven town neighbourhoods (see figure F).

Men and women on average in Ealing live to 80.3 years and 84.4 years respectively. However, there are differences for men and women living in different areas. At the extremes, men living in Hanger Hill live on average 6.4 years longer than men living in South Acton; whilst women living in Northfield live on average 6.9 years longer than those living in Norwood Green.

The stark difference that deprivation has on health and wellbeing can be demonstrated by the difference in the life expectancy for men and women between the most affluent and least affluent areas of Ealing. For 2020-2021, this ‘life expectancy gap’ across Ealing for males is 6.5 years and for females 4.6 years.

Within the years of life lived by residents in Ealing, an average of 18.5 and 18.8 of those years for men and women respectively will be spent in ill health).³⁶



Figure F: Map of Ealing borough showing the boundaries of the 7 town neighbourhoods





Ethnicity, country of birth and language

Ealing is the third most ethnically diverse borough in England and Wales³⁷, with under 50% of Ealing residents identifying in the overall White ethnicity category, and only 24.3% identifying as White British (figure G).

Over half (50.8%) of the residents of Ealing were born outside the UK.³⁸

Within the borough, Southall Broadway, Southall Green and Dormers Wells have the highest percentages of residents from different ethnic minority backgrounds.³⁹ As well as a high percentage overall, these wards and others are also home to a wide range of residents from different ethnic minority backgrounds.

According to the National Census 2021, compared to local authorities in the rest of England & Wales, the ethnic composition of Ealing includes the:

- Largest number of Polish residents 18,816
- Highest number of Afghan residents 7,006
- Highest number of Iraqi residents 4,779
- 3rd highest number of Iranian residents 3,796
- 3rd highest number of Somali residents 5,848
- 3rd highest number of Sri Lankan residents 602

There are more than 170 different languages spoken in Ealing's schools⁴⁰. Only just over two thirds (69.1%) of Ealing residents, identify English as their main language, a 15% increase between 2011 and 2021. After English, the most common main languages spoken in Ealing are shown in figure H.

For those whose main language isn't English, proficiency in English language varies, with 22,872 residents (20.8%) able to speak little or no English.⁴¹

Importantly, 25,000 (19%) households in Ealing reported to have no-one that had English as a main language; this was the highest count in London and the second highest across all local authorities in England and Wales.

In March 2021, Ealing was amongst London boroughs with the highest number of people seeking asylum; 525 asylum seekers were formally receiving support as of September 2022.⁴²

There are estimated to be over 2,000 people from Traveller communities in Ealing at certain times of the year. Currently, Traveller groups are largely from the following traditional communities:

- Travellers of Irish heritage
- East European Roma
- English, European and international circus and fairground Travellers.



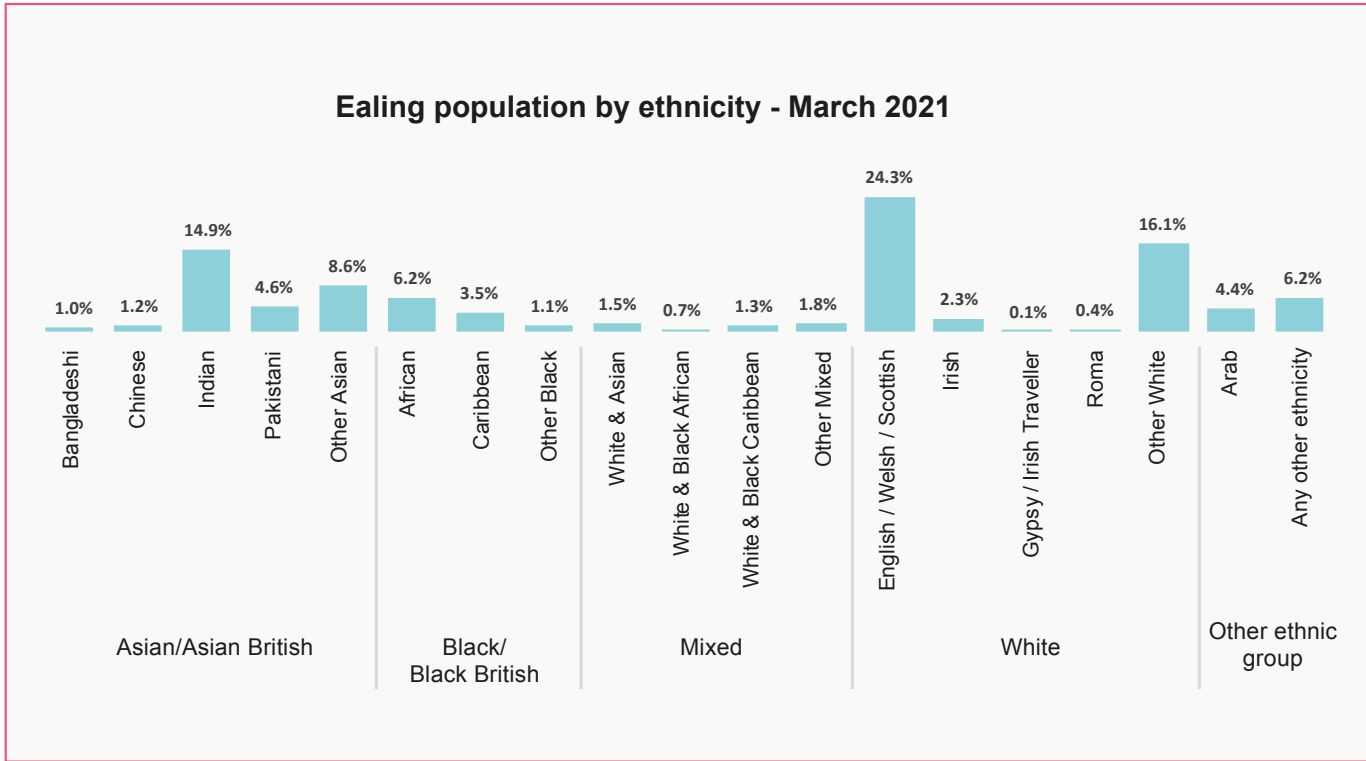


Figure G: Ealing Population by Ethnic Group; Source: National Census 2021, ONS



Top 10 languages (excluding English) spoken as a main language (% of Ealing population, March 2021)

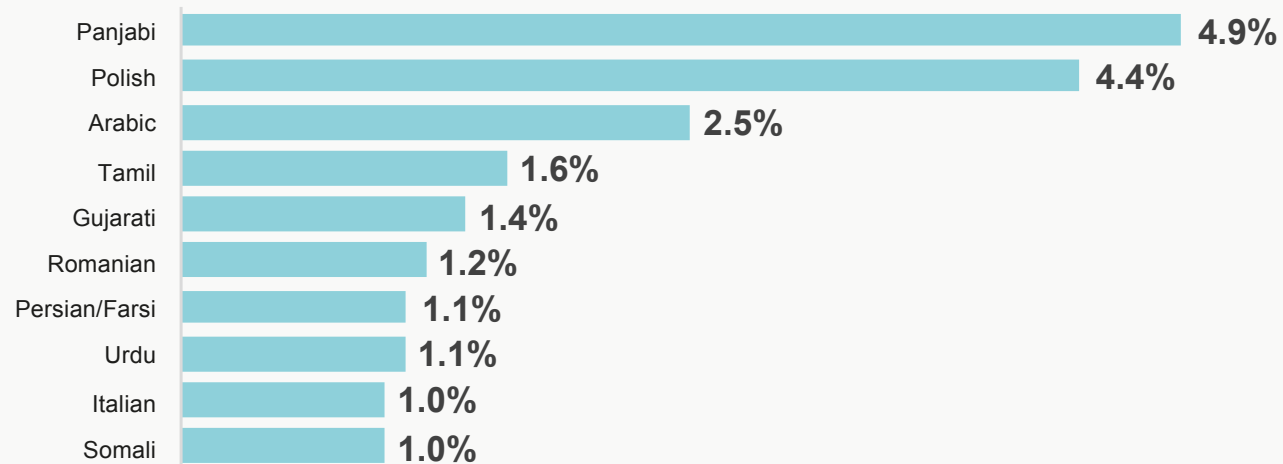
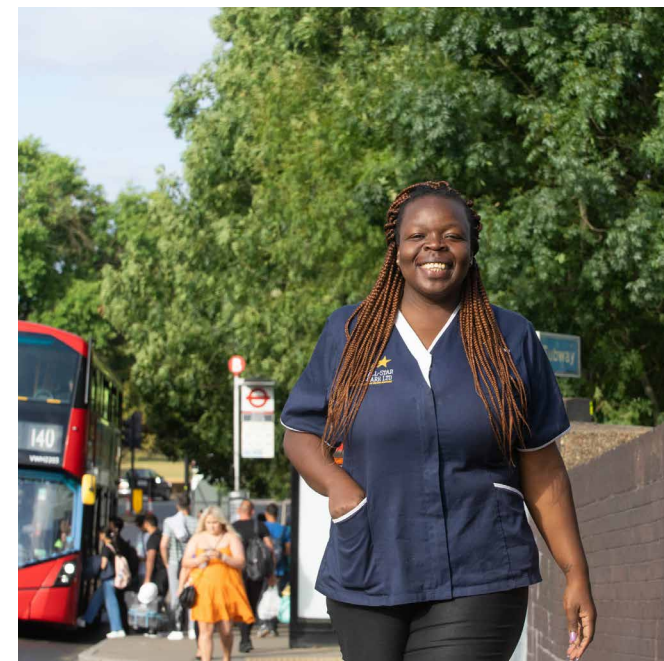


Figure H: Top 10 languages (excluding English) spoken as a main language in Ealing;
Source: ONS, National Census 2021





Deprivation

Levels of deprivation vary across the borough, with the highest deprivation concentrated in and around Southall, Northolt and Acton (see figure I). Ealing has 4 residential areas that are in the 10% most deprived in the country.

