Report

16 August 2017

Report for – GLA
The London Health Inequalities Strategy Consultation Integrated Impact Assessment
Final Report

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Contents

1.0 Introduction 5
1.1 Background to the Health Inequalities Strategy 5
1.2 Policies and proposals considered within the IIA 6
1.3 Purpose of this IIA Report 8
1.4 Report structure 11
1.5 The next steps for the Health Inequalities Strategy 12
2.0 Methodology for this Integrated Impact Assessment 13
2.1 Introduction 13
2.2 Scoping the IIA 13
2.3 Alternative Health Inequalities Strategy policies and proposals 13
2.4 How the assessment was carried out 14
3.0 The context for the Strategy: Greater London 2018-2028 and beyond 19
3.1 Introduction 19
3.2 Macro trends 19
3.3 Policy context 22
4.0 Findings of the Integrated Impact Assessment 24
4.1 Introduction 24
4.2 Key area of impact A: Mental Health 25
4.3 Key area of impact B: Economic Wellbeing 30
4.4 Key area of impact C: Empowering individuals to make healthy choices 34
4.5 Key area of impact D: A Community Focussed Approach 39
5.0 Equality Impact Assessment 44
6.0 Implementation & Monitoring 50
6.1 Introduction 50
6.2 Testing the possible pathways to implementation – Scenario 1 50
6.3 Testing the possible pathways to implementation – Scenario 2 52
6.4 Monitoring the implementation of the Strategy and its impacts 54
7.0 Conclusions of the IIA 59
7.1 Key Findings 59

Appendices

Appendix A – IIA Topics, Objectives and Guide Questions 60
Appendix B – Policies and Proposals Assessed in Other IIAs 70
Appendix C – Causal Chain Analysis Outputs 73

Non-Technical Summary

Introduction

This is the Non-Technical Summary of the Integrated Impact Assessment (IIA) Report, documenting the assessment of the policies and proposals in the draft London Health Inequalities Strategy issued for consultation. The IIA looks at how the Mayor's commitments in the draft Health Inequalities Strategy could affect a range of environmental, social and economic factors as defined by the Greater London Authority (GLA).

The Health Inequalities Strategy

The Health Inequalities Strategy for 2018-28 is under development, with a planned publication date of Spring 2018. The GLA Act 1999 requires the Mayor to produce a Health Inequalities Strategy, and the new draft strategy reflects developments in health policy since the previous strategy in 2010. These include the development of the London Health Board, the London Health Commission's ten "Better Health for London" ambitions and the NHS's five Sustainability and Transformation Plans for London.

The new Health Inequalities Strategy aims to reduce gaps in health and health outcomes across London. It also updates commitments in line with the reformed health system, builds on London health devolution and Better Health for London commitments and generally provides a strategy for reducing health inequalities in London. The consultation shares Mayoral commitments and asks other key relevant stakeholders for health to propose other commitments in line with the strategy. The IIA is an assessment of the Mayor's commitments within the Health Inequalities Strategy, not the potential commitments of stakeholders. The strategy will have an intended lifespan of 10 years and covers Greater London.

The emerging strategy focuses around five key aims:

(1) every London child has a healthy start to life;

(2) all Londoners share in a city with the best mental health in the world;

(3) all Londoners benefit from a society, environment and economy that promotes good mental and physical health;

(4) London's diverse communities are healthy and thriving; and

(5) the healthy choice is the easy choice for all.

These five key aims are reflected in a series of objectives, policies and proposals.

The Integrated Impact Assessment

The IIA is a way to examine the potential for environment, economic and social impacts of the Health Inequalities Strategy in one place. In order to focus the assessment around the most important issues associated with the policies and proposals in the Health Inequalities Strategy, causal chain analysis has been used. To help to think about the future implications of applying the draft strategy at a local level in different situations, two hypothetical scenarios were developed for 2018-2028. These were an area with a major regeneration site and a Borough with high levels of deprivation. For each scenario the IIA sought to consider in generalised terms the kinds of changes that might arise in ten years. Five policy and proposal options areas were chosen that related to the major growth and changes anticipated for the scenario and the main

impacts identified by the draft strategy as a whole. The potential impact of the policies and proposals over time were then considered.

Key findings

All of the policies and proposals within the draft strategy were reviewed against the IIA framework. Where proposals sit under the responsibility of other strategies (for example the London Plan) they will be assessed in the accompanying IIA and so have not been assessed here. The main findings relating to the potentially most impactful policies and proposals of the IIA are associated with four groupings of policies and proposals.

The IIA was an independent assessment intentionally designed to add value to the draft Health Inequalities Strategy and its implementation by focusing most on the emerging policies and proposals in the draft Health Inequalities Strategy that were considered as potentially the most impactful. The identification of the most impactful elements of the draft Health Inequalities Strategy was based on the following qualitative criteria, applied using expert judgment in collaboration with the GLA Health team:

- there were specific programmes identified, which could be reviewed in sufficient detail to identify impact pathways;
- the links between the policy and IIA objectives were considered to be the clearest and likely to occur over the duration of the strategy;
- the potential geographical scope and reach;
- targeting towards groups potentially experiencing the most inequality;
- the degree of commitment stated by the Mayor in the policy/proposal;
- the Mayor's degree of control and influence over the success of the policy;
- the number of IIA objectives that it could impact; and
- the potential level of significant impact toward specific IIA objectives.

The other policies and proposals were also assessed using the causal chain analysis methodology (see section 2.4). The most impactful policies and proposals were considered to fall into four groups:

- **Mental health**: The draft strategy has strong potential in tackling and de-stigmatising mental health and related issues through the development of Thrive LDN[1]. The Thrive LDN movement has the potential to have significant positive impacts for health inequalities which could also create positive impacts for other IIA topics, e.g. social integration, equality and inclusion, economic competitiveness & employment and education & skills. At this early stage the specific details of how this programme will be rolled out are still in development. The potential impact on culture is uncertain. The potential impact on natural capital and natural environment is likely to be neutral, given that there is no indication that Thrive LDN

[1] A new programme that aims to "educate, equip and empower all Londoners to lead healthier, happier lives", raising awareness of mental health issues, challenge stigmas and encouraging Londoners to look after their own mental wellbeing. This will be a collaborative effort with local organisations, supported by the Mayor.

will focus on the links between environment and mental health (which is covered by other strategies, e.g. London Plan and Environment Strategy).

- **Economic wellbeing**: There are clear links between improving the working environment and raising the standard of health and reducing health inequalities. The London Healthy Workplace Charter is a key programme for the Mayor in tackling health inequalities through economic wellbeing, and additionally the London Living Wage has also been an important programme (covered by the Economic Development Strategy). These programmes provide a framework for looking at addressing health inequalities in the workplace by focusing on one of the key determinants of health. If these programmes are targeted at specific groups (for example, specific industries with poor health outcomes) it is likely these will have more beneficial impact in targeting health inequalities. The proposed policy also discusses finding other ways to support people with mental ill-health into work and to be retained in the workplace but the specific mechanisms are unclear. The group of policies and proposals would potentially have minor positive impacts on health & health inequalities, economic competitiveness & employment, education & skills and equality & inclusion.

- **Healthy choices and employing individuals**: This is a wide ranging policy area with little targeting of specific groups other than some focus on children. Many of the policies and proposals are also covered by other strategies such as the Transport Strategy and the London Plan. Given the breadth, the impacts could be large but also effort will be needed to ensure that there is continued momentum in this area as the impact of the policy is reversible. A focus on social prescribing could have positive impacts on social integration and social capital, health and health inequalities and equality and inclusion since it could promote community activities especially for those that are socially isolated and lonely. The group of policies and proposals would potentially have minor positive impacts on health & health inequalities, social integration, air quality and equality & inclusion. The potential impact on culture, education and skills, crime, safety and security is uncertain. The potential impact on natural capital and natural environment is considered to be neutral, although this is likely to be positive when considering the Transport Strategy and London Plan policies as well.

- **A community focussed approach**: These policies focus on communities through early years support, parenting, social capital and community culture. It also includes policies to help address TB and HIV at a community level. The group of policies and proposals would potentially have major positive impacts on health & health inequalities, social integration and equality & inclusion and minor positive impact on culture. The potential impact on economic competitiveness & employment, education & skills is likely to be minor positive in the medium to long term.

The following key improvements to the strategy and its implementation are suggested by the IIA:

- Link the development of Thrive LDN to achieving benefits for other IIA topics. It is suggested to try to link the development of Thrive LDN with gardening and green infrastructure programmes, employment and mental health programmes and cultural & arts programmes to maximise the benefit across IIA topics;
- Targeting work place policies and programmes to specific target groups (e.g. night or shift workers and occupations with disproportionately high suicide rates);
- Ensure small and micro businesses are catered for and supported in their uptake of the Healthy Workplace Charter and similar schemes;
- Consider those who are self-employed and part of the 'gig' economy in drives to improve health in the workplace;
- Ensure social prescribing will lead to wider benefits (in addition to health improvements), including social integration, natural capital and culture. Social prescribing could possibly target specific groups such as older people who are more likely to be affected by social isolation.
- Look to cater for specific groups with protected characteristics for interventions, for example, the following groups for mental health policies and proposals: disabled people, BAME groups, transgender people and people who are lesbian, gay or bisexual.

Next steps

The IIA report is due for consultation alongside the draft Health Inequalities Strategy in summer 2017. The consultation will invite comments and commitments from other stakeholders. If required following the consultation, a post adoption statement will be drafted and the final publication of the strategy reflecting all commitments is expected to be in published in spring 2018.

1.0 Introduction

This introductory section sets out the background context for the Health Inequalities Strategy and the Integrated Impact Assessment (IIA), as well as the purpose and structure of the IIA report. It also indicates the next steps for the Health Inequalities Strategy.

1.1 Background to the Health Inequalities Strategy

The GLA Act 2007 requires the Mayor of London to produce a Health Inequalities Strategy. The new London Health Inequalities Strategy for 2018-2028 is in development, with a planned publication of the final strategy in spring 2018. The publication of the Health Inequalities Strategy is a statutory duty of the Mayor of London, but in recognition of the importance of collaboration to address health inequalities, the London Health Board has agreed to share responsibility for oversight of the strategy's governance.

The previous Health Inequalities Strategy was published in 2010. Significant reform has taken place in the intervening years, and it is therefore necessary to update the strategy. Developments in health policy since 2010 have created a clear opportunity for a new strategy to have a major impact and there is great potential for the health system and local government to collaborate effectively. For example:

- The work of the London Health Commission to create a consensus on health priorities in the ten Better Health for London commitments;
- The establishment of the London Health Board as a focal point and source of political leadership; and
- The NHS Sustainability and Transformation Plan process which has created partnerships between NHS Commissioners, local authorities and acute trusts at sub-regional level.

This strategy can build on an increasing body of evidence which identifies the complex and wide ranging interdependencies which influence health inequalities in the UK. The influential Marmot UK-wide review[2], for example, highlighted the influence of the social gradient on health, the complex relationship between economic and health inequality and the need to empower individuals and local communities. The new Health Inequalities Strategy is looking to:

- Deliver the Mayor's manifesto promise to get to grips with health inequalities;
- Prevent the further widening of gaps in health and health outcomes;
- Update commitments to fit with the reformed health system; and
- Provide a timely opportunity to build on devolution and Better Health for London commitments from partners.

The Mayor's overarching vision is for a healthier, fairer city for all Londoners, where nobody's health suffers because of who they are or where they live. The policies and some of the proposals of the Health Inequalities Strategy set out in Table 1.1 have been considered by the IIA process. This assessment focuses on the policies and proposals which are particular to the health inequalities strategy. Where proposals will also sit within another of the Mayor's statutory

[2] 2010 'Fair Society, Healthy Lives'

strategies, and where responsibility for implementation and monitoring will lie primarily with that strategy, the proposals will be assessed by the IIA for that strategy as appropriate.

1.2 Policies and proposals considered within the IIA

The IIA does not assess policies / proposals that are covered by other Mayor of London strategies; a list of these is contained in Appendix B.

Table 1.1 – Draft Health Inequalities Strategy policies / proposals covered by the IIA

Aims	Objectives	Policies / proposals
Overarching policies/proposals		• 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. • Working with Public Health England, the Mayor will track London's progress in reducing health inequalities and report this via the London Health Board.
Every London child has a healthy start in life	Objective 1.1: London's babies have the best start to their life	• 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 families 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 here.
	Objective 1.2: Early years settings and schools support children's health and wellbeing	• 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.
All Londoners share in a city with the best mental health in the world	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	• 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	• The Mayor will consider mental health and 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 for mental and physical illness.
	Objective 2.3: London's diverse populations no longer experience stigma associated	• 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

Aims	Objectives	Policies / proposals
	with mental ill-health, and levels of general awareness and understanding about mental health increase	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	• 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 become more mentally healthy through the London Healthy Workplace Charter. • The Mayor's key priority 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	• 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.
All Londoners benefit from a society, environment and economy that promotes good mental and physical health	Objective 3.5: London's workplaces support more Londoners into healthy, well paid and secure jobs	• 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.
London's diverse communities are healthy and thriving	Objective 4.2: All Londoners have necessary skills, knowledge and confidence to understand how to improve their health	• 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 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	• The Mayor will speak up to support 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 priority 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	• 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

Aims	Objectives	Policies / proposals
	supported to prevent HIV and reduce the stigma surrounding it	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	• Mayor will continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London.
The healthy choice is the easy choice for all Londoners	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	• The Mayor will show leadership on this issue by convening and leading London-wide action to reduce child obesity.
	Objective 5.2: Smoking, alcohol and drug misuse are reduced among all Londoners, especially young people	• 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.

1.3 Purpose of this IIA Report

1.3.1 Who and what is the IIA for

The IIA is a tool which uses an integrated appraisal approach across specified topics to appraise the potential impacts of the Health Inequalities Strategy. The following topics were included in the assessment:

- Environment – air quality; climate change adaption; climate change mitigation; energy use & supply; flood risk; materials & waste; noise & vibration; water resources & quality; natural capital & natural environment;
- Economic – economic competitiveness & employment; education & skills; connectivity; infrastructure; culture; sustainable land use; and
- Social – equality & inclusion; social integration; health & health inequalities; accessibility; housing supply, quality, choice & affordability; crime, safety & security; design.

The IIA for the Health Inequalities Strategy does not seek to duplicate previous or forthcoming assessment of proposals that will be delivered through other Mayoral strategies, even if the policies are also identified within the Health Inequalities Strategy. This IIA report therefore signposts and cross-references other IIAs regarding matters where the associated proposals are the responsibility of teams outside of the Health and proposed Cross Cutting Health Implementation Group. A full list of the policies and proposals which are the responsibility of other teams is provided in Appendix B.

The Health Inequalities Strategy and accompanying IIA will be subject to consultation in summer 2017 to enable participation and comments to be made by the public, relevant stakeholders and interested parties.

1.3.2 Legal Duties for the Health Inequalities Strategy IIA

The GLA Act 1999 contains a requirement to prepare and publish a 'Health Inequalities Strategy'. The strategy must contain the Mayor's proposals and policies for promoting the reduction of health inequalities between persons living in Greater London. The proposals and policies are to be addressed to the mitigation of differences in general health determinants. The strategy must identify major health issues and health inequalities, specify priorities of reducing inequalities and describe the role to be performed by any relevant body or person for the purpose of implementing the strategy[3].The Strategy must seek to address health inequalities, in respect of life expectancy or general state of health which are wholly or partly a result of differences of 'general health determinants', between persons living in Greater London.

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

For the development of the strategy there is a requirement on the Mayor and the Statutory Health Advisor to collaborate. In addition, there are legal duties, that apply to all the Mayor's statutory strategies, to have regard to (Section 41):

- the principal purposes of the GLA (which are to promote London's social development, its economic development and improvement of its environment);
- the health of persons in Greater London;
- health inequalities between persons living in Greater London;
- the achievement of sustainable development in the UK;
- climate change and the consequences of climate change;
- national policy and international obligations (including EU legally binding limits for concentrations in outdoor air of major air pollutants that impact public health);
- guidance from the Secretary of State;
- other Mayor strategies and consistency with these;
- the resources available for implementation; and
- the desirability of promoting and encouraging the use of the River Thames safely, in particular for the provision of passenger transport services and for the transportation of freight.

[3] Relevant bodies or persons include (but are not limited to) the GLA, any London borough council, the Health Adviser, any Strategic Health Authority or NHS trust.

