

Appendix 2

1. Proposal Summary Information

EAA Title	Together in Ealing: Joint Local Health and Wellbeing Strategy 2023-2028
Please describe your proposal	The Ealing Health and Wellbeing Board has a statutory duty to develop and deliver a Joint Local Health and Wellbeing Strategy between the local Council, NHS partners and the voluntary and community sector. This is a policy document that sets out the commitments (strategic priorities) on working as a 'whole system' to find effective, fair and long-term solutions to inequalities in Ealing through work on the 'Building Blocks of Health and Wellbeing'.
Is it HR Related?	No
Corporate Purpose	Health and Wellbeing Board for Decision on agreeing the Strategy, and Cabinet decision to adopt the strategy

1. What is the Policy looking to achieve? Who will be affected?

Delivering a Health and Wellbeing (HWB) Strategy is a primary statutory responsibility for Ealing's Health and Wellbeing Board (HWBB).

The purpose of the Ealing Health and Wellbeing Strategy 2023-2028 is to set out the Board's commitments to address inequalities and improve health and wellbeing for those living, working or studying in Ealing by working jointly across the local system over the next 5 years on the building blocks of health and wellbeing. The commitments in this Strategy are designed to help inform the identification of relevant actions for the Board.

The development of the HWB Strategy was informed by national, regional and local evidence and data.

The Strategy's aim to reduce inequalities relates to everyone living, working or studying in Ealing borough. A range of data on inequalities in Ealing is presented in the Strategy document.

2. What will the impact of your proposal be?

The strategy recognises that people and communities are multifaceted and have multiple identities. It also recognises that the root causes of inequalities do not operate in isolation and hence there will often be people affected by multiple inequalities.

By focusing on the building blocks of health and wellbeing the Strategy aims to tackle inequalities experienced by people who identify with one or many of the protected characteristics as well as other socio-economic statuses which have an impact on inequalities (like unpaid carers, rough sleepers, people who misuse drug and alcohol, etc.).

As a result of the Strategy, we aim to see Ealing's communities thriving, with good health and wellbeing, and with fairness and justice in the building blocks of health and wellbeing.

The building blocks of health and wellbeing have a variety of more or less direct and indirect impacts on health and wellbeing. Some for example, the nutritional quality of the food we eat, the quality of the air we breathe, the access to space, active travel infrastructure, or facilities in which to undertake physical activity, cause more direct impacts on health and wellbeing. Others 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 meets our needs, cause more indirect impacts. 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.

All such 'building blocks of health and wellbeing' 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.

Through the building blocks of health, the new Health and Wellbeing Strategy aims to reduce inequalities in Ealing.

2. Impact on Groups having a Protected Characteristic

AGE: A person of a particular age or being within an age group
Positive or Neutral Impact
Describe the Impact
Ealing is a large borough with the third largest population in London. 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. However, compared to the rest of England, Ealing's residents as a whole population, are relatively young according to the latest Census in 2021.

According to 2020-based Greater London Authority population projections, the number of children and young people (age under 25 years) in Ealing is predicted to drop by 0.4% over the next 20 years. In the same period, the number of residents aged 65 and over is predicted to increase by 50.3%.

Age is an important determinant in terms of health progression and life expectancy. Both ends of the age spectrum, the younger and older populations, are more affected by inequalities. Differential educational attainment of children from disadvantaged backgrounds and increases seen in child poverty have been exacerbated by COVID-19. In Ealing, attainment for pupils from disadvantaged backgrounds remains 9% points below the national “all other pupil” figures. At the other end of the age spectrum, some older people are facing challenges with digital exclusion and social isolation.

This Strategy’s approach includes looking at the work of the building blocks of health across the life course. Many of the commitments will be equally relevant to all ages, however commitment 2 in theme 2 explicitly commits to making services and support meet the diverse needs of our communities. This includes recognising the specific needs of residents at different ages. The Strategy is underpinned by community and person-centred approaches to health and wellbeing. In theme 1 this includes listening to and learning from service users and residents of all ages and developing services through inclusivity, including with key age groups in Ealing. In theme 3, work on the building blocks of health and wellbeing will be undertaken using the lens of inequality. This includes considering approaches such as age-friendly design.

DISABILITY: A person has a disability if s/he has a physical, mental or sensory impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities¹.

