


MAYOR OF LONDON

A photograph of Mayor of London Sadiq Khan, a middle-aged man with grey hair wearing a white button-down shirt, smiling as he helps a young child with curly hair paint a Christmas cake. The child is focused on the task, using a brush to apply blue icing. The table is covered with a white tablecloth and has various painting supplies, including a blue bottle of paint and a palette. The background is decorated with festive Christmas decorations, including heart-shaped cutouts and a banner that says "Merry Christmas".

**The London
Health Inequalities
Strategy**

SEPTEMBER 2018

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Month Year**

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Foreword

London is the greatest city in the world. Yet, like other global cities, we face some huge challenges. One of the most pressing is the stark health inequalities that prevent many Londoners from reaching their full potential.

The evidence is clear that some Londoners enjoy the highest standards of living anywhere in the world. But, for many others, it's a different story. The truth is, when it comes to health and wellbeing, London remains deeply divided, with too many Londoners suffering ill health because of social and economic exclusion.

Perhaps the starkest evidence of this is in how long Londoners can expect to live in good health. This varies enormously across London - between different boroughs, different postcodes and even from one street to the next.

As the Mayor of London, I want to create a healthier, fairer city, where nobody's health suffers because of who they are or where they live. From the consultation responses, I know that Londoners feel the same way. So, through this strategy, City Hall will do all we can to address our city's health inequalities.

In today's London, it's simply not right that someone's background, upbringing or financial circumstances can still determine how healthy they are, and I'm committed to working with a wide range of partners to address this injustice.

I'm ensuring that City Hall is working to help families through the early years so that babies and young children have the best possible start in life. And, over the next decade, we will do our best to reduce obesity rates among London's children, work to improve mental health in our city, and clean up London's toxic air, all of which are harming our health and wellbeing.

We can't tackle health inequalities without quality, universal provision of healthcare in London. That's why I promise to continue championing our brilliant National Health Service (NHS) and social care system. My administration will continue to support the fantastic work of our many health and care workers. We will also challenge the NHS in areas where we think that changes need to happen to ensure that Londoners receive high-quality health and care services when and where they need them.

But it's important to remember that health is also part of a wider picture. That's why we are striving to create a fairer economy, a stronger and more integrated society and an environment that helps people stay fit and healthy. By making sure that health is considered in all our strategies – from housing, to economic development, to transport – we hope to address all the issues that impact on Londoners' health.

If our great city is to continue to prosper in the decades ahead, we must value the health of all Londoners. By working together, we can do the right thing by Londoners, their families and our communities, and ensure that Londoners can look forward to healthy, happy and fulfilling lives.



Sadiq Khan,
Mayor of London





Executive summary

London has the potential to become the world's healthiest global city. The Mayor wants all Londoners to have the best opportunities to live a long life in good health. If we are to achieve this, we all need to play our part in tackling the causes of poor health, and we all need to commit to making London a healthier, fairer city, where nobody's health suffers because of who they are, or where they live.

When we fail to keep people healthy, demand for health and care services grows and the care Londoners need can become more complex and enduring. What's more, the health of Londoners underpins our economic growth and prosperity - London will never realise its full potential while so many Londoners struggle with poor health.

The Mayor has a statutory responsibility to produce a health inequalities strategy for London. This is an important role because healthy life expectancy is too short for many Londoners, and much shorter for some than for others. These inequalities are unfair – it is not acceptable in a city as prosperous as London that so many people live extended periods of their life in poor health, when this could be avoided.

Addressing the wider determinants of health – the conditions in which people are born, grow, live, work and age - is the most important thing that can be done to improve this situation for Londoners, and to achieve long term change. This is about Londoners' physical and mental health, and it is about supporting people from the very earliest stage of life – by giving children a healthy start, we are giving them the best chance to remain healthy throughout their lives.

Reducing the persistent and in some cases widening health inequalities in London requires commitment and action from a range of organisations – this is not something the Mayor, with his limited powers in this area, can do alone. That is why the Mayor will work with partners to deliver this strategy, calling for commitment and action from not just the GLA group, but also local authorities, central government, the NHS, the voluntary and community sector, business and the commercial sector, and Londoners themselves. The Mayor is committed to making these partnerships work for all Londoners.

In the context of these partnerships, the strategy focuses on areas where the Mayor can make the most difference, for example ensuring that health and health inequalities are considered in all his work – a health in all policies approach. He will utilise new opportunities, such as the London Health and Care Devolution Memorandum of Understanding (MoU), to influence Londoners' health; he will also use his role as Mayor to champion and challenge the health and care system to do more to improve health for all Londoners and tackle inequalities across our city.

The vision and aims set out in this strategy are derived from an analysis of health inequalities in London, including the variation in healthy life expectancy. It has been further informed by an integrated impact assessment, and the large response to the public consultation on the draft strategy in 2017.

Five key aims have been identified to tackle inequalities and achieve the Mayor's vision in London over the next ten years.

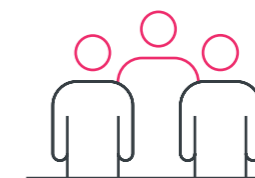
HEALTHY CHILDREN: EVERY LONDON CHILD HAS A HEALTHY START IN LIFE

The Mayor wants to support children and families, whether directly or through London's early years settings and schools, to provide children with environments that help them to play, eat, socialise and develop well. This is essential both for long-term health and to enable children to achieve their full potential. He also wants to help more children achieve a healthy weight, particularly in deprived communities, and reduce childhood obesity. **The Mayor's key ambition is to ensure the widespread adoption of The Healthy Early Years Programme London, particularly in the most deprived communities.**



HEALTHY MINDS: ALL LONDONERS SHARE IN A CITY WITH THE BEST MENTAL HEALTH IN THE WORLD

The Mayor wants all Londoners to feel comfortable talking about their mental health, and to see an end to the stigma people face due to mental health problems. To support children to have the best start in life he wants their mental health and wellbeing to be better supported across a wide range of settings, including in schools. He also wants people and organisations across the city to work together to reduce suicide rates. **The Mayor's key ambition is for more Londoners to be trained in mental health first aid informed approaches, starting with young Londoners.**



HEALTHY PLACES: ALL LONDONERS BENEFIT FROM AN ENVIRONMENT AND ECONOMY THAT PROMOTES GOOD MENTAL AND PHYSICAL HEALTH

The Mayor wants London to be a place where our surroundings – the places we live, work and play – support good health. This means a city where people have access to green spaces, and the air we breathe is not a killer. He also wants Londoners to have fair access to good quality work, an adequate income to live a healthy life, and a safe place to call home. **The Mayor's key ambition is for London to have the best air quality of any major global city. He wants the quickest progress to be made in the most polluted places, benefitting people most vulnerable to the effects of air pollution.**



HEALTHY COMMUNITIES: LONDON'S DIVERSE COMMUNITIES ARE HEALTHY AND THRIVING

The Mayor wants more Londoners to feel part of a community. This includes supporting opportunities for social integration, and ensuring people feel safe and able to participate. He wants Londoners to be empowered and enabled to act on the things that affect their own and their communities' health and wellbeing. A major element of this will be through improving opportunities for community-based social prescribing. Supporting healthy communities also means supporting those at risk of infections, such as TB and HIV, both in terms of prevention, and addressing stigma and discrimination.

The Mayor's key ambition is to support more Londoners in vulnerable or deprived communities to benefit from social prescribing.



HEALTHY LIVING: THE HEALTHY CHOICE IS THE EASY CHOICE FOR ALL LONDONERS

The Mayor wants to make it easy for all Londoners to live healthier everyday lives. This includes having access to affordable healthy food, and enabling people to be more physically active, including through opportunities for active travel. Supporting people to live more healthily also means reducing tobacco, alcohol and drug misuse and harm, and reducing harm related to problem gambling. **The Mayor's key ambition is that all Londoners are doing the physical activity they need on a daily basis to stay healthy, with efforts focused on supporting the most inactive.**



Though this strategy focuses on the Mayor's role, we all have a part to play in delivering this strategy as partners and citizens. The Mayor will continue to work with partners to support and develop new opportunities to drive this agenda forward. The Mayor has published an implementation plan which includes indicators which will allow us to track progress on London's health inequalities over the next decade. Progress will be overseen by the London Health Board and reviewed annually. Pledges from individuals and organisations across London are already being logged on our online board¹, and we invite all Londoners to share what they are doing to address health inequalities in London.

¹ [Healthy London Partnership \(2017\). Better Health for Londoners: pledge board \[online\].](#)



Introduction: A healthier, fairer, city

OUR VISION

The Mayor wants London to be a healthier, fairer city, with all Londoners having the best opportunities to live a long life in good health. Working together, the Mayor and the wide range of organisations who have a role to play in tackling the causes of health inequalities must aim to create a city where nobody's health suffers because of who they are or where they live. Only then will London fulfil its potential to become the world's healthiest global city.

London's health inequalities are stark. A boy born today in one part of London could be expected to die up to six years earlier than a boy born elsewhere in the city, whilst girls born in some boroughs could be expected to live up to a third of their life in poor health.²

A range of factors shape these differences in health outcomes. They relate mainly to the different circumstances of our lives: the places we live, the opportunities we have, and the

² Public Health England (I). Public Health Outcomes Framework; 0.1ii 2014-16. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

norms we learn. Differences in people's circumstances are not set in stone, therefore the health inequalities caused by these differences are not set in stone either: health inequalities are both unfair and preventable. This strategy sets out the priorities for the Mayor and partners to tackle health inequalities in London over the next decade. The evidence tells us that the best way to do this is to focus on their source. Therefore, this strategy focuses heavily on the factors that lead to health inequalities, known as the wider determinants of health. These are described later in this chapter.

A BETTER LONDON

The health of Londoners underpins economic growth and prosperity. It is a prerequisite for thriving social and cultural networks. It keeps vital health and social care services from becoming overstretched, and prevents Londoners' care needs from becoming more complex and enduring. Indeed, London will never be able to realise its full potential while so many Londoners struggle with poor health.

But above all, improving health and reducing health inequalities in London matters to the people who live and work here. It will improve quality of life, it will help communities to develop and thrive

and it will make London a fairer city in which people's life chances are less likely to be determined by the circumstances of their birth and early years.

Persistent health inequalities can only be addressed by joined-up work across all the sectors that will benefit from these improvements. These include the GLA group, local authorities, the NHS, voluntary and community groups, the business and commercial sector, and Londoners themselves. The Mayor will work with partners to deliver this strategy, calling for action from others where it is required, and committing to making these partnerships work for all Londoners.

LONDONERS' HEALTH AND HEALTH INEQUALITIES

London has a proud record of improvements in public health over many decades, including large reductions in infant mortality and early deaths from preventable causes like cancer and heart disease. This progress has been hard won, involving the organised efforts of a wide range of partners. It is reflected in the increases in life expectancy for Londoners - now over 80 years for men and over 84 years for women³, compared with 77 years and 82 respectively a decade ago⁴.

However, we cannot take these improvements for granted; they have not been realised equally for all Londoners. London currently has the biggest gap in life expectancy between local authorities of any region in England.

Figure 1 and Figure 2 show this wide variation in life expectancy across London's boroughs. They also show the even greater variation in the number of years that someone will live in good health - their healthy life expectancy. In 2014-2016, the average healthy life expectancy was 63.5 years for men and 64.4 years for women, but this varied widely. For example, for men this ranged from 58 years in Barking and Dagenham to 70 years in Richmond upon Thames; for women it ranged from 56 years in Tower Hamlets to 70 years in Richmond upon Thames.

The difference between figures for life expectancy and healthy life expectancy show us that some Londoners are living in poor health for many years, and even for decades. Being in poor health or living with a disabling health condition can affect people's quality of life, their income and access to resources, their role in the community, their social networks and relationships, and their ability to remain active and make the most of the opportunities London offers.

Whilst on average men in London can expect to live around 17 years of their lives in poor health, this also varies widely between different boroughs; for example, this is 13 years in Kingston upon Thames and 20 years in Lambeth and Westminster. For women, the difference is even starker, with an average for London of 20 years in poor health, ranging from 15 years in Kingston upon Thames to 27 years in Tower Hamlets. This also means that some women in London are living as much as a third of their lives in poor health.

³ Public Health England (I). op.cit.

⁴ Public Health England (II). Public Health Outcomes Framework; 0.1ii 2004-06 [online]. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Figure 1 Healthy life expectancy and life expectancy by borough, male

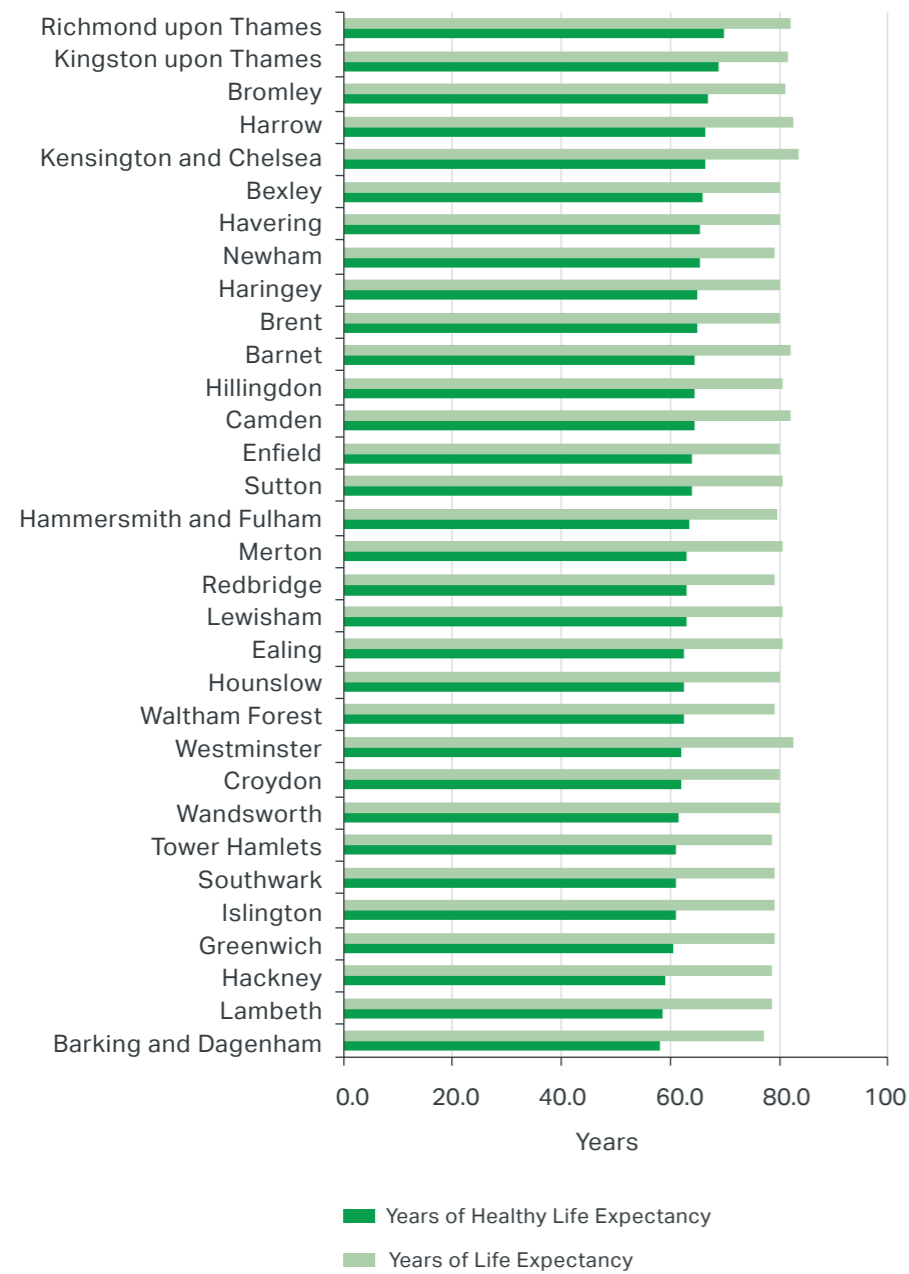
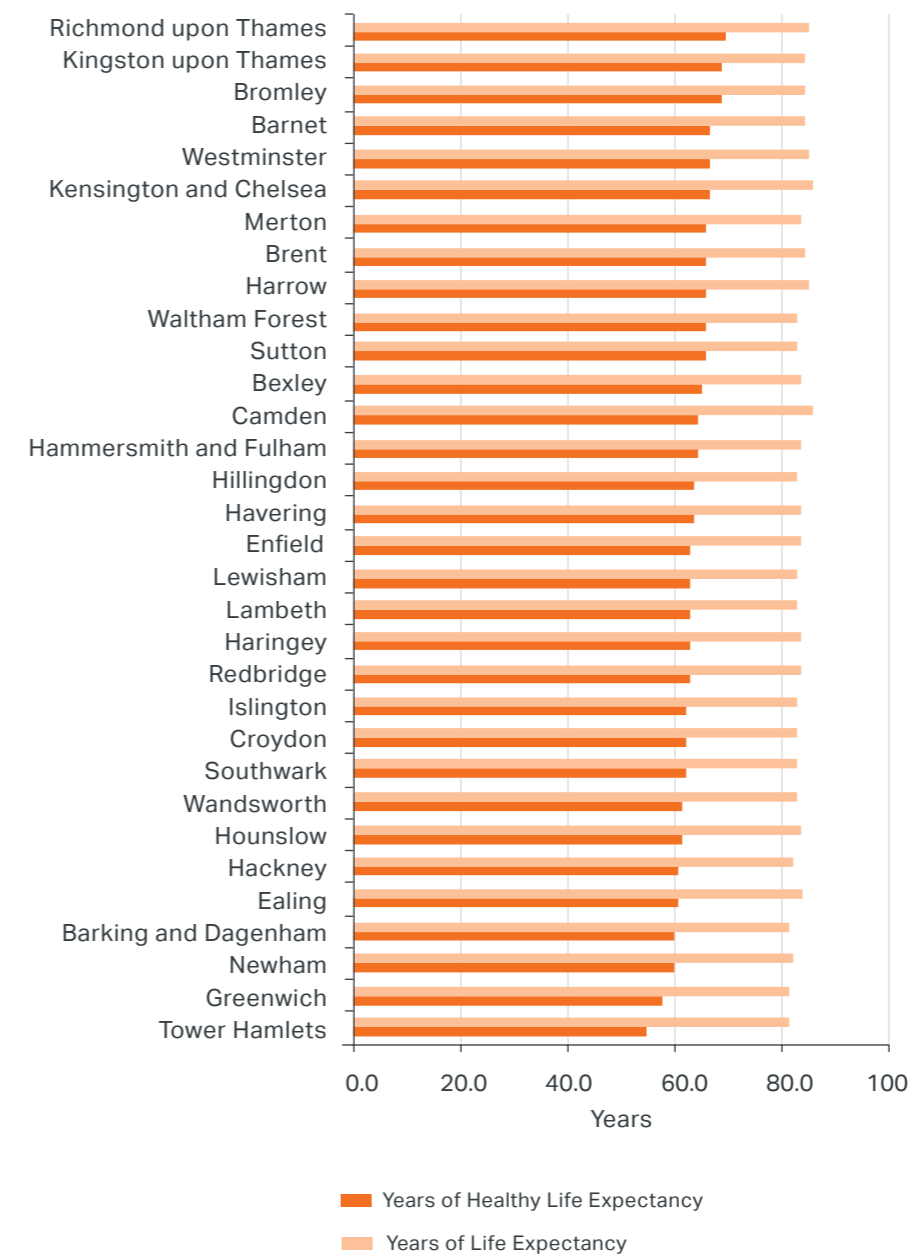


Figure 2 Healthy life expectancy and life expectancy by borough, female



Source: Office for National Statistics: Health state life expectancies, UK: 2014 to 2016

Source: Office for National Statistics: Health state life expectancies, UK: 2014 to 2016

Comparing boroughs is just one way of demonstrating the scale of health inequalities in London. Some groups of Londoners – often marginalised or socially excluded groups – have shockingly poor health outcomes. For example, the average life expectancy for people sleeping rough is under 50 years, with 78 per cent of homeless people suffering from a physical health condition and 44 per cent having a mental health diagnosis.⁵ Such poor outcomes are exacerbated by poor access to health and care services. Similarly, poor outcomes are experienced by other groups of Londoners, including looked after children, Gypsy, Roma and Traveller communities, people with severe mental ill health and those in the criminal justice system.

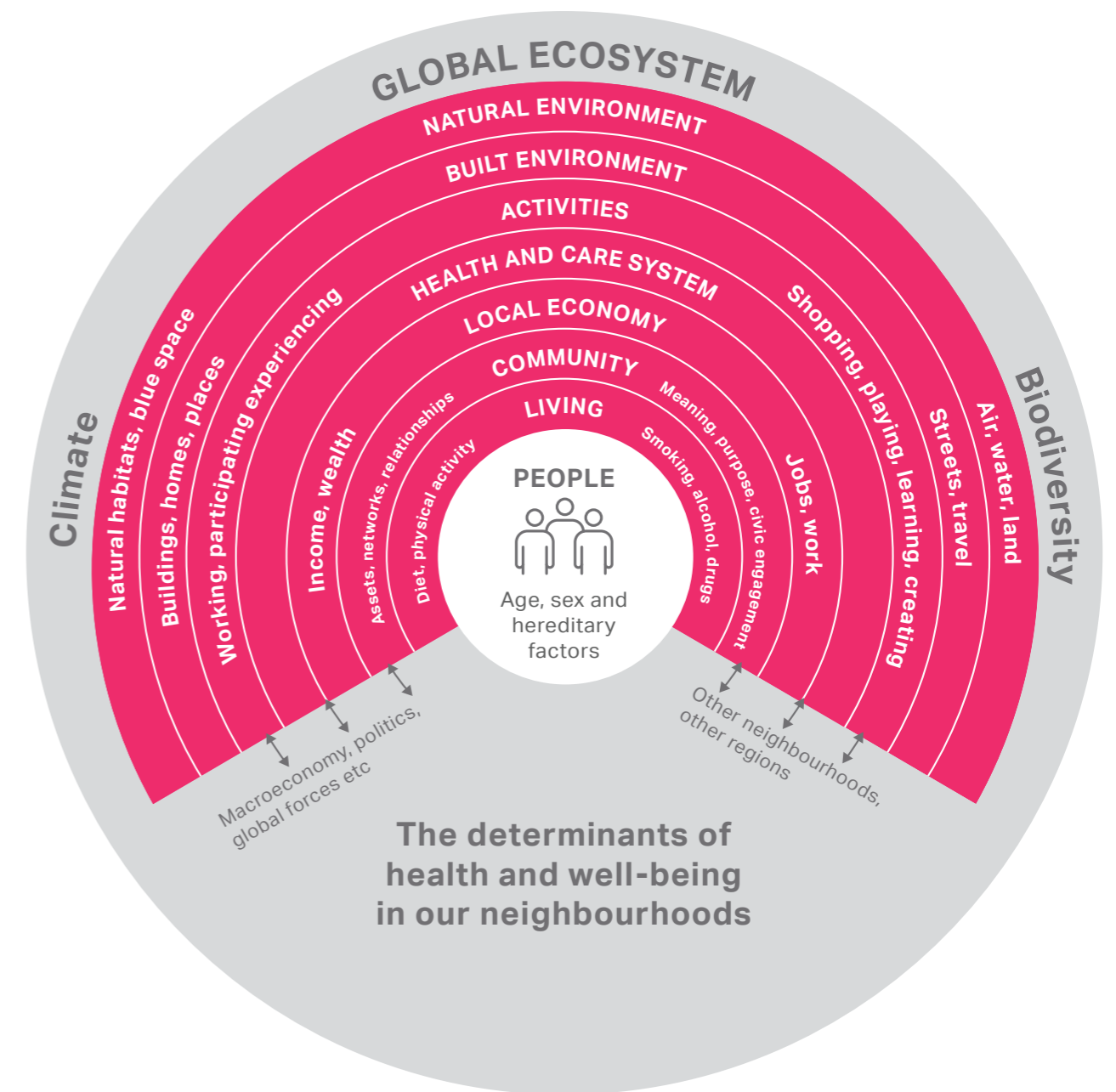
But it is not just the most marginalised or deprived communities whose health suffers because of inequalities in our city. There is a ‘social gradient’ for many health outcomes, with evidence consistently showing an association between social status and health.⁶

The Mayor wants all Londoners to live in a healthier, fairer city. This means narrowing the gap in healthy life expectancy between deprived and more affluent areas, between men and women and between different population groups. The Mayor wants to see progress for all, but wants to see it happen more rapidly for groups and in places where people experience the greatest burden of poor health.⁷

DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES

Health inequalities are avoidable and unfair differences in health. They are a result of systemic differences in the determinants of health and wellbeing. There are many factors which influence health outcomes: these are summarised in Figure 3.

