

A photograph of the Mayor of London, Sadiq Khan, sitting at a table with a young child. They are both smiling and engaged in a painting activity. The child is holding a paintbrush and applying blue paint to a palette. The table is covered with a white cloth and has various paint containers and brushes on it. The background is decorated with colorful heart-shaped cutouts and a Christmas tree, suggesting a festive or community event.

MAYOR OF LONDON

Better Health For All Londoners

CONSULTATION ON THE LONDON HEALTH
INEQUALITIES STRATEGY

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Foreword

I believe London is the greatest city in the world, but like any global city we are grappling with some major challenges. One of the most pressing is the stark health inequalities that still exist across our city.

Many Londoners enjoy some of the highest standards of living in the Western world. However, the reality is that when it comes to health and wellbeing, our city is still deeply divided. Too many Londoners are still suffering ill health because of social and economic exclusion.

Perhaps the most striking evidence of this is in how long Londoners can expect to live in good health. Healthy life expectancy rates vary enormously - not only across London, but from postcode to postcode and street to street within the same boroughs.

I am committed to doing all that I can to address these inequalities. My vision is for a healthier, fairer city, where nobody's health suffers simply because of who they are or where they live. It is unacceptable that your background, upbringing or financial circumstances can still determine the quality of your health. Improving the health of Londoners will also help them make the most of the opportunities here and reach their potential.

That's why, as London's Mayor, I am working with others to address this problem now. I want to reduce the health inequalities that exist between different groups, and explore ways to improve the physical and mental health of all Londoners. As set out in this strategy, City Hall will work to support early years development so that babies and young children have the best possible start in life. We will tackle poor air quality in the most polluted parts of our city. We will also aim for a reduction in childhood obesity over the next ten years. In addition, we will place more emphasis on improving Londoners' mental health.

I will also continue to champion our brilliant National Health Service and the interests of all its staff and patients, as I always have done. City Hall is committed to supporting the fantastic work our NHS doctors, nurses and others do treating Londoners. We will also encourage local healthcare providers to be ambitious in their own plans for reducing health inequalities and preventing ill-health.

We are also striving to create a fairer economy, a more integrated society and an environment that helps people stay fit and healthy. I strongly believe a city that does not value the health of all its citizens is one that will fail to achieve a prosperous future. By working together, we can help all Londoners, their families and communities, so that everyone can enjoy healthy, happy and fulfilling lives.

A handwritten signature in black ink, appearing to read 'Sadiq Khan', with a small mark below the end of the signature.

Sadiq Khan,
Mayor of London







Chapter 01 Executive Summary

This document is a consultation on a Health Inequalities Strategy for London.

It describes some of the main issues which lead to inequalities in the health of different groups of Londoners, and proposes a set of aims for reducing them. It explains what the Mayor sees as his role in meeting these aims. Finally, it invites others to get involved by giving their feedback and by pledging to do something to reduce health inequalities themselves.

The length of time that Londoners can expect to live in good health varies widely across the city. This is both unfair and avoidable. The proposed overall ambition of the strategy is to reduce this unfair variation while also improving the overall health of Londoners.

The causes of these differences are complicated. Even though there is much that the Mayor can do about them, he cannot act alone. The Mayor has identified his key ambitions for this strategy, but achieving any of them will need help from many others. This means that the final strategy will be supported by partnership work with people and organisations from across London, both within and beyond the public sector.

HEALTHY CHILDREN

The first aim of the strategy is for every London child to have a healthy start in life. Differences in the development of children and babies start from their very earliest days. This can affect their health and wellbeing throughout their lives. That means if we are to make London a healthier city, we need to start with babies and children.

The Mayor wants to support London's early years settings to surround children with environments that help them to play, eat, socialise and develop well. This will build on his existing successful Healthy Schools London programme.

The Mayor's key ambition is to launch a new health programme that will support London's early years settings. This will be twinned with his successful Healthy Schools London programme, ensuring London's children have healthy places in which to learn, play and develop.

Ensuring London's children have healthy places in which to learn, play and develop



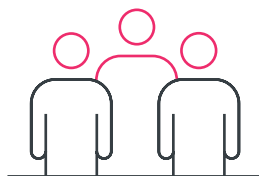
HEALTHY MINDS

The second aim of the strategy is for all Londoners to share in a city with the best mental health in the world. Poor mental health is both a cause and a consequence of other inequalities. Rates of mental ill-health are higher among some disadvantaged groups. People with severe mental illness also have much lower life expectancy than the rest of the population. Stigma related to mental ill-health is also widespread, and far too many Londoners take their own lives every year. Many have not previously felt able to seek help.

The Mayor wants many more Londoners to feel comfortable talking about mental health. His aim is for fewer people to feel stigmatised and for people across the city to work together to reduce suicide.

The Mayor's key ambition is to inspire more Londoners to have mental health first aid training, and more London employers to support it.

Inspire more Londoners to have mental health first aid training



HEALTHY PLACES

The third aim of the strategy will be for all Londoners to benefit from a society, environment and economy that promotes good mental and physical health.

The places where we live, learn, work and play have a profound impact on our health and wellbeing. Too many parts of London have poor access to healthy, pleasant streets and green space. Poor air quality in London is more concentrated around schools with a higher proportion of children who receive free school meals. Meanwhile, social and economic inequalities mean that too few Londoners have access to good work, and too many Londoners struggle to afford a decent home.

The Mayor wants London to be a place where our surroundings and where we live support good health.

The Mayor's key ambition is to work towards London having the best air quality of any major global city.

Work towards London having the best air quality of any major global city



HEALTHY COMMUNITIES

The fourth aim of the strategy is for London's diverse communities to be healthy and thriving. Communities that are better connected and engaged are more socially integrated. They are also healthier. The Mayor would like more people to have the power to act on the things that affect their health. He wants more people to have access to groups, places and networks that make their community a healthy place. One way to do this is through social prescribing, which is a way to refer people to community-based services.

Aiming to support healthy communities also means tackling discrimination and stigma, and supporting the people at risk of conditions such as TB and HIV.

The Mayor's key ambition is to support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing.

Support more Londoners to benefit from social prescribing

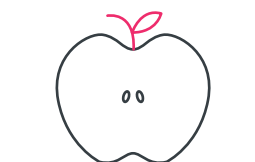


HEALTHY HABITS

The fifth and final aim of the strategy is to ensure that the healthy choice is the easy choice for all Londoners. The combination of smoking, excessive drinking, physical inactivity and an unhealthy diet is too common in some communities, leading to health problems. Reducing this inequality means making it easy for some communities in the most disadvantaged areas to eat well and be active. This can be achieved by ensuring all Londoners have access to healthy and affordable food and to the city's good quality green space and public spaces. It also means reducing smoking and harm from alcohol misuse.

The Mayor's key ambition for this strategic aim is to work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity.

Work with partners towards a reduction in childhood obesity rates.









Chapter 02

Introduction: a healthier, fairer city

The Mayor's vision is for a healthier, fairer city, where nobody's health suffers because of who they are or where they live.

We want to create a city where all Londoners have the best opportunity to live a healthy life.

Helping Londoners lead healthier lives will benefit London's economy. Indeed, London will never reach its full potential while so many Londoners are living with poor health.

It matters for public services like the NHS too. When we don't do enough to keep people healthy, it puts a huge strain on our health and social care system.

But above all, it matters to the people who call this city home. Cities that are more equal are happier, safer and healthier, so reducing London's health inequalities will make a difference to us all.

LONDON'S HEALTH

London has the potential to become the world's healthiest global city. The overall health and wellbeing of Londoners is improving. Over the last decade, there has been a fall in the rates of early death from cancer and heart, circulatory and lung diseases. Life expectancy for Londoners is now more than 80 years for men and more than 84 years for women.¹

London is a vibrant, tolerant, open and a relatively healthy place, but we face challenges. Major environmental, social and economic changes are underway. Our population is growing, our working patterns are changing, and poverty - linked to housing costs, low pay and debt - is rising.

London also has the widest health inequalities in England. All Londoners deserve a fair opportunity to live a long life, and to be well enough to get the best out of life in London at any age. Currently, too many are missing out.

WHAT ARE HEALTH INEQUALITIES?

Health inequalities are systematic, avoidable and unfair differences in mental or physical health between groups of people. These differences affect how long people live in good health. They are mostly a result of differences in people's homes, education and childhood experiences, their environments, their jobs and

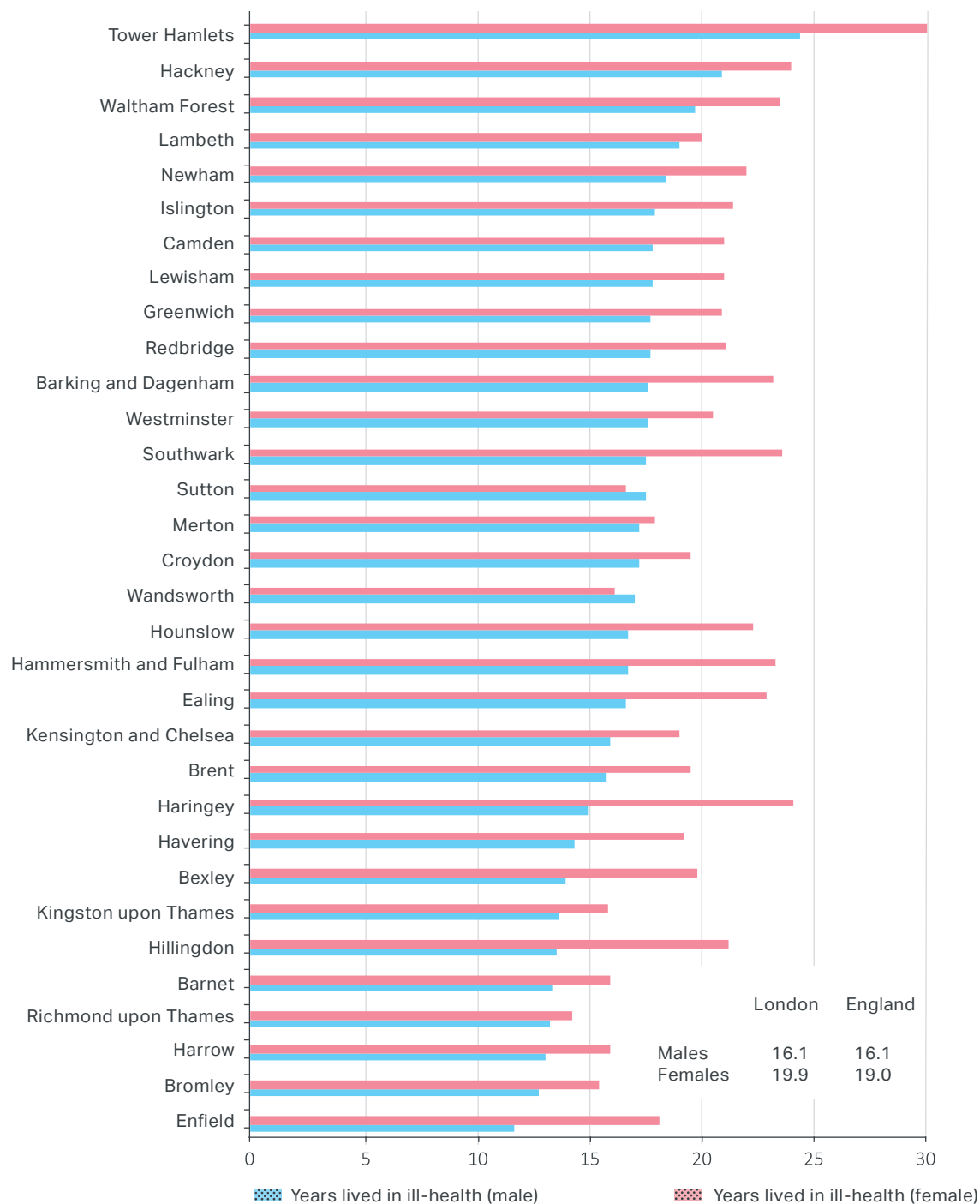
employment prospects, their access to good public services and their habits.²

The rate of early deaths from preventable causes is twice as high in Tower Hamlets as it is in the nearby City of London.³ But inequalities don't just lead to people dying early. They also unnecessarily undermine people's quality of life. People from some of London's deprived neighbourhoods are unnecessarily living with ill-health for years, or even decades. For example, women in Tower Hamlets can expect to spend 37 per cent of their lives in poor health – that's equivalent to 30 years.⁴ Many of their health problems could be prevented.

But it isn't only deprived communities whose health suffers because of the inequalities in our city. There is a clear relationship between wealth and health which means that everyone but the very richest is likely to have some avoidable illness⁵.

We know that cities with lower levels of inequality are also healthier overall. This means that if we focus on reducing inequalities, we will make London a healthier city as well as a fairer one.⁶ It is why health inequalities cannot be seen in isolation. Improving Londoners' health will also be a result of how we tackle the housing crisis, and how we give people the skills they need to access well paid, stable employment.

Figure 1: Years of life lived in ill-health by borough, male and female



Reference: Public Health England, Public Health Outcomes Framework, calculated as the difference between life expectancy at birth indicator 0.1i and healthy life expectancy at birth indicator 0.1ii, 2013-15

Note: Calculated by taking Healthy Life Expectancy 2013-15 from Life expectancy at birth 2013-15

This consultation will inform a strategy for all Londoners, because all Londoners should have a fair opportunity for good health. However, it also recognises that some people and some communities need proportionately more help to improve their health because of their backgrounds and their experiences.

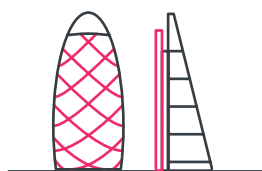
WHAT ARE WE TRYING TO CHANGE?

The final strategy will have succeeded if we see better overall health as well as less variation in how long different Londoners can expect to live in good health.⁷ At present, healthy life expectancy varies between boroughs by more than 15 years for men and almost 19 years for women⁸. Variation between local neighbourhoods is even wider.

The overall ambition for the new Health Inequalities Strategy is to see healthy life expectancy as well as less variation in how long men and women and different Londoners can expect to live in good health.

2 x

The rate of early deaths from preventable causes is twice as high in Tower Hamlets as it is in the City of London



WHAT THE MAYOR OF LONDON CAN DO

A City for All Londoners, published in October 2016, set out a broad and inclusive vision for London. It also explained the Mayor's overall ambition for a fairer city. The Mayor has a direct influence over some of the things which affect the health of Londoners. He will make the most of that role to reduce health inequalities.

Figure 2 shows that many things affect our health. For example, we know that a decent family income and good employment will support healthy development for young children. It will also increase access to good food, culture and exercise and support positive mental health. Meanwhile, those in poverty may face many different problems which combine to result in worse health. They are less likely to have a good diet and secure good quality housing, and are more likely to have problems accessing key public services.

Reference: Public Health England, Public Health Outcomes Framework, Mortality rate from causes considered preventable, indicator 4.03, 2013-15

Figure 2: Social, economic and environmental influences on health and wellbeing



Source: Adapted from Dahlgren and Whitehead⁹

“The overall ambition for the new Health Inequalities Strategy is to see healthy life expectancy as well as less variation in how long men and women and different Londoners can expect to live in good health.”

The Mayor’s responsibilities for planning, transport, housing, economic development, culture, policing and the environment mean he can make a difference to many of these things. New strategies and policies are in development at City Hall for all these areas, as well as for other key issues such as food, education and sport. This has given the Mayor a unique opportunity to think about how everything he does can affect the health of different groups of Londoners. Examples of how the Mayor plans to reduce health inequalities in all his work appear throughout this document.

There are similar opportunities for other organisations to do the same in their own planning. For example, the NHS and local councils are coming together to develop and put in place local Sustainability and Transformation Partnerships. These partnerships give them a chance to work together to address health inequalities and prevent ill-health.

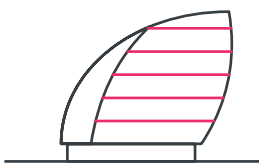
The Mayor is ensuring that health and health inequalities are systematically considered in the development of his new strategies. This relates to both mental and physical health.

The topics in this consultation involve and affect many different people and organisations. Work to reduce health inequalities is already happening in local neighbourhoods, boroughs, and across the city. A vital part of the Mayor's role is to work with those organisations and people, and speak out about their great efforts to reduce health inequalities.

