Annual Report:
London Health Inequalities Strategy

Year 1 report: Oct 2018 to Oct 2019
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To stay up to date with the London Health Inequalities Strategy please keep an eye on our webpages or sign up for our newsletter:
https://www.london.gov.uk/what-we-do/health/health-inequalities
The London Health Inequalities Strategy 2018–28

All Londoners should have the opportunity to live a long life, in good health. The London Health Inequalities Strategy (HIS) sets out the Mayor’s priorities to tackle unfair and avoidable differences in health between individuals and groups of people.

A person’s opportunity for health is strongly influenced by factors outside the health and social care system. The different circumstances of our lives — the conditions in which people are born, grow, live, work and age — affect our chance of living a long, healthy life. These circumstances are shaped by a range of social, economic and environmental factors. These influences, known as the ‘wider determinants of health’, include things such as income, homes, jobs, education, relationships, access to green spaces and amenities, and air quality.

We see these differences in health across the city – latest data shows that a girl born in one part of London will on average have 13 more years of good health than a girl born in another. People’s life circumstances are not set in stone; unfair health inequalities can be prevented.

The Mayor can have an impact on health inequalities by:

- showing leadership and convening partners in London and internationally;
- advocating for London to national government and policymakers, and showcasing best practice;
- engaging Londoners, and ensuring their voices are heard; and
- taking a ‘health in all polices’ approach, making health improvement a part of how London works e.g. though powers in transport, planning, housing, environment, culture, and skills and adult education.

But the Mayor can’t achieve the aims of the HIS alone. Making a difference will require a joined-up effort by a broad range of organisations. Realising these aims requires regional and local government, the NHS, the voluntary sector and our communities to all play their part.

This report

This report provides an update on the Mayor’s first year of delivering the HIS, drawing on the HIS implementation plan 2018-20, which outlined the actions he would take in the first two years. The following sections provide a summary of achievements to the end of October 2019. The Mayor cannot and does not act alone and many of the achievements highlighted in this report have been (and will continue to be) delivered in partnership. Whilst this report recognises that partnership, it focuses primarily on the Mayor’s role.

The HIS Implementation Plan will be reviewed and updated for publication in Autumn 2020.

Please read the HIS for more information on why we are acting on these areas.

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Key achievements in year one

Healthy Children: Every London child has a healthy start in life.

- The Healthy Early Years London programme signed up 10% (1,300) of early years settings - reaching over 30,000 children under-five and achieving its 2020 target early. Thirty-two London boroughs have committed investment. An evaluation will report in early 2020.
- An advertising ban on unhealthy food and drink has been introduced across the TfL network as part of the Mayor’s approach to tackling child obesity in London.
- A new policy to restrict new hot food takeaways within 400 metres walking distance of primary or secondary schools has been included in the London Plan. The policy has been supported by the Panel of Planning Inspectors.
- The Healthy Schools London programme has engaged 83% (over 2000) of London schools, reaching over one million children. 58% of registered schools have achieved an award, and the scheme is on track for delivering the 60% target by 2020. Programme tools have recently been reviewed and updated.
- The London Child Obesity Taskforce published its call to action, Every Child a Healthy Weight: Ten Ambitions for London for a whole system approach to tackling child obesity.
- Work has begun on installing more than 100 new drinking fountains across London over the next two years in partnership with Thames Water.
- The London Early Years Campaign (February to October 2019) raised awareness about early years education. A new grant scheme focussed on raising awareness amongst families with children with special educational needs and disability (SEND) is intended to improve early identification of needs.
- The first phase of the £45 million Young Londoners Fund was delivered, awarding funding to 179 projects focussed on young people aged 10-21 years. This included the scaling up of the Stepping Stones programme which supports vulnerable children moving from primary to secondary school, and the roll-out of Youth Mental Health First Aid (see Healthy Minds). The second phase of the Fund is underway and on track.
- A review of adverse childhood experiences (ACEs) and their impact on health outcomes in London was published.
- Children and parents at around 1500 London schools were encouraged to travel to school actively, safely and sustainably through TfL’s ‘STARS’ programme.