While the current cost of living crisis will impact everyone, impacts will be worse for those already experiencing poverty and inequality. Evidence of a worsening of inequality in Ealing includes the increase in number of families eligible for Free School Meals, which has increased from 9500 in Sept 2020 to 15,600 in December 2022, and the increase in food bank usage with approximately 35% more clients in 2022 than for the same period in 2021.



Income, employment and skills

The number of working residents and families facing poverty is increasing in Ealing. The proportion of children (under 16 years) in Ealing living in poverty is 14%, having increased by 10% since 2015.⁴³ There are huge differences in household income, with households in Southall Green and Southall Broadway having approximately half of that of households in Southfield and Ealing Broadway.

73% of 18-64 year olds in Ealing are employed compared to 75% in London, but 26% of these jobs are paid below the London Living Wage (LLW) of £10.85 and the quality of work is poor with over 40% of jobs in low paying sectors compared to 33% in London as a whole.⁴⁴

Because of its industrial heritage Ealing has high levels of long-term unemployment, and notable rates of economic inactivity. This is likely to have increased due to the impact of the COVID-19 pandemic.



Education and development

Seven out of ten Ealing school children achieve a good level of development at the end of Reception, which is similar to England, but lower than London.⁴⁵ However, there are significant inequalities for children living in different towns in Ealing. In Perivale, Northolt and Greenford, a significantly smaller percentage of children achieve a good level of development by the end of Reception, than in Southall, Acton, Hanwell and Ealing (figure J).

There are other inequalities in educational experience in Ealing. Black Caribbean pupils who make up 3.8% of the school population in Ealing experience 17.9% of the permanent exclusions and 12.5% of the fixed term exclusions (based on 3-year average figures) at secondary school, highlighting how Black Caribbean young people are under-served by our education system in Ealing.

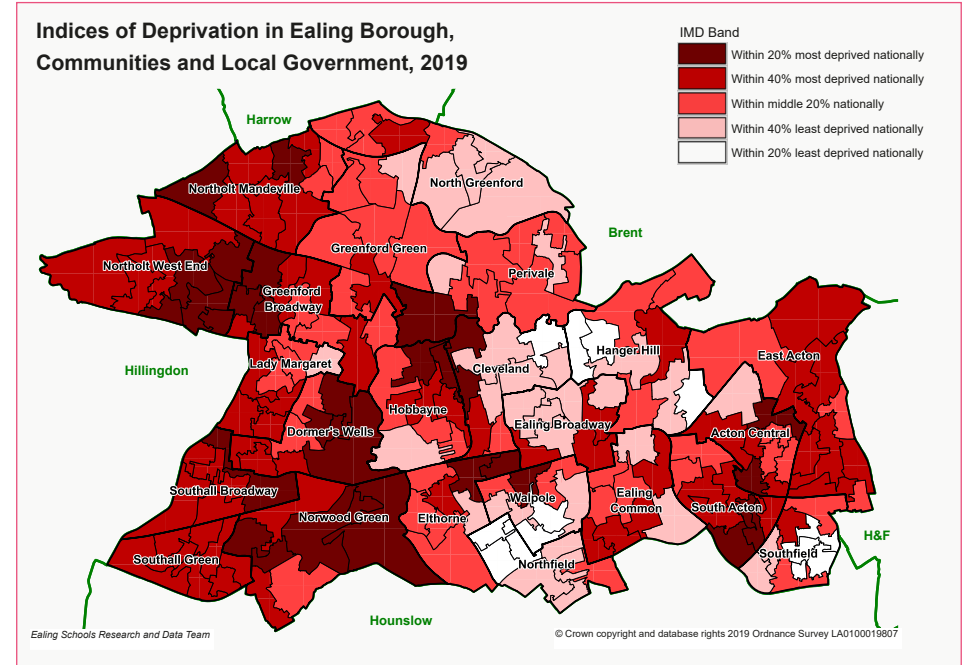


Figure I: Map of Indices of Deprivation for 2019 showing the more deprived areas in darker red. (ONS 2019)

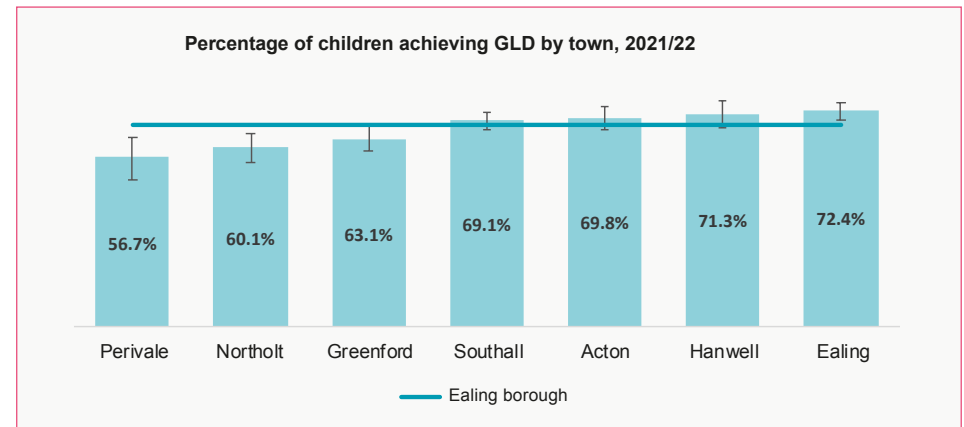


Figure J: Percentage of children achieving a Good Level of Development (GLD) by the end of Reception year; Source: Summer assessments 2022, Ealing Schools.

Food poverty

In January 2021, 2.33% of Ealing households reported experiencing hunger, defined as having skipped food for a whole day or more in the previous month, or indicated they were hungry but not eaten because they could not afford or get access to food.⁴⁶

At the same time, 8.69% of Ealing households were struggling with food insecurity; This was defined as at least one of the following:

- Seeking help accessing food
- Skipping or shrinking meals
- Having a reason for not having enough food

13.91% of Ealing households were very worried or fairly worried about getting enough food. (Source: The University of Sheffield using survey data from Food Foundation/ You Gov, Jan 2021) Ealing has the busiest Trussell Trust foodbank in London, and fourth busiest in UK.⁴⁶

Fuel poverty

11% of households in Ealing are experiencing 'fuel poverty'. A household is said to be fuel poor if it is living in a property with an energy efficiency rating of band D, E, F or G (as determined by the most up-to-date Fuel Poverty Energy Efficiency Rating (FPEER) methodology); and its disposable income (income after housing costs (AHC) and energy needs) is below the poverty line.⁴⁸

Housing

In February 2022, there were 18,756 housing benefit recipients in Ealing, which is 15% of all households (Source: LG Inform 2022).

With 13% of households living in overcrowded conditions (Source Census 2021).

In 2021/22, 267 households in Ealing were assessed as statutorily homeless, 497 as threatened with homelessness, and 19 per 1,000 households were in temporary accommodation (Source: LG Inform 2021/22).

Health inequalities

In Ealing as a whole, the number of people stating they had a limiting long-term health problem or disability was 44,811 (12.2%) in 2021. There are significant differences between the wards with the highest proportions of people with limiting long-term health problems and disabilities compared to those with the lowest. At the two extremes there are 2,210 people in Dormers Wells (14.2%) compared to 1,542 people in Southfield (9.4%) (Source: Census 2021).

There are a number of key health and wellbeing measures which are worse in Ealing compared to the London and England averages. These are shown in figure K.⁴⁹

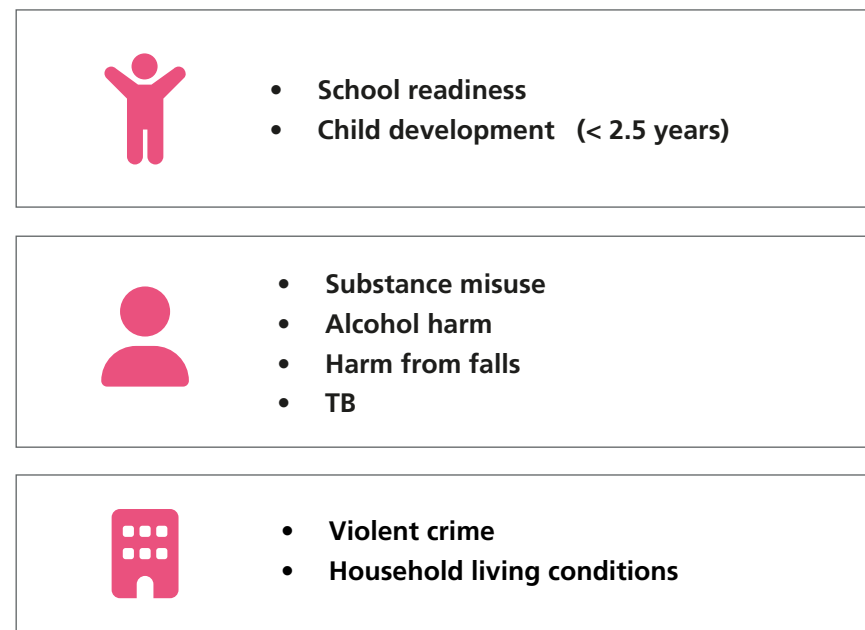


Figure K: Key challenges in health and some building blocks of health and wellbeing for Ealing compared to England average (Source: Public Health Outcomes Framework 2022)



Examples of the links between building blocks of health and wellbeing and health inequalities in Ealing.

The following three case studies are examples of the role of building blocks of health and wellbeing in creating specific health inequalities in Ealing.

Health inequality example 1 – Diabetes

One in five adults in the Bangladeshi population in Ealing have diabetes. This is double the Ealing average. Other ethnic communities with rates of diabetes significantly higher than Ealing’s average as a whole, are Indian, Pakistani, those identifying in an ‘other Asian’ ethnic category, and Caribbean populations.⁵⁰ Some of the reasons for this ethnic inequality will include coinciding socioeconomic deprivation and experience of structural racism. Structural racism can lead to poorer access to quality indoor and outdoor spaces/facilities for physical activities of cultural relevance, poorer access to healthy food, culturally incompetent healthy lifestyle advice, poorer access to healthy and good employment, high levels of stress, coinciding mental health problems, and reduced access to culturally competent prevention and treatment health services.