Positive or Neutral Impact

Describe the Impact

In the 2021 Census, people were asked to specify if they had a health problem or disability that limited their day-to-day activities ‘a lot’ or ‘a little’. According to the latest Census data, 6.8% of Ealing residents were identified as being disabled and limited a lot. This figure has decreased from 9.7% in 2011. These are age-standardised proportions.²

The decrease in the proportion of residents who were identified as being disabled and limited a lot was greater in Ealing (2.9 percentage points) than across London

¹ Due regard to meeting the needs of people with disabilities involves taking steps to take account of their disabilities and may involve making reasonable adjustments and prioritizing certain groups of disabled people on the basis that they are particularly affected by the proposal.

² [How life has changed in Ealing: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

(2.3 percentage points, from 9.4% to 7.1%). Across England, the proportion fell by 1.6 percentage points, from 9.1% to 7.5%.³

The Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived their health status and activity limitations, and therefore may have affected how people chose to respond.

The Strategy's commitments set out a holistic approach of the Board to support people with diverse needs. Commitment 2 in theme 2 explicitly commits to making services and support meet the diverse needs of our communities. The Strategy is underpinned by community and person-centred approaches to health and wellbeing. In theme 1 this includes listening to and learning from service users and residents and developing bespoke and proportionate services. In theme 3, work on the building blocks of health and wellbeing will be undertaken using the lens of inequality. This includes accelerating inclusion through human centred design.

GENDER REASSIGNMENT: *This is the process of transitioning from one sex to another. This includes persons who consider themselves to be trans, transgender and transsexual.*

Positive or Neutral Impact

Describe the Impact

Until the 2021 Census, there was no official data on the size of the transgender population in England and Wales. The 2021 Census introduced a new question on gender identity.⁴ The question was voluntary and was only asked of people aged 16 years and over. People were asked "Is the gender you identify with the same as your sex registered at birth?" and had the option of selecting either "Yes" or selecting "No" and writing in their gender identity.

Across England and Wales, there were responses from 45.7 million people (94.0% of the population aged 16 years and over). A total of 45.4 million (93.5%) answered "Yes", indicating that their gender identity was the same as their sex registered at birth. A total of 262,000 people (0.5%) answered "No", indicating that their gender identity was different from their sex registered at birth.⁵

In Ealing, a total of 266,383 people (90.2%) answered that their gender identity was the same as their sex registered at birth and a total of 1,666 (0.6%) answered 'No', indicating that their gender identity was different from their sex registered birth.⁶

Within England, the region with the highest percentage who reported that their gender identity was different from their sex at birth was London (0.91%), and the region with the lowest percentage was the South West (0.42%). Compared with England and Wales as a whole, London had higher percentages of people who identified as a trans man (0.16%), who identified as a trans woman (0.16%), and who answered "No" but did not provide a write-in response (0.46%). Of the 10 local authorities with the largest proportion of the population aged 16 years and over

³ whose gender identity was different from their sex at birth, 8 were in London, with Newham (1.51%) and Brent (1.31%) topping the list.

⁴ Gender identity, England and Wales - Office for National Statistics (ons.gov.uk)

⁵ Census data extracted from Nomis in March 2023

National data from the Government Equalities Office from 2018 suggests that 41% of trans men and trans women responding to a Stonewall survey said they had experienced a hate crime or incident because of their gender identity in the last 12 months. They also found that 25% of trans people had experienced homelessness at some point in their lives. A national LGBT survey found similar results, with 67% of trans respondents saying they had avoided being open about their gender identity for fear of a negative reaction from others.⁷

The Strategy commitments do not specifically address issues around the health and wellbeing of those undergoing gender reassignment, however the overall focus on the theme of inequalities means that the commitments will impact on the lives of those affected by worst inequalities in health and wellbeing including trans people.

Under theme 2, with three commitments, the Board will reconsider its role in proactively and ambitiously driving the equality diversity and inclusion agenda, including making services and support meet the diverse needs of our communities. In theme 1, a community-centred approach includes listening to and learning from service users and residents and developing bespoke and proportionate services and support. In theme 3, work on the building blocks of health and wellbeing will be undertaken using the lens of inequality.

