

April 2010

The London Health Inequalities Strategy



MAYOR OF LONDON

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**Greater London Authority
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Cover image: Rushey Green Time Bank members
enjoying a dance at their AGM.
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Good health - when you enjoy it you feel on top of the world and able to take advantage of all that London has to offer.

But since I became Mayor it is all too obvious that many of our citizens are not able to live life to the full and that the health outcomes for Londoners show unacceptably large differentials. The oft quoted example that average life expectancy reduces by a year for every tube stop passed from Central London going east is an illustration which should shock us all and galvanise us into action. That is why I am glad that the GLA Act 2007 gave me the power to lead on the development of a Health Inequalities Strategy for London.

Capital cities across the world face real challenges in overcoming these deep-seated issues and quick fix solutions are unlikely to yield a sustained health dividend. But we must all be ambitious in our thinking and in our desire for change. We must draw on best practice both from within the UK and from other world cities. I am resolute in my determination to increase the pace of our journey to better health outcomes.

I am a passionate believer in the power of individuals to achieve in the future that which they only dreamt about today and Londoners hold within themselves a great untapped potential that is in both their interest and the Capital's to see liberated. Indeed the first objective in my strategy relates to empowering individuals and communities to embark upon this journey.



However the underlying reasons for health inequality are complex. Of course individual behaviours play a part, but the evidence shows that the wider determinants of health, for example having good quality accommodation in healthy neighbourhoods and enjoying good employment prospects and earning capacity as well as good access to health and social care, are essential prerequisites in achieving our long term goal of eliminating health inequality. And to maximise the speed at which progress can be made in London, those who hold the levers of power and influence over these dimensions must ensure they are exercised in a manner designed to deliver this.

I accept my responsibility to lead by example – so in my statutory plans I have ensured that there is an active commitment to taking this forward. Whether it is in tackling worklessness in the Economic Development Strategy, the quality of affordable homes in my Housing Strategy or my exciting plans for a cycling revolution in my Transport Strategy, health and tackling health

inequality has been a golden thread running through my thinking.

In the public consultation on my draft health inequality strategy, I ensured that considerable coverage was given to the underpinning evidence and explaining the statutory context of this plan and this material remains available for reference on the GLA website. Similarly in this document I have simply referenced the important commitments made in my other Mayoral strategies rather than repeat them all again here.

Now is the time for action so this document simply summarises the key objectives outlined in the public consultation, which remain unchanged, and focuses primarily on the first steps to delivery.

As I write this we face London borough elections and indeed a General Election. Responsibilities held by existing political leaders may change and during the summer my health team will be working to ensure that the commitments in this delivery plan are further developed with those elected to take this work forward prior to my first Health Summit later this year.

The turbulent economic climate will inevitably generate unforeseen challenges but I am committed to ensuring that in developing London's response, we put in place plans which diminish, not exacerbate, health inequalities within the Capital.

My vision is clear, but I cannot deliver it alone. This is therefore a call to action not just on the part of individual Londoners but also to all those who have within their power the opportunity to create the changes which will allow all Londoners to make real inroads into addressing these challenges. With commitment and leadership, I know that together we will be able to drive forward the improvements we all believe are essential.



Boris Johnson
Mayor of London

1.1 Why does London need a Health Inequalities Strategy?

London can and should become a place where everyone has the chance to lead a healthy and fulfilling life. The city has good employment and educational opportunities. It boasts a wealth of open spaces for exercise or quiet contemplation, world-renowned museums, galleries, theatres, concert venues and entertainment attractions and provides good health services. Many Londoners can anticipate living rewarding lives equal to the healthiest societies in the world.

However, Londoners experience stark and unacceptable differences in their well-being and length of life. The Mayor is dedicated, through this strategy and across all of his policies, to making London a city where everyone can thrive regardless of who they are and where they live. The London Health Inequalities Strategy sets out a framework for partnership action to:

- improve the physical health and mental well-being of all Londoners;
- reduce the gap between Londoners with the best and worst health outcomes;
- create the economic, social and environmental conditions that improve quality of life for all; and
- empower individuals and communities to take control of their lives, with a particular focus on the most disadvantaged.

The causes of health inequalities

Inequalities in health outcomes in London such as life expectancy and infant mortality reflect the city's social and economic inequalities, as the fact boxes throughout this strategy demonstrate.

A Londoner's physical environment, employment status, education and wealth all contribute to how well they are and how long they live.

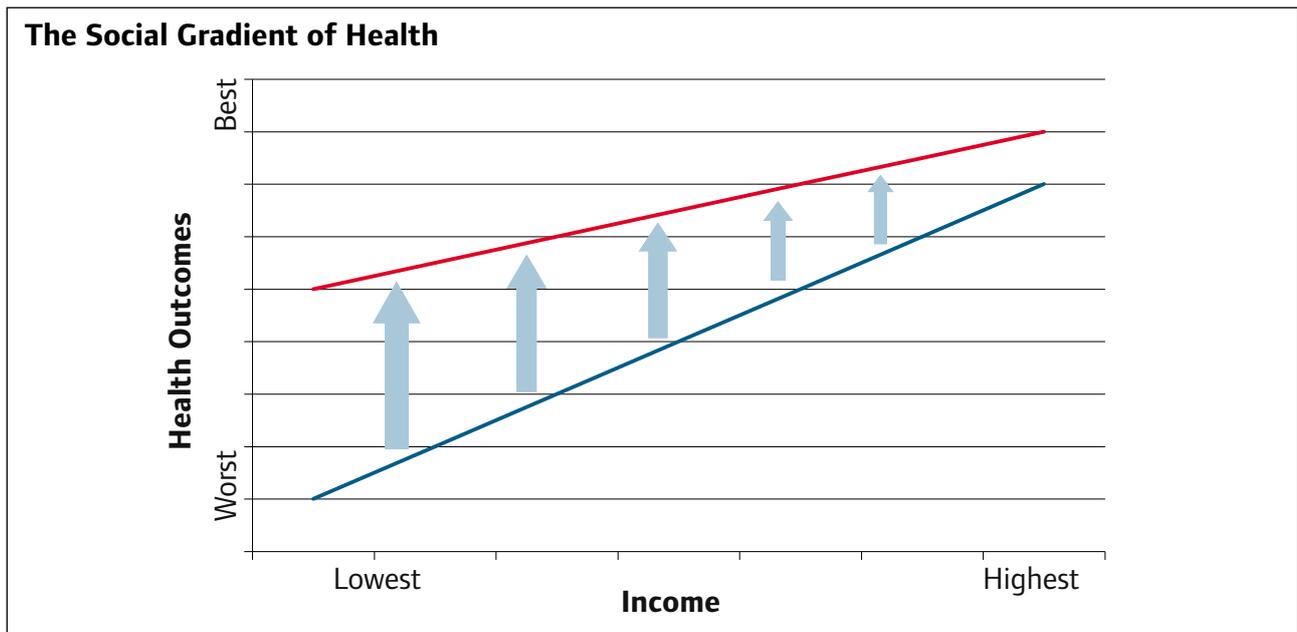
DID YOU KNOW?

Men's life expectancy at ward level in London ranges from 71 years in Tottenham Green ward in Haringey to 88 years in Queen's Gate ward in Kensington and Chelsea – a difference of seventeen years. Even within Kensington and Chelsea itself there is a gap of nearly 12 years. (2002-2006 data)

The World Health Organisation's Commission on the Social Determinants of Health describes these wider determinants as the 'causes of the causes' of health problems, so lifestyle and health behaviours must always be considered within the context of these factors.

In many places the strategy highlights health inequalities by comparing (for example) the local areas in London with the highest and lowest life expectancies. However it is important to remember that there is a social gradient in health – the lower a person's social position, the worse his or her health (illustrated by the figure below). As well as improving the health outcomes of the most disadvantaged, this strategy aims to diminish the steepness of this gradient so that the health gaps between all Londoners are lessened.

The Mayor believes now is the time for fresh thinking on tackling the city's health inequalities. We will galvanise leadership across organisations in London to reduce the long-term



socio-economic barriers to good health and put knowledge, skills and resources in Londoners' hands so that they are empowered to effect changes in their own lives and in the quality of life of their communities.

How the strategy was developed

This is the very first London Health Inequalities Strategy. The Greater London Authority Act 2007 requires that the Mayor sets out the health inequalities facing London, the priorities for reducing them and the role to be played by a defined list of key partners in order to deliver the strategy's objectives.

The Act defines health inequalities as 'inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants'. These determinants are described as:

- (a) standards of housing, transport services or public safety;
- (b) employment prospects, earning capacity and any other matters that affect levels of prosperity;
- (c) the degree of ease or difficulty with which persons have access to public services;
- (d) the use, or level of use, of tobacco, alcohol or other substances, and any other matters of personal behaviour or lifestyle that are or may be harmful to health; and
- (e) any other matters that are determinants of life expectancy or the state of health of persons generally, other than genetic or biological factors.

Our work in London is set against the backdrop of a national programme to reduce health inequalities, which runs to 2010. Our strategy has been developed at the same time as the strategic review of health inequalities in England post 2010, led by Sir Michael Marmot.

The GLA health team has worked with a wide range of stakeholders to develop this strategy. It is based on the best available evidence and during the course of its development we have engaged with over 600 organisations. There has also been a substantial public consultation and the report on this process, with a full list of contributors, can be found on the GLA website (<http://www.london.gov.uk/priorities/health/tackling-inequality>). A fully referenced copy of this strategy alongside an updated version of the evidence base will also be made available online.

Many respondents offered detailed advice and guidance on particular issues or approaches, including examples of existing programmes of work illustrating the points being made. While they cannot all be set out here, this input has played an invaluable part in shaping and enriching the strategy and we will build on their suggestions in the delivery plan.