Figure 3 The determinants of health and well-being in our neighbourhoods



5 Crisis. (2018) Health and wellbeing [online]. Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/>

6 Marmot, M. et al. (2010). *Fair Society Healthy Lives (The Marmot Review)*.

7 Marmot, M et al (2010), op cit.

Adapted from Dalghren and Whitehead (1991); Barton and Grant (2006)

Age, sex, and hereditary factors have a considerable influence on health outcomes, but public policy has limited influence on these.

The contribution of health and care services, including the NHS, is also undoubtedly important to health outcomes, and differential access to health, care and other public services impacts on health inequalities. However, in terms of health inequalities and the prevention of poor health the influence of these services is not as great as is often assumed; only a small amount of the money spent on influencing health is spent on healthcare⁸, and there are many other opportunities for improving population health.

The greatest potential to reduce health inequalities between Londoners, particularly in the longer term, is through addressing the wider determinants of health: the conditions in which people are born, grow, live, work and age. These conditions affect how easy it is to get on in life and achieve our ambitions, which in turn have a big impact on health

and wellbeing. These are also closely linked to health-related behaviours, including smoking and substance misuse. Determinants include our early childhood experiences and the homes and neighbourhoods we live in, our schooling and skills, our income and wealth, our work and job prospects.

These circumstances are in turn shaped by a wider set of economic, political and social forces. But these conditions, and their health impacts, are amenable to change and they are areas over which the Mayor and other partners have some influence. For example, tackling the housing crisis, improving access to good jobs, and tackling poverty will improve health and reduce health inequalities. Reducing crime, protecting and improving the environment and creating a more productive economy will also contribute. In other words, if wider inequalities in society are reduced then reductions in health inequalities will follow: London will be a healthier city as well as a fairer one.



8 [McGovern L, Miller G, Hughes-Cromwick P \(2014\). Health Policy Brief: The relative contribution of multiple determinants to health outcomes. Health Affairs.](#)

“The greatest potential to reduce health inequalities between Londoners, particularly in the longer term is through addressing the wider determinants of health: the conditions in which people are born, grow, live, work and age.”

ACHIEVING THE VISION

To achieve the vision for a healthier, fairer city, this strategy focuses on five priorities for London, outlined below. These have been agreed by the Mayor, the London Health Board and the wider health and care strategic partnership, and they build on the ten shared Better Health for London ambitions developed in 2015⁹.

Good health starts before we are born, and a life course approach means helping people to start well, live well and age well. The health impacts of relative disadvantage accumulate during our lives,¹⁰ so action must start before birth and continue through infancy and childhood to prevent or slow down the build-up of poor health during a life time. Every child deserves a healthy start in life, and we need to make sure that no child gets left behind; **this is explored further in the chapter on healthy children.**

9 [London Health Commission \(2014\), Better health for London](#)

10 Marmot, M. et al. (2010). op cit.

Our mental health affects how we think, feel and act. It has an impact on our wellbeing and our physical health. Being in good mental health also helps people to cope with life’s challenges and play a full part in family, community and working life. Poor mental health affects many Londoners, and the risks are even higher among certain groups. Mental health has historically received far less attention than physical health and wellbeing. Addressing mental health inequalities must be therefore treated as an equal priority to addressing physical health inequalities; **this is explored further in the chapter on healthy minds.**

The places in which we live, grow and work have an impact on our health. This includes our immediate environment – such as the quality of the air we breathe and the character of the streets where we live and spend time – and the access we have to good work and decent homes. The Mayor’s other statutory strategies, and his non-statutory strategies provide an opportunity to work with a diverse range of partners to make big improvements in these areas, and support those vulnerable to poor outcomes; **this is explored further in the chapter on healthy places.**

11 Marmot, M. et al. (2010). op cit.

Health inequalities affect us all, but some people and communities have greater needs due to their circumstances or experiences. Ensuring that effort and resources are directed at people and communities who are at greater risk of poor health, and that they have a voice and opportunities to shape services is essential for a successful health inequalities strategy;¹¹ **this is explored further in the chapter on healthy communities.**

Many Londoners already live healthy lives, while others need support to manage addictions, or motivate themselves to change negative patterns of behaviour. Harmful health-related behaviours, such as smoking, are strongly influenced by social, economic and environmental factors, and we need to support those at highest risk, while addressing these wider determinants; **this is explored further in the chapter on healthy living.**

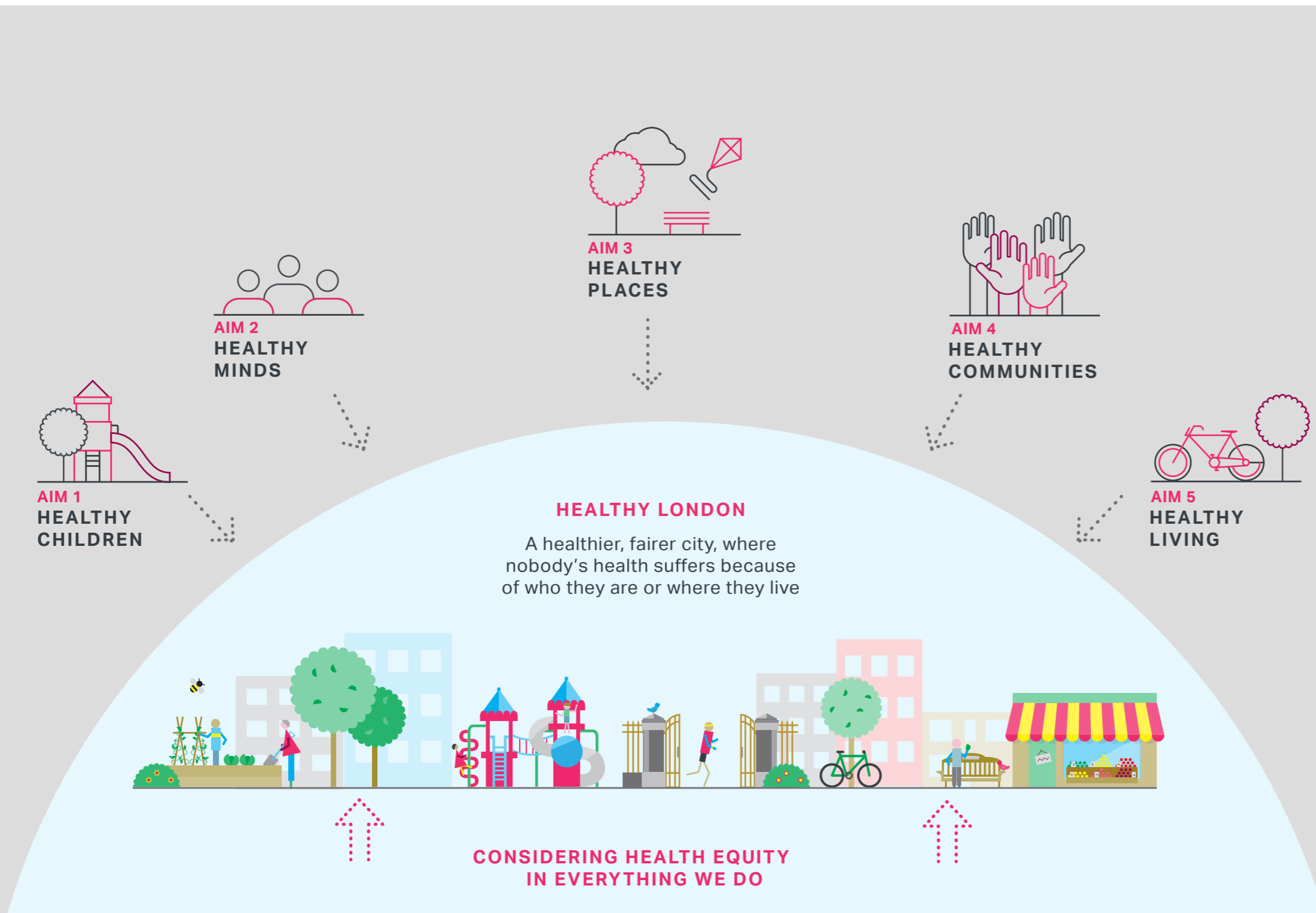


Figure 4 Overview of the London Health Inequalities Strategy

Figure 5 The Mayor’s role in reducing health inequalities

DIRECTING SUPPORT FROM CITY HALL

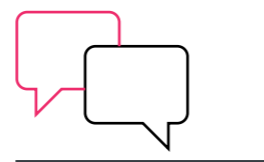
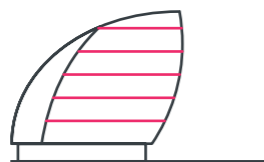
- Delivering City Hall’s health programmes
- Supporting health and care devolution – estates, workforce, integration and prevention
- Consulting and engaging Londoners
- Reporting on actions and outcomes

ENSURING ALL THE MAYOR’S WORK CONTRIBUTES

- Planning
- Transport
- Housing
- Economic development
- Environment
- Culture and sport
- Policing
- Other London strategies and policies

LEADERSHIP IN LONDON, NATIONALLY AND INTERNATIONALLY

- Speaking out about health inequalities
- Generating consensus with others as chair of the London Health Board
- Championing and challenging the health and care system to reduce inequalities
- Working with partners - local authorities, the NHS, Public Health England, and the voluntary, business and community sectors



WORKING TOGETHER FOR A HEALTHIER, FAIRER LONDON

The Mayor is committed to working with partners to achieve the five aims set out in this strategy. Figure 5 outlines the key roles the Mayor can play in reducing health inequalities.

The statutory requirement for the Mayor to produce a Health Inequalities Strategy¹² for London reflects his important leadership position and influence in reducing health inequalities. The Mayor and the GLA, guided by health advisers, will work with partners at national, London, sub-regional, and local levels, and seek to influence government policy and strategy where this is needed.

The strategy builds on work already happening in local neighbourhoods, boroughs, and across the London; a vital part of the Mayor’s role is to work with those organisations and people, support their efforts and lead the way by setting the strategic direction for the whole city.

Because addressing health inequalities is complex, and because the Mayor does not have direct powers over many of the factors that influence health and health inequalities, the commitment, support and focus of people and organisations across London is crucial to delivering the aims of this strategy. By leading where appropriate, and encouraging others to act, the Mayor hopes to strengthen action across London to tackle health inequality now and in the future.

The Mayor has worked closely with partners in developing this strategy, and sought a wide range of views to shape it through the public consultation. The Mayor will continue to work with partners to support their contribution to reducing health inequalities in London. Key roles of London partners in this area are summarised in Figure 6.

12 The GLA Act 1999 requires that the Mayor prepare and publish a health inequalities strategy, containing the Mayor’s proposals and policies for promoting the reduction of health inequalities between persons living in Greater London. These should be addressed to the mitigation of differences in general health determinants, and identify any issues that appear to the Mayor to be major health issues where there are health inequalities; identify those inequalities; specify priorities for reducing those inequalities; describe the role to be performed by any relevant body or person for the purpose of implementing the strategy. Available at: <https://www.legislation.gov.uk/ukpga/2007/24/part/4>.

Figure 6 Summary of statutory partner roles and responsibilities

Local Authorities London's 32 local boroughs and the City of London Corporation have broad responsibilities including public health, social care, regeneration (including housing and planning functions), waste and recycling, environmental protection and leisure services.

NHS England is the system leader for commissioning specialist NHS services. It sets strategic direction, funds local Clinical Commissioning Groups (CCGs) to commission services for their communities, and ensures that they do this effectively. It also directly commissions some health services, supports NHS services nationally through its improvement programmes, and provides system leadership on patient safety and safeguarding.

Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided. CCGs now have responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services. Many GP services are now co-commissioned with CCGs.

Public Health England (PHE) London exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through science, knowledge and intelligence, advocacy, partnerships, and the delivery of specialist public health services. It is an agency of the Department of Health and Social Care. The director for the London region of Public Health England is also the Mayor of London's Statutory Health Advisor.

The Mayor understands the vital role of the voluntary and community sector in London. Civil society stakeholders have a key role in understanding needs and assets in their communities – including the needs of under-served or marginalised groups – and providing services for and advocating for London's diverse communities. The strategy was informed by a public consultation, which actively engaged civil society organisations in the shaping of the Mayor's vision, aims and approach.

Opportunities for partners to work together on addressing health inequalities are throughout this strategy. Outlined below are a few examples of important ways GLA and partners can influence health inequalities together, through; the health in all policies approach; action from the health and care system, and; enacting wider equality aims and duties (including the public-sector equality duty).

Beyond the roles of the organisations and institutions outlined above, everyone has a part to play in supporting themselves and their communities to be mentally and physically healthy. This might be by supporting friends, family and colleagues, through volunteering to help others, or through how we lead our own lives.

Health in all policies

The Mayor has made a commitment to a mental and physical 'health in all policies' approach, which means that the GLA will consider health and health inequalities in everything it does. This includes the development and implementation of statutory and other strategies.

The Mayor has statutory responsibilities for **planning, transport, housing, economic development, environment, culture and sport, and policing**, which provide a range of opportunities to make a difference to many of the wider determinants that affect the health of Londoners. Other Mayoral priorities also have the potential to help reduce health inequalities, including his strategies on food, skills, social integration and equality, diversity and inclusion. When developing strategies, the Mayor has considered how they can have a positive effect on the mental and physical health of different groups of Londoners. These links are highlighted throughout this strategy.



Other organisations in London are also embedding a 'health in all policies' approach to their own work. For example, local authorities and NHS bodies are working together to develop more integrated health and care services. These partnerships give them new ways to work together to address health inequalities and prevent ill health, such as creating healthier environments around high streets, schools and hospitals.

Health and Wellbeing Boards, which provide a forum for political and clinical leaders to come together to shape the local care and health system on a democratically accountable and statutory basis, will also play a key role in ensuring health is embedded within policy at a local level. The Mayor hopes to work with key partners to help them embed the priorities of this strategy in all they do.

The role of the health and care system
Health and care services play an important role in the health and wellbeing of Londoners. However, currently this is largely focused on the early identification, treatment, or management of poor health, rather than tackling its causes.

NHS and local government services (including children's and adults' services, and public health) have duties that require them to act on health inequalities, and they are held to account for this through local and national governance arrangements. Coordinated effort is required to tackle variation in the leading causes of death like cancer and heart disease, through earlier diagnosis and fair access to effective treatment. Likewise, long term conditions like mental illness, diabetes or dementia can only be effectively prevented or managed through a coordinated strategic approach.

Some of the roles that the health and care system plays in reducing health inequalities are summarised in figure 7. The Mayor has no direct role in commissioning or providing health and care services, nor statutory roles or powers in these areas. However, he will champion and challenge the work of the health and care sector for the benefit of all Londoners.

Figure 7 Health and care system roles in reducing health inequalities

- Analysing population and community needs, to direct resources
- Ensuring fair and equitable access to services, based on need
- Offering prevention services - like screening or immunisation
- Supporting behaviour change and managing addictions
- Managing risk factors like high blood pressure or diabetes
- Tackling variations in the quality and outcomes of care
- Commissioning services for social value, as well as health gain
- Influencing the determinants of health in local communities - as major local employers, through their supply chain, and in shaping the local environment

In particular, the Mayor wants to ensure that London's primary care, social care and prevention services are sustainable and that children and young people are able to get the emotional and mental health support they need as they transition into adulthood. He wants to see government develop a more joined-up strategy for healthcare, social care and public health to support improvements in the health and wellbeing of Londoners. This should address how resources will be used to tackle health inequalities.

The Mayor is also concerned that the health and care system does not have sufficient resources to keep pace with the needs of London's growing and

diverse population. He has particular concerns about the social care system and the public health system.

The Mayor looks forward to the government's proposals on adult social care funding, and he will also seek assurances that system resources are deployed in a way that addresses health inequalities and reaches the most vulnerable Londoners. He also wants reassurance from the government of a commitment to needs based public health funding, that keeps pace with London's growth.

The London Health and Care Devolution MoU¹³, signed in 2017¹⁴, provides new opportunities for innovation in support of the health and care system through a range of devolved powers. This includes best use of the NHS and public estate, new integrated care models planned around local communities, and future workforce planning. It does not include devolution of NHS service delivery. Devolution also offers opportunities for ill health prevention – many of which are covered in this strategy – such as exploring the use of fiscal levers like local taxes. The Mayor wants to see these efforts help to reduce health inequalities in London.

Wider equalities aims and duties

The public sector Equality Duty¹⁵ requires public bodies, including the GLA, to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between

13 [Greater London Authority. \(2017\). Health and Care Devolution: what it means for London.](#)

14 The devolution agreement signatories: London Councils, Public Health England, NHS England (London), London CCGs and the Greater London Authority.

15 HM Government (2010). Equality Act 2010. London: HMSO.

“By leading where appropriate, and encouraging others to act, the Mayor hopes to strengthen action across London to tackle health inequality now and in the future.”

people who share a protected characteristic and those who do not. The Duty covers the nine protected characteristics of age, disability, gender, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion and sexual orientation (with regards to marriage and civil partnership the duty is for the GLA to have due regard to the need to eliminate discrimination).

In addition to fulfilling this legal duty in developing all his strategies this Mayor will go further to consider wider issues such as poverty and socio-economic inequality, and the challenges faced by people from other marginalised groups.

The Mayor wants to create a fairer and more inclusive city that works for everyone. In addition to fulfilling this legal duty in developing all his strategies this Mayor will go further and consider wider issues, including poverty and socio-economic inequality. The Mayor's **Equality, Diversity and Inclusion Strategy** sets out the Mayor's plans to address inequalities, barriers and discrimination faced by Londoners. A key objective of the strategy is to lead and help coordinate work to understand and address health inequalities, and to support at-risk communities to increase their health skills, knowledge and confidence.

The Mayor and partners will work together to encourage organisations to fulfil the equality duty in the context of health, and work to reduce inequalities in London. The Mayor requires that all his statutory strategies, including this one, undergo an Integrated Impact Assessment (IIA) to examine the potential for environment, economic and social impacts, including an equalities impact assessment.

FROM STRATEGY TO ACTION: NEXT STEPS

The next steps for this strategy are outlined at the end of this document, and the work of the Mayor and partners will be set out in a strategy implementation plan that will be updated regularly. The Mayor invites Londoners – individuals and organisations – to make pledges¹⁶ and commitments to help achieve the aims of this strategy, celebrating and sharing what they are doing to improve Londoners' health and address health inequalities. Working together we can make a real difference and ensure Londoners live in the world's healthiest global city.



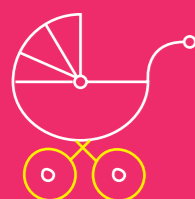


AIM ONE
Healthy Children



**EVERY LONDON CHILD HAS
A HEALTHY START IN LIFE**

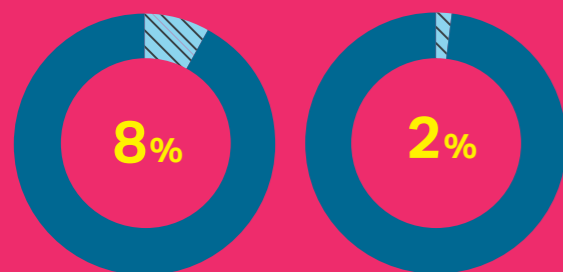
Babies born in Tower Hamlets are **2.5x** more likely to be born with a low birth weight than those born in Richmond upon Thames



At age 4-5, over **one in five** London children are overweight or obese, **increasing to one in every three** by the time children are aged 10-11



Rates of obesity among children vary considerably by borough. By age 10-11, **8 per cent** are severely obese in Barking & Dagenham compared to **2 per cent** in Richmond upon Thames



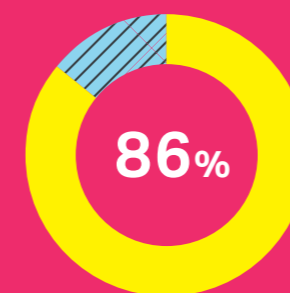
Barking & Dagenham

Richmond upon Thames

Pupils eligible for free school meals are almost **20 per cent** less likely to have a good level of development at age 5 than those who are not eligible



86 per cent of Londoners feel tackling childhood obesity should be a top or high priority



One in four children have tooth decay when they start school



Sources:

Public Health England (2016). Public Health Outcomes Framework; indicator 2.01.
 Public Health England (2016). Public Health Outcomes Framework; indicators 2.06i and ii.
 Public Health England (2016). Public Health Outcomes Framework; indicator 1.02.
 Public Health England (2016). Public Health Outcomes Framework; indicator 2.06ii.

Public Health England (2015) Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2014-2015, London: Public Health England.
 Healthy London Partnership (2017) The Great Weight Debate London's conversation on childhood obesity. London: Public Health England.



OBJECTIVES FOR HEALTHY CHILDREN

This strategy sets out four objectives to help achieve the Mayor's aim, that every London child has a healthy start in life:

1. Parents and carers are supported to give all London's children the best possible start in life
2. Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable
3. Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity
4. All of London's children and young people have the support they need to grow into healthy, resilient adults

The Mayor's key ambition is to ensure the wide adoption of the Healthy Early Years London programme, particularly in the most deprived communities.

All children deserve a healthy start in life. This will help them to reach their full potential throughout their young lives and as they grow into adults. Giving every Londoner a healthy start is fundamental to creating a more equal society

Children's life opportunities begin to diverge from the moment of their conception, because of the social, economic and environmental conditions in which they develop. Experiences in early childhood set the foundation for physical, intellectual and emotional development.¹⁷ During the first few years of children's lives, differences emerge in health outcomes, including birth weight, oral health, eye health, weight and

obesity, mental health and wellbeing, as well as in levels of development.¹⁸

These systemic inequalities are not inherited, and can be prevented through addressing poverty and supporting children and their families to thrive. This may be through family-focused work or by working directly with the most vulnerable children, such as looked after children, refugees and asylum seekers, and children experiencing abuse, neglect or trauma.

Children should be given the best support available to live healthy lives, both at home with their families, and in other settings such as schools.

¹⁷ Marmot, M. et al. (2010). op cit.

¹⁸ Children achieving a good level of development by age four, are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

Many young people would also benefit from support to deal with some of life's challenging transitions, to help them grow into healthy, happy adults.

What children eat and drink, and their levels of physical activity, are highlighted as areas of concern. For example, excess consumption of sugar has contributed to rising levels of poor oral health among children. One in four children have decayed or missing teeth by the time they start school¹⁹, and poor oral health is the number one reason for child admission to hospital²⁰. Hospital tooth extractions are unpleasant for children, costly and preventable.

There is also an urgent need to help children achieve and maintain a healthy weight. A greater proportion of children in London are overweight than in any other region in England.²¹ By the time children go to primary school, over one in five are overweight or obese, rising to more than one in three children by the time they finish. Inequalities are

growing too – the most deprived children in both age groups are more than twice as likely to be obese as the least deprived children.²²

Being obese as a child greatly increases the risk of being obese in adolescence and adulthood²³. Obesity rates in London are high compared to other world cities like Paris, Madrid and Toronto²⁴. Being obese increases the risk of early onset of long-term health conditions like type 2 diabetes and it is linked with poor psychological and emotional health, lower educational attainment and poor sleep. This comes with a range of economic and social costs to society, including substantial costs to the NHS.²⁵

OBJECTIVE 1.1

Parents and carers are supported to give all London's children the best possible start in life

The Mayor wants to enable parents and carers to give their children the very best opportunities for healthy development. The care and support received during the early stages of life is crucial to children's development. The role of parents and carers is clearly vital, with the quality of young children's attachment to caregivers linked to health and other outcomes.²⁶

The Mayor calls on partners to provide more comprehensive support for vulnerable parents, and improve opportunities for positive parenting in the early years. The Mayor has established the London Family Fund to provide vital support for families, as part of his Social Integration strategy. The fund encourages families from diverse backgrounds to come together for mutual support and a common purpose. It will help them to build more diverse networks with families from different backgrounds, including families who may otherwise face loneliness or disadvantage. It will also be used to share and promote best practice in the family services and early years sectors.

“The care and support received during the early stages of life is crucial to children's development.”

19 [Public Health England \(2018\) Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children.](#)

20 [NHS Digital. Hospital Episode Statistics \(HES\) \[online\].](#)

21 Public Health England (IHI) Public Health Outcomes Framework. 2016/17 2.06ii - Child excess weight in 4-5 and 10-11 year olds [online]. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

22 [NHS Digital \(2017\) National Child Measurement Programme - England, 2016-17 \[online\].](#)

23 Simmonds, M., Llewellyn, A., Owen, C.G & Woolacott, N. (2016) Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obes Rev.* 17(2):95-107.