An integrated approach to supporting people with different characteristics is proposed in the Strategy. The action planning and implementation of the Strategy will aim to be inclusive of all equality groups.

RACE: A group of people defined by their colour, nationality (including citizenship), ethnic or national origins or race.

Positive or Neutral Impact

Describe the Impact

Ealing is a richly diverse borough, characterised by a mix of inner city and sub-urban neighbourhoods. Over half (54%) of the population is from ethnic minorities. Ethnic minorities tend to experience higher levels of relative deprivation, lower levels of employment, lower paid jobs and more manual or unskilled occupations, and have poorer health outcomes for certain conditions.

Between the last two censuses (held in 2011 and 2021), the population of Ealing increased by 8.5%, from just over 338,400 in 2011 to around 367,100 in 2021.

The population in Ealing increased by a greater percentage than the overall population of London (7.7%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 Census).

Between 2020 and 2050 the white population in Ealing is expected to grow by 10%. For all other ethnicities the projected rise in numbers is steeper over this period:

⁷ [Trans people in the UK \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Asian/Asian British by 27%, Black/Black British by 15%, residents of mixed ethnic heritage by 17%, Chinese by 27% and population of other ethnic origin by 29%.⁸

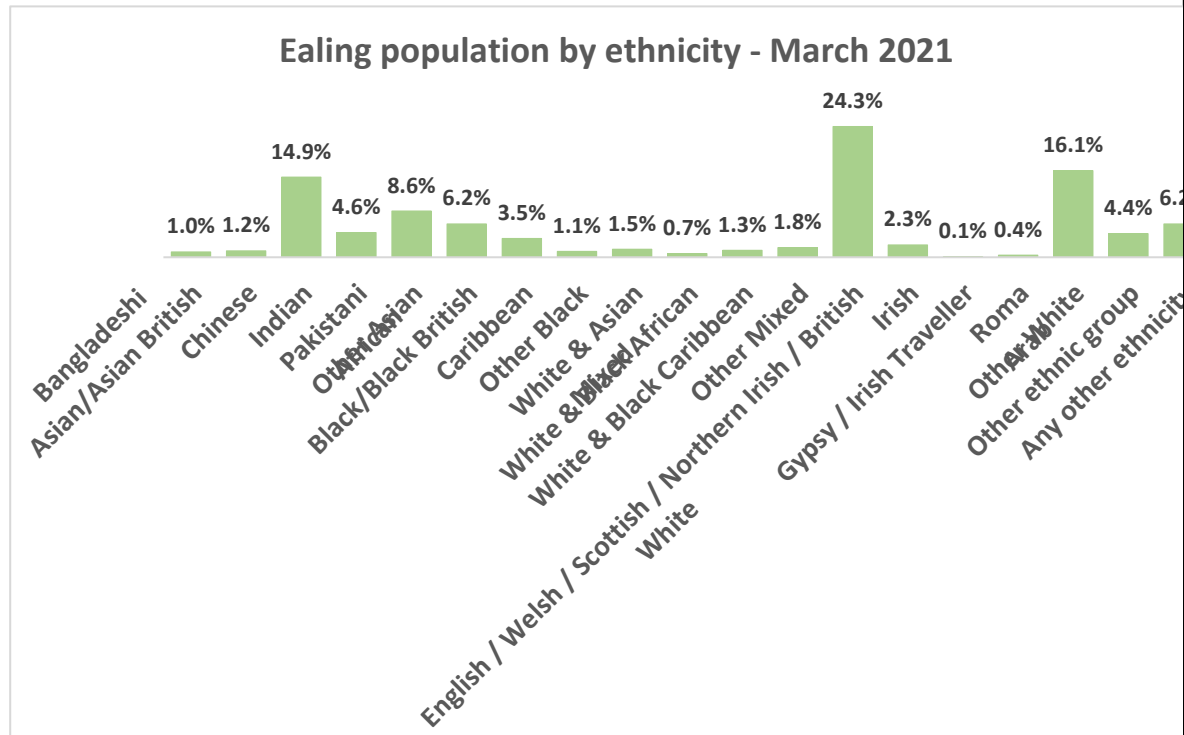


Figure G: Ealing Population by Ethnic Group; Source: National Census 2021, ONS

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 6,020

The population of state funded schools in Ealing is ethnically diverse, with 84.4% of pupils classified as being of minority ethnic origin. 85% of primary school pupils (compared to 33.9% nationally in 2020) and 83.4% of high school pupils (compared to 32.3% nationally in 2020) are from an ethnic minority.