There are no legal requirements for the Health Inequalities Strategy IIA to have a Strategic Environmental Assessment (SEA) or a Sustainability Appraisal as there are for some of the Mayor's plans (such as the London Plan). There is also no requirement for the publication of a preliminary scoping document (e.g. as required if it were an SEA), however a preliminary scoping report was drafted by GLA in order to steer this IIA report.

Nevertheless, there is a legal duty for sustainable development: the Greater London Authority Act (1999) requires the Authority to *"contribute to the achievement of sustainable development in the United Kingdom"* in exercising its statutory functions. This includes the social and quality of life aspects of sustainable development. This is mainly delivered through implementing the vision of the sustainable development of London as set out in the London Plan, but other strategies, including the Health Inequalities Strategy need to be in accordance with this plan.

Legal duties under the following acts have also been considered by the IIA as relevant to the Strategy.

Equality Impact Assessment

The GLA is subject to the public sector equality duty under the Equality Act 2010. The Mayor also has an additional duty to promote equality of opportunity arising from the GLA Act 1999.

EqIAs help meet legal duties to ensure that equality issues are fully considered as part of the decision-making process. Compliance with these duties may involve treating some persons more favourably than others. The 2010 Act identifies groups with protected characteristics as follows:

- Age: A person of a particular age or persons of a particular range of ages, for example,. children (0-4); younger people (aged 18-24); older people (aged 60 and over);
- Disability: A person with physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities, i.e. disabled people;
- Gender reassignment: A person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex;
- Marriage & civil partnership: A person in a civil partnership or marriage between same sex or opposite sex;
- Pregnancy & maternity: A person who is pregnant or expecting a baby and a person who has recently given birth;
- Race: A person defined by their colour, nationality, ethnic or national origins, for example, Black, Asian and minority ethnic (BAME) groups;
- Religion & belief: A person with any religious or philosophical belief including a lack of belief[4];
- Sex: A man or a woman, recognising that women are more frequently disadvantaged; and

[4] Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

- Sexual orientation: A person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.

In addition to the protected characteristics identified under the Equality Act 2010, the IIA considers people on lower income groups as part of it assessment of equality impacts, to ensure that the needs of Londoners on lower incomes are considered in policy and plan making.

The 2010 Act requires the GLA in exercising its functions to have due regard to (summarised):

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct which is unlawful under the Act.
- Advancing equality of opportunity between people who share a protected characteristic, and those who don't have that characteristic. This means in particular:
    - Removing or minimising disadvantages suffered by people who share a protected characteristic that are connected to that characteristic.
    - Taking steps to meet the needs of people who share a protected characteristic that are different from the needs of people who don't have that characteristic.
    - Encouraging people who share a protected characteristic to participate in public life or in any other activity in which their participation is disproportionately low.
- Fostering good relations between people who share a protected characteristic, and those who do not have that characteristic. This means, in particular:
    - Tackling prejudice.
    - Promoting understanding.

An effective EqIA assists in achieving a more cohesive relationship and increased transparency between policy makers and Londoners. It means that equality issues are considered in policy development, contributing to better access, safety, security and health, as well as promoting greater equality of opportunity and assisting in improving quality of life for residents and communities in line with legislation and policies.

Community Safety

While there is no specific requirement for a community safety impact assessment to be carried out by the Mayor in the preparation or revision of a plan or programme, the Crime and Disorder Act 1998 (as amended) and the Police and Justice Act 2006 (as amended) make provision for preventing and combatting crime and disorder. IIAs identify the likely significant effects on crime and safety through assessing issues such as: accessibility; crime and security; connectivity; economic competitiveness; inclusion; landscape, townscape and public realm; noise and vibration.

1.4 Report structure

The remainder of the report is structured as follows:

- Section 2 – Methodology, including scoping and assessment process;

- Section 3 – Context for the Strategy looking at the implications for Greater London for 2018-2028 and beyond.
- Section 4 – Overall findings for the policies with the greatest impact, using summary matrices and accompanying narrative;
- Section 5 – Equality Impact Assessment findings;
- Section 6 – Implications associated with the implementation and monitoring of the Health Inequalities Strategy looking at two potential local impact scenarios; and
- Section 7 – Conclusions.

There are three appendices. Appendix A includes the IIA topics, objectives and guide questions. Appendix B lists the policies and proposals which are the responsibility of other GLA teams and are covered by the IIAs of other strategies and thus not assessed here. Finally, Appendix C comprises the outputs of causal chain analysis, which was completed based on a previous iteration of the draft Health Inequalities Strategy dated 18/05/17.

1.5 The next steps for the Health Inequalities Strategy

This final IIA is scheduled to be published alongside the draft Health Inequalities Strategy for consultation in summer 2017. The consultation will invite comment from the public, stakeholders and interested parties on the Strategy and the Mayor will invite commitments from other stakeholders. The final IIA will also be consulted on. Following the consultation on the draft Health Inequalities Strategy and IIA a post adoption statement will be developed if the findings of the consultation mean that it is required. The Mayor's response to any additional recommendations that arise out of the final IIA report, as well as comments from the consultation will also be considered in developing the final Health Inequalities Strategy. The publication of the final Strategy, incorporating all commitments to that point, is expected in spring 2018.

2.0 Methodology for this Integrated Impact Assessment

2.1 Introduction

This section sets out the IIA methodology, including the scoping report review, how the assessment was carried out and developing mitigation and alternative options.

2.2 Scoping the IIA

The IIA scoping report prepared by the GLA proposed the scope and approach for the Health Inequalities Strategy IIA. It outlined the baseline information and evidence to inform the IIA. It identified key health inequalities and related issues facing Londoners and provided a framework for assessing the likely impacts of the Health Inequalities Strategy.

The principal spatial scope for the Health Inequalities Strategy and IIA is the Greater London Authority area. The actions for the Health Inequalities Strategy will cover a ten year period. Where possible in the IIA of the Health Inequalities Strategy, potentially significant effects identified have been categorised as short term (0-5 years), medium term (5-20 years) and/or long term (20 years plus).

A GLA Steering Group was established to develop a framework to be applied to each strategy IIA. The framework includes a common set of 25 IIA objectives to be used for the assessment of each strategy. An objective is a statement of what is intended, specifying a desired direction of change. The achievement of objectives will be measured by the GLA and partners using indicators which will be specific and measurable; these will be provided in the final Strategy. IIA objectives are used to show whether the strategy policies are beneficial for the achievement of the objectives, or to suggest mitigating actions to strengthen the benefits or alleviate detrimental effects.

Guide assessment questions for each IIA objective have been developed which will be relevant and specific to each individual strategy. The guide questions for the Health Inequalities Strategy IIA are included in Appendix A. Temple was tasked with providing a critical friend review of the scoping report and the IIA framework objectives questions that assist with deciding if a topic is in/out of scope and help guide the assessment.

The scoping report identified the following topics as out of scope:

- Geology and soils; and
- The historic environment.

2.3 Alternative Health Inequalities Strategy policies and proposals

The emphasis and direction of the Health Inequalities Strategy has been developed drawing upon the expertise and experience of a multi-agency steering group and working groups which were set up by the GLA as follows:

- Review of evidence by multi-agency steering group and working group (summer 2016), drawing on;
    - Data on health inequalities in London.

    - Evidence from published literature on where intervention can be effective.
    - Policy context from: interviews with key stakeholders and review of key policy documents.

- Public and stakeholder consultation via *A City for All Londoners* (Autumn 2016);
- Review by London Health Board to confirm strategy aims (Winter 2016); and
- Further engagement with community groups, stakeholders and Londoners (Spring 2017).

Rapid reviews were undertaken of the health inequalities evidence to identify priority actions for the programmes of work addressing inequalities in health. The topics were selected on the grounds that an existing political commitment has been made and/or that data received to date from Public Health England indicates a particular existing issue in London. The team then undertook a political context mapping exercise which outlined the current political context for the selection of the priorities for the strategies and summarised telephone interviews with 25 London health leaders. The priorities for the Health Inequalities Strategy were then set out in a document and a prioritisation summary sheet to present the information that the steering group needed in order to make its recommendations about the strategy's priorities.

This consultative and iterative development of the strategy means that incremental changes have been made throughout the process rather than at the end of the process identifying clear alternative policies and proposals. The policies and proposals were developed after the priority areas were developed and have been steered by health leaders in London and the expert GLA health inequalities team which has directed them toward the key priority areas. In this context the appraisal has focussed on the priorities, proposals and areas that could be adapted or altered to better meet objectives.

2.4 How the assessment was carried out

2.4.1 Baseline context

Baseline material was provided for the IIA at the scoping report stage against the five key draft aims of the draft Health Inequalities Strategy:

1. **Every London child has a healthy start to life** – child health rates, school readiness, infant mortality, birth weight, London travel demand survey;
2. **All Londoners share in a city with the best mental health in the world** – anxiety levels, mental health and employment, access to mental health services, suicide rates;
3. **All Londoners benefit from a society, environment and economy that promotes good mental and physical health** – healthy life expectancy, London living wage, employment rates, affordable homes, air quality;
4. **London's diverse communities are healthy and resilient** – social prescribing schemes, HIV and TB levels; and
5. **The healthy choice is the easy choice for all Londoners** – healthy workplace charter, tobacco, smoking prevalence at 15, traffic noise and air quality, alcohol admissions to A & E, adult obesity rates.

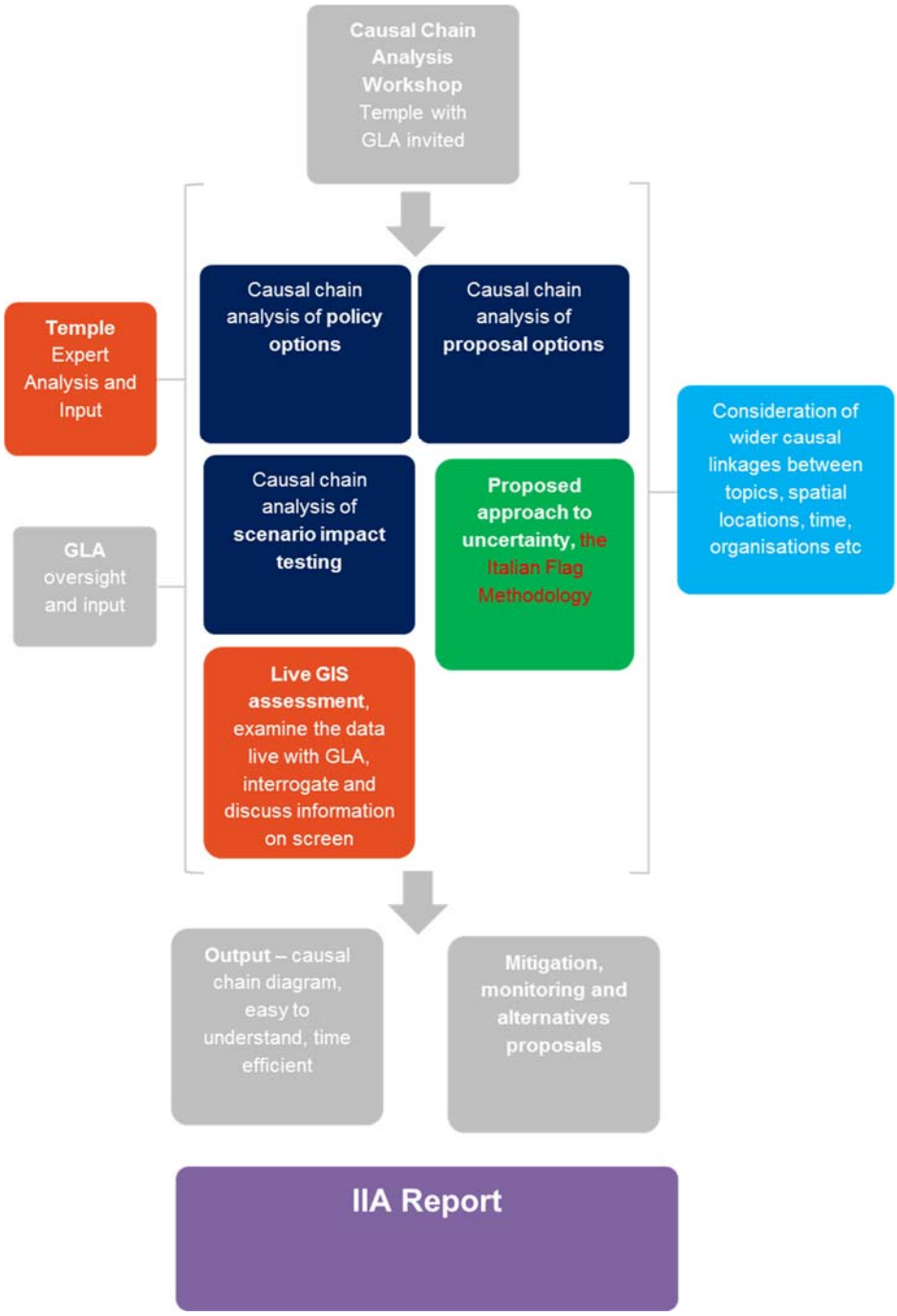
GLA provided the data sets that they had used to develop the scoping report trends document and together with data sources available from the GLA website and GLA family (including the Mayor's Office for Policing and Crime (MOPAC), Old Oak Park Development Corporation (OPDC), London Legacy Development Corporation (LLDC), London Fire and Emergency Planning Authority (LFEPA), Transport for London (TfL)). Section 3 outlines the baseline context for the Health Inequalities Strategy IIA.

2.4.2 Assessing the Draft Policies and Proposals

Assessment of the draft policies and proposals was undertaken primarily using causal chain analysis (also known as network or systems analysis). This approach was chosen to draw out professional judgement on the impacts and seek to provide the most useful insights from the IIA process to improve and strengthen the emerging Health Inequalities Strategy and its outcomes. The OPDM 2005 'A Practical Guide to the Strategic Environmental Assessment Directive' introduces causal chain analysis as a useful tool in strategic appraisals stating that it *"helps to identify the cause-effect relationships resulting in cumulative effects using flow diagrams"* and it *"Allows the user to analyse the multiple effects of various actions and trace indirect effects on resources that accumulate from direct effects on other resources"* and the advantages are described as to *"facilitate conceptualisation of cause–effect relationships and identify direct effects"*.

The causal chain analysis process was undertaken in a series of workshops (with the outputs of provided in Appendix C; this was completed based on a previous iteration of the draft Health Inequalities Strategy dated 18/05/17), involving the IIA project team with the option to call upon relevant technical experts as needed, for example, air quality and planning experts. During the workshops the causal chains were explored, discussed and mapped out alongside reviewing supporting and relevant online sources, the information and baseline provided by GLA and supplementary data available through relevant Geographical Information Systems (GIS) layers. The guide questions (see Appendix A) were used to help frame and consider the impacts.

Figure 2.1 The IIA causal chain methodology



Policies and proposals were grouped together where there were common themes. For example, policies which were targeted at mental health were grouped and appraised together. Through this process, each policy and proposal was assessed against each IIA topic area.

The draft Health Inequalities Strategy is a strategy with a wide scale and scope which can present uncertainties when looking at potential impacts. In order to reflect this uncertainty of cause and effect pathways for the proposed policies and outcomes of the draft Health Inequalities Strategy the Italian Flag method was used. This enables evidence to be given a colour coding

(green to indicate evidence of a positive impact connection, white for uncertainty unknowns and red for evidence of a negative impact connection). The causal chain analyses were labelled to show key impact pathways (links) with the colour coding for uncertainty to highlight where more consideration will be needed to ensure that the policies are going to be effective.

