

**MAYOR OF LONDON**

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# Launch event: London's Health Inequalities Strategy Implementation Plan

Friday 10th December, 2-3.30pm



Office for Health  
Improvement  
& Disparities

**NHS**

**LONDON  
COUNCILS**

# WORD CLOUD **slido**



**What do you think are the top health inequalities challenges facing Londoners right now?**

① Start presenting to display the poll results on this slide.

# NO SLIDE ON SCREEN

Stephen introduces himself on screen



# WELCOME: THE MAYOR'S VIDEO MESSAGE



**MAYOR OF LONDON**

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**NO SLIDE ON SCREEN**

Stephen introduces Kevin Fenton – Stephan and Kevin ON SCREEN



Office for Health  
Improvement  
& Disparities

# Health Inequalities Strategy Implementation Plan Launch

## **Professor Kevin Fenton**

Regional Director London, Office for Health Improvement & Disparities

Regional Director of Public Health, NHS London

Statutory Health Advisor to the Mayor of London, GLA and London Assembly

Twitter: @ProfKevinFenton

# Context

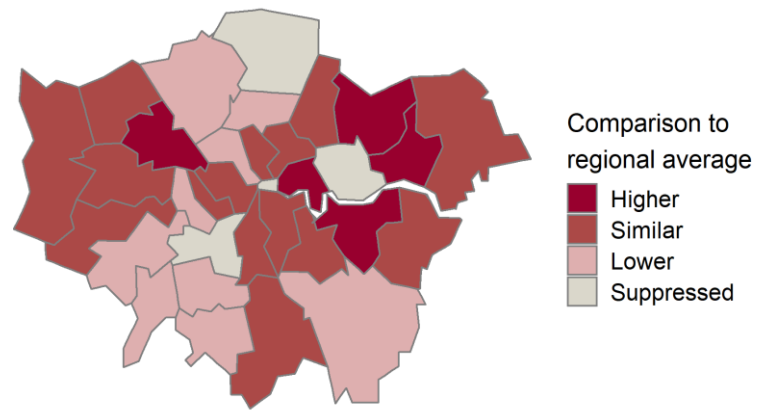
- Improvements in *life expectancy* have recently stalled everywhere
- Rising burden of ill health due to non-communicable disease.
- Prior to COVID, there was wide variation across London Boroughs with a difference of 13 years (for men) and 14.6 years (for women) between the local authorities with the highest and lowest healthy life expectancies.
- Both nationally and globally, COVID-19 has highlighted the economic, societal and personal cost of ill-health
- Has shone a light on inequalities and how poor physical health leads to poor outcomes, including increased vulnerability to viruses such as COVID and shorter life expectancy.
- Everyone now understands why inequalities matter and how inequalities can kill. It has also demonstrated the benefits of investing in preventing disease, protecting people from threats to health and improving mental and physical health



# Child Obesity in London

Prevalence of obesity by age, 2019/20: London District and Unitary Authorities

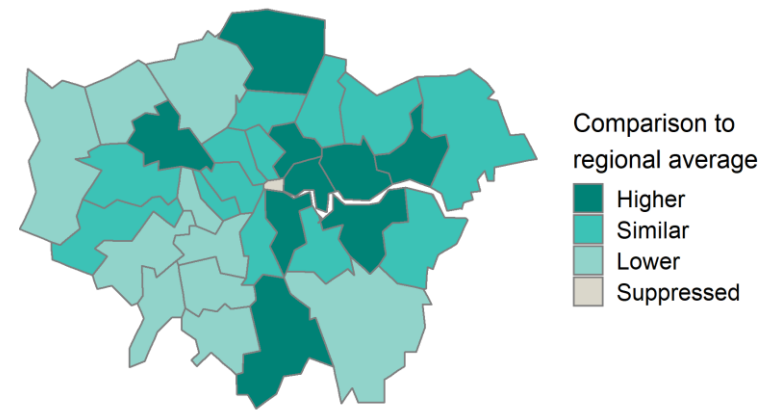
Children in Reception (aged 4-5 years)



Note: value for Hackney and City of London combined

Contains Ordnance Survey data © Crown copyright and database right 2021.  
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Children in Year 6 (aged 10-11 years)