In March 2021, Ealing was among London boroughs with the highest number of people seeking asylum. 525 asylum seekers were formally receiving support as of September 2022.⁹

⁸ <https://www.egfl.org.uk/school-effectiveness/teaching-and-learning/equality-and-achievement/gypsy-roma-and-traveller-0>

⁹ Home Office Immigration Statistics, year ending Sept 2022

The total Traveller population in Ealing is estimated to be in excess of 2,000 individuals at certain times of the year. Currently, Traveller groups resorting to, or residing in, the borough are largely from the following traditional communities:

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

Communities from some ethnic minority backgrounds are disproportionately affected by a number of health and wellbeing issues. The impact of the pandemic exacerbated longstanding inequalities affecting ethnic minorities in the UK.¹⁰ Some ethnic minorities in Ealing are less likely to access support due to lack of awareness, language or cultural barriers or digital exclusion. Some communities report that services do not reach them nor are they culturally appropriate.

At a national level, some long-term conditions are more prevalent amongst ethnic minority communities,¹¹ including diabetes and cardiovascular disease.

Ealing has a high prevalence of diabetes.¹² One in five adults in the Bangladeshi population in Ealing have diabetes. This is double the Ealing average. Other communities with rates of diabetes significantly higher than average are Indian, Pakistani, Other Asian background, Caribbean and White and Black Caribbean populations.

The wards with the highest total COVID-19 infection rates in Ealing were concentrated in the West of the borough (Southall and Greenford) and to a lesser degree Northolt and East Acton. A similar concentrated pattern was seen with COVID-19 death rates. These areas correlate with the areas of greatest deprivation indicating that there was a socioeconomic inequality in the direct impact of COVID-19. In addition to deprivation, COVID-19 infection rates were highest in wards in the borough with the highest proportion of residents identifying as Black, Asian or minority ethnicities.¹³

In Ealing, 7% of the adult population have been diagnosed with depression.¹⁴ 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. 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. 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.

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.

¹⁰ [Ealing COVID Inequalities APHR 2020 21.pdf](#)

¹¹ [Ethnic inequalities in multiple long-term health conditions in the United Kingdom: a systematic review and narrative synthesis | BMC Public Health | Full Text \(biomedcentral.com\)](#)

¹² Ealing WSIC GP registered patients' data Nov 2022

¹³ [Ealing COVID Inequalities APHR 2020 21.pdf](#)

¹⁴ Ealing WSIC GP registered patients' data Nov 2022

The Health and Wellbeing Strategy has drawn on the findings of the Race Equality Commission in Ealing to develop its themes and commitments. With a focus on inequalities, the Strategy recognises the impact of the experience of racism on a person's or a communities' health and wellbeing, and access to good building blocks of health and wellbeing.

The Strategy's implementation phase will proactively engage ethnic minorities within their neighbourhoods and work with partners with existing relationships and networks for action planning under the Strategy commitments.

Under theme 2, with three commitments, the Board will reconsider its role in proactively and ambitiously driving the equality diversity and inclusion agenda, including making services and support meet the diverse needs of our communities. In theme 1, a community-centred approach includes listening to and learning from ethnic minority communities, to develop proportionate services and support. In theme 3, work on the building blocks of health and wellbeing will be undertaken using the lens of inequality.

All initiatives and projects delivered to address the Strategy's commitments will be accessible and appropriate for all of Ealing's residents, with an emphasis on inclusive services that reach all communities.

RELIGION & BELIEF: *Religion means any religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism). Generally, a belief should affect a person's life choices or the way you live for it to be included.*

State whether the impact is positive, negative, a combination of both, or neutral:

Positive or Neutral Impact

Data from the latest Census in 2021 states that 19.1% of Ealing residents reported having "No religion", up from 15.0% in 2011.¹⁵ The rise of 4.1 percentage points was the largest increase of all broad religious groups in Ealing. Because the census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses.

In 2021, 37.8% of people in Ealing described themselves as Christian (down from 43.7%), while 18.8% described themselves as Muslim (up from 15.7% the decade before).