24 London Health Commission (2014). op cit.

25 Scarborough P, et al. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health.* 2011; 33(4): 527–535.

26 [National Institute for Health and Care Excellence \(2016\) Children's attachment – quality standard. \[online\].](#)

The Mayor is also committed to supporting well-evidenced, health-promoting activities such as breastfeeding. Breastfeeding can be extremely beneficial for the health of both mothers and babies, in the short and longer term,^{27, 28} but it can come with challenges, and some families need extra support to start and sustain it. Women in lower income households or living in more deprived areas are less likely to start or sustain breastfeeding.²⁹ At present, support and information for breastfeeding varies widely across London³⁰, and it is important to take evidence-based approaches to enhancing support for those who need it most^{31,32}. The Mayor encourages all London boroughs to become UNICEF UK Baby-Friendly Initiative accredited in maternity and community services. He also calls on partners to improve postnatal and perinatal support for breastfeeding, as well as other crucial support services such as mental healthcare and smoking cessation.

The Mayor wants the city to be more welcoming for women who can and wish to breastfeed. Working with partners, the Mayor wants to see more of London's public spaces and workplaces enable women to breastfeed. The Mayor will ensure that City Hall, London's transport system and other public spaces are welcoming places to breastfeed.

The Mayor wants to see more London employers implementing family-friendly policies which support parents and carers, as promoted by his **London Healthy Workplace Charter** award scheme and the forthcoming **Good Work Standard**. Not all businesses will find it easy to provide the flexibility that can allow more employees, including working parents, to prosper at work and the Mayor recognises that smaller business and those sector with low levels of pay may benefit from enhanced focus.



27 Bartick, M. et al. (2017) Suboptimal breastfeeding in the United States: Maternal and paediatric health outcomes and costs. *Maternal & Child Nutrition*. 13 (1).

28 Victora, C.G. et al. (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*. 387(10017):475-90.

29 Henderson, J. & Redshaw, M. (2011) Midwifery factors associated with successful breastfeeding. *Child: Care, Health and Development*. 37: 744-53.

30 [Sustain \(2017\) Good Food for London Report 2017 \[online\]](#).

31 Dyson et al (2006) Promotion of breastfeeding initiation and duration: Evidence into practice briefing. London: NICE

32 [Public Health England \(2016\) Infant feeding: commissioning services. \[online\]](#).



The development of the NHS Child Health Digital Hub will be an important step for empowering parents and carers in London, allowing them to monitor their children's health and development. It includes a digital eRedbook, an online version of the parent held record given to all parents on the birth of their child. The NHS must monitor usage and act to ensure that this is reaching all Londoners, and particularly the most vulnerable. Providing this online will help parents and carers to record and manage information about their child, such as vaccinations and oral health. It will also improve the consistency and quality of data on children's health which can be used by NHS and London's boroughs to address inequalities targeting support where that data tells them it is most needed.

The Mayor will seek opportunities to support London's boroughs to consider evidence-based approaches and parenting programmes to support child health. He would like assurances that GPs and others can refer in to Mayoral and borough early years initiatives through social prescribing.

The Mayor wants to see partners take further action on improving child oral health, including access to dental care, particularly targeted on those communities least likely to be registered with, or regularly visit, a dentist. Many London families are not even aware that children can see a dentist for free – this needs to change.

OBJECTIVE 1.2

Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable

Safe and happy environments where children can develop and learn are essential to give them a healthy start in life. To develop healthy habits, children must see them modelled both at home and in childcare and education settings.³³

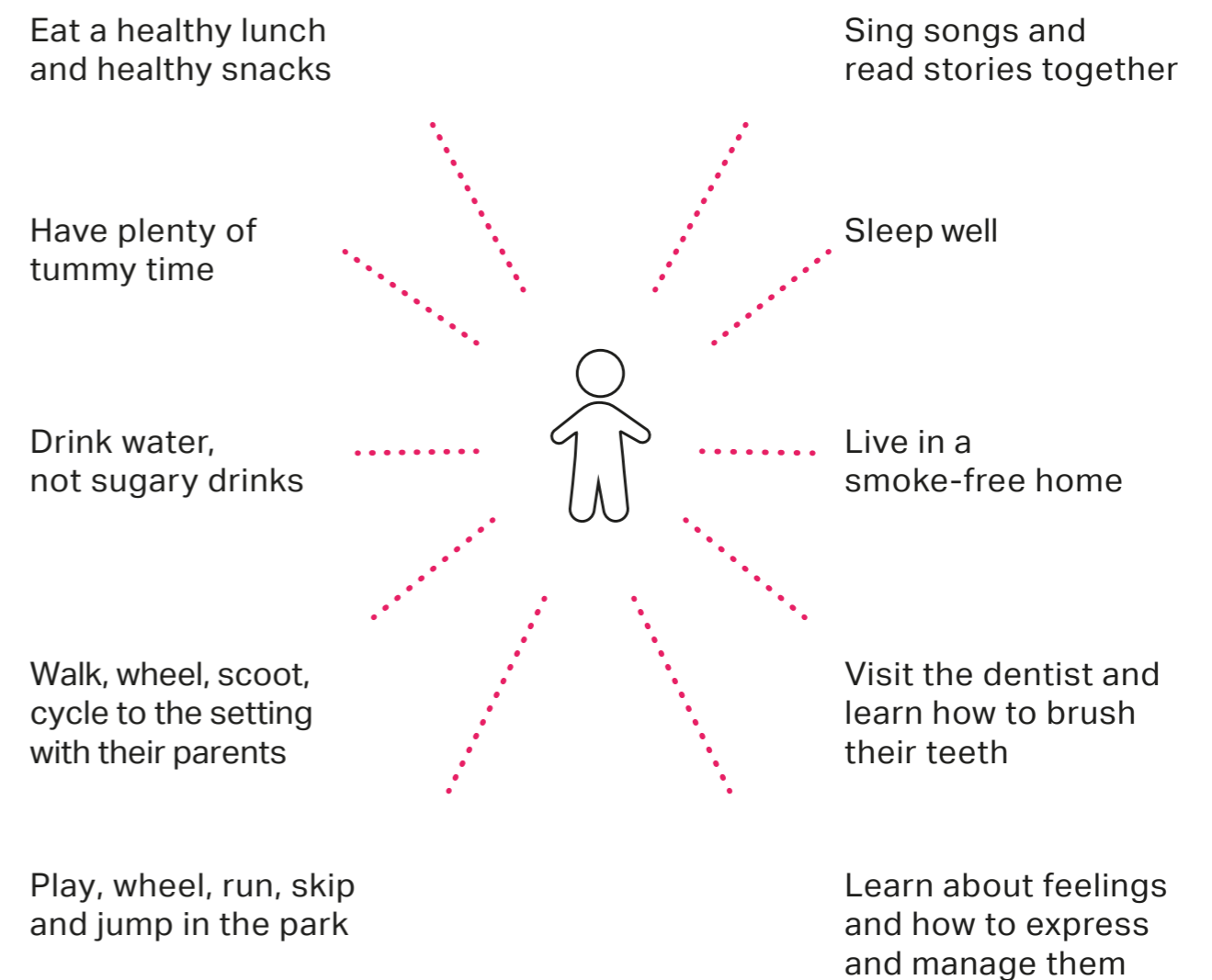
The Mayor is contributing through his **Healthy Early Years London** awards programme.³⁴ This new scheme aims to support London’s 13,000 early years childcare settings to boost the health, wellbeing and development of under-fives as they grow, play and learn. It will be open to all childcare settings registered with Ofsted, including childminders, and seeks to reinforce healthy habits like healthy eating and daily physical activity, as well as boosting social and emotional wellbeing.

The benefits of a healthy early years setting are described in Figure 8. The programme will also help parents and carers to improve their knowledge and skills to support their children’s health, wellbeing and development, help signpost them to services and support, as well as supporting the health and wellbeing of parents, carers and staff.

Implementation of the programme will focus on reaching the settings where it is most needed. This includes areas where high numbers of children have not achieved a good level of development (see Figure 9), are struggling to achieve a healthy weight, or have decayed teeth.

In London, we also know that poorer families are less likely to take-up the government offer of 30 free hours of childcare per week.³⁵ To help address this the Mayor is setting up three Early Years Hubs, linked to Healthy Early Years London, which will support schools, childminders, nurseries, and others to work together to improve access to high quality early education for disadvantaged families.

Figure 8 Healthy early years settings can encourage children and families to:

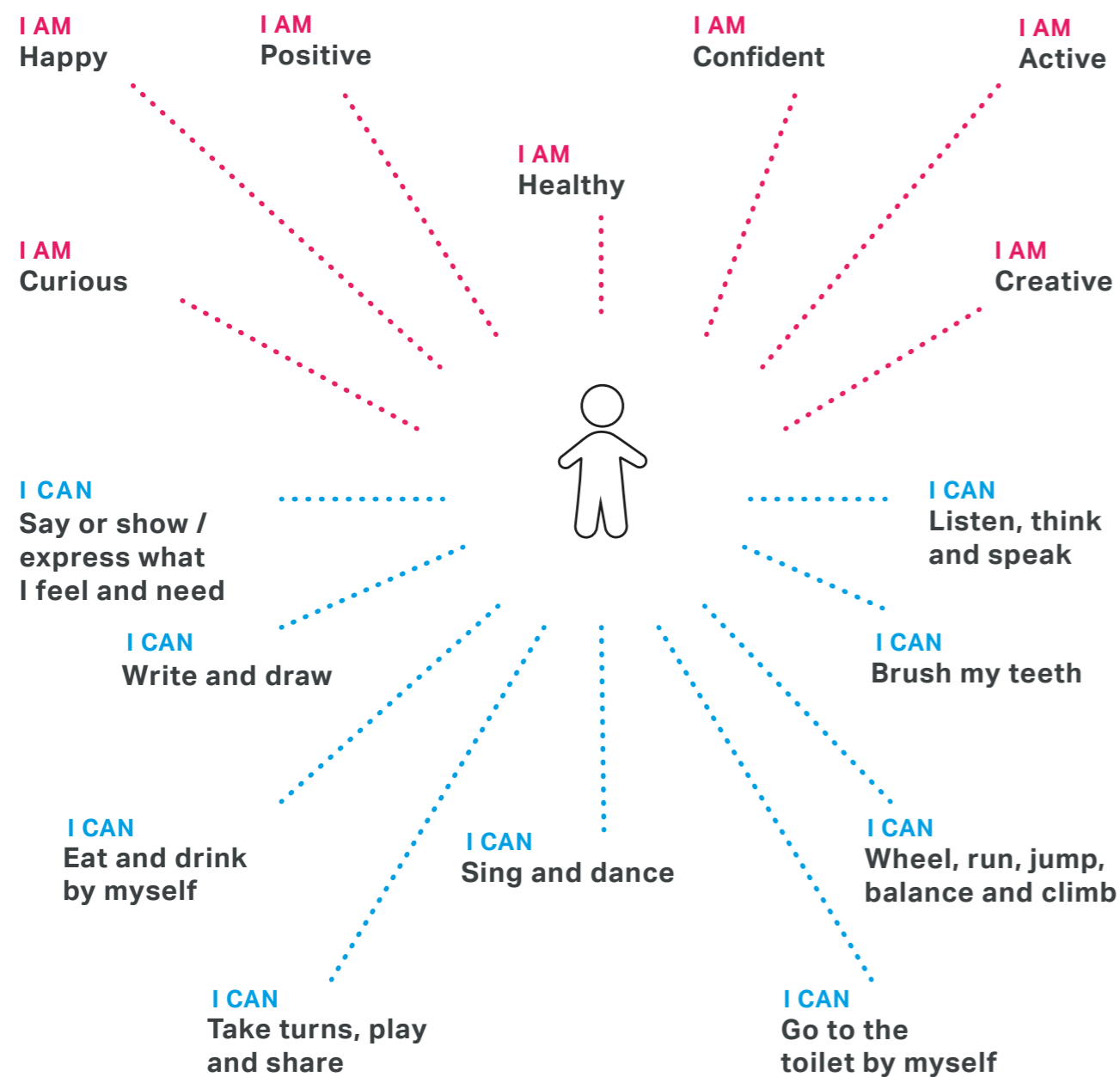


33 Ward S, Bélanger M, Donovan D, Carrier N. (2015) Systematic review of the relationship between childcare educators’ practices and pre-schoolers’ physical activity and eating behaviours. *Obes Rev*;16(12):1055-70.

34 Greater London Authority (2018) (I) Healthy Early Years London. [online] Available at: <https://www.london.gov.uk/what-we-do/health/healthy-early-years-london>

35 Greater London Authority (2018) (II) Annual London Education Report. London: Greater London Authority.

Figure 9 Key elements of early child development



Source: Healthy Early Years London (Greater London Authority)

Figure 10 Healthy Schools London programme

Each Healthy Schools London school has committed to prioritising:

- healthy eating: through the food they serve, packed lunches, drinking water, and the dining room environment
- physical activity: encouraging active travel to school and active play

- emotional health and wellbeing: working with including tailored support for children who have experienced issues such as physical, verbal or sexual abuse
- Personal Social Health Education (PSHE) including statutory Relationships and Sex Education (RSE) requirements from 2019

The Mayor will also continue his **Healthy Schools London** programme³⁶ to help ensure that school age children continue to develop in healthy environments (see Figure 10). Over 2,000 London schools are already signed up to the programme, which has been well adopted in deprived areas. The focus in coming years will be on supporting schools that have already joined the programme to progress through the scheme to achieve bronze, silver and gold awards.

These programmes are designed to promote all aspects of health and wellbeing including the needs of children with special educational needs and disabilities. Though they are not responsible for clinical delivery, they have an important role at the start of

a care pathway. Timely signposting of children to other relevant services, such as mental health or eye health, is recognised as an important part of these programmes, and there are referral mechanisms in place for targeted services and support.

The revenue from the new national levy on sugary soft drinks, which came into force in 2018, will provide further opportunities for schools to support children's health and address health inequalities. Guidance has already been provided to London schools offering evidence-based advice on how they might use these funds, supporting them to invest in effective interventions including improving access to drinking water and healthier food.

36 Greater London Authority (2018) (III) About Healthy Schools London. [online] Available at: <http://www.healthyschools.london.gov.uk/>



Working with partners the Mayor will explore opportunities provided by the **London Health and Social Care Devolution MoU** to improve the environment around schools. By tackling things like the food environment, advertising and air quality around schools, we can give children a much healthier environment to learn and live in. Pilots will focus on neighbourhoods with the poorest health outcomes.

The Mayor is using the **draft London Plan** to provide further opportunities to promote children's health through the environment around schools. This includes ensuring that the design and location of London's schools support child health; for example, through setting entrances to new schools away from busy roads and putting traffic calming measures in place. The draft London Plan will also encourage new developments to consider local air quality, and the **Healthy Streets Approach** (described in the Healthy Places chapter) will reduce children's exposure to poor air quality, as well as making it safer to walk and cycle to school.

OBJECTIVE 1.3
Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity.

Being a healthy weight helps prevent a range of long-term health conditions. It also supports achievement at school, and allows children and young people to feel confident and well.³⁷ The factors contributing to the rise in children's weight are complex, and include the built and social environment, individual habits and biology, the food system, and the behaviours modelled by families and in communities.³⁸

The Mayor is keen to ensure that everyone plays their part in addressing this major problem, and he will work with partners to help stop and reverse the rise in child obesity across London. The new **London's Child Obesity Taskforce**, convened by the Mayor, will lead London-wide action to help children achieve and maintain a healthy weight. The taskforce will seek to create environments that support children's health, changing how London's families approach diet and activity, and in doing so reduce the risks of poor health in adulthood. The Taskforce wants to see obesity rates among London's primary school children halved by 2030; with an ambition that this will happen even sooner.

37 Chief Medical Officer, UK (2013). Annual Report of the Chief Medical Officer 2012, Prevention pays: Our children deserve better. London: Department of Health.

38 Butland B et al. (2007) Tackling obesity: future choices – project report (2nd Ed). UK: Department of Innovation Universities and Skills.

The Taskforce recognise that the risk of obesity is unfairly distributed, and attention will be focussed on those areas of London where there is the greatest need for action.

Londoners have told us that too many unhealthy food and drink options, and too many fast food shops, have made it harder for children and young people to live healthy lives in their neighbourhoods.³⁹ The Mayor is doing what he can to help address these concerns through his draft London Plan, which includes a policy to restrict the development of new hot food takeaways around schools⁴⁰. The Mayor and partners will also work to reduce the exposure of children and young people to adverts for unhealthy food and drink. This includes a proposal in the Mayor's **draft London Food Strategy** to consult on a ban on advertising of unhealthy, high fat, salt or sugar food and drink across the Transport for London (TfL) estate.

As detailed in the draft London Food Strategy, members of the London Food Board will support the Mayor to improve access to healthy, sustainable, affordable food for all Londoners, and particularly to explore opportunities to support more vulnerable Londoners. Through London Environment Strategy the Mayor is also acting to make water more freely available by piloting a new network of drinking water fountains, and testing out a water refill scheme with London's cafés and restaurants.

Physical and cultural activity is also key to children and young people maintaining a healthy weight. The **Healthy Streets Approach** will help make the built environment safer and more welcoming for children and families to play, walk and cycle. The Mayor's proposed approach to helping all Londoners, including young Londoners, to be more physically active through sport is described in the Mayor's forthcoming **Sport Strategy**.

OBJECTIVE 1.4

All of London's children and young people have the support they need to grow into healthy, resilient adults

London has so much on offer to help children grow, develop and lead fulfilling lives; the Mayor wants to help children and young people to take up these opportunities and to grow into healthy and resilient adults. The Mayor recognises the importance of giving young people a voice by involving young Londoners in decisions that shape their city. This is supported by the **Mayor's Peer Outreach Workers**⁴¹, among others.

Providing support at key periods in children and young people's lives, such as during the transition from primary to secondary school, and into post-16 education, training or work, can be vital, as can ensuring young people stay safe, and avoid crime.

"London has so much on offer to help children grow, develop and lead fulfilling lives"

³⁹ Healthy London Partnership (2017) The Great Weight Debate London's conversation on childhood obesity. London: Public Health England.

⁴⁰ The draft London Plan policy states that development proposals containing A5 hot food takeaway uses should not be permitted where these are within 400 metres walking distance of an existing or proposed primary or secondary school.

⁴¹ Greater London Authority. Peer Outreach Workers [online]. Available at: <https://www.london.gov.uk/what-we-do/education-and-youth/young-londoners/peer-outreach-workers>

The Mayor recognises that the challenges faced by young Londoners are very diverse, and that a targeted approach is needed to address inequality and make sure no young Londoner is left behind. This includes supporting parents who want to work to increase their families' income, paying special attention to the development of children with special educational needs and disabilities, and helping children from poorer backgrounds succeed at school.

For example, some of London's looked after children still face significant challenges, and struggle with the transition to adulthood. The Mayor supports specific programmes such as **Care Leavers into Work** co-funded with the European Social Fund. The Mayor will also continue to support London boroughs to share good practice and help provide a voice for children and young people in and leaving care. He will also support the Department for Education Care Leavers Covenant, which offers a platform for organisations to pledge their support for young people as they face the challenges of leaving care.

The Mayor recently launched the £45 million **Young Londoners Fund** which will support the engagement of young people aged between 10 and 21 years in meaningful and positive activities to help them reach their potential. These will include a wide range of education, sport, cultural and other activities. Bidders are encouraged to address key priorities, including improving mental health, and supporting those at risk of exclusion or involvement in crime. Funding will be made available to local communities, charities and schools both for new projects and to help scale up existing projects.

The mental and emotional health of London's children and young people is a critical concern. As part of the Young Londoners Fund the Mayor is committed to improving young people's access to mental health first aid informed approaches (see Healthy Minds). The Mayor also wants to see partners take further action to improve school-based support, and improvements in access to child and adolescent mental health services across the capital.



SUMMARY OF COMMITMENTS

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of ensuring London children have the best start in life. Some of his major commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change

- Deliver the new London Healthy Early Years programme and the Healthy Schools London programme to help provide all children with healthy settings in which they can develop, play, and learn
- Use the London Family Fund to bring families from diverse backgrounds together for mutual support, and to promote good practice
- Pilot three Early Years Hubs, to help improve access to high quality early education for disadvantaged families
- Convene London's new Child Obesity Taskforce, to accelerate action across London
- Consult on plans to ban advertising of unhealthy food and drink across the TfL estate, and planning policies restricting new hot food takeaways around schools

- Use the Young Londoners Fund to support more young people to take part in meaningful and positive activities
- Use Sport Unites to help more children and young people to be physically active

What the Mayor will do to support change

- Convene partners to support London-wide efforts to support breastfeeding, and show leadership by ensuring City Hall and London's transport system are welcoming places to breastfeed
- Support the launch of the NHS London Child Health Digital Hub and eRedbook, helping all parents and carers to support their child's health and development and accelerating any learning on adoption of digital technologies
- Work through TfL and with the London boroughs to use the Healthy Streets Approach to make the streets around schools safer and more appealing places to walk, cycle and scoot, building on Healthy Schools London and proposals set out in the draft London Plan

Priorities to be led by external partners

- Government should back the London Child Obesity Taskforce by taking bold action to protect children from marketing of high fat and high sugar foods and developing a route map to progress action on reformulation of food to reduce fat, sugar and salt content, and portion size.
- Government should act to address the insufficient and inequitable levels of funding for child mental and emotional health in schools. Further, government should accelerate the proposed improvements⁴² to school-based mental and emotional health provision so London children's needs are met as soon as possible, rather than a phased roll out up to 2025
- The NHS and local authorities should ensure there is fair access to child and adolescent mental health services across the capital, working with schools, youth services and youth offending teams.
- Employers should routinely provide flexible and family-friendly working, using the standards set out in the London Healthy Workplace Charter and the forthcoming Good Work Standard
- The NHS and local authorities should work together to improve links between midwifery, health visiting and children's services to support vulnerable parents and opportunities for positive parenting in the early years
- The NHS and local authorities should improve postnatal and perinatal mental health care services, and support for breast feeding and smoking cessation, all of which can have a significant impact on the life chances and wellbeing of mothers, babies and families
- The NHS should ensure that GPs and health and care professionals are aware of 'social prescribing' (see Healthy Communities) pathways to support, including through relevant Mayoral and borough initiatives relating to early years
- Partners should come together to address inequalities in child oral health in London, building on proposals for the development of a programme for 0-4 year olds focused on promoting the importance of registering children with dentists and regular visits

⁴² [Department of Health and Department for Education \(2017\). Transforming children and young people's mental health provision: a green paper.](#)



AIM TWO Healthy Minds



ALL LONDONERS SHARE IN A CITY
WITH THE BEST MENTAL HEALTH
IN THE WORLD

One in four people in the UK will experience a mental health problem each year



People with a serious mental illness are **3x** more likely to die prematurely than the general population



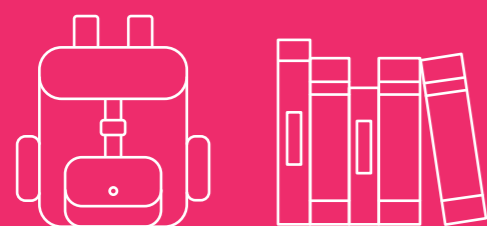
Just **1/4** of people with mental health issues receive treatment compared to over **3/4** of people with heart disease



Less than **one in six** people with a mental health condition, excluding depression, are in employment. This is despite **85 per cent** wanting to work



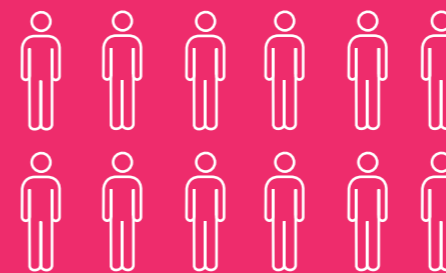
In London nearly **10 per cent** of children aged between 5 and 16 have some form of mental illness



People in low income households are **2-3x** more likely to develop mental health problems than those in the highest income households



Suicide is the cause of death of **twelve Londoners** every week



Sources:

NHS Digital (2009) Adult Psychiatric Morbidity in England - 2007, Results of a household survey.
 Public Health England (2015). Public Health Outcomes Framework; indicator 4.09i.
 Marmot, M. et al. (2010). Fair Society Healthy Lives (The Marmot Review).
 London Health Commission (2014). Better health for London. London: Greater London Authority.

Public Health England (2015). Public Health Outcomes Framework; Estimated prevalence of mental health disorders in children and young people.
 Public Health England (2016). Public Health Outcomes Framework; indicator 4.10.
 London Health Commission (2014). Better health for London. London: Greater London Authority.



