



Protecting and improving the nation's health

13 December 2016

Mr Sadiq Khan
Mayor of London
City Hall
The Queen's Walk
London SE1 2AA

Dear Sadiq,

Re: A City for All Londoners

We welcome 'A City for All Londoners' and its ambition of 'ensuring people from all walks of life are healthy and live well alongside each other'. I have asked PHE London to respond to your call for views on this.

PHE has a local presence with an office covering London. As the Regional Director of PHE London and your statutory health adviser, my team works closely with the GLA on a range of health protection and health improvement strategies and initiatives and we look forward to building on this collaboration in the future. Overall Londoners enjoy relatively good health, although in comparisons internationally healthy life expectancy is lower than similar cities; and Londoners' mental health tends to be worse.

Good health is also not enjoyed by all in London. As you know, persistent patterns of health inequalities mean that tackling this within London remains a great challenge. The most recent data for London shows inequalities in healthy life expectancy remain stark – life expectancy for males at age 65 ranges from 17.2 years in Barking and Dagenham to 21.4 in Kensington and Chelsea.

The GLA has a significant influence over many of the factors we know contribute to a person's physical and mental health and is well placed to promote a city-wide approach aimed at improving health and narrowing deep seated health inequalities. Playing a full role will involve working closely with London's boroughs which have the local responsibility for public health and bringing more of London's assets to bear on this collective agenda – doing only that which it is best placed to do.

A broad, integrated approach that encompasses the ambitions and work of all your statutory strategies will be needed if we are to have an impact. Your health inequalities strategy will support this approach. Investment and action to ensure all our children have the best start in life, develop the resilience they need to flourish, are educated to play an active role in the

London economy and city life will be crucial. In addition, taking action to enable all communities to live in healthy housing and environments, enjoy good job prospects, have accessible travel and being supported to remain healthy are all important. We will support you in achieving this.

A good litmus test for progress will be thriving local places and Londoners being helped in ways that fit with how they live their lives. Many people in London live, work and socialise in different parts of the city and hence need to be connected and enabled to live healthier lives in ways that meet their needs and are sustainable. Harnessing community assets, including virtual and non-geographical communities, along with community engagement and co-design will help in realising this ambition.

The GLA is therefore vital in helping London develop into a city that enables all Londoners to enjoy good physical and mental health and wellbeing. The danger is that this role is not realised - that individual strategies operate at a low level of ambition and are not co-ordinated when implemented. In realising the vision set out in 'A City for All Londoners', we would advocate that you ensure that your ambition on health inequalities is also supported through allocation of resource.

We would also suggest that given the scale of the challenge, further prioritisation in setting the agenda would be helpful. We look forward to working with you and your officials and on the development of the underpinning strategies.

Our comments are ordered in terms of:

1. Shaping London as a place
2. London as a healthy thriving place to live, work and bring up a family
3. Addressing health challenges for Londoners

1. Shaping London as a place

A healthy and more inclusive London is linked to ensuring a more prosperous London. Poor health reduces productivity and hampers economic growth. This in turn entrenches the income inequalities which contribute to poor health so producing a vicious cycle of inequality. The [Royal Society of Art's Inclusive Growth Commission's](#) interim findings suggest that getting serious about inclusive growth will require investment in social infrastructure, along with physical infrastructure in the longer term, and an approach that combines social policy with economic policy – which for too long at national and local levels have been developed and implemented independently. This means investing in bringing people and places up to the level where they can take part equally in the economy.ⁱ

1.1 Prevention

Along with impacting on economic growth, poor health for Londoners can mean overuse of intensive health services and pressure on primary and social care, resulting in a system over-focussed on the treatment of ill health at the expense of preventing it. London's fast growing population means that making the shift toward prevention will become ever more imperative, if our health and care system is to remain sustainable and inclusive and we are to close the Health and Wellbeing gap identified in the NHS's Five Year Forward View.