<table>
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<tr>
<th>Children Key Performance Indicator</th>
<th>Progress at Oct 2019</th>
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<tr>
<td>By 2020, a minimum of 10% of London’s early years registered settings (approx. 1330) signed up to Healthy Early Years London. All 17 “priority” boroughs(^2) provide local support.</td>
<td>Complete 10% target has been achieved early, and all 17 priority boroughs(^2) are providing local support.</td>
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\(^2\) The 17 priority boroughs were identified based on poor outcomes on a variety of health Public Health Outcomes Framework health and development indicators, including for child obesity, oral health, school readiness, and take up of free early education.
Healthy Minds: All Londoners share in a city with the best mental health in the world3.

- Trained 100 new Youth Mental Health First Aid (MHFA) instructors who have already provided training to over 1,000 education and peer mentors in London schools and colleges.
- Held an annual mental health and culture festival on World Mental Health Day (in 2018 and 2019) as part of a new mental health and culture work programme focusing on young Londoners.
- Launched a citywide suicide prevention campaign—calling for 100,000 Londoners to complete the Zero Suicide Alliance’s free online suicide prevention training.
- Promoted employee mental health at work through the refreshed London Healthy Workplace Award, the new Good Work Standard, and by supporting the Lord Mayor’s Appeal ‘This Is Me’ campaign. Leading by example, the GLA is improving its mental health offer for staff.
- Impact on mental health has been included as criteria in a range of Mayoral grant programmes, including the Young Londoners Fund, Young London Inspired, Culture Seeds and the Active Londoners Fund.
- Promoted Good Thinking, London’s NHS approved online wellbeing service, and the Mental Health in Schools Toolkit (developed by the Healthy London Partnership).
- Supported the implementation and evaluation of a new pan-London model of care for people subject to Section 136 of the Mental Health Act.
- Jointly funded with central government a two-year mental health outreach pilot for rough sleepers, working with four mental health trusts and 16 London boroughs.
- Research undertaken for the Right to Thrive project, on the impact of stigma and discrimination on mental health.
- Delivered a ‘Thriving Community’ pilot in Barking and Dagenham.
- Seventeen community workshops were run by Thrive LDN and the Mental Health Foundation, engaging with more than 1,000 Londoners. This informed the Londoners Said report, which outlined 10 community-led proposals to improve mental health and wellbeing locally.
- Created a citywide Thrive LDN Champions network to support campaigning at a local level. This included the delivery of a co-developed Leadership Development Programme for Champions in partnership with the Sheila McKechnie Foundation.
- Thrive LDN campaigns continued the open conversation with Londoners about mental health and wellbeing.
- Sharing good practice on suicide prevention through the Thrive LDN Suicide Prevention Network, which includes TfL and the Metropolitan Police, including at an event on World Suicide Prevention Day 2019.

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<tr>
<th>Minds Key Performance Indicator</th>
<th>Progress at Oct 2019</th>
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<tr>
<td>By 2021, every state school in London will have access to a trained mental health first aider (approx. 2-3000).</td>
<td>100 youth MHFA instructors have been trained. Over 1000 school staff and peer mentors have now been trained, with 2000 expected by early 2020. It is anticipated that by the end 2021, 4,000 people across London state-funded schools and colleges will have received training.</td>
</tr>
<tr>
<td>During 2018/19, 100 youth MFHA instructors will be trained, and 2000 school staff and peer mentors will have received MHFA training.</td>
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Healthy Places: All Londoners benefit from an environment and economy that promote good mental and physical health.