Figure 3: The Mayor's role in reducing health inequalities

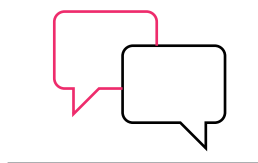
ENSURING ALL THE MAYOR'S WORK CONTRIBUTES

- Environment
- Planning
- Housing
- Transport
- Economic development
- Culture
- Policing



CHAMPIONING WORK FROM ACROSS LONDON

- Speaking out about health inequalities
- Challenging and championing the health sector to reduce inequalities
- Generating consensus from others as chair of the London Health Board



DIRECTING SUPPORT FROM CITY HALL

- Delivering City Hall's health programmes
- Consulting and engaging Londoners
- Reporting on actions and outcomes



WHAT OTHERS CAN DO

The Mayor has a legal responsibility to publish this strategy, but not to act alone. According to the GLA Act,¹⁰ the Health Inequalities Strategy must:

- a) identify any issues that appear to the Mayor to be major health issues where there are health inequalities between persons living in Greater London
- b) identify those inequalities
- c) specify priorities for reducing those inequalities
- d) describe the role to be performed by any relevant body or person in terms of implementing the strategy

Reducing health inequalities needs the commitment, support and focus of many people and organisations across London. Here are the roles of some that are already having an impact:

- Local authorities, with the support of Public Health England take responsibility for prevention of ill-health, public health services and social care
- Schools and early years settings support London's children to learn, play, develop and live well

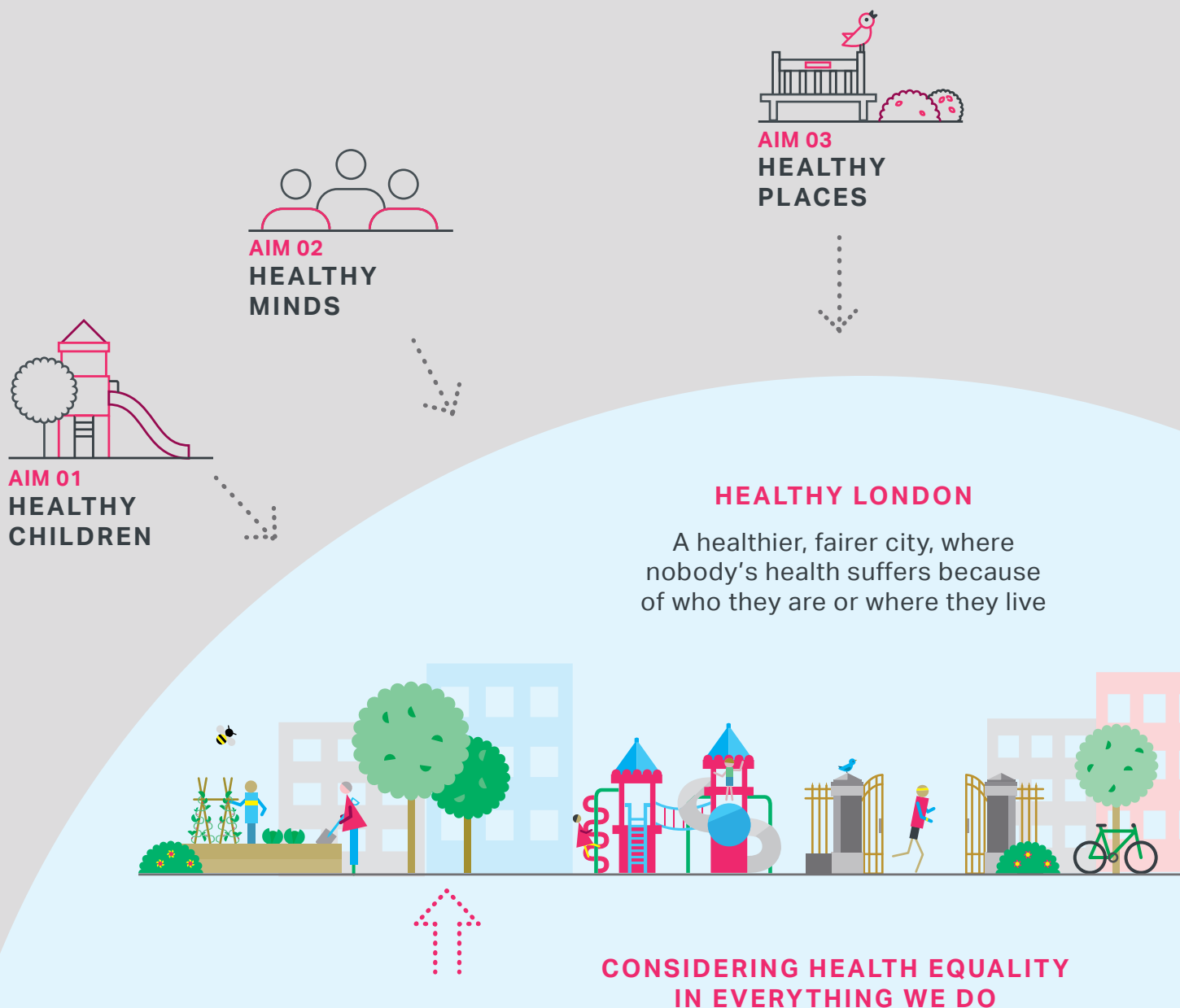
- Businesses and social enterprises can support their employees and customers to develop healthy habits
- The local voluntary and community sector supports and works with Londoners in their own neighbourhoods
- NHS organisations work together to commission and provide some of the world's best healthcare to Londoners

All these groups and organisations are doing important work. This consultation asks them – and others – what they see as their role, what could help them do more and what they could achieve by working in partnership. This will inform the final version of the strategy and help to more fully define the roles of relevant bodies in implementation.

But much of our health and wellbeing takes shape outside formal organisations. Our families, friends and homes all shape our health. We all have our own part to play in supporting ourselves and others to stay mentally and physically healthy. This might be through supporting friends, family and colleagues; through volunteering, or simply through how we lead our lives. That's why this consultation also invites Londoners to support a vision for a fairer, healthier city and tell us what it means to them.



Figure 4: Overview of strategy consultation



Chapter 03

About this consultation

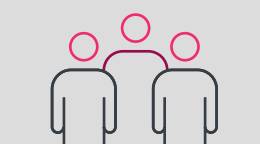
This consultation explains what the Mayor is proposing to do to reduce health inequalities in the city. It invites London's local councils, NHS, other public-sector bodies, businesses, schools, voluntary and community groups and people to get involved, share their good work, and tell us what would help them to do even more.

PURPOSE OF THIS CONSULTATION

This consultation sets out five broad aims – for healthy children, healthy minds, healthy places, healthy communities and healthy habits.

These have been chosen after a review of the evidence and talking to Londoners, experts and stakeholders as the topics where inequalities are most relevant in London.

The Mayor and the London Health Board have developed these together and the Mayor is now consulting on them.¹¹ Health board members would like to see these five aims become shared priorities for London to work together to reduce health inequalities.



AIM 04
HEALTHY
COMMUNITIES



AIM 05
HEALTHY
HABITS





All five of the aims are reinforced by our main ambition to consider health inequalities in everything we do.

For each of these aims, we will seek to engage **all** Londoners, because health inequalities affect us all. However, there will be proportionately more focus for those who need the most help because of their backgrounds and experiences. This approach is known as ‘proportionate universalism’.¹² It is the best way to reduce health inequalities between people in all parts of society.

The five aims reaffirm, build on and complement the ten shared ambitions for health in London which were agreed after the London Health Commission’s Better Health for London report was published.¹³ They also recognise the opportunities to go further and faster enabled by the 2015 London Health and Care Collaboration Agreement, London Health Devolution Agreement and forthcoming London Health and Care Devolution Memorandum of Understanding.¹⁴

The consultation sets out the Mayor’s policies and proposals, and what he will do to meet the aims in his current term. These plans are an important starting point and set an ambitious agenda, but they aren’t exhaustive. Much more than this will be needed to realise his vision for a healthier, fairer city.

This document asks what matters should be included and what issues should be taken into account to finalise the strategy. Your feedback will help to refine the aims and the Mayor’s policies and proposals. It will ensure they have the greatest possible impact to improve health and reduce health inequalities.

But it also goes beyond a simple consultation. We don’t just want to know what you think. We want to know how you can help. We want to know what you’re already doing. We want to know what would help you do even more. And we want to know how the Mayor can support coordinated action across London.

HOW THIS CONSULTATION DOCUMENT WAS DEVELOPED

The aims, policies and proposals in this document have been shaped by evidence of the health inequalities issues affecting Londoners and what can be done about them. They have also been refined through early consultation with Londoners, community groups and others during the autumn of 2016, via the Mayor’s consultation on A City for All Londoners.

The London Health Board agreed on the five aims based on this evidence and feedback. In deciding on these priorities, the board thought about:

- the extent of an issue's impact on gaps in healthy life expectancy
- the extent of the differences across London
- the strength of evidence that effective action could be taken.

The Mayor's plans outlined in this consultation are built on commitments made in his manifesto to get to grips with health inequality. He has pledged to improve air quality, to promote healthy habits to disadvantaged groups, to renew focus on prevention of TB and HIV, to reduce child obesity, to break down the stigma of mental illness and to coordinate efforts to reduce suicide rates. He has also promised to improve London's housing, environment and economy, all of which make an important difference to the health of Londoners.

The aims and policies proposed here have also been shaped by the interim recommendations of an Integrated Impact Assessment (IIA). This considered the potential impact of the strategy on London's economy, environment and community safety as well as its impact on health and equalities. The IIA report will also be published for comment during the consultation period.

The Mayor's priorities for reducing health inequalities are described by the objectives of this strategy. His policies and proposals are described within each objective.

These Mayoral policies and proposals are indicated in bold throughout this document.

THE FINAL STRATEGY

The final strategy will be published after we analyse the responses to this consultation document and the consultation on the Integrated Impact Assessment. It will set an ambition for the next ten years. This is deliberately a shorter timetable than some of the Mayor's other strategies. Ten years allows us to make ambitious long-term plans. It is also soon enough to be held accountable for immediate action to reduce health inequality. We will regularly take stock of progress and report on it in between.

There will also be a delivery plan alongside the final strategy. This will be a separate document to the strategy itself and will be frequently refreshed over the strategy's ten-year lifetime. We will also publish indicators to be used to measure how London's health inequalities are changing.

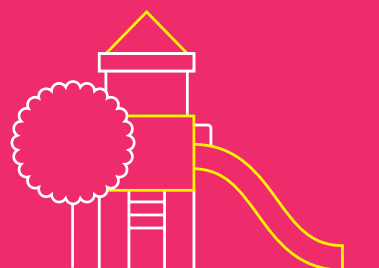
The Health Inequalities Strategy will set out the Mayor's vision for a healthier, fairer city over the next ten years. It outlines in detail the Mayor's policies and proposals and what he will do in his current term, which he hopes will provide an important starting point to realising the longer term ambition. This will include any changes that have been made because of your feedback on this consultation document. It will also include examples of commitments that other organisations in London will make in support of the five aims, and detail how the Mayor will work with and support them. It will explain how roll-out of this strategy can be measured and overseen in partnership with the London Health Board.

Working with Public Health England, the Mayor will track London's progress in reducing health inequalities and report this via the London Health Board.



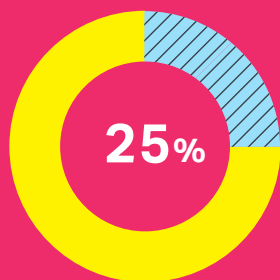
Chapter 04

AIM ONE



Healthy Children:

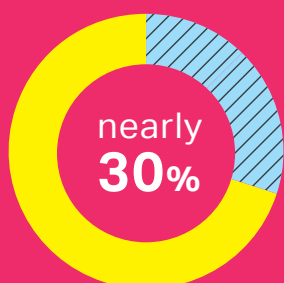
EVERY LONDON CHILD
HAS A HEALTHY START IN LIFE



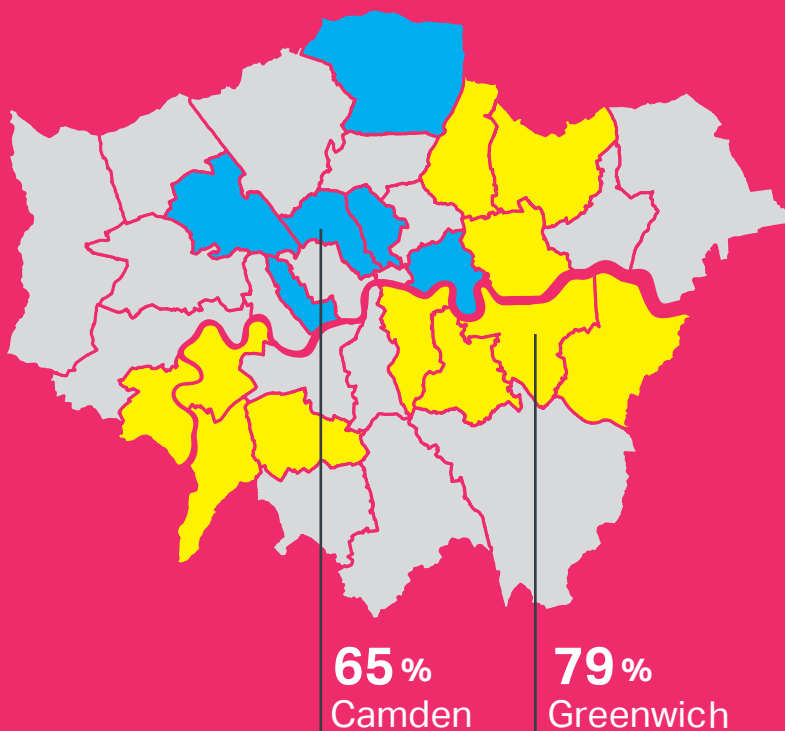
of 5 year-olds have tooth decay when they start school

There are wide variations between the proportion of children who are ready for school in London: 65 per cent in Camden compared to 79 per cent in Greenwich

- Better than England
- Same as England
- Worse than England

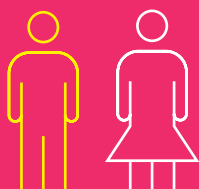


of children in London aged 5 years do not achieve a good level of development



1.2 x

Girls are 1.2 times more likely to have a good level of development compared to boys

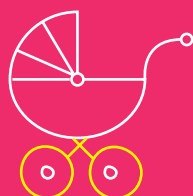


1.2 x

Pupils not eligible for free school meals are 1.2 times more likely to have a good level of development compared to those who are eligible



Babies born in Kensington and Chelsea are half as likely to have a low birth weight as those born in Redbridge



Low birth weight is associated with increased risk of

- Childhood mortality
- Developmental problems
- Poor health in later life



References

Public Health England, Public Health Profiles – Fingertips online data tool, <https://fingertips.phe.org.uk/>.

Date accessed: 15 June 2017

Public Health England, Dental Public Health Epidemiology Programme for England, Oral Health Survey of five-year-old children, 2015

Public Health England, Public Health Profiles – Fingertips online data tool, <https://fingertips.phe.org.uk/>.

Date accessed: 15 June 2017

The Mayor wants every London child and young person to have a healthy start in life.

Poor physical and mental health in early years and childhood has been shown to have consequences that reach into adolescence and adulthood. By the time children are old enough to start school, inequality is already well entrenched. Poor health can limit a child's opportunities long before they are able to make decisions for themselves.

There are wide differences between London's diverse communities in key indicators of child health and wellbeing. These include childhood obesity rates, exposure to traumatic and stressful experiences, low birth weight, and oral health. Many of these are related to poverty, so tackling child poverty and other wider influences on child health are vitally important to reduce health inequalities. There is more information about the Mayor's work on this in the Healthy Places chapter.

A healthier, fairer city starts with excellent health for all children and young people. This will be achieved through support for fair and equal access to healthier, good quality, early education and childcare and laying the foundations for good lifelong health.

There are two objectives to help achieve the Mayor's vision:

1. London's babies have the best start to their life
2. Early years settings and schools support children and young people's health and wellbeing

OBJECTIVE 1.1:

London's babies have the best start to their life

The causes of poor health in young children can start even before they are born. Inequalities in pregnant women's incomes, housing, habits and access to effective healthcare and other services all have an impact. For some, this can mean that they don't reach health services until late in their pregnancy, which can lead to late diagnosis of health conditions and low birth weight. These can seriously limit a child's development and learning¹⁵.





From birth, one of the best things we can do to address health inequalities is to support parents¹⁶. We must do all we can to help them to cope with the challenges of parenting. This includes supporting them to have their children vaccinated against preventable illness and helping them to keep themselves healthy. It also includes enabling them to understand a child's development goals and the potential health issues they might encounter. Together, these can all help parents to give their children a healthy start in life. Social prescribing may be one way to help this, and you can read more about it in the Healthy Communities chapter.

The NHS, along with London's boroughs and with the Mayor's support, will soon launch the Child Health Digital Hub. This includes an online version of the traditional Red Book given to all parents at the birth of their child. This helps parents and health professionals keep a track of screenings, vaccinations and the child's physical development. It will enable parents to have one complete and consistent view of the health of their children, no matter which agency they engage with or where in London they live.