Health Inequality example 2 – COVID

The wards with the highest total COVID infection rates in Ealing were concentrated in the west of the borough (Southall and Greenford) and to a lesser degree Northolt and East Acton (figure L). A similar concentrated pattern was seen with COVID death rates. These areas correlate with the areas of greatest deprivation indicating that there was a socioeconomic inequality in the direct impact of COVID (Source APHR 2021).

In addition to deprivation, COVID infection rates were highest in wards in the borough with the highest proportion of residents from different ethnic minority backgrounds.⁵¹

COVID illustrated the intersection of disadvantage with regards to the impact of an infectious disease and the societal action taken in response. In particular it demonstrated the vulnerability of both front line and lower paid sector workers, those affected by overcrowded housing, and those experiencing discrimination including racism.

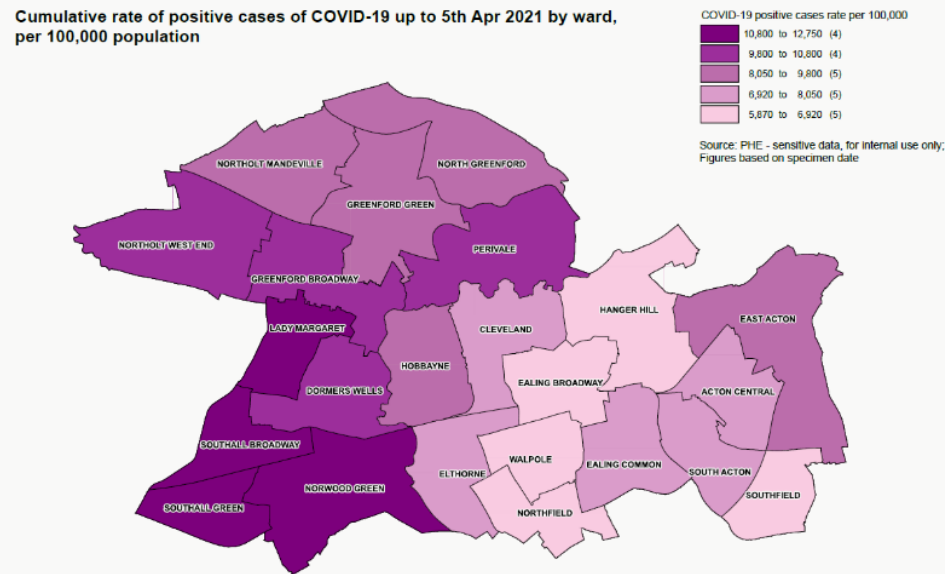


Figure L: Map of cumulative rate of positive COVID-19 cases per ward per 100,000, up to 05th Apr 2021

Health Inequality example 3 – Depression

In Ealing, 7% of the adult population have been diagnosed with depression. The prevalence of depression in Ealing is highest in the White and Black Caribbean population and the White British population. Both nearly double the Ealing average. In addition, the Caribbean population, White and Asian population, Other mixed backgrounds and the Irish population all have rates of depression significantly higher than the Ealing average.⁵³ Qualitative data from stakeholder and community engagement in Ealing has highlighted stigma around mental health diagnoses amongst certain community groups, which can lead to a lack of health seeking behaviour. Mental health services also lack cultural competence, with language barriers and some psychological therapies which do not align with some cultural ways of thinking. In addition, the intersection between risk of depression and socio-economic deprivation and ethnicity is complex. There is an increased risk of mental health problems amongst people experiencing greatest stress and discrimination. Improving the building blocks of health and wellbeing in terms of safe secure homes, and access to good education and work, is highly likely to improve mental wellbeing and resilience, however this must also be done in the context of reducing discrimination and improved social connection.

3. What our residents, communities and partners told us

The plan has purposefully used a wealth of relevant information from existing other local consultations and reports before engaging with key local partners and communities to address gaps in information. It has also been informed by national and regional best practice learning.

These information sources in combination have informed the development of the three key themes for the commitments.

The **thematic analysis of existing local consultations and reports** revealed key recurring themes regarding the impact of the ‘building blocks’ of the health and wellbeing of Ealing’s communities

The strongest themes highlighted the need to:

- Understand our communities through the better use of and sharing of local data between partners
- Support the building of trust in those with power and responsibility
- Enable communities to steer future change
- Ensure digital inclusion especially for the young and old
- Make available more accessible and safe spaces, tailored to the needs of all age groups
- Improve access to affordable and good quality housing

Local consultations and reports included in the thematic analysis were:

- Digital Exclusion report for Ealing
- Draft Ealing Youth Plan Consultation
- Ealing Learning Disability Strategy Consultation
- Ealing Male Violence against Women and Girls Strategy 2023-2027 draft
- Ealing Race Equality Commission Report
- NHS NWL Community Insight Reports for Ealing
- Poverty Action Summit – hosted by Ealing Foodbank, July 2022
- Seven Towns consultations
- Shaping Ealing report
- The Women’s Safety Survey and report
- Voices of Colour report – Navigating Finances and the impact of COVID-19 on the health of Asian Women
- Youth Covid-19 Vaccine Engagement in Ealing report

“could not access the health services as easily due to language and digital barriers. There was not enough information in Nepalese”

Voices of Colour report, Navigating Finances and the Impact of Covid-19

“Look at the wider determinants of health, use data better and share it more widely with people in our communities”

Race Equality Commission Report

“COVID-19 vaccine hesitancy is embedded in a context that drives relationships of mistrust between minority communities and authorities”

Youth Covid-19 vaccine Engagement in Ealing engagement

“Local people should be more involved in steering future change [...]. Many called for greater opportunities for said involvement.”

Visions for Northolt report

“Lower levels of educational attainment and older age affect levels of digital exclusion”

Digital exclusion risk in Ealing report



The online survey captured local perspectives on how the 'building blocks' impact the health and wellbeing of residents.

697 responses

The responses to the **online survey** were crucial to further understand some of the relevant 'building blocks' that impact on the health and wellbeing of our local population. Of course, the group that completed the survey is not likely to be representative of the whole resident population living in Ealing. There are voices that may and may not have been included in the survey responses (not least due to the barrier of digital access) which we should be mindful of when interpreting the results.

When asked what has the largest positive impact on their health and wellbeing, 64% of the respondents said that safer public spaces would do that. Over 60% of the respondents said that affordable places for people to be able to come together are also needed in their areas.

Respondents also said that the following services would be most useful for the health and wellbeing of their families: better availability of medical appointments (65%), services to help people be more physically active (62%) as well as access to mental health support (61%).

When residents asked if they could change one thing in Ealing to improve their health and wellbeing their responses can be summed up as follows:

- Having a forum for residents' voice (like the previous Ward Forums) to help anchor institutions understand residents' perspectives and needs and make services more accessible to residents
- Better access to patient appointments
- Affordable leisure facilities
- A more thought through process of local development with infrastructure that meets the different needs of the local population
- Safer streets, neighbourhoods and roads

"Housing that is affordable, less properties/new builds are destined for renters. Build for the community rather than people from far away" **online survey respondent**

"Contacting the Council is incredibly hard, it would make me feel a lot better if being able to ring them about a relevant issue was easier, clearer, and more straightforward" **online survey respondent**

"Inclusivity/accessibility – people being aware of each other's differences (autism awareness), a feeling of inclusion and having access to suitable activities for all ages"

EHCVS event



The bespoke **community conversations and focus groups** emphasised some of the conclusions of the previous intelligence on the building blocks and their impact on health and wellbeing in Ealing

The views expressed most frequently and strongly from participants included:

- The value of hyperlocal communities and organisations that support people to feel included, connected, understood, and accepted.

- Belonging to organised groups to better understand health and wellbeing and having opportunities to connect and socialise.
- The desire to be more involved in decisions about their local area.
- Access to services that are culturally competent, which understand people and can advocate for their needs.
- Safe and 'elevated' local areas for people to access and use

Community conversations and specific focus groups

Total of 180 participants

Focussing on the question 'What matters to you for your health and wellbeing?'

- Residents from an Irish traveller community
- Anti-Poverty Week Summit organised by Southall Community Alliance in November 2022
- Residents in Northolt as part of the Active Travel Scheme engagement in October 2022 at the Northolt Leisure Centre/Library
- Acton Gardens Community Centre mum and toddler group and 50-year-old plus Caribbean group
- Residents at Ealing Residents Forum at the Ealing Town Hall, in collaboration with NHS colleagues
- Let's Go Southall Community
- Mind Food
- EHCVS service users and asylum seekers,
- RISE drug and alcohol service users
- Young people from Bollo Brook Youth Centre.

Internal and external partner consultations

Two bespoke workshops with Health and Wellbeing Board member organisations to shape themes and commitments for the plan

Series of consultations with senior leaders and partners

"Elevate local areas to encourage people to use them more: add signage for short walks, add more public toilets, organise Park runs"

local resident at the Active Northolt engagement event

"Activities for elderly groups have stopped and there is a struggle to find others to replace them"

EHCVS service users and asylum seeker engagement event

"Being part of a community, feeling appreciated, heard and represented"

local resident from the Active Northolt engagement event

"We need local organisations to act as advocates for vulnerable people and those who cannot access the system" –

RISE service users engagement event

"Let's Talk Sessions organised by a Let's Go Southall lead for GP groups had a very positive impact on mental health of people participating" –

Let's Go Southall engagement event



4. Best practice approaches from the literature

Tackling inequalities is a complex task but there is good evidence for certain approaches to help achieve this together. Given what we have learnt through the development of this plan, including what we know about Ealing's specific inequalities, we have looked at the national evidence for the most effective ways to tackle inequalities in Ealing. From this, we have concluded that a suite of approaches are important for the board's work on health and wellbeing in Ealing over the next five years. Some are guiding principles and others are frameworks which can be tailored to Ealing's specific needs.