- The Ultra Low Emission Zone (ULEZ) was introduced in central London.
- London became the world’s first National Park City. The Mayor’s Greener City Fund continues to provide funding for boroughs and local communities to make their neighbourhoods greener by tree planting, creating and improving green spaces and greening school grounds.
- The Mayor’s Good Work Standard launched, aiming to improve the quality of work in London, including encouraging more employers to pay staff the London Living Wage.
- The Mayor’s budget for rough sleeping services doubled to £19 million.
- Air quality audits were conducted at 50 primary schools and 20 nurseries in high pollution areas, and local action plans developed.
- London’s biggest ever “car free day” was held in September 2019.
- Fifteen innovative air quality projects were funded through the third round of the Mayor’s Air Quality Fund, including four new Low Emission Neighbourhoods.
- Introduced policies in the draft London Plan to improve health and reduce health inequalities (e.g. restrictions on locations of new fast food takeaways).
- Delivered a pilot project to tackle some of the symptoms and underlying causes of child poverty by testing a range of innovative school-based approaches to supporting low-income families.
- Ten boroughs were supported to develop food poverty action plans, and support continued for the Kitchen Social Programme to help address food insecurity during the summer holidays (funded through the Mayor’s Fund for London). The first measure of food insecurity in London was undertaken and published.
- In September 2019 announced that London Power, a new energy company for London, would be open for business by the end of the year. It will offer all Londoners fairer electricity and gas prices and help tackle fuel poverty.
- Launched the Warmer Homes scheme to fund energy efficiency improvements and other support for fuel poor households. So far 1,100 homes have been supported. The Mayor’s Warmer Homes Advice Service (formerly Fuel Poverty Support Fund) has helped boroughs deliver a London-wide fuel poverty advice and referral network which has already helped over 2,500 households.
- Refreshed and relaunched the London Healthy Workplace Award (formerly Charter) and developed new approaches for engaging micro businesses and communal workspaces. The target of getting 1,000 organisations signed up by 2020 was achieved early, and almost 300 of these organisations have received an award, reaching over 350,000 employees.
- Fully funded adult education for Londoners who are in low-paid work, as part of new powers over the Adult Education budget and commitments to increase access.
- Provided a new £6.4m Skills for Londoners Innovation Fund, to support the Mayor’s skills priorities including; helping Londoners gain skills in areas such as English, maths and digital, and further enabling disabled Londoners and those who are vulnerable to serious youth violence to access learning.
- Provided a blueprint for private renting, containing proposals to give renters open-ended tenancies and to make the sector more affordable by creating new powers to reduce rents.
- Invested £11m in PLACE (Pan-London Accommodation Collaborative Enterprise), which will provide high-quality, local temporary accommodation for homeless households.

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4 London’s Adult Education Budget was delegated to the Mayor of London in 2019 (worth £306m in the 2019/20 academic year). The Mayor has committed to empowering more Londoners to access learning opportunities and supporting skills provision for the most disadvantaged groups, so they are better equipped to access the opportunities that London has to offer.
- Launched a new Winter Programme, with continuously open shelters for homeless people from the end of Christmas to at least the end of February.
- Commenced a trial of a homelessness and immigration support service in partnership with hospitals.

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<thead>
<tr>
<th>Places Key Performance indicator</th>
<th>Progress at Oct 2019</th>
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<tr>
<td>By 2050, London will have the best air quality of any major world city, going beyond the legal requirements to protect human health and minimise inequalities.</td>
<td>Since the ULEZ was announced (Feb 2017), central London has seen a 36% reduction in roadside concentrations of nitrogen dioxide, and a 65 per cent reduction of older non-compliant vehicles (reduction of 40,200 vehicles on an average day). London’s bus and taxi fleets are being made cleaner and now include over 210 electric buses, 12 Low Emission Bus Zones and over 2,500 zero emission capable taxis. Emission reductions of up to 90 per cent have been recorded in some areas.</td>
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Healthy Communities: London’s diverse communities are healthy and thriving.

- London became the first global city to exceed Fast-Track Cities (FTC) UNAIDS 95-95-95 for HIV diagnosis, treatment and viral suppression. In October 2019 Fast-Track Cities London launched the £3 million improvement fund to work towards the London target of zero new HIV infections, zero avoidable HIV deaths and zero HIV stigma by 2030.

- Established England’s first Violence Reduction Unit, establishing a public health approach, working with and for communities. Actions include commissioning a Strategic Needs Assessment and developing a bespoke data tool to understand violence in London.

- Published *Next Steps for Social Prescribing in London*, outlining a London partnership approach for social prescribing. Published research on: the role of digital; the voluntary, community and social enterprise (VCSE) sector; housing associations; and local government commissioning. In addition, published research to support evaluation.