1.2 The challenge: London's health inequalities

The Mayor's ambition is to make London as healthy as it can be. We want London to be up there amongst the world's healthiest cities and already have a great deal to be proud of, but we still have much work to do. The latest figures for male and female life expectancy and infant mortality show that while London is ahead of New York, we have a way to go if we are to catch up with some of the world's other great cities, including Paris, Sydney and Tokyo. According to latest measures of obesity, London is ahead of New York, but lagging behind Paris and Sydney. London looks to be doing better than Paris on reducing levels of smoking, but we need to

intensify our efforts if we are to match the work done in New York and Sydney. The Mayor and the GLA health team are keen to collaborate closely with international colleagues, learning from their successes and sharing our research and policies for tackling health inequalities in London.

Some of the health inequality challenges facing London are common across the country. Throughout the UK, two broad groups of conditions cause the vast majority of avoidable or premature deaths – cancers and vascular disease. There are dramatic socio-economic inequalities in the prevalence of these diseases. For instance, the Thames Cancer Registry has shown that the incidence of, and mortality rates for, cancer of the lung, stomach, head and neck are higher in deprived areas of London than elsewhere.

DID YOU KNOW?

Deaths from diabetes are expected to increase by 25% in the UK by the middle of the next decade, with the most deprived people 2.5 times more likely to have the disease.

As with the rest of the country, London is facing an obesity epidemic. In terms of socio-economic groups, obesity is highest among those in 'routine and manual occupations' often living in those parts of London with the poorest health and deprivation indicators. Childhood obesity is a particular cause for concern and represents a future burden of chronic ill-health and premature death.

Poor mental health also affects many Londoners and often goes hand-in-hand with physical health problems. Again, the burden of mental ill-health is not distributed equally. For example, the patient mix in London's mental health services includes much higher numbers of people from deprived communities. Specific groups of Londoners with high rates of mental health problems include refugees and asylum seekers, homeless people and those who misuse alcohol and drugs.

On top of this, London has particular challenges. The capital has the highest rates of new diagnoses of sexually transmitted infections such as chlamydia, gonorrhoea and syphilis. London also accounts for around 40 per cent of the country's known cases of tuberculosis and 52 per cent of the country's known cases of HIV. As with other conditions and diseases, these London-specific problems disproportionately affect some of London's poorest and most socially excluded groups.

Within London different groups and areas fare better than others. For example, taken together, the five Olympic boroughs experience the highest levels of deprivation and the poorest health outcomes in the country. Plans to use the Olympics as a catalyst for regeneration formed a large part of the city's bid for the Games, and partnership work in this sub-region shows how organisations are already coming together to achieve meaningful change.

1.3 What needs to happen to reduce health inequalities?

Research shows that, generally, the lower an individual's socio-economic position the higher their risk of ill-health. Therefore progress to reduce health inequalities must address the wider determinants such as employment, income, the physical environment and education. There is increasing evidence that early years interventions play an important role in building the foundations of good health and breaking inter-generational cycles of health inequalities. People can be empowered to improve their own well-being, but they need to have healthy home, work and learning environments and access to the right opportunities, in order to make lasting changes to their daily lives.

DID YOU KNOW?

The life expectancy of people who sleep rough is 40.2 years, similar to life expectancy in the Middle Ages, compared to 77/82 years (men/ women) nationally.

In setting out the Mayor's plan for tackling health inequalities in London, this strategy has identified five core objectives:

- Empower individuals and communities to improve health and well-being.
- Improve access to high quality health and social care services particularly for Londoners who have poor health outcomes.
- Reduce income inequality and the negative consequences of relative poverty.

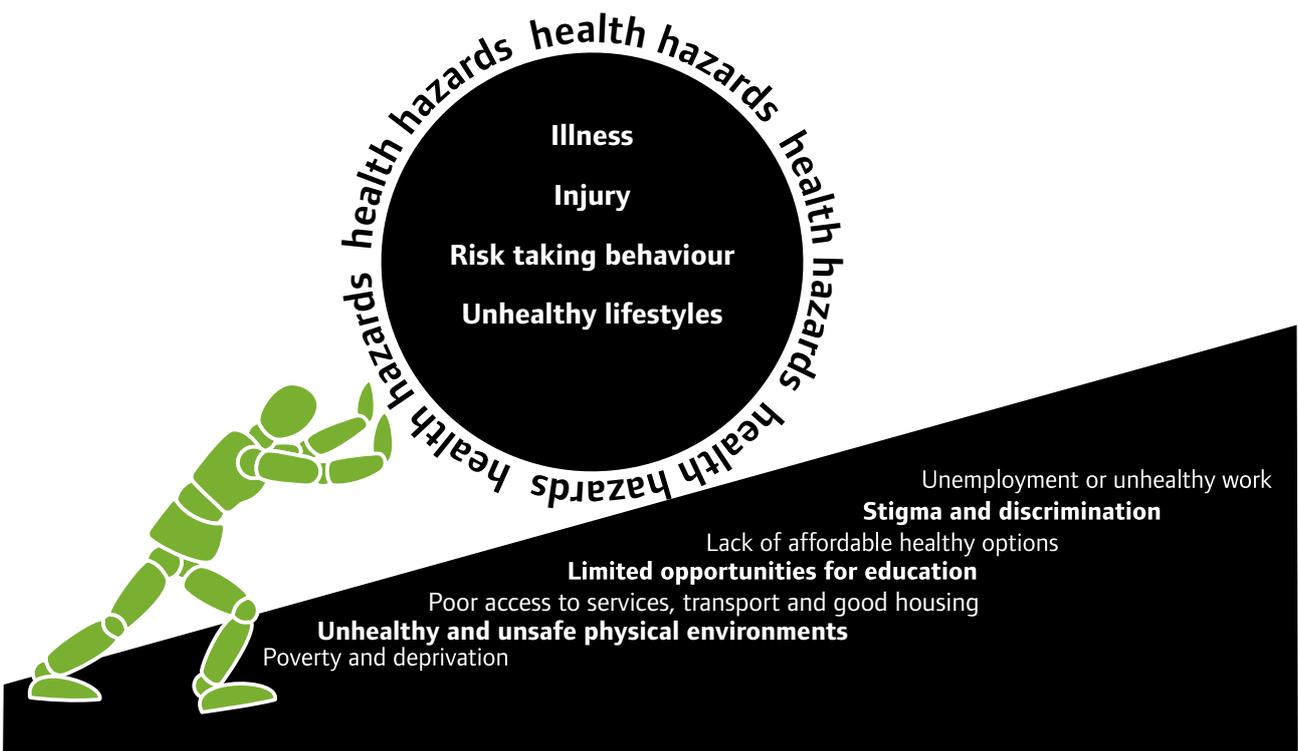
- Increase the opportunities for people to access the potential benefits of good work and other meaningful activity.
- Develop and promote London as a healthy place for all.

Each of these objectives has a set of commitments which will be met through the short- and long-term actions and initiatives we begin to set out in the 'first steps to delivery' plan accompanying this strategy. The work summarised in this delivery plan combines building on what is already being done to reduce health inequalities with new actions and policies where we have identified gaps.

Action to address some of the particular health issues in London, such as the prevalence of obesity, sexual ill-health and mental illness, are

included in the delivery plan. The first steps concentrate on a few specific health challenges, identified with partners as requiring immediate attention, and action on other issues will be developed through subsequent versions of the delivery plan.

We can only achieve sustainable positive change on these specific health challenges by filtering action through each of the five strategic objectives. Different combinations of factors such as where someone lives, where they work, how much money they have, the advice they are given and their confidence in their care services influence their ability to resist or overcome challenges to their health. The diagram below illustrates how the 'causes of the causes' of health inequalities have a cumulative effect, increasing the challenge



some Londoners face in improving their own and their families' well-being.

How the strategy will be delivered

This strategy sets out the Mayor's vision for tackling health inequalities in London and calls partners to action – from the NHS, businesses and boroughs to communities and academics.

The delivery plan, which is an intrinsic part of the strategy, is not intended to be a static document but rather one which will evolve and be updated over time. We have published a 'first steps to delivery' plan, which summarises partnership action to 2012. This will be further developed with partners and the final delivery plan and delivery structures will be launched in September 2010. Over time, a suite of themed briefings will be appended to the delivery plan setting out action on specific challenges, such as obesity, and describing the role of key partners.

Both the strategy objectives which follow and the delivery plan which is appended to this document are underpinned by five cross-cutting commitments, which describe how the Mayor will work with partners to:

- Provide regional vision and leadership and support strategic partnership action to reduce health inequalities.
- Support the development of local leadership expertise and capacity to influence and ensure effective action to reduce health inequalities.
- Ensure health inequalities considerations are systematically embedded in strategies, programmes and investment decisions.
- Specify intended health inequalities outcomes and develop programme-specific targets in strategies and programmes impacting on the social and economic determinants of health.
- Build a stronger evidence base on effective interventions and the economic case for action on health inequalities, openly sharing learning and building knowledge.

Action is required on a number of levels from local to national. For example, the Mayor will use his influence to shape relevant government policies to recognise and respond to London's particular needs. In addition the delivery plan commits to some regional initiatives but also takes into account the critical role of sub regional and local programmes.

The London Health Inequalities Strategy aims to reduce the barriers to good health and help people who do suffer setbacks to recover and remain active members of the community. The Mayor is dedicated to making sure London is a thriving capital where all of our citizens can flourish – and the publication of this first strategy is a major step in realising this ambition.

1.4 What are we trying to achieve through this strategy?

This strategy aims to improve the well-being of all Londoners and narrow the gap between those with the best and worst health.

Making a difference to the fundamental causes of health inequalities will take time and so the Mayor sees the delivery of this strategy unfolding over the next twenty years. However,

the serious nature of health inequalities in London means that action must start now. The delivery plan therefore contains proposals that will have both short and longer-term impacts.