OBJECTIVES FOR HEALTHY MINDS

This strategy sets out five objectives to achieve the Mayor's aim that all Londoners share in a city with the best mental health in the world

- | | |
|---|--|
| <p>1 Mental health becomes everybody's business. Londoners act to maintain their mental wellbeing, and support their families, communities and colleagues to do the same</p> <p>2 Londoners' mental health and physical health are equally valued and supported</p> <p>3 No Londoners experience stigma</p> | <p>linked to mental ill health, with awareness and understanding of mental health increasing city-wide</p> <p>4 London's workplaces support good mental health</p> <p>5 Action is taken across London to prevent suicide, and all Londoners know where to get help when they need it</p> |
|---|--|

The Mayor's key ambition is for more Londoners to receive training in mental health first aid informed approaches, starting with young Londoners

All Londoners deserve the chance to feel well, think clearly and live with a sense of purpose and enjoyment. Good mental health is as important as physical health to Londoners. It is also vital for both the economy and wider society. Relationships and experiences in the early years form the basis of good mental health. As we age, we can learn to protect and promote our mental wellbeing, developing strategies to cope with and recover from negative experiences.

Around two million Londoners will experience mental ill health every year. However, the risk is not evenly distributed, with different burdens and outcomes seen for different groups. For example, while women are more likely to live with depression, men are at higher risk of suicide.⁴³ Young Londoners are at a high risk of experiencing mental ill health⁴⁴, and there is growing evidence of the significant impact that adverse childhood experiences and trauma can have on physical and mental health throughout people's lives.

43 [NHS Digital \(2016\), Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 \[online\]](#).
 44 [Public Health England \(2017\). Public Health Profiles – Fingertips online data tool \[online\] Available at: <https://fingertips.phe.org.uk/>](#)

Poor mental health is both a consequence of inequality and disadvantage, and a cause of it.⁴⁵ Some communities and groups of Londoners who face other inequalities also carry a higher burden of mental ill health than others; this includes people living in poverty, people in poor quality jobs or unemployed, those who have been homeless, have a history of violence or abuse, or have experienced discrimination.^{46 47 48 49}

The relationship between physical and mental health is complex. People with long-term physical health conditions or disabilities have a higher risk of having poor mental health⁵⁰, and people with severe or enduring mental ill health are more likely to die prematurely⁵¹. Overall, people with poor mental health are more likely to smoke and misuse alcohol, less likely to be active or access healthy food, and may struggle to access health and care services or advice.⁵²

Loneliness and the associated health risks are of increasing concern. It can affect Londoners both young and old⁵³, but the experience is often more severe among older Londoners.⁵⁴ The health effects of feeling lonely are now better understood; poor mental health can make people feel socially excluded and isolated, while social isolation and loneliness are risk factors for both mental and physical illness.⁵⁵

“Poor mental health is both a consequence of inequality and disadvantage, and a cause of it.”

45 Friedli, L (2009) Mental health, resilience and inequalities. Copenhagen: WHO Regional Office for Europe.

46 Pickett, K. E., James, O.W. & Wilkinson, R.G., (2006). Income inequality and the prevalence of mental illness: A preliminary international analysis. *Journal of Epidemiology and Community Health*. 60(7), 646–647.

47 Khan, M., Ilcisin, M. & Saxton, K. *Int J Equity Health* (2017) Multifactorial discrimination as a fundamental cause of mental health inequities, *International Journal for Equity in Health* 16:43.

48 Khan, M and Boardman, J (2017) OP 101: Employment and mental health. London: Royal College of Psychiatrists.

49 [Harvey SB, Modini M, Joyce S, et al \(2017\) Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. *Occupational Environment & Medicine* \[online\] Volume 74:301-310.](#)

50 [Naylor, C., Parsonage, M., McDaid, D., et al. \(2012\). Long-term conditions and mental health: the cost of co-morbidities \[online\].](#)

51 London Health Commission (2014). op cit.

52 Mental Health Foundation (2018) Physical health and mental health. [online] Available at: <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health>

53 Office for National Statistics (2018). Loneliness - What characteristics and circumstances are associated with feeling lonely? [online]. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

54 [PHE & UCL Institute of Health Equity \(2015\). Local action on health inequalities: reducing social isolation across the life course \[online\].](#)

55 PHE & UCL Institute of Health Equity (2015). op cit.



The Mayor wants to work with partners to help prevent mental ill health and tackle the stigma and discrimination that may hold people back from seeking help and support. He will work to ensure as many people as possible with mental ill health have the support they need to recover and thrive.

OBJECTIVE 2.1

Mental health becomes everybody's business. Londoners act to maintain their mental wellbeing, and support their families, communities and colleagues to do the same

Improving London's mental health means acting for everyone, and in particular supporting those groups at higher risk of developing mental ill health.⁵⁶ This includes addressing the key risk factors such as poverty, which can be both a cause and a result of mental ill health.⁵⁷ That is why tackling economic inequality is important, and why the Mayor's draft Economic Development Strategy, with its focus on economic fairness, is so crucial.

The Mayor is supporting better mental health across London by championing **Thrive LDN** through the London Health Board. Launched in July 2017, Thrive LDN is a city-wide movement focusing on mental wellbeing and communities. It facilitates joint action to make changes at a local level. Thrive LDN aims to educate, equip and empower all Londoners to lead healthier, happier lives.

⁵⁶ Greater London Authority (2014) London mental health: the invisible costs of mental ill health. London: Greater London Authority.

⁵⁷ Elliott, I. (2016). [Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy \[online\]](#).

The Mayor will provide political leadership for Thrive LDN and support its activities where he can add value. Through this role, the Mayor will champion innovative efforts to prevent common mental health problems, including Good Thinking, a new digital mental health and wellbeing service developed by the NHS and local government.

The Mayor recognises that change within a community is best achieved through local action.⁵⁸ It is only by working together – the public, private, voluntary sectors, communities and individuals – that we can act early to prevent mental health issues and find opportunities to promote positive health for all of London. As a result, the Mayor would like to see the localisation of Thrive LDN in every London borough, working with local populations on local needs.

The Mayor and partners are also encouraging action to support specific groups. For example, the mental and emotional health of children and young people is a priority. The Mayor's new **Young Londoners Fund** will encourage bids from voluntary and community groups that are seeking to address mental ill health amongst young Londoners. The Mayor is committed to supporting and empowering young Londoners regarding their own and their friends' and families' mental health. He wants to support more Londoners to improve their awareness of mental health and related support. As part of this, the Mayor is committed to improving access to mental health first aid informed approaches for young Londoners through London's schools.



58 [World Health Organisation \(WHO\) and the Calouste Gulbenkian Foundation \(2014\). Social Determinants of mental health.](#)

“The Mayor calls on partners to work together to lead a whole system approach to improving mental health.”

Alongside Mayoral initiatives like the **London Family Fund** and **Sport Unites**, Thrive LDN will work with deprived areas and those most at risk, to develop opportunities for people to engage with each other, build skills, create new networks and take part in locally-led activity. It will also work with the Mental Health Foundation to establish several Thriving Community prevention pilots to work with residents in some of London’s most deprived neighbourhoods, to help prevent poor mental health from developing.

London has a wealth of culture that can play a role in mental ill health prevention and recovery. The Mayor’s **draft Culture Strategy** seeks to create opportunities for all Londoners to take part in cultural activities. Thrive LDN is working with City Hall’s culture team to develop opportunities to promote mental health, starting with mapping arts and cultural festivals and public programmes specifically aimed at improving mental health and wellbeing across the capital, to identify gaps and opportunities.

OBJECTIVE 2.2 **Londoners’ mental health and physical health are equally valued and supported**

For too long, mental health has been given less regard than physical health. The need to address inequalities in access to health services is widely acknowledged, yet people experiencing mental ill health are still less likely to get the treatment they need than others in the health and social care system.⁵⁹ The Mayor welcomes the work underway to address this through the NHS Five Year Forward View for Mental Health.⁶⁰ However, he is impatient for improvement and is conscious that real progress needs to be evident quickly to maintain the confidence of the public.

Mental health services are not provided by the Mayor, which means he cannot directly ensure mental and physical health are supported on an equal footing. However, he recognises the potential for more joined-up health and care services, planned around the needs of local communities. The Mayor wants to see the health and care sector speed up progress through the development of new models of care, which could help tackle inequalities such as the fact that 40 per cent of adults in England with a

serious mental illness smoke, more than twice the rate in the general population.⁶¹

The Mayor calls on partners to work together to deliver a whole system approach to improving mental health. As chair of the London Health Board the Mayor will argue for Londoners to have fair and timely access to good quality mental health services. Services for children and young people are particularly stretched and underfunded, including NHS psychological therapies and school based support.

The Mayor will continue to demonstrate his commitment to parity of esteem for mental health by championing and challenging progress. He also wants to see the inequalities in access to physical health services for people with mental ill health addressed, particularly for those with severe mental illness.

Action on mental health is core to all the Mayor’s health programmes, including Healthy Schools London, Healthy Early Years London and the **London Healthy Workplace Charter**. He also recognises the value of social prescribing for people experiencing mental ill health (see Healthy Communities chapter), with

59 London Health Commission (2014). op cit.

60 NHS England (2017). op cit.

61 [Public Health England \(2018\). Local Tobacco Control Profiles \[online\]](#).

improving mental wellbeing a common goal for people taking part.^{62 63}

The Mayor will consider mental health inequalities in all his strategies; this includes through his approach to tackling challenges such as poverty and housing quality, and targeting specific groups, such as providing extra mental health support to rough sleepers (see Healthy Places).

The Mayor and partners are also keen to adopt good practice on mental health in community safety work. Mental ill health remains common among people in contact with the criminal justice system, with the proportion of people affected ranging from 39 per cent in police custody to 90 per cent in prison.⁶⁴ The Mayor will invest to embed mental health support within policing across London, helping to reduce demands on the Metropolitan Police, and ensuring people's needs are met in a timely way. Both offenders and victims of crime experience high rates of mental ill health yet struggle to get the help they need.

Supporting the mental health of those in the criminal justice system has been shown to reduce offending and re-offending rates, and such efforts improve outcomes for individuals and contribute to greater benefits to communities and wider society.⁶⁵ As outlined in the **Police and Crime Plan**, action needs to be taken to support safe and mentally resilient communities, including:

- working with the NHS and police on a pan-London pathway so that people, particularly young people, detained under s136 of the Mental Health Act are taken to health-based places of safety
- exploring opportunities to improve access to mental health services for offenders and victims
- investing in support for people in crisis who need mental health support



62 [The King's Fund \(2017\). What is social prescribing? \[online\].](#)

63 [Steadman, K., Thomas, R. & Donnalaja, V. \(2017\). Social prescribing: A pathway to work?](#)

64 NICE (2017). Mental health of adults in contact with the criminal justice system. [online] Available at: www.nice.org.uk/guidance/ng66/chapter/Context

65 [NHS England \(2016\) Strategic direction for health services in the justice system: 2016-2020.](#)



OBJECTIVE 2.3

No Londoners experience stigma linked to mental ill health, with awareness and understanding of mental health increasing city-wide

Awareness of mental health is improving, but we can still do more. Nearly nine out of ten people with mental ill health say that stigma and discrimination have a negative effect on their lives.⁶⁶ Concerns about stigma and discrimination can also prevent people from seeking support for their mental health.⁶⁷ The Mayor wants to address the stigma and discrimination that Londoners experience, both as a response to mental ill health and as a cause of it.

People can experience stigma and discrimination in multiple ways, because of who they are or how they live their lives. This can worsen mental health, potentially increasing stigma still further.⁶⁸ Working with Thrive LDN, the Mayor is seeking to improve understanding of how discrimination

affects the mental health and wellbeing of London's diverse population.

Understanding the barriers people face to speaking about mental health and how these can be overcome is core to Thrive LDN. The Mayor is working with Thrive LDN and others to encourage more Londoners to talk openly about mental health, and together they will continue to campaign to reduce the stigma and discrimination linked to poor mental health.

The Mayor wants to see more London employers, community groups and individuals engage with and build on the work of initiatives like Time to Change⁶⁹, a movement led by Mind and Rethink that aims to change how people think and act about mental health. The Mayor will lead by example by signing the Time to Change pledge, and encourages other organisations to do the same. He is also working with the Lord Mayor on the This is Me campaign⁷⁰ to address mental health stigma in the workplace.

66 Mental Health Foundation (2018). Stigma and discrimination. [online] Available at: <https://www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination>

67 Clement, S et al (2015) What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychol Med.* Jan;45(1):11-27.

68 Wallace, S, Nazroo, J, Bécaries, L. (2016) Cumulative Effect of Racial Discrimination on the Mental Health of Ethnic Minorities in the United Kingdom. *Am J Public Health.* 106(7):1294-300

69 Time to Change (2018). Time to change: let's end mental health discrimination. [online]. Available at: <https://www.time-to-change.org.uk/>

70 The Lord Mayor's Appeal, ND. Reducing the stigma. [online] Available at: www.thelordmayorsappeal.org/a-healthy-city/this-is-me/

OBJECTIVE 2.4**London's workplaces support good mental health**

Good quality work can support and protect people's mental health, while personal wellbeing and job satisfaction are closely linked to work performance.⁷¹ Improving the quality of work, and promoting the health and wellbeing of employees will be core to the **Mayor's Good Work Standard** (currently being developed) which will recognise and promote good practice in employment.

The Mayor will continue to support London's employers to create workplaces that support good mental health through the London Healthy Workplace Charter (for more details see the Healthy Places chapter). Creating a mentally healthy workplace is one of the Charter's key themes. Employers are encouraged to develop mental health strategies, including training employees to increase mental health awareness and reduce stigma, and training line managers to support people with a mental health condition.

The aim is to create supportive workplaces where all employees can flourish and access support when needed. The charter links to a wide range of resources that offer practical support to employers of all sizes and sectors.

The Mayor also wants to take practical steps to give Londoners the tools they need to understand mental health. That way they can help others, and have a greater insight into their own mental health and wellbeing. In the workplace, training programmes can increase awareness of signs of mental distress, and provide practical tools. They can also increase the confidence of managers and colleagues to spot signs and symptoms early.

To show leadership at City Hall, the Mayor and his team of Deputy Mayors completed a course of Mental Health First Aid training in 2017. The Mayor will roll out training in mental health first aid informed approaches across City Hall, and support TfL, the Metropolitan Police and London Fire Brigade to build on the mental health awareness work they have already started.



71 Bryson, A. Forth, J and Stokes, L. (2014) Does worker wellbeing affect workplace performance? Making the labour market more flexible, efficient and fair series, BIS/14/1120. Department for Business, Innovation & Skills, UK Government, London.



Helping people with mental ill health to access good quality work is also important. Fewer than one in five people with a mental health condition (excluding depression) are in a job, despite the clear majority wanting to work.⁷² With the right support and a healthy workplace, people with even severe mental health conditions can find, retain and progress in employment⁷³, for example, through evidence based programmes like Individual Placement and Support.⁷⁴

The Mayor will champion efforts to recruit and retain people with mental ill health across London. The devolved London Work and Health programme⁷⁵ supports those furthest from the job market into work. Led by four sub-regional partnerships, new programmes are now beginning.

The London Health and Social Care Devolution MoU also creates opportunities for the Mayor and partners to better support Londoners at risk of being unable to return to work through poor mental health.

OBJECTIVE 2.5
Action is taken across London to prevent suicide, and all Londoners know where they can get help when they need it

It is a tragedy that every week on average the lives of 12 Londoners are lost to suicide, while many others attempt to end their lives.⁷⁶

Suicide disproportionately affects some groups of Londoners. People with a

diagnosed mental health condition are at a higher risk of attempting suicide, yet many people who feel suicidal have never been in contact with mental health services. Risk factors include experiencing trauma, unemployment, poverty and social isolation, while there are also strong associations with alcohol and substance misuse.⁷⁷

Nationally, suicide is the largest cause of death in men aged 15-49.⁷⁸ The risk is

72 London Health Commission (2014). op cit.

73 Farmer, P. and Stevenson, D. (2017). *Thriving at Work: The Independent Review of Mental Health and Employers* [online].

74 Centre for Mental Health What is IPS? [online] www.centreformentalhealth.org.uk/what-is-ips

75 London Councils (2017). The work and health programme in London. [online] Available at: <https://www.londoncouncils.gov.uk/our-key-themes/economic-development/increasing-employment-and-skills/work-and-health-programme-London>

76 Public Health England (2016). Public Health Outcomes Framework; indicator 4.10 [online]. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

77 Mental Health Foundation (2018) Suicide. [online] MentalHealth.org Available at: www.mentalhealth.org.uk/a-to-z/s/suicide

78 NHS England (2017) *Five Year Forward View for Mental Health: One Year On.*

particularly acute among younger men, and men in low skilled roles;^{79 80}.

There is much good work already happening in London to prevent suicide attempts. This includes local authorities' suicide prevention and reduction plans, the work of TfL and Network Rail to reduce suicides on the transport network, and efforts by the City of London, the Samaritans, and Royal National Lifeboat Institution to reduce suicides in the Thames.

Thrive LDN is working to help London become a city with a better understanding of suicide, including accurate and timely information about suicides in the city which will help with understanding and responding to changes or trends. This will strengthen partnership efforts to reduce suicide deaths and attempts in London.

It is with the hope that each of these tragedies can be prevented that the Mayor, with partners, will support the Thrive LDN movement to create a long-term shared vision for London as a 'zero-suicide city'. As a first step, London is aiming to meet the national target of a 10 per cent reduction in the number of suicides by 2021.

SUMMARY OF COMMITMENTS

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of ensuring Londoners share in the best mental health in the world. Some of his major commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change

- Fund and lead Thrive LDN – a citywide movement to improve the mental health and wellbeing of all Londoners, and to prevent suicide
- Fund a cohort of youth mental health first aid instructors in every London borough to deliver training in state schools, working with Healthy Schools London
- Use the Young Londoners Fund to support projects from the voluntary and community sector that seek to promote good mental health amongst young Londoners
- Use the London Healthy Workplace Charter and the forthcoming Good Work Standard to help businesses promote good mental health in the workplace
- Sign up to the Time to Change Pledge (and encourage partner organisations

to join him), and roll out mental health first aid training across City Hall

What the Mayor will do to support change

- Use the London Health Board to champion mental health, including through challenging the NHS to achieve parity between physical and mental health care
- Use Thrive LDN to address stigma and discrimination associated with poor mental health through a number of projects and programmes
- Support people with mental health problems to return to and remain in work by creating healthier workplaces (i.e. through the London Healthy Workplace Charter and the forthcoming Good Work Standard) and through his support for the devolution of the work and health programme
- Work with the NHS, local authorities and London's police forces to ensure that Londoners have access to urgent treatment and care when required, including implementation of the section 136 pathway into a health based place of safety
- Work with boroughs to support the localisation of Thrive LDN – with the aim of rolling it out in every London borough, delivering benefits like mental health first aid training in the workplace and suicide prevention

Priorities to be led by external partners

- The NHS and local authorities to roll-out their innovative new digital mental health and wellbeing service, Good Thinking – aiming to prevent common mental health problems.
- The NHS should deliver improvements in access to evidence based services for first episode of psychosis and for psychological therapies (including through digital solutions), particularly services for young people
- The NHS should work to increase screening uptake, early detection and access to evidence based physical care assessments and interventions for people with severe mental illness, to address physical ill health and premature mortality

79 Office for National Statistics (2016). Suicides in the UK: 2015 registrations. [online] Available at: <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2015registrations>

80 Office for National Statistics (2017). Suicide by occupation, England: 2011 to 2015. [online] Available at: <http://www.ons.gov.uk/releases/suicidesbyoccupationengland2011to2015>



AIM THREE Healthy Places



ALL LONDONERS BENEFIT FROM
AN ENVIRONMENT AND ECONOMY
THAT PROMOTE GOOD MENTAL
AND PHYSICAL HEALTH

More than **ten per cent** of London households are affected by fuel poverty



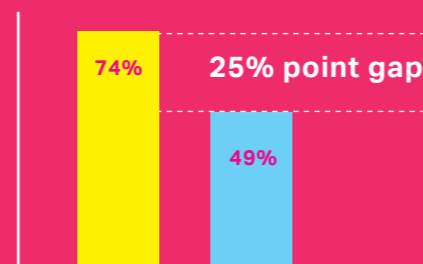
58 per cent of people in poverty in London are in working families



Almost **one in four** privately rented homes fail the Government's Decent Homes Standard



There is a **25 percentage point** gap in the employment rate between those with a long-term health condition (**49 per cent**) and the general population (**74 per cent**)



More than **87,000** London children were living in temporary accommodation at the end of 2017



Nearly **1/4** of London's primary schools are in areas of poor air quality



The average life expectancy for rough sleepers is just **47 years**



Sources:

NHS Digital (2009) Adult Psychiatric Morbidity in England - 2007, Results of a household survey.
 Public Health England (2015). Public Health Outcomes Framework; indicator 4.09i.
 Marmot, M. et al. (2010). Fair Society Healthy Lives (The Marmot Review).
 London Health Commission (2014). Better health for London. London: Greater London Authority.

Public Health England (2015). Public Health Outcomes Framework; Estimated prevalence of mental health disorders in children and young people.
 Public Health England (2016). Public Health Outcomes Framework; indicator 4.10.
 London Health Commission (2014). Better health for London. London: Greater London Authority.



OBJECTIVES FOR HEALTHY PLACES

This strategy sets out seven objectives to help achieve the Mayor's aim, that all Londoners benefit from an environment and economy that promote good mental and physical health

1. London's air quality improves, and fewer Londoners are exposed to harmful pollution – especially in priority areas like schools
2. The planning system is used to create healthier neighbourhoods, and the Healthy Streets Approach is adopted
3. London is a greener city where all Londoners have access to good quality green and other public spaces
4. The impact of poverty and income inequality on health is reduced
5. More working Londoners have health-promoting, well paid and secure jobs
6. Housing availability, quality and affordability improves
7. Homelessness and rough sleeping in London are addressed

The Mayor's key ambition is for London to have the best air quality of any global city, with progress fastest in the most polluted areas, benefitting people most vulnerable to the effects of air pollution.

Tackling underlying inequalities in our social, economic and physical environment will have the biggest long-term impact on health and health inequalities.^{81,82} The Mayor aims to ensure that the places we live in support our health, and our health does not suffer because of where we live. The places in which we live our lives affect our health, in terms of the

quality of the air we breathe, our local environment, our homes, our income and (where appropriate) our work. These conditions and circumstances of where we live are often linked, exacerbating the disadvantage - for example, having a low income makes it harder to access good quality housing, and increases the likelihood of living in an area with poorer air quality and lower

81 Marmot, M. et al. (2010). op cit.

82 Buck, D. & Fronsini, F. (2012) Clustering of unhealthy behaviours over time: Implications for policy and practice. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

quality green or public spaces.⁸³ People living in areas experiencing multiple disadvantage are also more likely to experience poor physical and mental health.⁸⁴ Partners have a major role to play in enhancing economic development locally. For example, as key local institutions which can invest in local people and neighbourhoods, many public sector bodies could have a direct impact on the health of communities.⁸⁵

OBJECTIVE 3.1

London's air quality improves, and fewer Londoners are exposed to harmful pollution – especially in priority areas like schools

Poor air quality is linked to many health problems including lung and heart diseases⁸⁶ and is particularly harmful to the lungs of young children. People in deprived areas are more likely to be exposed to poor air quality⁸⁷ and that exposure is also more likely to result in poor health⁸⁸. Worryingly over 400 London primary schools are in areas with toxic air, with four-fifths of these in the most deprived areas.⁸⁹

Concerted action means London now meets nationally set legal limits for most pollutants, and we have seen a reduction in the level of others. But two pollutants - nitrogen dioxide (mainly caused by motor transport) and particulate matter - remain significant concerns for health.

83 London Health Commission (2014). op cit.

84 Public Health England (2017) Health profile for England: Chapter 5: inequality in health [online] <https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>

85 The Health Foundation. The Role of Hospitals as anchor institutions in improving population health [online]. Available at: www.health.org.uk/role-hospitals-anchor-institutions-improving-population-health

86 Committee on the Medical Effects of Air Pollutants (2016). Long-term exposure to air pollution and chronic bronchitis. London: Public Health England.

87 Fecht, D. et al. (2015) Associations between air pollution and socioeconomic characteristics, ethnicity and age profile of neighbourhoods in England and the Netherlands. *Environmental Pollution*. 198:201-10.

88 Royal College of Physicians/Royal College of Paediatrics and Child Health (2016). *Every breath we take: the lifelong impact of air pollution* [online].