There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses. Religious affiliation is the religion with which someone connects or identifies, rather than their beliefs or religious practice.

¹⁵ [How life has changed in Ealing: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

The Strategy does not impact on religion/belief specifically and we would not expect any unforeseen impact to be negative.

The Strategy recognises the importance and positive impact that the local faith leaders have on their communities and will consider maintaining and developing the relationships with them as part of the action planning for implementing the Strategy.

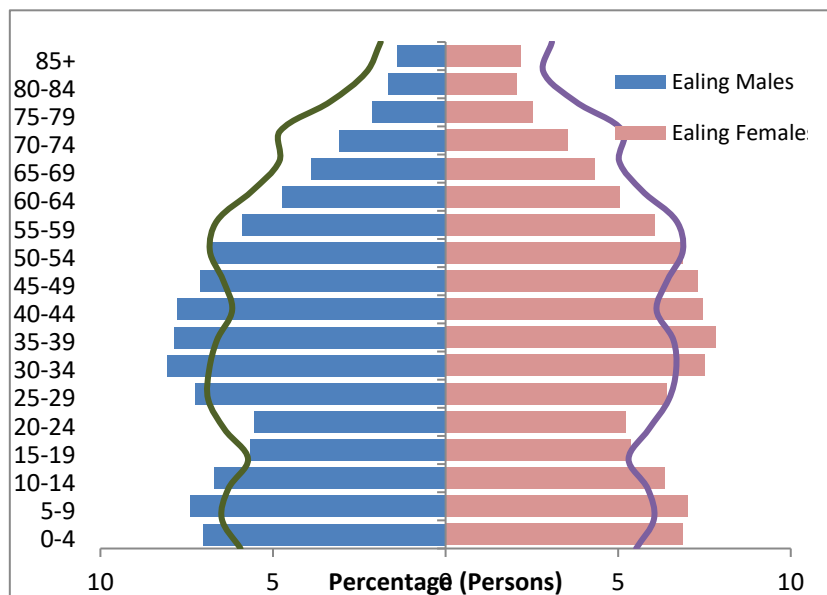
SEX: *Someone being a man or a woman.*

State whether the impact is positive, negative, a combination of both, or neutral:

Positive or Neutral Impact

The numbers of males and females in Ealing are evenly spread – 171,800 males and 168,600 females. Ealing has a higher proportion of males and females aged 0-14 years and 25-49 years compared to England.¹⁶

Population pyramid for Ealing, 2020



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.

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.¹⁷

¹⁶ JSNA 2021 Population Characteristics May 2022.pdf

¹⁷ HLE ONS, OHID Productive Healthy Ageing Profile, 2022

Under theme 2 of the Strategy, the Board commits to making services and support meet the diverse needs of our communities. In theme 1, a community-centred approach includes listening to develop proportionate services and support through.

The Strategy's implementation phase will proactively engage people from our local communities within their neighbourhoods and networks to ensure inclusive action planning under the Strategy commitments.

SEXUAL ORIENTATION: *A person's sexual attraction towards his or her own sex, the opposite sex or to both sexes, covering including all LGBTQ+ groups.*

State whether the impact is positive, negative, a combination of both, or neutral:

Positive or Neutral Impact

According to the ONS, an estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2020, an increase from 2.7% in 2019 and almost double the percentage from 2014 (1.6%).

In Ealing, 0.4% (993) of residents aged above 16 identified as living in a registered same-sex civil partnership at the time of the 2011 Census.

From national research, 23% of LGBT+ people have witnessed negative remarks from a healthcare professional and 14% have avoided care altogether due to fear of discrimination.¹⁸

Nationally, there are higher rates of common mental health problems amongst individuals who are lesbian, gay, or bisexual.¹⁹

Under theme 2 of the Strategy, the Board commits to making services and support meet the diverse needs of our communities. In theme 1, a community-centred approach includes listening to and learning from our residents, to develop bespoke and proportionate services and support.

As part of the implementation of the Strategy, initiatives and projects will be required to be accessible and appropriate for all of Ealing's residents with an emphasis on inclusive services that reach all communities, including targeting the groups with access needs related to language, culture, digital skills, sexual orientation.