The Child Health Digital Hub is for every family. But it will also help to reduce inequalities by helping us to better understand how children's health varies across London. The way we collect and understand child health data hasn't changed in over 20 years. Updating our approach will allow the NHS and London's boroughs to better plan services and target the right support where it is most needed across London as early as possible.

Making it easy for mothers who want to breastfeed is also vital to early life. Breastfeeding is not only good for the health and development of infants, it is also good for the health of mothers¹⁷. However, breastfeeding can be very difficult to start or sustain and there is wide variation across London in both the rates of breastfeeding initiation and the proportion of mothers who stop breastfeeding.¹⁸ London needs to become a more welcoming city for breastfeeding. The London Healthy Workplace Charter is the Mayor's award scheme to help workplaces to be healthier environments. Through this, we will encourage businesses to ensure that flexible working practices and family friendly policies are in place, including policies supporting breastfeeding.

The Mayor will show his support for the launch of the Child Health Digital Hub, including the new e-Red Book, supporting parents to better understand the health of their children and how they are developing.

The Mayor will continue to encourage businesses to put in place flexible working practices and family friendly policies, including policies on breastfeeding through the London Healthy Workplace Charter.

City Hall will lead by example in supporting mothers who wish to breastfeed while visiting or working here.

OBJECTIVE 1.2:

Early years settings and schools support children and young people's health and wellbeing

Safe, healthy environments where all children can develop, learn and play are essential to give all of London's children a healthy start in life. We know that for children to develop healthy habits these must be a normal part of their environment. That means these habits must be practised by their role models and routinely part of their everyday lives, such as in childcare and in schools¹⁹.

The Mayor wants London's children to have a healthy and happy start in life which continues as they go into education. He is now piloting a new Healthy Early Years Awards programme. This will provide a framework for good child health to London's 18,000 childcare settings to create healthy places where under-fives can play and learn. He will also help their parents and families to support good health and development.

The Mayor's Healthy Early Years London Awards programme will be open to all childcare settings registered with Department of Education, including childminders. The programme will encourage healthy eating and active play. It will also boost emotional wellbeing and support parenting. This new award will improve childcare, assure parents and help to reduce inequalities from the start through a universal but proportionate approach. It will be open to all, but we will also give particular attention to ensuring it reaches the places where it is most needed. This includes areas where child outcomes such as school readiness and breastfeeding are lowest. And we will monitor uptake to make sure we are reaching the children who are in the greatest need.

As London's children move from early years settings to schools, it will be important that they are still growing up in healthy environments. The Mayor will also continue his successful Healthy Schools London programme that supports children and young people to lead healthy, happy lives and achieve their full potential. Over 1,900 London schools are already signed up to the scheme. Each one has committed to promoting healthy eating, physical activity, emotional health and wellbeing and Personal Social Health Education (PSHE). The programme has been particularly successful in deprived areas and aims to continue to reduce health inequalities in this way.

"The Mayor's key ambition is to launch a new health programme that will support London's early years settings. "

Through the London Plan, the Mayor wants to ensure that London's schools are healthy places for all children and young people to learn, in terms of their design and location. For example, entrances to new schools will be safer and healthier if they are located away from busy roads and have traffic calming in place. He also wants safe walking and cycling routes to school. This will encourage children to be more physically active and reduce their exposure to poor air quality. In addition, he recognises the increasing pressure on land for development in London. That means he will encourage innovative design in new schools. This will ensure they are both high quality and offer the space children need to be healthy in an increasingly dense environment.

The Mayor's key ambition is to launch a new health programme that will support London's early years settings. This will be twinned with his successful Healthy Schools London programme, ensuring London's children have healthy places in which to learn, play and develop.

CONSULTATION QUESTIONS

Q 1

IS THERE MORE THAT THE MAYOR SHOULD DO TO REDUCE HEALTH INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE?

 london.gov.uk/talk-london/healthstrategy

Q 2

HOW CAN YOU HELP TO REDUCE HEALTH INEQUALITIES AMONG CHILDREN AND YOUNG PEOPLE?

 london.gov.uk/talk-london/healthstrategy

Q 3

WHAT SHOULD BE OUR MEASURES OF SUCCESS AND LEVEL OF AMBITION FOR GIVING LONDON'S CHILDREN A HEALTHY START TO LIFE?

 london.gov.uk/talk-london/healthstrategy





Chapter 05

AIM TWO



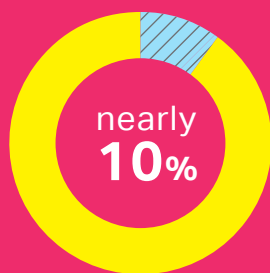
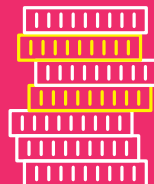
Healthy minds:

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

Approx. 1 in 4
people in the UK will
experience a mental health
problem each year



£26 billion
Economic and social impact of
mental ill- health every year



**of children and young people
living in the capital aged between
5 and 16 experience some form
of mental ill-health**

References

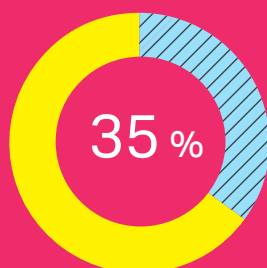
McManus, S. et al., The NHS Information Centre for health and social care, 'Adult psychiatric morbidity in England, 2007: results of a household survey', 2009.

Public Health England, Public Health Profiles (estimated) – Fingertips online data tool, <https://fingertips.phe.org.uk/>. Date accessed: 15 June 2017

Greater London Authority, London Mental Health: The invisible costs of mental ill-health, 2014

33% increase

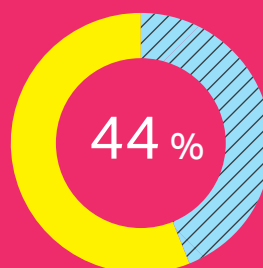
London's suicide rate has increased from 7.8 per 100,000 people in 2014, to 10.4 per 100,000 in 2015



The risk among males in skilled trades was 35 per cent higher than the male national average

15-25 years

People with severe and prolonged mental illness in London are at risk of dying on average 15 to 25 years earlier than other people



Men working in the lowest-skilled occupations had a 44 per cent higher risk of suicide than the male national average



In London, more than two million people will experience some form of mental ill-health every year²⁰. Almost ten per cent of young Londoners aged between five and 16 experience some form of mental ill-health²¹. The wider impacts of mental ill-health cost us over £26bn a year²².

Mental ill-health is both a cause and consequence of inequality²³. Certain groups in society may be particularly at risk of experiencing mental health issues. This includes households living in poverty, people with chronic health conditions, minority groups, and people exposed to violence or abuse²⁴. Accompanying discrimination due to ethnicity, cultural background or sexuality can also worsen mental ill-health²⁵.

People with mental health issues have their own set of risks. These include a higher likelihood of experiencing disability, stigma and discrimination, social exclusion and poverty²⁶. Rates of smoking and alcohol misuse are also higher among people with mental ill-health than the average population. People with severe and prolonged mental illness in London are also likely to die on average 15 to 25 years earlier than other people²⁷.

The Mayor's vision is to create a healthier, fairer city. He wants London's public, private and voluntary and community sectors and communities to work together to prevent mental ill-health. He also wants to ensure that those with mental illness have the support they need to thrive.

There are five objectives to help achieve this:

1. Mental health becomes everybody's business across London. Londoners act to maintain good mental health of themselves, their families, friends, neighbours and colleagues.
2. There is parity of esteem between mental and physical health
3. London's diverse populations no longer experience stigma associated with mental ill-health, and levels of general awareness about mental health increase
4. London's employees are mentally healthy
5. Londoners feel able to talk about suicide and can find out where they can get help.

OBJECTIVE 2.1:

Mental health becomes everybody's business across London. Londoners act to maintain good mental health of themselves, their families, friends, neighbours and colleagues.

One of the main ways in which the Mayor is supporting better mental health more directly is through personally championing the new Thrive LDN programme.

Thrive LDN is a city-wide movement focusing on mental health and communities. It will aim to educate, equip and empower all Londoners to lead healthier, happier lives, bringing the city together to join around a collective purpose for mental wellbeing in London. As well as identifying 'once for London' actions – things that we can do more efficiently by working together across the whole city - Thrive LDN will use collaborative action with local communities to make changes at a local level.

Maintaining good mental health and prevention of mental ill-health are at the heart of Thrive LDN. This means taking action for everyone, but it also means supporting specific groups of people who are at higher risk of developing mental health issues^{28 29}. Some people have both more risk factors for mental health issues and less opportunity to protect their mental health. Poverty increases the risk of mental health issues and can be both a cause and a consequence of mental ill-health³⁰. We need to understand how problems that build up in people's lives can contribute to mental ill-health.

To reduce mental health inequalities, we need to support these people. We also need the help of all Londoners and all of London's communities and community groups, as well as organisations like schools, hospitals and businesses. Only by working together can we act early to prevent mental health issues and find opportunities to promote positive health for all of London. The best changes for a community come from the community itself³¹.

The Mayor will provide political leadership for Thrive LDN and support the plans developed by the partnership where there is a case for the Mayor to act.

OBJECTIVE 2.2:**There is parity of esteem between mental and physical health**

For too long, mental health has been taken less seriously than physical health. Much work is being done to redress the balance and create parity of esteem, and it is important that this continues.

People with mental illness are less likely to receive treatment than anyone else in the health and social care system. Just a quarter of people with mental health problems receive treatment compared to, for example, 92 per cent of people with diabetes and over 75 per cent of those with heart disease.³² We must address these inequalities in access to treatment and services. As such, the Mayor welcomes the work underway through the Mental Health Five Year Forward View.³³

"Only by working together can we act early to prevent mental health issues and find opportunities to promote positive health for all of London."



Parity of esteem might also help people with mental ill-health to have better access to other services, including those which improve their physical health. The links between smoking, alcohol, substance misuse and mental health are both interlinked and complex. The link between smoking and premature death is well established. In England, 41 per cent of adults with a serious mental illness are smokers which is more than twice the rate of the general population (17 per cent)³⁴. People with mental health conditions are just as likely as the general population to want to quit smoking but are not getting the support they need. An estimated 44 per cent of community mental health patients have reported problem drug use or harmful alcohol use in the previous year³⁵.

The Mayor of London does not have a role in providing these services so cannot directly ensure mental and physical health have parity of esteem in care and treatment. However, he is taking action to demonstrate his commitment to parity of esteem for mental and physical health throughout this strategy consultation document. This is being done through direct consideration of mental ill-health and its root causes and explicitly focusing on reducing inequalities in both mental and physical health. You can read more about how the Mayor is addressing some of the underlying causes of mental ill-health in the Healthy Places and Healthy Communities chapters.



The Mayor is also directly embedding mental health improvement as a core part of all his health programmes, supporting good mental health for children through his Healthy Schools and Early Years programmes and for workers through the London Healthy Workplace Charter. He is also supporting safe and mentally healthy communities through the Police and Crime Plan.

The Mayor will consider mental health and mental health inequalities at the same time as physical health inequalities throughout his work, and will challenge others to do the same.

The Mayor chairs the London Health Board partnership. In this role, he advocates for Londoners to have proper access to mental health services and a move towards parity of esteem between physical and mental health illness.

OBJECTIVE 2.3:

London's diverse populations no longer experience stigma associated with mental ill-health, and levels of general awareness and understanding about mental health increase

Awareness of mental health is improving. However, we recognise that as a city we could improve our understanding of mental health. Nearly nine out of ten people with mental ill-health say that stigma and discrimination have a negative effect on their lives.³⁶ We need to build on the work of initiatives like Time to Change³⁷. This is a movement led by Mind and Rethink that aims to change how people think and act about mental health.

People experience a range of inequalities because of mental ill-health, but certain groups are disproportionately affected. People from lesbian, gay, bi-sexual and transgender + (LGBT+) communities, some black and Asian and minority ethnic (BAME) communities, deaf and disabled people (including people with learning disabilities) amongst others, have higher rates of mental health issues³⁸. Inequalities doubly affect people within these groups. People can experience multiple barriers and discrimination both because of their identity and because of their mental ill-health. This discrimination can worsen mental health issues, potentially increasing stigma still further.

By both improving awareness and looking to combat stigma around mental health, we can make London a better city for all. The Mayor wants all of London to talk about mental health, to combat and prevent stigma. We want to improve Londoners' knowledge to enable individuals and communities to empower themselves and support each other.

The Mayor will campaign to reduce the stigma and discrimination associated with mental health issues. He will also promote good mental health and raise general awareness at City Hall, through social marketing and across other policy areas.

The Mayor commits to sign the Time to Change pledge and encourages other organisations to do so.

OBJECTIVE 2.4:

London's workplaces are mentally healthy

There is a clear link between a personal sense of wellbeing, job satisfaction and productivity. In 2016, mental health issues - including stress, depression, anxiety and more serious conditions such as manic depression and schizophrenia - resulted in 15.8 million UK working days being lost ³⁹.

Mental ill-health remains the commonest reason for exclusion from the workforce. Nine out of ten people believe that disclosure of either a past or present mental health issue would damage their career⁴⁰. There is already much being done to help get people with mental health issues into work.

Because of stigma and discrimination, people with mental ill-health often struggle to find and secure employment. Only ten to 16 per cent of people with a mental health condition, excluding depression, are in employment. This is despite 85 per cent wanting to work⁴¹. Schemes like 'individual placement and support' can help people with mental health issues into work and support both them and the employer to keep them in work.



"The Mayor's key ambition is to inspire more Londoners to have mental health first aid training, and more London employers to support it."

In addition, we want to take practical steps to give Londoners the tools to have a greater understanding of mental health issues at work. That way they can help others and have a greater insight into their own mental health.

People need to know how to recognise the signs of mental health issues and have the knowledge to help themselves or find the right help, and support others. In the workplace, training programmes like mental health first aid increase awareness and provide practical tools. They can also increase the confidence of managers and colleagues to spot signs and symptoms early.

Mental health is one of the key themes in the Mayor's London Healthy Workplace Charter, which you can read about in the Healthy Places chapter. Employers are encouraged to develop mental health strategies. This includes training employees to raise mental health awareness and reduce stigma, and training line managers to support people with a mental health condition. The aim is to create supportive workplaces where all employees can flourish. The Charter links to a wide range of resources including Time to Change, Business in the Community and others that offer practical support to employers of all sizes and sectors.

The Mayor will introduce mental health first aid training, or equivalent, for City Hall staff. He will also encourage Transport for London, the Metropolitan Police, London Fire Brigade and others to build on work they have already started.

The Mayor will champion effective schemes to recruit and retain people with mental ill-health.

The Mayor will support London's employers to create workplaces that are more mentally healthy through the Healthy Workplace Charter.

The Mayor's key ambition is to inspire more Londoners to have mental health first aid training and more London employers to support it.

OBJECTIVE 2.5:

Londoners can talk about suicide and find out where they can get help.

In England, a person dies from suicide every 107 minutes⁴², equivalent to three times the number of deaths resulting from road traffic collisions. In London, every week, more than 14 Londoners choose to end their own lives.

Many more have attempted to end their lives by suicide. Some 310,000 adults in London have attempted suicide in their lifetime and a further 283,000 people have thought about suicide – one in ten adults⁴³. London's suicide rate has increased from 7.8 per

100,000 people in 2014, to 10.4 per 100,000 in 2015.⁴⁴

Suicide disproportionately affects some groups of people and communities, for example men are three times more likely than women to take their own lives⁴⁵.

Nationally suicide is the largest cause of death in men aged 15-49⁴⁶.

The risk of suicide among low-skilled male labourers, particularly those working in construction roles, is three times higher than the male national average⁴⁷. In London suicide is concentrated mainly in inner London boroughs. With only two exceptions, every borough in inner London has a higher suicide rate than the London average. Men working in the lowest-skilled occupations had a 44 per cent higher risk of suicide than the male national average; the risk among males in skilled trades was 35 per cent higher⁴⁸.

There is also a strong association between alcohol misuse and suicide. The National Confidential Inquiry into suicide and homicide by people with mental illness found that there was a history of alcohol misuse in 45 per cent of suicides among the patient population during period 2002 to 2011⁴⁹.



It is with the knowledge that each of these tragic events is preventable that London sets a guiding aspiration to become a 'zero suicide city'. As a first step, the aim is to meet the national target of a 10 per cent reduction in the number of suicides.

There is much good work already happening. This includes local authorities' suicide prevention and reduction plans, the work of TfL and Network Rail reducing suicides on the transport network, and the work of City of London, the Samaritans, and RNLI in reducing suicides in the River Thames.

Thrive LDN is working to help London become a city that has a better understanding of suicide. We aim to help someone who might be feeling suicidal and support families, friends, colleagues and communities affected. We want all Londoners to feel able to talk about suicide and seek help. To reduce suicide deaths in London, we need to work in partnership. This includes ensuring that there is accurate and timely data in relation to suicide so that we can understand and respond to changes in trends.