89 Aether (2013). Analysing air pollution exposure in London. [online] Available at: www.london.gov.uk/WHAT-WE-DO/environment/environment-publications/analysing-air-pollution-exposure-london



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A core part of the **London Environment Strategy** is his aim for London to have the best air quality of any major world city by 2050. This includes meeting the World Health Organisation's guidelines for air quality by moving to a **zero emission London**. The Mayor is seeking to achieve legal compliance with UK and EU air pollution limits as soon as possible. He also aims to reduce inequalities by supporting and empowering communities and Londoners in the most deprived areas (which tend to have higher levels of air pollution), and other places (such as schools) where air pollution is a particular concern, to reduce their exposure to poor air quality. The Mayor is continuing to support the delivery of local projects through the **Mayor's Air Quality Fund** – projects must outline how activities will contribute to reducing the exposure of communities most at risk of poor air quality, or benefit areas of multiple deprivation.

The Mayor has introduced the **Toxicity Charge (or T-Charge)** which applies to older, more polluting vehicles travelling in central London, and is transforming London's bus and taxi fleets to be zero emission. From April 2019, this will be replaced by a new tighter, emissions standard, the **Ultra-Low Emission Zone (ULEZ)**. The ULEZ is due to be expanded to include the area up to the North and South Circular roads in 2021.

Other elements of the Mayor's approach to improving air quality will contribute to reducing health inequalities. This includes encouraging reduced car use, making streets more accessible and welcoming, and giving people more chances to be more active. However, there is much more to be done, and the Mayor calls on partners to accelerate action to reduce toxic emissions from their buildings, estates and vehicles in London.



OBJECTIVE 3.2

The planning system is used to create healthier neighbourhoods and the Healthy Streets Approach is adopted

The Mayor will support local areas to create built environments that reduce harm to health and enable all Londoners to fully participate in community life.

Streets make up 80 per cent of public space in London and the Mayor wants streets to be welcoming and accessible for all. Through the **Healthy Streets Approach**, the Mayor and TfL will encourage people to walk, cycle and use public transport rather than drive. This is particularly important for older people, children and young people, disabled people and people living on lower incomes who most feel the negative impacts of living in a car-dependent city.

The **Mayor's Transport Strategy** sets out what steps TfL and its partners will take to progress against the ten **Healthy Streets Indicators** (see Figure 11 and Figure 12). It sets ambitious targets to reduce health inequalities through making positive changes to street environments. These changes will promote physical activity, enable people to better engage with their local community, address social isolation and reduce road injuries and air and noise pollution.

Improving performance against these indicators will help boost health and wellbeing for everyone. To reduce inequalities, streets with the greatest health threats, for example those with the highest levels of noise, air pollution and road danger, must be prioritised.

In the longer term, taking the **Healthy Streets Approach** alongside other measures will make London more resilient to the impacts of climate change, including flooding, heatwaves and drought. Climate change is potentially a significant threat to public health⁹⁰, and may widen inequalities in health. The **London Environment Strategy** sets out a range of climate change mitigation and adaptation approaches for London. It focuses on reducing the risk of climate change impacts for the most disadvantaged communities, as well as increasing their resilience so that they can recover more quickly when those impacts do occur.

90 World Health Organisation (2017). Protecting health in Europe from climate change: 2017 update. Geneva: WHO.

Figure 11 The Healthy Streets Approach



Source: Saunders, L. (2018), Healthy Streets, www.healthystreets.com

Figure 12 How the 10 Healthy Streets Indicators relate to health inequalities

People feel safe – Women, older people, and residents of deprived areas are more likely to feel unsafe on the street

Things to see and do – Streets need to be engaging places with a mix of uses so that people can access the services they need easily. People who live in low density, car oriented environments travel less actively and tend to spend more money on travel

People feel relaxed – Busy, cluttered, dirty streets without enough space for walking, cycling and spending time on are intimidating and stressful. These streets are more commonly found in deprived areas and particularly affect children, disabled and older people

Clean air – Poor air quality most affects those who live, learn or work near busy streets; or are more vulnerable because of their age or existing medical conditions

Pedestrians from all walks of life – Environments that are not welcoming and accessible for everyone create inequalities in activity levels and social interaction and can exclude disabled people, children, BAME groups and older people

Easy to cross – The effect of busy streets being difficult or impossible to cross on foot or by bicycle is more likely to affect people living in deprived areas, disabled people and their carers, children and older people

Shade and shelter – Older people are particularly vulnerable to excess heat, as are people with heart, respiratory and other serious health problems

Places to stop and rest – Older people, people with injuries and mobility impairments and those accompanying young children, all rely on places to stop and rest. Without places to stop and rest these groups can become socially isolated

Not too noisy – Socially disadvantaged people are more likely to live in noisy environments near busy streets

People choose to walk, cycle and use public transport – older people, children and car owners, are less likely to travel actively enough to get the activity they need to stay healthy.

Source: Saunders, L. (2018), Healthy Streets, www.healthystreets.com



The **draft London Plan** (published for public consultation in December 2017) is the Mayor's spatial development strategy for London. The Plan's policies must be considered when planning decisions are taken in any part of the city. The draft London Plan is informed by the Mayor's six **Good Growth policies**⁹¹, which plan for growth that is for the good of all Londoners. The draft London Plan requires those involved in planning and development to ensure that the wider determinants of health are addressed in a joined-up way, and to take a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities.⁹²

New developments can make a big difference to local people's health by changing the local environment in either a good or a bad way. That is why the draft London Plan requires the impacts of new developments on health and wellbeing to be assessed (for example by using health impact assessments⁹³) and any potential negative impacts to be mitigated.

The draft London Plan also has a key role to play in facilitating the **Healthy Streets Approach**. As well as encouraging more green and blue spaces (i.e. visible water), it will encourage mixed-use development, provision of local services and promote more development in sites with good transport links - so that people will have the facilities they need within walking or cycling distance, or can easily access them by public transport.

91 The six Good Growth Policies are: building strong and inclusive communities; making the best use of land; creating a healthy city; delivering the homes Londoners need; growing a good economy; and increasing efficiency and resilience. [See Draft London Plan.](#)

92 [Greater London Authority \(2017\) \(I\) Policy GG3 Creating a healthy city \[online\].](#)

93 Greater London Authority (2017) (I) op cit.

“Living in greener places is linked to longer life expectancy and better mental and physical health.”

The draft London Plan is also seeking to address other aspects of planning that can affect people’s health, such as clusters of fast food outlets and betting shops, which can have an impact on people’s mental and physical health. This is supported by the **London Health and Care Devolution MoU**⁹⁴ in which the Mayor has committed to work with partners to create a healthier environment for Londoners, particularly near schools. This includes considering using locally-determined reliefs and discounts to meet wider public health objectives. Priorities and actions on the built environment can be (and in some cases already are) usefully included in local joint strategic needs assessments⁹⁵ and health and wellbeing strategies.

94 [Greater London Authority \(2017\) \(II\) London Health and Social Care Devolution Memorandum of Understanding 2017 \[online\].](#)

95 Department of Health (2013) Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. London: HM Government.

OBJECTIVE 3.3
London is a greener city where all Londoners have access to good quality green and other public spaces

Living in greener places is linked to longer life expectancy and better mental and physical health.^{96,97} Living in greener areas may reduce the impact of low incomes on health; the differences in health between people living in the wealthiest and the poorest places are lower in the greenest parts of England.⁹⁸ Yet too many Londoners do not have access to good quality green space.

The Mayor wants to make sure that London’s green infrastructure (including its parks, green spaces, trees, rivers, wetlands and green roofs) is planned, designed and managed in an integrated way. By doing so, more can be made of the benefits, including health, to be gained from a greener London. The London Environment Strategy sets out a framework for protecting, improving and expanding London’s green spaces and infrastructure.

Existing public and green spaces need to be maintained and enhanced to be places that provide opportunities for informal recreation, play, physical and cultural activity. They should also be planned and designed to be part of safe and attractive walking and cycling routes to and from schools, public transport hubs and high streets to encourage more physical activity and reduce people’s exposure to poor air quality⁹⁹. The draft London Plan protects London’s network of green spaces, and supports the creation of new green and public spaces, especially in areas where there is a shortage.

The Mayor will help support the creation of a green infrastructure network. It will be designed and managed to help reduce inequalities in physical and mental health. Where there is not enough room to create new large parks, other options should be considered, such as pocket parks and greening public areas with tree planting, green roofs and green walls. These can help to provide shade and shelter, make places less noisy, help people to feel more relaxed, clean the air and cool the city.

96 [Belfour, R. et al. Public Health England/ University College London \(2014\), Local action on health inequalities: Improving access to green spaces \[online\].](#)

97 CABE (2010). Urban green nation: Building the evidence base. London: Commission for Architecture and the Built Environment, pages 56.

98 Mitchell, R. & Popham, F. (2008) Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*. 372(9650): 1655–60.

99 Mitchell, R. & Popham, F. (2008) Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*. 372(9650): 1655–60.

OBJECTIVE 3.4**The impact of poverty and income inequality on health is reduced**

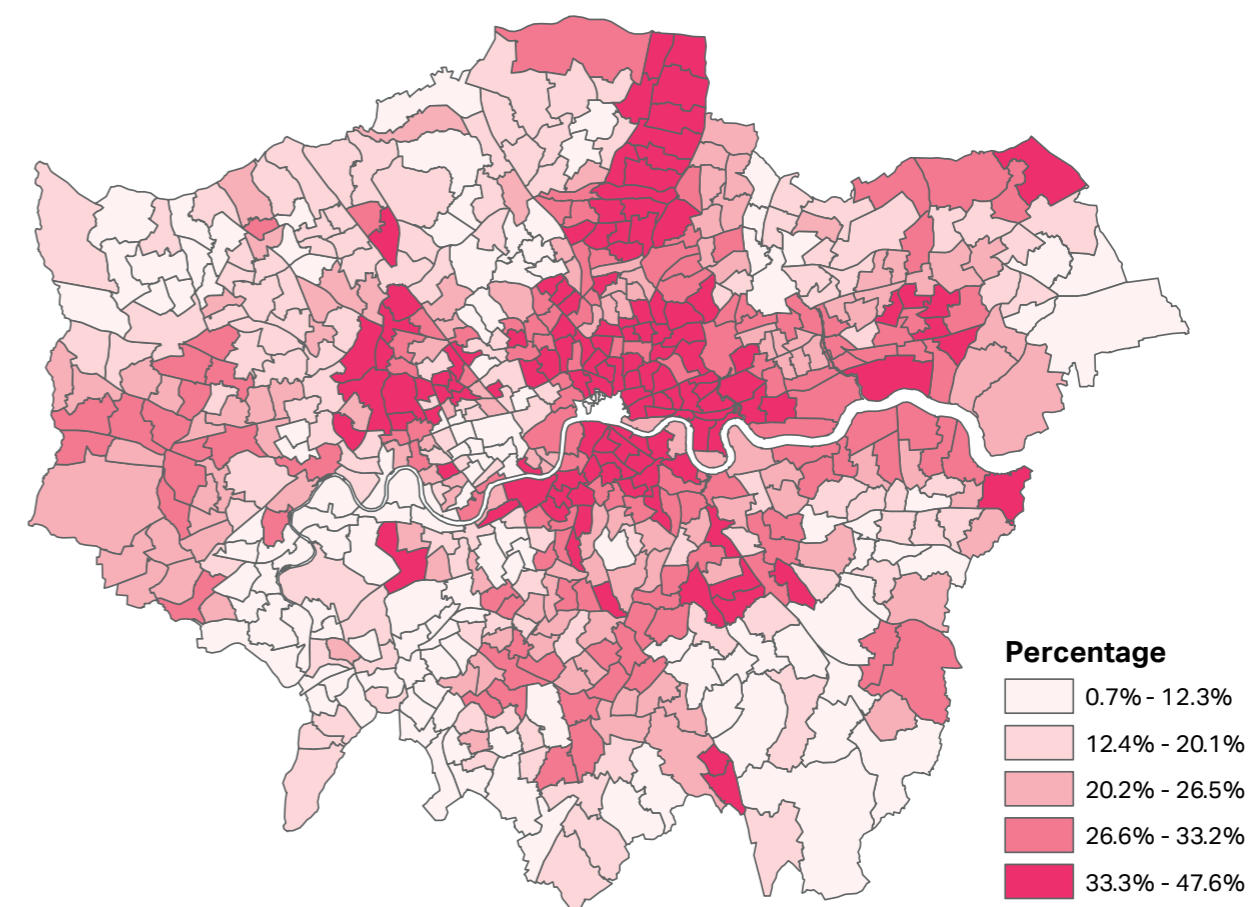
Poverty and health are closely linked, with poverty being both a cause and a result of poor physical and mental health. Living on a low income (in both absolute and relative terms) is associated with a greater risk of poor physical and mental health.¹⁰⁰ The relationship is complex, as poorer health also makes it harder for adults to get jobs and to be productive at work¹⁰¹, affecting income throughout their lives. Living on a low income also restricts people's ability to afford a basic healthy standard of living including decent quality, affordable housing, nutritious food, and fuel for heating.

Shockingly, almost three in ten Londoners live in poverty.¹⁰² London has the highest child poverty rates of any region in the country with thirty-seven per cent of London's children - around 700,000 – living in poverty, compared to 29 per cent nationwide.¹⁰³ The gap between the incomes of the richest and poorest in London, is the biggest in England.¹⁰⁴

The Mayor wants to create a fairer, more inclusive city and economy, addressing the root causes and effects of poverty and income inequality, and in turn addressing the resulting health inequalities. This includes developing and publishing a series of economic fairness indicators.

Economic fairness and inclusion sit at the heart of the Mayor's **Economic Development Strategy**, in which he is putting the health, wellbeing and happiness of Londoners first. It has strong links to the Mayor's **Equality, Diversity and Inclusion Strategy**, which sets out how the Mayor will go beyond the legal duties of the Equality Act 2010 and contribute towards addressing wider issues such as poverty and socio-economic deprivation.

Figure 13 Children in poverty using HMRC measure (data from 2015)



100 [Commission on Social Determinants of Health and World Health Organisation \(2008\). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health \[online\].](#)

101 Marmot, M. et al. (2010). op cit.

102 [Greater London Authority. \(2016\). Economic Evidence Base for London.](#)

103 Leeser R (2017) Poverty in London: 2015/16, [online] Greater London Authority Available at: https://data.london.gov.uk/apps_and_analysis/poverty-in-london-201516-2/

104 Greater London Authority (2016) op cit, Table 10.1

More than 10 per cent of London's households are living in fuel poverty¹⁰⁵ Being unable to light and heat your home without cutting back on essentials such as food has short- and long-term negative impacts on health.

The **Mayor's Fuel Poverty Action Plan** will help Londoners on low incomes to heat their homes affordably. This will be achieved by working to boost incomes, making homes more energy efficient and ensuring access to fairer energy tariffs for those on low incomes. Addressing fuel poverty will also reduce preventable pressure on the NHS, particularly emergency admissions and recovery.¹⁰⁶ The Mayor will support the work of local authorities, the NHS, and partners to improve hospital discharge procedures and address housing needs and cold homes.

Food poverty and food insecurity may lead to chronic poor nutrition. They are associated with a wide range of mental and physical health issues, and are a significant cause of stress.¹⁰⁷ The Mayor is concerned about the reliance of many Londoners on food banks and he wants to help reduce and ultimately end the need for charitable food donations in London. Through his draft **Food Strategy**, the Mayor will work with partners to address food poverty by developing food poverty action plans and good food retail plans. He will use his leadership role to highlight issues of malnutrition and hunger through supporting the publication of the annual **London Food Poverty Profile** and will work towards developing a new London-wide measure of household food insecurity. The provision of free school

meals is a valuable tool for tackling food poverty. The voluntary and community sector, will be encouraged to work with local authorities and schools to promote uptake by eligible children. Further, the Mayor calls on government to revisit the evidence on free school meals and consider whether there is scope to extend the reach of the policy.

The Mayor is committed to reducing living costs wherever possible, particularly for those on low incomes. Through his **Transport Strategy** he has frozen TfL fares and introduced the Hopper ticket on London's buses and trams. The Mayor's **Housing Strategy** outlines his commitment to increasing the number of affordable homes. Many Londoners are concerned about the cost and quality of childcare. As part of the Mayor's plan for **Early Years in London**¹⁰⁸, he will work with partners across London to improve the quality of early years provision for all children, targeting the poorest families.

"The Mayor is committed to reducing living costs wherever possible, particularly for those on low incomes."

¹⁰⁵ Greater London Authority (2016). *Economic Evidence Base for London*.

¹⁰⁶ Leeser R (2017) Poverty in London: 2015/16, [online] Greater London Authority Available at: https://data.london.gov.uk/apps_and_analysis/poverty-in-london-201516-2/

¹⁰⁷ *London Food Poverty Profile (2017) Beyond the Food Bank London Food Poverty Profile [online]*.

¹⁰⁸ Greater London Authority (2018). *Early Years in London*. Available at: https://www.london.gov.uk/sites/default/files/early_years_in_london_mar18.pdf



He will also work with partners to improve access to affordable childcare, to enable more parents to find and remain in good work.

The Mayor wants to raise and stabilise the incomes of low income Londoners. He will do this by promoting the London Living Wage and through developing his **Good Work Standard**. The Mayor will support employers to adopt inclusive employment and staff development practices to promote social mobility. These approaches are outlined in the Mayor's **Economic Development Strategy** and **Skills for Londoners Strategy**.

Poverty in London is in some cases made worse by the benefits system, and growing evidence indicates that the benefits system itself has implications for claimants' health, particularly mental health.¹⁰⁹ The Mayor will work with London boroughs and the voluntary and community sector to understand and explore ways to address the effects of welfare reforms, including Universal Credit, and push for changes to government policy.

The Mayor will also work with partners to help Londoners become more financially resilient. This will include work to help young people become more financially literate. Through his Economic Development Strategy, the Mayor will use his profile to help tackle the stigma surrounding debt issues and encourage people to seek help. He will encourage employers to play a role, by promoting payroll deducted loans and savings products to their staff, and partnering with credit unions.

109 Dwyer, P et al (2018) Final findings: WelCond project [online] Available at: <http://www.welfareconditionality.ac.uk/publications/final-findings-welcond-project/>



Healthy Workplace
Charter badge



300,000

employees in 200 organisations
are benefitting from working
for 'healthy employers'

OBJECTIVE 3.5

More working Londoners have health-promoting, well paid and secure jobs

Being in work can be good for physical and mental health and wellbeing.¹¹⁰ However, the health benefits depend on the quality of the job - poor-quality work can be worse for someone's health than not having a job at all. 'Good work' is health-promoting, safe and secure. It allows people some control over how their work is done within reasonable demands and offers employees rewards and a sense of self-worth.¹¹¹ Good work can help people move out of poverty. The Mayor is seeking to promote healthier, better quality jobs in several ways.

The **London Healthy Workplace Charter**, an accreditation scheme, helps London's employers to create healthier workplaces. For example, to improve mental health, employers are encouraged to offer training and raise awareness of mental health and related stigma. Over 200 organisations have already been accredited to the Charter. This includes organisations of different sizes and many from the public sector as well as private and third sectors.

110 Waddell, G. & Burton, K. (2006). Is work good for your health and wellbeing? London: TSO.

111 Chandola, T. & Zhang, N. (2017). Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study. *International Journal of Epidemiology*, 1–11.

Many health organisations and local authorities have already signed up; the Mayor will encourage more public sector bodies to take action to provide healthier environments for both their employees and the public. To maximise the impact on reducing health inequalities, the Mayor is seeking ways to better engage with smaller businesses and target employers in sectors where low pay is widespread, such as hospitality, retail and social care.

The Mayor's new Good Work Standard, currently under development, will encourage employers to put in place the best employment standards in London. These include supporting lifelong learning, and developing cultures that allow all employees to have a voice. With fair pay and the London Living Wage at its heart, the Good Work Standard also aims to cover working conditions, diversity and inclusion (including the employment of older workers and disabled people), flexible working, health and wellbeing, apprenticeships and training, and communication with employees.

In London, most people living in poverty live in a household where someone is in work.^{112, 113, 114} To help tackle working poverty, the Mayor wants London to become a 'Living Wage city' - where every working Londoner is paid at least the London Living Wage. The Mayor is ensuring the GLA lead by example by universally providing the London Living Wage to employees, and will continue to demand exemplary standards from the extended GLA family. He will also continue to promote the benefits of the London Living Wage and campaign for more employers to pay it; there has been a 50 per cent increase in the number of Living Wage accreditations in London since the Mayor took office. He will also work with the new Living Wage Commission to ensure the London Living Wage truly reflects the real costs of living in the city. Some London boroughs now offer business rate discounts to Living Wage accredited employers and the Mayor wants more to follow suit.

112 Trust for London (2018) Work and Poverty data. [online] Available at: <https://www.trustforlondon.org.uk/data/work-and-poverty/>.

113 Trust for London (2018) op cit.

114 [Tinson, A. et al. \(2017\) London's Poverty Profile 2017, London: New Policy Institute \[online\]](#).

The Mayor calls on London employers to adopt the Healthy Workplace Charter and the forthcoming Good Work Standard, including paying the London Living Wage, for their own staff, and for those who are part of their supply chain. The Mayor plans to explore opportunities for fair, healthier employment practices through the £11bn a year GLA supply chain. This includes a strengthened GLA Group **Responsible Procurement Policy**.

People with poor health or disabilities can sometimes find it harder to enter and stay in employment and young people with special educational needs can find the transition into work especially challenging. Closing these employment gaps would reduce health inequalities. The Work and Health programme, recently devolved by government to London, is designed to support long-term unemployed people into work, and focuses on those with health conditions and disabilities. The Mayor will support boroughs to deliver the Work and Health programme in London.

Improving skills and gaining qualifications can help people get good quality jobs, and are associated with better physical and mental health¹¹⁵. The Skills for Londoners Strategy will set out how the Mayor will use the devolved Adult Education Budget and London's remaining European Social Fund (ESF) funding. The Mayor will work with partners to help Londoners, especially those from London's most vulnerable groups, gain the skills they need to participate in society and to secure, and progress in, work. The programmes are targeted at a diverse range of Londoners, including those with poor mental health, women and parents, and young people at risk of not being in employment, education or training (NEET). They include in-work programmes to help low-paid workers, particularly parents, move out of poverty. The Mayor continues to lobby for further devolution of skills and employment powers and funding, particularly for those aged 16-18, with the aim of creating a more joined up skills system.



115 Bibby J. (2017). Infographic: how do our education and skills influence our health? [blog].

Available at: <https://www.health.org.uk/blog/infographic-how-do-our-education-and-skills-influence-our-health>.

OBJECTIVE 3.6
Improving housing availability, quality and affordability improves

Housing is an important influence on health inequalities in London. Good quality, affordable housing that meets people's needs is protective of physical and mental health throughout a person's life.

For too long, the supply of new homes has failed to keep up with demand in London. The amount of social housing has also fallen in recent years. This means housing costs are high, whether you own a home or rent privately. Housing costs can make poverty worse in London, which has a direct impact on health and wellbeing. The lack of affordable homes also contributes to overcrowding, affecting eight per cent of households in London.¹¹⁶ Overcrowding is linked to risks to both mental and physical health, disproportionately affecting lower income families with children, particularly those from BAME backgrounds.¹¹⁷

The Mayor is starting to address these issues through his London Housing Strategy. By 2022, he will invest £4.82bn funding through his Affordable Home Programme, to support the delivery of

116,000 genuinely affordable homes for Londoners to rent and buy. These include homes for low cost rent, with levels based on social housing rents. In his draft London Plan, the Mayor has introduced a new planning policy to increase the proportion of new homes that are affordable. However, there is a limit to the Mayor's powers and therefore he is calling on government to invest in more affordable housing for Londoners.

The Mayor will work with partners to bring forward more redundant NHS estate for housing. This builds on the opportunities presented by the **London Health and Care Devolution MoU** to redevelop NHS estates to support health and care service delivery, housing and local communities. The Mayor is also introducing policies to protect existing affordable homes including social rented housing. In 2018 the Mayor announced the landmark offer from major homebuilders and housing associations to make their new homes available to Londoners and UK-based buyers before anyone else.

The Mayor's London Housing Strategy aims to ensure that homes are provided to meet the needs of London's diverse population. Many older or disabled

Londoners are living in homes that do not meet their needs.¹¹⁸ They may need adaptations to their home to support them to live there, or they may need to move to more accessible dwellings or specialist housing that enables them to live independently.¹¹⁹ Living in unsuitable housing where there is insufficient support can have a negative effect on physical and mental health. The Mayor's draft London Plan includes requirements that all homes are accessible, including 10 per cent of new builds being wheelchair-user dwellings. It also includes a set of benchmarks for specialist older people's housing. The Mayor will also fund specialist and supported housing through his **Affordable Homes Programme**.