1.2 Devolution

We recognise that the Mayor is playing a crucial role working with a range of public agencies crafting a devolution deal for London. We believe there is scope in this agenda to ensure London can deliver via this mechanism improved health outcomes. My team will continue to work with your officials on this agenda.

2. London as a healthy thriving place to live, work and bring up a family

The link between health and economic prosperity is particularly important in relation to work. Good work is both the best route out of poverty and the surest basis for good health.ⁱⁱ Importantly a healthier workforce is also a more productive one. At an individual level, those who are in safe, supportive work environments where they have a say in how their work is organised have better health than those who are unemployed. Being in employment has a positive impact both through the activity of work and the workplace social and physical environment as well as through the economic freedom and choices that being financially independent brings. However, the number of people in poverty in working households has been growing in London since 2008 meaning that for some there is ongoing insecurity even while in employment.ⁱⁱⁱ We therefore welcome the commitment to understand how best to address inequalities in London's economy and labour market. The recent independent review chaired by Dame Carol Black into the employment impacts of drugs, alcohol and obesity may be helpful in considering future actions.

PHE's evidence review on [Increasing Employment Opportunities and Improving Workplace Health](#) outlines potential actions that can be taken including: workplace interventions to improve health and wellbeing; work with local employers to encourage, incentivise and enforce good quality work; interventions to increase employment opportunities and retention for people with a long-term health condition or disability; and interventions to increase employment opportunities and retention for older people. Employers have an important role to play in health and further evidence on promoting good quality jobs can be found in [Promoting Good Quality Jobs to Reduce Health Inequalities](#).

2.1 Housing and developing healthy sustainable communities

We welcome the ambition to provide more and better housing for Londoners. In undertaking this, we would advocate proper consideration of the health implications of any approach to housing improvement. This should include seizing the opportunities for tackling poor health outcomes that will arise from new developments, a good example of which can be seen in the [Healthy New Towns](#) approach being developed at Barking Riverside.

A recent review of planning and the built environment from the [House of Lords Select Committee](#) emphasised the 'need for quality, as well as quantity, and the need to think about long-term implications for 'place', as well as the important and more immediate need for more housing.^{iv}

Improving housing for Londoners is a clear way to improve health. Evidence points to poor housing being associated with an increased risk of cardiovascular diseases, respiratory diseases, depression and anxiety. The greatest risks to health are related to cold and damp homes, which affect and exacerbate respiratory conditions. House type and overcrowding represent further examples of risk factors.^v

We would support a pan-London strategic approach to homelessness including a focus on the factors that drive homelessness, such as mental health, alcohol and drug use. Research

by Crisis suggests that tackling homelessness early could save the UK government between £3,000 and £18,000 for every person helped^{vi} and the latest data indicates that a homeless person is 4 times more likely to be admitted to hospital and visit A&E than the general population.^{vii} The GLA can help co-ordinate and advocate for action across geographies and sectors. We are working with several homeless charities and stand ready to support you on this.

Urban design and developing liveable communities are also important mechanisms for addressing the social isolation many Londoners feel. This has a profound impact on their mental health and wellbeing. Innovative design and an attention to detail in creating sustainable communities that encourage community participation are important, as are initiatives that provide more opportunities to meet and socialise.

Realising the ambition for more Londoners to be able to stay in their own home, rather than be treated in hospital or in care will require an integrated approach that seeks to meet the needs of Londoners with particular long term health and social care needs. The GLA can enhance solutions for young and vulnerable Londoners as well as key workers by working in tandem with the plans of the NHS and local authorities.

2.3 Air quality

We welcome a renewed focus on tackling air pollution and reducing the health impacts of air quality. Although air pollution is less visible compared to the 1950s, evidence demonstrates that small particles (particulate matter) emitted to the air from various sources, such as road transport, industry, agriculture and domestic fires, are still having a considerable effect on health. When the impacts of nitrogen dioxide (mainly from traffic emissions) and particulate matter are combined it has been shown there is significant impact on public health for those living in London^{viiiix}.