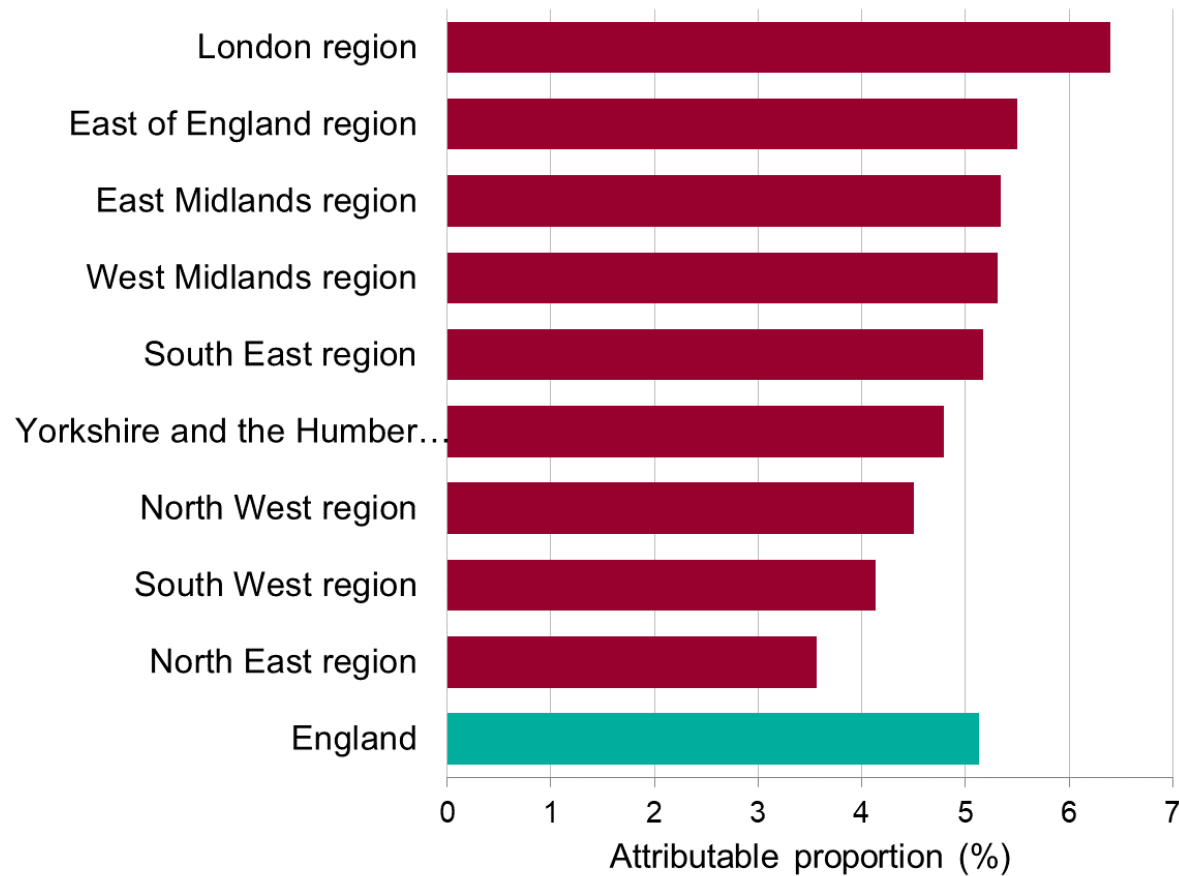
Note: value for Hackney and City of London combined

Contains Ordnance Survey data © Crown copyright and database right 2021.  
Contains National Statistics data © Crown copyright and database right 2021.

Some local authority areas have a [data reliability flag](#) indicating that figures need to be interpreted with caution