These are:

1	Strong community participation and ownership ^{35,36,37}
2	Work as a whole system for system change on issues of inequality ^{15,38,39,40,41,42,43,44}
3	Take an asset-based approach ⁴⁵
4	Deliver universal support and services with additional provision scaled in proportion to need. The following figure depicts this framework using the example of parenting support ^{19,46}
5	Prioritise hyperlocal place-based working ^{19,47,48}
6	Work across the life course to ensure prevention of and early intervention to fight inequalities ⁴⁹
7	Tackle the root causes of inequalities so they can be prevented for the long-term ^{4,5,6,19,22}
8	Embed a learning culture so that we use and create best practice evidence, adapting our work in response ⁵⁰
9	Use the full power and influence as an 'anchor institution' to invest in local communities and set a local precedence ^{6,51}

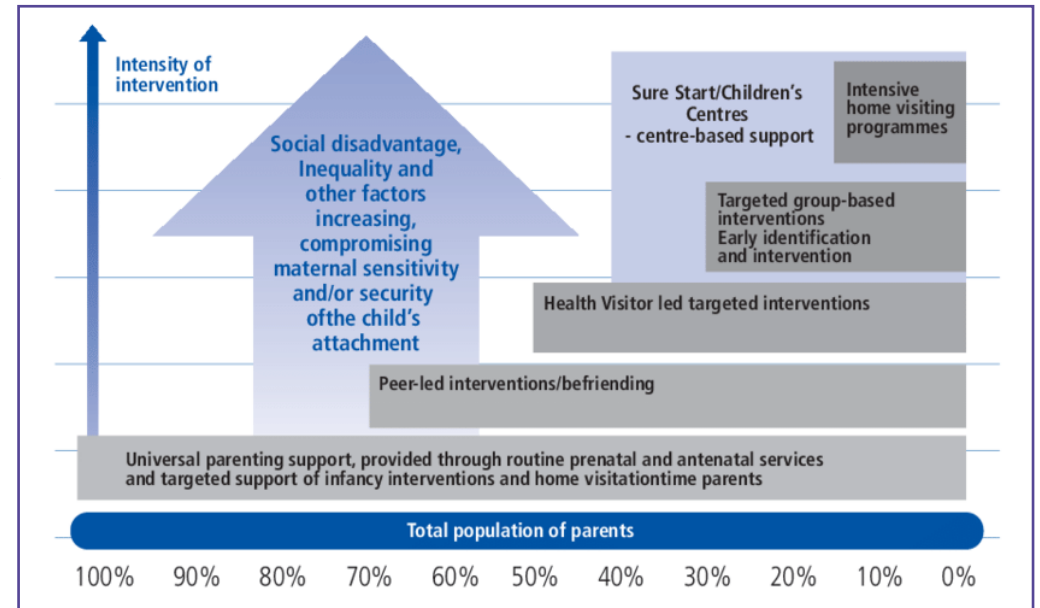


Figure M: Diagram showing Proportionate Universalism for parenting support (Source Marmot 2010)
 'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.' (Marmot, 2010)

⁵³ UKHSA 2018 Health Matters: Community-centred approaches for health and wellbeing

⁵⁴ UKHSA 2022 Community-centred public health: taking a whole system approach

⁵⁵ NICE 2016 Community engagement: improving health and wellbeing and reducing health inequalities

⁵⁶ Public Health England 2020. Whole systems approach to obesity: a report on the opportunities to strengthen place-based systems approaches to consider and address associated health inequalities

⁵⁷ PHE 2018 Adults with complex needs who are homeless: evidence review

⁵⁸ University of Cambridge and University of Newcastle 2021 Levelling Up Health: A practical, evidence-based framework.

⁵⁹ The Kings Fund 2019. Creating healthy places: perspectives from NHS England's Healthy New Towns programme.

⁶⁰ Foster-Fishman PG, Behrens TR. Systems change reborn: rethinking our theories, methods, and efforts in human services reform and community-based change. *Am J Community Psychol.* 2007 Jun;39(3-4):191-6

⁶¹ Willis, C. Best, A. Riley, B. Herbert, C. Millar, J. Howland, D. Systems thinking for transformational change in health; Evidence & Policy: A Journal of Research 2014, 10 (1)

⁶² Peters DH. 2014 The application of systems thinking in health: why use systems thinking? *Health Res Policy Syst.* 12:51

⁶³ UKHSA 2018 Health Matters: Community-centred approaches for health and wellbeing

⁶⁴ Marmot 2010 Fair society, healthy lives: the Marmot Review : strategic review of health inequalities in England post-2010

⁶⁵ Public Health England 2019. Place-based approaches for reducing health inequalities: main report.

⁶⁶ Institute of Health Equity 2021. Addressing the National Syndemic: Place-based problems and solutions to UK health inequality.

⁶⁷ Marmot 2010 Fair society, healthy lives: The Marmot Review: strategic review of health inequalities in England post-2010

⁶⁸ NICE 2018 Implementing evidence-based practice into local authority setting

⁶⁹ Kings Fund 2021 Anchor institutions and how they can affect people's health.

Commitments

Together in Ealing

We will see Ealing's communities thriving, with good health and wellbeing, and with fairness and justice in the building blocks of health and wellbeing

Putting communities at the heart of everything

- Listen and learn from community conversations
- Harness our collective resource to enhance the power of the voluntary, community and faith sector
- Develop new models for working with our local communities

Systems and structures that leave no one behind

- Drive excellence in a shared equality, diversity and inclusion agenda
- Make services and support meet the diverse needs of our communities
- Ensure the Health and Wellbeing Board is equipped to operate for the benefit of our diverse communities

Connecting the building blocks of health and wellbeing

- Ensure the lens of wellbeing and inequalities is applied to the 'building blocks'
- Ensure greater contribution of the board to the building blocks of health and wellbeing
- Lead a whole system approach to work on the building blocks of health and wellbeing



Theme 1: Putting communities at the heart of everything

Vision: We will have a new relationship with communities: one rooted in a deeper understanding of lives in the seven towns, the resources of communities themselves, and one which drives a culture change of working in stronger partnership.

Whilst the board works to empower communities for better health and wellbeing, we have heard that we need to do more, and in new ways, to fight inequality and facilitate communities to thrive.

This includes new ways of engaging with residents on what matters to them, and improved ways of working together to co-design and co-develop healthier neighbourhoods and more empowered, socially connected communities. This rethinking of community engagement will require us to review the structures and forums we already have, to connect with communities meaningfully and where there are gaps. Of course, Ealing borough's communities as not simply geographically based, but emerge through multiple types of diverse shared identities or perspectives,

such as faith, shared hobby or interest, a long-term medical condition etc. We will need to consider as a board what additional support each structure to connect different kinds of communities' needs. This support will enhance the power of communities to affect change in health and wellbeing for all. (Figure N). helps us to see what we currently have in place, and what the specific infrastructure needs might be.

We also need to support and facilitate communities to have stronger connection and relationships with each other.

As the foundation to this work, we need to understand residents' issues and lives better so we can focus on the root causes of inequality and disadvantage and foster a vibrant, resilient and rich community life.

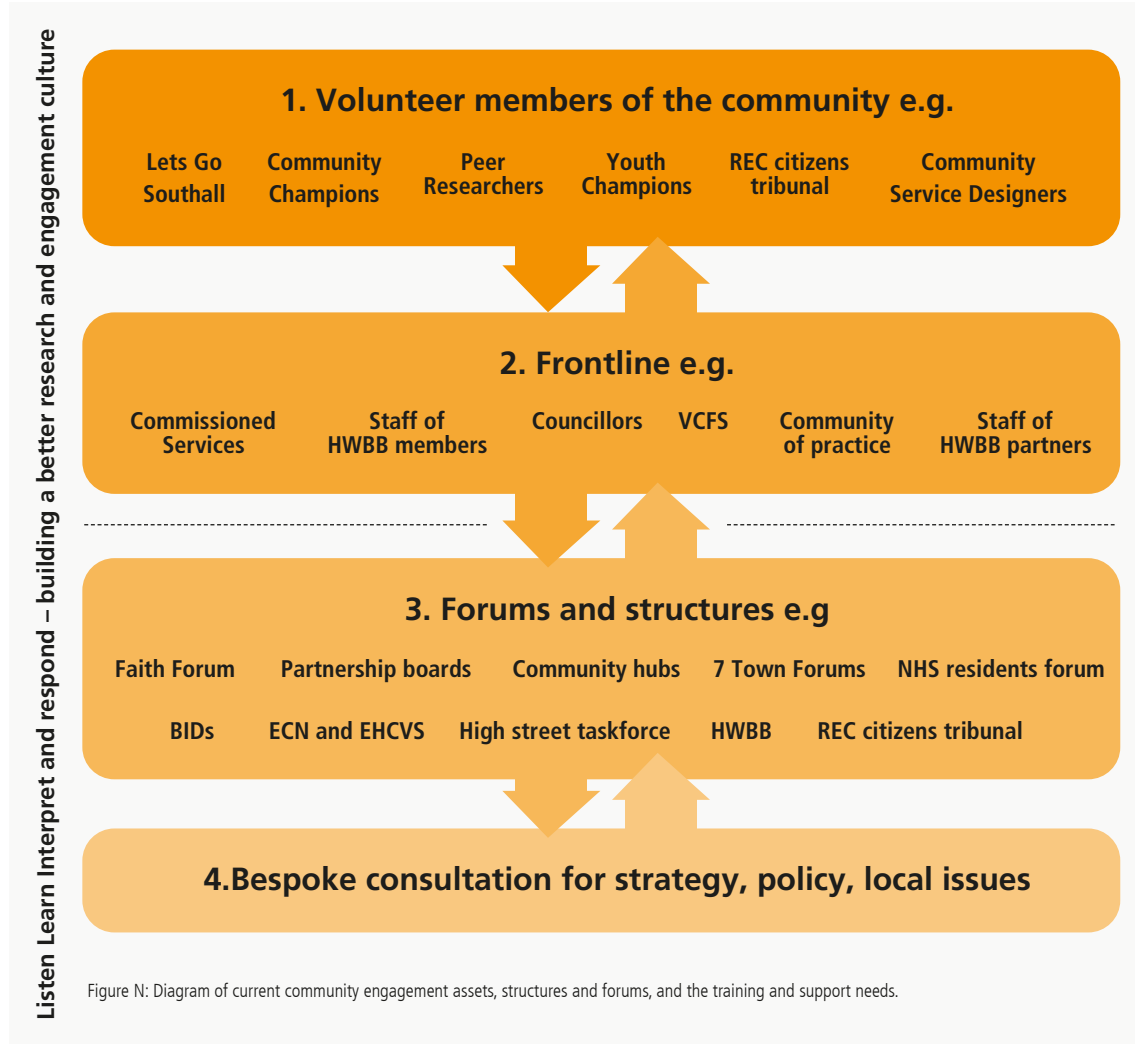
Ealing and its neighbourhoods are rich in a diverse range of community resources which are essential to their capacity to thrive and hugely valued by our communities. We have heard how the board can work differently to support and develop these networks, initiatives, and cultural capital to create better health and wellbeing.