The final Health Inequalities Strategy will have a lifetime of ten years. The impact timeframes used in the IIA were grouped as the following time periods in order to capture what happens within the initial period after the Health Inequalities Strategy is adopted and its potential legacy:

Time Frame	**Years**
Short term:	0-5 years
Medium-term:	5-20 years
Long-term:	20 years plus

The definitions of scale of impact are set out as follows:

Scale of Impact		**Definition**
++	Major positive effect	Overall the draft Health Inequalities Strategy policy/proposal is considered at this point to have substantial and demonstrable benefit toward the IIA objective
+	Minor positive effect	Overall the draft Health Inequalities Strategy policy/proposal is considered at this point to have benefits which outweigh negative effects to provide a positive effect against the IIA objective
0	Neutral or no effect	Overall the draft Health Inequalities Strategy policy/proposal is not considered at this point to doesn't affect the IIA objective
-	Minor negative effect	Overall the draft Health Inequalities Strategy policy/proposal is considered at this point to have negative effects which outweigh beneficial effects to provide a negative effect against the IIA objective
- -	Major negative effect	Overall the draft Health Inequalities Strategy policy/proposal is considered at this point to have substantial negative effects to the IIA objective
?	Uncertain	Insufficient information is available to make a clear judgement if the draft Health Inequalities Strategy policy/proposal provides an overall positive or negative direction against the IIA objective

2.4.3 Local Impact Scenario Testing

In order to imagine and start to test the future implications of applying the draft Health Inequalities Strategy 'on the ground' local impact scenario testing was undertaken. This involved choosing two hypothetical example areas that reflect characteristics in London and which might best illustrate areas of interest and relevance to the GLA for the Health Inequalities Strategy. The aim

of the scenario testing was to provide a more in-depth understanding of how the policies and proposals might work in practice, compared to a base case with no interventions, so that the impact could be better understood and more detail could be provided within the IIA recommendations. The scenarios draw upon the general results of the causal chain analysis but translate this into a localised level. The scenarios are broader in scope than the assessment in that they include policies that are covered under the IIAs of other strategies if they relate to health and health inequality.

The set of most relevant policies and proposals for those example areas were decided by the team based on the criteria set out in the non-technical summary section '**Key findings**' above. Causal chain analysis was then undertaken for the scenarios, projecting ten years into the future. The descriptions of the scenarios are set out in Section 6.

2.4.4 Developing mitigation and alternative options

After completing the first iterations of the causal chain analysis on the policies and proposals, potential improvements to the options were identified and suggested which are captured in Section 6.

3.0 The context for the Strategy: Greater London 2018-2028 and beyond

3.1 Introduction

This section sets out the context for the strategy for Greater London during the intended lifetime of the Health Inequalities Strategy (between 2018 and 2028) and beyond, first examining the macro trends for London and then the policy context. This section is designed to not be an exhaustive baseline because the baseline conditions of London and its evolution are being covered in detail in the other draft strategies and plans including the London Plan. The focus here is therefore the macro trends and policy context which is most relevant to the Health Inequalities Strategy IIA.

3.2 Macro trends

The London Plan Scoping Report (2017) identifies the following key issues for London's population: significant increase in the population; young profile; ageing and more diverse population; uncertainty of the composition of the population, including migration patterns. London continues to experience significant population growth, with the population in 2015 reaching a new record at 8.6 million people.

The 2011 Census data showed that London's population has been increasing at nearly double the growth rate that had been assumed in the 2011 London Plan (87,000pa). The GLA 2015 trend-based population projections (long-term migration scenario) predicts the population is likely to continue to grow with an anticipated 3 million more people by 2050, potentially reaching 10.5 million by 2041[7].

Due to the tendency for large numbers of young adults to move to London for job opportunities London has a relatively young population with a median age of 34 compared to the national average of 39[5]. London's school-age population is also growing and is projected to number nearly 1.4 million by 2041[2]. 40% (3.4 million) of Londoners live in Inner London and 60% (5.2 million) live in Outer London. Inner London is however almost 4 times smaller than Outer London in terms of land area, meaning much higher population densities[6].

Between 2015 and 2041 the population of over 65s is predicted to increase by 600,000 people[7]. The population over 90 is likely to still expected stay below the national proportion of the total population but is predicted to double to make-up 1.5 percent of London's total population by 2041[7]. The outer boroughs have the oldest populations. Aging population is likely to add to the pressures facing health inequalities in London.

45 per cent of Londoners identify themselves as White British with 40 per cent from Black, Asian and Minority Ethnic (BAME) backgrounds. A further 15 per cent identify themselves as 'White Other'. 26 of the 30 local authorities with the most ethnically diverse populations in the UK are in London[8]. BAME groups are projected to increase to 4.88 million by 2041, an increase of 1.57

[5] Office of National Statistics (ONS) (2014) Mid-year Estimates 2014

[6] GLA (2016) Social Evidence Base

[7] ONS (2015) GLA 2015 trend-based population projections (long-term migration scenario)

[8] ONS Census 2011 including update CIS 2012 - 04

million to 32 per cent increase and the White population is predicted to increase to 5.48 million (an increase of 0.57 million, 11.5 per cent over the period)[9]. A high proportion of London's population is made up of individuals and families who moved here from another country. 3.1 million Londoners were born outside the UK (37% of the total population), with just under half arriving in the UK in the last 15 years[10].

The UK Government's qualitative index of multiple deprivation (IMD) identifies many areas in London amongst the most deprived in the UK, for example areas in Westminster, Hackney and Islington are within the two per cent most deprived areas. Areas in Tower Hamlets, Croydon, Barking and Dagenham and Lewisham fall within the five per cent most deprived areas in the country. 27 per cent of the population live in relative poverty after accounting for housing costs (2.2 million) which is 7 per cent more than the rest of England[11].

Working patterns have been changing significantly, this has included the increase of night and shift working associated with the growth of the gig economy.

3.2.1 Strategic health trends

The following list presents some health trends for London[12].

- 1.16 million London residents (14%) reported that they had a long-term health problem or disability which limits their day-to-day activities.
- There are very substantial differences in life expectancy and healthy life expectancy between different boroughs and demographic groups, with people in the most deprived areas having the shortest life expectancy.
- Healthy life expectancy for men is 8.9 years shorter in Barking and Dagenham compared to Richmond on Thames, and 18.7 years shorter for women in Tower Hamlets compared to Richmond on Thames. Looking at smaller local areas (MSOAs), the gap in healthy life expectancy is as high as 26.9 years for men and 28 years for women between certain areas.
- Those in the lowest socio-economic group are often more likely to be exposed to poor air quality and more susceptible to the effects of air pollution on their health, although there are exceptions to this in some wealthy areas in inner London boroughs. Children, older people, and people already suffering from lung or heart issues are particularly vulnerable.
- Almost a quarter of women working in London earn less than the London Living Wage. In 2016, the percentage of jobs paying less than the London Living Wage ranged from 5 per cent to over a third in some boroughs[13].
- 37 per cent of all children in the city live in relative poverty after housing costs are taken into account, and the figure is even higher in Inner London at 42 per cent[15].

[9] GLA Intelligence, 2014 ethnic group projections

[10] GLA (2016) Social Evidence Base

[11] GLA Economics (2016) Economic Evidence Base

[12] The wider evidence base is presented in the Health Inequalities Strategy IIA Scoping Document

[13] Office for National Statistics (2016 provisional) Annual Survey of Hours and Earnings

[15] GLA Intelligence Unit (June 2017) Poverty in London: 2015/16

- Around eight per cent of households in London live in overcrowded accommodation, with higher rates of overcrowding in certain boroughs and within the private and social rented sector (around 13 per cent)[16].
- London has the lowest reported life satisfaction, worthwhileness and happiness and the highest anxiety of any UK region. London's average anxiety rating was 3.15, compared to England's average of 2.93 on an eleven point scale. Self reported wellbeing also differs between boroughs – 18.7 percentage points difference between Hammersmith and Fulham (30.6%) and Brent (11.9%) for peopled (aged 16+) with a high anxiety score[17].
- Unemployed men of an ethnic minority from deprived, inner London boroughs are more likely to commit suicide. In London the male suicide rate per 100,000 ranged from 9.59 in Lewisham to 19.13 in Hammersmith and Fulham (2013-15)[10]. Suicide is mainly concentrated in Inner London boroughs: except for Newham and Lewisham, every borough in Inner London has a higher suicide rate than the London average.
- The infant mortality rate for babies born to teenage mothers is 44% higher than mothers aged 20-39. The infant mortality rate in Hackney (combined with City of London) was over twice that of Havering and Camden[18].
- The proportion of children aged 4-5 classified as overweight or obese in London is 22.2% and is as high as 38.1% for 10-11 year olds, significantly higher than for England as a whole. There are considerable discrepancies between boroughs, with 43.4% of 10-11 year olds classified as overweight or obese in Barking & Dagenham compared to 22.9% in Richmond upon Thames[19].
- The difference across London by borough for school readiness highlights a gap of 15.9 percentage points between children in Tower Hamlets (61 per cent) and Lewisham (78 per cent) [10]. In London the proportion of boys who are school ready is 64.7% compared with 78.0% for girls.
- In London, there is an 11 percentage point difference between the prevalence of smokers aged over 18 in Islington (22.3%) and Kensington and Chelsea (11.2%). Smoking is an addiction that causes poverty which is a major cause of health inequalities. In London 46,000 households are in poverty simply due to the income spent on cigarettes[20].
- There are high rates of physical inactivity in Barking and Dagenham - 43.7%, Newham - 39.8% and Brent - 34.3%. The gap between the boroughs with the lowest (Camden) and highest (Barking and Dagenham) proportion of adults classified as overweight or obese widened from 22.4 in 2012-14 to 24 percentage points in 2013 – 15.
- Tuberculosis (TB) rates in London are high – London accounts for 39% of all cases in England – though they have been declining for the last four years (possibly due to the work of the London TB Control Board along with changes in migration patterns and an increase

[16] Housing in London, 2015

[17] ONSE (2016) Annual Population Survey (APS)

[18] Health Inequalities Strategy IIA Scoping Document

[19] ONSE (2016) National Child Measurement Programme: England, 2015/16

[20] ASH: http://www.ash.org.uk/media-room/press-releases/:new-figures-show-each-local-authority-how-many-people-could-be-lifted-out-of-poverty-if-they-quit-smoking

in number of cases of active TB being treated overseas). Over half of TB patients notified in 2015 lived in areas that constituted the two most deprived quintiles of London (57%, 1,304/2,269), compared with 7% (151) in the least deprived quintile[21].

- HIV prevalence is more than twice as high in London as in England as a whole, and more than two in five (43%) of all people newly diagnosed with HIV in the UK live in London[10]. The two most common routes of transmission for London residents living with diagnosed HIV in 2015 were sex between men (52%) and heterosexual sex (44%). Heterosexuals were more likely to be diagnosed late; by ethnic group, black Africans were more likely to be diagnosed late than those of white ethnicity[22].

3.3 Policy context

The Mayor is currently in the process of developing, or has recently published, the following six statutory strategies in addition to the Health Inequalities Strategy:

- London Plan (Spatial Development Strategy);
- Transport Strategy;
- Economic Development Strategy;
- Housing Strategy;
- Culture Strategy; and
- Environment Strategy.

Integrated Impact Assessments have been or will be undertaken on these strategies, using the common GLA IIA framework and objectives.

While not a statutory strategy, the Police and Crime Plan (2017-2021) sets out the Mayor's Office for Policing And Crime (MOPAC's) strategy for policing and crime reduction in London over the next four years.

Since the last Health Inequalities Strategy was published in 2010 there have been a number of significant changes in the health policy environment that are feeding into the update of the strategy. To summarise these changes:

- There have been changes to national health policy including updates:
    - The Health & Social Care Act 2012 reforming the health and public system - reorganising the structure of the NHS including abolishing NHS Primary Care Trusts and Strategic Health Authorities.
    - NHS Five Year Forward View establishing a vision for prevention of illness based around emergency care, primary care, cancer, mental health, integrating care locally, funding and efficiency, strengthening workforce, patient safety and technology & innovation.

[21] Public Health England (2017) Tuberculosis in London: annual review (2015 data)

[22] Public Health England, Survey of Prevalent HIV Infections Diagnosed.

    - Introduction of Sustainability and Transformation Plans and place-based planning. NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care.

- London health policy changes:
    - London Health and Care Collaboration Agreement 2015 and the ongoing London Health and Care devolution programme.
    - New policy commitments from the change in Mayor of London.
    - Better Health for London ten shared ambitions. The work of the London Health Commission led to the establishment of a shared agenda to make London the healthiest global city, including ten partnership ambitions to improve the health of Londoners.

The UK Government has also announced the devolution of some funding, including that public health is to be funded through retained business rates by local councils instead of the Public Health Grant. Subject to Parliamentary approval, the new system is planned for introduction for the financial year 2019/20. While the ring fence on public health is likely to be retained until 2019, once business rates retention comes in, this ring fence will no longer apply.

4.0 Findings of the Integrated Impact Assessment

4.1 Introduction

Each individual policy of the draft Strategy was considered during the causal chain workshops, with the outputs of the workshops reflected in Appendix C (the causal chain analysis is based on previous iterations of the draft Health Inequalities Strategy dated 18/05/17). This section provides a detailed analysis of the causal chain outputs for the four areas which were considered to have the potential to provide the greatest impact for Londoners.

While all policies were assessed, the following criteria helped to select the main policies to focus the IIA process on. The IIA was an independent assessment intentionally designed to add value to the draft Health Inequalities Strategy and its implementation by focusing most on the emerging policies and proposals in the draft Health Inequalities Strategy that were considered as potentially the most impactful. The identification of the most impactful elements of the draft Health Inequalities Strategy was based on the following qualitative criteria, applied using expert judgment in collaboration with the GLA Health team:

- there were specific programmes identified, which could be reviewed in sufficient detail to identify impact pathways;
- the links between the policy and IIA objectives were considered to be the clearest and likely to occur over the duration of the Strategy;
- the potential geographical scope and reach;
- targeting towards groups potentially experiencing the most inequality;
- the degree of commitment stated by the Mayor in the policy/proposal;
- the Mayor's degree of control and influence over the success of the policy;
- the number of IIA objectives that it could impact; and
- the potential level of significant impact toward specific IIA objectives.

The four broad areas with the greatest impact were:

A) mental health;

B) economic wellbeing;

C) empowering individuals to make healthy choices; and

D) a community focussed approach.

For each of these four areas an assessment against the IIA topics and objectives is presented, focussing on the significant topics. A discussion of the impact pathways and suggestions for strengthening the benefits of the topics are also proposed.

Overall the draft Strategy is found to be broadly positive when considered against the GLA IIA objectives. The greatest positive impact will be to the health and health inequalities IIA objective, but also the equality and inclusion objective and (with the latter set out in more detail in Section 5).

4.2 Key area of impact A: Mental Health

As summarised in Table 4.1 the proposed policies and proposals related to mental health include a heavy focus on awareness raising and de-stigmatising mental health and related issues as well as increasing the prominence of mental health in policy making and service design so that there is a parity in esteem between mental and physical health. This is in line with the Government's response to the Five Year Forward View for Mental Health (January 2017) talked about the growth in public awareness of mental health and illness, but that tackling stigma is still a huge issue. Specific policies and proposals include a focus on developing the new Thrive LDN programme, which will be set up as a partnership with strong Mayoral support and a drive to improve how poor mental health is addressed at work.

Until more specific mechanisms for delivery are defined it is not possible to assess the definite impact of the policies and proposals on the IIA objectives and therefore there remains some uncertainty about the overall impact of the policies. However, it is likely that the outcomes will be positive in many areas, as outlined below, and there are no negative impacts identified. Where there is a positive impact, this has been assessed as minor positive but could be strengthened to major positive with the definition of measurable outcomes.

Currently, Thrive LDN is in the early stages of set up. It will aim to "educate, equip and empower all Londoners to lead healthier, happier lives", raising awareness of mental health issues, challenge stigmas and encouraging Londoners to look after their own mental wellbeing. This will be a collaborative effort with local organisations. Raising awareness of suicide and partnership working to reduce suicide rates and contribute towards a vision of a zero-suicide city is also a focus of the Thrive LDN. It is likely to lead to positive outcomes with regards to mental health (IIA objective 'Health and Health Inequality'), in particular for some groups with protected characteristics (IIA objective 'Equality and Inclusion'), e.g. people with disabilities arising from mental health conditions.

The launch of Thrive LDN is likely to deliver immediate educational benefits in their broadest sense and it could also improve social integration through reducing the stigma and prejudice associated with mental health conditions. Although there are no details of specific activities yet, one of the aspirations of Thrive LDN is to promote a happy, healthy productive workforce so there are likely to be benefits on employment and education and skills. While there could be benefits for culture depending on particular Thrive LDN initiatives, this has been assessed as uncertain at this stage.

The link between unemployment and poor mental health is strong, with unemployment seen as one of the causes of mental health issues as well as exacerbating underlying problems. In addition to these, policies within the Economic Development Strategy to tackle unemployment and policies to prevent social isolation and encourage community interaction with the Culture Strategy should also lead to mental health improvements, though these have not been assessed as part of the IIA.