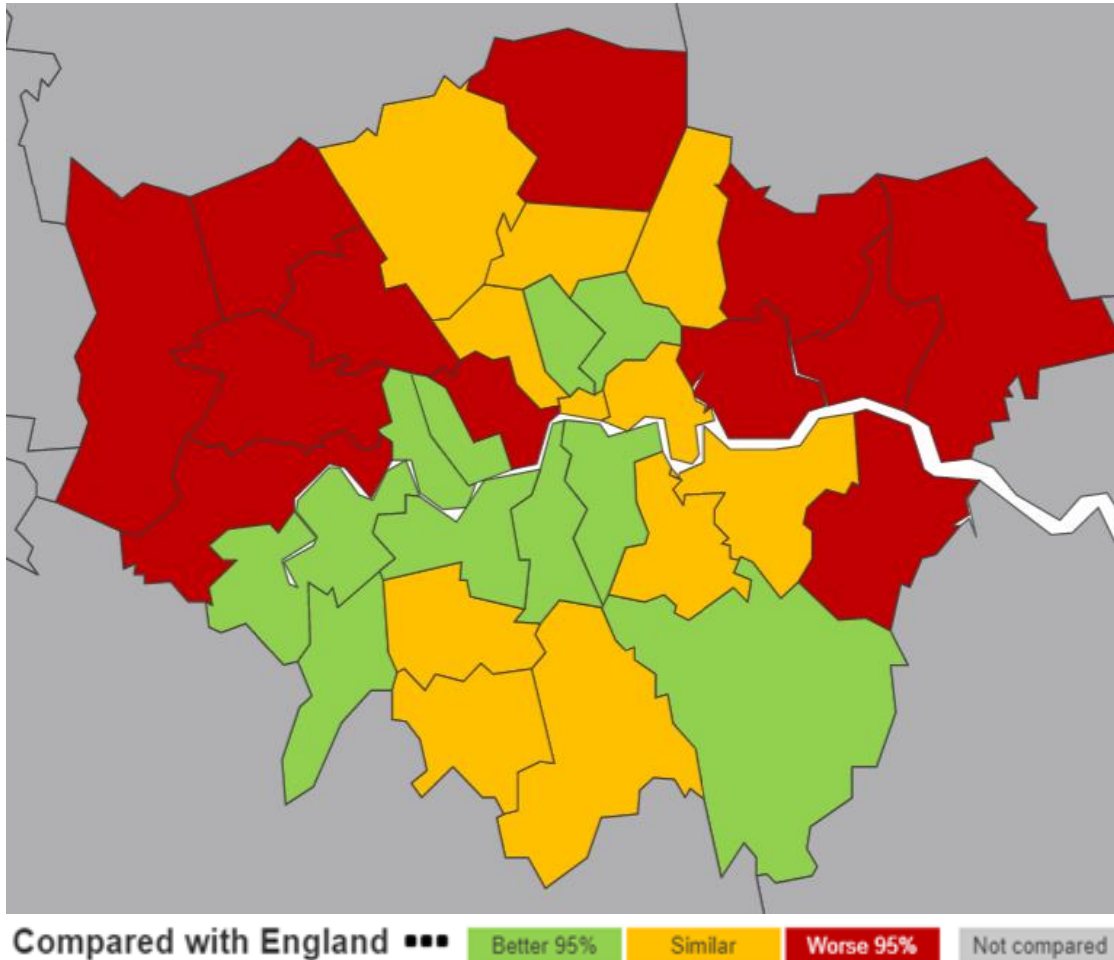


# Air Pollution Levels



- Poor air quality is the largest environmental risk to public health in the UK.
- Exposure to air pollution has both short and long-term health impacts, which affect people throughout the life course.
- Air Pollution Levels particularly high around London and the South East
- In 2019 toxic air contributed to the deaths of more than 4,000 Londoners.
- Deprived and non-white Londoners are most likely to be exposed to high levels of air pollution.

# Physically active adults (19 years plus), by London borough



- London third highest of regions in England for physically active adults.
- Wide variation between boroughs from Lambeth (74.9%) to Newham, (53.4%).
- Lower levels of activity concentrated in west and east London.
- London has the lowest levels of physically active children and young people.
- Some populations undertake lower levels of physical activity, including disabled people, those from lower socio-economic groups, and some ethnic groups.



# Disproportional impact of COVID

PHE's '*COVID-19: review of disparities in risks and outcomes*' confirmed COVID's disproportionate impact across a range of characteristics, including:

- Age
- Sex
- Geographical area of residence
- Socio-economic status
- Race / ethnicity

PHE's '*Beyond the Data*' report highlighted the social, cultural, economic and societal factors underpinning these disparities, including:

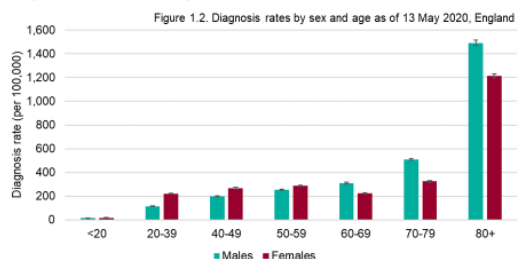
- Occupation
- Household size and composition
- Access and delayed presentation to health services
- Low levels of trust and engagement

# COVID-19: Disparities in risks and outcomes

MIXED METHODOLOGY INVESTIGATION INTO COVID-19 RELATED HEALTH DISPARITIES

## Cases - Age and sex

Diagnosis rates increase with age. Among people under 60, diagnosis rates were higher in females than males, and among people aged 60 years and older, diagnosis rates were higher in males

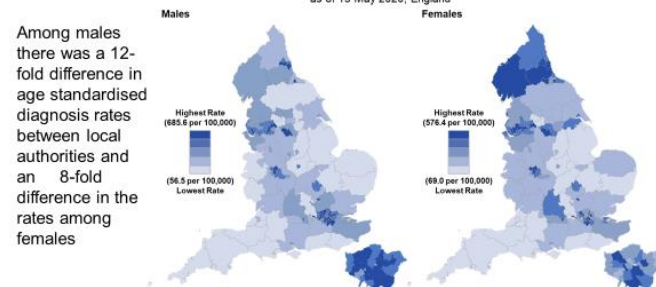


Source: Public Health England Second Generation Surveillance System

4 Disparities in the risk and outcomes from COVID-19

## Cases - Geography

Maps 2.1A and 2.1B: Age standardised diagnosis rates by local authority and sex, as of 13 May 2020, England