Through steady action on the five strategic objectives outlined in this strategy, we hope to see a reduction in the health hazards facing Londoners, making it easier for all of us to stay well and helping us to become more resilient when illness and injury do strike.

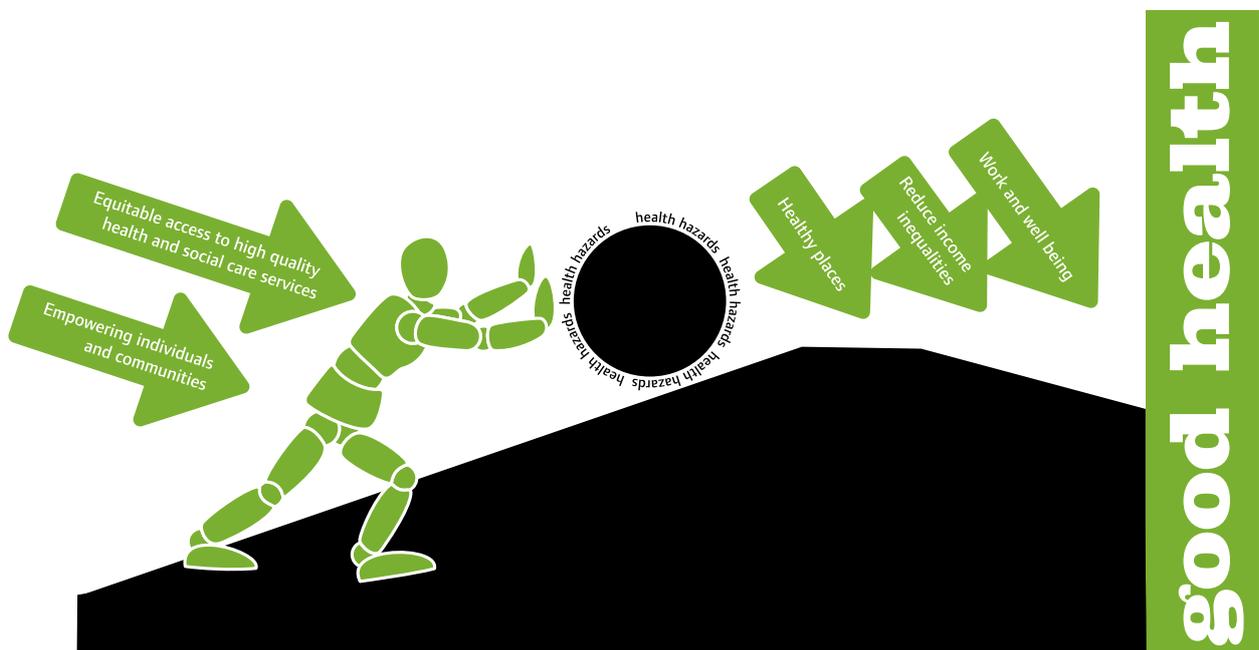
How will we know we are making a difference?

The Marmot review team has now concluded its strategic review of health inequalities in England and has published its recommendations for monitoring reductions in health inequalities along the social gradient. These include recommendations for a set of national targets related to long-

term improvements in health outcomes and development in childhood. The proposed **national targets** would cover:

- Life expectancy (to capture years of life)
- Health expectancy (to capture the quality of these years)
- Readiness for school (to capture early years development)
- Young people not in education, employment or training (to capture skill development during the school years and the control that school leavers have over their lives)
- Household income (to capture the proportion of households that have an income sufficient for healthy living).

There will also be a national target on well-being once an indicator suitable for large-scale development has been developed.



In light of these proposals, we will be working closely with the London Health Commission, the Marmot review team and the London Health Observatory to develop a set of high-level indicators for London. We will also identify programme specific targets to ensure that we are able to track, evaluate and report on progress over the lifetime of the strategy. In addition, we will collaborate with local partners to make good use of the data they are gathering against relevant local targets and priorities to enhance the pan London picture.



Community volunteering at Sydenham Garden
Horticultural Therapy Project Lewisham. © Rachel Cook

Part Two: The Mayor's strategic objectives

2.1 Objective One: Empowering individuals and communities

Policy statement

For all Londoners to thrive, individuals and communities need to be equipped with the knowledge, skills and confidence they need to take control of their health and the factors that affect it, and play an active role in the well-being of others.

We will build on the work already being done in London's communities to enable Londoners to improve their quality of life. Many of these inspiring projects are managed within the Voluntary and Community Sector (VCS), so the Mayor will support and expand on this work. Londoners need to have a real say in the key decisions that impact on their well-being. With this in mind we will help public agencies to engage with their local communities to ensure that services are genuinely shaped by the people who use them.

We want to make it easier for more Londoners to improve their health, and to increase their ability to access sports, leisure and cultural activities.

What impact does empowerment have on health inequalities?

The National Institute for Health and Clinical Excellence (NICE) describes empowerment as the 'means of allowing individuals and social groups to express their needs, present their concerns and take action to meet those needs. It can be achieved by increasing people's confidence in their own abilities and equipping

them to influence the decisions that affect their lives'.

Parenting and early years development

Evidence demonstrates the impact of events, positive and negative, during the very earliest development of the foetus and infant. But while it is in pregnancy and the early years that the foundations for good health and happiness later in the life cycle are laid down, the youngest members of society cannot make positive choices for themselves. It is also difficult for the most vulnerable parents in London, many of whom have no experience of good parenting themselves, to choose the best start on their children's behalf.

The strategy challenges all partners to reduce health inequalities through Londoners' whole life course, by creating the conditions that lead to better early years experiences and supports parents so that all children have the best start in life.

DID YOU KNOW?

The Equalities Review found in 2007 that many British children with disabilities are unable to go to pre-school because appropriate provision is limited.

Helping Londoners to adopt healthier behaviours

Information and advice on health and well-being needs to be carefully tailored and targeted to ensure they effectively contribute to reducing health inequalities. An example of this method is the government's Change4Life campaign which

includes a number of approaches developed to reach different audiences in accessible ways.

Where information is placed also plays a large part in whether it is accessed by Londoners most at risk from health inequalities. As well as making sure health advice is available in doctor surgeries, health centres and hospitals, there are other community settings where targeted information can have an impact. Public libraries and places of worship, for example, are potentially powerful tools for reaching out to more excluded groups in a trusted environment.

Education and life-skills

Research has shown education to be a significant determinant of health in its own right, and one of the most important routes out of poverty and disadvantage, as well as having a bearing on health-related behaviour such as smoking, drinking, drugs, exercise and diet.

Education at every stage of life can make people more resilient to health inequalities. The Mayor's commitment to education and learning is a core theme throughout all of his strategies. We are keen to see learning opportunities expanded for people of all ages, and outside of formal education settings. Some examples of lifelong learning interventions that have a direct impact on health are English language lessons for people newly arrived in London, parenting skills classes and food shopping and cookery courses.

DID YOU KNOW?

Evidence shows that babies who are breastfed have better long-term health and that rates of breastfeeding are lower among disadvantaged groups.

Empowering communities

The Mayor is working with London councils and the Voluntary and Community Sector (VCS) to create opportunities and places that bring people of different backgrounds and ages together. Projects that create and sustain social ties make people's lives healthier and build community cohesion, allowing people to effect change in their local area and reducing the need for state-led interventions.

Public sector engagement

People who do not have the opportunity to contribute to decisions and actions that affect their health are less likely to be well in the first place and, when ill, are likely to experience less benefit from treatment. As well as helping people to engage with and help one another, there is work to be done in making sure public sector organisations consult with and listen to the people who use their services.

The Mayor is urging key agencies and boroughs to make it easier for more Londoners to get involved in consultations and decision-making by investing in long-term relationships with community organisations through continuous engagement opportunities, communication and information events. But beyond this we need to find imaginative ways of developing greater opportunities for involvement; this is where the VCS plays a crucial role, with specialist

organisations that work closely with more excluded groups. The Mayor is determined to broker a lasting relationship between key public sector organisations and the VCS to enable both parties to learn from and shape each other's work.

This strategy is informing all relevant Mayoral policies to make sure that health inequalities are always considered. The Mayor will be working towards creating the conditions for empowerment through his other major strategies, in particular his Planning, Transport, Housing, Skills and Employment, Culture, Food and 2012 Olympics and Paralympic strategies, such as A Sporting Futures for London. He will also influence and support major national campaigns such as the Healthy Schools initiative, the Department for Health's Change4Life programme and the Time to Change campaign on mental health awareness to make sure London fully benefits from this work.

Beyond this, the Health Inequalities Strategy will initiate new partnership actions where we have identified gaps in current policies. Some areas that will see early attention are to: help people to become healthier parents; influence the food industry to reduce unhealthy food content; generate a planned communication programme to increase positive attention on health issues, starting with HIV and mental health; strengthen partnership work between the NHS and VCS groups and develop the London City Charter to increase citizens' involvement in health-related decisions and ensure its ambitions are delivered. These actions and more are summarised in the delivery plan accompanying this strategy.

Commitments

The commitments below underpin the actions set out in the delivery plan. These actions are a mixture of long-term campaigns to tackle 'the causes of the causes' of health inequalities, as well as specific initiatives on key health challenges, such as obesity and mental health.

On empowering individuals and communities to improve their well-being, the Mayor is committed to working with partners to:

- 1** Promote effective parenting, early years development, young people's emotional health and readiness for learning.
- 2** Motivate and enable Londoners to adopt healthier behaviours and engage in lifelong learning.
- 3** Build knowledge about health and well-being, tackling stigma and taboo in the process.
- 4** Promote community development approaches to improve health, and actively support the role of the third sector.
- 5** Build public sector capacity to engage more effectively with individuals and communities and the VCS.