Current mechanisms to engage LGBTQ+ groups as part of the strategy implementation are not clear. The Board will ensure that we seek new spaces and opportunities to listen to, learn from and engage with people who identify as LGBTQ+ in Ealing.

¹⁸ <https://equalities.blog.gov.uk/2020/01/16/supporting-lgbt-health/>

¹⁹ [LGBTIQ+ people: statistics | Mental Health Foundation](#)

PREGNANCY & MATERNITY: Description: Pregnancy: Being pregnant. Maternity: The period after giving birth - linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding.

Positive or Neutral Impact

Births, still births and neonatal mortality

A rising number of births in Ealing which peaked in 2010, was followed by a decline in 2013, a period of stabilisation, and then further decline from 2016. Compared to 2010, when there were 5,861 births, the 2021 figure represents a decrease of 29.2%.²⁰ Across London as a whole, the number of live births has followed a general downward trend since 2012. However, Ealing has a higher Total Fertility Rate than the England and London average.²¹

Stillbirth is classified as foetal death occurring after 24 weeks of gestation. The crude stillbirth rate has seen a steady decrease in Ealing within the last ten years. In 2017-19, the crude stillbirth rate per 1,000 births in Ealing (4.7) was statistically similar to London (4.5) and England (4.0).²²

Neonatal mortality is defined as death occurring within the first 28 days following birth. Since 2010-12, the crude neonatal mortality rate has decreased across Ealing, London and England. In 2017-19, the crude neonatal mortality rate per 1,000 live births in Ealing (1.8) was statistically similar to London (2.4), and it was significantly lower than in England (2.9).²³

Breastfeeding

Breastfeeding data is no longer published at a local level. Previous data on breastfeeding initiation in Ealing in 2016/17 was 90.3%, compared to 74.5% in England.²⁴ There is a continued focus to promote breastfeeding locally within the 0-19 years healthy child service/early start.

Smoking during pregnancy

Smoking during pregnancy can cause serious pregnancy-related health problems including an increased risk of miscarriage, premature birth, still birth, low birthweight and complications during labour.²⁵ The number of pregnant smokers setting a quit date has reduced in recent years.

Smoking in pregnancy is the main modifiable risk factor for a range of poor pregnancy outcomes and is twelve times more prevalent in the most deprived communities. Although recorded prevalence is low in Ealing (3.1% of pregnant women – around 100 per year), the limitation of this data is similar to that seen in

²⁰ [JSNA 2021 Population Characteristics May 2022 \(1\).pdf](#)

²¹ [EALING JSNA Focus On CYP 2021 FINAL.pdf](#)

²² [JSNA 2021 Population Characteristics May 2022 \(1\).pdf](#)

²³ [JSNA 2021 Population Characteristics May 2022 \(1\).pdf](#)

²⁴ PHE (2020) Child Health Profile

²⁵ [Smoking: stopping in pregnancy and after childbirth | Guidance | NICE](#)

other data collections where data about smoking is also self-reported, and evidence suggests reliance on self-reported smoking status underestimates true smoking.²⁶ Women from the most deprived communities are twelve times more likely to smoke during pregnancy than women from more affluent areas.

Maternity is one of the five main clinical areas within the Core 20 Plus 5 approach of the NHS to reducing health inequalities. Within this, teams are being coordinated across local systems to ensure continuity of care for women from ethnic minorities and from the most deprived groups.

Under theme 2 of the Strategy, the Board commits to making services and support meet the diverse needs of our communities. In Theme 1, a community-centred approach includes listening to and learning from our residents, to develop proportionate services and support.

The Strategy's implementation phase will engage diverse communities to ensure inclusive action planning under the Strategy commitments.

MARRIAGE & CIVIL PARTNERSHIP: *Marriage: A union between a man and a woman or of the same sex, which is legally recognised in the UK as a marriage.*

Civil partnership: Civil partners must be treated the same as married couples on a range of legal matters.

State whether the impact is positive, negative, a combination of both, or neutral: Neutral impact

Neutral impact

According to the latest Census,²⁷ the increase in the percentage of people aged 16 years and over who had never been married or in a civil partnership was greater across England (3.3 percentage points) than in Ealing (1.1 percentage points). In Ealing, the percentage of adults who had never been married or in a civil partnership increased from 40.6% in 2011 to 41.7% in 2021. During the same period, the percentage across England increased from 34.6% to 37.9%. The percentage of adults who were married or in a civil partnership in Ealing increased from 44.5% to 44.8%, while the percentage of adults who had divorced or dissolved a civil partnership increased from 6.8% to 6.9%.