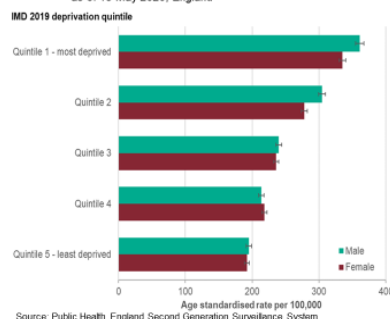
Source: Public Health England Second Generation Surveillance System

5 Disparities in the risk and outcomes from COVID-19

## Cases - Deprivation

The rate in the most deprived quintile was 1.9 times the rate in the least deprived for males and 1.7 times the rate for females

Figure 3.2: Age standardised diagnosis rates by deprivation quintile and sex, as of 13 May 2020, England



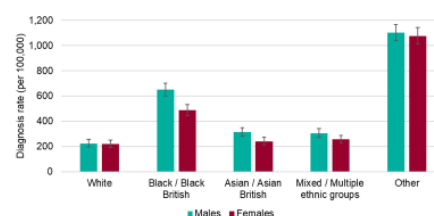
Source: Public Health England Second Generation Surveillance System

6 Disparities in the risk and outcomes from COVID-19

## Cases- Ethnicity

The highest age standardised diagnosis rates of COVID-19 were in people in the Other and Black ethnic groups, and the lowest rates were in the White ethnic groups

Figure 4.2: Age standardised diagnosis rates by ethnicity and sex, as of 13 May 2020, England



The rates in the Other ethnic group are likely to be an overestimate due to the difference in the method of allocating ethnicity codes to the cases data and the population data used to calculate the rates

Source: Public Health England Second Generation Surveillance System

7 Disparities in the risk and outcomes from COVID-19

# PHE Beyond the Data Recommendations

RECOMMENDATIONS BASED ON REVIEW OF DATA, EVIDENCE AND STAKEHOLDER INPUT

1. Mandate comprehensive and quality **ethnicity data collection and recording** in NHS and social care data collection systems, including at death certification
2. Support **community participatory research** to understand the social, cultural, structural, economic, religious, and commercial determinants and to develop solutions
3. Improve **access, experiences and outcomes of NHS, local government and Integrated Care Systems commissioned services** including audits, equity in workforce and employment and rebuild trust.
4. Accelerate development of **culturally competent occupational risk assessment tools** for a variety of occupational settings.
5. Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns** in partnership with local BAME and faith communities
6. Accelerate efforts to target **culturally competent health promotion and disease prevention programmes** for non-communicable diseases
7. Ensure that **COVID-19 recovery strategies** actively reduce inequalities caused by the wider determinants of health to create long term sustainable change.

*The report's recommendations were designed to be implementable, scalable, appropriate and impactful in tackling the pandemic's disproportionality and help mitigate the impact of subsequent waves.*