Ultimately this theme of commitments will mean communities will have more control over their health and wellbeing. These commitments will push power into the hands of our communities, in particular to residents who seldom have it, and will be the backbone of more effective system change on the building blocks of health and wellbeing and the fighting of inequalities.

DEEPER UNDERSTANDING
stronger partnership
CULTURE CHANGE



Community Engagement assets, structures and forums



	What does this asset/structure do?	What does it need?
1	<ul style="list-style-type: none"> Asset based approach Empowers communities Allows a direct continuous community conversation Promotes community connection Signposts to support and services 	Making every contact count training Social Entrepreneur training Regular engagement and input re: content Relinquishing power to community members Facilitation skills training
2	<ul style="list-style-type: none"> Gathers community intelligence Connects the system Signposts to support and services 	No wrong door approach System of sharing intelligence/responding Well-being support to staff Facilitation skills training
3	<ul style="list-style-type: none"> Coordinates a version of a 'community' response Offers a conduit for feedback for communities Is not necessarily 'representative' 	Promotion through meaningful channels Regular, quality input Response Decentralised power – community chairing etc
4	<ul style="list-style-type: none"> Asks for specific feedback for specific purposes Should operate to fill gaps in understanding and build on continuous conversations 	Needs to happen early on and through meaningful, accessible channels Coordination to help reduce consultation fatigue



Commitment 1: Listen and learn from community conversations

Collectively, the board and key partners gather a wide range of insights through outreach activities and community interactions. This rich source of qualitative data is key in helping us better understand our communities. We will expand our skills in creating, using, and interpreting this qualitative data to better understand the different inequalities that residents face. We will better resource ourselves with stronger academic partnerships that will support this learning culture across the board, building on good examples like the research report on youth vaccine hesitancy produced in partnership with the Institute of Development Studies.⁵² We will develop joined up ways to listen and share this rich data so that residents can see us learn and change as a whole system.

This commitment is also about improving the creation, linkage and sharing of quantitative data that captures inequalities in more detail. We have heard from partners and residents how important meaningful data on inequalities at the level of neighbourhoods in Ealing is for place-based change.

Examples of current related good practice

- **The Communities of Practice programme launched in early 2023** acts as a forum to share skills and experience in engaging with residents and help set standard practices and processes for effective community engagement. The ideas discussed within the forum are reported back to the strategic leadership team to help inform future service design and move further towards a resident-led model of working.
- **The Living Roots Project** is a partnership between the Institute of Development Studies, Ealing Council, NHS North West London and a number of local voluntary sector organisations to build a community research consortium focussing on work to address health equity. Key activities of this work include a peer researcher and a reverse mentoring programme.⁵³
- **Ealing's Community Champions programme** is a system wide initiative which recruits volunteers, living or working in Ealing, who want to help people in their communities live healthier, happier lives. The volunteers use their informal networks, lived experience, knowledge and desire to listen, to facilitate a two-way conversation with the council and partners, supporting a feedback loop between local communities and the council.⁵⁴
- **The Ealing Health and Care Residents' Forum** is an engagement initiative taking place on a quarterly basis in different venues across the borough of Ealing to work with local residents to improve access to health and wellbeing services in Ealing. Forums are rotating around geographical areas and are evolving to allow a stronger dialogue between residents, the NHS and the council, one where residents' lived experience of interacting with health and wellbeing services can be heard and solutions can be co-developed with communities.



Commitment 2: Harness our collective resource to enhance the power of the Voluntary, Community and Faith Sector

We heard how we need to improve the board's collective and direct support to the VCFS to enable the sector to thrive and respond best to the needs of communities.

We recognise that whilst capacity, skills and infrastructure support for smaller organisations does exist, the sector's awareness of this support may vary. The board will work to target communication of such support to those organisations most in need, and also to promote a shared understanding of the existing support, its limitations and how to improve this.

This commitment is about the board working in partnership with the VCFS to ensure better and more equitable support, training and skills development, proportionate to need.

The board will work in partnership to improve systems and processes for the VCFS to access support for a wide range of needs also. This could include simpler, shared and more responsive processes that would ultimately create a more supportive system and help organisations grow and develop more effectively.

This commitment includes sharing the learning regarding the development of social value policies across the board's member organisations. This may help the board have a shared understanding of social value, how it can best be demonstrated, and how it can be used as an outcome of effective action to fight inequalities.

Examples of current related good practice

- **The Ealing Together Fund** uses a civic crowdfunding programme to facilitate community-led projects across the borough, with the council contributing towards capital elements of projects that meet its priorities. Examples of projects that have already been funded through the Ealing Together Fund are: a project celebrating migrant communities' vital role in creating and enriching Britain's arts and culture in Bedford Park/Acton, and the renovation of an old church building to house a food and homeless project in Southall.
- **A Community Charter** is being produced in collaboration with residents, voluntary, community and faith organisations which sets out the standards and principles residents can expect in engaging with them. The work will include extensive engagement and insights so that the process is inclusive and transparent.



Commitment 3: Develop new models for working with our local communities

We have heard how communities want us to work with them in new ways.

Building healthy, resilient, connected and empowered communities is a core aim of the board and an important way to improve and sustain the health and wellbeing of residents in Ealing. Community-centred approaches have been shown to result in people having more control over their health and lives, better social connections and community capital helping to achieve greater equity.

Key elements of such approaches which translate the best to Ealing are:

- embedding a culture of listening, learning and responding to communities
- using participatory approaches, such as community members actively involved in design, delivery and evaluation
- ensuring engagement activity is open, transparent and meaningful to communities
- reducing barriers to engagement
- utilising and building on the local community assets
- collaborating with those most at risk of poor health
- improving the building blocks that drive poor health at a meaningful locality/neighbourhood
- building social networks, social capital and empowerment
- increasing people's control over their lives and health
- acknowledging and working with the rich 'assets' that communities have in Ealing.

This commitment includes working with best practice models of community engagement and coproduction. It acknowledges the expertise that communities have to solve problems, enhance lives and help each other to reduce inequalities. It also recognises the huge benefit of community rooted initiatives whereby communities are equal partners in local decision making, service design and strategic thinking. It is about both scaling up existing programmes of good work with communities, and testing new approaches, learning and re-developing. This commitment will drive us to consider better ways to connect current best practice initiatives together so that learning can be shared, activity mutually enhanced, and consistent approaches agreed.

We have heard how communities want us to work more consistently at the level of their neighbourhoods – seven towns, supported by eight primary care networks and the integrated neighbourhood teams. In doing this more local work, we need to acknowledge the unique resources and strengths, as well as challenges of each neighbourhood, and develop tools and structures through which to work with communities in these geographies.

Of course, people identify with communities outside of geographical location, through a faith, an interest, a shared history, background or perspective. We need to be agile at working with different types of communities.

We have a role in supporting communities to achieve better social connection. One way we can do this is by proactively facilitating communities to maximise the use of quality local spaces, including indoor and outdoor assets of the board member organisations, for activities that improve social connection and nurture health and wellbeing.



Examples of current related good practice

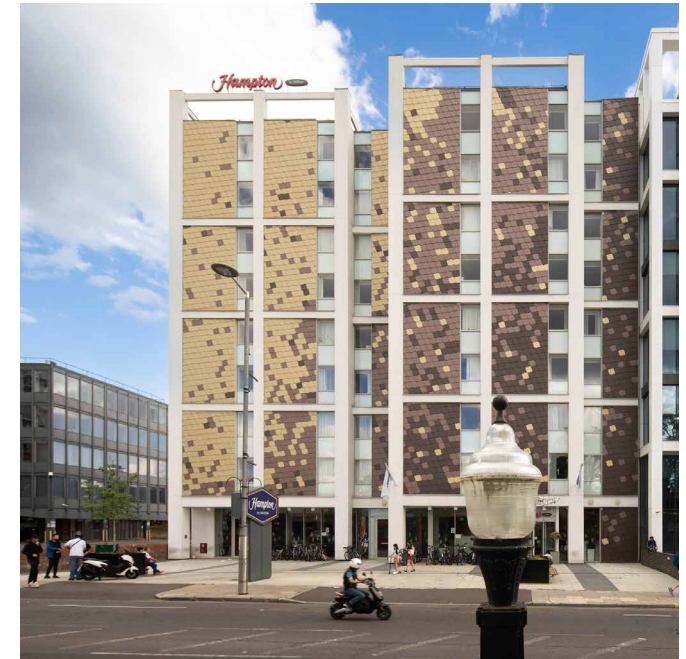
- **Let's Go Southall (LGS)** is a community led initiative established to enable people who live in, work in, or have local connections with Southall, to promote social movement as a way of leading healthier lives and making Southall a better place to live. One of the ways LGS does this is by encouraging physical activity, including through cycling lessons on refurbished bikes.
- **The Community Service Design Centre (CSDC)** - with a prototype launched in Northolt in 2023 the CSDC aims to implement a new and innovative way of working that promotes collaboration between service providers and residents. The centre will be utilised by trained community service designers who work with their community to identify problems, find out what is causing them before designing prototypes to explore and evaluate potential solutions. The project aims to transform Ealing residents and service providers into service designers.