- Support for Londoner’s health and wellbeing was embedded in strategies across the GLA. Examples include the Culture Seeds funding and the Cultural Impact award, new approaches to digital inclusion, improving step free access to the transport network, and investing in community sports.

- Launched a small grants fund for the VCSE sector, for social prescribing volunteering projects that help people who are experiencing loneliness and social isolation.

- London hosted the first international social prescribing conference.

- Working with Alzheimer’s Society towards a Dementia Friendly London. Over 850 organisations have become dementia-friendly, and 21 London boroughs signed up to Dementia Friendly Communities in London. The Mayor appointed the GLA Chief Officer as his Dementia Champion to drive change across the GLA Group, including awareness raising for station, tube and bus staff and the introduction by the Met Police of the Herbert Protocol to keep people with dementia safe.

- Held ‘community development for health’ masterclasses, bringing together over 100 people working in disadvantaged neighbourhoods across London, who share a commitment to moving community-led approaches into mainstream policy, commissioning and practice.

- Undertook a citizen-led community-based research project to explore what is important for health from the perspective of young women who have been in the criminal justice system - a group identified as experiencing health inequalities and whose voice and influence over public policy had previously been underrepresented.

- London hosted the first international FTC conference, attended by over 700 delegates from cities across the world.

- Convened a Hepatitis C roundtable to develop leadership and join-up working to improve diagnosis and treatment in London. On World Hepatitis Day the Mayor visited an outreach testing van to raise awareness of the treatment available and encourage Londoners who may be at risk to get tested.

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<th>Communities Key Performance Indicator</th>
<th>Progress at Oct 2019</th>
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<tr>
<td>By 2028, social prescribing will be available for the most vulnerable Londoners.</td>
<td>Hundreds of Londoners and organisations were engaged in informing <em>Next Steps for Social Prescribing</em>, published in 2019, which sets out the London approach to social prescribing. This reflected the Mayor’s success in advocating for the inclusion of social prescribing in the NHS Long Term Plan, with every Primary Care Network to have a social prescribing link worker.</td>
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Healthy Living: The healthy choice is the easy choice for all Londoners

- The Cycling Action Plan, launched in December 2018, is supporting the creation of a unified London wide cycle network, to enable more Londoners to make cycling part of their everyday travel. So far, this Mayoral term, over 140km of new, high-quality cycle routes have been constructed. A Cycle Parking Implementation Plan and Cycling Infrastructure Database have also been launched.
- The Active Londoners fund provided 76 grants for projects that seek to tackle inactivity by providing convenient, affordable, local opportunities, and specifically addressing the barriers different communities face to being active.
- Convened an event to showcase best practice approaches to reducing alcohol related harm especially amongst the most vulnerable Londoners.
- TfL Liveable Neighbourhoods programme is funding London boroughs to provide long term schemes that encourage walking, cycling and use of public transport, including via the healthy streets approach.
- A new team of 18 Healthy Streets Officers (supported by Sustrans) were recruited to work across London’s boroughs to encourage greater walking, cycling and public transport use including around schools. This includes supporting more schools to achieve gold-level STARS awards for commitment to active and sustainable travel and promoting the uptake of cycle-training to a diverse range of Londoners.
- The Healthy Early Years London and Healthy Schools London programmes continue to embed good habits of physical activity through play and healthy eating into children’s everyday lives. The London Healthy Workplace Award encourage workplaces to provide health supporting environments.
- Five London boroughs have been supported to develop Good Food Retail Plans which will help them improve access to fresh, healthy and affordable food in areas of need.
- Supported London boroughs to deliver their pan-London Stamp it Out campaign to tackle illicit tobacco, including funding the electronic collection of intelligence on illegal tobacco which increased capacity and made regional collaboration easier.
- Supported London boroughs’ sector-led review of alcohol harm and support, led by the London Association of Directors of Public Health.
- Initiated a pan-London alcohol related Christmas campaign ‘Three Wise Things – Eat, Pace, Plan’. Using a range of digital platforms and targeted at peak dates and times it received over 3 million impressions. The campaign included an eToolkit to be disseminated to employers and local authority health and community safety leads. This was delivered with the City of London Corporation and the London Drug and Alcohol Policy Forum.