# Aligning Our Priorities Across London

Setting priorities for London's wellbeing, health and healthcare



# Health Inequalities Strategy





Office for Health  
Improvement  
& Disparities

# Health Inequalities Strategy Implementation Plan Launch

## **Professor Kevin Fenton**

Regional Director London, Office for Health Improvement & Disparities

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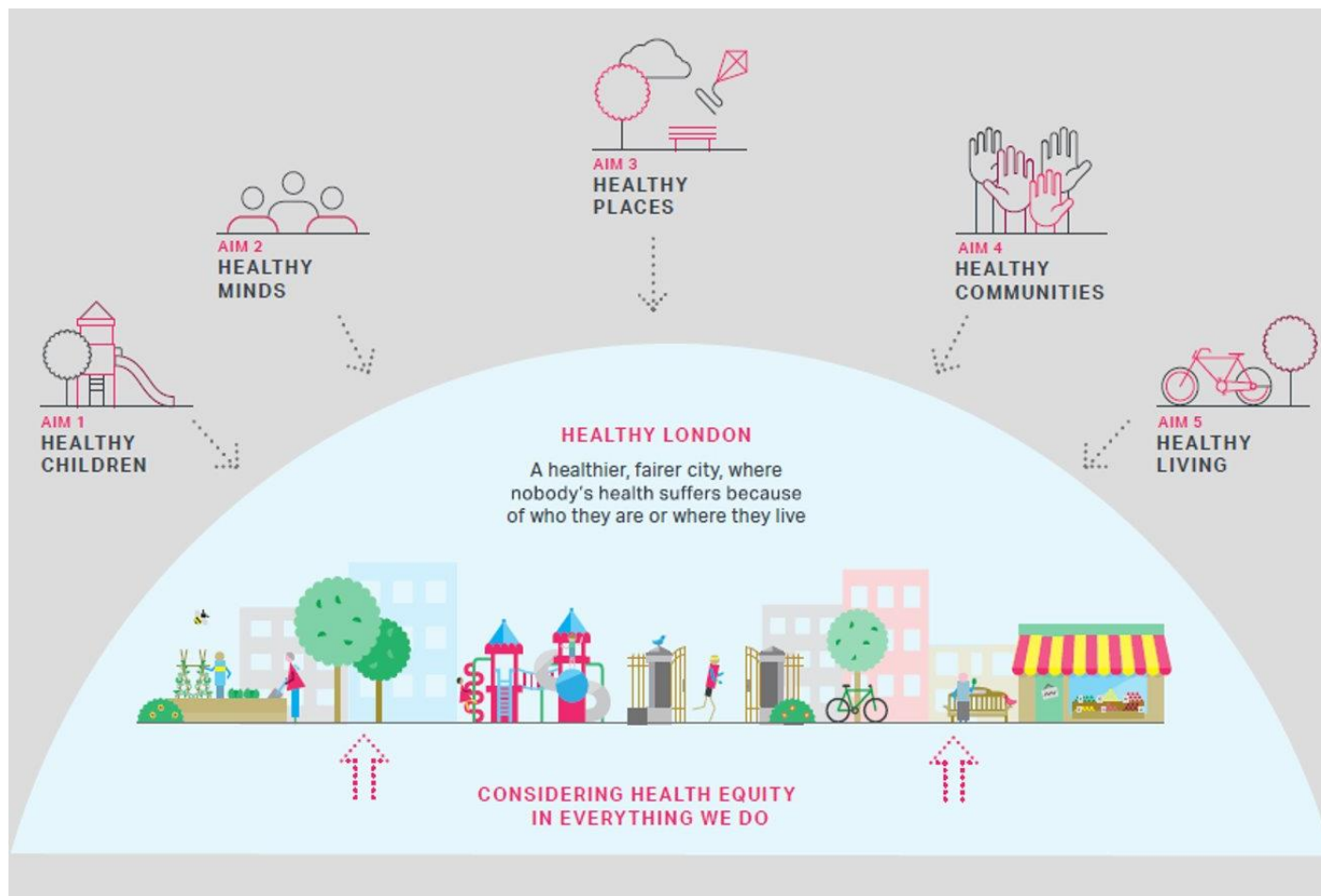
**MAYOR OF LONDON**

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**NO SLIDE ON SCREEN**

Stephen introduces Tom

# LONDON HEALTH INEQUALITIES STRATEGY 2018-28



## Implementation Plan 2021-24

### Six Key Commitments

- **Children:** Superzones
- **Minds:** wellbeing ambassadors
- **Places:** Zero Carbon & Clean Air
- **Places:** Living Wage City
- **Communities:** Ethnic inequality & Racism
- **Living:** All Londoners active



# THE MAYOR WITH PARTNERS WILL CHAMPION SIX KEY COMMITMENTS WITH MEASURABLE IMPACTS:

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**Healthy Children:** Up to 50 School Superzones supported by 2025 – Healthy Place, Healthy Weight Mission. (new)

**Healthy Minds:** By 2025, London will have a quarter of a million wellbeing ambassadors, supporting Londoners where they live, work and play – Mental Health and Wellbeing Mission. (new)

**Healthy Places (1):** London will be a net zero carbon city by 2030 and will have the cleanest air of any major world city, meeting legal and health requirements by 2050. In the interim, we want to be on a path to zero pollution, meeting the WHO's interim target for PM2.5 (10ug/m<sup>3</sup>) by 2030. (continuation)

**Healthy Places (2):** The Mayor will lead the campaign to make London a Living Wage City, targeting accreditation of an additional 1,600 employers, lifting at least 48,000 people onto the real Living Wage and putting £635m in Londoners' pay packets by 2024. (new)

**Healthy Communities:** Ethnic inequalities – TBC awaiting the outcomes of the London Recovery Board Addressing structural inequalities programme. (new)

**Healthy Living:** By 2041, all Londoners will do at least 20 minutes of active travel each day (for example, walking, cycling) to stay healthy, (continuation)

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**NO SLIDE ON SCREEN**

Stephen introduces Dr Apea case study 1 - NO SLIDES Dr Apea ON SCREEN

# Tackling HIV Stigma in London

- HIV is a condition that disproportionately affects already underserved and marginalised communities and **starts from a place of inequalities**.
- **HIV-related stigma and discrimination** is a key driver of these inequalities.
- There has been **remarkable progress** in HIV with significant advances in prevention, diagnosis and treatment – however – progress has **not been uniform** across all population groups nor across London.
- London has made its commitment clear to be the first city globally to get **zero new transmissions**.
- The Fast Track Cities Initiative spearheaded a **systematic, collaborative approach** to tackling **stigma**.
- **Dedicated funding** from NHS England.