These figures include same-sex marriages and opposite-sex civil partnerships in 2021, neither of which were legally recognised in England and Wales in 2011. Same-sex marriages have been legally recognised in England and Wales since 2014 and opposite-sex civil partnerships have been recognised since 2019.²⁸

There is some data available on the impact of caring for a spouse or a partner with a long-term condition that makes them dependent on the spouse.²⁹ This can raise

²⁶ [Characteristics of women who stop smoking in pregnancy: Experimental analysis of smoking data from the Maternity Services Data Set \(MSDS\), April 2018 to March 2019 \(publishing.service.gov.uk\)](#)

²⁷ [How life has changed in Ealing: Census 2021 \(ons.gov.uk\)](#)

²⁸ [How life has changed in Ealing: Census 2021 \(ons.gov.uk\)](#)

²⁹ [3a_Social_isolation-Full-revised.pdf \(publishing.service.gov.uk\)](#)

issues of social isolation. Social isolation is an essential issue related to health due to the physical and mental health and risk of mortality as well. Social isolation describes the state of being deprived of social relationships that provide positive feedback and are meaningful to the individual.

In theme 1 of the Strategy, the Board commits to a community-centred approach to its work including listening to and learning from residents regarding what supports social connection recognising the many diverse ways a resident can achieve resilient social connection. Theme 3 of the Strategy '*Connecting the Building Blocks of Health and Wellbeing*' aims to improve the public realm for better social connection regardless of whether a resident is married, in a civil partnership or single.

The Strategy's implementation phase will proactively engage all residents to ensure inclusive action planning under the Strategy commitments.

3. Human Rights³⁰

4a. Does your proposal impact on Human Rights as defined by the Human Rights Act 1998?

Yes No

4b. Does your proposal impact on the rights of children as defined by the UN Convention on the Rights of the Child?

Yes No

4c. Does your proposal impact on the rights of persons with disabilities as defined by the UN Convention on the rights of persons with disabilities?

Yes No

4. Conclusion

This Health and Wellbeing Strategy focuses on tackling inequalities in health and wellbeing and also in the building blocks of health and wellbeing (the wider determinants). Many of these inequalities will be experienced by people who identify with one or many of the protected characteristics. As such, the Strategy as a whole is designed to make a positive or neutral impact on the protected characteristics.

³⁰ For further guidance please refer to the Human Rights & URNC Guidance on the Council Equalities [web page](#).

There is no clear evidence that the Strategy will have a negative impact on any of the protected characteristics.

The three themes of the Strategy's commitments, *Putting communities at the heart of everything*, *Systems and structures that leave no one behind*, and *Connecting the building blocks of health and wellbeing* will each help to reduce the unfair differences in health and wellbeing of those living or working in Ealing. *Putting communities at the heart of everything* is important to ensure work is driven by the perspectives of those with lived experience of inequality. *Systems and structures that leave no one behind* will ensure that we address structural discrimination for people and provide services and support to meet the specific and diverse needs of people from our communities. *Connecting the building blocks of health and wellbeing will tackle inequality through better whole systems working*. Consultation with the local communities and stakeholders in Ealing highlighted the importance of addressing the multiple building blocks of health to reduce health inequalities.

The Health and Wellbeing Board brings together individuals from organisations across the health, social care and wider welfare system, including representation from the borough's voluntary, community and faith sector. This Strategy will strengthen the partnership working of the Board to tackle inequalities for our residents, with a focus, proportionate to need on people and communities with multiple vulnerabilities.

The Board will maintain an overview of the implementation of the Strategy, whilst the operational aspects of the process, including the public and community engagement activities are delegated to the officers, and working groups that will support the delivery of the Strategy.

The Strategy's implementation phase will proactively engage a broad range of residents to ensure inclusive action planning under the Strategy commitments.

4a. What evidence, data sources and intelligence did you use to assess the potential impact/effect of your proposal? Please note the systems/processes you used to collect the data that has helped inform your proposal. Please list the file paths and/or relevant web links to the information you have described.