Poor quality housing can impact directly on physical health including through injuries, and illnesses related to damp and cold. However, one in five adults in poor quality housing also has poor mental health; improving housing reduces risks of anxiety

“Good quality, affordable housing that meets people's needs is protective of physical and mental health throughout a person's life.”

116 Greater London Authority (2017). Housing in London. London: Greater London Authority.

117 Institute of Health Equity (2016). Rapid Review of Evidence: housing, health, inequalities in health. Unpublished. Available on request from the Greater London Authority.

118 [Mackintosh, S. and Leather, P. Foundations \(2016\). The disabled facilities grant: Before and after the introduction of the Better Care Fund.](#)

119 [Frontier Economics \(2010\). Financial benefits of investment in specialist housing for vulnerable and older people: A report for the Homes & Communities Agency.](#)

and depression.¹²⁰ A key measure of housing quality is the Decent Homes Standard, and whilst there has been an improvement in recent years, one in five London homes still do not meet this standard. The proportion failing to meet the standard is highest in the private sector at just under one in four.¹²¹

As well as high rents in London, there is considerable competition for rental properties, and tenancies are often insecure. It is low income and disadvantaged Londoners who often face the greatest barriers to entering the rental market, while insecure tenancies can have a negative impact on the mental health of people living in the private rented sector, again particularly those in low income groups.^{122 123} Welfare reforms can also impact the availability of secure, good quality, private rented housing. There is some evidence that private sector tenants who claim Housing

Benefit have moved to areas with lower rents.¹²⁴ Moving to areas where housing is more affordable may take people away from their jobs, schools and social support networks. The Mayor wants to see better quality, more secure and more affordable housing on offer from private landlords. He will work with boroughs and partners to improve the quality of private rented sector housing. This includes tackling rogue landlords and letting agents and enabling boroughs to make better use of their powers, enforcement powers, to address the worst standards in the private rented sector. The introduction of licensing schemes could also help improve accommodation in this sector. The Mayor will also develop proposals to make private renting a more affordable and secure housing option.

120 Institute of Health Equity (2016). Rapid Review of Evidence: housing, health, inequalities in health. Unpublished. Available on request from the Greater London Authority.

121 Greater London Authority (2017). op cit.

122 [Bibby, J. \(2017\) Briefing: unsettled and insecure - The toll insecure private renting is taking on English families. London: Shelter 2018.](#)

123 Robinson E, Adams R. (2008) Housing stress and the mental health and wellbeing of families. Melbourne: Australian Institute of Family Studies.

124 Greater London Authority (2017). op cit.



OBJECTIVE 3.7**Homelessness and rough sleeping are addressed**

Those experiencing homelessness in London are more likely to experience significant health inequalities. Different forms of homelessness are associated with poverty and adverse health and social outcomes, including educational outcomes for children.¹²⁵ A lack of affordable housing has been a major cause of rising homelessness over recent years. There has been particular rise in the number of households becoming homeless due to their private rented sector tenancy being ended.¹²⁶

A growing proportion of homeless households who seek help from local authorities are ending up in temporary accommodation. There were 54,000 such households in 2017, included in which were almost 89,000 children.¹²⁷

About a third of households in temporary accommodation live away from their local area¹²⁸ which can affect health and wellbeing¹²⁹. A small but growing proportion of homeless households also spend time in cramped bed and breakfast accommodation.¹³⁰ This can lead to other issues, including greater difficulty preparing healthy food, higher risk of injury¹³¹ and overcrowding, which has a range of associated health problems¹³². Through his **Affordable Homes Programme**, the Mayor will invest in accommodation for those facing or experiencing homelessness. This includes specialist accommodation for young people at risk of homelessness, refuges, hostels for rough sleepers and housing for those ready to move on from hostels and refuges.

Rough sleeping in London has also risen in recent years¹³³ which is a growing source of shame to the city.

125 Shelter (2016) The Green Book: 50 years on. Available at: <http://blog.shelter.org.uk/2016/12/the-green-book-50-years-on/>

126 Ministry of Housing, Communities & Local Government (2018) Statutory homelessness and prevention and relief live tables, Worksheet 775: type of temporary accommodation [online].

127 Ministry of Housing, Communities & Local Government (2018) op cit.

128 Ministry of Housing, Communities & Local Government (2018) op cit.

129 Garvey, K and Pennington J (2016) Briefing: Home and away: The rise in homeless families moved away from their local area. London: Shelter.org.uk.

130 Ministry of Housing, Communities & Local Government (2018) Statutory homelessness and prevention and relief live tables, Worksheet 775: type of temporary accommodation [online] Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

131 Leng, G. (2017) The impact of homelessness on health, A guide for local authorities. London: Local Government Association.

132 Shelter (2016) The Green Book: 50 years on.

133 Homeless Link (2017) 2017 Rough Sleeping Statistics.



Rough sleepers have some of the poorest health outcomes of any group¹³⁴, and are more likely to be victims of violence and abuse¹³⁵. Poor physical and mental health can contribute to people ending up on the streets, can prolong the time they spend there and can be worsened by their living conditions. Almost three-quarters of those who sleep rough need support with mental health and/or substance misuse issues.¹³⁶ The Mayor is investing £1.24m in a new two-year pilot service to help rough sleepers with mental health support needs.

Many rough sleepers have complex needs, are mobile, or have no connection to a London borough. A significant proportion are non-UK nationals¹³⁷, who may have very limited accommodation options. Health risks are particularly acute in cold weather, and the Mayor has committed to opening cold-weather shelters whenever night-time temperatures fall below zero, working with London boroughs to ensure this happens.

A key way to improve the health of rough sleepers is to give them a route off the streets. The Mayor will lead and coordinate efforts to tackle rough sleeping across London. This work includes his **No Nights Sleeping Rough** taskforce, and commissioning a range of pan-London services for rough sleepers.

To support rough sleepers off the street and ensure they do not return requires close partnership working. One important example is the need for suitable accommodation when people leave hospital. The Mayor will work with the NHS, local authorities and other partners to address health issues that are both a cause and a result of rough sleeping. The Mayor will work with partners to prevent people being discharged to the street and sleeping rough following a hospital inpatient stay. For example, the Mayor recently announced, as part of his **Rough Sleeping Plan of Action**, that he will trial a small scale hospital homelessness and immigration support service, to support homeless people who are non-EEA nationals with immigration advice, to reduce the number of people from this group being discharged to the streets.

“The Mayor will work with the NHS, local authorities and other partners to address health issues that are both a cause and a result of rough sleeping.”

134 Crisis (2011) Homelessness: A silent killer. Available at: https://www.crisis.org.uk/media/237321/crisis_homelessness_a_silent_killer_2011.pdf

135 Sanders, B. & Albanese, F. (2016) “It’s no life at all”: Rough sleepers’ experiences of violence and abuse on the streets of England and Wales. London: Crisis.

136 Greater London Authority (2017) (III) CHAIN Annual Bulletin Greater London 2016/17. London: Greater London Authority.

137 Greater London Authority (2017) (III). op cit

SUMMARY OF COMMITMENTS

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of ensuring Londoners benefit from an environment and economy that promote good mental and physical health. Some of his major commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change

- Reduce the exposure of Londoners to harmful air pollution, especially in the most deprived areas and near schools, through programmes such as the ULEZ and the Mayor's Air Quality Fund
- Work through TfL to implement the Healthy Streets Approach, making streets more appealing places to walk, cycle and spend time, and reducing the harmful impacts of car dependency and traffic dominance
- Use the forthcoming Good Work Standard to support and encourage more employers to improve job quality and pay for more Londoners
- Target the Healthy Workplace Charter towards smaller employers and those in sectors where low pay is widespread
- Invest £4.82 billion through his Affordable Homes Programme to support 116,000 genuinely affordable home starts by 2022

- Trial a hospital homelessness and immigration support service, focussed on non-EEA nationals at Guy's & St Thomas', Royal London and University College Hospitals

What the Mayor will do to support change

- Use the London Plan and the Environment Strategy to protect and expand London's green infrastructure, and design and manage it in a way that minimises inequalities in mental and physical health
- Use the London Plan to require those involved in planning and development to consider health inequalities in all they do
- Through the Skills and, Economic Development strategies, and new devolved powers, ensure all Londoners gain the skills they need to secure, and progress in, work, especially those from London's most vulnerable groups, including supporting the long-term unemployed and those with health conditions or disabilities to get into work
- Work with the London Living Wage commission to make sure that London Living Wage rate reflects the real costs of living in London
- Through his Food Strategy and Fuel Poverty Action plan, work with partners to tackle food poverty and fuel poverty and their impacts on vulnerable Londoners

- Use his draft London Plan to require that homes meet the accessibility needs of London's diverse population
- Collaborate with the NHS and local authorities, to identify and address health issues that are both a cause and a result of rough sleeping, and commission a range of pan-London services to help rough sleepers

Priorities to be led by external partners

- The government should make more funding available to invest in affordable housing for Londoners
- The NHS, local authorities, planning authorities, businesses and land owners should do everything possible to reduce toxic emissions from buildings, estates and vehicle fleets in London
- Employers across London should improve workforce health, for example through the adoption of the London Healthy Workplace Charter and the forthcoming Good Work Standard, and pay the London Living Wage for staff. They should focus in particular on those who are at higher risk of poor health outcomes, for example in lower paid roles. This should include the NHS, who should ensure all hospitals provide healthy settings for staff, as well as for patients and carers. This should reflect a healthy places approach, considering things such as the food environment, air quality, and smoking on estates
- Further, the NHS should work to enhance the role that their larger settings play as 'anchor institutions' in localities – addressing health inequalities in the place beyond the setting itself, by supporting healthy local environments and economic growth, e.g. by supporting local populations in training and jobs
- Government should revisit the evidence on free school meals and consider whether there is scope to extend the reach of the policy, as part of a strategy to tackle child obesity and child poverty.
- The Mayor calls for an end to vulnerable people being discharged to the street and sleeping rough following a hospital inpatient stay



AIM FOUR Healthy Communities



LONDON'S DIVERSE COMMUNITIES
ARE HEALTHY AND THRIVING

3.5 million Londoners volunteer each year but women are almost twice as likely to volunteer as men



Only **one in three** people feel they can influence decisions that affect their local area



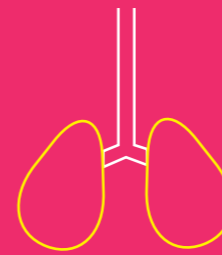
Around **20 per cent** of visits to GPs are for non-medical problems



In London, black African people are **over twice as** likely as white British people to be diagnosed late with HIV



Rates of TB are **more than 4x** higher in deprived areas than less deprived ones



Nearly half of victims injured in knife crime are under 25



Sources:

Cabinet Office, 2015/16 Community Life Survey;
Greater London Authority Intelligence (unpublished) HIS Headline Highlights – October 2017 YouGov Poll.
London: Greater London Authority.
Clay, H. & Stern, R. (2015), Making time in general practice, UK: NHS England.

Public Health England (2018), Annual epidemiological spotlight on HIV in London 2016 date, London: Public Health England.
London Assembly Health Committee, (2015) Tackling TB in London. London: Greater London Authority.
Greater London Authority (2017) The London Knife Crime Strategy. London: Greater London Authority.

OBJECTIVES FOR HEALTHY COMMUNITIES

This strategy sets out five objectives to help achieve the Mayor's aim that all London's diverse communities are healthy and thriving

1. There are more opportunities for all Londoners to take part in community life
2. Londoners are empowered to improve their own and their communities' health and wellbeing
3. Social prescribing becomes a routine part of community support across London
4. People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma around them
5. London's communities feel safe, and are united against all forms of hatred

KEY AMBITION

The Mayor's key ambition is to help more Londoners in vulnerable or deprived communities to improve their health and wellbeing through social prescribing

This strategy defines a community as a group of people living in the same place, or having characteristics, or experiences in common. This could be ethnicity, religion or age, or a common identity, perhaps resulting from a shared cultural heritage.

Every Londoner deserves to feel part of a community. Participating in community life helps people gain a sense of control over their lives, develop personal skills, self-confidence, and the ability to deal with life's challenges. Healthy and thriving communities are those where people from different backgrounds can develop meaningful relationships, and are places where neighbours look out for each other. As outlined in the Mayor's

Social Integration Strategy, a socially integrated city is a healthier, fairer and safer city.¹³⁸

Worryingly, Londoners are more likely to experience social isolation than people in other parts of the UK.¹³⁹ Many Londoners, young and old, regularly feel lonely¹⁴⁰ or unsupported, with many reporting that they have no one they could rely on if they had a serious problem¹⁴¹. Those with a long-term health conditions are also more likely to regularly feel lonely, particularly middle aged and older people with long-term conditions who live alone.

Physical and mental health issues can become barriers to people's participation in the community. For older Londoners, physical impairments like poor vision, or cognitive impairments like dementia, can create further barriers by affecting people's confidence and ability to access buildings, places and spaces. Preventive action through the health and care system, for instance, early signposting and referral to NHS diabetic eye screening, can minimise such risks.

Non-clinical issues, such as social isolation or issues such as debt or housing, affect people's health and wellbeing. GPs estimate they spend around a fifth of their time with patients discussing non-clinical issues and concerns¹⁴²; these problems would be better served by social rather than medical solutions.

Some of London's major public health challenges disproportionately affect certain communities. This strategy focuses on HIV and tuberculosis as the particularly pressing health inequality issues in London, whilst recognising that other infectious diseases, such as hepatitis B and C, also have a disproportionate impact on certain groups¹⁴³.

Healthy communities are not just about illnesses and diseases. Reducing crime, increasing safety and diverting people at risk of offending into other activities, helps to strengthen, connect and empower individuals and communities. Given recent rises in serious violence and in hate crime these are particularly pertinent problems.

138 Social Integration Commission (2014). Social integration: A wake-up call. London: Social Integration Commission.

139 [Greater London Authority \(2018\) \(IV\). Social Integration Strategy.](#)

140 [Office for National Statistics \(2017\) Loneliness - What characteristics and circumstances are associated with feeling lonely? \[online\].](#)

141 Greater London Authority (2018) (IV). op cit.

142 [Caper, K. & Plunket, J. \(2015\) A very general practice; How much time do GPs spend on issues other than health?, UK: Citizens Advice.](#)

143 [NICE \(2013\) Hepatitis B and C testing: people at risk of infection \[online\].](#)

OBJECTIVE 4.1**There are more opportunities for all Londoners to take part in community life**

The Mayor wants to support and encourage Londoners to be active in their communities. Whether through volunteering, participating in sport, or enjoying the wonderful culture on offer in the city, he wants to enhance opportunities for Londoners to connect with one another.

Boosting social relations between people in communities is an important outcome in its own right, as well as being key to achieving better mental wellbeing and living healthier everyday lives. Participation helps people expand their social networks, develop new skills and confidence, and act collectively to solve problems. This can improve people's quality of life by giving them greater empowerment or a sense of control over their lives and health.¹⁴⁴ This can in turn lead to more positive feelings about neighbourhoods and safety, and improved access to and uptake of more effective and efficient, community focused services¹⁴⁵.

The Mayor's **Social Integration Strategy**, aims to help reduce inequality, isolation and loneliness amongst Londoners of all ages by strengthening their ability to build strong relationships and become active citizens.¹⁴⁶ The Mayor's vision is to support Londoners to build meaningful relationships with people from different backgrounds as well as their own. He is creating opportunities such as the **Social Integration Design Lab**, a resource for London boroughs to help them design social integration into public services, including those which directly relate to health.

Sport builds relationships and networks, and has direct health benefits by promoting physical activity. The Mayor's flagship programme **Sport Unites** will include £5.8m for community investment, to maximise sport's potential to improve social integration and health across London. This will have a strong focus on inequalities, with new projects targeting groups at risk of loneliness and marginalisation.¹⁴⁷



¹⁴⁴ [What Works Centre for Wellbeing \(2017\) A systematic review of interventions to boost social relations through improvements in community infrastructure \(places and spaces\).](#)

¹⁴⁵ Tobi, P et al (2015) Well London Phase 2 Evaluation: Participant Outcomes. Available at: <http://www.welllondon.org.uk/1622/phase-2.html>

¹⁴⁶ Uslaner, E. M. (2012) Segregation and Mistrust: Diversity, Isolation, and Social Cohesion. Cambridge: Cambridge University Press.

¹⁴⁷ Stones, M. (2018). Social integration fund – Investment in building a stronger London. [online]. London Sport. Available at: <https://londonsport.org/social-integration-fund-investment-building-stronger-london/>

“There is increasing evidence to show how engagement with the arts and creativity can improve health, support social cohesion and reduce isolation”

There is increasing evidence to show how engagement with the arts and creativity can improve health, support social cohesion and reduce isolation. People not only gain pleasure from engagement with the arts but can develop new skills and social networks, and increased confidence. Cultural activities have been shown to have tangible health benefits, and the Mayor’s **draft Culture Strategy** will promote the benefits of arts and culture for the health and wellbeing of Londoners. For example, his **Culture Seeds** micro-grants programme will help fund hundreds of community-led cultural projects that will create new opportunities to bring Londoners together.

Many Londoners, particularly older Londoners, already give their time freely for the benefit of others, either volunteering through organisations, or informally helping neighbours and friends. Volunteering can improve the health and wellbeing of both volunteers and those receiving support.¹⁴⁸ It also brings people from different backgrounds together, helping London to become a happier and more unified city.

148 [Buck, D., Mundle, D. & Naylor, C. \(2012\) Volunteering in health and care in England. A summary of key literature. \[online\] London: The Kings Fund.](#)

Unfortunately, those with the most to gain from volunteering are often the least likely to take part.¹⁴⁹ The Mayor wants more Londoners to enjoy the health and social benefits of being an active citizen, and to make London a world leader in volunteering. The **Team London** website already helps Londoners of all ages and backgrounds find volunteering and social action opportunities. The Mayor will go further by working with volunteer centres, community organisations and others to promote employer-supported volunteering, removing the barriers to volunteering for disadvantaged groups, and helping ensure there are a wide range of opportunities for everyone who wants them.

The Mayor encourages young Londoners to volunteer through the **Team London Young Ambassadors**, **HeadStart Action**, and **2Work** programmes. He is exploring further incentives for young Londoners by piloting a digital reward and recognition scheme with **vInspired**

- a volunteering charity for 14-25 year olds. The Mayor is also supporting some of London’s unemployed veterans to gain experience, develop new skills and get ready for civilian work through volunteering, via his **Mayor’s Forces for London** volunteer programme.

For more Londoners to enjoy community life, the city needs to be made more accessible and welcoming for those who face barriers, including older Londoners and people with disabilities. Across Mayoral strategies there are policies which support Londoners to stay independent and continue to feel part of the city, for example, the development of lifetime homes (see **Housing Strategy**) and promotion of healthier workplaces (see **Economic Development Strategy**). Other approaches include:

- Improving accessibility of public transport, a key part of the **Mayor’s Transport Strategy**. This will be achieved through initiatives including the Zip card, Freedom Pass, and increasing the number of step-free stations. The Mayor, through TfL and working with London boroughs, will also use the **Healthy Streets**

149 [Southby, K. & South, J. \(2016\) Volunteering, inequalities and barriers to volunteering: a rapid evidence review.](#)

- **Approach** to improve London's streets and public transport network so they are navigable and accessible for all.
- Improving social infrastructure, to support play, education, childcare, health care, culture, youth, sports and faith activities and thereby improve physical and mental health and strengthen communities. The **draft London Plan** requires boroughs to work collaboratively with stakeholders, including the local community, to assess social infrastructure needs and address them in areas of major new development and regeneration. This will help ensure that all Londoners can benefit from London's growth and development.
- Increasing digital inclusion, particularly for those who are housebound and most excluded, to support participation and social integration. Poor basic digital skills can be a barrier for some groups, and can stem from a lack of confidence or affordability issues¹⁵⁰. Smarter London Together is the Mayor's roadmap for data and digital technologies. It outlines among other things, initiatives to develop new approaches to digital inclusion to support Londoners' access to public services. The Mayor appointed a **Chief Digital Officer**, London's first, to oversee his approach, and he will target support to Londoners who currently face the most barriers to effective engagement via digital technology.
- Making London a dementia-friendly city. As part of making London a more inclusive city for all people, the Mayor has committed to making London a dementia-friendly city by 2022. There are an estimated 72,000 people living with dementia in London. If current trends continue, there will be a 40 per cent increase in the people living with this condition by 2025.¹⁵¹ **Dementia-friendly London** will consider transport, housing, health services, culture, and social integration through the lens of dementia, with the aim that all those living with dementia in London should be empowered and supported to live well.

OBJECTIVE 4.2 **Londoners are empowered to improve their own and their communities' health and wellbeing**

A strong community voice in local decision-making and the design and delivery of local places and services often makes a vital contribution to community health and wellbeing.

Community-led and participatory approaches can reach those groups that do not usually engage with health and care services. They can directly address marginalisation and powerlessness that underpin inequities and can therefore be highly effective in reducing inequalities.¹⁵² Such approaches allow people to identify their own health needs and priorities, and use social networks to improve their skills and knowledge. They enable communities to support each other and play an active role in managing their own health.

There are many fantastic examples of community-led and informed approaches which provide positive benefits to those communities' health and wellbeing, and to society more broadly. These help to create strong and thriving communities and may explain why people living in

“Healthy and thriving communities are those where people from different backgrounds can develop meaningful relationships, and are places where neighbours look out for each other.”

150 ONS (2016) Home Internet and Social Media Use [online]. Available at: www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage

151 Knapp, M. et al (2014) Dementia UK: Update [online].

152 PHE (2018) Health matters: community-centred approaches for health and wellbeing [online].



some deprived areas have better health than in others.¹⁵³ It is important to understand and learn from the success of communities in these places.

The Mayor wants to show leadership through City Hall's approach to community engagement. Community groups have expressed a desire for longer-term involvement with the Health Inequalities Strategy. The Mayor's community engagement team is already working with a wide range of community groups to give them a voice. In addition, the Mayor is establishing an Equality, Diversity and Inclusion Advisory Group

that will help address long-standing inequalities and discrimination. The Advisory Group and its wider stakeholder networks will enable organisations representing some of London's most socially excluded groups¹⁵⁴, to engage with the Mayor's work on some of the wider determinants of health inequalities identified in the Strategy, and provide opportunities to share learning about health inequalities and social exclusion, for example through research.

The Mayor also wants to encourage other bodies to do more to ensure that London's diverse communities are

empowered to shape the city in a way that benefits their health and wellbeing. The Social Value Act 2012 supports this by providing an impetus for community engagement and leadership, requiring the public sector to understand how they can secure wider social, environmental and economic benefits for communities through the services they commission and procure.

The NHS Five Year Forward View set out a vision for health and care as 'a social movement', recognising that patient and community engagement is essential to improving the NHS.¹⁵⁵ The NHS and local government are working together to progress service integration, and have committed to ensure that future health and social

care services in London address health inequalities and prevent ill health through the London **Health and Care Devolution MoU**. That means developing plans with local communities including marginalised groups through continuous engagement. It also means ensuring good access to major preventative programmes such as immunisation, screening for cancer or eye health, and mid-life health checks.

The Mayor is concerned about the impact that the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 is having on vulnerable people. This includes patient identity checks, and up-front charging in hospitals and community health services. The Mayor believes such measures deter some

153 [Buck, D. & Maguire, D. \(2015\), Inequalities in life expectancy: Changes over time and implications for policy \[online\]](#).

154 Luchenski, S et al. (2018) What works in inclusion health: overview of effective interventions for marginalised and excluded populations. The Lancet. Volume 391, No. 10117.

155 NHS England (2017) op cit.

migrants and BAME communities from accessing the healthcare they need. The Mayor opposes the discriminatory impacts of the hostile environment and calls on government to address this. These threaten social integration, leave vulnerable people without access to essential services, and undermine the intended aim of preventing irregular migration.

Improved availability of digital health information to individuals carries huge potential – given that access to, and use of, health information is a strong predictor of personal health¹⁵⁶. To ensure all Londoners benefit from this, we need a comprehensive approach to digital inclusion (as discussed above). The Mayor's digital agenda offers many opportunities to enable Londoners to support their health and wellbeing. Under the leadership of the Mayor's London Health Board, a new London Digital Partnership Board for health and social care has been established. The board aims to foster greater integration and connectivity between local systems for the benefit of Londoners. Connecting the record systems of different NHS and partner organisations will improve the care and support of people who move between the NHS, council social care and

third sector services. This will in turn enable reductions in inequality and enable citizens to be more active participants in managing their health and wellbeing.

