

MAYOR OF LONDON

A photograph of Mayor of London Sadiq Khan, a middle-aged man with grey hair wearing a white shirt, smiling as he helps a young child with curly hair paint a Christmas cake. The child is focused on applying blue icing to the cake. The table is covered with a white tablecloth and has various items including a blue water bottle, a plate of decorated cakes, and a small bowl of blackberries. The background is decorated with Christmas-themed items like heart-shaped cutouts and a sign that says "Merry Christmas".

The London Health Inequalities Strategy

IMPLEMENTATION PLAN 2018-2020

SEPTEMBER 2018

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Purpose of this implementation plan

The London Health Inequalities Strategy sets out the Mayor's aims and objectives for addressing health inequalities in London. It provides a vision for the health of Londoners and sets a direction of travel for collaborative working over the next ten years, with partners, agencies and communities.

This initial implementation plan sets out those priority actions that the Mayor has committed to taking forward to implement the strategy over the next two years. It is a rolling plan, as meeting the objectives of the strategy will require progressive London-wide activity over the longer term. Progress on the actions outlined in this plan will be reported on annually. This plan will also be updated annually as the Mayor reflects on what further he can do, and as he works with partners across the system to develop new approaches and projects.

Part 1: Mayoral action

Arranged under the five themes of the strategy, part 1 consists of:

- **Objectives and actions:** sets out the objectives of the strategy and the actions that the Mayor has committed to taking over the next two years to work towards achieving them
- **Key target:** five key targets, one per theme, relating to each of the Mayor's five priority ambitions

The London Health Inequalities Strategy is supported by a 'health in all policies' approach. This means that many of the actions that the Mayor will take which will have an impact upon health inequalities, originate in other Mayoral strategies (though they are reflected in the London Health Inequalities Strategy). To reduce duplication where an action sits in another Mayoral strategy implementation plan, this plan only repeats actions which are of the most relevance to health inequalities. Similarly, it should be noted that although other GLA strategies may have relevant targets and milestones in their own implementation plans, these are not repeated here.

Part 2: Population health indicators

Part 2 outlines the 14 headline population health indicators that will be used to monitor London's progress in reducing health inequalities over the next ten years.

The themes of the indicators are listed below. The measures will monitor an identified inequality gap between defined populations.

1. Healthy life expectancy at birth – male
2. Healthy life expectancy at birth – female
3. Children born with low birth weight

4. School readiness among children
5. Excess weight in children at age 10-11 (year 6)
6. Excess mortality in adults with serious mental illness
7. Suicide
8. Mortality caused by Particulate Matter (PM2.5)¹
9. Employment
10. Feeling of belonging to a community (provisional)
11. HIV late diagnosis
12. People diagnosed with TB
13. Adults walking or cycling for two periods of ten minutes each day
14. Smoking

The indicators have been chosen to reflect the themes addressed in the strategy. The indicators will be used to track progress in tackling the key dimensions of health inequality that this strategy seeks to address, looking at outcomes across London and changes over time. Appendix A provides the criteria for selection,

These indicators will be monitored to track changes in population health outcomes. They will be reported on in the annual update to this implementation plan, and the data will also be available on the London Datastore. Appendix B provides current baselines for the selected indicators.

Population indicators are not targets – they are affected by a range of external factors that are predominantly beyond the Mayor’s control. The outcomes we would wish to see, are improving trends in reducing the gaps between the most deprived and wider London populations. Changes in outcomes would represent the fruits of policies and interventions by a whole range of organisations, public sector bodies and communities. Improvements against the population health indicators can therefore only be achieved through a combination of the Mayor’s actions, many of which are set out in Part 1, and the actions of other stakeholders including central and local government, the NHS, Public Health England (PHE), businesses, NGOs the Voluntary and Community Sector (VCS), and Londoners.

Working with partners

The London Health Inequalities Strategy is a strategy for the whole of London, and its success is dependent on partners getting behind these shared aims and objectives, and collaborating to make a difference. Alongside the Mayoral commitments and actions outlined in Part 1 of this plan - many of which involve partnership working - the Mayor is calling on partners across London to lead action on specific areas to address London’s health inequalities.

¹ condensed phase (solid or liquid) particles suspended in the atmosphere. Their potential for causing health problems is directly linked to the size of the particles. A growing body of research has pointed towards the smaller particles, in particular PM less than 2.5m in diameter (PM2.5), as a metric more closely associated with adverse health effects than other metrics such as PM10

Progress in delivering the London Health Inequalities Strategy will be overseen by the London Health Board, chaired by the Mayor. This implementation plan will be monitored and reviewed annually through the London Prevention Partnership Board.

Working through the London Prevention Partnership Board, several actions are planned or have been commenced to support mobilisation of partners towards the implementation of this strategy. These will be developed on an ongoing basis as momentum builds. Current activities include:

- Development of a communications strategy to support the dissemination of the strategy to a wide range of stakeholders
- Planning a series of “deep dives” focused on delivering the strategic aims
- Promotion of the pledge board² as a means of collecting pledges from across London on an ongoing basis, which can be developed as implementation progresses.

