

## London Health Inequalities Strategy

### Response from London Councils

#### Introduction

London Councils welcomes the publication of the draft London Health Inequalities Strategy and supports the general approach proposed to galvanise key stakeholders in London to take action to reduce health inequalities and improve the lives of people living in London.

The role of Mayor of London and the commitment under the Greater London Authority Act (GLA) 2007 provides a real opportunity to ensure that the issue of health inequalities continues to feature as a key element within the other Mayoral strategies both those in the consultation phase and those already published, including the London Plan, Economic Development Plan and the London Housing Strategy.

London Councils agrees with the notion that local authorities as key stakeholders can play a major role in driving the strategy but also recognises that health inequalities is not just about achieving better health outcomes but addressing the whole well-being agenda. Local authorities have responsibility for public services including housing, planning, leisure services and services for children and young people and it is essential when looking at provision of these services that we seek ways to improve the well-being of our communities that will really make a difference in people's lives.

London Councils has played an active part during the consultation process. It is envisaged that following the end of the consultation exercise, and the final publication of strategy, there will be discussions about the development of a delivery plan where a clear set of priorities for implementation will be established.

London Councils is aware that Michael Marmot has been asked to chair a strategic review of health inequalities in England Post 2010 in response to the World Health Organisation's of Global Commission on Social Determinants of Health (CSDH). London Councils supports an ongoing dialogue with Michael Marmot to ensure that the objectives contained in London's Health Inequalities strategy complement the work of the national review.

While the Mayor has a statutory duty to produce a health inequalities strategy, he has no statutory powers to compel authorities to deliver on the objectives contained in it. In the absence of statutory powers the strategy is silent on resources. Local authorities face a tight spending allocation next year. Decisions about capacity to deliver on the strategy would need to be taken into account the pressures coming from other areas. Clearly, local authorities are already doing a great deal of work in this area individually and collectively (e.g. tackling child obesity, healthy eating projects etc.) and the draft strategy provides a clear focus on delivering within existing resources while maximising best practice. It is also important to highlight that local authorities have their own health inequalities strategies and that these are locally delivered and assessed on a borough by borough basis.

The Mayor is proposing to publish a monitoring report each mayoral term which will set out progress against the objectives. A set of proposed indicators has been drawn up for consideration by stakeholders who use the existing Local Area Agreements (LAA) and Public Service Agreement (PSA) targets. It is intended that key partners will be involved in discussions about which indicators will be used and how the success of the strategy will be

measured. The draft consultation strategy is silent on the extent to which the Mayor would like to see progress made on the specific outcomes or a specified time period for success to be measured. Clarification is needed on these aspects if local authorities are to be fully engaged.

It is important to recognise that data alone can be open to interpretation so how success is measured needs to be considered carefully. It will be important to take a holistic approach to the measurement of outcomes by looking across the whole range of public service provision and highlighting how local authorities are reducing health inequalities within each area. It is also recommended that any further requests for the collection of additional data are considered carefully to avoid creating an unnecessary burden and to minimise the duplication of effort.

The Mayor believes that the commissioning of some specialist health services should be undertaken at sectoral or pan-London level, this includes preventative and public health services, such as HIV prevention campaigns targeting particular ethnic groups. Local authorities may consider that the decision as to which services should be undertaken at a sectoral or pan-London level is one most appropriately taken by boroughs and PCTs rather than by the Mayor.

### **A Summary of London Councils' Response**

- London Councils recognises the role of the Mayor in setting a context for the whole of London which each Council and NHS organisation can draw on when designing local initiatives most relevant to their communities suffering the greatest health inequalities.
- London Councils recommends that the Mayor develops an ongoing dialogue with Michael Marmot to ensure that the objectives contained in the London's Health Inequalities Strategy complement the work of the national review.
- The Mayor is proposing to publish a monitoring report each mayoral term which will set out progress against the objectives. Key partners will be involved in discussions about what indicators will be used and how they measure success. It is essential that the collection of data remains a key priority if we are to gain a better understanding of the needs of the population and tailor services that reflect the needs of diverse communities. However, London Councils also recommends that any further requests for the collection of data are considered carefully to avoid creating an unnecessary burden and to minimise the duplication of effort. Any data collection targets should also build on the experience and evidence contained in the PSA targets for infant mortality and life expectancy.
- London Councils is keen to be involved in discussions around the delivery plan following the publication of the final strategy. It is essential that the strategy sets out clear priorities for implementation and that this includes a timescale indicating when the priorities will be delivered.
- London Councils believes that the draft strategy should be strengthened to include measures that support early interventions and all actions to reduce child poverty, support children with disabilities and those with Special Educational Needs.
- London Councils would like to ensure full engagement is secured and that a partnership approach is taken to deliver maximum participation in sporting activity.
- London Councils supports the focus on a whole systems approach to facilitating the promotion of physical activity including new and improved facilities for sport, walking, cycling, play and other forms of physical activity and to maximising opportunities