- **Community Connections** is a funding stream part of the overall voluntary and community sector funding programme. The purpose of the grants is to provide a programme of sustainable community-based activities for local people of all ages with the purpose of reducing social isolation, strengthening communities, improving health and wellbeing and increasing activity and independence. Some of the activities include luncheon clubs for the elderly, armchair based exercise sessions, diabetes awareness workshops, IT or English language classes, gardening and allotment projects. This programme is an example of local investment in 'community capital' building as a key building block of health and wellbeing.
- **The Ealing Together Matrix** was launched in 2022 to enhance collaboration between the voluntary, community and faith sector. This builds on the strong links that were established with the sector during the pandemic. The Ealing Together Matrix creates new opportunities of collaborative working, maximising the use of shared resources and building accessible links to the people to benefit for different local services. It shares the information about what and how the voluntary, community and faith sector does with council services, specialists like social workers, regeneration officers, social prescribers, and park rangers to foster a working relationship where mutual support can be found. It aims to drive information towards the communities, by providing better links with the council and creating opportunities for stronger collaborations.

"There is a strong feeling that there is a lack of civic spaces where people can come together, whether that's to offer practical support such as training, advice, or as part of building a more connected community.

The Commission encourages all custodians of space - school, leisure, Council or college - to find a way to unlock buildings and give communities access."

EREC



"Although we have green space and play areas - we don't have accessible toilets/ changing spaces and other features which make them attractive and useable. Often equipment is old/ poorly maintained and discourages use"

Participant in Active Northolt engagement event

Theme 2: Systems and structures that leave no one behind

Vision: We will have a culture of fairness and justice, where no-one is left behind, and where we each challenge one another to be better at responding to the diverse needs of our communities at every opportunity.

We have heard how we need structures and systems that are more open, transparent and inclusive, and also responsive to the specific needs of Ealing's communities. This will be as important for services that address the building blocks of health and wellbeing, as it is for health services themselves.

Building on the learning from the COVID pandemic, the Black Lives Matter movement and more, this commitment will facilitate a joint and proactive approach to equality, diversity and inclusivity for the board's work.

Through Ealing's independent Race Equality Commission (EREC), the board has a clear remit to do more to improve life chances and outcomes for all communities. We are committed to working cohesively as a board and with our communities and partners.

BETTER AT RESPONDING
fairness and justice
DIVERSE NEEDS



Commitment 1: Drive excellence in a shared equality, diversity and inclusion agenda

Our role to jointly and proactively drive the equality, diversity and inclusion agenda in Ealing is key to fighting inequalities. We will ensure we have a shared approach and use the power and influence of the board and its partners to create a culture of no one left behind. It will also involve us embedding a reflective learning culture for the board on equality, diversity and inclusion.

Related to this, the board has ownership of the health demands of Ealing's independent Race Equality Commission. As part of this work and beyond, the board will work collectively on equality and inclusion in the workforce of its constituent organisations. Learning the lessons from the pandemic, we have understood the need to develop a clear strategic plan for greater representation of diverse residents including from different ethnic minority backgrounds in workforces and leadership positions across the board member organisations and partners.

The board will proactively look for joint ways to identify and interrupt behavioural and structural discrimination across the system. It will also discuss the use of language around equality, diversity and inclusion such that we are responsive and sensitive to communities' feedback on particular terminology. This includes language on ethnicity, neurodiversity, disability, vulnerabilities and other topics.

Drawing on learning at a London wide level, the board will also agree a shared approach to the development of inclusive and culturally competent communications resources, campaign materials and interventions to address health literacy.

Examples of current related good practice

- The North West London Integrated Care Board **workforce development project** working across NHS trusts and eight local looks to address health outcome barriers related to structural racism. One of the key areas of focus is looking at barriers to leadership progression for ethnic minorities staff. An independent provider that will use a qualitative approach will be sourced to work with staff to understand what some of the invisible barriers are to career progression. The outcome will be a published report that includes recommendations for any structural as well as behaviour change and increased accountability required.
- A team of trained, dedicated 'digital champions' were recruited in partnership with Citizens Online to support residents to improve their basic **digital skills** and to build their confidence to use the internet to access opportunities and services across the borough. Residents can access support via a free helpline where they can be put through to a digital champion, who will be able to offer support remotely or in person. Residents can also drop into one of Ealing Council's four Community Hubs based at Acton, Southall, Northolt and Ealing Libraries, where a trained digital champion will be able to support them.
- **The Learning Disability and Autism Partnership Board and the Autism Partnership Board** include experts by experience (people with a learning disability, autistic people and their families and friends). Engaging in conversation with experts by experience helps the partnership to have a deeper understanding of communities, and to work more closely to develop improvements to support and services, as well as ensuring closer engagement on strategic issues.
- **The Ealing Learning Partnership** which has at its core the 'no learner left behind, no school left behind' ethos, works to address the disproportionate representation of Black Caribbean, White and Black Caribbean and Somali heritage pupils in suspensions and permanent exclusions from schools. In their new 2023-2026 plan, the partnership will be running seminars on leadership, self-evaluation, and ways to challenge disproportionality.



Commitment 2: Make services and support meet the diverse needs of our communities

Inequalities are worsened and sustained if people most affected are also unable to access and benefit from services and support as easily as others. Services and support need to be accessible to all, experienced fairly by all, and have the capacity to deliver positive outcomes for all. The intensity of support offered through services also needs to be proportionate to need, such that they are both universally available and targeted with greater resource towards those communities experiencing the most vulnerabilities. The board and partners will ensure services and support are reviewed, and new ones developed, through the lens of inclusive and person-centred design, drawing on those with lived experience to co-design and develop services such that they meet their current and future needs.

This commitment will include partnership working to create meaningful points of access to holistic support across the system. This is essential to reduce stress and ensure a positive experience of the pathway into and through services for all. This person-centred approach will involve connecting support and signposting across the front-line service workers of different board member organisations and at a neighbourhood level e.g. social prescribers, GPs, housing hub officers, customer centre etc. Drawing on the principles of Making Every Contact Count (MECC), this will enable holistic support and avoid stress for residents living in each locality.

To inform the person-centred design of services and support for greater inclusivity, the board will need to challenge itself to reconsider who is vulnerable to inequalities in Ealing. In particular, this process may identify hidden vulnerabilities amongst those, for example, who are armed forces personnel and veterans, care leavers, or informal carers particularly young people.

Services and support will be promoted more directly to those most in need through trusted and meaningful engagement routes. We should not wait for residents to find services but take service awareness to groups we know are affected by inequalities.

This commitment is also about ensuring the cultural competence of services and support to the specific diverse communities in Ealing. Services and support design will build on the assets and cultural capital of communities so that support is meaningful and works with different communities' needs and world views.

Examples of current related good practice

- **Integrated Neighbourhood Teams** consist of staff from a number of different teams/professions: social care for adults and children/families, health, police, mental health, along with the voluntary sector and operate at a place based level that maps with the 8 primary care networks. The staff from these different teams work together to deliver a number of key objectives that address inequalities and improve health and wellbeing of the local population as well as develop a shared workforce in structure and culture.
- There is work underway to develop an **“Ealing for Everyone” pledge**, ensuring that all public spaces, businesses, and services are welcoming and accessible to people with physical and mental disabilities. Delivery of the pledge requires thorough engagement and input across the Health and Wellbeing board member organisations and partners.
- **The tuberculosis (TB) awareness outreach programme** is delivered across Ealing, targeting specific areas and sub-groups of the population which have higher TB prevalence. Information from a TB survey for residents was used to identify resident knowledge gaps and tailor the service accordingly. Messages are culturally competent, reducing stigma and using many of the languages spoken in Ealing. The programme also helps reduce health literacy barriers for Ealing residents. The information provided is clear and accessible with the aim of residents attending outreach session leaving with the knowledge and confidence to access further advice or treatment for TB. There is also a training provided for professionals working in Ealing such as Ealing Council employees, NHS colleagues, community pharmacists, VCSF organisations, criminal justice services, drug and alcohol teams and places of worship to ensure a consistent message is delivered across the borough.

Commitment 3: Ensure the Health and Wellbeing Board is equipped to operate for the benefit of our diverse communities

This commitment means the board thinking critically about its broader membership, considering how to bring in more community voice and partner engagement opportunities.

It also includes the board assessing its own specific training needs in areas of cultural competence and ways to interrupt bias, and how it can cultivate space for open, transparent, review of equality, diversity and inclusion practices.