2.2 Objective Two: Equitable access to high quality health and social care services

Policy statement

London's health and social care services deal with the consequences of the city's health inequalities but also make a key contribution to preventing health problems, particularly in communities facing barriers to well-being. We need to ensure that where these services are placed, and how they are delivered and accessed, improves health and addresses inequality. A core part of this strategy is working with London's health and social care services to ensure that resources are allocated to tackle health *inequalities*, and not just health in general. Part of this is linked to our work on empowerment, by enabling people with the poorest health outcomes to engage with and shape the commissioning and monitoring of health and social care services. We will also work with communities to raise awareness of entitlements to health and social care, supported by better information and advice to increase informed individual choice.

What impact does equitable access to health and social care have on health inequalities?

The Mayor recognises the complex task faced by the NHS in delivering a high quality service to all Londoners. Health services are undergoing significant change as the NHS Healthcare for London strategy is rolled out. The strategy covers the full range of health services including primary care where the creation of polysystems is intended to deliver more health services in community rather than hospital settings. Across

all the healthcare pathways NHS London's intention is that there is a focus on helping people to stay well in addition to making sure they get the best clinical services if they experience illness or trauma.

The NHS already has difficulty maintaining staffing levels in some parts of London where the workforce is highly mobile. Research also shows that areas of London with the highest levels of need are also more likely to suffer from relatively poor access to GPs and other primary healthcare professionals.

Improving health equity will require shifts in resources and investment in new health facilities. The Mayor expects the NHS to ensure that deprived areas of London receive levels of provision that reflect the higher levels of health need of their communities.

Local authorities commission publicly funded social care with the vast majority of care provided by the independent sector. There are wide-ranging and significant inequalities in access to social care in London. Of particular concern is how the growth in funding allocated to social care has not kept pace with the increasing needs of an ageing population.

DID YOU KNOW?

A report from the Family and Parenting Institute in 2009 found that the number of health visitors per 100,000 children varies fourfold across London.

Unpaid carers make a key contribution to providing social care, but face particular

pressures in doing so. For example, the Carers' Grant (paid by central to local government to fund breaks for carers) is no longer protected, meaning that it is possible for this money to be used to fund local priorities other than respite for carers. Tight eligibility criteria for local authority funded social care place an additional burden on carers to cover moderate and low levels of need, but these kinds of lower level services are essential for maintaining the quality of life of many Londoners. The current variations across London mean that some Londoners must go without, while other Londoners are dependent on carers who face ever-increasing responsibilities.

Commissioning health and social care

High quality commissioning is critical for ensuring services meet the needs of communities and areas facing barriers to good health. NHS London has developed six sectors across the city to strengthen the commissioning of services from the acute sector. However the majority of health and social care services will continue to be commissioned locally, with decisions increasingly based on Joint Strategic Needs Assessments (JSNAs) through which PCTs and boroughs work together to analyse need and allocate funding. London boroughs and their partners must engage effectively with each other to ensure that vulnerable people with poorer health outcomes are at the forefront of their thinking.

Some *specialist* health services are best commissioned at a sectoral or pan-London

level, for example where target populations in one borough are small but across London are significant or where patients seek treatment away from their home area. Targeted HIV prevention campaigns, or sexual health clinics where some patients will intentionally travel for treatment and advice are two such examples.

Excluded groups of Londoners, particularly those who move around the city, require a special focus from commissioners. These mobile groups include new migrants, rough sleepers, ex-offenders, homeless families and those who have to relocate because of insecure housing or problems related to substance misuse. Commissioners conducting needs assessments for these groups will benefit from collaborating with specialist organisations working in these fields.

Local and regional partnerships to support commissioning and delivery

Many of the determinants behind London's health inequalities lie within the control of the London boroughs. The greatest momentum for sustained change will be delivered by committed and informed local political leadership.

Given the economic downturn, all public expenditure will come under increased pressure. How resources are spent should be debated openly with local authorities, with boroughs also considering the contribution they make towards tackling health inequalities within their own budgets. Many third sector organisations also argue for better links

between service commissioners and providers so there is more focus on shared evaluation and learning, rather than only concentrating on contractual arrangements.

Removing cultural and attitudinal barriers to health and social care

Some Londoners report feeling excluded by the initial responses they receive from front line staff when accessing health and social care services. For example, interactions between service providers and some minority ethnic groups can be difficult because of cultural differences and communication barriers. The lack of timely access to language support is an obstacle for people who do not have English as a first language, including British Sign Language (BSL) users. Fears about confidentiality can also be a hurdle to disclosing personal information such as HIV status, addiction, or domestic violence.

Mental health

Undiagnosed mental health problems or delayed access to treatment impairs the quality of life not only for the patient but can impact adversely on family and the wider community. Moreover people with a mental illness do not always receive the same level of care for their physical health as those without mental health problems. For example, people with long-term mental illness are more likely to smoke but are less likely to be offered smoking cessation advice.

Language barriers can pose particular problems in the provision of mental health services. The lack of 'talking therapies' in other languages means that non-English speakers who may benefit from talking therapies often only have

the option of medication, which research indicates is the least preferred treatment for most people.

Carers

Young carers can experience problems at school, mental and physical ill-health and isolation. While young carers need support for themselves and their families, they can be reluctant to identify themselves partly due to a fear of unwanted interventions (such as child protection processes).

Adult carers also experience problems with their health and well-being as a result of the long hours of caring without breaks, stress, loneliness and financial worry. They report a lack of awareness among professionals of their needs distinct from those of the people they care for. National research found that four out of five carers say that caring has affected their health – but only one in four has been offered a health check by their GP.

Hard to reach and excluded groups

Some Londoners live 'chaotic' lives that do not fit well with standard models of service provision. Vulnerable people such as those with substance misuse problems, sex workers and homeless people are often excluded from services because of stigma, lack of awareness of the problems they face, and practical barriers such as limited opening hours or rigid appointment procedures.

DID YOU KNOW?

A 2008 needs assessment of gypsies and travellers in London found that a third of all those living on unauthorised sites were not registered with a GP. Of those, half said they had been refused registration.

A lack of understanding of care entitlements is a particular problem for migrants, including refugees and asylum seekers. While asylum seekers are entitled to health services, failed asylum seekers have fewer rights. Irregular migrants also have very limited access to health care, which often compounds existing vulnerabilities.

More must be done to help people understand what support they are entitled to. This can be achieved through staff training and targeted information developed with and for excluded communities. There are also opportunities to provide information to people at points of transition in their lives, such as arriving in London, becoming a parent or carer, losing a job, leaving care services, leaving prison or rehabilitation. At these points, most people are in contact with at least one public service, and could be given more comprehensive advice on their entitlements and how to navigate services. VCS organisations and some faith groups play a vital role in providing advice, support and advocacy for individuals in these situations, and their role in facilitating access to services should be more fully recognised and used.

Physical barriers

Physical access problems to health and social care settings present barriers for people with limited mobility including disabled people, older people and parents with young children. The Disability Discriminations Act requires public services to make adjustments to ensure disabled people are not disadvantaged in accessing services. In practice many health premises remain difficult for some groups to access, for example services provided by single-handed GPs operating out of old buildings.

NHS London's service reforms include a move towards polysystems – a new model of primary healthcare offering Londoners access to a GP seven days a week with extended opening hours, together with services normally provided at hospital, such as outpatient appointments, minor surgery, blood tests and x-rays from a local hub. Polysystems will provide better physical access to buildings and, while there is some concern that people will have to travel further for primary care, the intention is that the polysystems will make it easier for patients to access many services that are currently only provided by hospitals.

The Mayor will be working towards improving access to services through his relationship with the NHS in London, The London City Charter agreement with London Councils and through his major strategies and programmes, in particular The London Delivery Board (on rough sleeping), the Older People Action Plan, the Violence Against Women Strategy, the Refugee Integration Strategy, the Carers Work Plan and the Transport Strategy, which will improve access

to public services in London. In addition, new leadership arrangements will enhance existing joint working to tackle health inequalities in London.

Beyond this, the London Health Inequalities Strategy will initiate new actions where we have identified gaps in current policies. Some areas that will see early interventions are to: challenge council leaders to appoint a cabinet member with specific and exclusive responsibility for health; increase the proportion of NHS and local authority budgets invested in health promotion, prevention and early intervention initiatives; review current access to services for Londoners with alcohol or drugs needs and identify those areas which require additional responses; put protocols in place so that populations with high mobility, such as families in temporary accommodation, are able to register with a GP; develop a co-ordinated approach to the provision of health services across London for rough sleepers and homeless people; work with partners to develop a physical activity pathway for people with a disability within primary healthcare settings and influence and support health and social care providers to improve the range, quality and reporting of statistics that capture different dimensions of inequality. These actions and more are summarised in the delivery plan accompanying this strategy.

Commitments

The commitments below underpin the actions set out in the delivery plan. These actions are a mixture of long-term campaigns to tackle 'the causes of the causes' of health inequalities, as well as specific initiatives on key health challenges.

On ensuring equitable access to health and social care, the Mayor is committed to working with partners to:

6 Call upon local political leadership to champion action on health inequalities and lead the discussion locally on enhanced collaborative working with the relevant PCT and local community leaders.

7 Lobby for a fair share of resources for London's health and social care services and increase investment in public health, prevention, and early years intervention.

8 Influence the NHS and boroughs in London to make more equitable allocation of resources and promote more effective commissioning to improve services for disadvantaged groups and areas.

9 Improve the accessibility of health and social care services and invest in provision of advocacy, information, advice and language support to enable excluded groups to make effective use of relevant services.

10 Track and report on progress to improve the quality and accessibility of health and social care services.

2.3 Objective Three: Income inequality and health

Policy statement

Income inequality has been shown to underpin inequalities in health. London has greater levels of income inequality than other parts of the UK, so reducing income inequalities and the negative health impact of relative poverty is a key aim for this strategy.