All data quoted in this document is from local, regional and national sources such as the Office for National Statistics (ONS), the Office for Health Improvement and Disparities (OHID), the United Kingdom Health and Security Agency (UKHSA), Ealing's Joint Strategic Needs Assessments (JSNA) as well as qualitative evidence gathered through the local consultation and engagement process to help inform the Strategy.

References list:

- [How life has changed in Ealing: Census 2021 \(ons.gov.uk\)](https://www.ons.gov.uk)
- [Gender identity, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
- Census data extracted from Nomis in March 2023
- [Trans people in the UK \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- <https://www.egfl.org.uk/school-effectiveness/teaching-and-learning/equality-and-achievement/gypsy-roma-and-traveller-0>
- Home Office Immigration Statistics, year ending Sept 2022
- [Ealing COVID Inequalities APHR 2020 21.pdf](#)
- [Ethnic inequalities in multiple long-term health conditions in the United Kingdom: a systematic review and narrative synthesis | BMC Public Health | Full Text \(biomedcentral.com\)](#)
- Ealing WSIC GP registered patients' data Nov 2022
- [JSNA 2021 Population Characteristics May 2022.pdf](#)
- HLE ONS, OHID Productive Healthy Ageing Profile, 2022
- <https://equalities.blog.gov.uk/2020/01/16/supporting-lgbt-health/>
- [LGBTIQ+ people: statistics | Mental Health Foundation](#)
- [EALING JSNA Focus On CYP 2021 FINAL.pdf](#)
- PHE (2020) Child Health Profile
- [Smoking: stopping in pregnancy and after childbirth | Guidance | NICE](#)
- [Characteristics of women who stop smoking in pregnancy: Experimental analysis of smoking data from the Maternity Services Data Set \(MSDS\), April 2018 to March 2019 \(publishing.service.gov.uk\)](#)
- [3a Social isolation-Full-revised.pdf \(publishing.service.gov.uk\)](#)

5. Action Planning:				
Action	Outcomes	Success Measures	Timescale s/ Milestones	Lead Officer (Contact Details)
Engage Boards and Forums who represent different protected characteristics in the action planning process for the strategy (e.g. the Older Adults, Disabilities and Long-term conditions Partnership Board or the Children and	Ensuring protected characteristics are included in the implementation of the Strategy	Active and full engagement from Boards and Forums in the processes	At least an annual review	Anna Bryden, Director of Public Health publichealth@ealing.gov.uk

<p>Young People Partnership Board). Where existing engagement forums are inadequate, we will proactively seek new ways to engage representatives from groups who identify with key protected characteristics i.e. to consult LGBTQ groups, faith leaders, etc.</p>				
<p>Additional Comments:</p>				

6. Sign off: (All EAA's must be signed off once completed)

Completing Officer Sign Off:	Service Director Sign Off:	HR related proposal (Signed off by directorate HR officer)
<p>Signed:</p> <p>Name (Block Capitals):</p> <p>Maddy Gupta-Wright</p> <p>Date:</p>	<p>Signed:</p> <p>Name (Block Capitals):</p> <p>Anna Bryden</p> <p>Date:</p>	<p>Signed:</p> <p>Name (Block Capitals):</p> <p>Date:</p>
<p>For EAA's relating to Cabinet decisions: received by Committee Section for publication by (date):</p>		

Appendix 1: Legal obligations under Section 149 of the Equality Act 2010:

- As a public authority we must have due regard to the need to:
 - a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- The protected characteristics are: AGE, DISABILITY, GENDER REASSIGNMENT, RACE, RELIGION & BELIEF, SEX, SEXUAL ORIENTATION, PREGNANCY & MATERNITY, MARRIAGE & CIVIL PARTNERSHIP

- Having due regard to advancing equality of opportunity between those who share a protected characteristic and those who do not, involves considering the need to:
 - a) Remove or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
 - b) Take steps to meet the needs of persons who share a relevant characteristic that are different from the needs of the persons who do not share it.
 - c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- Having due regard to fostering good relations between persons who share a relevant protected characteristic and persons who do not, involves showing that you are tackling prejudice and promoting understanding.

- Complying with the duties may involve treating some people more favourably than others; but this should not be taken as permitting conduct that would be otherwise prohibited under the Act.