Diesel engine exhaust, outdoor air pollution and particulate matter have all been classified by the World Health Organization as carcinogenic to humans^x. Air pollution affects our daily quality of life as it can exacerbate lung conditions such as Chronic Obstructive Pulmonary Disease (COPD) and asthma. Air pollution can reduce lung development in children, which may increase symptoms in children who develop conditions such as asthma.

We recognise that vehicles are one of the main contributors to the poor air quality in London; hence we support measures to reduce emissions and concentrations of harmful atmospheric pollutants. We also welcome the proposals for implementing the ULEZ earlier than 2020 as well as potentially expanding the area it covers, thereby delivering positive public health impacts to Londoners sooner.

Similarly we look forward to seeing further detail on other initiatives such as developing air quality positive buildings and introducing greener buses to reduce nitrogen dioxide emissions. Studies in London have already identified greener buses as being an effective intervention to improve air quality in London such as on Putney High Street^{xi}.

A multi-sectoral approach, engaging relevant sectors such as transport, housing, energy production and industry, is needed to develop and effectively implement long-term policies that reduce the risks of air pollution to health^{xii}. We look forward to working with your officials in tackling this major challenge for London.

2.4 Active travel and healthy streets

The health benefits of active travel are well documented. Transport systems which promote health are pro-business and support economic prosperity. They enable optimal travel to work

with less congestion, collisions, pollution, and they support a healthier workforce. Active travel can play a significant role in increasing the amount of physical activity Londoners are able to fit into their day.

We welcome plans to promote a shift from cars to walking and cycling which along with the potential to impact on air pollution can also benefit through promoting exercise, a reduction in accidents and in reducing carbon dioxide emissions impacting on climate change. The introduction of healthy streets and the incorporation of urban greening can have beneficial impacts on air pollution but also have cross cutting benefits from psychological perspective, increasing physical activity, reducing noise and excess heat^{xiii}. Improving access to safe and appropriate play spaces, including green space, is vital to enable more children to play outdoors and to reduce physical inactivity. The recent PHE evidence review into the harms associated with alcohol highlights evidence that a focus on managing drinking environments reduces alcohol related harm^{xiv}

PHE continues to support the ambition that by 2020, 70 per cent of adults in London will get 150 minutes of moderate-intensity aerobic physical activity each week in periods of ten minutes or more. This is the level of activity recommended by the Chief Medical Officer (CMO) for avoiding the greatest health risks associated with a lack of physical activity such as Type 2 diabetes, depression, coronary heart disease and some cancers. Currently in London, 34% of adults in London achieve this recommendation. The proportion of adults falling into this category would therefore need to approximately double to meet the ambition by 2050. More detailed recommendations on physical activity are set out in [Everybody Active Every Day](#).

3. Addressing health challenges for Londoners

London's boroughs and NHS are working on a number of key health challenges that are significantly worse than elsewhere in the country. We believe the GLA can play an important role in a number of these. This has informed our comments on specific strategic ambitions. In addition we would add the following points below.

3.1 Early years

An extensive body of evidence now points to the important role that early years play in establishing the right conditions for an individual to flourish. Healthy pregnancies, safe births, and creating the right environments and support for every child to be ready to learn by 2, and ready for school at 5 are all important. We therefore welcome a new leadership role for the Mayor in this area which could include helping every child in London get the best start in life, working with professionals including health visitors, midwives, school nurses and others who work with parents experiencing problems which may impact on their children^{xv}.

3.2 Childhood obesity

Taking forward active travel and other changes to London's infrastructure has the potential to impact on current levels of obesity within the capital. London has more overweight and obese children than New York, Sydney, Paris or Madrid^{xvi}. There are over 8800 fast food outlets on London's high streets. More than a third of children are overweight or obese by the time they leave primary school. All London councils have new plans to tackle childhood obesity and are putting these into action; however a pan-London approach to creating an environment in London which makes it easier for families to make healthier choices will be vital to underpin this activity. PHE continues to support action on childhood obesity across

London, working with the Healthy London Partnership, through the [Great Weight Debate](#) and we would seek to continue this partnership approach.