A particular focus will be on helping people near to or in poverty. We will do this by improving the employment prospects of disadvantaged groups, helping people to develop skills to progress within work and making sure that those Londoners on pensions and benefits have the best possible chance of receiving an appropriate 'living income' for London. We will also improve financial advice to increase the take up of entitlements. As well as reducing income inequalities we will work to protect people on low-incomes from the adverse health consequences of their financial situation through developing affordable initiatives that encourage healthy lifestyles.

What impact does income inequality have on health inequalities?

Some Londoners such as lone parents, disabled people and certain minority ethnic groups are more at risk of living in poverty than others. Child poverty is of particular concern because of its impact on children's physical and mental development.

Evidence shows that people in low-income groups are less likely to eat well or be physically

active, and a clear health 'gradient' exists for life expectancy and major diseases relative to level of income. Low income is also linked with chronic stress, a risk factor for cardiovascular problems that can also contribute to the adoption of coping behaviours such as smoking and drinking alcohol.

DID YOU KNOW?

London has the highest rate of child poverty in the UK if you account for housing costs. Nearly four out of ten children in London are living in income poverty. (2007/2008 data)

Addressing worklessness and making work pay

Continued effort is required to ensure that those groups who currently have the lowest rates of employment are supported. For example, disabled people, some minority ethnic groups, lone parents and carers are all more likely to be unemployed compared to other people with the same level of qualifications. In particular there is a need to address non-skill related barriers such as the lack of affordable childcare.

While employment is a major protective factor against poverty, many people in paid work experience the negative health consequences of low incomes. The cost of living in London means that Londoners need higher earnings if the value of working is to be equivalent to elsewhere in the UK. However, many lower paid and part-time jobs pay no more in London than they do nationwide, leaving people at risk of 'in-work poverty'. In addition, London has the lowest take-up rates of child and working tax credits in the UK.

Certain groups of Londoners, such as women, minority ethnic groups, disabled people, and those with learning disabilities are more likely to earn low incomes. Each year the Mayor's economics unit, GLA Economics, calculates a 'London Living Wage' (LLW). This is determined using information on housing, childcare, transport and council tax costs as well as associated benefits and tax credits and tends to be above the National Minimum Wage. The calculation and payment of the LLW is crucial to addressing income inequalities and the associated health inequalities in the capital, but 15 per cent of full-time staff and 47 per cent of part-time staff are still paid less than the London Living Wage.

A healthy income for those not in paid employment

A minimum income for healthy living (MIHL) includes the level of income needed for adequate nutrition, physical activity, housing, social interactions, transport, medical care and hygiene.

Provision of welfare rights, financial and debt management advice are cost effective ways to increase incomes in low-income households. Increasing take-up of these benefits is doubly important because they serve as a gateway to other support such as free energy efficiency measures to address fuel poverty. The Mayor is therefore proposing to bring together the many strands of research that relate to income and to apply a 'health lens' to them in order to consider the level of support which would facilitate good health in London irrespective of a person's employment status.

A healthy household income

Having a standard of living that is adequate to lead a healthy life is critical to reducing inequalities in long-term health outcomes and life expectancy. A minimum income for healthy living would ensure an appropriate level of income across the life course as well as reducing overall levels of poverty. Currently there are gaps between the levels of state benefits that many groups in England receive and the MIHL. The Marmot review has proposed a national target that progressively increases the proportion of households that have an income, after tax and benefits, which is sufficient for healthy living.

Better financial advice and support for people at points of transition

Many young people face difficult financial circumstances as they leave school and seek employment. This is particularly true for those with lower educational attainment. The transition to work is a crucial point in young people's lives; often having a lasting impact on future financial security and consequently, their long-term health.

DID YOU KNOW?

Three out of four discharged prisoners will have no job to go to when they leave prison, and one in three will have no home to go to.

Other moments of transition such as leaving prison, acquiring an illness or impairment, leaving work, moving to employment after a period on benefits or in treatment, leaving care services or becoming a carer present similar challenges and can be a defining point

when a person becomes financially insecure. Interventions that provide financial security and advice for people during these periods will help to avoid the negative financial and health consequences of transition.

Increasing the affordability of healthy lifestyles

People on low incomes often have difficulty accessing the building blocks of a healthy lifestyle. In terms of diet, high fat, high sugar foods often cost less than fruit, vegetables and lean meats, particularly when considered in terms of cost per unit of energy. As well as direct cost there is also confusion among low-income groups about which foods are healthy. Parents have also commented that they regularly bought unhealthy foods because they were confident that it would be eaten and they could not afford to buy food that their families might reject and waste.

Access to leisure and sporting opportunities is also limited by income. People on low incomes are less likely to be physically active than those on higher incomes. The combination of a low income and limiting long-term illness or disability severely limits participation in sport and physical activity.

People on low incomes also experience financial barriers to health services due to charges for dental and optical services and prescriptions. Research by the London Assembly indicates that low uptake of NHS dentistry among low-income groups is primarily due to charging and confusion about the availability of NHS dentists. While the provision of NHS dental care in London has improved, people's awareness

of their entitlement is low, so work needs to be done in terms of dental health promotion campaigns and helping people find their local dentists.

This strategy is informing all relevant Mayoral policies to make sure that health inequalities are always considered. The Mayor will be working towards reducing the negative health impact of income inequality through his other major strategies and programmes, in particular his Economic Development Strategy, The London Skills and Employment Strategy, The London Child Poverty Commission, The London Food Strategy, The London 2012 Sports Legacy Plan, the LHC London Works for Better Health Programme and the London Living Wage Campaign. The Mayor has also agreed to provide leadership for the London Debt Strategy Group, which will address the need for increased provision of advice on debt and money matters. He will also influence and support major national campaigns such as Healthy Start, a scheme that enables eligible pregnant women and families to get healthy food vouchers.

Beyond this, the London Health Inequalities Strategy will initiate new actions where we have identified gaps in current policies. Some areas that will be seen early interventions are to: secure commitment to the London Living Wage from key London employers; influence and support primary care commissioners to include provision of welfare entitlement advice in all new polyclinics; work with London's financial institutions to teach responsible finance skills to young people; define a living income for Londoners not in paid employment and identify

and showcase examples of best practice where boroughs have provided free or affordable access to their facilities.

Commitments

The commitments below underpin the actions set out in the delivery plan. These actions are a mixture of long-term campaigns to tackle ‘the causes of the causes’ of health inequalities, as well as specific initiatives on key health challenges.

On the issue of income inequality and health, the Mayor is committed to working with partners to:

11 Tackle barriers to employment, and promote access to work for excluded groups.

12 Maximise incomes for those not in paid employment by raising awareness and supporting take-up of entitlements, with better access to advice in a wider range of community settings.

13 Work towards achieving levels of household income necessary to sustain a healthy lifestyle.

14 Improve financial inclusion and literacy and increase financial security for people at points of transition in their lives.

15 Work with partners to improve the affordability of opportunities that promote health and well-being.

2.4 Objective Four: Health, work and well-being

Policy statement

Work, paid or unpaid, has the potential to greatly increase a person’s physical and mental health. The benefits of work go well beyond income, though this is of course important, and so a large part of this strategy is focused on harnessing the potential of the workplace and our attitudes to work to become a force for healthy change. Through this strategy the Mayor will reduce barriers to employment, improve conditions in the workplace, increase the recognition of unpaid work and create more volunteering opportunities.

What impact does work have on well-being and health inequalities?

Increasing levels of employment among disadvantaged groups should have a huge impact on health inequalities and there are a number of practical actions that employers can take to make their workplaces more accessible for groups that currently have low levels of employment. In addition, there is much that employers can do to protect their employees’ health and enhance workplace well-being whilst improving productivity.

Workplace health and well-being

Employers need to be more aware of the business case for workplace health and the options they have to increase well-being through schemes to increase staff autonomy, introduce more flexibility into work schedules and invest in skills and progression.

DID YOU KNOW?

Mental ill-health accounts for the loss of over 91 million working days each year in the UK, with half of these days attributed to anxiety and stress. The cost of stress-related absence was estimated to be £3.7 billion in the UK in 2005.

While the health benefits of working are marked, there are aspects of work that can be damaging to a person's health.

Research, including the 'Whitehall Studies' of civil servants, suggests that increasing the level of control that employees have over their work can both reduce stress, and increase productivity and work satisfaction. The Whitehall Studies found a strong association between grade levels (and therefore socioeconomic status) of civil servants and mortality rates. Men in the lowest grade had a mortality rate three times higher than that of men in the highest grade.

Common work-related health conditions include back problems and stress. Stress can lead to more debilitating mental health problems such as depression, as well as physical health problems such as coronary heart disease. The British Heart Foundation states that, 'Feeling undervalued and unsupported can cause stress, which often leads to unhealthy behaviours such as smoking, eating a poor diet, drinking too much alcohol and not getting enough exercise – adding to the risk of developing heart problems.'

Employers who offer 'good work' are consultative, supportive and flexible, creating conditions in which their people can succeed and thrive at work. The result is a healthier workforce and a more profitable, better performing organisation.

Retention and recovery

Healthy employment policies have the potential to address health inequalities, not just by keeping people well, but also by helping employees to deal with health problems and supporting return to work after illness. Retaining and helping people through common health complaints, injury or impairment is a more sensitive and economical method of handling these situations than dealing with the costs of redundancy and recruitment. Employers have significant scope to facilitate an employee's return from sickness absence, yet as many as 40 per cent of organisations have no sickness absence policy at all.

The Disability Discrimination Act requires employers to make 'reasonable adjustments' for disabled staff. These adjustments include supplying equipment and adapting the environment to enable disabled people to perform work tasks with the same level of ease as their colleagues. Despite this, disabled people are more likely to be unemployed than able-bodied people with the same level of qualification.

Effective and timely intervention to support people with physical and mental health conditions and those taking on a care role is key to keeping people in work and most are likely to benefit others in the workforce too – such

as employee assistance programmes, flexible working policies, and access to occupational health and stress management programmes. Evidence shows that we can only achieve change if we help managers to become more skilled in recognising and responding to the health issues and care responsibilities of their employees.