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<th>Living Key Performance Indicator</th>
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<td>By 2041, all Londoners will do at least the two periods of ten minutes of active travel each day (e.g. walking, cycling) that they need to stay healthy, with efforts focussed on supporting the most inactive.</td>
<td>TfL are delivering actions from the Active People Plan, including research to better understand how to improve outcomes for people who are on average less likely to be meeting their 20 minutes per day of active travel, but who are more likely to be willing to change their behaviour in the short term. TfL are also reviewing how they use technology such as mobile phone apps to track active travel behaviour. TfL have published cycling and walking action plans and are working with boroughs and NHS partners to support Londoners to be more physically active.</td>
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Beyond the Health Inequalities Strategy – the national and London context

The national picture
Since publishing the HIS in 2018, national government has published its Prevention Green Paper, its Industrial Strategy, and its Ageing Society Grand Challenge. The NHS Long Term Plan (LTP) includes commitments on prevention and tackling health inequalities, and this is currently being translated into local plans at Sustainability and Transformation Partnership/Integrated Care System level.

Uncertainties around the publication of an Adult Social Care Green Paper and the implications of the EU Exit provide continuing challenges to action on health inequalities. Delay in the Spending Review, and a one-year budget signaling uplifts in funding for education, policing, the NHS, and local authorities further compounds these uncertainties, though a recent commitment to a real-term increase in the Public Health grant after several years of cuts was welcome.

Further regional devolution has given the Mayor control of London’s Adult Education Budget (worth £306m in the 2019/20 academic year). The Mayor has committed to empowering more Londoners to access learning opportunities and supporting skills provision for the most disadvantaged groups, so they are better equipped to access the opportunities that London has to offer.

London’s health and care partners
In 2019, London’s health and care partners – NHS London, London Councils, PHE and the GLA - renewed their pledge to work together, with the publication of Our Vision for London: next steps on our journey to becoming the healthiest global city and the best city in which to receive health and care services. It sets out the vision for the next phase of joint working, reflecting the HIS, as well as the NHS Long Term Plan, London Councils’ Pledges to Londoners, and the Prevention Green Paper. Our Vision sets out the areas where the partners’ shared endeavors seek to complement and add value to local action. It was published in October 2019 to stimulate further partnership work towards a healthy future for all Londoners.

GLA action to mobilise the HIS across the London partnership
Since the HIS was published, the webpage has had over 6600 unique views and the HIS has been downloaded over 2000 times, and the easy read version almost 700 times. The GLA continues to support, enable, and encourage partners to keep health inequalities central to everything they do. Through the HIS, the Mayor calls on partners to act on areas where he does not have powers and asks them to work with him to support activity where he does. Much of the progress outlined in this report could not have been achieved without the hard work and commitment of our partners.

Activities to mobilise the HIS include:
- **Publication of HIS guides for different stakeholder groups**
  Five guides were developed, for key stakeholder groups: healthcare providers, local authorities, businesses, organisations working with children and young people, and the voluntary, community and social enterprise (VCSE) sector. They provide examples of what different organisations can do and are already doing to make a difference, as well as sharing what the Mayor is doing.

- **Delivering a series of stakeholder workshops on complex health inequalities issues**
  Five ‘rapid review’ workshops are being progressed, with each focussing on one of the five aims of the HIS. Two workshops have already been held - on social prescribing (Communities) and the health of homeless Londoners (Places). The workshops bring together...
stakeholders to progress thinking and action on pre-defined complex London health inequalities issues which require a new approach.

- **Influencing the NHS Long Term Plan (LTP) and embedding HIS commitments and programmes in the local plans of London STPs and emerging London ICS**
  Having advocated for their inclusion, HIS ambitions on areas such as air quality and social prescribing are part of the NHS LTP. The Mayor, his health advisors and the GLA Health Team have worked closely with colleagues in NHS London and London STPs to support and encourage HIS priorities, where they align with the LTP, to be meaningfully incorporated into local plans. The Mayor will continue to champion and challenge STPs through his six tests for major transformation plans, which include a call for health inequalities to be fully considered and reduced where possible.