associated with the 2012 Olympic and Paralympics Games.

- London Councils would like to see the final Health Inequalities Strategy fully reflect the boroughs' central role in delivering walking and cycling programmes, facilities and education. London Councils thinks that there is scope for elements of both health and transport budgets to be combined in programmes to increase levels of walking and cycling.
- London Councils believes that promoting healthier food choices should be a priority within the draft strategy. We are keen to work with the GLA to seek ways to involve Environment Health Officers and others in taking these ideas forward where appropriate.
- London Councils supports the influence of the Mayor as a champion for London to continue making the case in the strongest possible terms to ensure that London receives increased funding London's diverse population.
- London Councils recognises that there are clear benefits that can arise from the appointment of local authority cabinet member with responsibility for health. However, it should be matter for the individual local authority to determine whether this arrangement or another is most appropriate in their borough.
- London Councils believes that further information should be provided on whether the emphasis on housing mix and quality has been factored into the calculation of the housing provision figures and whether the space standards will be employed when determining affordable housing targets. There should also be a stronger focus on providing family sized accommodation to reduce overcrowding in London.

## **The Five Themes Contained in the Draft Strategy**

### **General Comments**

1. London Councils believes that the five themes contained in the strategy fully encapsulate what action needs to be taken to tackle health inequalities. Specifically, the focus around reducing income inequalities and developing London as a healthy city for all are two areas where the Mayor as London's figurehead can make a real impact in reducing health inequalities. The five themes also provide support to guide individuals about how they can take more responsibility over their own lifestyle choices without taking a paternalistic approach.
2. London Councils fully appreciates that improving knowledge and data as a cross cutting theme is appropriate. The Mayor challenges each council to gain a better shared understanding between local authorities and PCTs to consider how existing arrangements could be enhanced through informed local leadership. London Councils is keen to work with the Mayor to develop suggestions about which data sets would best assist this process and to enable local leadership and individual members to gain a better understanding of the health inequalities in their respective areas.
3. London boroughs play a key leadership role and have a major influence on the way public services are delivered in their locality, specifically: housing, planning, leisure services, transport, and education. London Councils agrees with the Mayor that Local Strategic Partnerships and Local Area Agreements as essential mechanisms for delivering services that impact on health inequalities.