² <https://gethealthy.london/better-health-for-londoners/>

Part 1: Mayoral action

1. Healthy Children

The strategy sets out four objectives to help achieve the Mayor's aim that every London child has a healthy start in life. The actions the Mayor will take in 2018-20 to help achieve these objectives are outlined below:

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

The Mayor will:

- Make City Hall a more breastfeeding friendly environment by enabling London's Kitchen Café to be baby friendly and ensuring employees of City Hall are supported to express and store breastmilk at work, by 2020
- Convene partners to produce an action plan by 2020 for making London a 'Baby Friendly' city, including drawing on the UNICEF Baby-Friendly Initiative
- Continue to promote flexible working and family-friendly policies to more employers through the London Healthy Workplace Charter, by including it as an 'achievement' level standard. This will inform the Good Work Standard (currently under development) of which the Charter will be a part
- Support the launch of the NHS Child Health Digital Hub and the eRedbook, in 2018/19, to help London parents and carers to support their child's health and development
- Support London boroughs by convening best practice learning and sharing events in 2019 to consider parenting programmes that support better integrated approaches to child health

The Mayor will call on:

- The NHS and local authorities to work together and provide more comprehensive and integrated support for vulnerable parents, and improve opportunities for positive parenting in the early years
- The NHS to improve postnatal and perinatal support, including support with initiating and sustaining breastfeeding, as well as other crucial support services, such as mental health care, diet and smoking cessation
- The NHS to ensure that inequalities relating to access to, and use of, the Child Health Digital Hub and the eRedbook are actively considered and addressed during design and roll-out
- The NHS, local authorities and PHE to improve child oral health, including access to dental care, particularly for those groups and communities with poor dental health and poorest access
- The NHS to ensure that GPs and others are aware of and can refer in to Mayoral and borough initiatives relating to early years, through social prescribing

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

The Mayor will:

- Launch the Healthy Early Years London programme in 2018 and promote the programme in partnership with London’s boroughs, and early education and childcare settings, targeting those serving the most vulnerable communities. An evaluation of Year 1 of the programme will be commissioned and reported on in 2019/20. By 2020:
 - A minimum of 10% of London’s early years registered settings will be signed up to Healthy Early Years London (with a potential increase to 15% pending the evaluation)
 - All 17 “priority” boroughs (identified as having the worst outcomes in London on a range of measures) will be providing local support for HEYL
- Deliver the three Early Years Hubs to improve access to high quality early education and childcare for all London families and in particular those from less advantaged backgrounds. The Hubs are funded for three years until December 2020
- Recruit 2150 schools (80%) to the Healthy Schools London programme by 2020, with 60% of recruited schools achieving a Healthy Schools London award. The Mayor will encourage those already signed up to progress through the scheme to achieve Bronze, Silver and Gold awards. In addition, the criteria for the Healthy Schools London programme will be renewed in 2018/19
- Use provisions in the draft London Plan to encourage planners and developers to design and locate London’s schools and early years provision in a way that supports child health; for example, through setting entrances to new schools away from busy roads and putting traffic calming measures in place
- Work with TfL and the London boroughs to reduce children’s exposure to poor air quality, including by tackling pollution from transport in local air quality hotspots and at sensitive locations (such as around schools and nurseries) including through the Mayor’s Air Quality Fund and implementation of the Healthy Streets Approach
- Work with London partners³ to explore the opportunities offered by London Health and Care Devolution MoU to develop healthier environments in and around schools, including:
 - Providing boroughs with guidance in 2018 on evidence-based interventions in which schools could invest resource from the ‘sugar levy’ (the healthy pupil capital premium) with a focus on improving the food and drink environment in schools (e.g. improving access to, and encouraging more pupils to drink more water)
 - Piloting the development of ‘healthy zones’ around schools in 2018/19 – working with a small number of London boroughs with the greatest inequalities - focusing on gambling, air quality, food sales, marketing

³ The devolution agreement signatories: London Councils, Public Health England, NHS England (London), London CCGs and the Greater London Authority

and advertising, alcohol and tobacco. These will be co-produced with communities and boroughs

The Mayor will call on:

- The Government to accelerate proposed improvements 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

1.3 Action is taken help children achieve and maintain a healthy weight, with focused support for those communities with the highest rates of child obesity

The Mayor will:

- Convene London's Child Obesity Taskforce to lead on city-wide action to reduce childhood obesity and related inequalities. The Taskforce will develop an action plan for London in 2018/19. This will include their ambition for child obesity and related inequalities in London - which is likely to reflect the national target of halving levels of obesity by 2030 – and their roadmap for achieving it. To support this ambition, the Mayor is aiming to achieve a 10 per cent reduction in the proportion of children in reception (age 4/5) who are overweight by 2023/24 with action targeted on the most at risk.
- Consult on restricting new fast food takeaways from being placed within 400 metres walk of an existing or proposed primary or secondary school, through proposals in the draft London Plan
- Consult on a proposed ban on advertising of unhealthy food and drink, across the TfL out of home advertising estate, as outlined in the (draft) London Food Strategy
- Introduce a network of water fountains, refill cafes and restaurants to improve access to water, as outlined in the London Environment Strategy
- 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 the proposals set out in the draft London Plan

OBJECTIVE 1.4 All of London's children and young people have the support they need to grow into healthy, resilient adults

The Mayor will:

- Deliver the new £45 million Young Londoners Fund to support projects aimed at supporting children and young people (aged 10-21) who are either at risk of exclusion or involvement in criminal activity or have been involved in criminal activity to reach their potential. The first awards will be from September 2018 for two years and a second round for applications will open in 2019
- Through the Young Londoners Fund, the Stepping Stones programme will be scaled-up to support 15 new London schools to improve the transition from primary to secondary school

- Co-fund (with the European Social Fund) the Care Leavers into Work programme to support 16-24-year-old care leavers into sustained employment (as part of the Youth Innovation Fund)
- Work with the Association of London Directors of Children’s Services and London Councils to help improve outcomes of children in care and care leavers by helping to support the Department for Education Care Leavers Covenant