- **Emphasising the importance of health inequalities in *Our Vision for London***
  The importance of improving health through focussing on health inequalities and acting on wider determinants is central to *Our Vision* and woven through the document. There is alignment with the HIS on the ‘areas of focus’, which include air quality, homeless health, adults and children’s mental health, HIV prevention, and smoking cessation, as well as the new priority of reducing violence.

- **Advocating for government support for health inequalities priorities**
  The Mayor has acted to support Londoners and London’s health and care organisations by calling for government action on relevant national issues, including the reversal of cuts to the public health grant, making PrEP accessible to all at risk of HIV as soon as possible, the full roll out of children and young people’s mental health support teams beyond trailblazer areas, and a sustainable solution for adult social care.

### Health and care devolution

The London Health and Care Devolution agreement gives the London Partners (Clinical Commissioning Groups, London Councils, the City of London, the Mayor of London, NHS England and Public Health England London) more control over health and care in the capital, with the aim of more joined-up services for Londoners. The 2017 *London Health and Care Devolution Memorandum of Understanding* set out the priorities for the partnership, including on prevention. Progress on prevention work programmes in 2018/19 relevant to the HIS includes:

- **Reducing children’s sugar intake through a Soft Drinks Levy and water-only schools:** Several boroughs confirmed that schools are using the funding to install more water fountains, supporting the ambition for primary schools in London to become ‘water only’.

- **Tackling problem gambling:** Boroughs’ public health and licencing teams were supported in reviewing their gambling licencing statements, including producing a resource toolkit and sharing examples of leading practice. Advocacy led to the government commitment to cut the maximum stake for fixed-odds betting terminals to £2.

- **Restricting unhealthy advertising:** With the Mayor restricting advertising of junk food on the TfL estate, London boroughs are seeking to adapt their approach to high streets by assessing their advertising contracts to inform understanding of how they can be supported in this work. Work is ongoing to evaluate these measures.

- **School Superzones:** School Superzone pilots have started in 13 London boroughs, creating healthier and safer physical environments within a 400m radius around schools.
Population health inequalities – national and London

A set of 14 population health indicators were included in the HIS implementation plan to provide an overview of health inequalities in London. Over the ten-year period of the HIS, through partnership working across the city, we hope we will see a positive impact on health overall and a trend reduction in inequalities between groups. While there has been considerable action by partners across the city since 2018, we would not expect this to be reflected in the data at this early stage.

This data should be considered within the broader context, including that outlined in the above section.

Life expectancy and healthy life expectancy trends

Key data for London (2018 data):

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<tr>
<th>Indicator</th>
<th>London</th>
<th>England</th>
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<tr>
<td></td>
<td>Men</td>
<td>Women</td>
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<tr>
<td>Average life expectancy⁵</td>
<td>80.5 years</td>
<td>84.3 years</td>
</tr>
<tr>
<td>Healthy life expectancy</td>
<td>63.9 years</td>
<td>64.6 years</td>
</tr>
<tr>
<td>Gap in life expectancy between most and least deprived areas</td>
<td>7.2 years</td>
<td>4.9 years</td>
</tr>
<tr>
<td>Gap in life expectancy between most and least deprived areas, at age 65</td>
<td>4.3 years</td>
<td>3.3 years</td>
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Update at October 2019

- **Trends in male and female life expectancy** in London steadily increased through to 2011-13 but have stalled in recent years, just as they have nationally. On average, the capital continues to enjoy longer and healthier life expectancy for both men and women compared to the rest of England.

- **Inequalities in life expectancy between those people who are most and least deprived** do not appear to be widening over time in London as they are for England as a whole. While nationally there has been a significant increase in the gap in life expectancy since 2011-13, in London the gap has narrowed slightly, down from 7.6 years in 2010-12 for men, and 5.1 years for women. According to this measure there is no evidence that inequalities in life expectancy are widening in London.

- **Looking at life expectancy at age 65**, London males on average survive a further 19.3 years and females 21.9 years, compared to 18.8 years for men and 21.1 years for women in England overall. In London the gap in life expectancy at age 65 between the most and least deprived areas was narrower than for England.