## **London Councils' Specific Comments Linked to the Five Objectives**

### **Objective One: Empowering individuals and communities**

4. **A1-** London Councils actively supports the view of Michael Marmot that prioritisation to reduce health inequalities should focus on developing initiatives around early intervention to improve the health of young children and their families. The draft consultation is light on giving children better access to education, and on where good quality childcare improves well-being and provides for better health outcomes. More investment in this area will pay dividends in the long term as children's development and educational achievement all have a key role to play in ensuring that life chances improve.
5. There is recognition in London of the benefits of early years settings as they are already well attuned to health initiatives. For example, the pre-school Learning Alliance's long-running healthy eating campaign has helped ensure that many more young children are provided with healthy meals at nurseries/pre-schools. However, 80% of providers of these services are private, voluntary and independent organisations. London Councils believes that local authorities have a critical role to play in attempting to influence settings as they are in regular contact with families.
6. **A2 -** London Councils believes there is a need to look at expanding the availability of services for parents to support them with their parenting skills. It is essential that this additional support is well targeted as this can prove an effective long term solution for parents through enabling them to obtain a life time of knowledge about how to be a good parent, as well as offering the best start in life for families. Sure Start services and the assistance these give to families through a one stop shop approach remain an essential support for many families with young children.
7. **A3 -** London Councils welcomes this proposal, and would like to see moves to increase levels of physical activity linked to proposals in the draft Mayoral Transport Strategy, specifically encouraging increased levels of walking and cycling amongst Londoners.
8. On 6th June 2008 the Government launched a new £140 million fund to boost sport and fitness through free swimming for 60 year olds and over and 16 year olds and under as part of the Government's plan to ensure a lasting sporting legacy from the London 2012 Olympic Games and Paralympic Games. The £140 million fund is available to Local Authorities from 2009/10 for two years. In London a significant number of London boroughs have participated in the scheme either offering free swimming to just 60 year olds and over or to both 60 year olds and over and 16 year olds and under. While the government programme has been largely welcomed in London, in many cases the funding allocated by the programme is not enough to cover the cost of offering free swimming. In these cases the local authority has also contributed a significant amount of revenue to ensure the programme's success. According to DCMS figures there were 991,845 free swims provided in London between April and Sept 2009.
9. Local authorities continue to play a significant role in supporting families to adopt healthy eating approaches. The successful government campaign, the 'ChangeforLife' programme has provided a focus on healthy eating for families. There are good examples across London such as in Tower Hamlets, Hillingdon, and Kingston that run the MEND (Mind, Exercise, Nutrition, Do IT!) programme in their local areas, which offer an additional two hours of exercise per week for 9 weeks to young people identified as overweight or obese.
10. In order to tackle child obesity it is essential to look at educating families to make better food choices. London Councils recognises that the Mayor can support this by looking at working with food premises around communicating to consumers what options exist on menus. This will empower customers to seek alternative food choices. London Councils is

aware that the GLA has looked at the way New York City has tackled the promotion of healthier choices in food establishments through food labelling. London Councils believes that promoting healthier food choices should be a priority within the draft strategy. We are keen to work with the GLA to seek ways to involve Environment Health Officers (EHOs) and other professionals to take these ideas forward. However, in the current financial climate it should be recognised that there may be pressure on EHO resources.

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

11. **A8** - The Mayor proposes to work with local authorities and NHS London to lobby for a fair share of resources for health and social care in London and to make more equitable the allocation of resources. London Councils supports the influence of the Mayor as a champion for London to continue making the case in the strongest possible terms to ensure that London receives increased funding to meet the needs of London's diverse population.
12. **A10** - London Councils recognises that there are clear benefits that can arise from the appointment of local authority cabinet member with responsibility for health. However, it should be matter for the individual local authority to determine whether this arrangement or another is most appropriate in their borough.
13. The Mayor has highlighted the importance of providing access to language services for people who are unable to speak English. This is seen as a key barrier to accessing a whole range of public services including health care. The London Health Commission (LHC) is seeking to submit a bid to an EU-funded Interegg programme which helps Europe's regions form partnerships to work together on common projects. The LHC hope to draw up an ambitious set of proposals with the aim of developing strategic coordination, training and career development and user involvement. London Councils as a member of the LHC sits on the working group and will continue to have a role in supporting the bid and its objectives in its role of a member.
14. In London there are good examples of how local authorities work effectively with PCTs through effective collaborative commissioning arrangements and integration. London Councils is supporting efforts towards closer integration and has regular dialogue with NHS London to achieve this aim. Working closely together we will work towards more effective procurement and commissioning practices and make certain that services for vulnerable and hard to reach groups are available.
15. **A10** - 'An Active and Healthy London for 2012 and Beyond', published by Go London and NHS London sets out the aim of achieving a significant shift towards building a public health legacy from the 2010 Olympic and paralympic games. There are clear health benefits arising from the Games if all the key players work together to ensure that a measurable and sustainable increase in physical activity is achieved up to and beyond 2012. London Councils supports the focus on a whole systems approach to facilitating the promotion of physical activity.
16. The provision of leisure services and physical activity is not a statutory responsibility for local authorities. In these circumstances there needs to be degree of income generation from local authority services gained from assets and from offering services (e.g. tennis courts need to remain a sustainable and valuable resource in the future both for the local authority and the community). The current financial climate has the potential to put pressure on the availability of current non-statutory services as these services remain vulnerable targets for closure. In London many local authorities have contracted out the delivery of leisure services limiting the ability of local authorities to set costs.