A number of other draft Mayoral policies have the potential to lead to benefits in this area, which have not been assessed as they are covered by other IIA for other strategies, as follows:

- Policies to protect green space, ensure good access and create a network of green infrastructure designed to minimise inequalities in physical and mental health (Environment Strategy and London Plan);
- Policies to reduce poverty and income inequality and improve housing and address homelessness and rough sleeping (Economic Development Strategy and Housing Strategy);
- Policies enabling participation in sport and community life (Culture Strategy and Transport Strategy); and
- Policies reducing crime and fear of crime (Police and Crime Plan).

Suggestion: Thrive LDN could become an important mechanism for delivering the policy: 'To ensure London's rich culture and arts programme strengthens Londoners' health and wellbeing by creating opportunities for people to engage positively with their communities'. This could be strengthened if Thrive LDN is able to set out specific outcomes which could be targeted at culture and the arts programmes. There is also the opportunity to connect with popular cultural and artistic icons to act as figure heads to promote mental health issues (for example Professor Green's involvement in male suicide prevention).

Suggestion: The National Strategy for Suicide Prevention identifies the following high risk groups: young and middle-aged men; people in the care of mental health services, including inpatients; people in contact with the criminal justice system; specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers; and people with a history of self-harm. Policies and proposals could target efforts towards Londoners in these high risk populations, reducing health inequalities.

Suggestion: While the evidence is more compelling for increased employment and improved mental health, there are also links between improved access to nature and green spaces and improved mental health. While specific proposals are detailed in the Mayor's Environment Strategy (and are not assessed here), the proposals the Health Inequalities Strategy should align with this strategy to maximise synergies. It is suggested to try to link the development of Thrive LDN with gardening and green infrastructure programmes, including those which involve improving access to employment in horticulture and urban agriculture.

Table 4.1 Mental Health

Mental Health: Key Policy and Proposals IIA Summary Matrices	
Policies and Proposals[23]	*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.* *The Mayor will consider mental health and health inequalities at the same time as physical health inequalities throughout his work, and will challenge others to do the same; and* *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 for mental and physical illness.* *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.* *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's key priority is to inspire more Londoners to have mental health first aid training, and more London employers to support it.* *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.*

[23] Policies and proposals under 'Objective 2.4: London's workplaces are mentally healthy' are covered under the section on impact A, economic wellbeing.

IIA Objective	Short term (0-5 years)	Medium term (5-20 years)	Long Term (20+ years)	Comments / Discussion	Potential to Mitigate / Enhance Policies and Proposals
10. Natural Capital and Natural Environment - To protect, connect and enhance London's natural capital (including important habitats, species and landscapes) and the services and benefits it provides, delivering a net positive outcome for biodiversity	0	0	0	This group of policies and proposals have been grouped together as they all emphasise mechanisms for tackling or increasing awareness of mental ill health. The group would have minor positive impacts on economic competitiveness and employment, education and skills, equality and inclusion, social integration and health and health inequalities. The impact on culture is uncertain as this will be dependent on the focus of Thrive LDN. The impact on natural capital and natural environment would be neutral.	Medium
12. Economic Competitiveness and Employment - To maintain and strengthen London's position as a leading, connected, knowledge based global city and to support a strong, diverse and resilient economic economy structure providing opportunities for all	+	+	+		
13. Education and Skills - To ensure the education and skills provision meets the needs of London's existing and future labour market and improves life chances for all	+	+	+		
16. Culture - To safeguard and enhance the Capital's rich cultural offer, infrastructure, heritage, natural environment and talent to benefit all Londoners while delivering new activities that strengthen London's global position	?	?	?		
18. Equality and Inclusion - To make London a fair and inclusive city where every person is able to participate, reducing inequality and disadvantage and addressing the diverse needs of the population	+	+	+		

IIA Objective	Short term (0-5 years)	Medium term (5-20 years)	Long Term (20+ years)	Comments / Discussion	Potential to Mitigate / Enhance Policies and Proposals
19. Social Integration - To ensure London has socially integrated communities which are strong, resilient and free of prejudice	+	+	+		
20. Health and health Inequalities - To improve the mental and physical health and wellbeing of Londoners and to reduce health inequalities across the city and between communities	+	+	+		

Scale of Impact	
++	Major positive effect
+	Minor positive effect
0	Neutral or no effect
-	Minor negative effect
- -	Major negative effect
?	Uncertain

4.3 Key area of impact B: Economic Wellbeing

As summarised in Table 4.3 the draft Strategy contains policies and proposals for improving physical and mental health associated with supporting people in work and looking to improve economic wellbeing for all Londoners.

Having economic stability can lead to a positive impact on health and wellbeing, with the work environment being an important aspect of this. People spend significant time in work and therefore the environment in which they work, be it the working hours, the wage or other workplace factors are major influencers on health and wellbeing. There are clear links between improving the work environment and raising the standard of health and reducing health inequalities. Many unemployed people are unable to exploit the additional time for leisure and social pursuits; their social networks decrease together with motivation and interest. People with mental health problems are especially sensitive to these impacts.

The key way to improve economic wellbeing within the draft Strategy is to champion the Healthy Workplace Charter, in addition to policies to address poverty such as the London Living Wage and supporting people into employment which is covered under the IIA of the Economic Development Strategy. With the Healthy Workplace Charter, it is considered that the Mayor will have more influence over the public sector employers and should look to maximise influence in this area. Whereas it could be beneficial for the Mayor to work alongside other influencing bodies to penetrate the private sector, such as London First and the London Chamber of Commerce and Industry amongst many others.

This charter gives a clear path for addressing health inequalities in the workplace, in particular the emphasis on low paid sectors, and thus will have positive impacts for the health and health inequalities objective. It will also increase attractiveness of London's workplaces as a global player and increase productivity (by reducing sick days), thus having a positive effect on economic competitiveness and employment.

With regards to mental health, policies and proposals to improve how mental health issues are treated and viewed in the workplace are likely to improve access to the workplace for those with mental ill-health. The schemes to enable this, however, have not been identified. Access to employment for this group and also for women returners (a focus of the policies and proposals) will provide further opportunities for skills development in the workplace, reducing health inequalities.

A number of other draft Mayoral policies have the potential to lead to benefits in this area, which have not been assessed as they are covered by other IIA for other strategies:

- Policies to reduce poverty and income inequality (Economic Development Strategy);
- Policy supporting the London Living Wage through the Good Work Standard (Economic Development Strategy); and

- Proposals to assist the assist the long term unemployed, those with health conditions and disabilities to get work (Economic Development Strategy).

Suggestion: As the policy and programmes currently stand they are wide ranging and do not look to target specific groups. Certain occupations present more likelihood of health issues and programmes could be targeted to focus on those occupational groups, perhaps working with their industry/trade associations. With regards to mental health and suicide rates, high risk occupational groups include (but are not limited to) low-skilled labourers, certain more highly skilled trades such as plasterers, painters and decorators, those working in health and carer roles and those in artistic, literary and media occupations[24].

Suggestion: Looking at the ratio of businesses and their employees signed up to the healthy workplace charter it appears that the policy is not gaining sign-up from smaller businesses. In order to ensure the policy penetrates all levels of employment small and micro businesses need to be properly catered for and supported in their uptake of the healthy workplace charter. By reaching different sized businesses the policy would reach different types of people, and a range of services and occupations.

Suggestion: One area that is would not be covered by the Healthy Workplace Charter are those who are self-employed and part of the 'gig' economy (15% of workers nationally)[25]. While for many, this is a positive choice offering greater flexibility, it can also be characterised by *"low pay, inflexibility in working times, long hours, instability, and difficulties in taking time off (such as for a holiday or for sick leave)"*[26]. For a subset of this group, night or shift work may be a regular pattern. These factors will all have implications on health. It is therefore recommended that this group is considered for drives to improve health in the workplace.

[24] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015

[25] https://publications.parliament.uk/pa/cm201617/cmselect/cmworpen/847/847.pdf

[26] https://publications.parliament.uk/pa/cm201617/cmselect/cmworpen/847/847.pdf

Table 4.3 Economic Wellbeing

Economic Wellbeing: Key Policy and Proposals IIA Summary Matrices					
Policies and Proposals	*The Mayor will continue to encourage businesses to put in place flexible working practices and families 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 here.* *The Mayor will champion effective schemes to recruit and retain people with mental ill-health.* *The Mayor will support London's employers to become more mentally healthy through the London Healthy Workplace Charter.* *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.*				
IIA Objective	**Short term (0-5 years)**	**Medium term (5-20 years)**	**Long Term (20+ years)**	**Comments/Discussion**	**Potential to Mitigate/Enhance Policies and Proposals**
12. Economic competitiveness and employment - To maintain and strengthen London's position as a leading, connected, knowledge based global city and to support a strong, diverse and resilient economic economy structure providing opportunities for all	+	+	+	This group of policies and proposals have been grouped together as they all emphasise mechanisms for tackling economic wellbeing. The group would have minor positive impacts on health & health inequalities, equality and inclusion and on economic competitiveness and employment and education and skills. The policies covered within this IIA coupled with those that are the responsibilities of other GLA teams are wide ranging, potentially affecting a significant number of groups and population. There is a balance	High- There are opportunities to provide more detail and proposals about the programmes the Mayor will fund and host to support recruiting and retaining people with mental ill-health.
13. Education and Skills - To ensure the education and skills provision meets the needs of London's existing and future labour market and improves life chances for all	+	+	+		

18. Equality and Inclusion - To make London a fair and inclusive city where every person is able to participate, reducing inequality and disadvantage and addressing the diverse needs of the population	+	+	+	between some worked through programmes and some areas where further work has been identified but as yet unclear. Therefore the impact on receptors is unknown but could be large and working with a number of programmes could cumulatively have a significant impact. However, if there isn't the momentum in the application of policies their impact could be reversible.	
20. Health and Health Inequalities - To improve the mental and physical health and wellbeing of Londoners and to reduce health inequalities across the city and between communities	+	+	+		

Scale of Impact	
++	Major positive effect
+	Minor positive effect
0	Neutral or no effect
-	Minor negative effect
- -	Major negative effect
?	Uncertain

4.4 Key area of impact C: Empowering individuals to make healthy choices

As summarised in Table 4.3 these proposed policies and proposals help Londoner's to improve their own health outcomes through healthy choice or understanding their own (or children's health) better. A big focus of the draft Strategy is on healthy travel through a healthy street approach. The overall approach is to encourage more sustainable modes of transport, but making walking and cycling more attractive in particular. These policies are considered most dominantly in the London Plan, Transport Strategy and the Environment Strategy. The Mayor's Transport Strategy will aim to deliver the Healthy Streets Approach through policies at the strategic, network and street level. The London Plan will include the Healthy Streets Approach as the framework for transport planning to ensuring good growth. All Mayoral Statutory Strategies will deliver key elements of the Healthy Streets Approach.

For this area, the Mayor and GLA are in a position of influence rather than direct control so much collaboration is required (with NHS, local authorities etc.). Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services often provided by the voluntary sector. A focus on social prescribing could have positive impacts on social integration and social capital, health and health inequalities and equality and inclusion since it could promote community activities especially for those that are socially isolated and lonely. It could also benefit culture, education and skills and natural capital but this would depend on what activities are prescribed. Social isolation was identified as a common challenge that social prescribing can help to target, GPs and primary health workers can use specific health programmes that are created and unique to the needs of neighbourhoods which the Mayor plans to support. There are existing examples of programmes that reflected the range of interventions (like Seasonal Health Intervention Network (SHINE) Hackney).

Policies to reduce child obesity are likely to have positive implications for a number of topic areas, for example, air quality and transport. Most of the actual proposals are covered by other strategies (e.g. active travel), but the commitment here to focus on child obesity will likely lead to further positive effects in the long term. The Mayor is planning to launch the Child Health Digital Hub; this has the potential to link to the obesity objective as well as an overall understanding of child health.

Policies aimed at reducing smoking could also contribute to improving air quality, if successful. The effect on crime is uncertain at this stage, but a reduction in unhealthy drinking might reduce some anti-social behaviour and crime, again depending on the specifics of the Mayor's activities.

A number of other draft Mayoral policies have the potential to lead to benefits in this area, which have not been assessed as they are covered by other IIA for other strategies:

- Policies aimed at improving London's air quality (Environment Strategy and London Plan) to help London comply with EU limits for concentrations in outdoor air of major air pollutants that impact public health such as particulate matter (PM10 and PM2.5) and nitrogen dioxide (NO2) (ambient air quality directive (2008/50/EC));
- Policies making streets healthier (London Plan and Transport Strategy);
- Policies to protect green space, ensure good access and create a network of green infrastructure designed to minimise inequalities in physical and mental health (Environment Strategy and London Plan); and
- Policies promoting participation in sport, culture and active travel (Culture Strategy and Transport Strategy).

Suggestion: The development of policies and proposals related to physical activity should be undertaken with the view to link with GLA policies to promote the protection and development of open space and the natural environment. Sports and culture programmes could also create synergies with other strategies such as sustainable travel (such as encouraging walk to school initiatives) and economic wellbeing.

Suggestion: Ensure that social prescribing maximises the potential benefits of a range of topics, e.g. social integration, culture, education. The policy could be strengthened through setting out the social prescribing interventions which would be encouraged through the policy. The interventions would have the potential to positively impact other IIA objectives and we would recommend that they were developed with this in mind.

Table 4.4 Empowering individuals to make healthy choices

Empowering individuals to make healthy choices: Key Policy and Proposals IIA Summary Matrices	
Policies and Proposals	*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 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.* *The Mayor will speak up to support 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 priority is to support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing.* *The Mayor will show leadership on this issue by convening and leading London-wide action to reduce child obesity.* *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.*

IIA Objective	Short term (0-5 years)	Medium term (5-20 years)	Long Term (20+ years)	Comments/Discussion	Potential to Mitigate/Enhance Policies and Proposals
1. Air Quality - To reduce emissions and concentrations of harmful atmospheric pollutants, particularly in areas of poorest air quality, and reduce exposure	+	+	+	This group of policies and proposals have been grouped together as they all promote healthy choices and	High. There are opportunities to provide more detail and

IIA Objective	Short term (0-5 years)	Medium term (5-20 years)	Long Term (20+ years)	Comments/Discussion	Potential to Mitigate/Enhance Policies and Proposals
10. Natural Capital and Natural Environment - To protect, connect and enhance London's natural capital (including important habitats, species and landscapes) and the services and benefits it provides, delivering a net positive outcome for biodiversity	0	0	0	increased participation for people to understand their own health needs. The group would have minor positive impacts on air quality, health & health inequalities, social integration and equality and inclusion. The impact on culture, education and skills and crime, safety and security would be uncertain. The impact on natural capital and natural environment would be neutral. This is a wide ranging policy area with little targeting of specific groups. However, the proposal does provide some focus on children as a group to aim programmes toward. Given the breadth of the policy impacts could be large but also effort will be needed to ensure that there is continued momentum in this area as the impact of	proposals about the programmes the Mayor will fund and host to support the policies and proposals.
13. Education and Skills - To ensure the education and skills provision meets the needs of London's existing and future labour market and improves life chances for all	0	?	?		
16. Culture - To safeguard and enhance the Capital's rich cultural offer, infrastructure, heritage, natural environment and talent to benefit all Londoners while delivering new activities that strengthen London's global position	?	?	?		
18. Equality and Inclusion - To make London a fair and inclusive city where every person is able to participate, reducing inequality and disadvantage and addressing the diverse needs of the population	+	+	+		
19. Social Integration - To ensure London has socially integrated communities which are strong, resilient and free of prejudice	+	+	+		

IIA Objective	Short term (0-5 years)	Medium term (5-20 years)	Long Term (20+ years)	Comments/Discussion	Potential to Mitigate/Enhance Policies and Proposals
20. Health and Health Inequalities - To improve the mental and physical health and wellbeing of Londoners and to reduce health inequalities across the city and between communities	+	+	+	the policies are reversible. This policy has many synergies across the strategy in areas such as a healthy workplace and healthy food, as well as with the economic strategy.	
23. Crime, safety and security - To contribute to safety and security and the perceptions of safety	0	?	?		