- Higher mortality rates in more deprived areas from circulatory, cancer, and chronic lower respiratory diseases account for more than 60% of the total gap in life expectancy in London for both sexes. Addressing these diseases is likely to make a big impact on continuing to reduce inequalities in life expectancy.

⁵ 2018 figures based on an estimate of the average years a new born baby would survive if experiencing the age-specific mortality rates for London throughout life.
### Population health inequalities indicators - London

Data tables update at September 2019

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gap at last report (Sept 18)</th>
<th>Gap at year 1 report (Sept 19)</th>
<th>Change on last period</th>
<th>Narrative / direction of travel</th>
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<tr>
<td>1. Healthy Life expectancy (male) — gap between Local authorities</td>
<td><strong>11.6 years</strong> <em>(58.2 – 69.8 years)</em> 2014–16*</td>
<td><strong>12.3 years</strong> <em>(57.5 – 69.8 years)</em> 2015–17</td>
<td>Increase in gap (not significant)</td>
<td>Healthy Life expectancy in London has increased and is now significantly higher than England.</td>
</tr>
<tr>
<td>2. Healthy Life expectancy (female) — gap between Local authorities</td>
<td><strong>14.1 years</strong> <em>(55.8 – 69.9 years)</em> 2014–16*</td>
<td><strong>13.6 years</strong> <em>(57.2 – 70.8 years)</em> 2015–17</td>
<td>Decrease in gap (not significant)</td>
<td>Healthy Life expectancy has increased and remains significantly higher than England.</td>
</tr>
<tr>
<td>3. Low Birth weight — gap between Middle Super Output Areas</td>
<td><strong>6.6%</strong> <em>(0.8% – 7.4%)</em> 2011–15</td>
<td>No new data</td>
<td>N/A</td>
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<tr>
<td>4. School readiness among children eligible for free school meals (FSM)</td>
<td><strong>9.8%</strong> <em>(FSM status 61.4%/ GenPop – 71.2%)</em> 2015/16</td>
<td><strong>9.9%</strong> <em>(FSM status 63.9%/ Gen Pop – 73.8%)</em> 2017/18</td>
<td>Similar gap</td>
<td>There has been an increase in school readiness between the comparator groups, but the gap remains the same.</td>
</tr>
<tr>
<td>5. Proportion of excess weight in children at aged 10–11 — gap between least and most deprived</td>
<td><strong>17%</strong> <em>(27.2- 44.2%)</em> 2016/17</td>
<td><strong>18.3%</strong> <em>(24.8 - 43.1%)</em> 2017/18</td>
<td>Increase in gap</td>
<td>Excess weight has decreased between most and least deprived areas in London. Slight increase in gap.</td>
</tr>
<tr>
<td>6. Excess mortality amongst adults with serious mental illness — indicator directly measures gap</td>
<td><strong>327.2 per 100,000</strong> 2014/15</td>
<td>No new data</td>
<td>N/A</td>
<td>This indicator is being revised so currently there is no update.</td>
</tr>
<tr>
<td>7. Suicide rate — gap between men and women</td>
<td><strong>9.2 per 100,000</strong> <em>(4.2 – 13.4 per 100,000)</em> 2014–16</td>
<td><strong>8.5 per 100,000</strong> <em>(4.0 – 12.5 per 100,000)</em> 2016–18</td>
<td>Decrease in gap</td>
<td>Suicide rates have decreased for both males and females in London in the 3-year period, and the gap has slightly decreased.</td>
</tr>
<tr>
<td>Indicator</td>
<td>Gap at last report (Sept 18)</td>
<td>Gap at year 1 report (Sept 19)</td>
<td>Change on last period</td>
<td>Narrative / direction of travel</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>8. Fraction of mortality caused by particulate matter 2.5 — rate measures those most vulnerable</td>
<td>6.5% 2016</td>
<td>6.5% 2017</td>
<td>Similar gap</td>
<td>Proportion of mortality remains similar.</td>
</tr>
<tr>
<td>9. Gap in employment rate between those with long term conditions and the general population</td>
<td>24.6% (49.3% - 73.8%) 2016/17</td>
<td>24.9% (49.2% - 74.1%) 2017/18</td>
<td>Increase in gap</td>
<td>Trend for those with long term conditions remains similar. The increase in employment rates for the general population has widened the gap.</td>
</tr>
<tr>
<td>10. Feeling of belonging to neighbourhood — disabled and non-disabled</td>
<td>6% (62-68%) 2014/15</td>
<td>No new data (see note)</td>
<td>N/A</td>
<td>This indicator is updated every three years. This question was posed in the Survey of Londoners but this is not directly comparable.</td>
</tr>
<tr>
<td>11. HIV late diagnosis — gap between ethnic groups</td>
<td>28% (25% – 53%) 2014–16</td>
<td>27% (27%-54%) 2015–17</td>
<td>Decrease in gap</td>
<td>There has been a slight decrease in both White and African groups.</td>
</tr>
<tr>
<td>12. TB Incidence – gap between the least and most deprived quintile</td>
<td>22.7% (6.8% - 29.5%) 2016</td>
<td>19% (7.7% - 26.7%) 2018</td>
<td>Decrease in gap</td>
<td>TB rates have declined in both least deprived and most deprived areas, and the gap has decreased.</td>
</tr>
<tr>
<td>13. Physical activity — 2x10 minutes of walking or cycling in the previous day — gap between ethnic groups</td>
<td>11.0% (24% - 35%) 2012/13 – 2014/15</td>
<td>No new data</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>14. Smoking prevalence — gap between routine and managerial professions</td>
<td>13.4% (11.3% - 24.7%) 2017</td>
<td>12.8% (10.8% - 23.6%) 2018</td>
<td>Decrease in gap</td>
<td>Decrease in smoking rates in both routine and manual, and managerial positions, and a decrease in the inequality gap.</td>
</tr>
</tbody>
</table>
Glossary