# Tackling HIV Stigma in London

## INTERNALISED STIGMA:

An empowerment programme shaped by a community of practice  
– 6 VSCEs.

## STIGMA IN THE NHS & OTHER PUBLIC SERVICES:

Survey of staff on knowledge and attitudes towards HIV.  
Create an HIV-friendly charter.

## SOCIETAL STIGMA:

A survey to set a baseline on public's knowledge and attitudes towards HIV.  
National action plan to amplify key messages.

- **Impact to date:** An improved awareness and strategy to address stigma on an individual and societal level.
- **Key enablers of progress and success:** Authentic partnership - Leadership across boundaries – Funding across boundaries
- **International recognition:** Circle of Excellence Award

# NO SLIDE ON SCREEN

Stephen introduces second case study on air quality by Jin Lim, Deputy Director for Public Health in Southwark



# School Superzones in Southwark

## Case Study

Jin Lim, Deputy Director of Public Health  
Southwark Public Health Division

December 2021



@lb\_southwark



facebook.com/southwarkcouncil

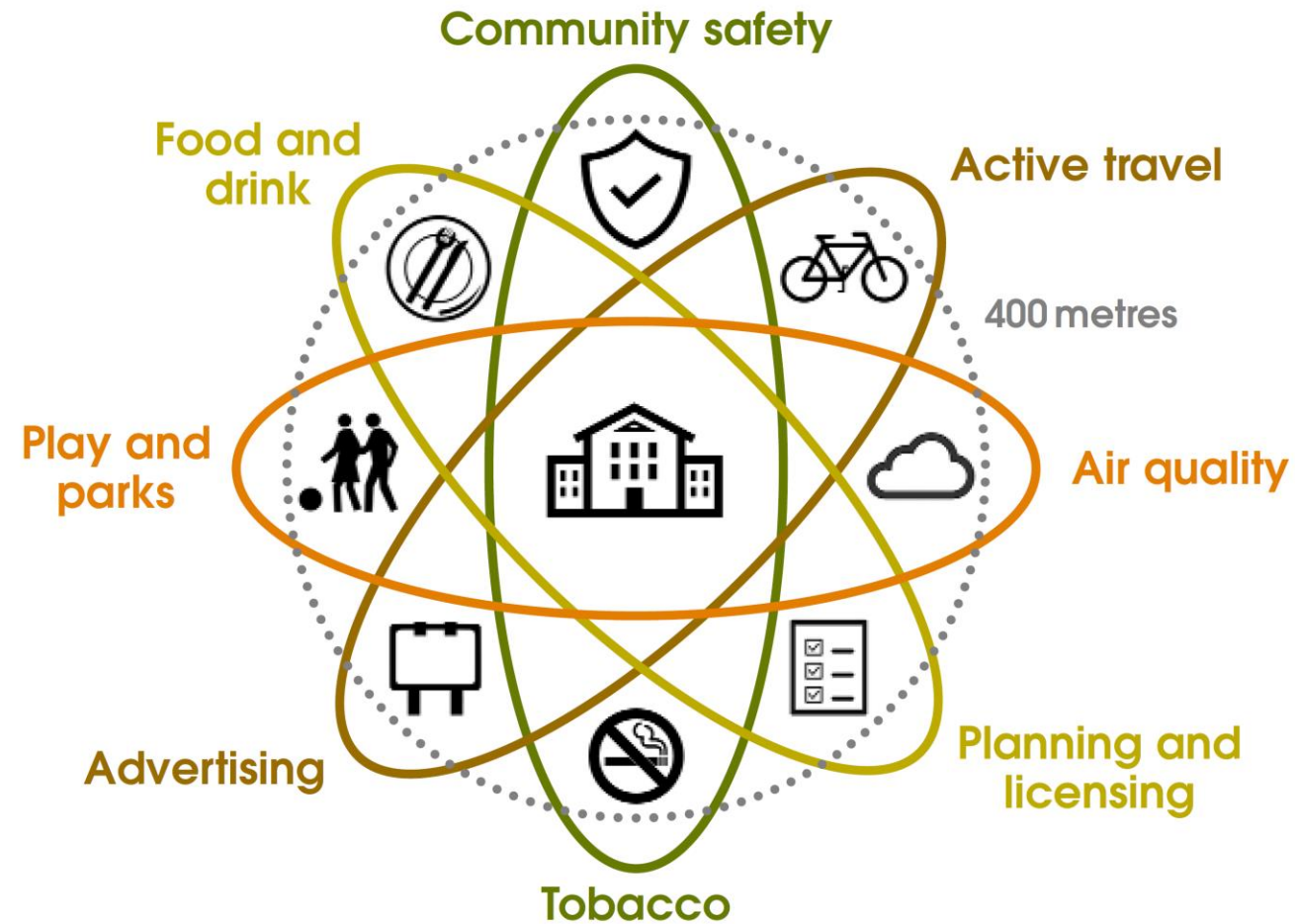
# School Superzones



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# Superzone framework



# The Southwark Superzone focused on three specific priorities linked to the urban environment

## ADDRESSING MULTIPLE ISSUES

### 1. Childhood Obesity

- Obesity among children in Southwark is consistently above London and national levels. In 2016-17, Southwark had the third highest level of excess weight out of the 32 London Boroughs for children in Reception (26%) and fourth highest for children in Year 6 (43%).