Scale of Impact	
++	Major positive effect
+	Minor positive effect
0	Neutral or no effect
-	Minor negative effect
- -	Major negative effect
?	Uncertain

4.5 Key area of impact D: A Community Focussed Approach

As summarised in Table 4.4 these proposed policies and proposals for promoting a community focussed approach. Ways in which these policies look at focussing on communities is through early years support, parenting, social capital development, community culture and social prescribing (covered under area of impact C, but also applicable here due to the focus in the strategy of involving the community and voluntary sector). The policies look to provide the structure for communities to develop interventions and programmes suited to their local areas. Using and building on existing local community and cultural facilities to get more people involved and work with the health service to promote social prescribing. Improvements in all these areas would promote health and wellbeing in the community and ties in with IIA topics and have the potential to benefit from a clearly defined outcomes application of this policy area.

The Mayor is planning to launch a new health programme for early years settings. This will build on the success of the Healthy Schools London awards scheme and extending it to early years settings. The programme will encourage healthy eating and active play. It will also boost emotional wellbeing and support parenting. In the long-term this is likely to have knock-on effects on other IIA objectives (Economic competitiveness and employment and education and skills), as a healthy start is likely to lead to higher educational attainment.

A programme is also proposed that supports local neighbourhoods to act on the issues that matter most to them, though the details of this programme are yet to be decided. Given that local communities will be involved in the design of the programme, as well as once it is set up, this policy is likely to lead benefits for social cohesion.

Overall, at this stage the policies and proposals are quite broad and are likely to have positive impacts on Health & Health Inequalities, Social Integration and Equality & Inclusion.

Many of the Mayoral policies in this area have not been assessed here as they are covered by other IIA for other strategies:

- Policies to promoting healthy streets and to protect green space, ensure good access and create a network of green infrastructure designed to minimise inequalities in physical and mental health (Environment Strategy and London Plan);
- Policies to reduce poverty and income inequality (Economic Development Strategy);
- Policies enabling participation in sport and community life, in particular building social capital and cultural participation with its links to health and wellbeing outcomes (Culture Strategy and Transport Strategy); and
- Policies reducing crime and fear of crime (Police and Crime Plan).

Suggestion: The programmes in place for children and parenting could look at ways to focus and promote wellbeing before children enter education through community schemes.

Suggestion: Where it is suggested that policies and proposals apply at the same level across the London Boroughs there is the potential for the more deprived Boroughs to struggle to achieve the same level of outcome as the other more affluent Boroughs. Therefore it is recommended that a targeted approach is taken, with more resources targeted at the deprived Boroughs to prevent increasing inequality.

Suggestion: The community involvement proposal might be most effective if it did not just include community groups that are already set up. Social integration would be maximised if it sought to involve a wide range of people, including those that do not normally get involved in community-based activities.

Table 4.5 A Community Focussed Approach

A Community Focussed Approach: Key Policy and Proposals IIA Summary Matrices	
Policies and Proposals	*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.* *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.* *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.* *Mayor will continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London.*

IIA Objective	Short term (0-5 years)	Medium term (5-20 years)	Long Term (20+ years)	Comments/Discussion	Potential to Mitigate/Enhance Policies and Proposals
12. Economic competitiveness and employment - To maintain and strengthen London's position as a leading, connected, knowledge based global city and to support a strong, diverse and resilient economic economy structure providing opportunities for all	0	+	+	This group of policies and proposals have been grouped together as they all emphasise mechanisms for supporting a community focussed approach to tackling health inequalities. These policies and proposals targeting HIV and tuberculosis are assessed as having potentially major positive impacts for equality & inclusion, social integration and health & health inequalities. The group would have minor positive impacts on economic competitiveness & employment, education & skills and culture. The impact on housing supply would be uncertain (with the latter depending on the focus of the London TB Control Board).	Medium
13. Education and Skills - To ensure the education and skills provision meets the needs of London's existing and future labour market and improves life chances for all	0	+	+		
16. Culture - To safeguard and enhance the Capital's rich cultural offer, infrastructure, heritage, natural environment and talent to benefit all Londoners while delivering new activities that strengthen London's global position	+	+	+		
18. Equality and Inclusion - To make London a fair and inclusive city where every person is able to participate, reducing inequality and disadvantage and addressing the diverse needs of the population	++	++	++		
19. Social Integration - To ensure London has socially integrated communities which are strong, resilient and free of prejudice	++	++	++		

IIA Objective	Short term (0-5 years)	Medium term (5-20 years)	Long Term (20+ years)	Comments/Discussion	Potential to Mitigate/Enhance Policies and Proposals
20. Health and Health Inequalities - To improve the mental and physical health and wellbeing of Londoners and to reduce health inequalities across the city and between communities	++	++	++		
22. Housing Supply Quality, Choice and Affordability - To provide a quantum, type, quality and tenure of housing (including specialist and affordable provision) to better meet demographic change and household demand	?	?	?		

Scale of Impact	
++	Major positive effect
+	Minor positive effect
0	Neutral or no effect
-	Minor negative effect
- -	Major negative effect

?	Uncertain

5.0 Equality Impact Assessment

In this section, the likely impacts of the strategy are considered to provide an assessment of its effects on the various equality groups.

Protected characteristic	Groups with protected characteristic	Potential Impacts	Assessment	Potential to Mitigate/Enhance Policies and Proposals
Age	Children and young people (0-15) Children and young people (16-25) Older people (65+)	A number of policies are aimed at children's health and aimed to support parents even before the birth. These are likely lead to positive impacts on the health of children and young people. These include a hub for parents to support understanding of children's health, encouraging businesses to put in place flexible working practices and family friendly policies and the new programme proposed to improve health of children in early years settings. A policy to encourage businesses to support breastfeeding is also likely to be beneficial due to health recommendations that there is exclusive breastfeeding for the first 6 months of a baby's life. There is also a focus on tackling child obesity. Many of these benefits are likely to extend into adulthood due to importance of early developmental stages. The programme will only be available for children who go to childcare settings, but is unlikely to reach the proportion of children who a looked after by parents or informal childcare. The support for social prescribing has the potential to be disproportionally beneficial for older people, who are at increased risk of being socially isolated and	+	Low - there is already a focus on children within the strategy. Medium - targeting social prescribing at older people (as well as disadvantaged people) has the potential to enhance effects.

Protected characteristic	Groups with protected characteristic	Potential Impacts	Assessment	Potential to Mitigate/Enhance Policies and Proposals
		suffering from depression[27]. In pilots, social prescribing has been shown to lead to significant improvements in emotional wellbeing among older people. The Strategy states that older people are less likely to have access to information or help for their health problems. The Mayor is to explore how this group can be helped to increase skills, knowledge and confidence in managing their own health but the details of how this will be delivered are not yet available.		
Disability	People defined as disabled, including: • Wheelchair users and people with severe walking difficulties • People with mental health problems or learning disabilities	The policies and proposals to improve mental health and increase awareness are likely to disproportionally and differentially benefit people with mental health conditions, a sub-group of disability. In addition, these policies will also be disproportionally positive for disability more generally since people with physical and learning disabilities are at increased risk of experiencing periods of poor mental health[28]. The Strategy states that disabled people are less likely to have access to information or help for their health problems. The Mayor is to explore how this group can be helped to increase skills, knowledge and confidence in managing their own health but the details of how this will be delivered are not yet available.	+	High – potential to target multiple policies at this group.

[27] http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/Social_Prescribing_Report.pdf?dtrk=true

[28] Naylor C, Parsonage M, McDaid D, Knapp M, Fossy M, Galea A. (2012). Long term conditions and mental health – the cost of co-morbidities. London: The King's Fund and Centre for Mental Health.

Protected characteristic	Groups with protected characteristic	Potential Impacts	Assessment	Potential to Mitigate/Enhance Policies and Proposals
Gender reassignment	Transgender people	While there are no differential impacts, the positive impact associated with improvements to mental health and reducing stigma around mental health is likely to disproportionally affect this group. This is because of the increased prevalence of mental health issues and suicide within this group compared to the overall population. The policies for prevention and treatment of HIV and reducing stigma may be disproportionally beneficial for transgender people. Recent international studies suggest that transgender people, particularly transgender women, have higher rates of infection than the general population, although there are no epidemiological studies that focus on the UK (Public Health England are due to publish the first data in late 2017).	+	Medium – potential to target mental health initiatives to this group.
Marriage & civil partnership	People in civil partnerships or marriage between same sex or opposite sex	No differential or disproportionate impacts identified.	0	N/A
Pregnancy & maternity	People who are pregnant or expecting a baby and who have recently given birth	Policies supporting flexible working practices and family friendly policies (e.g. the Healthy Workplace Charter) are likely to have a positive impact on this group. A policy to encourage businesses to support breastfeeding is also likely to be beneficial for the health of mothers.	+	Low
Race	Black, Asian and Minority Ethnic (BAME) groups	While there are no differential impacts, the positive impact associated with improvements to mental health and reducing stigma around mental health is likely to disproportionally affect this group. This is because of the increased prevalence of some mental health issues within certain ethnic groups compared to the overall population.	+	Medium – potential to target mental health initiatives to this group.

Protected characteristic	Groups with protected characteristic	Potential Impacts	Assessment	Potential to Mitigate/Enhance Policies and Proposals
		The policies for prevention and treatment of HIV and reducing stigma will be disproportionally beneficial for black Africans. The policies for addressing the complex issues associated with TB will be disproportionally beneficial for non-UK born Londoners (especially from India, Pakistan and Somalia) and refugees and asylum seekers, many of whom will also be within BAME groups. The Strategy states that gypsy and traveller communities are less likely to have access to information or help for their health problems. The Mayor is to explore how this group can be helped to increase skills, knowledge and confidence in managing their own health but the details of how this will be delivered are not yet available.		
Religion & belief	Faith groups	No differential or disproportionate impacts identified.	0	N/A
Sex	Men or woman, recognising that women are more frequently disadvantaged	No differential or disproportionate impacts identified, other than the pregnancy and maternity protected characteristic already listed above.	0	Low – policies on social prescribing could be targeted to women as this group are living longer with ill health.
Sexual orientation	Lesbians, gays, bisexual people	The policies and proposals to improve mental health and increase awareness are likely to disproportionally benefit people in these groups due to their increased risk of experiencing periods of poor mental health.	+	Medium – potential to target mental health initiatives to this group.

Protected characteristic	Groups with protected characteristic	Potential Impacts	Assessment	Potential to Mitigate/Enhance Policies and Proposals
		The policies for prevention and treatment of HIV and reducing stigma will be disproportionally beneficial for men who have sex with men.		
Low income	Low income groups	Many of the policies are intended to particularly target disadvantaged people. The focus on promoting the Healthy Workplace Charter within low paid occupations will, assuming this is successful, be disproportionally beneficial for low income groups. The Mayor has also identified disadvantaged Londoners as a key priority for social prescribing and a focus on deprived areas for the Healthy Early Years programme. If successfully implemented, these will lead to benefits for this group.	+	Low – many of the policies and proposals already target this group.

Scale of Impact	
++	Major positive effect
+	Minor positive effect
0	Neutral or no effect
-	Minor negative effect
- -	Major negative effect

?	Uncertain

6.0 Implementation & Monitoring

6.1 Introduction

This section explores the implications of the implementation of the Health Inequalities Strategy and suggestions for monitoring its impact. The implementation has been tested through two example localised scenarios. To provide the most realistic basis for considering implementation in practice, the scenario testing has considered the application of the strategy as a whole (rather than just the policies and proposals that are the responsibility of the GLA Health team). This is to give a more integrated picture of the potential impact of the strategy in two hypothetical local areas.

The scenarios are not based around specific locations nor can they be representative of the diverse range of socio-economic and environmental characteristics across London. They have however been created as hybrids to provide insights for the draft Health Inequalities Strategy, incorporating some of the real conditions/issues that are evident for the period 2018-2028. The scenarios draw upon the causal chain analyses undertaken for the policies and proposals generally as described earlier in this report. They contribute to the suggestions arising from the IIA for improving the strategy as well as helping to identify specific points associated with implementation and monitoring.

6.2 Testing the possible pathways to implementation – Scenario 1

Scenario one is how the Health Inequalities Strategy could influence outcomes in an area of large scale regeneration such as those identified as brownfield Opportunity Areas. Its main characteristics are described in Box 6.1.

Box 6.1: Scenario One – Regeneration Area

In 2017 the character of the area was:

- Area of major regeneration c.50 hectares c. 5000 homes (generally surrounded by pockets of lower socio-economic state than the rest of the borough)
- Deprivation –generally in the lowest decile for England (index of multiple deprivation)
- Life Expectancy – Just below average for London
- Majority residential and encouraging commercial development
- Percentage of children – higher than London average and older people (over 60) below London average
- Diversity – higher than London average mental health issues
- Employment – in the second lowest decile, under the average for London
- Greenspace – less availability and lower access to greenspace
- Public transport access levels below London average
- Lower and older density housing, lower home ownership, poor social infrastructure

It is now 2028 and the policies, proposals and programmes as set out in the Health Inequalities Strategy have been implemented. What impact has the Health Inequalities Strategy had in this area?

Policies and proposals considered most relevant to this scenario were grouped together, these were healthy workplaces & policymaking; housing & housing supply; workplaces; parenting and schools; and physical activity.

As the policies are wide reaching and encompassing many themes were explored in the IIA scenario workshop. The following broad themes were considered to be outcomes likely in an area similar to the scenario, and therefore important for the consideration in the implementation of the Health Inequalities Strategy:

- *Regeneration*: In areas of regeneration, where new housing would be provided, inequality in housing provision could be reduced through design. Development of sustainable homes, development of wheelchair accessible homes, and lifetime homes would all have a positive impact on health inequalities, as would an attractive, safe and accessible public realm. Generally this is likely to be positive for health and health inequalities; housing supply; quality, choice and affordability; social integration and design. However, it was acknowledged that there could be negative impacts in the surrounding area in the short and medium term particularly relating to construction but this could become positive in the long run particularly around social integration.

- *Healthy work place charter and work place initiatives*: There is the potential for different work place initiatives to work alongside each other within a regeneration site and become a hub or well known for supporting a certain sector or skill and creating a better workplace environment. However, consideration needs to be given to smaller and micro businesses where uptake and impact is more uncertain.

- *Considerations of future workforce*: The evolving nature of work requirements (robotics, AI etc.) needs to be considered, including upskilling of the workforce due to the links between work and mental health. Regeneration has opportunity to cluster businesses to encourage specific upskilling and build specific work spaces. The night time economy as promoted by the night time Tsar is also relevant because night time and shift workers have worse health outcomes. The implementation of the policies around healthy work forces could be positive or negative towards economic competitiveness & employment; health & health inequalities; equality & inclusion and educations & skills. The ultimate outcome would depend on how these are transferred into measurable actions on the ground as employment opportunities are shaped and evolve through the stages of regeneration.

- *Healthy outdoor spaces and food*: Developers could think imaginatively about provision of different types of open space, such as outdoor equipment, allotments and city farms to encourage people to use the space, to promote learning and engagement. Local food markets, development of food co-ops, social enterprises and the development of local artisan food economy could improve engagement and promote health eating. There could also be benefits for businesses, especially if shared food production spaces could be created to target sole traders, micro-businesses and SMEs. Healthy food programmes and increasing physical activity programmes can link in with these proposals and deliver shared goals for health. These proposals are likely to have positive effects for natural capital and natural environment and sustainable land use. Other topics likely to benefit from these proposals would be health & health inequalities, education and skills and economic competitiveness and employment.

- *Community policing*: The link between community policing and health inequalities was highlighted, for example allowing people to access public space, safer streets and

reductions in anti-social behaviour. This was seen as having potentially positive impacts for natural capital and natural environment and crime, safety and security. However, it was noted that resources on community policing and health inequalities could impact other police programmes and crime prevention.

- *Thrive LDN's potential:* Thrive has the potential to place specific measurable objectives which could increase the impact of implementation on regeneration areas. The key areas of interest could ensure provision of appropriate housing and services to assist vulnerable people, promote community resilience and interaction, and influence the quality of space design amongst other outcomes. The definition of specific outcomes is likely to be key to maximising Thrive's impact on the ground. It could link in with local celebrity backed mental health campaigns in order to raise profile and impact.

Overall the Health Inequalities Strategy helps to shape how health inequalities are considered in regeneration schemes. Some key themes emerging are ensuring that regeneration plans consider the existing communities either within or local to the area. It is equally important to make sure health inequalities is considered at an early stage of the regeneration area, designing and considering what the needs of the community will be. The regeneration area will be able to make use of some of the programmes such as Thrive LDN to help develop the area.