The Mayor with partners will support the Thrive LDN movement to establish a long-term shared vision for a zero-suicide city, and campaign to raise awareness about suicide.

CONSULTATION QUESTIONS

Q 4

IS THERE MORE THAT THE MAYOR SHOULD DO TO MAKE SURE ALL LONDONERS CAN HAVE THE BEST MENTAL HEALTH AND REDUCE MENTAL HEALTH INEQUALITIES?

london.gov.uk/talk-london/healthstrategy

Q 5

HOW CAN YOU HELP TO REDUCE MENTAL HEALTH INEQUALITIES?

london.gov.uk/talk-london/healthstrategy

Q 6

HOW CAN WE MEASURE THE IMPACT OF WHAT WE'RE DOING TO REDUCE INEQUALITIES IN MENTAL HEALTH?

london.gov.uk/talk-london/healthstrategy



Chapter 06

AIM THREE



Healthy places:

ALL LONDONERS BENEFIT FROM
A SOCIETY, ENVIRONMENT AND
ECONOMY THAT PROMOTES GOOD
MENTAL AND PHYSICAL HEALTH

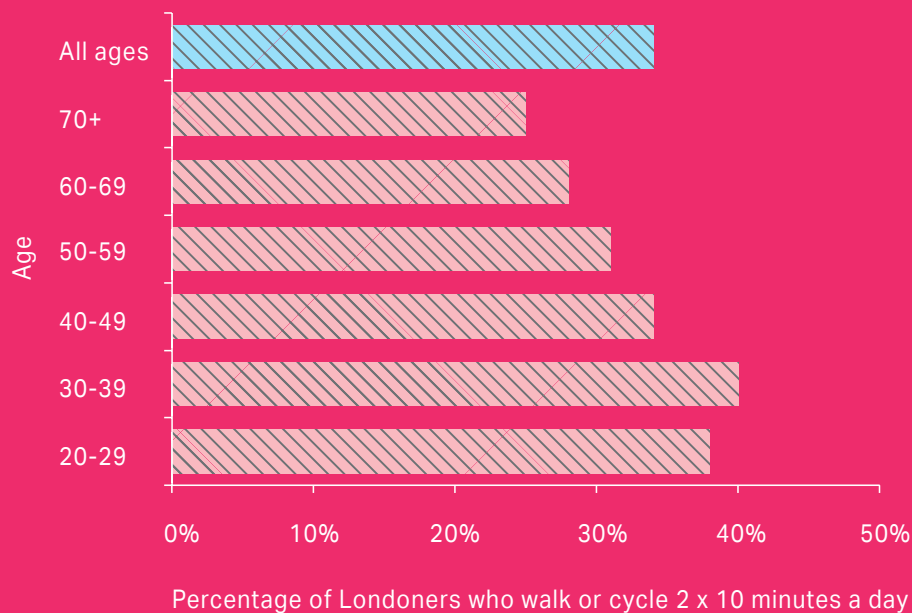
4 in 5 schools

in the most deprived communities are located in areas of poor air quality



1 in 4

privately rented homes do not meet the Decent Homes standard



References

https://www.london.gov.uk/sites/default/files/analysing_air_pollution_exposure_in_london_-_technical_report_-_2013.pdf

Transport for London, Travel in London Report 8, 2015

Department of Energy and Climate Change, Annual Fuel Poverty Statistics, 2016

Approx. 89,000

children, were living in temporary accommodation at the end of 2016



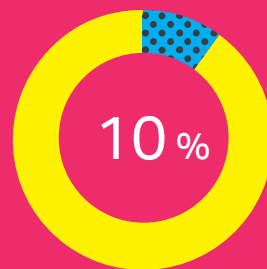
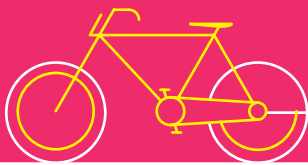
47 years old

Rough sleepers experience some of the poorest health, on average they die at age 47



only 34%

of adults in London walk or cycle for 20 minutes or more on a given day. This decreases by age.



of London's households are affected by fuel poverty

All Londoners deserve a fair opportunity to live in good health. The biggest influence on our health, and on health inequalities between different groups, is the conditions in which we are born, grow, live, work and age. There are stark inequalities in these conditions between Londoners. The circumstances in which we live are often linked: for example, having a low income makes it more difficult to access quality housing. There is also a disturbing cyclical relationship with poor health. For example, people with severe mental illness are less likely to get secure work, which reinforces other inequalities. Multiple disadvantage is closely linked to poor physical and mental health.

Addressing underlying inequalities in our social, economic and physical environment will have the greatest impact on health and health inequalities in the long term.⁵⁰ It is also an area in which the Mayor has substantial powers. It is therefore a key aim of this strategy and there are seven objectives to help achieve this:

1. London's air quality improves
2. Health inequalities are reduced through planning and making our streets healthier
3. London is a greener city where all Londoners have access to good quality green space
4. The negative impact of poverty and income inequality on health is addressed
5. London's workplaces support more Londoners into healthy, well paid and secure jobs
6. Housing quality and affordability improves
7. Homelessness and rough sleeping in London is tackled

OBJECTIVE 3.1:

London's air quality improves

Poor air quality has been associated with many health problems including lung and heart diseases.⁵¹ It affects the health of all Londoners but some parts of the city and certain groups are affected more than others. People in the lowest socioeconomic groups are more likely to be exposed to poor air quality⁵² and that exposure is more likely to result in poor health⁵³. Of the more than 400 London primary schools located in areas of poor air quality four-fifths were schools in the most deprived communities.⁵⁴

London now meets nationally set legal limits for most pollutants and we have seen a reduction in some. However, two - NO₂ and particulate matter - remain a concern. London is failing to meet the legal limit for NO₂, which is primarily a transport related pollutant. Levels of particulate matter should also be reduced as this is damaging to health at any level.

The Mayor aims for London to have the best air quality of any major world city. This would reduce the exposure of Londoners to harmful levels of pollution, especially in more deprived areas. Improving air quality directly protects health and reducing inequalities in air quality by reducing car use can reduce related health inequalities. It can also make streets more accessible and welcoming, giving people a chance to mix

socially and be more active. The Mayor's draft Environment Strategy outlines how air quality could be improved.

The Mayor proposes to deliver the following objectives of his London Environment Strategy in order to reduce health inequalities arising from poor air quality:

- **Reduce exposure of Londoners to harmful pollution across London – especially at priority locations like schools – and tackle health inequality**
- **Achieve legal compliance with EU and UK limits for all air pollutants as soon as possible, including by mobilising action by the London boroughs, Government and other partners.**
- **Establish and achieve new, tighter air quality targets for a cleaner London by transitioning to a zero emission London by 2050, meeting all World Health Organisation health-based guidelines**

The Mayor's key ambition is to work towards London having the best air quality of any major global city.

"The Mayor's key ambition is to work towards London having the best air quality of any major global city"

OBJECTIVE 3.2:

Health inequalities are reduced through good planning and making our streets healthier

Streets make up 80 per cent of public space in London. The Mayor wants to make streets welcoming and accessible for all. This will encourage people to walk and cycle and take part in their local community. It can also reduce inequalities caused by air and noise pollution, road injuries and social isolation.

Physical activity has strong benefits to physical and mental health, for example reducing risk of heart disease and cancers, helping depression and anxiety and increasing mental wellbeing. Only 58 per cent of adults and three in ten children aged 5-15 in London meet minimum activity levels needed for good health. Children under five are amongst the most inactive groups. There are stark inequalities in physical activity too. For example, older people and disabled people are more likely to be inactive.

Sport and leisure activities can also improve health and give social benefits. However low income and disability can be a barrier to these. We know that building activity into the daily routine is the best way to stay active throughout life. Many more Londoners could be more active every day by walking or cycling as part of their journeys or using streets for leisure and outdoor play. To enable this, we must make walking, cycling and public transport the most attractive transport options. We must also create street environments that are inviting spaces to use. Only 34 per cent of adults in London walk or cycle for 20 minutes on a given day.

By taking the Healthy Streets Approach, the Mayor and Transport for London aim to make London a more attractive place to walk, cycle and use public transport rather than drive. This is particularly important for older people, the very young, disabled people and people living on lower incomes, who disproportionately feel the negative impacts of living in a car-dependent city.

The Healthy Streets Approach makes positive changes to our street environments against ten Healthy Streets Indicators (see diagram 5 and 6). To reduce inequalities, it must prioritise streets that currently pose the greatest health threats in terms of noise, air pollution and road danger. Each year there are around 30,000 casualties on London's roads, of which in 2015 just over 2,000 led to serious injury, and 136 resulted in a death (TfL, Casualties in Greater London during 2015). Improving performance against the indicators will help to reduce health inequalities as well as improve health and wellbeing for everyone.

Figures 5 and 6:
The Healthy Streets Approach & How the 10
indicators of a Healthy Street relate to health
inequalities



Source: Lucy Saunders

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

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

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

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

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

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

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

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

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

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



The London Plan is the Mayor's overall development strategy for London. London Plan policies must be considered when planning decisions are taken in any part of London.

The London Plan will play a key role in delivering the Healthy Streets Approach by promoting mixed use development. It will also promote higher density development in sites with good transport connectivity so that people have the things that they need within walking or cycling distance, or can easily access them by public transport.

New developments and their surroundings can make a big difference to the health of the people who live and work in an area by changing the local environment. These changes can be positive or negative. That's why it's important to make sure health and health inequalities are considered when development proposals are being prepared and assessed.

The Mayor is due to consult on a new London Plan later in 2017. The new London Plan will strengthen the consideration of the impact of planning on health and health inequalities.



The Mayor's aim is, by 2041, for all Londoners to do at least the 20 minutes of active travel they need to stay healthy each day. This is reflected in his Transport Strategy.

The Mayor will strengthen the impact of the planning process on health and health inequalities through the new London Plan and agree appropriate outcome measures.

The Mayor will promote a built environment which enables all Londoners to participate in community life on their streets.

OBJECTIVE 3.3:

London is a greener city where all Londoners have access to good quality green space

There are big inequalities in both the availability and use of quality green space in different communities and different parts of London. Living in greener places is associated with a range of positive health outcomes, from a longer life in older people to improved mental and physical health.⁵⁵

⁵⁶ There is also evidence that greener neighbourhoods may reduce the impact of deprivation on health. The differences in health between wealthier and poorer people appear smaller in places with the greenest environments.⁵⁷

Public parks and green spaces need to be maintained and improved to be places that provide opportunities for a wide variety of informal recreation and play. They should also be designed to be part of safe and secure walking and cycling routes to and from schools, public transport hubs and high streets.⁵⁸

Greening, such as trees, planting, green roofs and green walls provides shade and shelter, things to see and do, makes places less noisy and helps people to feel more relaxed. Other benefits include cleaning the air, reducing flooding, cooling the city (with related health benefits) and providing people with access to green space and nature close to where they live and work.

The Mayor wants to ensure that London's green spaces and other features such as street trees, planting, green roofs and walls are planned, designed and managed as an integrated green infrastructure. This approach will maximise the health benefits of a greener city.

The Mayor will protect London's green spaces and ensure that all Londoners have access to good quality green space.

The Mayor will encourage the creation of a network of green infrastructure that is designed and managed to minimise inequalities in physical and mental health.

OBJECTIVE 3.4:

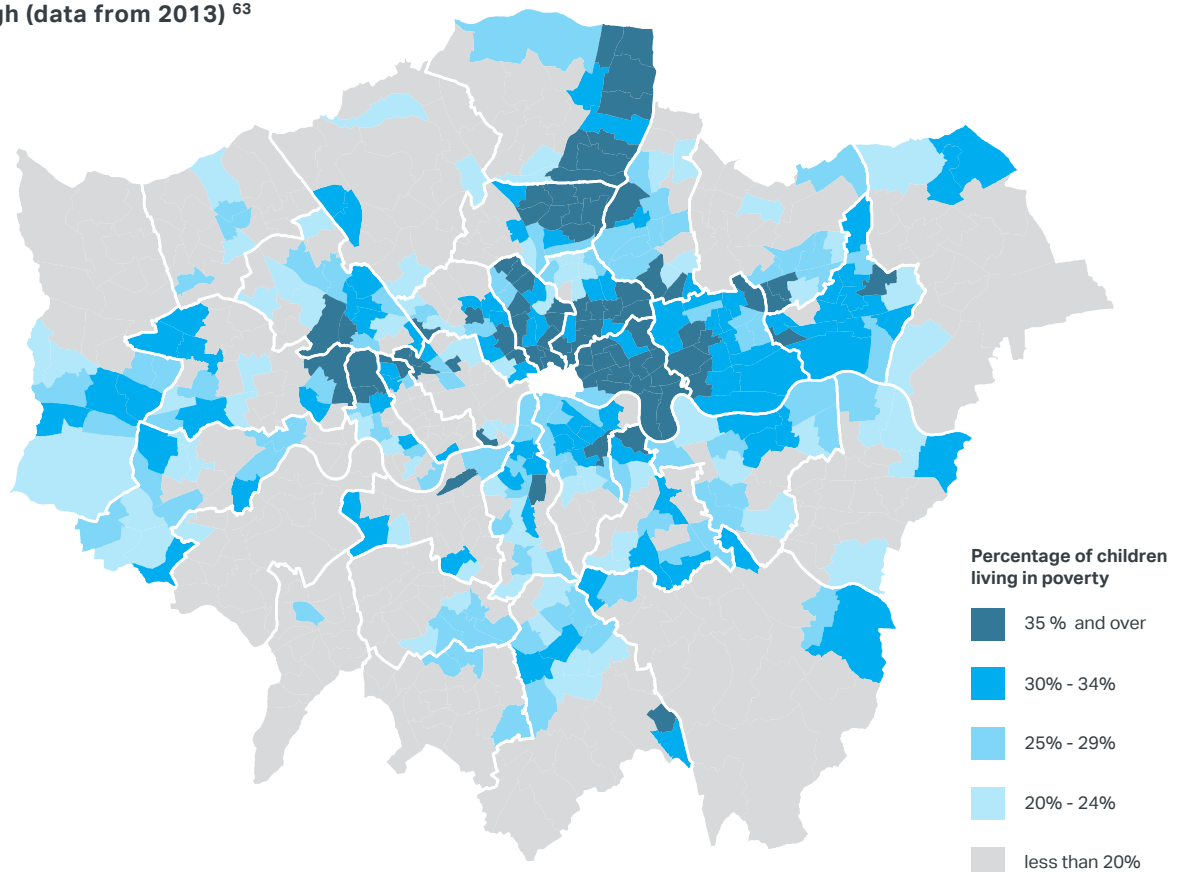
The negative impact of poverty and income inequality on health is addressed

Economic fairness is one of the best ways to reduce health inequalities. This is because poverty and low living standards have such a strong impact on the main influences of health.⁵⁹ Poverty can worsen health through material deprivation. It means people can't afford the elements of a basic healthy standard of living, including decent quality, affordable housing, nutritious food, or fuel for heating. The negative impact on health can be deepened through psychological factors. These include stress and isolation arising from a lack of control,⁶⁰ and inability to afford to take part in social activities.⁶¹ Unemployment is linked with many poor mental and physical health outcomes.⁶²

The Mayor wants to improve the city's social integration and reduce income inequality. To lead this work, he has established an economic fairness programme at City Hall. This includes promoting the London Living Wage to London's employers. Reducing the number of Londoners on low pay and in poverty will have a positive impact on their wealth and prosperity. It will also improve Londoners' mental and physical health and wellbeing.

Fuel poverty is also a problem of inequality. It is defined as not being able to pay to keep your home lit and warm without cutting back on essentials such as food. Fuel poverty is increasing, and now affects more than ten per cent of London's households. Londoners are experiencing falling average incomes. This is coupled with increasing housing costs, poor energy efficiency of homes and more recently, increasing energy prices. It has both short- and long-term negative impacts on the health of the most disadvantaged communities in society.

Figure 7: Children in poverty using HMRC measure by borough (data from 2013) ⁶³





Fuel poverty is an issue for low income groups living in the social rented sector or the private rented sector, where rising rent has squeezed tenants' incomes. Measures to address fuel poverty include ensuring households get all the benefits to which they are entitled and the best fuel deals. Importantly, it includes the promotion of a reasonable wage too. The Mayor is also currently working to improve the energy efficiency of existing homes and to ensure new housing stock is energy efficient.

The Mayor will do all in his power to contribute towards addressing the causes and effects of poverty in London

The Mayor will work to reduce income inequality through his economic fairness programme

The Mayor will work with partners to reduce the impact of fuel poverty on vulnerable Londoners through the Mayor's Fuel Poverty Action Plan.

OBJECTIVE 3.5:

London's workplaces support more Londoners into healthy, well paid and secure jobs

A secure and well-paid job is a route out of poverty for both adults and their children.