Work outside of paid employment

Work includes far more than paid employment. Unpaid work, voluntary work, and work at home as parents and carers all underpin our economy as well as offering a route out of unemployment by building confidence and skills. As with paid employment, unpaid 'good' work will bring many of the health benefits associated with standard employment.

DID YOU KNOW?

In addition to the personal and social value of volunteering and care work, the financial value of unpaid work at home in the UK was estimated to be approximately £150 billion in 2002, the equivalent of an extra 15 per cent on gross domestic product (GDP) that year.

Research shows that volunteering or helping others out in practical ways is intrinsically good for our health and offers many of the health advantages of paid work, such as increasing self-esteem. Older people, for example, can benefit in terms of increased structure, direction and meaning to their life, a widening of their social networks, recognition of their skills, and help in gaining access to lifelong learning opportunities.

Volunteering also benefits the wider community and increases levels of social capital, which in itself correlates strongly with reductions in health inequalities. There is a wide range of volunteering programmes across London. However, some groups are often not well represented in mainstream volunteering activities and are unaware of how to get involved, for example there are weak links between minority ethnic community organisations in London and volunteer centres. Large employers, such as the NHS, should offer increased volunteering opportunities and the skills attained during volunteering need to be recognised by employers as contributing towards an individual's development. Volunteering roles should also bring people closer to employment, but this can only happen if employers are willing to acknowledge the skills and knowledge gained in unpaid work, when considering prospective employees. Social care services have a good record in taking non-paid work experience seriously and other employers could learn by their example.

Unpaid care is a vital part of the UK's health and social care structure. It is important that carers' work is recognised and their well-being is protected as far as possible from personal disadvantage due to their responsibilities. Carers UK has found that carers were over twice as likely to have mental health problems if they provided substantial care. Furthermore, many carers report that they are forced to ignore their own health due to a lack of respite care or support.

The Mayor will be working towards improving workplace well-being through his other major

strategies, in particular his Economic Development Strategy. In addition he will continue to support the London Health Commission's London Works for Better Health programme. He will also influence and support major national campaigns such as the Department of Health and Department of Work and Pension's *Work and Well-being* programme and increases in the provision of good quality, affordable childcare.

Beyond this, the London Health Inequalities Strategy will initiate new actions where there are gaps in current policies. Some areas that will see early interventions are to: make the GLA Group a leader in workplace health with all functional bodies to have a healthy workplace action plan; recognise and showcase employers' best practice in promoting initiatives to reduce stigma, with a focus on SMEs; develop targeted programmes which support individuals back into work, including people with mental health problems; explore and develop, with carers' organisations and the NHS, ways to facilitate carers' access to free health checks and health advice, and increase volunteering opportunities in health and social care settings. These actions and more are summarised in the delivery plan accompanying this strategy.

Commitments

The commitments below underpin the actions set out in the delivery plan. These actions are a mixture of long-term campaigns to tackle 'the causes of the causes' of health inequalities, as well as specific initiatives on key health challenges.

On improving workplace well-being, the Mayor is committed to working with partners to:

16 Invest in health at work, promoting equalities and building both organisational and employee capacity for mental and physical well-being.

17 Promote effective ways to improve retention and in-work support for carers and people living with illness or impairments.

18 Improve provision of timely, effective support to help people with health problems back into sustainable employment.

19 Support home-based workers, including unpaid carers, to ensure that they obtain some of the benefits of 'good' work.

20 Promote the individual, social and economic benefits of volunteering and increase opportunities for Londoners to volunteer in a more diverse range of settings.

2.5 Objective Five: Healthy places

Policy statement

There is a powerful relationship between the quality of our physical environment and the state of our health. Transforming London's housing, neighbourhoods and public spaces into healthy places will create conditions which are more conducive to individual and community health and well-being. We will work to make sure that any new developments in London are designed in ways that improve health and reduce health inequalities. We will also invest in improving the city's existing housing stock and neighbourhoods, especially in more run-down areas. Fundamental to this work is making sure London's communities feel safe and services and public spaces are accessible and welcoming to people from all backgrounds and ages.

What impact does the physical environment have on health inequalities?

Living in poor quality housing exacerbates health inequalities. Cold, damp, mould and poor maintenance are linked to physical and mental illnesses including respiratory conditions, anxiety, depression and, in extreme cases, hypothermia.

Local authorities are required to ensure all social rented housing and 70 per cent of vulnerable households in the private sector meet the Decent Homes Standard by 2010/11, meaning that they must be warm, have reasonably modern facilities and be in an adequate state of repair. Housing associations are also required to bring their social homes up to the Decent Homes Standard. Recent figures indicate that only 69

per cent of London's local authority homes meet this standard.

The impacts of poor quality housing are often exacerbated by fuel poverty – the inability to keep a home warm at acceptable cost. The government's preferred definition of household income for fuel poverty does not reflect London's high housing costs, so the Mayor's definition considers residual income after housing costs. Under this definition 24 per cent of households in London suffer fuel poverty.

DID YOU KNOW?

Fuel poverty has been associated with a significant number of avoidable winter deaths. In 2006/07 there were 2,100 excess winter deaths in London, the majority of which were older people.

New homes and planning

The lack of housing and the shortage of larger homes result in many London households living in overcrowded accommodation. Overcrowding increases the risk of accidents and reinforces health inequalities, with a particularly negative impact on the health and development of children. Inhabitants of overcrowded households also have higher rates of respiratory and infectious diseases and mental health problems.

The London Plan contains a target for all homes to meet the Lifetime Homes Standard, making independent living as easy as possible for as long as possible. Homes built to this standard provide accessible and adaptable accommodation for everyone, from young families to older people

and individuals with a physical impairment. Some of these needs can be met through adapting existing stock, but new build offers a real opportunity to provide accessible and inclusive environments that enable people with disabilities to participate independently and equally in the life of their communities. The Mayor's London Plan already requires the Lifetime Homes Standard in new developments across London but attention is needed to make sure that these policies are implemented locally.

Good planning promotes economic development, creates and improves access to green spaces and leisure facilities, supports active travel, creates places for children to play and ensures there is a good array of local services. A key impact of poor planning is social isolation, which undermines health and well-being proportionately across the social gradient. The London Plan includes policies on all aspects of spatial development, from housing to transport to design of urban space, each of which is relevant to addressing health inequalities. We will work with partners and others in the GLA family to ensure that a commitment to reduce health inequalities is at the heart of planning decisions.

Places can also promote health by providing attractive spaces for physical activity. The Mayor will continue to expect boroughs to enforce the standard requiring all new residential developments in London to provide high quality, well designed accessible play space for every child and young person that will live there. Other examples of health-promoting design include work by Transport for London (TfL) and

boroughs to provide more cycling and walking routes in new developments and collaboration between NHS London and TfL to make health services more accessible by public transport.

Efficient and affordable transport systems can also help to tackle health inequalities. The Mayor's Transport Strategy emphasises the need to reduce congestion, reduce transport-related carbon emissions, improve the reach and reliability of London's public transport system and increase the number of people walking and cycling which will be greatly helped by the introduction of the cycle hire scheme.

DID YOU KNOW?

A report on road safety in 2006 found that pedestrians in the most deprived areas of London are 2.5 times more likely to be killed or seriously injured in a road traffic accident than their counterparts in the least deprived areas.

Regeneration

There are a number of major regeneration schemes in London, each providing opportunities to build health considerations into future plans. In particular, the regeneration of east London in preparation for the 2012 Olympic and Paralympic Games offers an unprecedented opportunity to secure lasting health benefits to an area of London with some of the highest levels of deprivation and some of the poorest health outcomes in the country. The five host boroughs' Strategic Regional Framework aims to ensure that their communities will have the same

social and economic chances as their neighbours across London within twenty years.

Community safety

Feeling safe at home and in the community is fundamental for mental health and well-being. For example, interventions to increase walking and cycling or encourage people to use local parks and facilities will not work if people are fearful about personal safety.

As well as a visible police presence, a community's social networks are critical to how safe people feel. Local residents of 20 deprived neighbourhoods across London were asked by the London Health Commission's Well London team: 'What do you understand to be the health needs of your community?' Well London summarised the responses to this question with the statement: 'I want to be part of a community that I feel part of and safe in.'

The London Plan includes a requirement to design out crime through physical improvements such as better lighting and ensuring that roads and footpaths are overlooked, so allowing for 'natural surveillance'. The Mayor's Transport Strategy identifies 'ensuring the safety and security of Londoners' as one of six overarching 'thematic' goals for transport policy and programmes in the capital. Road safety is particularly relevant to this strategy because there are significant variations in exposure to traffic-related risks.

Local opportunities for healthy choices

Access to affordable fresh food varies across London and tends to be lower in areas of high

deprivation where there is a proliferation of fast food shops and restaurants.

As with the availability of healthy food, off-license retailing of alcohol varies across London. Despite regulations, in some parts of London alcohol is sold in ways that can encourage people to drink to excess. For example, some retailers appear less than scrupulous about selling alcohol to under-18s, or to people who are already intoxicated.

DID YOU KNOW?

A 2009 study found that 76 per cent of households in Tower Hamlets are within 10 minutes walk of a supermarket, retail market, bakers or greengrocers, but 97 per cent are within 10 minutes walk of a fast food outlet.

Open spaces

London's physical environment is characterised by an array of open spaces including parks and green spaces, children's play areas, streets and civic spaces such as squares and piazzas. Research has found that the positive health impact of these places rises with increasing ease of access (both in terms of distance and the presence of barriers such as busy roads), attractiveness and size.