6.3 Testing the possible pathways to implementation – Scenario 2

Scenario two is how the Health Inequalities Strategy could influence outcomes in a borough with high deprivation. Its main characteristics are described in Box 6.2.

Box 6.2: Scenario Two – Deprived Area

In 2017 the character of the area was:

- An entire borough
- Lowest decile for deprivation and life expectancy
- Levels of physical activity – significantly under the London average
- High level of admissions for alcohol related conditions and high regular tobacco use in adults.
- Higher than London average levels of air pollution.
- Access to the lowest decile for England of quality housing
- High percentage of children, lower percentage of over 60s and high levels of minority groups
- TB – high rates of TB incidences and HIV – high late diagnoses of HIV
- Children and adults below the London average for 5 a day fruit and vegetable and higher than London average levels of childhood obesity
- Generally in the second lowest decile for crime in England
- Higher than London average percentage of people with mental health issues

It is now 2028 and the policies, proposals and programmes as set out in the Health Inequalities Strategy have been implemented. What impact has the Health Inequalities Strategy had in this area?

Policies and proposals considered most relevant to this scenario were grouped together; these were TB & HIV, tobacco & alcohol consumption, social prescribing, healthy diet and parenting & children.

The following broad themes were considered to be outcomes likely in an area similar to the scenario, and therefore important for the consideration in the implementation of the Health Inequalities Strategy:

- *The importance of education and housing:* In order to reduce cases of TB and HIV it is vital to raise awareness and understanding of these diseases, their prevention and treatment. Involvement of local nurseries / Sure Start Children's Centres / community play groups in vaccination programmes could help to quickly decrease the number of new childhood TB cases. However, dealing with TB and infection control through housing design is likely to be a long term endeavour and will not be dealt with in isolation from the other Mayor strategies. Raising housing conditions and access to quality housing is vitally important along with organisations needing to work together (NHS, GPs, homeless charities, councils, private landlords). The devolution of public health funding means that the local council is able to increase spending on education and housing flexibly to help enhance health gains as a result of these other topics.

- *Health improvements through supporting reduction in smoking and alcohol consumption*: By continuing to support stop smoking programmes there would be a reduction in smoking levels. Similarly, campaigns and education around alcohol would reduce consumption levels. It will be important to plan for future trends in smoking (such as vaping) and alcohol consumption to better target future groups. Whilst not explicit in the policies, there is an opportunity to also link up campaigns/education and groups for drug abuse. Emerging policies from the night time economy would also influence the impact on this borough. Overall with planned programmes in place there would be health improvements.

- *Establishing social prescribing networks / programmes:* The roll out of a social prescribing network / programme in the borough will provide the link between GPs and primary health workers with programmes aimed at increasing involvement from vulnerable groups in the community. Such programmes that could be used in this borough include prescribing physical activity (e.g. swimming lessons and boxing), providing healthier food, linking individuals to volunteer groups such as local food growing. By establishing this network there would be less burden on local borough health services and increased mental well-being amongst those who are prescribed services.

- *Encouraging a healthy diet*: There are a number of initiatives that would be rolled out in the borough to tackle obesity levels and to increase intake of fruit and vegetables. The borough would use the Mayor's Food Strategy and advice from the London Food Board to make local improvements. The borough would provide the link to schools, workplaces and through local community groups. By instilling and educating in different areas and different age groups the impact would target a number of people and would influence over a long duration.

- *Improved healthy environments for children*: The Mayor is planning to invest in programmes looking to tackle and provide improvements in health for children. The borough has a higher child population than average, higher obesity rates, lower physical activity levels and low intake of fruit and vegetables. Investment in this borough would result in a significantly improved healthy environment for children: boroughs would work with schools, local health

care provision, the digital community and local community groups to improve the health for children.

Overall the Health Inequalities Strategy would support the improvement of a number of more vulnerable communities in this deprived borough. Targeting and focussing the programmes to suit the borough's needs will result in the most positive outcomes. In addition the collaboration between the borough, different providers and community groups will need to be strong to reduce deprivation levels.

6.4 Monitoring the implementation of the Strategy and its impacts

The final Health Inequality Strategy will include indicators for monitoring the Strategy and its impacts. The monitoring measures that are suggested in the report for further exploration have been developed to focus on the key policy and proposal areas that the assessment identified and the two scenario areas. These provide some early indicators that may be considered for use in monitoring the final strategy. These indicators, and others that have been identified in the process of developing the draft strategy will be consulted on. A final indicator set will be published as a separate document to the final Strategy, and a Delivery Plan. The report has not provided an exhaustive list of health monitoring measures and measures for policies which will be covered by other GLA strategies, for example, the Environment Strategy.

Draft Policy and Proposals	Monitoring suggestions to explore
Mental health 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. The Mayor will consider mental health and 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 for mental and physical illness. 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. 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's key priority is to inspire more Londoners to have mental health first aid training, and more London employers to support it. 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.	Monitoring measures that address the uncertainty linkages between these polices and proposals and social integration, economic competitiveness & employment and also for Education & skills: • Uptake of Thrive LDN by different sectors of the community • The change in employment status of Thrive LDN participants • Number of mental health projects with biodiversity benefits • Greenspace / nature based volunteering programmes • Number of Thrive LDN participants continuing in secondary education • Number of participants in cultural and arts programmes

Economic Wellbeing The Mayor will continue to encourage businesses to put in place flexible working practices and families 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 here. The Mayor will champion effective schemes to recruit and retain people with mental ill-health. The Mayor will support London's employers to become more mentally healthy through the London Healthy Workplace Charter. 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.	Monitoring measures that address the uncertainty linkages between these polices and proposals and economic competitiveness & employment: • Number of businesses or employees covered by the Healthy Workplace Charter • Number of businesses or employees in traditionally low paid sectors covered by the Healthy Workplace Charter • Changes in absenteeism and staff turnover in workplaces before and after joining the Healthy Workplace Charter. • Percentage of people with mental ill-health in employment
Healthy choices and empowering individuals 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 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. The Mayor will speak up to support 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.	Monitoring measures that address the uncertainty linkages between these polices and proposals and natural capital & natural environment, crime, safety & security and air quality: • Sporting facilities with greenspace and biodiversity provision • Air quality levels in proximity to schools • Crime levels in parks and greenspaces

The Mayor's key priority is to support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing. The Mayor will show leadership on this issue by convening and leading London-wide action to reduce child obesity. 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.	
A Community Focussed Approach 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. 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. 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. Mayor will continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London.	Monitoring measures that address the uncertainty linkages between these polices and proposals and economic competitiveness and employment: • Change in employment status in locations/ target groups for social prescribing programme(s). • Employment levels in areas with social prescribing • Uptake of community programmes in deprived boroughs
Additional monitoring considerations in relation to area of regeneration (e.g. scenario 1)	Future workforce considerations, generally monitoring measures associated with changes during different phases of regeneration within and neighbouring the boundary e.g. employment levels, participation in community initiatives, local health statistics

Additional monitoring considerations in relation to area of high deprivation (e.g. scenario 2)	Monitoring of collaboration between boroughs, different providers of health services and community groups, e.g. crime statistics, employment levels, participation in community projects

7.0 Conclusions of the IIA

Overall, the assessment of the draft Health Inequalities Strategy has found it to be broadly positive when considered against the GLA IIA objectives. The draft Health Inequalities Strategy strengthens and builds on the previous plan by identifying key priority areas which the Mayor can influence to address health inequalities in London. The policies and proposals are somewhat targeted although there are areas where the assessment identifies that this could go further in setting out specific groups/organisations/locations to focus on.

7.1 Key Findings

The assessment identified four groups of proposed policies and proposals that have the potentially most significant impacts on IIA objectives. These are: mental health; economic wellbeing; empowering individuals to make healthy choices; and a community focussed approach.

A number of programmes including Thrive LDN, the London Healthy Workplace Charter, a healthy early years programme and the initiative to tackle TB and HIV could contribute to improving health and reducing health inequality in Greater London. Many of the policies and proposals will also contribute to other IIA objectives, though as many of the delivery mechanisms or details have not been defined, in particular how the Mayor and GLA will be involved, it is difficult to determine how significant the effects might be.

The following key improvements to the Health Inequalities Strategy and its implementation are suggested by the IIA:

- Link the development of Thrive LDN to achieving benefits for other IIA topics. It is suggested to try to link the development of Thrive LDN with gardening and green infrastructure programmes, employment and mental health programmes and cultural & arts programmes to maximise the benefit across IIA topics;
- Targeting work place policies and programmes to specific target groups (e.g. night or shift workers and occupations with disproportionately high suicide rates);
- Ensure small and micro businesses are catered for and supported in their uptake of the London Healthy Workplace Charter and similar schemes;
- Consider those who are self-employed and part of the ‘gig’ economy in drives to improve health in the workplace;
- Ensure social prescribing will lead to wider benefits (in addition to health improvements), including social integration, natural capital and culture. Social prescribing could possibly target specific groups such as older people who are more likely to be affected by social isolation.
- Look to cater for specific groups with protected characteristics for interventions, for example, the following groups for mental health policies and proposals: disabled people, BAME groups, transgender people and people who are lesbian, gay or bisexual.

Appendix A– IIA Topics, Objectives and Guide Questions

IIA objectives and questions for the Health Inequalities Strategy

	Topic	IIA objective	In/out of scope and assessment guide questions *Will the strategy…?*
	Environment		
1.	**Air quality**	To reduce emissions and concentrations of harmful atmospheric pollutants, particularly in areas of poorest air quality, and reduce exposure	• …improve air quality and reduce exposure to harmful atmospheric pollutants (in particular NOx and PM)? • …reduce inequalities in access to clean air across London, particularly for those: - who live in deprived areas? - who live, learn or work near busy roads? - who are more vulnerable because of their age or existing medical conditions?
2.	**Climate change adaptation**	To ensure London adapts and becomes more resilient to the impacts of climate change and extreme weather events such as flood, drought and heat risks	• …protect Londoners from climate change impacts? • …reduce impacts on groups more vulnerable to the effects of climate change (e.g. older people are more vulnerable to excess heat?) and help them be better prepared to respond to impacts?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
3.	**Climate change mitigation**	To help tackle climate change through reducing greenhouse gas emissions and moving towards a zero carbon London by 2050	• ..help London meet its emission targets? • … reduce the health and social care sectors' contribution to CO2 emissions?
4.	**Energy use and supply**	To manage and reduce demand for energy, achieve greater energy efficiency, utilise new and existing energy sources effectively, and ensure a resilient smart and affordable energy system	• … reduce the demand and need for energy? • … promote and improve energy efficiency? • …encourage uptake of renewable and sustainable sources? • … utilise new and existing energy sources, ensure a resilient, smart and affordable energy system and reduce impacts of fuel poverty amidst more vulnerable groups?
5.	**Flood risk**	To manage the risk of flooding from all sources and improve the resilience of people and property to flooding	• …will it help to manage flood risk and reduce the amount of built development which is at high risk of flooding? • …will it reduce the economic impacts of flooding for Londoners? • …help to increase population resilience to flooding and reduce the health and social care sectors' risk of flooding? • … reduce the impacts of flood risk among more vulnerable groups?
6.	**Geology and soils**	To conserve London's geodiversity and protect soils from development and over intensive use	Out of scope of a health inequalities strategy

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
7.	**Materials and waste**	To keep materials at their highest value and use for as long as possible. To significantly reduce waste generated and achieve high reuse and recycling rates	• …will it help minimise the production of waste? • …will it help minimise resource use? • …will it promote the principles of circular economy when aiming for waste reduction, reuse, re-manufacturing and recycling? • …will it provide opportunities for businesses? • … reduce waste and achieve high reuse and recycling rates within the health and social care sectors?
8.	**Noise and vibration**	To minimise noise and vibration levels and disruption to people and communities across London and reduce inequalities in exposure	• …improve people's access to quiet spaces and reduce the effect of noise on vulnerable groups? • …will it reduce inequalities in exposure to environmental noise and vibration? • … help to reduce the effects of noise associated with the health and social care sector?
9.	**Water resources and quality**	To protect and enhance London's water bodies by ensuring that London has a sustainable water supply, drainage and sewerage system	• … reduce water consumption? • …protect and enhance the character and use of London's riverscapes and waterways? • …will it improve and increase water efficiency in homes, schools, hospitals and other public buildings in London?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
10.	**Natural Capital and Natural Environment**	To protect, connect and enhance London's natural capital (including important habitats, species and landscapes) and the services and benefits it provides, delivering a net positive outcome for biodiversity	• …protect and enhance biodiversity and the character of local greenscapes? • …increase use of London's green spaces to enhance mental and physical health and wellbeing? • … bring nature closer to people, particularly in most urbanised parts of the city, and improve access to areas of biodiversity interest? • … promote, educate and raise awareness of the enjoyment and health benefits of the natural environment? • … increase disadvantaged, vulnerable Londoners access for recreation and other purposes?
11.	**Historic Environment**	To conserve and enhance the existing historic environment, including sites, features, landscapes and areas of historical, architectural, archaeological and cultural value in relation to their significance and their settings.	Out of scope of a health inequalities strategy
	Economic		
12.	**Economic competitiveness and employment**	To maintain and strengthen London's position as a leading, connected, knowledge based global city and to support a strong, diverse and resilient economic economy structure providing opportunities for all	• … help maintain London as an internationally competitive city? • … increase London's productivity not at the expense of its health?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
			• … help generate satisfying and rewarding new jobs? • … help ensure that the existing jobs are good for employees' mental and physical health? • … help reduce overall unemployment, particularly long-term and youth unemployment and amongst other groups affected by high unemployment (e.g. people with mental health issues)? • … encourage business start-ups and support the growth of businesses? • … help reduce levels of deprivation?
13.	**Education and Skills**	To ensure the education and skills provision meets the needs of London's existing and future labour market and improves life chances for all	• … help to improve learning and the attainment of skills particularly in groups/ locations where these are deficient? • …help to reduce the gaps in opportunity for diverse groups of Londoners?
14.	**Connectivity**	To enhance and improve connectivity for all to and from and within and around London and increase the proportion of journeys made by sustainable and active transport modes	• …improve connectivity by public transport in outer London? • …reduce congestion on roads across London? • …increase accessibility to employment, training and up-skilling opportunities for all people living in London by public transport, walking and cycling?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
			• … encourage a modal shift to more sustainable forms of travel as well as encourage greater efficiency (e.g. through car-sharing)? • …promote active travel? • … reduce the overall need for people to travel by improving their access to the services, jobs, leisure and amenities in the place in which they live? • … address areas with deficiencies of access to open space?
15.	**Infrastructure**	To ensure that provision of environmental, social and physical infrastructure is managed and delivered to meet population and demographic change in line with sustainable development and to support economic competitiveness	• … support provision of adequate health and social care infrastructure for Londoners? • … improve digital connectivity for groups who face exclusion because of lack of access, affordability or knowledge? • …ensure the provision of environmental, social and physical infrastructure supports sustainable development, meeting population and demographic change?
16.	**Culture**	To safeguard and enhance the Capital's rich cultural offer, infrastructure, heritage, natural environment and talent to benefit all Londoners while delivering new activities that strengthen London's global position	• … support the engagement of the health and social care sectors with cultural activities? • …improve accessibility for all to cultural venues and participation by all in cultural activities? • …safeguard culture, heritage, infrastructure and the natural environment?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
17.	**Sustainable Land Use**	Make the best and most efficient use of land so as to support sustainable patterns and forms of development?	• …ensure developments in health estates make the best use of land?
	Social		
18.	**Equality and Inclusion**	To make London a fair and inclusive city where every person is able to participate, reducing inequality and disadvantage and addressing the diverse needs of the population	• …promote health equality for people with protected characteristics? • …promote accessibility and inclusion for all people? • …provide opportunities for all people to make healthy lifestyle choices? • …help reduce the impact of income inequality? • …provide opportunities that encourage interaction of different communities? • …enable Londoners to become active citizens and promote participation?
19.	**Social Integration**	To ensure London has socially integrated communities which are strong, resilient and free of prejudice	• …increase social integration in all areas, and particularly among communities most at risk of exclusion (e.g. those from lower socio-economic groups and deprived areas, some ethnic minorities, disabled people and older people, people living with or recovering for mental health issues)?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
20.	**Health and health Inequalities**	To improve the mental and physical health and wellbeing of Londoners and to reduce health inequalities across the city and between communities	• …help to improve health and reduce health inequalities across the population? • …improve access to health services and facilities? • …improve differentials in life expectancy across London? • …improve differentials in healthy life expectancy across London? • …reduce the gap in life expectancy between people with severe and enduring mental health and the rest of the population? • … reduce levels of childhood obesity across London and reduce inequalities in childhood obesity rates between different parts of the population? • …reduce the gap in school readiness between children across London? • …reduce the gap in educational attainment between pupils across London and between different groups of pupils? • … support access to quality, affordable and healthy food by all? • …increase levels of physical activity, especially amongst groups which are more inactive?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
			• …support the physical and mental health and wellbeing of communities (both of place and identity)? • …contribute to the reduction in the suicide rate for Londoners and narrow the gap in the suicide rate for vulnerable groups? • …improve access to employment opportunities for all Londoners including those with mental health needs? • …improve social inclusion and reduce stigma and discrimination experienced by people living with mental and physical health conditions? • … reduce alcohol related harm across London?
21.	**Accessibility**	To maximise accessibility for all in and around London	• …increase accessibility to health and social care services and facilities for all? • …impact on accessibility in and around London?
22.	**Housing Supply, Quality, Choice and Affordability**	To provide a quantum, type, quality and tenure of housing (including specialist and affordable provision) to better meet demographic change and household demand	• …reduce homelessness, including rough sleeping, and overcrowding? • …deliver housing that better provides for various groups who need particular forms of housing, including accessible, specialist and supported housing?