There is strong evidence that being in work can be good for physical and mental health and wellbeing. But it is not enough to aim simply for 'employment for all'; the health benefits of work also depend on the quality of the job. 'Good work' is being healthy, safe and secure. It means offering individuals some influence over how their work is done. In addition, it provides flexibility in working hours and the pace of work. It also offers appropriate rewards and a sense of self-worth for employees.

To address inequalities in London it is important to help the poorest and most disadvantaged groups who are least likely to be in good quality employment. Supporting more people into well-paid work is an important first step towards reducing inequality.

The Mayor believes all those that want to work, and who can, should have access to a job where they are fairly paid and treated, feel valued, and are able to progress. Evidence shows that employees earning the London Living Wage have significantly higher psychological wellbeing on average than

those who do not, regardless of their social class. This offers benefits to both worker and employer.⁶⁴ The Mayor wants London to become a 'Living Wage City', where as a minimum everyone is paid a wage that reflects the cost of living here. The Mayor has led by example and adopted the London Living Wage for the GLA group. Businesses need to play their part by signing up to the Living Wage and the Mayor's new Good Work Standard by pledging to adopt model standards of employment and working practices.

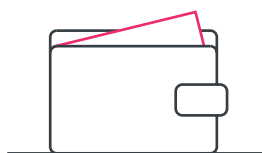
In London, most people living in poverty are in a working family. As employment has increased so has the number of people in a working family in poverty - from 700,000 to 1.2 million in the last decade, an increase of 70 per cent.

(data from 2013/14 compared with 2003/4)⁶⁵

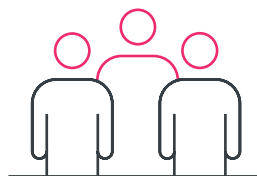
The London Healthy Workplace Charter is a voluntary employer accreditation process that supports and rewards employers for investing in workplace health and wellbeing. To achieve accreditation, employers meet standards which helps them create and develop healthier workplaces. For example, to improve mental health, employers are encouraged to offer training and awareness-raising relating to mental health and stigma and to create supportive workplaces. Employers of every size and sector have signed up. Now, the Mayor wants to target employers within traditionally low paid sectors, such as hospitality, retail and social care, to sign up. This will help maximise the programme's benefits to reduce health inequalities as well as improving health.

To date, more than 160 organisations have been accredited to the Charter, benefiting more than 300,000 employees.

In London, most people living in poverty are in a working family.



increase in working families living in poverty



People with poor health or disabilities can be disadvantaged in the labour market. This perpetuates the cycle of poor health and low income. Through London's European Social Fund (ESF), the Mayor is supporting programmes to help specific groups who are unemployed or in low paid jobs into sustainable work. This includes people with physical and mental health conditions and disabilities. In addition, after sustained lobbying, the Autumn Statement 2016 announced that the Work and Health Programme is being devolved to London. It is an opportunity for greater involvement in the design of future work programmes. This will help align employment services with other locally run services such as housing, health, debt advice and childcare to reduce an individual's barriers to work. The devolved programme will link with London's European Social Fund to assist the long-term unemployed and those with health conditions or disabilities find work in London.

Healthy Workplace Charter badge



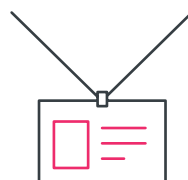
The Mayor will encourage employers to sign up to the London Living Wage through his Good Work Standard. He will also continue to work with the new Living Wage Commission to ensure the London Living Wage rate reflects the real costs of living in London.

The Mayor will urge employers, particularly those within traditionally low paid sectors, to sign up to the London Healthy Workplace Charter, so that they can develop and maintain healthier workplaces.

The Mayor will use the devolved Work and Health programme to assist long term unemployed, those with health conditions or disabilities to get work.

300,000

employees in 160 organisations are benefitting from working for 'healthy employers'



OBJECTIVE 3.6:**Housing quality and affordability improves****Affordable good quality housing**

Decent, affordable housing protects both our physical and our mental health throughout our lives. However, the housing crisis in London in which too many good quality homes are out of the reach of Londoners has worsened health inequalities.

Due to the failure of supply to keep up with demand, the cost of owning or privately renting a home in London is high. Housing costs are a major factor in creating poverty in London. Poverty and low income have a major impact on health and wellbeing.⁶⁶

The cost of housing and the insufficient supply of family-sized affordable homes contributes to overcrowding. This affects eight per cent of households in London⁶⁷.

Overcrowding brings risks to mental health such as stress, anxiety, violence and abuse, as well as physical risks of injuries from falls or burns and infectious diseases.⁶⁸ It most affects poor, young families and children from BAME backgrounds. Lack of affordable housing is also a cause of people being homeless, living in poor accommodation or moving from their communities and social support.

Many older or disabled Londoners are living in homes that do not meet their needs. Where possible and appropriate, people should be enabled to remain in their own homes.⁶⁹ This may require adaptations or support in the home. Other people may need to move to more accessible dwellings or specialist or supported housing where they can live independently as part of their community.⁷⁰ Living in housing where there is insufficient support or accessibility can impact negatively on health and wellbeing.

Lack of affordable housing can also contribute to homelessness. It leads to people moving from their communities and social support or living in poor accommodation.

To address these issues the Mayor has made building more genuinely affordable homes for Londoners to rent or buy a priority. He will ensure that new homes are designed to meet the needs of London's diverse population. He is also ensuring that new developments include homes which are wheelchair user dwellings or accessible or adaptable dwellings.





By 2021, the Mayor will invest £3.15bn in starting 90,000 new affordable homes for Londoners to rent and buy. This will include supported and specialist housing. He will also seek to introduce a new planning policy in the London Plan to increase the proportion of all new homes that are genuinely affordable.

Improving the private rented sector

The health impacts of poor quality housing are wide-ranging. They include illnesses related to damp, cold, mould and noise, as well as excess winter deaths from cold, and injuries resulting from hazards to health and safety. Almost one in five adults in poor housing in England have poor mental health, and improvements to housing result in corresponding reductions in anxiety and depression.⁷¹

Just under one in five homes do not meet the Decent Homes standard. While this is an improvement on previous years, it is still too many. Some of the worst housing conditions are found in the private rented sector. The proportion not meeting the Decent Homes Standard remains highest in this sector at just under one in four⁷² so it is a real concern.

The mental health of people living in private rented accommodation, particularly those in low income groups, may be affected by the insecurity of their tenancies^{73 74}. As rents have risen and the help available through the welfare system has decreased, some private sector tenants who claim Housing Benefit appear to have moved to areas with lower rents.⁷⁵ Such moves, can take people away from existing jobs and sources of employment, disrupt children's education and remove people



from social support networks, to the detriment of their health and wellbeing.

High rents, growing competition as Londoners who would previously have bought homes continue to rent, welfare reform and insecure tenancies are a toxic combination. It is low income and disadvantaged Londoners who often face the greatest barriers to securing decent private rented homes. As well as increased affordable housing and actions to address income inequality, it is important to improve the quality of private rented sector housing. Local authorities can use their enforcement powers to address the worst conditions in the private rented sector. The introduction of licensing schemes can also help improve the quality of accommodation in this sector.

The Mayor will work with boroughs and partners to tackle criminal landlords and letting agents and support boroughs that wish to set up licensing schemes to help raise standards.

OBJECTIVE 3.7:
Homelessness and rough sleeping are addressed

There has been a sharp increase in statutory homelessness in recent years. This has coincided with an even bigger rise in the proportion of homeless households caused by the ending of their private rented sector tenancy.⁷⁶ A growing proportion of homeless households who seek help from local authorities are ending up in temporary accommodation: about 54,000 households, including almost 89,000 children⁷⁷. This is a big concern.

About a third of households in temporary accommodation are living away from their local area⁷⁸. This can worsen the social, economic and environmental influences of poor health⁷⁹. A small but growing proportion of homeless households spend time in cramped bed and breakfast accommodation⁸⁰ where, for example, they may struggle to prepare healthy food⁸¹ or be at risk of injury.

The unaffordability of housing is a major cause of homelessness. Increasing London's supply of affordable housing is crucial to dealing with the root causes of homelessness, as is wider work to reduce poverty. However, this will take time and the Mayor is committed to helping those at the sharp end of London's housing crisis now, including rough sleepers.

Factors such as relationship breakdown and domestic abuse can also trigger homelessness. Physical and mental ill-health can contribute to people ending up on the streets, prolong the time they spend there and be worsened yet further by their living conditions. Almost three-quarters of those who sleep rough have support needs related to their mental health and/or substance misuse⁸².

Rough sleepers experience some of the poorest health outcomes and die on average at the age of 47⁸³. They are at higher risk of TB and are also far more likely to be victims of violence and abuse than the general population⁸⁴.

Addressing rough sleeping is challenging. Many rough sleepers have complex needs, many are mobile and many have no connection with any one London borough. The majority are non-UK nationals⁸⁵ with very limited accommodation options unless they are in work.

The Mayor sees this rise in rough sleeping in London as a growing source of shame to the city. To support rough sleepers off the street and ensure they do not return requires close partnership working. As one example, he will work with the NHS to better understand the problem of people being discharged from hospital to the street and develop solutions to it.

The Mayor will fund accommodation that can be used for homeless households through the 2016-21 Affordable Homes Programme, including hostels and refuges, and accommodation for those ready to move on from them. He will also work with boroughs to support close collaboration in their efforts to secure private rented sector accommodation for homeless households.

The Mayor will commission and develop pan-London services to help target particular groups of rough sleepers. This will mean that City Hall and borough-commissioned services can together ensure there is a route off the streets for every rough sleeper. He will lead and develop his 'No Nights Sleeping Rough' taskforce in identifying and pursuing new approaches to tackling rough sleeping in London.

CONSULTATION QUESTIONS

Q 7

IS THERE MORE THAT THE MAYOR SHOULD DO TO MAKE LONDON'S SOCIETY, ENVIRONMENT AND ECONOMY BETTER FOR HEALTH AND REDUCE HEALTH INEQUALITIES?

london.gov.uk/talk-london/healthstrategy

Q 8

HOW CAN YOU HELP TO REDUCE INEQUALITIES IN THE ENVIRONMENTAL, SOCIAL AND ECONOMIC CAUSES OF ILL-HEALTH?

london.gov.uk/talk-london/healthstrategy

Q 9

WHAT SHOULD BE OUR MEASURES OF SUCCESS AND LEVEL OF AMBITION FOR CREATING A HEALTHY ENVIRONMENT, SOCIETY AND ECONOMY?

london.gov.uk/talk-london/healthstrategy

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Chapter 07

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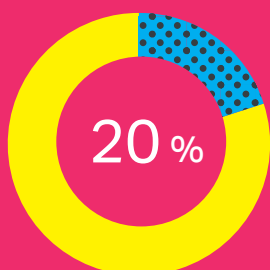


Healthy communities:

LONDON'S DIVERSE COMMUNITIES
ARE HEALTHY AND THRIVING

3.5 million

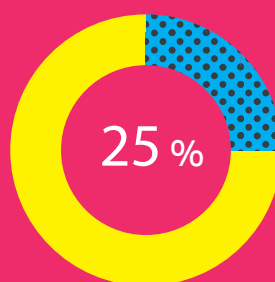
**Londoners formally volunteer
each year**



**of patients visit their
GP for social rather than
medical problems**

1 in 3

**people feel they can
influence decisions that affect
their local area**



**increased risk of dying
due to loneliness**

References

Primary Care Foundation and NHS Alliance, Making time in general practice (2015)
Holt-Lunstad, J. et al, Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review, 2015
Cabinet Office, Community Life Survey, 2016
Cabinet Office, Community Life Survey 2015/16

By 2020

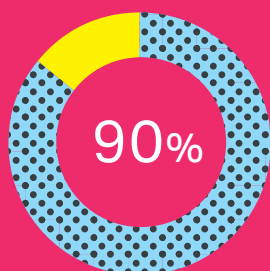
90%

of all people living with HIV
will know their HIV status



90%

of all people with diagnosed HIV
infection will receive sustained
antiretroviral therapy



of all people receiving
antiretroviral therapy will
have viral suppression



Our vision is for a healthier, fairer London. This is also a vision for a city in which the places that people live and the social networks they build do not unfairly reduce life expectancy or quality of life. We want London's neighbourhoods to create opportunities for all Londoners to support one another. We want to make places where people are experts in understanding their local strengths and needs. They can help to shape public services and create environments that support good mental and physical health. Aiming to support healthy communities also means tackling discrimination and stigma, and supporting the people at risk of conditions such as TB and HIV.

There are seven objectives to help achieve this:

1. It is easy for all Londoners to participate in community life.
2. All Londoners have necessary skills, knowledge and confidence to understand how to improve their health
3. Health is improved through a community and place based approach
4. Social prescribing becomes a routine part of community support across London
5. People and communities are supported to prevent HIV and reduce the stigma surrounding it
6. There is a reduction in TB cases among London's most vulnerable people

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

OBJECTIVE 4.1:

It is easy for all Londoners to participate in community life

By taking part in community life, people can improve their health and gain a sense of personal control over their lives. This helps them to develop personal skills, self-confidence and the ability to deal with life's challenges at all ages. Healthy and thriving communities are those where people from different backgrounds can develop meaningful relationships. They are places where neighbours look out for each other. They are also places where people have a voice in decision-making about their area and the services within it.

Many Londoners already give their time freely for the benefit of others, either volunteering through organisations, or informally helping neighbours and friends. Volunteering is an important part of community life that can improve the health and social outcomes of volunteers and those receiving support where that is the case.⁸⁶ There is a huge range of volunteering activity in London. It includes everything from being a school governor, or teaching kids to read, to supporting somebody affected by dementia or a person living with HIV.



Those who have the most to gain from volunteering are often the people who are not always able to take part⁸⁷. That's why we must do all we can to remove the physical, social and financial barriers to volunteering, particularly for disadvantaged groups.

Opportunities to participate, improve health and reduce inequalities

1. Sport

Sport London aims to get more than a million Londoners more active. Playing sport can improve the physical health and mental health of Londoners. Evidence is growing both of sport's health benefits and how it can improve social integration, by bringing different people together.⁸⁸ We must ensure more equal access to opportunities so all London's communities have the chance to play sport. Additionally, we must use

the opportunities of London's major sporting events to inspire Londoners to become physically active.

2. Culture

There is also a growing body of evidence showing the value of the arts and creativity in improving mental and physical health. Cultural activities can also help people to manage long-term conditions, maintain social connections and build new skills and networks. The Mayor's Culture Strategy will seek to secure London's cultural venues, networks, institutions and the infrastructure necessary to support core culture and community arts programmes for Londoners. Taking part in culture is a great way to improve their mental and physical health.



3. Local decision making in planning

The best way to create healthy environments and provide better services is for professionals, service users and local people to work together. That way their joint expertise can inform both development and design.

Communities should be engaged in local planning. Developers should also be encouraged to engage with communities at the pre-application stage, when there is more opportunity to influence proposals. This can offer communities a genuine voice. Community input can help to create or change places in ways that can improve health, such as access to good quality housing, or green and open space.

Community-led projects, the use of Community Rights and the preparation of Neighbourhood Plans provide opportunities for communities to shape and enable growth in their areas. It can also help build up a local understanding and appreciation of the balancing of issues that often needs to happen.

4. Local decision making in healthcare

There is a commitment to active involvement in health in the NHS Five Year Forward View. It views the 'NHS as a social movement', where patient and community engagement are essential to improving the NHS.⁸⁹ NHS organisations and local authorities are coming together to develop and roll-out local Sustainability and Transformation Plans that cover all aspects of health spending. These also focus on better integration with social care and other local authority services. We need to ensure

that future health and care in London best addresses health inequalities and prevents ill-health. As such, these plans should be developed with local communities through continuous engagement, including with marginalised groups.

Better services can often be created by involving professionals, service users and local communities as equals. This can ensure that their joint expertise can inform service development. It means people's voices must be heard, valued, discussed and acted upon. Where services have been developed collaboratively, the same groups may also be best placed to then run the service they designed together.

Many disadvantaged groups lack or are denied resources, rights, and services that allow them to participate. This prevents people from making the decisions that influence their lives and health. The Mayor's work on community engagement will help more Londoners to have a voice. In doing this, it is important to address inequalities in voice and power, and build relationships with those who are underrepresented in civic life.

This is particularly important for people who experience stigma and discrimination. This can cause significant social and material disadvantage and has a profound effect on health. Individual people can have many different social identities, and don't fit neatly into boxes. They may also experience multiple types of stigma and discrimination. We need to respect the differences between people and give everyone the chance to succeed in life by listening to the needs and concerns of all London's diverse groups.