There are areas of London where open spaces are of poor quality due to lack of maintenance, littering, fly tipping, graffiti, and the presence of derelict land or buildings. Many open spaces also lack basic facilities such as parking for disabled people, benches or safe play areas. The provision of public toilets is a particularly

important issue and London has experienced the highest decline in the number of local authority owned and run public toilets in the country. The poor quality of facilities and lack of accessibility of some open spaces present barriers to certain groups of Londoners, such as older people and children, who are less likely to travel large distances for recreational purposes, and people with disabilities who have particular access requirements.

Environmental equity and climate change adaptation

Health inequalities are often the result of multiple factors compounding one another and this is certainly true in terms of environmental quality. For example, research shows that people living in social rented homes are more likely to live in noisier areas. This exposure can disrupt sleep patterns, cause mental health problems and have a negative impact on children's education and learning.

Air pollution has an impact on everyone living and working in London, but mainly on the most vulnerable people in our city such as children, older people and those with existing heart and respiratory conditions. Research has also shown that people living in deprived areas are disproportionately affected by poor air quality, in part because these areas are near busy roads, which tend to have higher levels of pollution. The Mayor's Air Quality Strategy includes a number of measures to reduce emissions from road transport and other sources which will improve the health of all Londoners while reducing health inequalities.

Climate change has the potential to increase health inequalities, particularly as a result of heat, extreme weather events and flooding. Heat-related illnesses such as heatstroke and dehydration can do damage to the brain and other vital organs. Extreme heat can also exacerbate the impact of air pollution on respiratory and cardiovascular health.

DID YOU KNOW?

There were an estimated 600 'excess deaths' in London during the 2003 heat wave. Most of these deaths were among people over 75 years of age.

People in lower socio-economic groups are at risk from extreme heat partly because they tend to have higher levels of long-term ill-health but also because environmental factors such as poor quality housing and lack of access to green space heightens the problem. Similarly, the potential adverse consequences of flooding



Peckham young people give their views on health and well-being at the Well London Southwark community café. © Well London

are greater for those on lower incomes, many of whom do not have insurance.

The Mayor will be working towards making London a healthy place for all through his other major strategies, in particular The London Plan, Leading to a Greener London, the Transport Strategy, the Housing Strategy, the Air Quality Strategy, the Food Strategy, the Economic Development Strategy, the Loft Insulation Scheme and the Planning for the 2012 Olympics and Paralympics and his environmental strategies – including those on Noise, Air Quality, Biodiversity, Water and Climate Change Adaptation.

Beyond this, the Health Inequalities Strategy will initiate new actions where there are gaps in current policies. Some areas that will see early interventions are to: identify what makes a healthy place and support boroughs by disseminating key requirements through a healthy places training module; along with the Police and the Fire Service identify how we can best promote home safety and security; continue to monitor the success of 20mph zones and other traffic calming measures in residential areas with a view to promoting their take-up more widely; shape and implement the Mayor's Sports Participation Programme, increase access to facilities and develop initiatives to make parks more accessible to excluded groups.

Commitments

The commitments below underpin the actions set out in the delivery plan. These actions are a mixture of long-term campaigns to tackle 'the causes of the causes' of health inequalities, as well as specific initiatives on key health challenges.

In terms of healthy places, the Mayor is committed to working with partners to:

21 Ensure new homes and neighbourhoods are planned and designed to promote health and reduce health inequalities in order to be in general conformity with the London Plan.

22 Improve the quality of London's existing homes and neighbourhoods, especially in those areas with the poorest levels of health.

23 Manage public places across London to be safer and more inclusive.

24 Deliver new and improved opportunities for healthier lifestyles.

25 Raise awareness of the health benefits of access to nature and green spaces and extend these benefits to all Londoners.

Part Three:

Delivery and evaluation

3.1 Cross-cutting commitments

As well as leading the development of this strategy, the Mayor is galvanising coordinated action on health inequalities by the GLA group, the NHS, the Regional Public Health Group, London Councils, boroughs, the private sector, academia, the Voluntary and Community Sector (VCS) and individual Londoners. A key part of ensuring health inequalities are reduced will be to mainstream action into strategies and programmes which focus on the social or economic determinants of health. Another core aspect will be an ongoing commitment to working in collaboration with a wide range of partners to evaluate and openly share learning about what is and is not working in achieving our ambitions.

To ensure there is a focus on *how* we will approach the task as well as *what* we will do, the Mayor has identified five cross-cutting commitments to underpin the strategic objectives described in the previous section. These will provide a firm foundation for sustainable action and support delivery of the commitments and initiatives in the rolling delivery plans.

Commitments

In terms of achieving the aims set out in this publication, the Mayor is committed to working with partners to:

- 26** Provide regional vision and leadership and support strategic partnership action, tracking and reporting on progress towards improved health outcomes for London.
- 27** Support the development of local leadership expertise and capacity to influence and ensure effective action to reduce health inequalities.
- 28** Ensure health inequalities considerations are systematically embedded in strategies, programmes and investment decisions.
- 29** Specify intended health inequalities outcomes and develop programme-specific targets in strategies and programmes impacting on social and economic determinants of health.
- 30** Build a stronger evidence base on effective interventions and the economic case for action on health inequalities, openly sharing learning and building knowledge.

3.2 Key partners

Reducing health inequalities requires long-term commitment from a diverse range of players, in many cases building on their existing work to promote health and well-being. The 2007 GLA Act specifies that the London Health Inequalities Strategy must 'describe the roles to be performed by any relevant body or person for the purpose of implementing the strategy', including the GLA group, the NHS and boroughs.

The Greater London Authority and the Mayor

The GLA is a strategic authority with a London-wide role to design and deliver a better future for the capital. The Authority is responsible for economic and social development and improving the environment, underpinned by duties to promote health, equalities, community safety, and sustainable development. The *Mayor* has an executive role and is responsible for statutory strategies on spatial planning, housing, transport, economic development, culture, climate change, and the environment (ambient noise, biodiversity, waste and air quality). He also leads strategies and programmes on community safety, young people, sport and skills as well as having a key role in planning for the Olympic and Paralympic Games and legacy. He has a duty to promote health (GLA Act 1999) and reduce health inequalities (GLA Act 2007) throughout the business of the Authority, as well as the specific duty to lead the development of this strategy.

His work is supported and delivered through the *GLA Group* which consists of the core GLA (the Mayor and London Assembly), Transport

for London, the Metropolitan Police Service and Metropolitan Police Authority, the London Development Agency, the London Fire Brigade and the London Fire and Emergency Planning Authority.

The *London Assembly* has a legal duty to scrutinise the Mayor's activities and also has a general power to investigate matters of concern to Londoners. They have used this to investigate and report on a number of health-related issues.

Regional partnerships

The Mayor works with and is represented on a number of strategic regional partnerships, several of which will play an important part in supporting the implementation of this strategy. The *London Health Commission* (LHC) is a broad independent alliance of organisations from all sectors with influence on health and well-being across the city, with a role to promote health, reduce health inequalities, get health into all public policy, and provide expert commentary on progress. It also leads the Well London partnership and the London Works for Better Health programme.

Another partnership of particular relevance is the *Greater London Alcohol and Drugs Alliance* (GLADA), which was established by the Mayor to develop and deliver coordinated action to reduce the harm alcohol and drugs cause to both individuals and communities. The Alliance also supports the new Joint Action Group and Practitioner Forum which coordinates action on agreed London-wide priorities related to alcohol.

The Health Adviser to the GLA

This role was established under the GLA Act 2007, which specified that it should be fulfilled by the regional Director of Public Health. Its purpose is to provide advice to the GLA, the Mayor, any Assembly member or any functional body in relation to anything that appears to the Health Adviser to be a major health issue. The Health Adviser links to and is supported by the Regional Public Health Group (RPHG), NHS London and the wider public health community in Primary Care Trusts and boroughs. The Adviser and this broader public health network provide assistance to the Mayor in developing and delivering the Health Inequalities Strategy.

The NHS in London

The NHS in London is made up of a number of organisations including the Strategic Health Authority (NHS London), 31 primary care trusts (PCTs), 21 acute (hospital) trusts, three mental health trusts, 15 (self-governing) foundation trusts and the London Ambulance Service. Healthcare for London is their agreed strategy for NHS services.

NHS London provides leadership for health, contributing to partnership action, and working to ensure that the NHS provides high quality services which are clinically safe and financially secure. NHS London also supports health services to implement the Healthcare for London strategy, together with the London Health Observatory and Commissioning Support for London. NHS London also has overall responsibility for the performance monitoring of all NHS services in London other than those provided by Foundation Trusts.

PCTs are responsible for improving the health of the communities they serve, tackling health inequalities and delivering health services for the local community. They do this through their commissioning role, working with other bodies such as the London boroughs, and are key players in a range of partnership initiatives to improve well-being. Mental Health Trusts provide both inpatient and community services for people living with mental illness, as well as having an important role in promoting well-being and emotional resilience.

The Mayor is committed to working in collaboration with NHS London and the Regional Public Health Group to respond to key health challenges in London, protect investment in public health, and ensure inequalities in access to London's health services continue to be tackled. In addition, he will influence and support NHS organisations across London – mental health trusts, primary care trusts, hospitals and community services – to contribute to action to reduce health inequalities.

Local government

London boroughs deliver a wide range of public services including social services to children, adults and carers. They are well placed to play a major role in reducing health inequalities through their responsibility for health determinants such as housing, leisure and environmental services, planning, transport and education, and through actively confronting the range of inequalities issues that blight their populations. In addition, local government provides leadership through Local Strategic Partnerships to coordinate cross-sector

programmes to identify needs and deliver on local priorities through Local Area Agreements.

Boroughs work closely with local health organisations, particularly PCTs, and many have jointly appointed their local Director of Public Health with the PCT. Boroughs also work with both community groups and individuals to inform decision-making and contribute to scrutiny of services. At the moment there is a specific focus on the development of Local Involvement Networks (LINKs) for the health service which seek to help people to influence or change the way health services and social care are delivered.