	Topic	IIA objective	In/out of scope and assessment guide questions ***Will the strategy…?***
23.	**Crime, safety and security**	To contribute to safety and security and the perceptions of safety	• …create an environment that feels safe to all Londoners during the day time and night time? • …improve safety and security in London?
24.	**Design**	To create attractive, mixed use neighbourhoods, ensuring new buildings and spaces are appropriately designed that promote and enhance the existing sense of place and distinctiveness, reducing the need to travel by motorized transport.	• … support integration of health and social care services as part of attractive, mixed use neighbourhoods? • …reduce the need for motorized transport?

Appendix B – Policies and Proposals Assessed in Other IIAs

The following table sets out policies and proposals within the Strategy which are the responsibility of another GLA lead. These are contained in another strategy and are thus not assessed as part of this IIA.

Aims	Objectives	Policies / proposals	Strategy
All Londoners benefit from a society, environment and economy that promotes good mental and physical health	Objective 3.1: London's air quality improves	• The Mayor will work 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.	Environment Strategy and London Plan
	Objective 3.2: Health inequalities are reduced through good planning and making our streets healthier	• The Mayor will increase the proportion of Londoners doing at least the 20 minutes of active travel they need to stay healthy each day by 2027. Longer term, his aim is that by 2041, all Londoners achieve this level and this is reflected in his Transport Strategy. • The Mayor will strengthen the consideration of 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.	Transport Strategy and London Plan
	Objective 3.3: London is a greener city where all Londoners have access to quality green space	• The Mayor will protect London's green space 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.	Environment Strategy and London Plan
	Objective 3.4: The negative impact of poverty and income inequality	• **T**he Mayor will do all in his power to contribute towards addressing the causes and effects of poverty in London.	Economic Development Strategy

Aims	Objectives	Policies / proposals	Strategy
	on health is addressed	• 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 though the Mayor's Fuel Poverty Action Plan.	
	Objective 3.5: London's workplaces support more Londoners into healthy, well paid and secure jobs	• 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 use the devolved Work and Health programme to assist the long term unemployed, those with health conditions and disabilities to get work.	Economic Development Strategy
	Objective 3.6: Housing quality and affordability improves	• By 2021, the Mayor will invest £3.15b 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 homes that are genuinely affordable. • The Mayor will work with boroughs and partners to tackle criminal landlords and letting agenda and support boroughs that wish to set up licensing schemes to help raise standards.	Housing Strategy
	Objective 3.7: Homelessness and rough sleeping is addressed	• The Mayor will fund accommodation that can be used for homeless households through the 2016-21 Affordable Homes programme, including hostels and 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	Housing Strategy

Aims	Objectives	Policies / proposals	Strategy
		identifying and pursuing new approaches to tackling rough sleeping in London.	
London's diverse communities are healthy and thriving	Objective 4.1: It is easy for all Londoners to participate in community life	• The Mayor will 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 look to set up a social integration team to lead a London-wide programme of activity and build social integration into City Hall's work.	Culture Strategy and Transport Strategy
	Objective 4.7: London's communities feel safe and are united against 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.	Police and Crime Plan
The healthy choice is the easy choice for all Londoners	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	• The Mayor will work in partnership across London to roll-out the priorities of his new London Food Strategy. • 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.	London Plan and Food Strategy

Appendix C– Causal Chain Analysis Outputs

The analysis on the following pages was completed based on a previous iteration of the Health Inequalities Strategy dated 18/05/17.

Policy Option
To make it a principle that policy decisions should seek to promote good mental and physical health and reduce health inequalities

Proposal Option
The Mayor will establish systems at the GLA family which ensure health inequalities are more effectively considered in policymaking for London

Proposal Option
The Mayor will support the wider system eg boroughs and NHS bodies to ensure they consider the wider mental and physical health impact of their decisions and policies

GLA family = MOPAC, OPDC, LLDC, LFEPA, TfL (out of scope due to MTS), Outer London Commission and partner e.g Wider South East

Coherent and consistent approach for all areas that this would be applicable. Single focus. (Beyond the statutory strategies) Unclear how additional general support will change decision making, structures and behaviours on relevant projects and activities. Health impact Assessment to be undertaken and acted on during the planning application process for large developments

Suggestion: Proposal would be strengthened by setting out target policies.

MOPAC = Better health inequality data to adjust policing strategy to better serve communities with highest health inequalities

Community policing programme to increase Police presence. E.g. allowing people to access public space, safer streets, anti-social behaviour

Use of the London Devolution memorandum of understanding to support the NHS Estates Board and maximise the population health benefits

Regeneration and new housing and infrastructure (LLDC & OPDC) has greater emphasis on tackling health inequalities within defined zones. See further information in Scenario 1

Suggestion: Community consultation and appreciation of local communities beyond masterplan boundary. Consideration of short, medium and longer term realities of phases of regeneration for community

Community policing could prevent health inequalities alongside crime prevention, however resources on community policing and seeking to tackle health inequalities could impact other police programmes and crime prevention

In these areas development brought forward, through policy, the health inequalities will be improved. Set out through masterplans/ design/ public space. Depending on the quality of the development and the masterplan

In surrounding areas there could be negative impacts in the short to medium term particularly relating to the construction impact

In surrounding areas there could be positive impacts in the long term particularly relating to social integration

Suggestion: Programme implementation around community policing focus to address multi benefits including health inequalities e.g. who is targeted and how resources are deployed

20. Health and health Inequalities [+]

24. Design [+]

19. Social Integration [?]

22. Housing Supply, Quality, Choice and Affordability [+]

10. Natural Capital and Natural Environment [?]

23. Crime, safety and security [?]

Policy Option
To stop all Londoners becoming mentally unwell by tackling the causes of mental ill health

Policy Option
To champion Thrive London as a Mental Health movement

Policy Option
To develop Thrive as a Mental Health movement

Policy Option
To ensure London's rich culture and arts programme strengthens Londoners' health and wellbeing by creating opportunities for people to engage positively with their communities

Proposal Option
The Mayor will work in partnership with the London Health Board to develop and launch Thrive London as a comprehensive mental health programme

Suggestion: Thrive programme could become an important mechanism for delivering this policy

Popular icons helping to improve awareness of mental health issues. Thrive London could use these figure heads to promote mental health issues. (linked to existing programmes, e.g. Professor Green involvement in male suicide prevention)

Specific initiatives within programme such as mental health promotion and prevention training for frontline workers (e.g. Mental Health First Aid)

Physical outdoor activity e.g. gardening exercise is part of programme or linked (i.e. Capital Growth)

Thrive areas of interest:

Suggestion: The proposal supports the launch of a campaign which will support the understanding of mental health, the other areas of interest are yet to be developed in terms of specific proposals targeted at defined groups, but with more specific ideas could deliver against a range of objectives

Participation in music, theatre and creative arts to enhance well being

Improving everyone's understanding of mental health

Children and young people's mental health

Suicide prevention

Employment

Vulnerable people

Community resilience

16. Culture [+]

18. Equality and Inclusion [+]

20. Health and health Inequalities [+]

19. Social Integration [?]

10. Natural Capital and Natural Environment [0]

13. Education and Skills [?]

12. Economic competitiveness and employment [?]

Policy Option
To ensure no Londoner experiences discrimination as a result of mental ill-health

Proposal Option
The Mayor will support campaigns and initiatives which improve understanding of mental health

Campaigns and initiatives need to run in parallel with Thrive programme (*see slide 2*) to be most effective

Mayor to endorse campaigns and initiatives and/or funding as well as other charity/organisation involvement. May be very diverse in terms of scale, location and target groups

Some specific measures set out in the strategy include support to Time to Change champions to challenge mental health stigma in communities

Encouragement of SME's to commit to good mental health

20. Health and health Inequalities [+]

Policy Option
To aspire to zero suicides in London

Proposal Option
The Mayor will work with Thrive London to address inequalities in suicide rates between different occupations

Proposal Option
The Mayor will support boroughs and partners to reduce the number of people who take their own lives

Better data to improve targeting locations/times and understanding the baseline better (working with Coroners)

Using the recent Office for National Statistics (ONS) study, Thrive can identify and target specific occupations

Use ONS data to target borough's with higher rates.

Mayor to endorse campaigns and initiatives and/or funding as well as other charity/organisation involvement

Improve real time data sharing and the Law around Coroner's verdicts- campaigning to change the law to no longer require criminal proof of a suicide verdict

Each Borough to have a duty to create a local suicide prevention plan by 2017

20. Health and health Inequalities [+]

18. Equality and Inclusion [+]

Policy Option
To support good parenting and provide safe, healthy environments where children can develop and learn

Policy Option
To enable all schools in London to promote good health

Proposal Option
The Mayor will continue to lead the way with an inclusive breast feeding policy for City Hall, and will support boroughs and NHS bodies which want to implement the UNICEF Baby Friendly City Initiative

Proposal Option
The Mayor will support the launch of the Child Health Digital Platform including the e-Red Book

Proposal Option
The Mayor will develop programmes which help give children a healthy start

Proposal Option
The Mayor will invest in programmes which support schools to keep children healthy

Early engagement with health care system, NHS. How to apply UNICEF BFCI to London as a global programme

Reaching digital audience, may increase participation and understanding of child's health and development

Programmes likely to include healthy food, open space/exercise, reducing fast food (mayor will use planning powers to support boroughs)

Consider how to reach other child care providers and parents

Healthy Food: Food Growing Schools London, community food projects, Eat Like a Champ programme

Exercise/open space: For the Love of Trees programme, Forest Schools

20. Health and health Inequalities [+]

13. Education and Skills [+]

10. Natural Capital and Natural Environment [?]

18. Equality and Inclusion [+]

17. Sustainable Land Use [?]

Policy Option
To ensure London's children and young people have good mental health and resilience

Proposal Option
The Mayor will support and champion the Thrive London programme in its work to:
- bring religious youth settings together to tackle mental health stigma
- support targeted mental health education in schools
- universal parenting
- engage vulnerable children and young people to volunteer

Young ambassadors programme

Understand mental health and how it is perceived in different religious groups, education programmes to tackle stigma, community engagement work

Support targeted mental health education in schools

Engage vulnerable children and young people to volunteer

Universal parenting

Bring religious youth settings together to tackle mental health stigma

Identify and target areas most in need, can impact on wider areas

18. Equality and Inclusion [+]

20. Health and health Inequalities [+]

19. Social Integration [+]

23. Crime, safety and security [?]

13. Education and Skills [+]

Policy Option
To support employers to enable their workplaces to be healthy environments for their employees

Policy Option
To reduce poverty and promote social inclusion in order to address the wider inequalities that affect health

Suggestion: If programmes are segmented and targeted by specific sectors they could achieve greater health benefits and/or other outcomes. E.g. night time / shift workers and general health, disproportionality of suicide rates by profession

Proposal Option
To create healthy workplaces which support people to stay in work and promote good health to people in low-paid work

Other programmes the Mayor may support

Some of the main factors of healthy work places are working time directive and healthy foods

Healthy work place charter (150 organisations, 280,000 employees). Plan to increase to 1 million employees to 2027

London Living Wage

Proposal could be rolled out by place, (healthy work places vary in boroughs). Could develop by sector or size of company. Could safeguard health through air quality of less vulnerable population

Private sector = Large, medium, SME and micro end of small. Could work alongside other organisations and programmes. London First (health benefit through accommodation and work initiative)

The public sector which in part the Mayor has greater control or influence.

Local Authorities have ability to influence the type of affordable housing in new developments

Public sector services (London Boroughs still have autonomy, but Mayor can set option for London)

Suggestion: Small and micro businesses need to be properly catered to support their uptake of the healthy workplace charter.

Doesn't necessarily work for smaller and micro businesses and therefore uptake and impact is uncertain

If these programmes are targeted at ethnic minority groups and disabled people to increase a faster rate than the population as a whole

Routes from school to business, reduction NEETS (e.g. apprenticeships)

Large and medium workplaces

12. Economic competitiveness and employment [?]

20. Health and health Inequalities [+]

18. Equality and Inclusion [?]

13. Education and Skills [?]

Other dynamics affecting employment

Night time economy, night time Tsar. Eg night time and shift workers have lower health outcomes.

Impact of Brexit/migrant workers generally more healthy then the general population (healthy migrant effect)

Upskilling of workforce to meet the future work requirements (robotics, AI etc)

Note connection with suicide by profession

Zero hour contracts, the gig economy

Access to affordable housing close to employment areas

Policy Option
Free London from the scourge of illegal tobacco

Policy Option
Expand the smoking ban into more public places

Policy Option
Encourage 1-2 boroughs to pilot a minimum unit price for alcohol

Proposal Option
The Mayor will support boroughs and the NHS in their work to reduce the uptake of illegal tobacco through pan-London enforcement programmes

Proposal Option
The Mayor will support boroughs in their work to reduce the prominence of smoking as a normal behaviour to children and young people by showing leadership and action in public spaces and events that he controls and is associated with.

Proposal Option
The Mayor will support boroughs in their work to reduce the over consumption of alcohol through by convening and lobbying as and when require

This page needs updating as there are new policies/proposals on latest GLA spreadsheet

Changes to the provision of stop smoking services, e.g. through the voluntary sector

Stop smoking programmes continue to be supported by Borough or other equivalent initiatives or programmes in its place.