There are also some basic things we need to get right in the local environment to give people the most opportunity to participate. Good quality social infrastructure such as for play, education, sport and faith, can improve physical and mental health. It can also strengthen communities and ensure that all Londoners can benefit from the opportunities in our city. The transport system is an important part of this. We need to give families with young children, older people and disabled people a better experience when they move around London. A more accessible public transport system will enable new trips to be made by all Londoners, helping create a more inclusive city.



"The Mayor will seek to improve health and wellbeing outcomes by embedding them in his culture strategy and relevant work programmes."

Too many people are socially excluded because of physical, organisational and attitudinal barriers. We must give people opportunities to shape the decisions that influence their lives and health. This will help us to remove these preventable barriers.

The Mayor will work with community groups to improve access to volunteering programmes so more Londoners can enjoy the health benefits of being an active citizen.

The Mayor aims to publish a new sport strategy and launch a new sport programme, 'Sport Unites', in 2018. He will also promote physical activity and sport to all Londoners through his health programmes.

The Mayor will seek to improve health and wellbeing outcomes by embedding them in his culture strategy and relevant work programmes.

The Mayor, through TfL and the boroughs, will seek to enhance London's streets and public transport network. His aim is to make the transport system navigable and accessible to all. This will enable all Londoners, including disabled and older people to travel spontaneously and independently.

The Mayor will implement his Diversity and Inclusion Strategy, currently under consultation. He will also set up a social integration team to lead a London-wide programme of activity and build social integration into City Hall's work.

OBJECTIVE 4.2:

All Londoners have the necessary skills, knowledge and confidence to improve health

Being able to access, understand, evaluate and use health information is strongly connected to health inequalities. It is at least as strong a predictor of health as income, employment status, education and racial or ethnic group.⁹⁰ More and more health information is available online. To prevent a digital divide, we must do more to equip all communities with digital and online skills. Given the opportunities to improve skills and knowledge digitally, it is important that more Londoners can access the internet. Gypsy and Traveller communities, older people and disabled people are less likely to have access to information or help for their health problems. To reduce this inequality, we need tailored health promotion material and interventions, and a well-trained, sensitive workforce.

Community-led approaches, such as using social networks to improve skills and knowledge, can help target harder to reach groups. This includes people from lower socioeconomic backgrounds and people from some migrant and ethnic minority groups. These groups are less likely to have access to health information, particularly from formal sources. This is best provided in the places where people spend most of their time and feel most comfortable. Up to 20 million people including postal workers, bar staff and hairdressers have contact with others through their work. This also offers an opportunity to promote health messages and support others. We want to improve the ability of Londoners to help manage their own wellbeing by helping others to support each other.

The Mayor will explore how he can help Londoners to increase their skills, knowledge and confidence in managing their own health and supporting others to do the same.



OBJECTIVE 4.3:**Health is improved through a community and place-based approach**

The Mayor's Healthy Early Years, Healthy Schools and Healthy Workplace Charter programmes are developing a London-wide approach to improving health in specific settings. Together, they can help to improve mental and physical health and wellbeing in places where people spend large parts of their daily lives. This approach is inclusive, bringing everybody in that place together to protect and promote health.

There are also effective models through which communities can shape a place-based approach to health in their neighbourhoods. Many communities are already working together to understand and solve problems. This includes making the best use of local assets, whether parks and green spaces, local businesses, faith organisations, or community spirit. There are also great examples of community development work with children and young people to improve health. The net result is strong and thriving communities. This may explain why some deprived areas seem to have better health than others.⁹¹ We need to understand and learn from the success of these places.

The Mayor will work together with local health and care organisations, service users and local communities to design a programme that supports local neighbourhoods to act on the issues that matter most to them.

OBJECTIVE 4.4:**Social prescribing becomes a routine part of community support across London**

Around 20 per cent of patients consult their GP for what could be seen primarily as social rather than medical problems. Social prescribing is a way for people to get support that they need but that doctors and nurses aren't easily able to give. This includes local community activities like walking groups, as well as help with getting a job, housing and debt management. Help with these issues is often available through local authorities, charities and local voluntary sector organisations.

Social prescribing takes place in both primary and acute care, and can also happen outside the NHS through organisations like housing associations. There are many ways to link a person to their social prescription. This is often done through a coordinator, who helps people to understand and decide what social or community activity might work for them and improve their health. Social prescribing can help to empower people and strengthen communities by ensuring that all Londoners have a genuine

“The Mayor’s key ambition is to support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing”

voice in developing these services and designing their own social prescriptions.

Social prescribing can also catalyse the local voluntary and community sector and support social integration.⁹² For social prescribing to be routine across the city we will need to support and sustain the voluntary and community sector. The sector is faced with huge challenges due to the fall in public sector investment and the growing demand and complexity in the needs of service users. Partnerships between the NHS, local authority and the community and voluntary sector can strengthen community-based capacity and widen availability of local assets.

We need a sustainable way of funding the community and voluntary sector for these organisations to be able to support community health. Small and medium sized organisations must not be excluded from providing services. In order to get the best value for money from public spending, commissioners should also consider further use of the Social Value Act 2012. This requires public sector commissioners – including local authorities and health sector bodies – to consider economic, social and environmental wellbeing in their work.

The public as well the private sector can also make their skills, resources and networks available to support voluntary sector and community organisations. Also, as community groups can find it hard to find premises, local facilities can be used in more joined-up ways. This could include buildings with shared purposes such as leisure and sport facilities with health services. London Fire Brigade have identified fire stations as community assets. Potential uses of these include memory clinics for those living with dementia, stop smoking clinics, or for mental health services to support children and young people.

The Mayor will champion social prescribing programmes in London. He will champion the work of NHS GPs and other frontline healthcare professionals to help people of all ages find social, emotional or practical solutions to improve their health and wellbeing.

The Mayor's key ambition is to support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing

OBJECTIVE 4.5:

People and communities are supported to prevent HIV and reduce the stigma surrounding it

Some of London's major public health challenges disproportionately affect some groups and communities and reinforce existing inequalities. This consultation document focuses on two of these challenges: HIV and tuberculosis.

HIV prevalence is more than twice as high in London as it is in England. Two in five people with HIV in the UK live in London.⁹³ HIV disproportionately affects some minority communities, particularly men who have sex with men, transgender people and black Africans.⁹⁴

People living with HIV very commonly report social stigma, or anxiety, and two in five Londoners living with HIV are afraid that their HIV status will lead to different treatment from their GP.⁹⁵ Social inclusion is an important part of the Mayor's overall vision for London. Part of his role in reducing health inequalities is to challenge stigma related to having an HIV diagnosis.

This will not only help people who have been living with HIV for a long time, but also those at risk of HIV. Fear of stigma can also be a barrier to early diagnosis. With HIV, early diagnosis is vital. This is because it leads to better outcomes for the person being diagnosed. It is also because early diagnosis and effective treatment for HIV reduces the chances of it being passed on to other people. This is also a major inequalities issue: there is wide variation in the rate of late diagnosis among London's boroughs and demographic groups. In 2015, black African people were more than twice as likely as white people to be diagnosed late.⁹⁶

This means that a fresh focus on sexual health education and on reducing risks will be an important step to reducing health inequalities for Londoners. The upcoming PrEP Impact trial is funded by NHS England and will be delivered by St Stephen's Clinical Research in partnership with PHE. It will be investigating how to implement prevention through HIV Pre-Exposure Prophylaxis (PrEP) and provides a new opportunity to look at wider HIV prevention strategies in the capital.

Prevention of HIV is led by London's boroughs, who are already collaborating on the successful Do It London campaign, under the leadership of the London HIV Prevention programme. The Mayor's role is to support and promote this work, helping to raise its profile where possible.

There are also opportunities to use the profile of City Hall to challenge HIV stigma and to promote international learning and collaboration to reduce the impact of HIV in London. The UNAIDS Fast Track Cities initiative may be one way to help bring HIV under control. Fast Track Cities is a collaborative programme through which London's health and public health systems could together agree to work towards international targets for HIV prevention and treatment.

The Mayor will challenge the stigma associated with HIV and will support collaborative work to support HIV prevention and treatment in London. This also includes supporting London's health and public health systems to explore the Fast Track Cities approach.



OBJECTIVE 4.6:**There is a reduction in TB cases among London's most vulnerable people**

London accounts for 40 per cent of TB cases in England and has among the highest TB rates of any European capital city.⁹⁷ Significant progress has been made in reducing the number of new TB cases. This positive trend continues, supported by access to screening, early diagnosis and new technologies. However, there are many complex issues affecting the remaining population at risk.

The transmission of TB is facilitated by overcrowding and poor living conditions. Social risk groups such as current or former prisoners, rough sleepers, people with drug and alcohol misuse problems, refugees and asylum seekers make up an increasing proportion of people affected by TB. Those with social risk factors are twice as likely to have infectious TB, and twice as likely to die.⁹⁸

Commitments made in earlier sections of this strategy will make a big difference to some of the factors that worsen TB in London. In particular, better housing, less rough sleeping, and empowering Londoners could help prevent the spread of TB, as could the improved use of community assets to break down stigma. However, the work of the London TB Control Board continues to be vital.

The Mayor will continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London

OBJECTIVE 4.7:**London's communities feel safe and are united against hatred in whatever form it takes.**

The Mayor is working to ensure that London is a safe and healthy city for all Londoners. Feeling safe and secure in your community is the foundation of a great place to live. Without it people can be prevented from thriving and staying healthy both mentally and physically. Safe neighbourhoods are places that enable people to walk and cycle, work and do business, enjoy London's vibrant and diverse culture and history and spend time with friends and family. However, many Londoners do not experience this safety.

The British model of policing is based on trust and confidence between the public and the police. We know this varies significantly between communities, with confidence levels lower for black Londoners. There are many complex reasons for this, some of which are historical, but the Mayor seeks to address them as part of his vision for London. Community policing can play an important role in reducing levels of antisocial behaviour and crime that harms some neighbourhoods. It can help build relationships with local people and

voluntary and community organisations. Reducing crime, increasing safety and diverting people at risk of offending into more positive activities, helps to strengthen, connect and empower individuals and communities.

Following the EU referendum and the recent terrorist incidents in Westminster, Manchester, London Bridge and Finsbury Park, there has been a marked increase in reported race, religious, disability and LGBT related hate crimes across London. Hate crime doesn't only harm its direct victims. It also victimises whole communities and erodes the sense of inclusion, solidarity and belonging that are London's most precious assets. It has never been more important for us to unite against both terror and hatred in whatever form it takes.

The Mayor will work through MOPAC and with the Metropolitan Police Service, the Crown Prosecution Service, Local Authorities and LFEPA to create a safer and healthier city as described in the Police and Crime Plan 2017-2021.

CONSULTATION QUESTIONS

Q 10

IS THERE MORE THAT THE MAYOR SHOULD DO TO HELP LONDON'S DIVERSE COMMUNITIES BECOME HEALTHY AND THRIVING?

 london.gov.uk/talk-london/healthstrategy

Q 11

HOW CAN YOU HELP TO SUPPORT THRIVING COMMUNITIES?

 london.gov.uk/talk-london/healthstrategy

Q 12

WHAT SHOULD BE OUR MEASURES OF SUCCESS AND LEVEL OF AMBITION FOR CREATING HEALTHY AND THRIVING COMMUNITIES?

 london.gov.uk/talk-london/healthstrategy



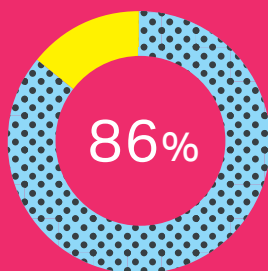
Chapter 08

AIM FIVE

Healthy habits:



THE HEALTHY CHOICE IS THE EASY
CHOICE FOR ALL LONDONERS



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

23%

of London children in year 6 are obese.



10 -11 year olds

London has the highest rate of obesity for 10-11 year olds in England compared to other regions.



References

Public Health England, Public Health Profiles – Fingertips online data tool, <https://fingertips.phe.org.uk/> .

Date accessed: 15 June 2017

Great Weight Debate, 2017

Public Health England, Public Health Outcomes Framework, Smoking Prevalence in Adults, 2016

1.7 x

smoking is more than 1.7 times as common among people in the most deprived communities as it is among people in the least deprived communities



50%

differences in tobacco use account for around 50 per cent of the inequalities in health found between social groups in London



2 x

the hospital admission rate for alcohol related conditions is 2 times higher in Islington than in Kingston Upon Thames





Becoming the world's healthiest global city means creating a city where it is easy to be healthy. It means creating an environment that reduces child obesity through healthier food and regular physical activity. A healthier city will also help prevent and reduce smoking, alcohol and substance misuse.

There are two objectives to help achieve this:

1. Childhood obesity falls and there is a reduction in the gap between the boroughs with the highest and lowest rates of child obesity
2. Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

OBJECTIVE 5.1:

Childhood obesity falls and there is a reduction in the gap between the boroughs with the highest and lowest rates of child obesity

Childhood obesity is linked to the onset of a range of long term health conditions. It is also linked to poor educational attainment, and a drop in how happy and confident children and young people feel.

London has a higher proportion of children who are overweight than any other region in England. At the age of 4-5, one in five London children are overweight or obese. By the time they reach age 10-11, the rate is more than

one in three children⁹⁹. Further, there are big differences across London, with the most deprived children in reception year and year 6 twice as likely to be obese as least deprived children.

What causes London's children and young people to become overweight or obese is a complex mix of issues. These include the community they live in, the wider built environment, individual habits and biology, and the food system¹⁰⁰. To address this tough problem, we need to look at all the contributing factors together. Simply focusing on one aspect will have limited impact on what causes London's children and young people to be overweight or obese.

Evidence shows that our buying and eating behaviour is automatic and unthinking, prompted by what has been marketed to us and by having food around us¹⁰¹. In our current environment the default options – in food, drink, and in terms of physical activity – are too often the unhealthy ones. Large portions of foods that are high in calories, fat and sugar are prominent, cheap and now much more readily available, leading more families to develop unhealthy diets¹⁰².

An unhealthy food system in London impacts both adults and children's food choices. Eating too much food that is high in sugar, salt and fat increases the risk of obesity, type 2 diabetes, tooth extractions, cancer, heart attacks and strokes¹⁰³.

We must increase the accessibility and affordability of healthy food for Londoners to take home and make into meals. We must also reduce the prominence of unhealthy food in some of the most deprived areas of London. We need to act across the food system to make it easier for all Londoners to make and afford healthier food choices. This means transforming supply chains, and the built and retail environment to make the healthy choice the easy choice. These and a wide range of other interventions will be covered in more detail in the Mayor's London Food Strategy, set to be published in 2018.

Developing an integrated food policy also means recognising the rise of food poverty and the use of food banks. It must also recognise the high prevalence of mental health conditions which relate to an unhealthy relationship with food.

Physical activity is vitally important to health. We will work to increase regular physical activity by implementing the Healthy Streets Approach to make the built environment safe and welcoming for children and parents to play, walk and

cycle. There is more information about this in the Healthy Places chapter.

The Healthy Schools London programme described in the Healthy Children chapter supports healthy eating and physical activity in schools. It does this by promoting active travel to school (walking, cycling or scooting) and opportunities for active play through playground buddies, training support staff in active play and zoning playgrounds. It also ensures that all food and drink in school is healthy including in packed lunches and food served after school or at events. Students are encouraged to bring in a water bottle and drink regularly throughout the day. Finally, it creates dining room environments that support healthy choices and encourage children to drink water.

The Mayor's key ambition for this strategic aim is to work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity.

The Mayor will work in partnership across London to roll-out the priorities of his new London Food Strategy.

The Mayor will show leadership on this issue by convening and leading London-wide action to reduce child obesity.

The Mayor will investigate the introduction of a policy in the new London Plan which seeks to limit the development of new hot food takeaways around schools.