Key target

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

Target	Timescale	Notes
<p>A minimum of 10% of London’s early years registered settings (approx. 1330) signed up to Healthy Early Years London (with a potential increase to 15% pending evaluation).</p> <p>All 17 “priority”⁴ boroughs provide local support for HEYL</p>	2020	This will be monitored by recording sign ups to the programme, which will be launched in Autumn 2018

⁴ The 17 priority boroughs were identified based on their poor outcomes on a variety of health PHOF health and development indicators, including for child obesity, oral health, school readiness, and Free Early Education take up

2. Healthy Minds

The strategy sets out five objectives to help achieve the Mayor's aim that all Londoners share in a city with the best mental health in the world. The actions the Mayor will take in 2018-20 to help achieve these objectives are outlined below.

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

The Mayor will:

- Provide political leadership for mental health as Chair of the London Health Board, and through funding of Thrive LDN with partners⁵
- Undertake a staged approach to evaluation of the Thrive LDN programme, taking the following steps:
 - Develop an evaluation framework in 18/19
 - Publish findings from Thrive LDN projects from 18/19
 - Commission an evaluation to establish the collective impact of the citywide movement from 19/20
- Establish six Thrive LDN hubs with Local Authorities in 2019/2020.
- Support projects and activities through the Young Londoners Fund, which address mental ill health and promote mental wellbeing among young people
- Work with Team London and v.Inspired to develop Young London Inspired - a social action programme for young people at risk of developing poor mental health. Fifteen large and medium grants have already been awarded with further small projects funded through 2018/19
- 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, to ensure that every London state school has access to a Youth Mental Health First Aid trainer by 2021
- Partner with the Mental Health Foundation to deliver three 'Thriving Community' prevention pilots in 2019/20
- Promote Good Thinking, a new digital mental health and wellbeing service, developed by the NHS and London local authorities, beta launched in 2018

2.2. Londoners' mental health and physical health are equally valued and supported

The Mayor will:

- As Chair of the London Health Board, argue for Londoners to have fair and improved access to mental health services, and demand better access to mental health support for those who need it (see below)
- Embed mental health and related inequalities in all City Hall strategies and programmes, including in:

⁵ Thrive LDN is funded by HLP, NHS England (London region), Public Health England (London), London Councils

- Health programmes, such as Healthy Schools London, Healthy Early Years London and the London Healthy Workplace Charter
- Housing programmes, such as commitments to increase mental health support for rough sleepers, and
- Policing programmes, such as investment in embedding mental health support into policing across London, and support statutory services to implement and evaluate a new Pan-London model of care for people subject to Section 136 of the Mental Health Act

The Mayor will call on:

- The NHS to improve access to mental health treatment and support, including psychological therapies
- The NHS to address the inequalities in access to physical health services for people with mental ill-health, particularly for those with severe mental illness

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

The Mayor will:

- Fund phase two of the Right to Thrive project in 2019/20 to improve understanding of the impact of discrimination on a person's mental health, building on the 2017/18 phase one report
- Sign the Time to Change employer pledge for City Hall in 2018/19, and encourage employers and partner organisations to do likewise
- Promote the 'This is Me' campaign with the Lord Mayor's Appeal to address mental health stigma and discrimination at work

2.4 London's workplaces support good mental health

The Mayor will:

- Help businesses promote good mental health in the workplace, through the London Healthy Workplace Charter, which includes a mental health standard, and through encouraging the development of good quality jobs through the Good Work Standard.
- Roll out training in mental health first aid informed approaches to GLA staff during 2018/19 (having undertaken training along with senior staff at City Hall in 2017) and support other parts of the GLA group to build on mental health training and awareness work they have already done
- Champion effective schemes to recruit and retain people with mental ill-health, through the London Work and Health programme, devolved in 2017. This will include work with London partners to deliver the London health and care devolution commitment to develop an enhanced model of support for people who are affected by mental health who need extra support to get into and to stay in employment

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

The Mayor will:

- Support work towards achieving the Five Year Forward View national target to reduce suicides by 10% by 2021. This is a stepping stone to the ambition that London will be a zero-suicide city, and through Thrive LDN, the Mayor will explore sign up to the national zero-suicide partnership
- Support suicide prevention work, in particular through his roles in TfL, the Metropolitan Police and London Fire Brigade, and in partnership with Network Rail and the British Transport Police
- Support, through Thrive LDN, a number of pan-London projects funded by NHS England and developed by Thrive LDN’s Suicide Prevention Group, which aim to help reduce suicides across the capital:
 - Development of a pan-London, multi-agency data collection hub that shares timely information about suspected suicides, to support local suicide prevention planning, prevention and support for the bereaved
 - Development of suicide prevention training and promotion of resources within the education sector
 - Development of information to disseminate to front line professionals, assisting in the reduction of medication as a means of suicide
- Support partnership work to develop a pan-London suicide prevention plan, reflecting the wide range of activities partners are leading on in London

Key target

The Mayor’s ambition for Healthy Minds is for more Londoners to receive training in mental health first aid informed approaches– starting with young Londoners

Target	Timescale	Notes
Every state school in London will have access to a trained mental health first aider, including: <ul style="list-style-type: none"> • 100 youth mental health first aid trainers trained in 18/19 (recruited from local authorities and through the HSL network) • 2000 school staff and peer mentors trained in 18/19, focussing on secondary schools 	2021	The Mayor is committed to funding a cohort of youth mental health first aid instructors in every London borough to deliver training in schools, working with Healthy Schools London.