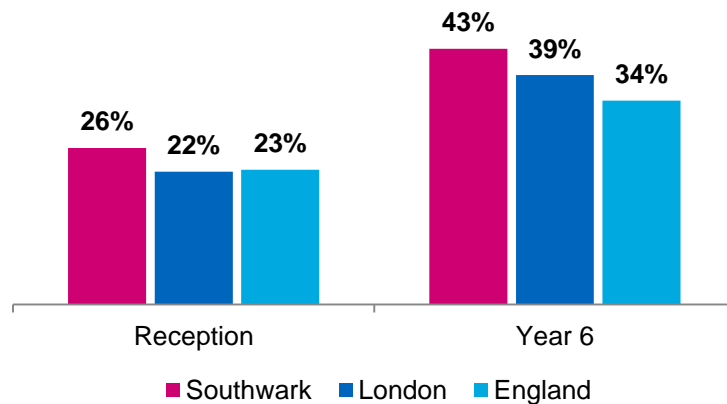


Figure1: % children overweight or obese in Reception and Year 6, 2016-17

### 2. Air Quality

- Air pollution data show a decrease in total emissions for Nitrogen Oxide (NOx) and particulate matter (PM) in Southwark. But concentrations of NO2 remain above the legal limit along major roads and PM2.5 is



Figure 2: Trend in proportion of deaths linked to PM2.5

# The Southwark Superzone focused on three specific priorities linked to the urban environment

## ADDRESSING MULTIPLE ISSUES



The Southwark School Superzone, with NO2 concentrations above legal limit

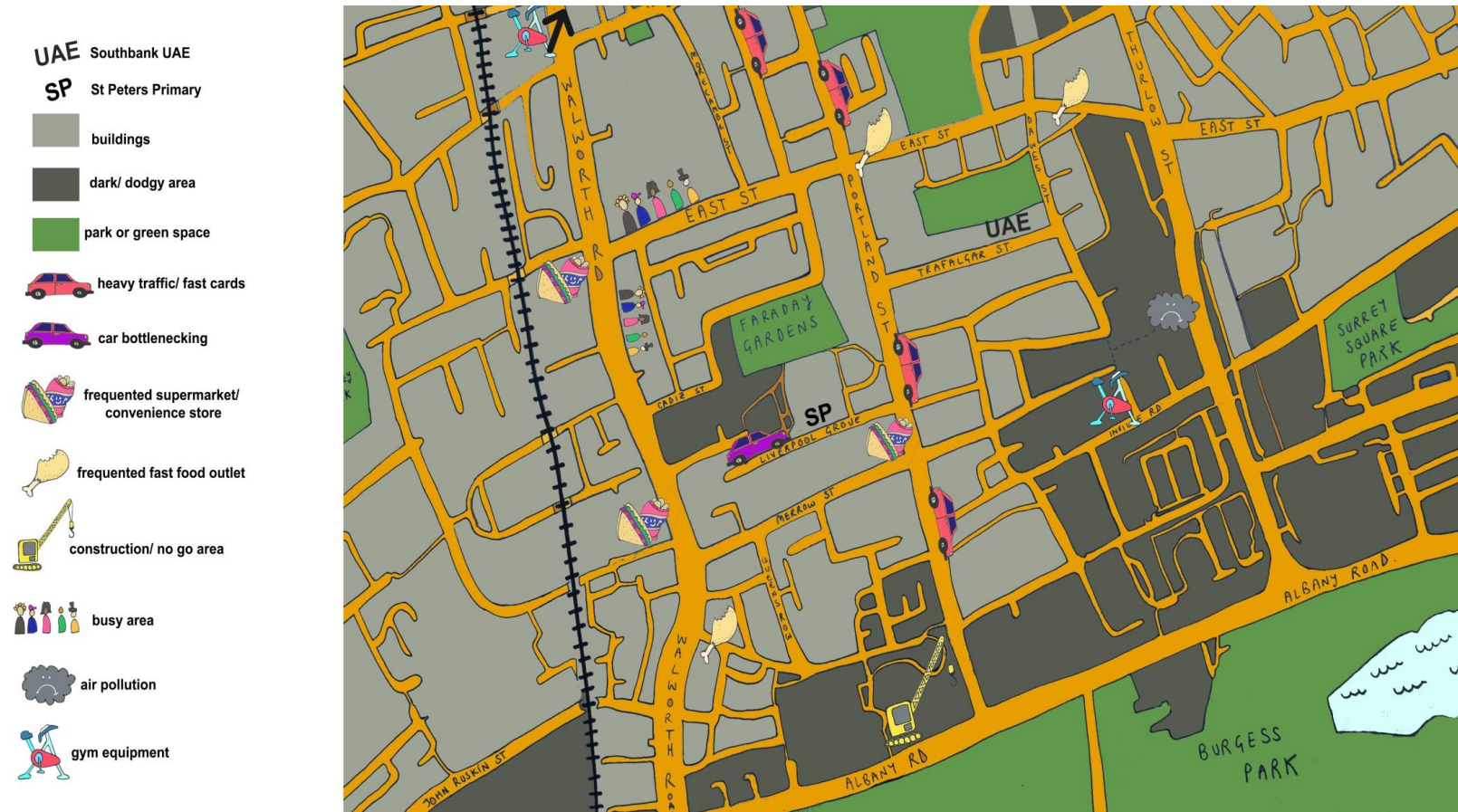
### 3. Youth Violence, including Knife Crime