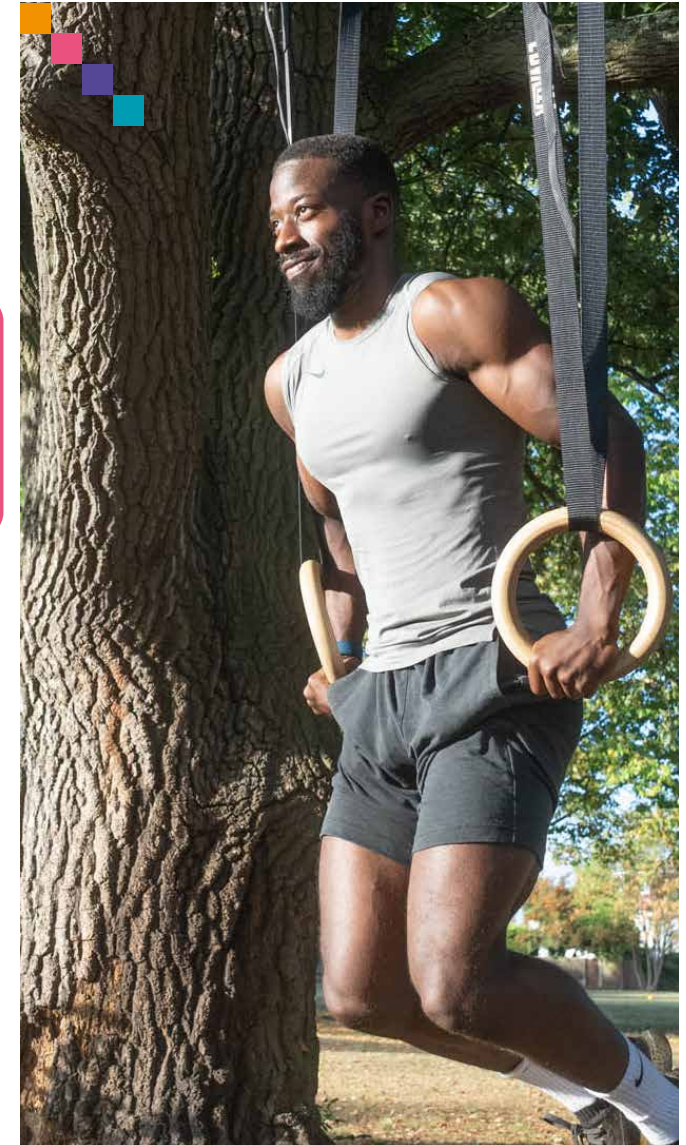
The board will review how it learns and responds to the diverse needs of Ealing's communities, considering as part of this how public participation in meetings can be promoted to boost engagement in the board's work.

The board will seek support and training to strengthen its role in the new integrated care system architecture, its own partnership working, and to innovate effectively to fight inequalities in the new context.

"...people being aware of each other's differences (autism awareness), a feeling of inclusion and being understood, including having access to suitable activities for all ages – young, old" **EHCVS event**

"We are happy with our culture – we have our own ways of living/ our culture and our life; we don't want to change that. It might seem that living in a caravan is not great, but this is how we live and what we know, and this will stay as it is." **resident of traveller site**

"Having someone from a similar culture or who understands the language spoken that people trust"
Let's Go Southall engagement event



Theme 3: Connecting the building blocks of health and wellbeing

Vision: We will have a shared practice across the board and with our communities on the building blocks of health and wellbeing, and a joint understanding of our role in improving them for all in Ealing.

We have heard how communities in Ealing want better support and improvements in the building blocks of health and wellbeing, including having systems of support that speak to each other and can work together taking a person-centred approach.

We know the evidence is strong for partnership work on the building blocks of health and wellbeing improving health justice and reducing inequalities.

We know there are approaches and frameworks we can draw on in Ealing to do this work well. The board is an ideal focal point for this work, bringing together key players and being able to flex its broader membership appropriately for the work being discussed.

Membership needs to have director representation from place-making in the council such that the building blocks of health and wellbeing can be addressed through the board's work.

SHARED PRACTICE
joint understanding
COMMUNITIES



Commitment 1: Ensure the lens of wellbeing and inequalities is applied to the 'building blocks'

Putting the improvement of health and wellbeing and the reduction of inequalities as core aims of work on the building blocks of health and wellbeing such as housing, education and skills learning, employment, community safety, planning and regeneration, and climate action, will reveal new priorities and synergies for the board member organisations. For example: highlighting the cross over between climate injustice and health inequalities helps to frame the co-benefits of climate action for health and wellbeing bringing new momentum for communities and partners. Seeing housing quality such as overcrowded space, damp and mould, poor indoor air quality, as a significant health risk and a core driver of inequality helps to galvanise whole systems working on the complex issue. We heard from residents how the dominant building block for health is housing. Having a safe, secure and quality home directly impacts our health in many ways. The vulnerability that the many forms of homelessness create is extreme and profoundly bad for health.

Understanding planning and regeneration of the public realm in terms of health, and reduction in inequalities brings several new dimensions to its design. Drawing on approaches to tackle inequalities such as age-friendly, and disability-inclusive design of the urban realm will be key. We have seen more than ever during the pandemic how critical access to green space is for residents' health and wellbeing and hence the need to increase access to functional open and green space at neighbourhood level.

Understanding the significance of community safety for wellbeing can illuminate community level interventions and partnership approaches to the issue, including the co-benefit of training workforces such as housing hub officers in the delivery of basic health creating conversations and signposting for health services.

National evidence and guidance regarding this kind of approach will guide the board to have an optimum impact on health equity.¹⁹

Examples of current related good practice

- The development of local **community-led housing initiatives** including Community Land Trusts and a Private Renters Association, led by renters, to provide mutual support, advocacy and increased power and agency over solutions to local housing issues to the families that are renting privately within the borough. This is a health creating intervention by improving housing conditions but also by improving the community empowerment for traditionally marginalised families.
- **The Acton & Park Royal Creative Enterprise Zone (CEZ)**, launched locally in September 2022, has been established to support and promote the local creative sector within its immediate community and on the London-wide stage. Key initial projects for the CEZ include:
 - Creating Space: providing affordable space for work and collaboration
 - Developing Skills: supporting access to creative careers with placements, internships and jobs
 - Promoting Place: celebrating the diverse skills, talent and ongoing work within the area
 - Supporting community: supporting the creative network and wider community to collaborate
- **The Ealing Food Partnership** provides a platform for collaboration between residents, organisations and businesses to help establish a more sustainable food system in the borough. The aim of the partnership is to reduce harmful emissions caused by higher food mileage, address the issues of food insecurity, and increase the health and wellbeing of residents with better access to affordable, healthy, seasonal, local, and sustainable food. The initiative's work may include a food mapping exercise, to understand what food initiatives and businesses are being run through the borough, sourcing food education materials and securing access to space for community food growing within developments.
- **Learn and Work Ealing** are the main providers of adult community education and offer a range of programmes supporting the long-term unemployed back into work, through job searching, interview preparation, CV writing, and speaking in public. The support is tailored to residents' holistic needs. For example, Harbinder, 71, an Ealing resident, joined the Startup School for Seniors to help her with her business of freshly prepared chilli relishes. This school provided specific information on marketing products, budgeting and also fits around people's busy and complex lives.
- **The Let's Ride Southall programme** is the largest community cycle project in London, removing the multiple barriers certain communities face in terms of accessing cycling as a form of physical activity. The programme is supporting local residents to become mechanics, instructors and cycle leads. A new local workshop at a faith setting offers a facility for building, repairing and maintaining cycles. This centre also loans cycles for daily led rides for all abilities. The 10-person pool of mechanics is made up of 4 mechanics who have been provided Cytech Level II training – the industry benchmark for freelance mechanics – who are in turn developing junior mechanics, with further training scheduled for the future.

The CEZ aims to support the delivery of an inclusive economy within the Creative Sector, building a sustainable, accessible community which is well supported for business growth and individual well-being and progression within those businesses.

"The biggest dissatisfaction is the availability of affordable homes, the way the area is changing, air quality and employment opportunities [...] especially for our young population"

Shaping Ealing



Commitment 2: Ensure greater contribution of the Board to the building blocks of health and wellbeing

This commitment will drive the board to take greater responsibility over place-based change as a building block of health and wellbeing. Recognising the intersectionality of the health, equity and environmental impacts of planning, development and regeneration, the board is well placed, through its multisectoral partnership, to contribute more and earlier to strategic work on the built environment.

In particular, this year, the board will more proactively engage with the process of Ealing's Local plan development, contributing critical discussion to ensure that the lens of health and wellbeing and the reducing inequalities is applied to the work throughout.

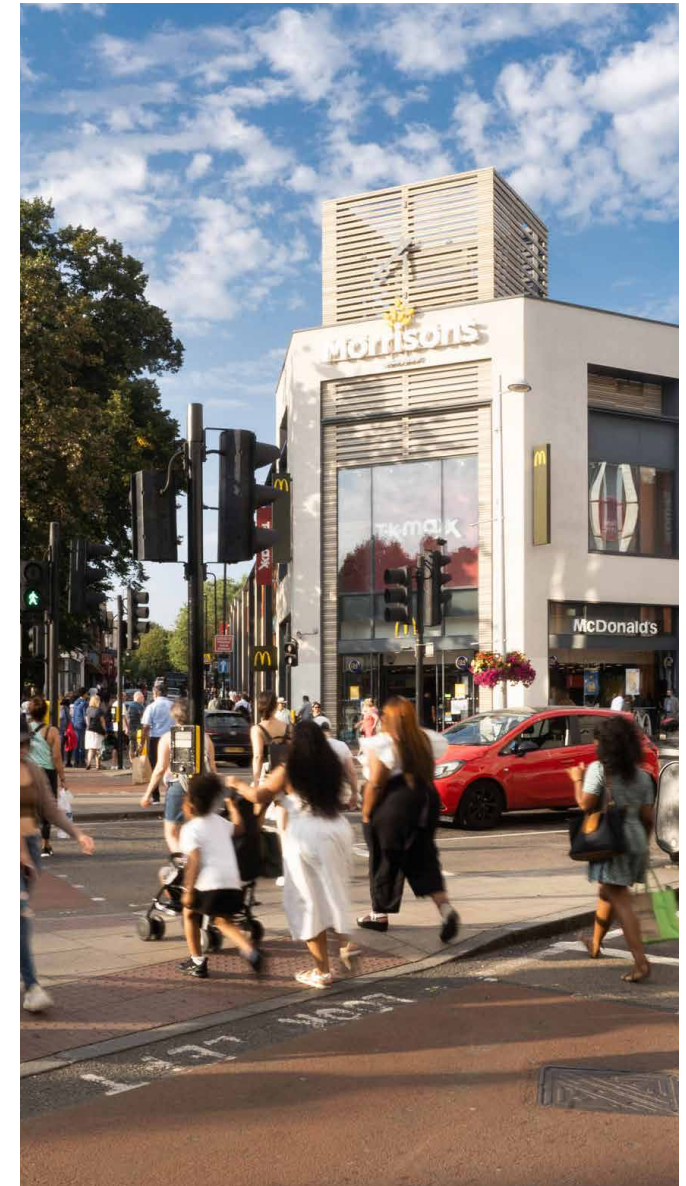
This commitment will drive the board to take a more proactive role in responding to the climate and ecological crisis in Ealing, recognising its important impact on health and health inequalities.