3. Healthy Places

The strategy sets out seven objectives to help achieve the Mayor's aim that all Londoners benefit from an environment and economy that promotes good mental and physical health. The actions the Mayor will take in 2018-20 to help achieve these objectives are outlined below.

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

The Mayor will:

- Help address the health inequalities relating to poor air quality, with progress fastest in the most polluted areas and in places where there are most people who are particularly vulnerable to the effects of air pollution. Actions set out in the London Environment Strategy and the Mayor's Transport Strategy, include:
 - Publishing air quality audits for 50 primary schools located in the most polluted areas of London in 2018, and use the recommendations to provide guidance to other schools on measures to reduce exposure
 - Investing £250,000 to pilot air quality audits in nurseries in London's most polluted areas
 - Introducing the world's first Ultra-Low Emissions Zone (ULEZ)

The Mayor will call on:

- The NHS, local authorities, planning authorities, businesses and land owners to show leadership and accelerate efforts to reduce toxic emissions from buildings, estates and vehicles in London

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

The Mayor will:

- Work through TfL and with the London boroughs to use the Healthy Streets Approach to improve health by enabling more people to walk, cycle and use public transport rather than travel by car⁶, targeting the most inactive Londoners
- Help reduce the health risks of climate change for the most disadvantaged communities. Actions set out in the London Environment Strategy include:
 - The implementation of the 2018 Fuel Poverty Action Plan
 - The introduction in 2019 of a communications plan for severe heat and cold weather that will provide timely information to Londoners about how to cope during these events
- Use proposals in the draft London Plan, to:

⁶ see Mayor's Transport strategy for detailed implementation plan for this approach – the aim is for 80 per cent of trips to be made by active, efficient and sustainable modes – public transport, walking and cycling – by 2041

- Strengthen provisions to mitigate potential negative impacts and maximise positive impacts of the planning process on health and health inequalities
- Encourage London boroughs to include priorities and actions relating to health inequalities and the built environment in their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Support London boroughs to manage clusters of retail and associated uses having regard to their positive and negative impacts on mental and physical health and wellbeing

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

The Mayor will:

- Work through TfL and support London boroughs to increase street greening as part of the Healthy Streets Approach to improving health
- Work towards the aim, set out in the London Environment Strategy, for more than half of London's area to be green and London's tree canopy cover to increase by 10 per cent by 2050, helping to reduce the exposure of Londoners to climate change impacts such as flooding and overheating.
- Use proposals in the draft London Plan to protect London's network of green and open spaces, and support the creation of new public spaces, especially in areas where there is a shortage

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

The Mayor will:

- Develop a work programme on Economic Fairness (and a set of indicators). Actions set out in the draft Economic Development and Equality, Diversity and Inclusion strategies, include work to:
 - Explore the impact of Universal Credit on families
 - Improve access to affordable quality early years care and childcare
- Develop a work programme on food with a focus on food poverty and food insecurity. Actions set out in the draft Food Strategy, include:
 - Fund the development of food poverty action plans by London boroughs
 - Improve provision of holiday food for children from low-income families, through the Mayor's Fund for London scheme Kitchen Social, which will engage 50,000 children and young people in London by 2020
 - Undertake research to support the development of long-term solutions to the causes and impacts of food insecurity
- Take action on fuel poverty and its impact on vulnerable Londoners. Actions set out in the Fuel Poverty Action Plan, include:
 - Increasing the energy efficiency of London's homes so they are better insulated and use less energy.

- Ensuring Londoners in fuel poverty are able to access fairer energy tariffs
- Urging and working with clinical commissioners and Health and Wellbeing Boards to implement national public health guidelines on excess winter deaths and cold homes and in improving discharge procedures to address housing conditions

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

The Mayor will:

- Continue to promote and deliver the London Healthy Workplace Charter (LHWC) – aiming to achieve 1000 employer signs up and 750,000 employees benefiting by 2020
- Informed by work commissioned on the low paid sector and SMEs in 2018, develop approaches to improve engagement with these sectors. Commission work in 2018/19 to review and refresh the LHWC standards and operating model to incorporate new evidence and align with the Mayor’s forthcoming Good Work Standard
- Work to improve the quality of London jobs, including wide adoption of the London Living Wage (LLW). Actions in 2018/19 include:
 - Launch and encourage employers to sign up to the Mayor’s Good Work Standard (GWS)
 - Promote the LLW, including through the GWS
 - Ensure GLA group employees are paid the LLW, and continue to ensure LLW contract terms are included across all appropriate GLA Group contracts
 - Continue to work with the LLW commission to ensure the LLW rate reflects the real costs of living in London
 - Use procurement through the GLA Group’s responsible procurement policy to encourage employers in our supply chain to sign up to initiatives such as the GWS and LLW
- Support local activity by London boroughs and the NHS through the devolved work and health programme, to develop and implement evidence-based programmes to support people into apprenticeships and work

The Mayor calls on:

- More NHS organisations to sign up to the LHWC, and to provide better quality, healthier work, particularly for employees in lower paid roles who are at higher risk of poor health outcomes
- More London boroughs to offer business rate discounts to Living Wage accredited employers
- The NHS to provide healthy settings in hospitals for patients, carers and staff, including through consideration of the food environment, clean air, and smoking on estates

- The NHS to work to ensure that healthcare settings play an enhanced role as anchor institutions in local communities, supporting healthy environments, training, jobs and economic growth

3.6: Housing availability, quality and affordability improves

The Mayor will:

- Work to improve the availability and affordability of good quality housing for more Londoners. Commitments set out in London Housing Strategy and the draft London Plan include:
 - Investing £4.82bn to support the delivery of 116,000 genuinely affordable homes for Londoners to rent and buy, to be started by 2022
 - Funding and encouraging the development of specialised and supported housing including for disabled and older Londoners
 - Improving the quality of private rented sector housing including operating a Rogue Landlord and Agent Checker to “name and shame” landlords and letting agents who have acted unlawfully and enabling boroughs to make better use of their enforcement powers
- Work with London partners to explore the opportunities offered by London Health and Care Devolution MoU to redevelop surplus NHS estates to support local communities and deliver improved health and care services and new homes

The Mayor calls on:

- The Government to invest in more affordable housing for Londoners, particularly in more homes for low-cost rent, based on social rent levels.⁷

3.7: Homelessness and rough sleeping in London are addressed

The Mayor will:

- Act to address homelessness and rough sleeping as a cause of health inequality, through actions outlined in the London Housing Strategy and the Rough Sleeping Plan of Action including:
 - Investing in accommodation for those facing or experiencing homelessness and working with London boroughs to support their efforts to secure private rented sector accommodation for homeless households
 - Providing pan-London leadership for, and coordinate efforts of those involved in tackling rough sleeping, including the ‘No Nights Sleeping Rough’ taskforce, the work with London boroughs to ensure cold-weather shelters are open whenever night-time temperatures fall below zero, and the investment of up to £1 million to stimulate new and

⁷ **Social rent/social housing** A type of affordable home. Low cost rented homes provided to households whose needs are not met by the market, typically by councils and housing associations, with rents set within guidelines issued by the social housing regulator

- innovative approaches to tackling rough sleeping through a Rough Sleeping Innovation Fund
 - Investing in a new two-year pilot service to help rough sleepers with mental health support needs
 - Trialling a small-scale hospital homelessness and immigration support service, to provide immigration advice to homeless people who are non-EEA nationals
- Work with the NHS and other partners to identify and address health issues that are both a cause and a consequence of rough sleeping, and to better understand and prevent people being discharged to the street and sleeping rough following a hospital inpatient stay

Key target

The Mayor's key ambition is to work towards London having the best air quality of any global city, with the fastest progress in the most polluted areas, benefitting people most vulnerable to the effects of air pollution. This is an ambition which can only be achieved in partnership.

Target	Timescale	Notes
London will have the best air quality of any major world city, going beyond the legal requirements to protect human health and minimise inequalities	Ongoing to 2050	<p>This aim is included in the London Environment Strategy and will be monitored as part of its Implementation Plan”</p> <p>Measures reported on are:</p> <ul style="list-style-type: none"> • Number of legal exceedances per years and, • Area covered by air quality focus areas⁸

⁸ Air quality focus areas are locations that not only exceed the EU annual mean limit value for NO₂ but are also locations with high human exposure

4. Healthy Communities

The strategy sets out five objectives to help achieve the Mayor's aim that all of London's diverse communities are healthy and thriving. The actions the Mayor will take in 2018-20 to help achieve these objectives are outlined below.

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

The Mayor will:

- Strengthen Londoners' ability to build strong relationships and become active citizens (such as through volunteering). Actions outlined in the Social Integration Strategy include:
 - Funding and launching a two-year Social Integration Design Lab, a resource co-designed with London boroughs, to support them with plans to embed social integration into the design of local public services, including those related to health
 - Working with volunteer centres, community and cultural 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
- Invest in sports projects which target groups at risk of loneliness, isolation and marginalisation, as outlined in the draft Sports Strategy
- Promote the opportunities culture can provide to improve health, support social cohesion and reduce isolation. Actions outlined in the draft Culture strategy include:
 - Bringing together experts from the health and arts sectors to broker better understanding and advocacy about the benefits of arts and culture to health and wellbeing
 - Mapping, profiling and building on arts and cultural activity aimed at improving mental health and wellbeing to strengthen advocacy of the benefits, through the Mayor's Cultural Leadership Board.
 - Identifying strategies to overcome barriers that limit the use of arts and culture in commissioning health programmes
- Improve access to and accessibility of public transport for all Londoners. Actions outlined in the Mayor's Transport Strategy include:
 - Continuing to provide the Zip card and the Freedom Pass
 - Increasing step-free stations, working to make 40 per cent of the Tube network step-free by 2022, and to halve the average additional time taken to make a public transport journey on the step-free network compared to the full network by 2041
 - Implement the Healthy Streets Approach
- Work with health and social care services to develop new approaches to digital inclusion that support Londoners' access to care and information, and, through the new London Digital Partnership Board for health and social care, work on improving integration of records across health and social care

- Launch the Dementia Friendly London initiative, working with Alzheimer’s Society and other partners, helping all those living with dementia in London to be empowered and supported to live well. The aim is for London to be a dementia friendly city by 2022

4.2 Londoners are empowered to improve their own and their communities’ health and wellbeing

The Mayor will:

- Fund a series of ‘Masterclasses’ in 2018/19 for partners, including the VCS, on what works in developing healthy resilient communities, to promote effective community-led approaches to tackle health inequalities in London
- Strengthen the approach to community engagement in City Hall, through the work of his Community Engagement team. He will engage some of London’s most vulnerable and excluded populations in the London Health Inequalities Strategy, through the Equality, Diversity and Inclusion Advisory Group and its stakeholder networks

The Mayor calls on:

- The Government to address the discriminatory impacts of the hostile environment on health, including inappropriate use of NHS data sharing with the Home Office and NHS overseas visitor charges regulations
- The public and private sectors to make their facilities, resources and networks available to help VCS organisations in order to support community groups to address community health and wellbeing, following the example of London Fire Brigade who have identified fire stations as community assets

4.3 Social prescribing becomes a routine part of community support across London

The Mayor will:

- Co-produce with partners – including the VCS, the NHS and local authorities - a social prescribing vision for London to be published in 2018/19, outlining the approach to accelerating the adoption of social prescribing across London, and particularly within the most deprived communities by 2028
- Fund work in 2018/19 to support the development of effective evaluation and outcomes measurement and the further development of sustainable social prescribing models
- Fund work in 2018/19 to explore how digital solutions might support the effective roll-out of social prescribing, and how to obtain the more specialist social welfare advice people need but is increasingly difficult to access
- Work with key partners to explore how we ensure that more Londoners can access more specialist social welfare advice such as legal or housing that people need but is increasingly difficult to access

The Mayor calls on:

- The NHS and local authorities to build on previous work (particularly in local authorities), to identify means of developing effective long-term partnerships with the VCS to sustainably support social prescribing

4.4 People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma around them**The Mayor will:**

- Work with the other signatories⁹ to London Fast Track Cities to develop and deliver an effective approach to challenge the stigma associated with HIV and support collaborative work on HIV prevention and treatment in London. Activities for 18/19 include:
 - Establishing a steering group
 - Conducting a mapping exercise to inform the workplan
 - Delivering an engagement event
- Continue to promote the Do It London programme and campaign
- Continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London, including using the London Housing Strategy to provide a range of services to help rough sleepers come off the streets, and showing support for World TB Day and other initiatives.

4.5 London's communities feel safe and are united against all forms of hatred in whatever form it takes**The Mayor will:**

Through the Mayor's Office for Policing and Crime (MOPAC)

- Conduct scoping work in 2018 to explore how to progress a public health approach to violence prevention and reduction, including to address serious youth violence, and then lead on work to implement this approach
- Work with health services both in police custody and in the community to improve the integration of public health and policing
- Implement the Stepping Stones programme – a school-led programme for pupils from deprived and disadvantaged backgrounds who are most at risk of disengaging with the education system and therefore susceptible to being drawn into criminal activity
- Review how drug services in the criminal justice system can work better with health agencies
- Explore how information sharing to tackle violence can support local licensing frameworks and pathways to treatment for the most vulnerable

⁹ London Councils, Public Health England and NHS England

Key target

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

Target	Timescale	Notes
Social prescribing will be available for the most vulnerable Londoners	2028	The mechanism for monitoring this will be developed as part of the social prescribing vision, which he is committed to delivering with partners in 2018

5. Healthy Living

The strategy sets out three objectives to help achieve the Mayor's aim that the healthy choice is the easy choice for all Londoners. The actions the Mayor will take in 2018-20 to help achieve these objectives are outlined below.

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

The Mayor will:

- Through TfL, develop a plan for increasing the proportion of Londoners achieving two ten-minute periods of walking and cycling each day, and monitor progress towards achieving the goal of all Londoners doing at least the 20 minutes of active travel they need to stay healthy each day
- Continue to provide public health input and advice to TfL to increase the active population particularly through the Healthy Streets Approach, to help support inactive people to add a small amount of activity into their daily routine
- Target the Sport Unites programme on inactive and vulnerable Londoners participation in physical activity and sport, including commitments in the draft Sports Strategy to:
 - Invest in ground-breaking pilots that test innovative methods of engaging inactive people
 - Provide affordable opportunities to participate in sports and exercise programmes
 - Invest in organisations that bring different people together and help those with mental health difficulties
- Ensure the inclusion of measures to promote physical activity in other health programmes, including Healthy Schools and Healthy Early Years London programmes.

5.2 All Londoners have access to healthy food

The Mayor will:

- Help to make it easier for the all Londoners, particularly the poorest to eat better. As outlined in the draft London Food Strategy the Mayor and the London Food Board will encourage partners to act, including through:
 - 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 Food¹⁰
 - Launching a Sugar Smart campaign
 - Gaining accreditation under the London Healthy Workplace Charter or the Soil Association's Food for Life programme¹¹
- Work with London partners to explore the opportunities offered by London Health and Care Devolution MoU to reduce the impact of unhealthy food and drink

¹⁰ <https://www.sustainweb.org/londonfoodlink/declaration/>

¹¹ <https://www.foodforlife.org.uk/>

advertises across London, including consulting on a proposed ban on unhealthy food and drink advertising across the TfL estate, as per the draft Food Strategy, and work with London boroughs and the Association of Directors of Public Health to reduce the volume of adverts through the Local Government Declaration on Sugar Reduction and Healthier Food

- Promote the Healthier Catering Commitment to existing hot food takeaways, to support them to improve the healthiness of their food, building on the 700-plus businesses already signed up to the scheme in London

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

The Mayor will:

- Use existing programmes such as the London Healthy Workforce Charter to support and encourage working Londoners to live healthier lives
- Work with London partners to deliver the London Health and Care Devolution commitments to establish a pan London illegal tobacco and counterfeit alcohol team in 2018/19 in close partnership with boroughs, the Metropolitan Police, and HM Revenue and Customs (HMRC). London will also explore opportunities for long term sustainability funding through social finance funding opportunities
- Work with London boroughs on the sector led improvement review of alcohol harm and support the development of programmes to address the areas of improvement identified through the process
- Convene an event to showcase best practice approaches to reducing alcohol related harms especially amongst the most vulnerable Londoners
- Support work on addressing drug use and problem drinking in London, including through working with MOPAC to:
 - Integrate action to address health inequalities associated with drug and alcohol use into the work focused on reducing crime associated with these issues
 - Continue work with the NHS to share information on tackling violence in London
 - Review how drug services in the criminal justice system work, how they deliver better outcomes for individuals and communities, and how they could work better with health agencies
- Explore opportunities for including substance abuse in the new PSHE curriculum
- Work with local authorities, treatment providers and the homeless sector to address the problem of drug-related deaths. This would include increased dissemination of naloxone and better pathways to physical healthcare, such as for the treatment of blood borne viruses. Consider a campaign/messages to support increased numbers of individuals getting into drug treatment to reduce their risk of drug related death.
- Develop briefings with partners to support services such as housing, social care and NHS to use the pathways that support individuals into drug and alcohol treatment

- Work with PHE, NHSE and the London boroughs to ensure that, in cases where acute drug harms are increased, key messages are delivered widely to the full range of appropriate stakeholders, to reduce the risk to individuals in London
- Work with London partners to explore the opportunities offered by London Health and Care Devolution MoU to tackle the problem of Fixed Odds Betting Terminals which risk leading to unhealthy behaviour for vulnerable people and reduce the harm caused by gambling by supporting local boroughs in their review of their licencing statements in Jan 2019.

The Mayor calls on:

- Alcohol and drug treatment services to ensure they are providing appropriate support to the needs of children when treating their parents

Key target

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. This is an ambition which can only be achieved in partnership.

Target	Timescale	Notes
All Londoners will do at least two periods of ten minutes of active travel each day (e.g. walking, cycling) they need to stay healthy, with efforts focussed on supporting the most inactive	2041	<p>This is part of the Mayor’s Transport Strategy</p> <p>Monitored through indicator: % of Londoners who report doing 2x10 minutes of walking or cycling on the previous day. Using the London Travel Demand Survey</p> <p>This indicator will also be monitored as one of the population health indicators (see Part 2)</p>

Part 2: Population health indicators

Below is a summary of the population health indicators we will monitor as part of this strategy. Between them, they provide a picture of some of the health inequalities in London, drawing on official data sources, which reflect the themes of the strategy. Appendix A sets out the criteria for selecting indicators and Appendix B summarises the current gap in outcomes for each of these indicators (and the data source).

Population indicators are not targets – they are influenced by a range of external factors that are predominantly beyond the Mayor’s control. Other key influencing organisations include:

- Central Government
- Local authorities
- NHS, and
- Schools

Indicators measuring progress against the five strategic aims:

Indicator	Comment	Trend for London	Inequality dimension (i.e. what variables are we comparing)	Trend re. inequality dimension
1. Healthy life expectancy at birth for males	<ul style="list-style-type: none"> • This is a high level, summative indicator 	Improving for males	Variation between Local Authorities	Inequality gap is widening
2. Healthy life expectancy at birth for females	<ul style="list-style-type: none"> • This is a high level, summative indicator 	Improving for females	Variation between Local Authorities	Inequality gap is widening

Indicator	Comment	Trend for London	Inequality dimension (i.e. what variables are we comparing)	Trend re. inequality dimension
3. Rate of children born with low birth weight	<ul style="list-style-type: none"> • Small babies likely to have poorer outcomes throughout their lives • All partners can impact on this outcome 	Trend remains relatively static	Variation between Middle Super Output Areas (MSOAs)	Inequality gap has started to decrease over the last 5 years
4. School readiness among children on Free School Meals (FSM)	<ul style="list-style-type: none"> • Indicator in Better Health for London • All partners can impact on this outcome 	Large improvement in readiness in both groups over the last 5 years	Variation between children with free school meal status and general child population	Inequalities gap remains similar
5. Proportion of excess weight in children at aged 10-11 (year 6)	<ul style="list-style-type: none"> • This is the age at which excess weight is not improving • Indicator is in Better Health for London • All partners can impact on this outcome 	There has been a significant worsening in the proportion of children with excess weight	Variation between children of different levels of deprivation (i.e. most and least deprived children)	Inequalities gap remains similar
6. Excess mortality in adults with serious mental illness	<ul style="list-style-type: none"> • Highlights link between including physical and mental health 	Increasing trend but not significant*	Variation between those with serious	Increasing but not significant**

Indicator	Comment	Trend for London	Inequality dimension (i.e. what variables are we comparing)	Trend re. inequality dimension
	<ul style="list-style-type: none"> Health and care system key in delivery, but all partners play a role 		mental illness and general population	
7. Suicide rate for men and women	<ul style="list-style-type: none"> Contributions required from range of partners, and engaging Londoners. Improved reporting may increase rates 	Rates have increased for both men and women	Variation between men and women	Inequality gap is widening
8. Fraction of mortality caused by Particulate Matter 2.5 (PM 2.5)	<ul style="list-style-type: none"> Measures one aspect of air quality impact on health. Partnership can impact on emissions and exposure 	Death rate is decreasing	Variation between the most and least vulnerable to the adverse effects of exposure	Inequality gap is widening
9. Gap in employment rate between those with long term conditions and the general population.	<ul style="list-style-type: none"> Focused on access to work. Contributions required from a range of partners 	Similar trend	Gap between those with long term conditions and the general population	Inequalities gap remains similar