OBJECTIVE 5.2:

Smoking, alcohol and drug misuse are reduced among all Londoners, especially young people

London's biggest killer, smoking, continues to directly cause the premature death of over 8,000 people per year. It contributes to four out of the five most common health conditions that kill Londoners¹⁰⁴. Smoking is also a major inequalities issue. It is more than 1.5 times as common in the most deprived ten per cent of people in England as it is among the least deprived ten per cent.¹⁰⁵

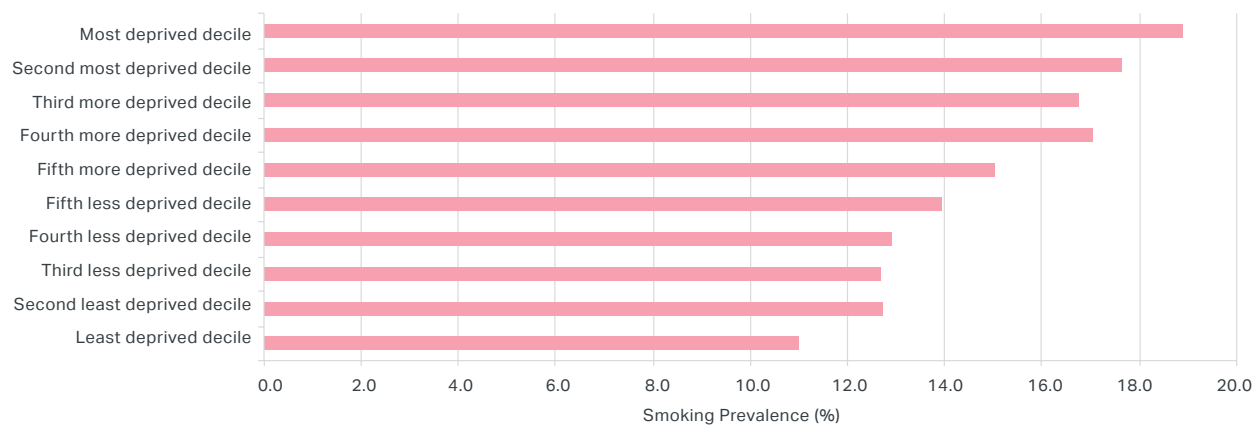
Whilst there has been a steady reduction in smoking overall, particularly since the emergence of e-cigarettes, rates remain relatively high in deprived areas¹⁰⁶. We also know from other global cities, such as New York, that we must continue to work to make smoking a rarity in London and support those who want to quit. Otherwise, rates are likely to increase.

"The Mayor's key ambition for this strategic aim is to work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity."

Illicit and counterfeit tobacco also contribute significantly to health inequalities. Illicit tobacco can be more accessible and affordable to children and young people because it is often sold cheaply, illegally and in the form of single cigarettes rather than larger packs.

This is helping to establish a new generation of smokers in deprived areas, further entrenching ill-health. The link between illicit tobacco and children and young people starting smoking is concerning. It is encouraging that London boroughs are already working together to address it.

Figure 8: Smoking rates by socioeconomic group in England



Reference

Public Health England, Public Health Outcomes Framework, Smoking Prevalence in Adults, 2016



Deprived communities also experience the worst concentrations of alcohol and drug misuse in terms of both health and crime. Those communities are likely to experience five to seven times the amount of alcohol-related harm, despite their average consumption being lower¹⁰⁷. Too much alcohol is linked to a whole range of physical and mental health problems. Alcohol misuse not only affects the individual drinker but also their families, dependents and communities¹⁰⁸. Violent crimes (especially domestic violence) and sex offences are both heavily linked to alcohol.

London's boroughs lead on reducing the number of people who smoke and misuse alcohol. Effective cooperation between local authorities, health agencies and law enforcement can play a big part in reducing these harms to Londoners and reduce the impact on the future chances of children. The London Healthy Workplace Charter also supports employers to encourage and signpost their staff to a variety of smoking cessation and alcohol services if they choose to make a change.

There is also potential to boost Londoners' health and encourage healthier alcohol use through a more varied night time economy that's active right across the city. The night time economy is a fantastic part of London's cultural and economic offer. We want to ensure it is vibrant and healthy, economically diverse and accessible. That way it will provide opportunities for all Londoners.

The Mayor will support partnership work across the city to help reduce the uptake of smoking and harmful drinking among Londoners, especially among young people.

CONSULTATION QUESTIONS

Q 13

IS THERE MORE THAT THE MAYOR SHOULD DO TO HELP TO REDUCE HEALTH INEQUALITIES AS WELL AS IMPROVE OVERALL HEALTH IN WORK TO SUPPORT LONDONERS' HEALTHY LIVES AND HABITS?

 london.gov.uk/talk-london/healthstrategy

Q 15

WHAT SHOULD BE OUR MEASURES OF SUCCESS AND LEVEL OF AMBITION FOR HELPING MORE LONDONERS TO DEVELOP HEALTHY HABITS?

 london.gov.uk/talk-london/healthstrategy

Q 14

WHAT CAN YOU DO TO HELP ALL LONDONERS TO DEVELOP HEALTHY HABITS? WHAT IS PREVENTING YOU FROM DOING MORE AND WHAT WOULD HELP YOU?

 london.gov.uk/talk-london/healthstrategy





Chapter 09 Get involved

All Londoners are invited to share views about the ideas in this consultation document. We want to know what you think is most important to your own health and what would help reduce health inequalities where you live. You can join in a series of conversations about physical and mental health via Talk London throughout the summer:

www.london.gov.uk/talk-london/healthstrategy

This document is a formal consultation on the matters to be included and the issues to be accounted for in the development of the London Health Inequalities Strategy. Consultation on this document is open from 23 August to 30 November 2017.

Formal responses to the consultation by organisations should be submitted via the questionnaire on the Draft Mayor's Health Inequalities Strategy page at www.london.gov.uk/health-strategy

For more information please contact the Health Inequalities Strategy Team at healthinequalities@london.gov.uk

Glossary A – Z

A

Active citizenship

means people getting involved in their local communities and democracy at all levels. This covers a range of activity, including representative participation (e.g. voting and political representation), charitable participation (e.g. volunteering and donating); associational participation (e.g. membership in community organisations like tenants' organisations, or charities); and challenging participation (e.g. protesting; lobbying). Active citizenship also includes communities, service users and service providers coming together as equals to ensure that their joint expertise can inform the development and design of local services.

Active travel

refers to forms of transportation that require people to be physically active, most commonly walking and cycling but also scooting, skating and skateboarding. Because most public transport travel requires some active travel as part of the journey this is also usually considered to be a form of active travel

Acute care is

when a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. It usually implies hospital-based treatment.

Affordable Homes Programme

is the Mayor's programme for funding the delivery of new affordable homes in London. The current programme, Homes for Londoners: Affordable Homes Programme 2016-21 will use £3.15bn of investment to deliver 90,000 affordable housing starts by March 2021.

Air pollution

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

Air quality

refers to whether levels of air pollutants are relatively high or low and usually includes a consideration of those pollutants that are included in the UK Air Quality Standards Regulations 2010 (e.g. particulate matter, lead, nitrogen dioxide)

B

BAME

stands for black, Asian and minority ethnic groups

Better Health for London report

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

C

Child Health Digital Hub

The new Child Health Digital Hub aims to transform child health information services allowing better monitoring of every child's health and providing access to information for all those that are involved in the child's care, where appropriate, to ensure that all children get the best possible start in life.

Child obesity

is a condition in which a child has an abnormally high amount of body fat. It is measured by comparing a child's Body Mass

Index (BMI) with the population average, taking into account the child's age, sex and height.

Communities

are groups of Londoners who identify with each other or share something in common, such as living in the same area or having a common cultural background.

Community Rights

A Community Right to Build Order is a form of Neighbourhood Development Order that can be used to grant planning permission for small scale development for community benefit on a specific site or sites in a neighbourhood area.

D

DCLG

is the government Department for Communities and Local Government

Decent Homes Standard

was introduced by the Government in 2004. It is made up of four criteria that a home must meet in order to reach the standard, as follows:

- meet the Housing Health and Safety Rating System (HHSRS) minimum safety standards for housing;
- be in a reasonable state of repair;
- have reasonably modern facilities and services; and
- have efficient heating and effective insulation.

While there is no statutory requirement for all homes to meet this standard, its introduction was accompanied by a Government-funded programme of investment aimed at improving

council and housing association homes to bring them all up to it.

Determinants of health

are people's homes, education and childhood experiences, their environments, their jobs and employment prospects, their access to good public services and their habits, all of which have an effect on their general health and life expectancy.

Disability

as defined by the Equality Act 2010, is a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities. The social model of disability defines disability as the effect of the barriers, discrimination and disadvantages faced by disabled people, not the impact of their specific impairment.

Disadvantaged groups

are groups of people that experience a higher risk of poverty, social exclusion, discrimination and violence than the general population. Disadvantaged groups include, but are not limited to, ethnic minorities, migrants, people with disabilities, isolated elderly people and children. Their vulnerability to discrimination and marginalisation is a result of social, cultural, economic and political conditions and not a quality inherent to certain groups of people.

Diversity

is about recognising, respecting and valuing a wide set of differences and understanding that the opportunities we get are impacted by characteristics beyond those protected by legislation like class, family background, political views, union membership etc.

Diversity and Inclusion Strategy

is the Mayor's strategy to set out the evidence base, objectives and approach to delivering the Mayor's vision for a city where all Londoners are able to reap the rewards of growth, play active roles in their communities, and have the opportunities they need to fulfil their potential.

E

Early years

is the period from a baby's birth through to the age of five.

Early years settings

are establishments which offer provision to the 0-5 age group; ie childminders, crèches, nurseries, children's centres, nursery schools and schools with nurseries.

Economic fairness

is one where opportunity is shared and every Londoner can flourish, whatever their background; where people do not face discrimination or disadvantage as a result of characteristics such as age, ethnicity, gender, religion, sexual orientation or socio-economic background; where there is no destitution or persistent poverty; and where the economic gaps between Londoners are not so great that they entrench unfairness and deprivation by making it impossible for opportunity to be shared.

Educational attainment

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

F

Food system

is a catch-all term for the way food works for Londoners and businesses. It includes the contribution of food businesses to London's economy, the role of the built food environment which Londoners experience (eg lack of access to healthy food, widely visible unhealthy advertising), and the contribution of food to Londoners' health, amongst many other things.

Frontline healthcare professional

is an individual who provides a routine and essential service in a healthcare setting. It covers a range of professions including but not limited to doctors, nurses, physiotherapists, dentists, paramedics and occupational therapists.

Fuel poverty

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

G

Good Work Standard

is the Mayor's vision for a new compact, or agreement, with London's employers. It aims to promote fair pay, excellent working conditions, diversity and inclusion, good work-life balance, health and wellbeing, opportunities for professional development and lifelong learning,

and employee voice and representation in London's workplaces.

GP

stands for general practitioner, a medically qualified doctor who provides a primary care service from general practice. Also referred to as 'family doctor' (see 'primary care' below)

Green infrastructure

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

Greening

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

Green roof

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

Green space

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

H

Healthy Early Years London

is an awards scheme funded by the Mayor of London that supports and recognises early years setting achievements in child health, wellbeing and readiness for school.

Healthy habits

are the regular routines that make up healthy lifestyle. Consistently eating a healthy diet, exercising and getting enough sleep are all examples of healthy habits.

Health inequalities

are avoidable and unfair differences in mental or physical health between groups of people. These differences affect how long people live in good health and are partly or entirely a result of differences in people's homes, their environments, their jobs and employment prospects, their access to good public services or their habits.

Healthy life expectancy

is an estimate of how many years a person might be expected to live in a 'healthy' state. It is a key summary measure of a population's health.

Healthy Schools London (HSL)

is an awards scheme funded by the Mayor of London that supports and recognises school achievements in pupil health and wellbeing. HSL focuses on the whole child and gives schools a framework for their activity with pupils, staff and the wider community. HSL promotes a whole school approach across four themes: healthy eating, physical activity, emotional health & wellbeing and Personal Social Health Education (PSHE). www.healthyschools.london.gov.uk/

Healthy Streets

is the Mayor and TfL's approach to prioritising people and their health in decision-making to create a healthy, inclusive and safe city for all. The approach is based on ten Healthy Streets indicators for making London a more attractive place to walk, cycle and use public transport, and reducing the dominance of motorised traffic.

HIV (human immunodeficiency virus)

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

HIV Pre-Exposure Prophylaxis (PrEP)

is a course of HIV drugs taken before sex to reduce the risk of getting HIV.



Illicit tobacco

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

Income inequality

refers to the gap between those with the highest and those with the lowest incomes. There are different measures to assess income inequalities and how they change over time. One example is the '90/10' ratio which is calculated by dividing the average (median) income of the top 20 per cent of incomes by the average income of the bottom 20 per cent. The higher the number, the greater the gap between those with the highest incomes and those with the lowest incomes.



LFEPA

stands for London Fire and Emergency Planning Authority. Its seventeen members are appointed by the Mayor and it is part of the GLA group.

LGBT+

stands for Lesbian, Gay, Bisexual and Transgender. The plus demonstrates the inclusion of all identities that make up the LGBT community including the continuing ways people define themselves.

Life expectancy

is an estimate of how many years a person might be expected to live.

Living Wage Commission

is a forum set up in January 2016 to oversee the calculation of the living wage rates in London and the UK.

London Food Strategy

will set out how London can enhance our health, increase pleasure from eating, enrich experience of London's cultural diversity and ensure a more sustainable future.

London Health and Care Devolution Memorandum of Understanding

is the commitment by central government and national bodies to work with London partners to explore the transfer of powers, decision-making and resources closer to local populations. December 2015. Available at: <https://www.gov.uk/government/publications/london-health-devolution-agreement/london-health-devolution-agreement>

London Health Board

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

London Health Commission

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

London Health Devolution Agreement

is the commitment by London partners to work more closely together to support those who live and work in London to lead healthier independent lives, prevent ill-health, and to make the best use of health and care assets. December 2015. Available at: https://www.london.gov.uk/sites/default/files/london_health_and_care_collaboration_agreement_dec_2015_signed.pdf

London Healthy Workplace Charter

is the Mayor's free accreditation scheme which supports and rewards employers for investing in workplace health and wellbeing. It provides a series of standards for workplaces to meet in order to guide them into creating healthier workplaces. It is supported by London boroughs and Public Health England (London). www.london.gov.uk/healthyworkplace

Londoners

are permanent and temporary residents of London and, where also applicable, commuters from outside London, visitors and tourists.

London Plan

is the Mayor's spatial development strategy for London.

London TB Control Board

is a multi-agency group which provides strategic oversight and direction to the control, commissioning, quality assurance and performance management of TB services across London.

Long term conditions

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

Low income

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

M

Mayor's Culture Strategy

is the Mayor's plan to secure London's cultural venues, institutions and the infrastructure necessary to support core culture and community arts programmes.

Mayor's Fuel Poverty Action Plan

was first announced at Mayor's Question Time in October 2016. While not a London-specific problem, fuel poverty has been increasing in London as a result of falling incomes, rising housing costs, and increasing income inequality. The plan identifies stakeholders that have a role to play in tackling fuel poverty with

the Mayor's effort focused on targeting existing Mayoral programmes towards the fuel poor and supporting boroughs to increase enforcement of housing standards.

Mental health first aid

is a range of training packages for non-expert members of the public that builds knowledge of mental health conditions and how to spot signs and symptoms. It is a similar approach to (physical) first aid and increases the confidence to intervene and direct to specialist support as required.

Mental ill-health

covers a very wide spectrum of health issues from the worries and grief we all experience as part of everyday life to the most bleak, suicidal depression or complete loss of touch with everyday reality.

MOPAC

stands for the Mayor's Office for Policing and Crime. It is the strategic oversight body responsible for developing the Mayor's Police and Crime Plan and making sure it is delivered.

N

Nitrogen dioxide (NO₂)

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

Neighbourhood Plans

are prepared by a Parish Council or Neighbourhood Forum for a particular neighbourhood area. They can set out policies in relation to the development and use of

land in the whole or any part of a particular neighbourhood area specified in the plan.

O

Older people

refers to people over 50, but also recognises that those above retirement age and those over 70 may have particular requirements that need to be addressed.

Overcrowding

refers to situations in which more people are living in a home than it can comfortably and safely accommodate. There are a number of different definitions used for different purposes. Some are based on the number, age and relationship of the people occupying a home in relation to the number of rooms available and others on the relationship to the size of the rooms available. Where specific statistics on overcrowding are cited, the source cited will identify the specific definition used.

Overweight

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

P

Parity of esteem

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

Physical activity

is any movement of the body's muscles and skeleton that burns energy

Police and Crime Plan

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

Poverty

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

Premature death

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

Prevalence

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

Prevention

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

Primary care is

healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment. Services are provided by general practitioners (see GP above) as well as practice nurses and other general practice staff.

Private rented sector

A housing tenure consisting of homes owned and rented out by landlords to tenants, normally by private individuals or organisations. It differs from the social rented sector in that there is no restriction on the rent that can be charged and less security of tenure for tenants.

Proportionate universalism

is an approach to tackling health inequalities. There is a social gradient in health which means that the lower a person's social position, the worse his or her health. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of this social gradient in health, actions must be for everyone, but with a scale and intensity that is proportionate to the level of disadvantage.

Public health

is the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.

Public Health England (PHE)

is an executive agency of the Department of Health. It exists to protect and improve the nation's health and wellbeing, and reduce health inequalities.

R

The RNLI

is a charity providing 24-hour lifeboat search and rescue service, seasonal lifeguards, water safety education and initiatives, and flood rescue response

Rough sleeping

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

S

Service user

is a person who is using or has used a health and/or care service. Because of their direct experiences their unique insight into what works can be used to improve services.