3.3 Mental health

Bringing Mayoral leadership to the mental health agenda has the potential to bring significant benefits to Londoners and we welcome its inclusion. The London Health Commission found that more than a million Londoners experience mental ill health each year. More than 100,000 of them will be children.^{xvii}

We understand you are taking forward work on mental health and PHE remain supportive of identifying what added value the GLA can bring to the work that takes place at a local level. We are keen to work with you in doing this. We particularly support your emphasis on addressing the stigma that people with mental health conditions often experience.

Many of the actions set out in A City for All Londoners, including having access to, having and keeping a good job, a decent home, a good education, good health, a decent income and close relationships will help improve Londoners' mental health. Encouraging people, employers and society to positively welcome and embrace the talents, capabilities, experiences and skills of people with experience of living with and recovering from mental health difficulties will also be beneficial. Finally ensuring that we view the causes of our major health challenges with a mental health lens - from obesity to drug and alcohol misuse to smoking - will have major benefits.

3.4 Reducing tobacco use

London has made considerable strides in reducing tobacco use through the combined efforts of a range of organisations. The impact of this has been a reduction in smoking prevalence over time. Comparisons with other areas of the country and similar cities across the world, however, show that there is still more to do to reduce the burden tobacco places on health and the economy. In 2015, 16.3% Londoners still smoked^{xviii}, and 6.1% of children at the age of 15 reported being current smokers^{xix}.

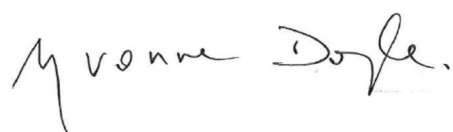
It is estimated the total annual cost of smoking in London is approximately £2bn. This includes £624 million due to lost productivity (early deaths, smoking breaks, and sick days), £247.7 million in costs to the NHS due to smoking-related disease, and £110.7 million spent on smoking-related social care^{xx}.

Illegal tobacco trade results in £2.1 billion losses in revenue to the UK per annum. Illegal and illicit tobacco undermines local investment in tobacco control as it makes tobacco more affordable, particularly to vulnerable groups and deprived communities, and more accessible to those underage. Local evidence in London shows that the availability of cheap illegal tobacco is undermining local efforts to stop children starting and smokers to quit. Illegal tobacco encourages children to start smoking as it is sold cheaply, often as single cigarettes and without checks on its sale to minors. Adult smokers report that it undermines their ability to quit by providing readily available cigarettes at cheaper prices. There is evidence that at a more local level, the sale and consumption of illegal tobacco tends to take place in 'hotspots' and in particular in deprived neighbourhoods – for example in a south London survey, 95% of smokers in Peckham Rye had been offered illegal tobacco.

We would support action to tackle tobacco use as part of any consideration of the built environment, working with local authorities to help reduce the number of Londoners being harmed by smoking. In addition we would see benefits from continuing to support activities to tackle illegal tobacco and supporting collaboration and joint working with the Mayor's Office for Policing and Crime.

I hope that this response is helpful and my team and I remain committed to supporting you and the wider GLA family to make London a city for all.

Kind regards,



Yvonne Doyle CB MD
Director for London

Public Health England (PHE) is the expert national public health agency which fulfils the UK Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation. PHE's role is to provide an integrated approach to protecting and improving the public's health. PHE is an executive agency of the Department of Health (DH). It is a distinct delivery organisation with operational autonomy to advise and support national government, local authorities and the NHS in a professionally independent manner.

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ⁱⁱⁱ Joseph Rowntree Foundation, 2016. Monitoring Poverty and Exclusion
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^{iv} House of Lords Select Committee, 2016. Building Better Places
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