**Adult Education Budget (AEB)** - funds education and training for adults aged 19 and above. Devolved to the GLA in 2019/20.

**Adverse Childhood Experiences (ACEs)** - Acute traumatic events or chronic stressors, experienced in childhood, which a child is unable to control.

**Ageing Society Grand Challenge** - The Industrial Strategy set out Grand Challenges to put the UK at the forefront of the industries of the future. The Ageing Society Grand Challenge set a mission to ensure that people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest.

**Association of Directors of Public Health (ADPH)** - the representative body for Directors of Public Health (DsPH) in the UK with the aim of maximising the effectiveness and impact of DsPH as Public Health leaders. There are regional networks, including a London network.

**Clinical Commissioning Groups (CCGs)** - groups of general practices (GPs) which come together in a geographical area to commission the best services for their patients and population. They were established as part of the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013.

**Industrial Strategy** - The government’s industrial strategy, includes R&D policy, sector deals, measures to boost productivity and Local Industrial Strategies. Local Industrial Strategies are developed by Mayoral Combined Authorities or Local Enterprise Partnerships.

**Integrated Care Systems (ICS)** - Advanced local partnerships taking shared responsibility to improve the health and care system for their local population, evolving from STPs (see below).

**Fast-Track Cities (FTC)** - Fast-Track Cities is a global partnership between cities and municipalities around the world and four core partners, who are committed to accelerate their local response to attain HIV prevention (primary and secondary), treatment, and zero stigma targets.

**London Health and Care Devolution Memorandum of Understanding (2017)** – signed in 2017, the MoU set out the new opportunities for innovation in support of the health and care system through a range of devolved powers.

**London Councils** - represents London’s 32 boroughs and the City of London.


**Mental health trailblazer areas** – announced in the Government’s Children and Young People’s Mental Health Green Paper in 2018.


**PrEP** - Pre-Exposure Prophylaxis, and it's the use of anti-HIV medication that keeps HIV negative people from becoming infected.


**School Superzones** – 400m zones around schools where we aim to create healthier and safer places for London's children and young people to live, learn and play.

**Spending Review** - process to decide allocation of funds to different government departments.

**Sustainability and Transformation Partnerships (STPs)** - In 2016, NHS organisations and local councils came together to form STPs covering the whole of England and set out their proposals to improve health and care for patients.

**VCSE** - Voluntary, community and social enterprise sector.
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