At a regional level, boroughs are represented and supported by London Councils. London Councils is a multi party organisation which works on behalf of its member organisations (the 32 London boroughs, the City of London, the Metropolitan Police Authority and the London Fire and Emergency Planning Authority). Local Councils is an important partner to the GLA and has played a key part in developing this strategy. London Councils and the GLA jointly led development of the London City Charter which commits the Mayor and elected borough leaders to work together on key challenges for London including health, transport, and policing.

3.3 Leadership and delivery

This strategy summarises key health challenges facing London and the wider determinants of the city's health inequalities. The thirty commitments set out in the strategy are long-term and will be realised through a rolling delivery plan. The first steps towards delivery

are set out in the document which accompanies this publication.

The scope of this strategy is deliberately ambitious and far-reaching as the evidence shows time and again that we need to tackle the socio-economic inequalities which underpin differences in health outcomes: there are very few 'quick fixes' if we are to achieve real and lasting change. With this in mind, the strategy is designed to stand the test of time, and to be accompanied by a series of delivery plans setting out specific actions and initiatives for tackling the short- and long-term causes of health inequalities. Each successive version of the delivery plan will build upon the last and all of our policies will be rigorously evaluated against health inequalities indicators.

As well as ensuring that delivery of the strategy is realised through his other strategies and the actions of the GLA family, the Mayor's role is primarily one of influencing supporting partners and providing leadership. How the GLA works with key players will determine the effective delivery of the strategy. Successful delivery will depend on continuing to make use of expertise within other pan London and local organisations, strong leadership, and constructive partnerships.

The Mayor will establish a powerful new Delivery Board, chaired by his Adviser for Health and Youth Opportunities and made up of leaders from key partner organisations, including the Regional Public Health Group, NHS London and London Councils. This Board will drive delivery, which will be managed and coordinated through a cross sector Health Inequalities Strategy

Delivery Team, made up of lead officers from organisations across London who have a key role to play.

The Mayor will host an annual City Health Inequalities Summit, bringing together London's leaders from across all sectors. The Summit will take stock of progress against the delivery plan, celebrate and build on success, and commit leaders to further actions over the coming year.

Finally, the Mayor will look to the London Health Commission as a vehicle for securing and channeling expert advice on the ongoing development and delivery of his strategy.

3.4 Knowledge and learning

With its large number of internationally recognised universities and research centres, London has the potential to become a world leader in the creation of knowledge to address health inequalities. The Mayor wants to encourage the development of innovative approaches to sharing that knowledge so that all organisations with a role to play can increase their impact.

However, in London, as elsewhere, there is not enough dialogue between policy makers, researchers, practitioners in health and social care, and community groups working with local people, which can compromise the effective evaluation and dissemination of promising initiatives. The establishment of new academic health sciences centres and health innovation and education collaborations in London provide new opportunities to facilitate better communication between academics, clinicians and practitioners.

Our understanding of health inequalities is constrained in some areas by the limited capture of data about inequalities between different population groups as opposed to geographical areas. Public services, including the NHS, are required to monitor ethnicity but despite some improvements, the collection and use of this data remains inadequate. We must continue to strengthen our approach to rigorous monitoring and evaluation of programmes, with a clear focus on better understanding their impact on diverse communities and equalities groups.

Information for change

The Mayor recognises that owners and producers of knowledge - within academic institutions and the community - sometimes have insufficient influence to ensure it is considered in policy-making. In addition, the bidding processes for research funding can act as a disincentive to collaboration. Similarly individual funding bodies do not always co-ordinate their approaches to research, resulting in a duplication of effort on some issues. Many service providers have highlighted the limited opportunities they have to share experience and learning with each other.

Voluntary and Community Sector organisations hold a vast store of knowledge and expertise, but often do not have the capacity to conduct robust evaluations and may not be well linked into information networks. This strategic insight is needed if learning from the VCS is to move beyond local examples to affecting policy and programme design.

Through the ongoing development of this strategy, the Mayor will work with a range of partners to explore the most effective ways of gathering and sharing information to address these issues. The Mayor will work in partnership with academics, VCS groups, policy makers and practitioners to ensure that communities are involved in defining research questions, designing the methodology, delivering the research, and interpreting and applying the results.

The Mayor also recognises that for this to be successful he will need to support the essential role of elected politicians in providing local leadership on these issues, and he will therefore work with London Councils to facilitate the provision of appropriate information to members to enable them to fulfill this task.

Learning and capacity-building

Health Impact Assessments (HIA) and Health Inequality Impact Assessments (HIIA) have been shown to be useful in helping decision-making in addition to supporting policy coherence and identifying new ways of working. The GLA will continue to lead by example and ensure that major initiatives consistently evaluate potential negative or positive health impacts. The Mayor will work with the London Health Commission to encourage policy and decision-makers to use HIA/HIIA, preferably as part of an integrated impact assessment process, to predict changes in health outcomes and identify ways to measure change.

In addition, as set out in the cross-cutting commitments, we will work with partners to

gather evidence about effective interventions and build a stronger economic case for action on health inequalities. We will collaborate with public health, academic, borough and community partners to make sure knowledge and expertise are shared across sectors to build capacity to tackle London's health challenges.

3.5 The Mayor's challenges to leaders in the capital and Londoners

Working together, the Mayor believes that leaders across London can deliver ambitious action to tackle health inequalities in London. With this in mind the Mayor has identified ten challenges to **leaders of public, private and community organisations, employers and service providers** to:

- 1 Promote wider access to employment for diverse groups, focussing particularly on the needs of those currently excluded from the labour market and provide initiatives such as apprenticeships, work placements, and flexible jobs to facilitate access to the world of work.
- 2 Maximise the benefits of 'good' work through workplace well-being and equalities policies and by enabling staff of all grades to be active and valued contributors to your services or business.
- 3 Support initiatives such as the implementation of the London Living Wage and facilitate staff and service users' access to timely financial and welfare rights advice.
- 4 Contribute to making London a healthier place, taking action on climate change and other environmental and sustainability issues

and improving the quality and accessibility of public places and green space.

- 5 Develop and aim to deliver high ambitions for all services intended to improve well-being and reduce health inequalities, honestly evaluating progress towards targets, and sharing learning to facilitate continuous improvements across sectors.
- 6 Develop and deliver integrated solutions to meet the physical and emotional health needs of children, young people, and those living with long-term illness, with an increased focus on early interventions and better support for parents and carers.
- 7 Focus on supporting people to maintain their independence and quality of life, with renewed emphasis on promoting physical health, mental well-being, and community resilience.
- 8 Raise awareness of health issues, tackling stigma, promoting social inclusion for people living with illness or impairment, and providing easier access to early interventions and support to promote independence and quality of life.
- 9 Make it easier for all Londoners to benefit from opportunities to eat well, be more active, and make healthier choices in other aspects of their daily lives.
- 10 As individuals and organisations, provide financial or in-kind support to local community groups and encourage staff to contribute through volunteering or mentoring schemes.

With access to healthy environments, opportunities, information and services, the Mayor firmly believes Londoners can also be

agents in promoting their own health and their communities' well-being. **Each and every Londoner** can contribute to and benefit from action to promote health and reduce health inequalities. The Mayor's challenge to Londoners is to become health and well-being champions in the following ways:

- 1 Get more active - physical activity reduces stress levels and lowers the risk of developing major chronic diseases so, whether it is a brisk walk, dancing, gardening or joining a sports team, choose something you enjoy and will want to do again.
- 2 Eat well and indulge moderately - eating a healthy diet helps you maintain a healthy weight and can tackle heart disease, cancer, diabetes, stroke, high blood pressure and high cholesterol so avoid over-indulging and enjoy a balanced diet
- 3 Reduce your risks - for example stop smoking, reduce your alcohol intake and practice safer sex, and if you need help there is lots of advice and support available, whether it's for overcoming an addiction or learning how to manage stress.
- 4 Remember that prevention is better than cure and 'a stitch in time saves nine' – so take advantage of services to prevent illness, like immunisations for children and older people or dental check-ups, and services to pick up and treat risks early on, like cancer screening, maternity assessments, or sexual health checks.
- 5 Get the help you need and are entitled to - find out if you are receiving the right amount of benefit, get advice and support

to access entitlements or to get extra help to keep your house warm or make it safer.

- 6 Learn and achieve, take up opportunities to learn new life-skills or study new subjects – whatever age you are – and take advantage of facilities like libraries and museums
- 7 Make a valued contribution - rewarding work (both paid and unpaid) is good for us, so get support to find and keep a job, or find out about volunteering opportunities to help others and yourself.
- 8 Look after each other, seeking help if you or someone you care about is at risk of violence or neglect, and looking after your family's well-being – from breastfeeding your baby, to supporting your children's learning, to shopping with a grandparent, well-being often starts with the people close to you.
- 9 Get involved in shaping services and making neighbourhoods healthier by becoming part of a local residents' association or patient involvement group, being part of initiatives to improve public services, or raising issues with your local councillor.
- 10 Enjoy and look after the environment around you, make time to get out and about and be active, getting involved in initiatives to maintain and improve your local area and reporting concerns about the physical environment in your neighbourhood.

This strategy sets out an ambitious vision, which is shared by the many partner organisations that have helped to shape it. Publishing the strategy is just the start. The challenge for each of us now and in the future is to pull together to make London one of the healthier cities in the world – a place where everyone has the chance to thrive.

Other formats and languages

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Public Liaison Unit

Greater London Authority
City Hall
The Queen's Walk
More London
London SE1 2AA

Telephone **020 7983 4100**
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Chinese

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Vietnamese

Nếu bạn muốn có văn bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız veya adrese başvurunuz.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

Hindi

यदि आप इस दस्तावेज की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، يرجى الاتصال برقم الهاتف أو مراسلة العنوان أدناه

Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.