Indicator	Comment	Trend for London	Inequality dimension (i.e. what variables are we comparing)	Trend re. inequality dimension
10. Community engagement - feeling of belonging (provisional)	<ul style="list-style-type: none"> ○ Understanding Society survey ○ This is collected every three years (next publication for 2017/18) 	There has been a gradual increase over time, across all age and ethnicity groups	Variation between disabled and non-disabled Londoners	Increasing trend but not significant **
11. HIV late diagnosis	<ul style="list-style-type: none"> • Late diagnosis is the most important predictor of morbidity and mortality, and data shows late diagnosis varies between ethnic groups. • Contributions required from a range of partners. 	There has been a significant decrease in people being diagnosed late	Variation between ethnic groups	Inequality gap between ethnic groups (notably White British and Black African) remains similar
12. TB Incidence	<ul style="list-style-type: none"> • Available by social risk factors and IMD quintile from PHE's Field Epidemiology Service • Those with social risk factors are deemed to be the most vulnerable. • Contributions required from a range of partners. 	Incidence of TB continues to fall across London	Variation between least and most deprived quintile	Inequality gap remains similar

Indicator	Comment	Trend for London	Inequality dimension (i.e. what variables are we comparing)	Trend re. inequality dimension
13. Number of adults walking or cycling for 2X10 minutes in the previous day	<ul style="list-style-type: none"> • This usefully focuses on addressing inactivity rather than those who are already active. • Use will ensure consistency across Mayoral strategies. • Delivery by a range of partners. 	There has recently been a significant decrease in the proportion achieving this target	Variation between ethnic groups	Inequality gap is widening
14. Smoking prevalence	<ul style="list-style-type: none"> • Key determinant of poor health, and inequalities persist between routine manual groups and the general population, which impacts on health outcomes for this group. • Delivery by a range of partners. 	Population smoking prevalence is going down year on year	Variation between different socioeconomic groups, i.e. routine and managerial groups	Inequality gap remains similar

*Alternative Indicator of mental health/ mental health problems in the population not currently available

**Only 2-time periods available

*** Data not robust for females as numbers are small

Appendix A: Criteria used to select indicators

The proposed population health indicators to measure progress in implementing this strategy were drawn from robust, nationally reported data sets. The following criteria were used to develop the indicator set:

- Data for the indicator are readily available
- Indicator is measured regularly (preferably annually), is timely and is expected to continue to be updated throughout the life of the strategy
- Data are sufficiently robust
- Indicator can be broken down by dimensions of inequality e.g. age, sex, geography, deprivation etc, and inequalities exist amongst these dimensions
- Indicator measures outcome that could be expected to change during the timeframe of the strategy
- Indicator measures outcome that could be expected to change as a result of actions proposed in the strategy and by the system offers
- Indicator links with Mayoral ambitions
- Indicator measures effect that would have an impact widely across London
- Indicator does not measure process or delivery mechanisms

Many of the suggested indicators included can be found within the Public Health Outcomes Framework; the original purpose of which is to identify priority issues and measure public health outcomes in a defined geographical area. During the process Public Health England and the GLA have consulted more widely with other government bodies, including TfL. The Institute of Health Equity has provided advice about the areas where the evidence suggests that an intervention could impact positively in reducing health inequalities.

Appendix B: Current gap in outcomes for selected population health indicators

Indicator	Current Gap	Source	Year
1. Healthy Life expectancy (male)– gap between Local authorities	15.2 years (54.0 – 69.2 years)	PHOF 0.1i	2014-16
2. Healthy Life expectancy (female) – gap between Local authorities	18.7 years (52.4 – 71.1 years)	PHOF 0.1i	2014-16
3. Low Birth weight – gap between Middle Super Output Areas	6.6% (0.8% – 7.4%)	Local Health	2011-15
4. School readiness among children eligible for free school meals	9.8% (Free School meal status 61.4%/ General Pop – 71.2%)	PHOF 1.02i	2016/17
5. Proportion of excess weight in children at aged 10-11 – gap between least and most deprived	17% (27- 44%)	PHOF 2.06ii	2016/17
6. Excess mortality amongst adults with SMI – indicator directly measures gap	327.2 per 100,000	PHOF 4.09i	2014/15
7. Suicide rate – gap between men and women	9.2 per 100,000 (4.2 – 13.4 per 100,000)	PHOF 4.10	2014-16
8. Fraction of mortality caused by PM 2.5 – rate measures those most vulnerable	6.4%	PHOF 3.01	2016
9. Gap in employment rate between those with long term conditions and the general population	24.5% (49.3- 73.8%)	PHOF 1.08i	2016/17
10. Feeling of belonging to neighbourhood – disabled and not-disabled	6% (62- 68%)	Understanding Society	2014/15

Indicator	Current Gap	Source	Year
11. HIV late diagnosis – gap between ethnic groups	28% (25% – 53%)	PHOF 3.04 HIV Spotlight for London	2014-16
12. TB Incidence – gap between the least and most deprived quintile	22.7% (6.8% - 29.5%)	TB in London 2016 report	2016
13. Physical activity – 2x10 minutes of walking or cycling in the previous day – gap between ethnic groups	11.0% (24% - 35%)	Transport for London	2012/13 – 2014/15
14. Smoking prevalence– gap between routine and managerial professions	13.4% (11.3% - 24.7%)	PHOF 2.14	2017

Full references:

Public Health England (2018). Public Health Outcomes Framework, 0.1i 2014-16 [online]. Available at: www.fingertips.phe.org.uk/profile/public-health-outcomes-framework [accessed 1/05/2018]

Public Health England (2018). Local Health, 2011-15 [online]. Available at: <http://www.localhealth.org.uk/> [accessed 1/05/2018]