Neighbourhood Plans provide opportunities for local people to shape growth in their areas in a way that supports health and wellbeing of local populations. Places can be created or changed in ways that improve health when communities are effectively engaged in planning, including the pre-application stage when there is more opportunity to influence proposals.

Many communities are already collaborating to understand and solve problems which affect their health and wellbeing, and are making good use of local assets like community facilities and social networks to do so. Local facilities like parks, leisure or cultural centres offer opportunities to improve health and address health inequalities when they focus on the needs of local people in the context of their daily lives. Community facilities like libraries, leisure centres and schools, can provide support by sharing their premises with community groups. An example of this is the London Fire Brigade, which has

identified fire stations as community assets. The Mayor would like to see both the public and private sectors making their facilities, resources and networks more available to help community and voluntary sector organisations.¹⁵⁷

The Mayor would also like to see more partners thinking about how they might promote the best use of existing assets. A good example of innovative action is the 'Fire Service as a Health Asset', which sees fire services reach out to engage the public – and particularly more vulnerable residents – in a range of health promotion and prevention activities.

OBJECTIVE 4.3

Social prescribing becomes a routine part of community support across London

Social prescribing is a way of supporting individuals to improve their health and wellbeing through access to non-medical, community-based services that take a whole person approach to understanding and addressing the determinants of their health.

“The Mayor is working with a wide range of partners across London to develop a vision for social prescribing.”

¹⁵⁶ [Apfel, F. et al. \(2013\) Health literacy: The Solid Facts. Denmark: World Health Organisation Regional Office for Europe \[online\].](#)

¹⁵⁷ [London Fire and Emergency Planning Authority \(2016\) Community Health Strategy.](#)

There are several different types of schemes, but in most, people are referred to link workers, or care navigators - often linked to a GP surgery - who work with them to explore and understand their needs, goals and the barriers to achieving them. From this they work together to produce a 'social prescription', outlining their priorities and the activities or support that would meet their needs and improve their health and wellbeing.

Activities can be diverse ranging from helping people to join community groups or become more physically active, to providing more structured support such as help with getting a job, accessing adult education, housing or legal advice and debt management.

Social prescribing is already happening in many parts of London. It sometimes happens informally through GPs linking patients into support they are aware of locally. Increasingly however, the approach is structured with local authorities or housing associations working with the health system in both primary and acute care settings.

The Mayor is working with a wide range of partners across London to develop a vision for social prescribing, aiming to improve its reach. The Mayor recognises that social prescribing is an area where the evidence base, though initially positive, is still evolving.¹⁵⁸ The approach taken must be informed by the best evidence, but also by those who use and provide it. We need to understand the good things that are happening already and how we can build on them, and the most pressing challenges. This includes exploring how digital solutions might support the effective roll-out of social prescribing, and how to obtain the more specialist social welfare advice that people need and that is increasingly difficult to access.

To be successful, social prescribing needs a strong local community and voluntary sector. However, the sector faces huge challenges due to falling public sector investment and the growing demand and complexity in service users' needs. But effective long-term partnerships between the NHS, local authorities and the community and voluntary sector can strengthen community capacity and build community assets.



158 [Polley, M. et al. \(2017\) A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications \[online\].](#)

“London also accounts for 40 per cent of TB cases in England and has one of the highest TB rates of any European capital city”

OBJECTIVE 4.4
People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma surrounding them.

Though considerable progress has been made in reducing both new HIV and new TB infections, these conditions continue to present pressing challenges in London. New treatment options for Hepatitis C also offer significant opportunities to reduce infection.

HIV is still more than twice as common in London as it is in England as a whole¹⁵⁹. It particularly affects some minority communities, and many people living with HIV experience stigma, which can affect relationships, work opportunities and access to healthcare¹⁶⁰. Late diagnosis is associated with poorer health outcomes¹⁶¹, and we know that fear of stigma is a barrier to early diagnosis. There are significant inequalities in the rate of late diagnosis between London’s boroughs and different groups. In 2016, black African people were over twice

as likely as white British people to be diagnosed later in the course of the disease.¹⁶²

In 2018, the Mayor committed to take action on HIV by joining NHS England, Public Health England and London Councils in signing London up to the UNAIDS Fast-Track Cities initiative. This is a collaborative programme which will enable London to build on the excellent progress already made to address HIV including the aim to end new HIV infections in London by 2030. It provides an opportunity to use the Mayor of London’s profile to understand and challenge HIV stigma, and will also promote international learning and partnership to reduce HIV’s impact in London.

This builds on the good work that is going on across London to prevent HIV. The current PrEP (pre-exposure prophylaxis) impact trial provides a new opportunity to look at wider HIV prevention strategies in London, and the Mayor backs the swift roll-out of

PrEP across the city. To reduce health inequalities for Londoners there needs to be a sustained focus on sexual health education and on promoting good sexual health. The Do It London programme, led by London boroughs, is one example of London-wide efforts to prevent HIV and promote safer sexual health practices. The Mayor supports and promotes this work, and will help to raise its profile where possible. In addition, there needs to be an effort to update the public’s knowledge about HIV, and address outdated concerns, misinformation and stigma.

London also accounts for 40 per cent of TB cases in England¹⁶³ and has one of the highest TB rates of any European capital city¹⁶⁴. Groups at high risk of being affected by TB include current or former prisoners, rough sleepers, people with drug and alcohol misuse problems, refugees and asylum seekers. People in these high-risk groups are twice as likely to have infectious TB, and twice as likely to die because of this disease.¹⁶⁵

159 Public Health England, Sexual and Reproductive Health Profiles [online] Available at: <https://fingertips.phe.org.uk/profile/sexualhealth>

160 [Stigma Index UK \(2015\) HIV in the UK: Changes and Challenges; Actions and Answers; People Living with HIV Stigma Survey \[online\]](#).

161 Chau C. et al (2016) HIV diagnoses, late diagnoses and numbers accessing treatment and care 2016 report. London: Public Health England.

162 Public Health England (2018) Annual Epidemiological Spotlight on HIV in London: 2016 data. London: Public Health England.

163 Public Health England (2017) Tuberculosis in London: Annual review. London: Public Health England.

164 Alimuddin, Z. (2011) The white plague returns to London—with a vengeance. *The Lancet*, 377 (9759).

165 Public Health England (2017) Tackling Tuberculosis in Under-Served Populations: A Resource for TB Control Boards and their partners. London: Public Health England.

Commitments already outlined in this strategy, including housing improvements, addressing rough sleeping, and empowering communities, will contribute to preventing TB in London. The work of the London TB Control Board remains vital in engaging the commitment of partners to work on these complex social and medical needs, and the Mayor will continue to support its work. While there has been much progress on TB control in London, the Mayor would like to see this progress maintained, including through housing support at hospital discharge and screening for latent TB infection.

OBJECTIVE 4.5

London's communities feel safe and are united against hatred in whatever form it takes.

Freedom from crime and fear of crime is fundamental to health and wellbeing. In certain places and for some people in London vulnerability to crime and antisocial behaviour is becoming increasingly concentrated, with deprivation, crime and vulnerability coming together to limit life chances, and creating a cycle of offending and victimisation¹⁶⁶.

Both offenders and victims of crime are disproportionately affected by health issues. For offenders, underlying mental and physical health problems can be the root of offending and repeating the cycle of crime. Victims may need care or support from health services to cope and recover from what has happened to them. The Mayor's Office for Policing and Crime (MOPAC) is working with health services both in police custody and in the community to help improve service provision across the board.

Community policing can play a key role in reducing levels of antisocial behaviour and crime that harm some neighbourhoods and communities. It can help build relationships with local people and organisations. The British model of policing is based on trust and confidence between the public and the police. The Mayor knows that trust and confidence varies between different communities and there are many complex reasons for this, some of which are historical; the Mayor will seek to address these as part of his vision for London. Hate crime can victimise whole communities. It can erode the sense of inclusion, solidarity and belonging

of which London is rightly proud. The Mayor will not tolerate hate crime in any form and is committed to working with partners and communities across London to address this.

The Mayor wants London to be the safest city in the world for women and girls. The **Violence Against Women and Girls** strategy provides a framework for the Mayor to address this through measures to intervene and prevent violence and by tackling individuals who pose a risk in our communities. He will also improve services for victims. Every Londoner and organisation must play their part by promoting equality and challenging sexist and misogynistic attitudes wherever they encounter them. In addition, the Mayor and partners will sign up to the UN Safer Cities for Women and Girls initiative, a global programme to prevent and respond to sexual harassment and other forms of sexual violence against women and girls.

“Reducing crime, increasing safety and diverting people at risk of offending into other activities, helps to strengthen, connect and empower individuals and communities.”

166 [MOPAC \(2017\). Police and Crime Plan 2017-2021](#)



London also needs to be a safer city for children and young people. Measures to reduce the immediate impact of knife crime and other forms of serious violence need to be accompanied by system-wide solutions that prevent it from recurring and from happening in the first place. Building on learning from Glasgow and other cities, the Mayor is leading work to explore how London can develop a public health approach to violence prevention and reduction.

The Mayor will support interventions in areas blighted by knife crime, through the **Young Londoners Fund**. The Mayor is funding projects like Stepping Stones that supports children in the transition from primary to secondary school. MOPAC and its partners have produced a toolkit for actions following a violent youth crime, aimed at frontline workers like teachers and doctors, faith and community groups. The Mayor is also working with partners to look at the role drugs and alcohol are playing in violence affecting young people.

SUMMARY OF COMMITMENTS

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of ensuring London's diverse communities are healthy and thriving. Some of his major commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change

- Develop a strategy for social prescribing in London, accelerating its adoption with the most deprived communities
- Use his Sports and Culture strategies to maximise sport, arts and culture's potential to improve social integration and health, and improve access to volunteering programmes so more Londoners benefit from being active citizens
- Use the Young Londoners Fund, policing powers and the policies set out in the Police and Crime Plan and the Violence Against Women and Girls Strategy to improve the safety of Londoners, reduce violence against women and girls and support interventions in areas blighted by youth violence

What the Mayor will do to support change

- Work with partners in the NHS, local authorities and the voluntary and community sectors to expand the reach of social prescribing programmes in London, helping people find solutions to improve their health and wellbeing.
- Work with partners to implement his Social Integration Strategy to reduce inequality, isolation and loneliness amongst Londoners of all ages by strengthening their ability to build strong relationships and become active citizens
- Support activities which promote effective community-led approaches to tackle health inequalities in London
- Work with Alzheimer's UK and other partners to make London the world's first dementia-friendly capital city, helping all those living with dementia in London to be empowered and supported to live well
- Work with the NHS and others through the health and social care London Digital Partnership Board, to better integrate records across health and social care
- Continue to support the London Fire Brigade, to work with NHS and local authorities on the 'Fire Service as a Health Asset' approach in London, including use of home visits by fire teams

- Working with partners, use the Fast Track Cities initiative to challenge the stigma associated with HIV and support collaborative work on HIV prevention and treatment in London
- Continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London

Priorities to be led by external partners

- Government should address the discriminatory impacts of the hostile environment, including inappropriate use of NHS data sharing with the Home Office and NHS overseas visitor charges regulations
- Explore how more local facilities, like leisure centres, libraries and schools could be used as shared resources with the community, in order to support community groups to address community health and wellbeing
- The NHS should explore how to engage with communities and citizens more effectively, involving them directly in decisions about the future of health and care services and involving patients and the public in commissioning processes and decisions
- Partners, through the London TB Control Board, should work to ensure that progress in TB control is maintained, including action on arrangements for hospital discharge and accommodation for those with no recourse to public funds, on treatment and on screening for latent TB infection



AIM FIVE
Healthy Living

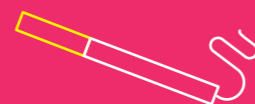


**THE HEALTHY CHOICE IS THE EASY
CHOICE FOR ALL LONDONERS**

Over **110,000** emergency food parcels were given to Londoners in 2016-17



Smoking rates in adults in routine and manual roles are **double** those of adults in managerial roles (**11.5 per cent to 23.9 per cent**)



Only **31 per cent** of adults in London walk or cycle for 20 minutes or more on a given day



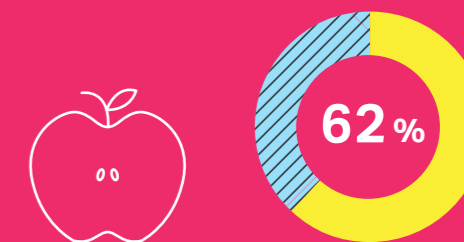
More than 1/5 of all deaths in young men aged between 16 and 24 are alcohol related.



Around **20 per cent** of children "in need" are affected by drug misuse



62 per cent of Londoners believe having healthier and cheaper food options on London's high streets would have the biggest impact on improving healthy eating in the capital



Sources:

The Trussell Trust (2018) End of year stats.

Public Health England (2016). Public Health Outcomes Framework; Smoking Prevalence in adults

Transport for London (2015) Travel in London Report 8. London: Transport for London.

Public Health England (2017) Local Alcohol Profiles for England. November 2017 statistical commentary.

London: Public Health England.

Department of Education (2017) Characteristics of children in need: 2016 to 2017. London: Department of Education

Greater London Authority Intelligence (2017) Food Headline Highlights – July 2017 YouGov Poll. London: Greater London Authority.

OBJECTIVES FOR HEALTHY LIVING

This strategy sets out three objectives to help achieve the Mayor's aim that the healthy choice is the easy choice for all Londoners

1. All Londoners achieve at least the minimum level of daily activity needed to maintain good health
2. All Londoners have access to healthy food
3. Steps are taken to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling.

The Mayor's key ambition is for all Londoners to be doing the physical activity they need on a daily basis to stay healthy, with efforts focused on supporting the most inactive.

If London is to tackle health inequalities and become the world's healthiest global city, then options for healthy living must be available, attractive and easy for everyone to access. We also need to address those health-related behaviours that are known to reduce healthy life expectancy. Though individuals may engage in unhealthy behaviours, the risk of this is profoundly influenced by social

factors.¹⁶⁷ This strategy highlights the role that physical activity, food, tobacco, alcohol and drugs play in driving health inequalities in London.

People in the UK are around 20 per cent less physically active now than in the 1960s.¹⁶⁸ The link between physical inactivity and obesity is well established¹⁶⁹, increasing the risk of

cardiovascular disease, diabetes and some cancers¹⁷⁰. Physical inactivity is not only linked to obesity¹⁷¹; it is also one of the top ten causes of all disease and disability in England.

Getting the right balance of nutrients from food is vital to healthy living. Poor diet is a leading cause of premature death in the UK¹⁷² and is responsible for a third of cancers and cardiovascular diseases¹⁷⁴. Excess salt consumption contributes to high blood pressure¹⁷⁵, while excess sugar intake increases the risk of both tooth decay, and of consuming too many calories, which, if sustained, causes weight gain and obesity¹⁷⁶. While many Londoners are

overweight, it is also the case that too many Londoners are malnourished, with three per cent of adults in London classed as underweight¹⁷⁷. There is also a relationship with mental health - people with poor mental health may struggle to eat well¹⁷⁸, including an association with being overweight or obese¹⁷⁹.

Smoking remains London's leading cause of premature death, causing the early deaths of over 8,000 people per year. It contributes to four out of the five most common health conditions that kill Londoners.¹⁸⁰ Smoking rates also vary, being 50 per cent more common in the most deprived communities compared with the least deprived¹⁸¹, and more than

167 [Murray, C.J.L. et al. \(2013\) UK health performance: findings of the Global Burden of Disease Study 2010. The Lancet. Volume 381, No.9871.](#)

168 [Ng, S.W., Popkin, B. \(2012\) Time Use and Physical Activity: a shift away from movement across the globe. Obesity Review, Volume 13, No 8.](#)

169 [World Health Organization \(2010\) Global Recommendations on Physical Activity for Health. \[online\] Switzerland: World Health Organisation.](#)

170 [Guh, D.P et al. \(2009\). The incidence of co- morbidities related to obesity and overweight: A systematic review and meta-analysis. BMC Public Health, Volume 25, No. 9 \[online\].](#)

171 [Lee, I-M, et al. \(2012\) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet, Volume 380, No. 9838 \[online\].](#)

172 [Murray, C.J.L. et al. \(2013\) UK health performance: findings of the Global Burden of Disease Study 2010. The Lancet. Volume 381, No.9871.](#)

173 [Newton, J.N. et al. \(2015\) Changes in health in England, with analysis by English regions and areas of deprivation, 1990 to 2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet. Volume 386, No 10010.](#)

174 Scarborough P, et al. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. Journal of Public Health. Volume 33, No 4.

175 Scientific Advisory Committee on Nutrition (2003) Salt and Health. London: TSO.

176 Scientific Advisory Committee on Nutrition (2005). Carbohydrates and Health. London: TSO.

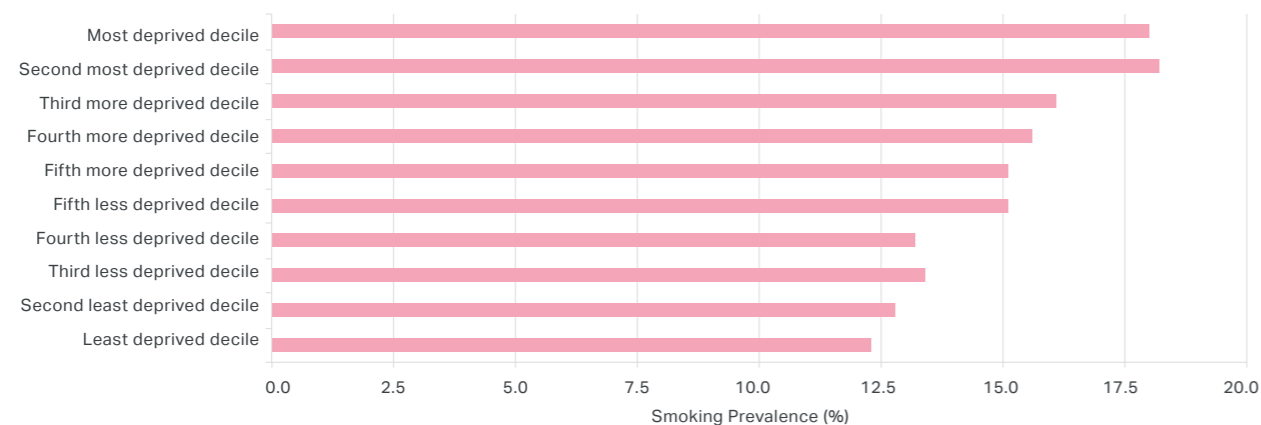
177 NHS England (2017) Health Survey for England 2016. [online] NHS Digital Available at: <https://digital.nhs.uk/catalogue/PUB30169>

178 London Food Poverty Profile. (2017). op cit.

179 Public Health England (2018) Guidance: obesity and weight management. [online]. Available at: <https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities/obesity-and-weight-management>

180 London Health Commission (2014). op cit.

181 Public Health England (2018) Public Health Outcomes Framework, Mortality rate from causes considered preventable indicator 4.03, 2013-15 [online]. Available at <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Figure 14 Smoking rates by socio-economic group in England

Source: Public Health England (2017) Smoking Prevalence in adults - current smokers (APS)

twice as common amongst adults with serious mental illness compared with the general population.

Alcohol is widely available, and, drunk in moderation, it is an accepted part of life for many Londoners, yet it is a potentially addictive intoxicant and is a causal factor in several medical conditions¹⁸². Trends since 2005 show a decline in drinking frequency in the UK¹⁸³, but alcohol remains a leading

risk factor for death and disability¹⁸⁴. Alcohol consumed during pregnancy can affect child development, and is associated with babies being born prematurely or underweight; drinking from an early age is also associated with a range of poor outcomes. Alcohol misuse is also strongly associated with mental health problems, including depression and serious mental illness.¹⁸⁵

Alcohol is a significant factor in violence and crime, including domestic violence and sex offences, with almost half of victims perceiving their attacker to be under the influence of alcohol¹⁸⁶. Deprived communities are likely to experience five to seven times the amount of alcohol-related harm as the general population; disadvantaged groups experience greater harm from the same or even lower levels of alcohol consumption.¹⁸⁷

Around seven in ten adults do not follow all the guidelines on tobacco use, alcohol consumption, a healthy diet and physical activity. Some groups are more likely to experience multiple unhealthy risk factors, and require comprehensive behavioural advice and support that addresses the social context of their lives¹⁸⁸.

Initiatives like Making Every Contact Count (MECC) help NHS and local authority staff talk to service users and carers about how to improve their health and wellbeing. These conversations can address health inequalities if they focus on those at risk of poor health, and the Mayor supports this approach. He would like more health and social care staff to benefit from MECC training to provide them with tools to support Londoners' health and wellbeing, including supporting smoking cessation as part of the maternity pathway. This approach should be embedded into the work the NHS is doing to improve the health and wellbeing of staff themselves.

182 Jones L. & Bellis MA. (2014) Updating England-Specific Alcohol-Attributable Fractions. [online] Liverpool: Centre for Public Health, Liverpool John Moores University.

183 Institute of Alcohol Studies (2017) UK Alcohol Consumption [online] IAS.org Available at: <http://www.ias.org.uk/Alcohol-knowledge-centre/Consumption/Factsheets/UK-alcohol-consumption.aspx>

184 World Health Organisation (2009) GLOBAL HEALTH RISKS WHO Mortality and burden of disease attributable to selected major risks [online].

185 Burton, R. et al. (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. An evidence review. London: Public Health England.

186 Office for National Statistics (2016) Crime statistics, focus on violent crime and sexual offences: year ending March 2015 [online].

187 Katikireddi, S.V. et al. (2017) Socioeconomic status as an effect modifier of alcohol consumption and harm: analysis of linked cohort data. *The Lancet Public Health*. [online] Volume 2, No. 6.

188 Evans, H. & Buck, D. (2018). Tackling multiple unhealthy risk factors. [online] London: Kings Fund.



OBJECTIVE 5.1

All Londoners achieve at least the minimum level of daily activity needed to maintain good health

Everyone can benefit from being more active every day. It is recommended¹⁸⁹ that children aged over five years do at least 60 minutes of moderate intensity activity (brisk walking or cycling) each day, while adults should aim for 150 minutes a week in periods of ten minutes or more¹⁹⁰. Many more Londoners could be more active daily by incorporating walking or cycling into their journeys,

and taking more opportunities for leisure and outdoor play, with big benefits for the health of the city.

Having a low income, disability, poor access to facilities and difficulty finding time to build exercise into the day are some of the barriers people face. Building physical activity into the daily routine is the best way to stay active throughout life¹⁹¹. In London, walking and cycling for daily travel are the most common ways for people to be active daily.

Addressing physical inactivity is a key priority in the Mayor's **Transport Strategy**. By focusing on initiatives to increase walking and cycling, the Mayor is seeking to support the most inactive people to add a small amount of activity into their daily routine. The Mayor has set out his aim that all Londoners walk or cycle for 20 minutes each day by 2041. To enable this to happen, walking, cycling and public transport must become the most attractive transport options. That means using the **Healthy Streets Approach** to reduce car dependency and create streets that are inviting to use, as discussed in the Healthy Places chapter. The built environment needs to be safe, convenient, accessible and welcoming for everyone to play, walk and cycle.

The Mayor is also creating diverse opportunities for activity, to increase appeal to a wider range of Londoners. As set out in the Healthy Communities chapter, the Mayor wants to increase opportunities for people to be an active part of their communities. Initiatives such as social prescribing, and those identified in his **Culture Strategy**, encourage more Londoners to participate in leisure activities such as dancing, gardening, singing or performing, which can offer health and social benefits.

Sport is an important way for many people to be active. The Mayor wants all of London's communities to have the chance to participate. The **Sport Unites** investment programme (see Healthy Communities) aims to create a healthier more active London, targeting the most

¹⁸⁹ Bull, FC. and the Expert Working Groups (2010) Physical Activity Guidelines in the U.K.: Review and Recommendations. Loughborough: Department of Health and Social Care.

¹⁹⁰ Department of Health, Physical Activity, Health Improvement and Protection (2011) Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers. London: Department of Health, Physical Activity, Health Improvement and Protection.

¹⁹¹ Varney, J. et al. (2014) Everybody active, every day - An evidence-based approach to physical activity. London: Public Health England.

inactive and the barriers they face. The programme will fund initiatives that provide affordable, local opportunities for Londoners to become more active. It will also invest in organisations that support Londoners with poor mental health.

The **Healthy Early Years London** and **Healthy Schools London** programmes (Healthy Children chapter) also encourage physical activity, as does the **London Healthy Workplace Charter** (Healthy Places).

OBJECTIVE 5.2

All Londoners have access to healthy food

Our food choices are influenced by a range of factors, including income, financial and personal circumstances, culture and the physical food environment that surrounds us.