The board will proactively engage and contribute to work on education, learning, skills development and employment. Keeping abreast of good practice in these areas will also help the board to use its collective power and resource to scale up, where possible, programmes which are already in place. In addition, by taking more interest in these building blocks of health and wellbeing will help member organisations to consider what their own contribution is to linking up with this work, enhancing it where possible and ensuring that residents and communities can benefit from the most joined up holistic support possible.

The board will take a more proactive role in helping to shape the building of community wealth and social connection in Ealing as important social building blocks of health and wellbeing. Through the connections with other work of member organisations such as social prescribing and the important work of the VCFS in this area, the board is well-placed to enhance existing work and drive forward new approaches as a partnership.

Examples of current related good practice

- The Ealing Local Plan Health Study, a key piece of evidence for the Local Plan development, focused on the building blocks of health and wellbeing and their importance in shaping the new Ealing Local Plan. This work was presented to the Health and Wellbeing Board allowing discussion and comment from the Board. This was a new and welcome approach to the Local Plan, recognising the impact that the Plan will have upon health and wellbeing, and the reduction of inequalities for Ealing's communities.



Commitment 3: Lead a whole system approach to work on the building blocks of health and wellbeing

Complex and multiple vulnerabilities amongst our residents are often traceable back to the building blocks of health and wellbeing and their intersectionality. Trying to tackle each vulnerability and its root cause leads to silo working, inefficiency and lack of cohesive person-centred support to residents.

Instead these complex inequalities require an approach which is committed to system change through whole system working. This approach is well described in figure O.

The board is well placed to lead such a system change approach to cross-cutting and complex issues such as homelessness, food insecurity, child poverty and climate injustice.

In addition, the board will look for ways that closer partnership working on the building blocks of health and wellbeing could ensure co-benefits are enhanced and collateral harms are mitigated, for example the development of a joint health, equity and environment impact assessment for planning and development.

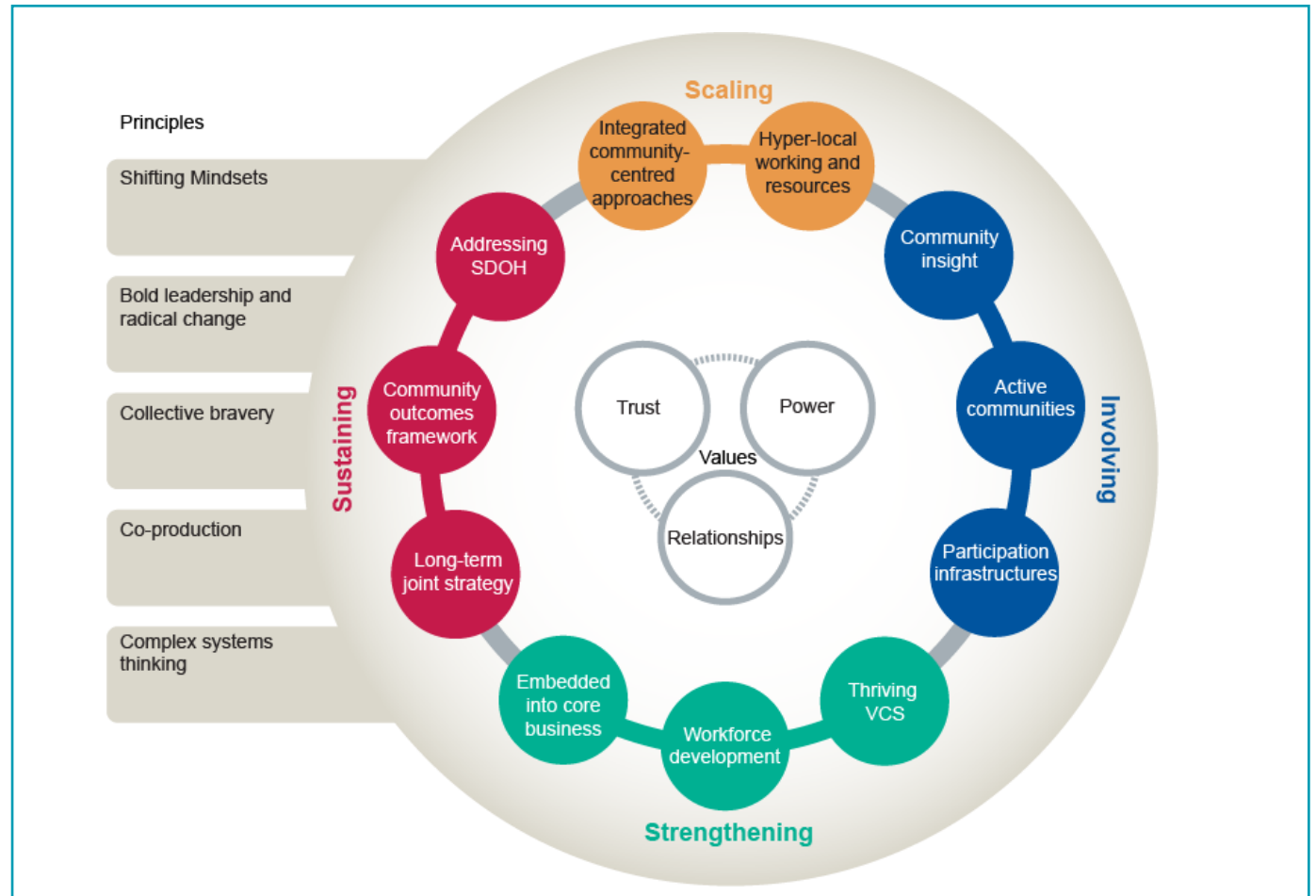


Figure O: Eleven elements of a whole system approach to community-centred public health work ⁷³

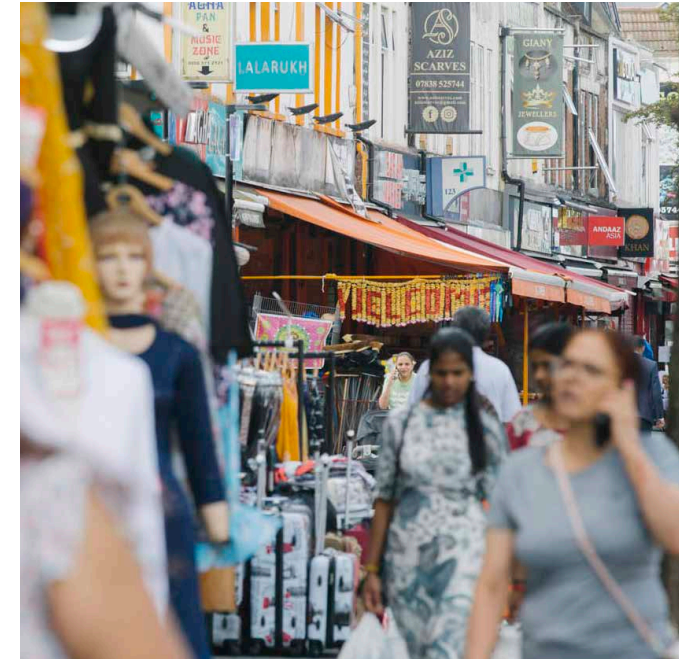


Examples of current related good practice

- System-wide commitments in the **Ealing’s Strategy to Tackle Male Violence Against Women and Girls** (2023-2027) bring together the Council, Police, schools, the NHS and the VCSF sector to address four main priorities to safeguard women and girls.
- The provision of **Cost-of-Living support** developed for Ealing’s communities is a good example of whole system working.⁷⁴ The increase in the cost of living has been pushing many families into poverty, further exacerbating health inequalities. The 2022-2023 Household Support Grant has supported Ealing households facing financial hardship with food or direct payments, in an effort to take positive steps to support the local residents’ health and wellbeing. In addition, Warm spaces are being supported in the borough so that people have somewhere to go if they were struggling to heat their homes. These spaces are offered by community organisations and the Council, include libraries, leisure centres, community centres, children’s centres, and day care centres. Four community hubs are also in operation in Acton, Northolt, Southall

and Ealing with advice, internet access and family-friendly places to relax. The range of advice provided is from across the system including financial support, benefits and council tax, as well as health, fuel, food and local support services. In addition, warm space hosts have been offered a suite of health monitoring, advice and awareness activities to take place in the warm spaces themselves.

- **Best Start in Life and Children’s Agenda** - The Children and Young people’s Board is on a journey to create a more coherent children and young people’s ‘system’ in Ealing. Some of the developments progressing include creating a place-based ‘family hub’ model for preventative and early help services, that works with and for families, children and young people in Ealing. A strongly relational focus is at the heart of this work as we know that strong relationships- between parents/carers and their children, within families, between professionals and those who use Ealing’s services, and relationships between members of the community – are all vital for good health and wellbeing.



Next steps for implementation and action planning

To deliver the commitments, the Health and Wellbeing Board will oversee the development of a number of action plans with partners and communities over the next five years.

In the first year of the strategy, the action plan will include actions that:

- equip the board and its partners with the necessary foundations and infrastructure for the new ways of working under each theme
- support a shared understanding of concepts such as Building Blocks of Health and Wellbeing and health equity with communities and partners
- address any specific training, or new membership needs of the board
- build on, and scale up, existing good practice under each commitment
- scope work and funding opportunities and set up systems for future actions in years 2-5.

Different actions will be the responsibility of different key member organisations and partners to drive forward. However, in developing these actions, all partners will be considering the key principles and approaches in this strategy.

The action plans will be monitored and refreshed annually by the board to ensure we maintain progress towards the visions set out under each theme of the strategy.

Bespoke monitoring indicators, and/or narratives of impact will be described for collection against each action.

We will do all of this through continuing our conversations with you.