Social inclusion

means removing barriers and taking steps to create equality, harness diversity and produce safe, welcoming communities and cultures that encourage innovative and fresh ways of thinking and allow people to speak up, especially to suggest where things could be done better.

Social integration

is about how we all live together. It is about building strong communities where all Londoners can lead interconnected lives and play an active part in their city and the decisions that affect them. We know this can only be achieved by working to overcome structural barriers and inequalities, whilst recognising the important role interaction and participation play in overcoming these.

Social isolation

is a state of complete or near-complete lack of contact between an individual and society. It differs from loneliness, which reflects a temporary lack of contact with other people.

Social marketing

brings concepts and approaches from commercial marketing into activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole. It is guided by ethical principles and aims to deliver social change programmes that are effective, efficient, equitable and sustainable.

Social prescribing

is a way of linking people to sources of support within the community. It is mainly used by GPs, nurses and other health care professionals to refer people to a range of non-clinical services and activities in the community to address people's social, financial or emotional needs.

Statutory homelessness

refers to cases where households lose or are threatened with losing their homes and receive assistance from local authorities under the legislation on homelessness. This legislation stipulates that local authorities are obliged to ensure that households who meet certain criteria have accommodation available to them. It is important to note that local authorities may provide accommodation for households facing or experiencing homelessness outside the scope of this legislation.

Substance misuse

is where a drug or alcohol is used in a way harmful to an individual's physical or mental health, or that causes problems with their ability to study, work or maintain good relations with friends, family or community. In some cases specialist/medical help will be required to help with recovery.

Supply chain

is a network between a company and its suppliers to produce and distribute a specific product. The supply chain also represents the

steps it takes to get the product or service to the customer.

Sustainability and Transformation Plan (STP)

refers to the plans the NHS is currently developing which set out the future of health and care services within a particular geography. There are five STPs in London.

T

TB

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

Thrive LDN

is a citywide movement to improve the mental wellbeing of all Londoners that aims to energise and mobilise Londoners to think, talk and act more about mental wellbeing. Through this intention, it will offer people the opportunity to coproduce thriving communities with London's public, private and charitable sectors.

Time to Change

is a national campaign led by Mind and Rethink that is challenging the stigma and discrimination experienced by people with mental health issues. The campaign is building a movement of people to change how we think and act about mental health problems. Find out more at <https://www.time-to-change.org.uk/>

Transport Strategy

is the Mayor's 25 year plan for London's transport system. This plan guides Transport for London and London boroughs in their transport policies and investments.

U

UNAIDS

is the Joint United Nations Programme on HIV/AIDS

W

Wellbeing

is a state of being where people can realise their potential, cope with the normal stresses of life, work productively and fruitfully and are able to make a contribution to their community

World Health Organisation (WHO)

is an organisation whose goal is to build a better, healthier future for people all over the world. Working through offices in more than 150 countries, WHO staff work with governments and other partners to ensure the highest attainable level of health for everyone.

Z

Zero suicide city

is a concept developed in the USA founded on the belief that suicide deaths for individuals under care within health and behavioural health systems are preventable. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. It requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers.

Footnotes

- 1** Public Health England, Public Health Outcomes Framework, Life Expectancy at birth indicator 0.1ii, 2013-15
- 2** This definition of health inequalities is derived from the definition in the GLA Act. The factors described are often known as the determinants of health.
- 3** Public Health England, Public Health Outcomes Framework, Mortality rate from causes considered preventable indicator 4.03, 2013-15
- 4** Public Health England, Public Health Outcomes Framework, Life Expectancy at birth indicator 0.1ii and Healthy Life Expectancy at birth indicator 0.1i, 2013-15
- 5** Institute of Health Equity, Fair Society Healthy Lives, 2010
- 6** Wilkinson, R. and Pickett, K. The Spirit Level, 2010
- 7** This is measured through Healthy Life Expectancy
- 8** Public Health England, Public Health Outcomes Framework, Healthy Life Expectancy at birth indicator 0.1i, 2013-15
- 9** Dahlgren, G. and Whitehead, M. Policies and strategies to promote social equity in health, 1991
- 10** GLA Act 2007, Part 5E section 309A (4) (a) – (d)
- 11** The London Health Board is a non-statutory partnership. It is chaired by the Mayor of London, and involves representatives of London's boroughs, NHS Trusts and Clinical Commissioning Groups, as well as Public Health England and NHS England.
- 12** Institute of Health Equity, 2010
- 13** London Health Commission, Better Health for London, 2014
- 14** HM Treasury, London Health & Care Devolution agreement, 2015 <https://www.gov.uk/government/publications/london-health-devolution-agreement>. Accessed: 5 July 2017
- 15** Institute of Health Equity, 2010
- 16** Institute of Health Equity, 2010
- 17** Bartick, M. et al. "Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs", Maternal & Child Nutrition, Vol 13, Issue 1, 2017
- 18** Public Health England press release, Breast feeding initiation rates high in London but drop off rates could be improved, <https://www.gov.uk/government/news/breastfeeding-initiation-high-in-london-but-drop-off-rates-could-be-improved>, Accessed: 5 July 2017
- 19** Public Health England, The link between pupil health and wellbeing and attainment, 2014
- 20** McManus, S. et al., The NHS Information Centre for health and social care, 'Adult

- psychiatric morbidity in England, 2007: results of a household survey', 2009.
- 21 Public Health England, Public Health Profiles – Fingertips online data tool, <https://fingertips.phe.org.uk/>, Accessed: 5 July 2017
 - 22 Greater London Authority, London Mental Health: The invisible costs of mental ill-health, 2014
 - 23 Faculty of Public Health, Mental illness: Cause and consequence of inequality, 2010
 - 24 Faculty of Public Health, 2010
 - 25 Faculty of Public Health, 2010
 - 26 Faculty of Public Health, 2010
 - 27 London Health Commission, 2014
 - 28 Greater London Authority, 2014
 - 29 Varney, Dr J. The Health and Wellbeing of Lesbian, Gay, Bisexual and Trans Londoners, <https://www.london.gov.uk/sites/default/files/The%20Health%20and%20Wellbeing%20of%20LGBT%20London%20FINAL.pdf>. Accessed: 5 July 2017
 - 30 Elliott, I. Mental Health Foundation, Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy, 2016
 - 31 World Health Organisation (WHO) and the Calouste Gulbenkian Foundation, Social Determinants of mental health, 2014
 - 32 London Health Commission, 2014
 - 33 NHS England, Mental Health Five Year Forward View – One Year On, 2017
 - 34 Action on Smoking and Health (ASH), High rates of smoking among people with serious mental health conditions, <http://ash.org.uk/media-and-news/press-releases-media-and-news/high-rates-of-smoking-among-people-with-serious-mental-health-conditions/> Accessed: 5 July 2017.
 - 35 Public Health England, Health Matters: Harmful drinking and alcohol dependence, 2016
 - 36 Mental Health Foundation, Stigma and discrimination, <http://bit.ly/1RxUdZL>. Accessed: 5 July 2017
 - 37 Time to Change, <https://www.time-to-change.org.uk/>. Accessed 5 July 2017
 - 38 Varney, Dr J. Public Health England, The Health and Wellbeing of Lesbian, Gay, Bisexual and Trans Londoners, Public Health England, <http://bit.ly/2qdvfsT>. Accessed: 5 July 2017
 - 39 Office for National Statistics (ONS), Labour Force Survey and Annual Population Survey, 2017: Total of 137 million working days lost to sickness and injury in 2016, <https://www.ons.gov.uk/news/news/talof137millionworkingdayslosttosicknessandinjuryin2016> Accessed: 5 July 2017
 - 40 Cavendish Square Group, 2015

- 41 London Health Commission, 2014
- 42 Business in the Community, Reducing the risk of suicide: a toolkit for employers, http://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf. Accessed: 5 July 2017
- 43 Greater London Authority, 2014
- 44 ONS, Suicides in the UK: 2015 registrations, December 2016
- 45 ONS, Suicides in the UK: 2015 registrations, December 2016
- 46 NHS England, Mental Health Five Year Forward View, 2016
- 47 ONS, Suicide by occupation, England: 2011 to 2015, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015#main-points>. Accessed: 5 July 2017
- 48 ONS: Suicide by occupation, England: 2011 to 2015, March 2017
- 49 National Collaborating Centre for Mental Health, Severe mental illness and substance misuse (dual diagnosis): community health and social care services, 2015.
- 50 Buck, D. and Fronsini, F. King's Fund, Clustering of unhealthy behaviours over time: Implications for policy and practice, 2012
- 51 Public Health England, Committee on the Environmental Effects of Air Pollution, <https://www.gov.uk/government/collections/comeap-reports>. Accessed: 5 July 2017
- 52 Fecht, D. et al. (2015), Associations between air pollution and socioeconomic characteristics, ethnicity and age profile of neighbourhoods in England and the Netherlands, <https://www.ncbi.nlm.nih.gov/pubmed/25622242>. Accessed: 5 July 2017
- 53 Royal College of Physicians/Royal College of Paediatrics and Child Health (2016), Every breath we take: the lifelong impact of air pollution, <https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution>. Accessed: 5 July 2017
- 54 Aether (2013), Analysing air pollution exposure in London, https://www.london.gov.uk/sites/default/files/analysing_air_pollution_exposure_in_london_-_technical_report_-_2013.pdf. Accessed: 5 July 2017
- 55 Belfour, R. et al. Public Health England/ University College London (2014), Local action on health inequalities: Improving access to green spaces. https://www.gov.uk/government/.../Review8_Green_spaces_health_inequalities.pdf Accessed: 5 July 2017
- 56 CABE, Urban green nation: Building the evidence base (2010), <http://webarchive.nationalarchives.gov.uk/20110118110347/http://www.cabe.org.uk/files/urban-green-nation.pdf>. Accessed: 5 July 2017

-
- 57** Mitchell, Dr R. and Popham, F. Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet Public Health*, Vol. 372(9650): 1655–60, 2008
- 58** Mitchell, Dr R. and Popham, F. *The Lancet Public Health*, 2008
- 59** Commission on Social Determinants of Health (CDSH) and WHO, Closing the gap in a generation: health equity through action on the social determinants of health, 2008.
- 60** Rowlingson, K. Joseph Rowntree Foundation, Does income inequality cause health and social problems?, 2011
- 61** Public Health England and Institute of Health Equity, Health Inequalities and the Living Wage, 2014
- 62** Waddell, G. and Burton, A. K. Cardiff University and University of Huddersfield, Is work good for your health and wellbeing?, 2006.
- 63** Trust for London/New policy Institute, Children in poverty using HMRC measure by borough (2013), <http://www.londonspovertyprofile.org.uk/indicators/topics/income-poverty/child-poverty-by-borough/>. Accessed: 5 July 2017
- 64** Flint, E. et al. "Investigating the effect of the London Living Wage on the psychological wellbeing of low-wage service sector employees: a feasibility study", *Journal of Public Health*, Vol 36, No.2, 2013
- 65** Trust for London and New Policy Institute, Key facts, <http://www.londonspovertyprofile.org.uk/key-facts/>. Accessed: 5 July 2017
- 66** Shelter, The impact of housing problems on mental health, 2017
- 67** Housing in London, Section 5.11, 2017
- 68** Institute of Health Equity, Rapid Review of Evidence: housing, health, inequalities in health, 2016 (unpublished)
- 69** Mackintosh, S. and Leather, P. Foundations. The disabled facilities grant: Before and after the introduction of the Better Care Fund (2016), <http://www.foundations.uk.com/media/4665/dfg-report-final-interactive-converted-draft-6-small.pdf>. Accessed: 5 July 2017
- 70** Frontier Economics, Financial benefits of investment in specialist housing for vulnerable and older people: A report for the Homes & Communities Agency (2010), <https://www.frontier-economics.com/documents/2014/06/financial-benefits-of-investment-frontier-report.pdf>. Accessed: 5 July 2017
- 71** Institute of Health Equity, 2016
- 72** English Housing Survey data, cited in, Housing in London 2017 – section 6.13
- 73** Shelter, Unsettled and insecure - The toll insecure private renting is taking on English families, 2017.
- 74** Institute of Health Equity, 2016
- 75** Housing in London 2017. Section 4.23

- 76** Department for Communities and Local Government (DCLG), Statutory homelessness and prevention and relief live tables (worksheet 775_London): type of temporary accommodation, <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>, 2017
- 77** DCLG, 2017
- 78** DCLG, 2017
- 79** Shelter, Green Book 50 Years On: the reality of homelessness for families today, December 2016. , Shelter. Home and away: The rise in homeless families moved away from their local area. May 2016.
- 80** DCLG, 2017
- 81** Shelter, Green Book 50 Years On: the reality of homelessness for families today. December 2016.
- 82** GLA, CHAIN Annual Bulletin Greater London 2015/16
- 83** Crisis, Homelessness: A silent killer, December 2016.
- 84** Crisis, It's No Life At All, December 2016.
- 85** GLA, CHAIN Annual Bulletin Greater London 2015/16
- 86** The Kings Fund, Volunteering in health and care in England. A summary of key literature, 2012
- 87** Leeds Beckett University, Volunteering, inequalities and volunteering: a rapid evidence review, 2016
- 88** Sport England, Benefits of Sport: What are the benefits of sport to individuals, society and the economy? <https://www.sportengland.org/research/benefits-of-sport/>. Accessed 5 July 2017
- 89** NHS England, Five Year Forward View, 2014
- 90** WHO, Health literacy: The Solid Facts, 2013
- 91** King's Fund, Inequalities in life expectancy: Changes over time and implications for policy, 2015
- 92** Sheffield Hallam University and Centre for Regional Economic and Social Research, The social and economic impact of the Rotherham Social Prescribing Pilot, 2014
- 93** Public Health England, Annual Epidemiological Spotlight on HIV in England: 2015 data, 2017
- 94** Public Health England, 2017
- 95** People Living with HIV Stigma Survey, 2015, <http://stigmaindexuk.org/reports/2016/London.pdf>. Accessed: 5 July 2017
- 96** Public Health England, Annual Epidemiological Spotlight on HIV in England: 2015 data, 2017
- 97** Public Health England, Health Matters: Reducing the Burden of Tuberculosis, 2017
- 98** Public Health England, 2017

-
- 99** National Child Measurement Programme, England, 2015-16
- 100** Government Office for Science and Department of Health, Foresight: Tackling Obesities: Future Choices, 2007
- 101** Boyland, E. J. et al., "Advertising as a cue to consume: A systematic review and meta-analysis of the effects of acute exposure to unhealthy food and nonalcoholic beverage advertising on intake in children and adults", *The American Journal of Clinical Nutrition*, 2016.
- 102** Department for Education, Food and Ritual Affairs, 2016b. Family Food Datasets, <https://www.gov.uk/government/statistical-data-sets/family-food-datasets#history>. Accessed: 5 July 2017
- 103** Guh, D.P et al., "The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis", *BMC Public Health* 25; 9:88, 2009
- 104** Greater London Authority et al., *Better Health for London: Next steps*, 2015
- 105** Public Health England, Public Health Outcomes Framework, Mortality rate from causes considered preventable indicator 4.03, 2013-15
- 106** ONS, Adult smoking habits in the UK: 2016 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016>. Accessed: 5 July 2017
- 107** Katikireddi, S.V. et al., "Socioeconomic status as an effect modifier of alcohol consumption and harm: analysis of linked cohort data", *The Lancet Public Health*, Volume 2 , Issue 6, 2017
- 108** Adult Psychiatric Morbidity Survey (2014): Survey of Mental Health and Wellbeing, England, <http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-alcohol.pdf>. Accessed: 5 July 2017.

SUMMARY OF CONSULTATION QUESTIONS

Healthy children

1. Is there more that the Mayor should do to reduce health inequalities for children and young people?
2. How can you help to reduce health inequalities among children and young people?
3. What should be our measures of success and level of ambition for giving London's children a healthy start to life?

Healthy minds

4. Is there more that the Mayor should do to make sure all Londoners can have the best mental health and reduce mental health inequalities?
5. How can you help to reduce mental health inequalities?
6. How can we measure the impact of what we're doing to reduce inequalities in mental health?

Healthy place

7. Is there more that the Mayor should do to make London's society, environment and economy better for health and reduce health inequalities?
8. How can you help to reduce inequalities in the environmental, social and economic causes of ill-health?
9. What should be our measures of success and level of ambition for creating a healthy environment, society and economy?

Healthy communities

10. Is there more that the Mayor should do to help London's diverse communities become healthy and thriving?
11. How can you help to support thriving communities?
12. What should be our measures of success and level of ambition for creating healthy and thriving communities?

Healthy habits

13. Is there more that the Mayor should do to help to reduce health inequalities as well as improve overall health in work to support Londoners' healthy lives and habits?
14. What can you do to help all Londoners to develop healthy habits? What is preventing you from doing more and what would help you?
15. What should be our measures of success and level of ambition for helping more Londoners to develop healthy habits?

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