- Sharp increase across London in knife crime with young people are disproportionately affected.
- For the last five years Southwark has had higher than the London average level of knife crime.



# The Superzone mobilised stakeholders around an area and helped to identify assets and harms

## A CHILD'S EYE VIEW OF THE SUPERZONE



# Local partners coming together to tackle local issues



- Schools
  - Businesses
  - Communities
  - Voluntary sector
- 
- Transport policy
  - Planning Policy
  - Education
  - Parks
  - Air quality
  - Food safety team
  - Local Economy Team
  - Community Safety
  - Public Health

# NO SLIDE ON SCREEN

Stephen introduces third case study on HOMELESS HEALTH– Chief Executive, Groundswell, David Eastwood – GLA rough sleeping team, Jemma Gilbert – HLP

# Homeless Health – the COVID response



## Poor health

Approximately 1 in 3 clinically vulnerable to COVID, high level of undiagnosed and untreated chronic disease, **a health age equivalent to a population in their 70s or 80s**

## 44 years

Is the average age of death of for those who are homeless



People experiencing homelessness are attending A&E 6x as often, admitted 4x as often and stay 3x longer than the general population

Together, London's boroughs and the GLA with the support of the voluntary sector and other services, have placed at least **9,600 people** who were sleeping rough or in communal accommodation into emergency accommodation, and **6,700 have been helped into settled accommodation.**

Modelling estimates that the preventive measures imposed might have **avoided 21 092 infections, 266 deaths, 1164 hospital admissions, and 338 ICU admissions** among the homeless population.





# The Partnership and the next steps...

**HSJ** AWARDS  
2020

Winners Health and Local  
Government Partnership award

## What made the partnership work?

- Strong existing relationships
- Pooled effort and resources
- Range of partners
- Access to expertise
- Significant new investment
- Leadership
- Remote working
- User perspective

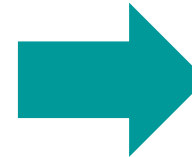
“It’s services coming together as well, it really is. It was always getting better if ...services joint working. But at the moment it’s incredible. Absolutely incredible. Services really working together across the board – drug and alcohol, mental health, homeless health, commissioners. Everybody is working together. It’s incredible.” – Dave Woodley, Groundswell Care Navigator



[More details & resources  
www.healthylondon.org](http://www.healthylondon.org)

## Recognition that integrated solutions are the only way to address health inequalities and homelessness

“I am aware of people that are real long-term rough sleepers who would always refuse to come in, refuse to work with services and because of this [COVID-19], they have. And to me that is the biggest thing...this can be a legacy. It really can. It can be a legacy for homelessness, for health in homelessness particularly” – Frontline worker quote



## Looking forwards:

- Multi-agency joint working at all levels - pan London leadership & governance in place. Informal as important as formal.
- ICS opportunity – new integrated models of care
- Suitable accommodation and support is part of a public health response
- User voice key
- Need to embed and mainstream – **NICE guidance in development**

# PARTNERSHIP WORK **slido**



**1.What has been the key learning for partnership work on health inequalities during the pandemic (pick your top 3)**

① Start presenting to display the poll results on this slide.



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**PANEL NO SLIDE ON SCREEN**

Stephen introduces Dr Tom Coffey and panel ON SCREEN

# PROFESSOR SIR MICHAEL MARMOT

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**NO SLIDE ON SCREEN**

Closing remarks NO SLIDES Kevin Fenton ON SCREEN

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**THANK YOU**



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**Please fill in the feedback survey  
3 quick questions**