The Mayor recognises the importance of ensuring London has a healthy food system, to support more adults and children to have healthier diets.

The evidence shows that the diets of people on low incomes tend to be nutritionally poorer than the better off^{192,193}. Developing an integrated food policy also means addressing the rise of household food insecurity, with an increasing number of Londoners relying on foodbanks and children going hungry during school holidays. The Mayor will therefore work with the **London Food Board** and partners across London to deliver against the priorities and objectives set out in the **draft London Food Strategy**.



192 UCL (2017) The Low Income Diet and Nutrition Survey [online]. Available at: <https://www.ucl.ac.uk/hssrg/studies/low-income>

193 Sustain (2017) op cit.

“By focusing on initiatives to increase walking and cycling, the Mayor is seeking to support the most inactive people to add a small amount of activity into their daily routine.”

London has some of the highest densities of fast food outlets in England, and research shows this is greatest in deprived communities^{194 195}. In 2017, the **London Great Weight Debate** started a conversation on childhood obesity in the capital, highlighting strong public support to address the spread of unhealthy food and drink on our high streets.¹⁹⁶ The Mayor’s **draft London Plan** includes a policy to restrict new hot food takeaways within 400 metres of existing or proposed primary or secondary schools. The Mayor is also supporting the **London Health and Care Devolution MoU** commitments to explore how to create ‘health super zones’ around schools. This will reduce the harm caused by unhealthy food and drink, with a specific focus on deprived communities.¹⁹⁷

194 Public Health England (2016) Obesity and the environment: density of fast food outlets. London: Public Health England.

195 Fraser L.K., et al. (2010) *The geography of fast food outlets: a review*. *International Journal Environmental Research and Public Health*. [online] Volume 7, No 5.

196 Healthy London Partnership (2017) op cit.

197 Greater London Authority, (2017). op cit.

As outlined in the London Food Strategy, the Mayor and the London Food Board will encourage a range of partners across London to play a part in helping to improve London’s food system. This could be achieved in many ways including by: joining the Sustainable Food Cities network; following Public Health England guidance on catering standards; signing Sustain’s Local Government Declaration on Sugar Reduction and Healthier Food¹⁹⁸, launching a Sugar Smart campaign; and gaining accreditation under the London Healthy Workplace Charter or the Soil Association’s Food for Life programme.¹⁹⁹

Research shows that our food purchasing and eating behaviour is often automatic and unthinking. It is prompted by what has been marketed to us, and the food available around us^{200 201 202}. In London, as in other parts of the country, the food environment often encourages us to buy and consume more food and drink than we need.²⁰³

As part of his commitment to tackling childhood obesity, the Mayor has included a proposal in his **draft London Food Strategy** to consult on a ban on advertising of unhealthy food and drink that is high in fat, salt or sugar (HFSS) across the TfL estate (see Healthy Children chapter).

198 [Sustain. Local Government Declaration on Sugar Reduction and Healthier Food \[online\]](#).

199 Soil Association (2018) Food for Life [online]. Available at: <https://www.foodforlife.org.uk/>

200 [Boyland, E. J. et al. \(2016\) Advertising as a cue to consume: A systematic review and meta-analysis of the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising on intake in children and adults. The American Journal of Clinical Nutrition. \[online\] Volume 103, Issue 2, 1 February 2016.](#)

201 Whalen, R., et al. (2017) Children’s exposure to food advertising: the impact of statutory restrictions. *Health Promotion International*, dax 044.

202 Lake, A. (2018) Neighbourhood food environments: Food choice, foodscapes and planning for health. *Proceedings of the Nutrition Society*.

203 Butland B et al. (2007) *Tackling obesities: future choices – project report* (2nd Ed). UK: Department of Innovation Universities and Skills.

OBJECTIVE 5.3**Steps are taken to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling**

Within London's boroughs, innovative work is being conducted to improve local understanding of how people with complex lives and multiple unhealthy risk factors – such as those discussed in throughout this section - can be supported to live healthier lives. It is not within the remit of the Mayor to commission or provide such services, but he will work in partnership with London boroughs, the NHS, Public Health England and other sectors to support their development, and wider opportunities for healthy living in London, including those planned on a city-wide basis.

London boroughs have vital roles in preventing smoking, addressing use of illicit drugs, and reducing harmful alcohol use. Effective cooperation between local authorities, health agencies and law enforcement can reduce the impact on Londoners, and particularly on children.

Local initiatives which take account of local needs, issues and assets are the best way to tackle these issues. The Mayor will support collaborative working across the city, including pan-London initiatives where appropriate. For example, the London Healthy Workplace Charter supports employers to encourage and signpost their staff to services to help them quit smoking and reduce alcohol intake.

Illegal tobacco undermines efforts to help people quit smoking by supplying cheap cigarettes. In London, the average cost of illegal tobacco is about half the price of its legal counterparts.²⁰⁴ Nearly 90 per cent of lifetime smoking begins between the ages of 10 and 20 years in the UK²⁰⁵, with illegal tobacco encouraging young people to start smoking as it is sold cheaply, often as single cigarettes. This is helping to create a new generation of smokers in deprived areas where smoking rates remain relatively high.²⁰⁶

Several London boroughs are already showing strong leadership to address illegal tobacco. However, action is needed across the city, building on work such as the pan-London illegal tobacco roadshows. When seized, illegal tobacco is often found alongside illegal alcohol. Cheap alcohol sold outside of licensed channels is often harmful to health, and can lead to people drinking more.²⁰⁷

Through the **London Health and Care Devolution MoU**, the Mayor and partners will establish a pan-London approach to illegal tobacco and counterfeit alcohol, working closely with Her Majesty's Revenue and Customs. The aim will be to reduce the sale of illegal tobacco and alcohol in London, making the best use of existing penalties, and lobbying for new sanctions if needed. The aim is for better health for Londoners, and it will also reduce crime and increase revenue to the exchequer.

“Illegal tobacco undermines efforts to help people quit smoking by supplying cheap cigarettes.”

204 Power, G. (2013) Illicit Tobacco in South East London: A Survey of Smokers 'Tobacco, Crime and Health Inequalities in South East London'. London: Lambeth Council.

205 Department of Health (2017) Towards a Smoke Free Generation- A Tobacco Control Plan for England. London: Department of Health.

206 Office for National Statistics (2017) Adult smoking habits in the UK: 2017. [online] ONS.gov Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2017>

207 [Public Health England \(2016\) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. An evidence review.](#)

There is potential to boost Londoners' health through a more varied night-time economy across the city. Fewer people are drinking while out, yet drinking at home is increasing. To prevent social isolation and the health impacts of excessive drinking, the Mayor wants to encourage a healthier relationship with alcohol. This will help reduce the problems associated with people drinking heavily (pre-loading) before a night out, and seasonal spikes in demand for urgent NHS care and ambulance services prompted by binge drinking.

Education has a vital role to play in preventing problematic alcohol and drug use. The Mayor will explore further activity to support schools to deliver the **London PSHE curriculum** working across existing programmes such as **Healthy Schools London**. The curriculum will help address issues that affect London's children and young people, and provide the best possible support to inform young people and help them make healthy choices.

London has some of the best alcohol and drug treatment services in the UK, and has been at the forefront of developing new ways to help people with alcohol problems. But public finances are constrained. The Mayor will work with London boroughs, treatment providers, the voluntary sector and researchers to understand how best to meet Londoners' continually evolving needs. These include tackling complex issues such as where Londoners have both mental ill health and drug or alcohol problems, changing patterns of drug use (including so-called 'legal highs'), changing supply routes (including 'county lines') and tackling drug related deaths. The Mayor calls on partners to reduce harms by ensuring that when alcohol and drug treatment service are treating parents, consideration is also given to the needs of their children.

More too can be done to stop the blight of drugs on communities. MOPAC is reviewing how drug services are working in the criminal justice system, and how

to work most effectively with health agencies to prevent violence and crime. MOPAC and the NHS already have an information sharing programme that they are using to tackle violence in London. They are looking at how the information generated can support local licensing frameworks and pathways into treatment for the most vulnerable. This will help to reduce drug and alcohol-related harm.

Together, partners will promote effective interventions to address alcohol and substance misuse, and the inequalities that drive them. The Mayor wants to see more sharing of good practice, and he will support an annual event to showcase work in this area, to improve understanding of the needs of our most vulnerable citizens, including street drinkers and older Londoners, as well as people in the criminal justice system.

The **London Health and Care Devolution MoU** expressed concern about the impacts of the spread of betting shops on London's high streets,

and the proliferation of online gambling opportunities and marketing. Concern has been raised that fixed odds betting terminals put vulnerable people at risk. Problem gambling can lead to physical and mental illness, debt problems, relationship breakdown and, in some cases, crime²⁰⁸. The Mayor will work with partners to monitor and raise the profile of gambling-related harm, and explore prevention opportunities through the devolution agreement.

208 [Gambling Commission \(2018\) Gambling-related harm as a public health issue.](#)



SUMMARY OF COMMITMENTS

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of making the healthy choice the easy choice for all Londoners. Some of his major commitments are summarised below. Some of his priority asks of London partners are also included below.

What the Mayor will do to deliver change

- Through TfL, implement the Healthy Streets Approach to help make walking, cycling and public transport the most attractive daily transport options in London
- Consult on plans to restrict new hot food takeaways within 400 metres of existing or proposed primary or secondary schools
- Hold an annual event to share best practice on alcohol harm reduction

What the Mayor will do to support change

- Roll out the priorities of the new London Food Strategy, including a focus on tackling rising levels of household food insecurity, better food procurement, and making healthy, sustainable, affordable food more

- widely available for Londoners Use the health and care devolution agreement to explore the creation of health super zones around schools, with a specific focus on deprived communities
- Support London boroughs on their work preventing tobacco, alcohol and drug-related harms, including by working closely with HMRC to help establish a pan-London approach to illegal tobacco and counterfeit alcohol
- Support employers to encourage and signpost their staff to services to help them quit smoking and reduce alcohol intake, through the Healthy Workplace Charter.
- Explore further activity to support schools to deliver the London PSHE curriculum, working across existing programmes such as Healthy Schools London

Priorities to be led by external partners

- Local authorities and businesses should consider adopting the Public Health England guidance on catering standards for employers
- The NHS should ensure that health and social care staff access MECC training, and build on London's MECC framework and tools to support healthy living
- The NHS should embed MECC approaches in its work, to improve staff health and wellbeing
- Local authorities, NHS, and the voluntary and community sectors, should share learning and good practice on how to address alcohol and drug related harm for our most vulnerable citizens, and monitor and raise the profile of gambling related harm



Next steps

From strategy to action

This strategy sets out five key aims to tackle health inequalities in London over the next ten years, and the objectives that will support their delivery through to 2028. An implementation plan has been developed by the Mayor and partners that sets out the initial actions that need to be taken to deliver these objectives. It also provides delivery timescales, and information on how actions will be monitored and reported.

The Mayor cannot deliver the aims and objectives of the London Health Inequalities Strategy alone. Full implementation can only be achieved through a combination of the Mayor's actions and the actions of partners including local and national government,

the health and social care system, voluntary and community organisations, businesses, and Londoners and communities themselves.

Progress in delivering the strategy will be reported to the London Health Board, chaired by the Mayor. The London Prevention Partnership Board will provide strategic oversight for implementation and delivery. The London Health Inequalities Pledge Board captures the commitments made by Londoners, communities and organisations gethealthy.london/better-health-for-londoners

Not all the actions needed to deliver the objectives of strategy will be listed in the initial implementation plan. Those wider or future measures that are within the Mayor's control will be set out in future iterations of the implementation plan, as meeting the objectives of the strategy will require continually updated and cumulative activity over the longer term. The impacts of these actions will be monitored and evaluated, and actions will be reviewed as required.

Reporting London-wide progress
Progress on reducing London's health inequalities, will be tracked through changes in healthy life expectancy across London. A series of supporting high level population indicators, with appropriate break downs to measure gaps between groups, have also been identified, reflecting the five key aims for London outlined in this strategy.

Information on how the objectives will be reported on is provided in the implementation plan.

Active travel refers to transport that requires people to be physically active such as walking and cycling. It also includes scooting, skating and skateboarding. Public transport is usually included too, as part of the journey will have been done by active travel.

Glossary A – Z

A

Active travel

refers to transport that requires people to be physically active such as walking and cycling. It also includes scooting, skating and skateboarding. Public transport is usually included too, as part of the journey will have been done by active travel.

Acute care

is when a patient gets short-term treatment for a severe injury or episode of illness, urgent medical condition, or during recovery from surgery. It usually happens in hospital.

Affordable Homes

is the Mayor's programme to fund new affordable housing in London. Affordable housing refers to properties that are offered for sale or rent for below their market value - usually as part of a scheme backed by the government or a local authority.

Air pollution

means substances in the air that harm human health, welfare, plant or animal life. Most pollution in London is caused by road transport and domestic and commercial heating systems.

Air quality

refers to whether levels of air pollutants are relatively high or low. It usually considers pollutants in the UK Air Quality Standards Regulations 2010 (for example, particulate matter, lead, nitrogen dioxide).

B

BAME

stands for black, Asian and minority ethnic groups.

Better Health for London

is the final report of the independent London Health Commission published in 2014.

C

Child Health Digital Hub

will improve child health information services. It will bring together data to provide better monitoring of every child's health and access to information for all involved in the child's care, where appropriate. This will help to ensure that all children get the best possible start in life.

Child obesity

is a condition in which a child has an abnormally high amount of body fat. It is measured by comparing a child's Body Mass Index (BMI) with the population average, accounting for the child's age, sex and height.

County lines

is when gangs and organised crime networks exploit children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

D

Decent Homes Standard

was introduced by government in 2004. There are four criteria a home must meet to reach the standard including being in a reasonable state of repair and having reasonably modern facilities and services. There is no statutory requirement for all homes to meet this standard.

Disability

is defined in the Equality Act 2010 as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities. The social model of disability defines disability as the effect

of the barriers, discrimination and disadvantages faced by disabled people, rather than their impairment.

Disadvantaged groups

are groups of people who have a higher risk of poverty, social exclusion, discrimination and violence than the general population. They include ethnic minorities, migrants, people with disabilities, isolated elderly people and children. They are vulnerable to discrimination and marginalisation because of social, cultural, economic and political conditions. It is not an inherent quality.

E

Early years settings

are places which provide childcare for the 0-5 age group like childminders, crèches, nurseries, children's centres, nursery schools and schools with nurseries.

Economic fairness

is where the economic gaps between Londoners are not so great that they entrench unfairness and deprivation by making it impossible for opportunity to be shared. It is achieved by narrowing the economic gaps between Londoners and sharing opportunities.

Educational attainment

refers to the academic grade or level a student achieves. This differs from 'progress' in that it does not factor in the student's starting point.

eRedbook

is a digital version of the Redbook, also known as the Personal Child Health Record (or PCHR). It is a national standard health and development record given to parents/carers at a child's birth. The digital eRedbook, which will be rolled out across London, will enable people to begin to record and manage information about their child's health and development online or by smart phone.

F**Food system**

is the term for how food works for Londoners and businesses. It includes the contribution of food businesses to London's economy; the role of the built food environment which Londoners experience (like lack of access to healthy food, widely visible unhealthy advertising); and the contribution of food to Londoners' health.

Freedom Pass

allows people who live in London and meet the age criteria, or have an eligible disability, to travel for free on public transport.

Fuel poverty

is when a household's fuel costs to heat and power their home adequately are above average (the national median level) and if they were to spend that amount, they would be left with a residual income below the official poverty line. It is caused by three factors: low incomes; the poor energy efficiency of homes; and high energy prices.

G**Good Work Standard**

is the Mayor's vision for a new agreement with London's employers to promote fair pay and excellent working conditions. It also covers diversity and inclusion, good work-life balance, health and wellbeing, professional development and lifelong learning, and employee voice and representation at work.

Green infrastructure

is a network of green spaces - and features like street trees and green roofs - that are planned, designed and managed to bring a range of benefits. These include mitigating flooding, cooling the urban environment and enhancing biodiversity and ecological resilience, as well as providing more attractive places for people.

Greening

is the improvement of the appearance, function and wildlife value of the urban environment through soft landscaping.

Green roof

is planting on roofs or walls to provide climate change adaptation, amenity, food-growing and recreational benefits.

Green spaces

are areas of vegetated land, like parks, gardens, cemeteries, allotments and sports fields, which may or may not be publicly accessible. Together these spaces help to form London's green infrastructure network.

H**Health and Wellbeing Boards**

were established in 2013 to bring together local health commissioning groups, elected councillors and senior council officers, with the purpose of designing local strategies for improving health and wellbeing through closer working between health and local government.

Healthy life expectancy (HLE)

is an estimate of the number of years lived in "Very good" or "Good" general health, based on how individuals perceive their general health.

Healthy Schools London (HSL)

is the Mayor's awards scheme to support and recognise school achievements in student health and wellbeing. HSL promotes four themes: healthy eating, physical activity, emotional health & wellbeing and Personal Social Health Education. healthyschools.london.gov.uk

HIV (human immunodeficiency virus)

is a virus that damages the cells in the immune system and weakens the body's ability to fight everyday infections and disease.

I**Illegal tobacco**

is smuggled, bootlegged or counterfeit tobacco, sold cheaply and tax-free and often linked to large-scale organised crime.

Income inequality

refers to the gap between those with the highest and lowest incomes. There are different measures to assess income inequalities and how they change over time.

Individual Placement and Support (IPS)

supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited

in-work support for both the employee and the employer.

J

Joint Strategic Needs Assessments

look at the current and future health and care needs of their populations to inform and guide planning and commissioning decisions within a local authority area.

L

LGBT+

stands for Lesbian, Gay, Bisexual and Trans. The plus demonstrates the inclusion of all identities that make up the LGBT community.

London Food Board

consists of members from sectors spanning the breadth of the food system, from food production and retail to academia, healthcare and the third sector.

London Health Board

is a non-statutory partnership. It is chaired by the Mayor of London, and involves representatives of London's boroughs, NHS Trusts and Clinical Commissioning Groups, as well as Public Health England and NHS England.

London Health Commission

was an independent inquiry established in September 2013 by the Mayor of London. Chaired by Professor the Lord Darzi, it examined how London's health and healthcare can be improved to benefit the population.

London Healthy Workplace Charter

is the Mayor's free accreditation scheme to support and reward good employers that invest in the health and wellbeing of their staff. It gives them a series of standards for meet to help them create healthier workplaces. The charter is supported by London boroughs and Public Health England (London). www.london.gov.uk/healthyworkplace.

London Health and Care Devolution Memorandum of Understanding (MoU)

was signed in 2017. It gives London greater powers to make decisions about its health and care services at a local level. This will bring many benefits to Londoners including a more seamless health experience for patients; care provided closer to home; better use of NHS buildings and land; and improved health outcomes for all Londoners.

London Plan

is the Mayor's spatial development strategy for London.

London TB Control Board

provides strategic oversight and direction, controlling, commissioning, quality assurance and performance management of TB services across London. It involves multiple agencies.

Long term conditions

are health conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and high blood pressure.

Low income

(or more accurately relative low income) is having a household income lower than 60 per cent of the average (median) household income (this covers all forms of income – wages, benefits, dividends etc).

M

Mayor's statutory strategies

are Housing, Planning, Environment, Transport, Economic Development, Culture, Policing and Health Inequalities.

Mental health first aid

is a range of training packages for non-expert members of the public. It builds knowledge of mental health conditions

and how to spot signs and symptoms. The approach is similar to (physical) first aid and increases confidence to intervene and direct to specialist support as required.

Mental ill health

covers a very wide spectrum of mental health issues. It includes the worries and grief we all experience in everyday life to suicidal depression or complete loss of touch with daily reality.

MOPAC

stands for the Mayor's Office for Policing and Crime. It is responsible for policing in the capital outside the City of London.

N

Nitrogen dioxide (NO₂)

is a gas formed by combustion, identified as an air pollutant harmful to human health. The legal limit values measure concentrations of NO₂ in the air.

Neighbourhood Plans

were introduced through the Localism Act 2011 which gave a right for communities to shape development in their areas introduced through the Localism Act 2011. Communities can shape development in their areas through the production of

Neighbourhood Development Plans (often referred to simply as Neighbourhood Plans), Neighbourhood Development Orders and Community Right to Build Orders.

O

Ofsted

stands for the Office for Standards in Education, Children's Services and Skills. Ofsted inspects and regulates services that care for children and young people.

Older people

refers to people over 50. It also recognises that those above retirement age and those over 70 may have special requirements to address.

Overcrowding

refers to situations in which more people live in a home than it can comfortably and safely accommodate. It can be based on the number, age and relationship of the people living in a home in relation to the number of rooms available or the relationship to the size of the rooms available.

Overweight

refers to people with a Body Mass Index (weight in relation to height) which is higher than is considered healthy.

P

Parity of esteem

aims to ensure that mental health is valued as equal to physical health. It requires both forms of ill health to be treated with the same level of urgency and given an equal status by policymakers and statutory bodies.

Particulate matter

also known as particle pollution, is a complex mixture of extremely small particles and liquid droplets that get into the air. Once inhaled, these particles can affect the heart and lungs and cause serious health effects.

Personal, social, health and economic education (PSHE)

is a school subject through which pupils develop the knowledge, skills and attributes they need to keep themselves healthy and safe and prepare for life and work.

Police and Crime Plan

is where the Mayor sets out how the police, community safety partners and other criminal justice agencies will work together to reduce crime. See also MOPAC.

Poverty

is when a person's resources (mainly their material resources) are not enough to meet their minimum needs (including social participation).

Premature death

refers to dying before the average age of death in a certain population.

PrEP

stands for pre-exposure prophylaxis. It is a drug taken by HIV-negative people before sex that reduces the risk of getting HIV. In England it is available as part of a trial.

Prevalence

is a statistical concept referring to the number of cases of a disease that are present in a population at a given time. For example, the number of people who have lung cancer, or who smoke, who are obese.

Prevention

in the context of this health inequalities strategy is the work we do to stop people from getting ill. Prevention can be more cost-effective and better for reducing health inequalities than treating ill health.

Primary care

provides the first point of contact in the NHS, and includes general practice, community pharmacies, dental, and optometry (eye health) services.

Private rented sector

is a type of housing consisting of homes owned and rented out by landlords to tenants, normally by private people or organisations. Unlike the social rented sector, there's no limit on the rent that can be charged and tenants have less security.

Psychological Therapies

are the range of treatments that can be used to treat emotional problems and mental health conditions. They include counselling, psychotherapy and cognitive behavioural therapy.

Psychosis

is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.

Public health

is the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through society's organised efforts.

R

Rough sleeping

is where people are bedded down or preparing to bed down in the open air, or in (parts of) buildings or other space not designed for habitation - for example, in stairwells, stations, or cars.

S

Social inclusion

means removing barriers and taking steps to create equality, harness diversity and produce safe, welcoming communities and cultures.

Social integration

relates to the extent to which people positively interact and connect with others from different backgrounds. It is shaped by the level of equality between people, the nature of our relationships, and our levels of community participation.

Social isolation

refers to a lack of contact between an individual and others. It differs from loneliness, which is a subjective feeling, related to the discrepancy between a person's desired and achieved level of social relations.

Statutory homelessness

refers to cases where households lose or are threatened with losing their homes and receive help from local authorities under homelessness law.

Substance misuse

is where a drug or alcohol is used in a way that harms an individual's physical or mental health. Some people will need specialist/medical support to help with recovery.

T

TB

(tuberculosis) (respiratory) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person.

Time to Change

is a national campaign led by Mind and Rethink. It aims to challenge the stigma and discrimination experienced by people with mental health issues. Find out more at time-to-change.org.uk

U

UNAIDS

is the Joint United Nations Programme on HIV/AIDS.

W

Wellbeing

is a state of being where everyone can realise their potential, cope with the normal stresses of life, work productively and fruitfully and contribute to their community.

Wider determinants of health

also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. They can include housing, employment prospects, personal behaviour and any other matters that determine life expectancy or the state of health of persons generally, other than genetic or biological factors.

World Health Organization (WHO)

aims to create a better, healthier future for people all over the world. It has offices in over 150 countries. WHO staff work with governments and other partners to ensure the highest attainable level of health for everyone.

Z

Zero-suicide city

is an idea developed in the USA. It is founded on the belief that suicide deaths can be prevented. Zero suicide relies on a system-wide approach rather than on the heroic efforts of individual practitioners. It requires engaging the wider community, especially suicide attempt survivors, family members, policymakers, and researchers.

Zip Oyster Cards enable children aged from 11 to 17 to travel on public transport in London at discounted rates.

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