Alcohol, domestic violence and mental health (toxic trio). Congenital problems, accidents, violence and longevity issues. Impacts on family health from alcohol and smoking

LAS to lead on alcohol reduction social marketing campaign, making healthy choices the easy choice

Extending smoke free areas, particularly parks

Stop smoking services from Las vulnerable to LA cuts and removal of ring fenced public health funds

Tackling illicit alcohol and tobacco may be included as proposal

Low employability of overconsumption of alcohol

Night time economy, night time Tsar

Changing patterns of consumption of alcohol including T total cohorts change hospitality economy

Difference between crime and fear of crime (violent crime decreasing, fear of crime increasing)

Connection with drug use, (now including Khat)

Licensing

Different types of tobacco, vaping, Shisha Bars etc

Reduce illicit then more taxes to contribute to the economy

Aim to reduce exacerbation of asthma, educational impacts, absenteeism

Aim to reduce domestic and in vehicle smoking

10. Natural Capital and Natural Environment [?]

1. Air Quality [+]

20. Health and health Inequalities [+]

19. Social Integration [?]

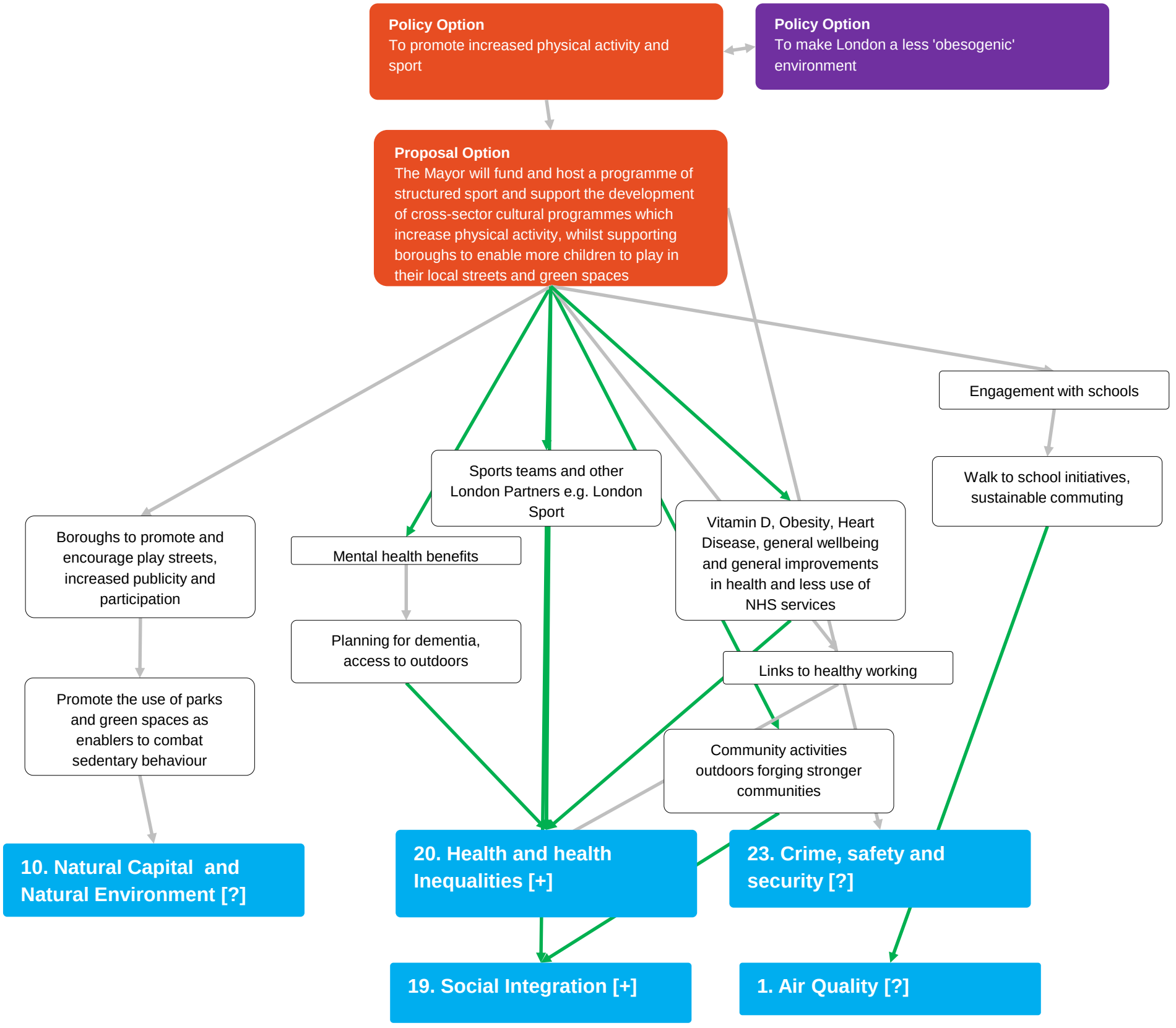
13. Education and Skills [+]

18. Equality and Inclusion [?]

23. Crime, safety and security [?]

16. Culture [?]

12. Economic competitiveness and employment [?]


Policy Option
To promote increased physical activity and sport
Policy Option
To make London a less 'obesogenic' environment
Proposal Option
The Mayor will fund and host a programme of structured sport and support the development of cross-sector cultural programmes which increase physical activity, whilst supporting boroughs to enable more children to play in their local streets and green spaces
Engagement with schools
Sports teams and other London Partners e.g. London Sport
Walk to school initiatives, sustainable commuting
Boroughs to promote and encourage play streets, increased publicity and participation
Mental health benefits
Vitamin D, Obesity, Heart Disease, general wellbeing and general improvements in health and less use of NHS services
Planning for dementia, access to outdoors
Links to healthy working
Promote the use of parks and green spaces as enablers to combat sedentary behaviour
Community activities outdoors forging stronger communities
10. Natural Capital and Natural Environment [?]
20. Health and health Inequalities [+]
23. Crime, safety and security [?]
19. Social Integration [+]
1. Air Quality [?]

Proposal Option
The Mayor will support boroughs in their work to improve nutritional information available to Londoners at their point of purchase by convening and lobby as and when required.

Policy Option
To enable Londoners to have a healthy diet

Policy Option
To make London a less 'obesogenic' environment

Proposal Option
The Mayor will endorse a food culture that promotes a healthy and nutritious diet for all Londoners through his Food Strategy.

Proposal Option
The Mayor will work with London partners to lobby government to devolve sumptuary tax raising powers which can then be reinvested in tackling London's health inequalities.

London Food Board to make improvements to London food system

Boroughs, NHS, PHE and food businesses to work together and implement Mayors Food Strategy 2017-18 (last Food Strategy 2006)

Minimise number of fast food outlets in proximity to schools through planning regulations.

Less sickness and absenteeism, local employment through food production

Reduction in waste associated with food production, packaging. Reduction in pollution and carbon footprint associated with food

Community and social food growing programmes

Healthy workplace charter

Linking to schools projects Healthy Food: Food Growing Schools London, community food projects, Eat Like a Champ programme

Local food groups and food cooperatives, workplace initiatives

Improved health outcomes e.g. reduced obesity

10. Natural Capital and Natural Environment [?]

19. Social Integration [?]

20. Health and health Inequalities [+]

13. Education and Skills [+]

17. Sustainable Land Use [?]

18. Equality and Inclusion [?]

7. Materials and waste [?]

Policy Option
To support social prescribing within London's communities

Kings fund page – 25 London schemes of 100 total schemes

Proposal Option
The Mayor will promote good health through better social integration and support family doctors to refer people into services in their own communities which will help them to stay healthy

Social isolation is most common challenge and has strong correlation with health inequalities. Social prescribing by GPs helps to target social isolation.

GPs and primary health workers can use targeted health programmes created unique to area needs which the Mayor will support

Seasonal Health Intervention Network (SHINE) Hackney, Range of services on offer: Interventions target fuel poverty

Bromley/bow example: 30 local services. Swimming lessons to legal advice.

Those aged over 75, those with respiratory disease, those with cardiovascular disease, low income families with children aged under 5 higher risk and potential more benefit.

Potential outcomes: Reduced burden on the NHS and social services

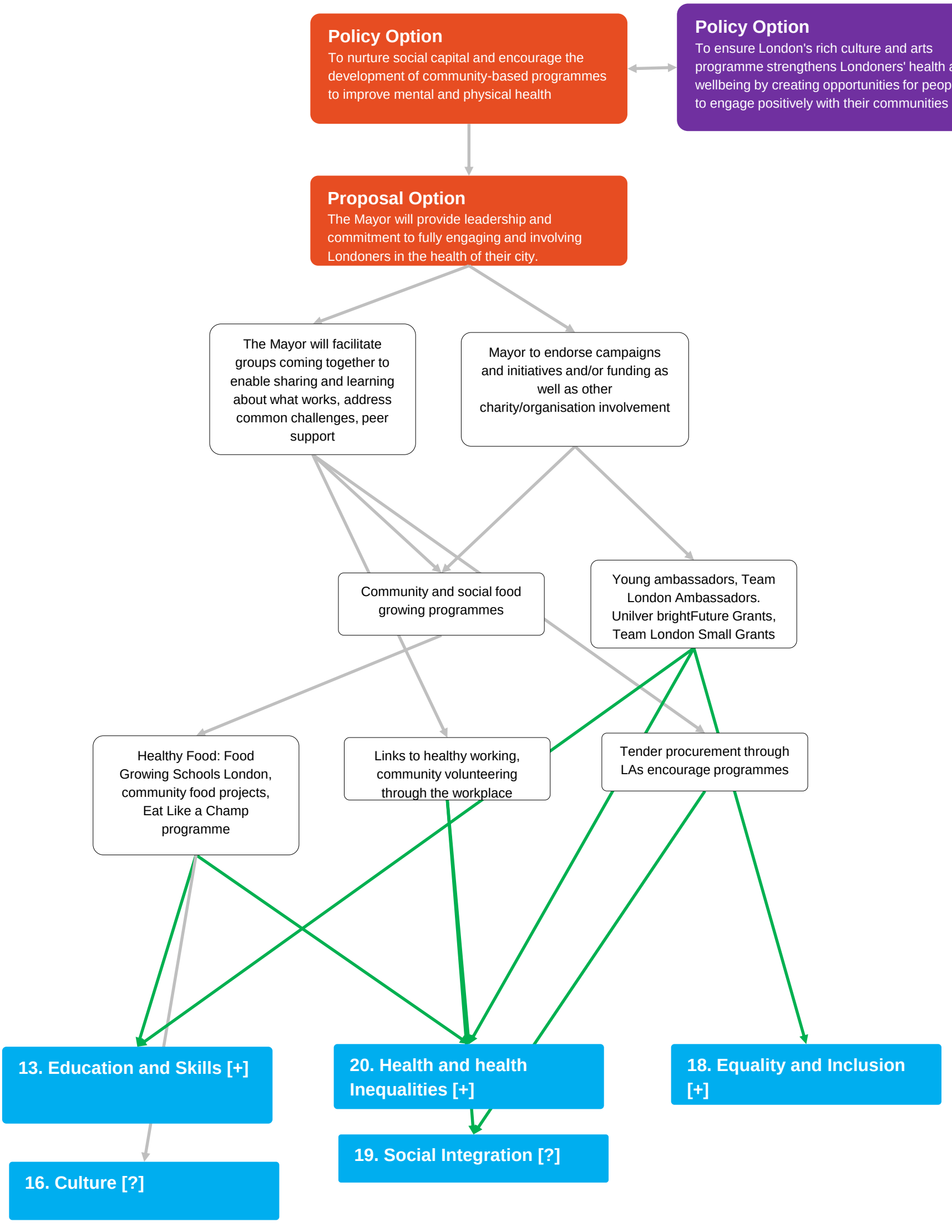
12. Economic competitiveness and employment [?]

20. Health and health Inequalities [+]

4. Energy use and supply [+]

18. Equality and Inclusion [+]

19. Social Integration [+]


Policy Option
To nurture social capital and encourage the development of community-based programmes to improve mental and physical health
Policy Option
To ensure London's rich culture and arts programme strengthens Londoners' health and wellbeing by creating opportunities for people to engage positively with their communities
Proposal Option
The Mayor will provide leadership and commitment to fully engaging and involving Londoners in the health of their city.
The Mayor will facilitate groups coming together to enable sharing and learning about what works, address common challenges, peer support
Mayor to endorse campaigns and initiatives and/or funding as well as other charity/organisation involvement
Community and social food growing programmes
Young ambassadors, Team London Ambassadors. Unilver brightFuture Grants, Team London Small Grants
Healthy Food: Food Growing Schools London, community food projects, Eat Like a Champ programme
Links to healthy working, community volunteering through the workplace
Tender procurement through LAs encourage programmes
13. Education and Skills [+]
20. Health and health Inequalities [+]
18. Equality and Inclusion [+]
19. Social Integration [?]
16. Culture [?]

Policy Option
To support communities at risk of TB, prevent its spread and reduce the stigma of undergoing TB treatment

Policy Option
To support communities at risk of HIV, prevent its spread and reduce the stigma of living with HIV

Proposal Option
The Mayor will support the Collaborative Strategy of the TB Control Board

Proposal Option
The Mayor will support boroughs and the NHS in their work to reduce HIV, will challenge stigma and will help London to learn from other global cities in their work to stop HIV

Housing conditions and access to quality housing

Better communication and education to reduce cases

Disproportional effect on communities e.g. prisoners, homeless, substance abuse issues (Dr Onkar Sahota)

TB care services are not universally available (Dr Onkar Sahota), not all services are available in every Borough

Communication and promotion role for new responses to HIV e.g. PReP (HIV prevention)

Mayor to endorse campaigns and initiatives and/or funding as well as other charity/organisation involvement

Analysis of most effected areas and communities

Opportunity to work with art/music industries and communities as well as leading personalities on HIV

Organisations need to work together NHS, GPs, homeless charities, councils, private landlords.

Management of Tuberculosis in Prisons Guidance for Prison Health Care Teams (May 2013)

Joined up approach to avoid, duplication, inefficiency and extra costs to services

22. Housing Supply, Quality, Choice and Affordability [?]

20. Health and health Inequalities [+]

13. Education and Skills [+]

19. Social Integration [0]

18. Equality and Inclusion [+]

16. Culture [?]

Policy Option
To improve the quality of private rented sector housing

Policy Option
To increase the supply of homes that are genuinely affordable for Londoners to rent or buy

Policy Option
To improve the health of homeless Londoners by supporting them into sustainable accommodation and off the streets

Boroughs developing licensing schemes – opportunity for stronger influence over landlord/letting agents in Borough.

Regeneration to deliver private rented high quality homes.

Improvement in regeneration area to influence neighbouring areas

New homes in regeneration sites open to London residences first.

Ensuring new homes are well maintained and responsibility taken in the long term

Promote better quality housing and reduce overcrowding.

Basic provision set out by the masterplan for the services to support which is dictated by policy. To customise provision and achieve more within same resources (evidence required).

Design of space to allow greater access for all.

Key worker homes

Regeneration to improve community involvement in maintenance of local area. Residence association/forums (how broadly can they be influential?)

If promoted with development and enforcement of building programmes.

Likely rental prices would increase. Housing stock might diminish.

Increase homelessness

Deliver substantial number of genuinely affordable homes, 90,000 by 2021

Construction related to delivery of 90,000 new homes see issue below. If additional, would give rise to air quality and noise impact as well as employment.

Provide mixed housing stock

Refresh London Plan and allocate £3.15b through affordable homes programme.

If any of 90,000 homes wouldn't have happened otherwise i.e private market then additional impact eg. climate change mitigation, natural capital and materials and waste.

No nights sleeping rough taskforce

Housing strategy implementation to develop routes off the streets for rough sleepers.

18. Equality and Inclusion [+]

12. Economic competitiveness and employment [?]

20. Health and health Inequalities [+]

22. Housing Supply, Quality, Choice and Affordability [+]

19. Social Integration [+]

23. Crime, safety and security [?]

Policy Option
The Mayor to accelerate planned initiatives on air quality in London.

Policy Option
To reduce the impact of poor air quality on the health of Londoners and to reduce variation in exposure to poor air quality .

Proposal Option
The Mayor will lead on tackling air quality by introducing a series of interventions such as the ultra-low emissions zone.

Mayor to play leadership role in tackling air quality.

Education needed for the public to be aware of the health impacts of poor air quality.

Education needed for the public about the impact of air quality.

Back up power in hospitals and other health care facilities tend to be diesel powered generators.

Make the population aware of poor air quality hotspots and periods of poor air quality. To allow residences to make choices about their day to day actions.

Proximity of schools to areas of poor air quality eg. draft indicator of number of schools in NO2 exceedance zones.

Implement ultra low emissions zone and other transport infrastructure interventions. Should improve sustainable transport interventions but cold disrupt connectivity on a localised basis.

Alternative routes to schools to avoid areas of poor air quality.

Investigation and identification e.g 50 schools does not necessarily lead to action.

Existing fleets of health services inc. ambulances are still diesel powered. Potential for retro fit or replacement with zero emission fleets.

Transport fleet transfer to zero emission vehicles in progress.

To reverse vehicle emission air pollution some options could exacerbate air quality issues i.e. Diesel vehicles versus petrol

1. Air Quality [+]

3. Climate change mitigation [+]

20. Health and health Inequalities [+]

18. Equality and Inclusion [?]

14. Connectivity [?]

Policy Option

To promote a built environment which enables active travel and can be readily accessed by all, including older and disabled people

Aim of Healthy Street for London is to reduce reliance on Londoners driving:

- More space and more appealing for walking and cycling
- More public spaces
- More affordable public transport
- Planning new developments for public transport, walking and cycling.

Mayor to play leadership role in tackling active travel.

Public information and awareness around health impacts.

Linkages between built environment e.g through health streets programme and other health inequalities strategies and proposals.

Tobacco and alcohol consumption.

Night time economy.

Make all public transport stations are accessible for disabled and walking people.

Different expectations needs and opportunities of health streets agenda for elderly and disabled.

Making all public transport stations are accessible for pedestrians can be detrimental to cyclist and vice versa.

20. Health and health Inequalities