### **Objective: Three: Income, inequality and health**

17. **A13** - London Councils agrees that health inequalities should be fully encompassed within the other Mayoral strategies contained within the Economic Development Strategy, the Skills strategy, and Economic Recovery Plan. The Mayor must ensure that these linkages are effectively made to ensure that measures are put in place to maximise economic activity and promote skills and employment activity.
18. **A14** - London Councils believes that promoting the take up of benefits is essential to raising the incomes of the most deprived families which include older people and their carers. London Councils has supported the Mayor's Older People's Advisory Group in promoting the take up of benefits for older people through successful targeted campaigning. It is essential that more effort is made to lift people out of poverty and provide people with an income which enables them to lead active lives.
19. London Councils considers that the Mayor could take the lead in taking responsibility for coordinating campaigning and social marketing initiatives. The Mayor can set the context for the whole of London which each council and NHS organisation can use as a hook to design local initiatives most relevant to the communities suffering the greatest health inequalities. Lessons can be learned from the national success of the ChangeForLife and Stroke campaigns.
20. London Councils has supported the work of the London Child Poverty Commission since its inception in 2006 by the Mayor of London and London Councils to address the challenge of child poverty in London. London Councils as a key partner will continue to support the work of the commission and its efforts to tackle child poverty in London. The Child Poverty Pledge, launched in November 2009, reaffirms London Councils' commitment to deliver on and meet the priorities set out in the Child Poverty Commission Final Report published in February 2008 and the later Capital Gains - One Year On, published in March 2009.
21. It is a fact that 14% of the UK's poor children are living in London. The percentage of children in income poverty (after housing costs) in Greater London is 41%, higher than any other region in the UK. Income inequality is a key driver, affecting child poverty, life chances and educational attainment. More must be done in London to reduce child poverty particularly among black and minority ethnic groups, lone parents and families in rented accommodation. The National Strategic Review of Health inequalities in England post-2010 has indicated that it is essential that children have the best start in life before they reach school age. Equally, by improving the health of mothers and babies and supporting parent's access to quality early years and education will pay dividends in the long term.
22. Credit Unions have an important role in providing reasonable cost borrowing for those on low incomes. There is evidence that inadequate recourse to affordable 'official' borrowing has driven members of some communities into the hands of loan sharks trapping people in debt and harming their health and that of their dependents.
23. **A16** - London Councils recommends actions that seek to encourage use of green spaces for leisure and recreation purposes for people on low incomes. These should be linked to existing programmes and proposals that seek to increase cycling and walking, such as Greenways, Skyride and strategic walking routes.

#### **Objective Four: health, work and well-being**

24. **A17-** London Councils is represented on the London Health Commission by the Chair of London Councils' Health and Services Forum. London Councils is aware of the good work being undertaken by the London Health Commission to stimulate local businesses in London to employ good work practices to create jobs in London. There is also a need for employers to identify and protect the mental health needs of their employees and develop strategies to promote a healthy workforce.
25. **A20 -** Carers often have to give up paid employment to look after friends and relatives, usually on a full time basis. Carers should be given opportunities such as training and home based work to ensure they receive the benefits of an independent income and continue working towards the state pension entitlement.
26. **A21 –** Local authorities in London promote volunteering as a good way for the public to help the local communities and improve health and well being. Employers should explore the possibility of encouraging their staff wishing to volunteer, by allowing time off to volunteer during the working day.

#### **Objective five: Healthy Places**

27. **A22 -** London Councils will be responding to the consultation draft of the London Housing Strategy issued in May 2009 which sets out how the Mayor will meet Londoners' housing needs by providing more social rented homes. The provision of good quality housing is a key factor in reducing health inequalities for families and children. Illnesses caused by living in substandard conditions such as respiratory problems, physical and mental illness prevent people living normal lives. The three areas of affordability, overcrowding homelessness are correctly highlighted as areas where the Mayor can influence. The Mayor sees overcrowding in London is a key priority and his commitment to halve those living in severe housing conditions by 2016.
28. London Councils supports the Mayor's desire to offer a range of housing options and in particular family sized accommodation and affordable homes with 42% being in social rented sector by 2011. The Mayor's ambition of reducing under occupation by two thirds by 2016 is essential in order to make available housing for those people in need of larger properties.
29. London Councils supports the objectives of increasing housing supply, where the Mayor has a strategic target of 13,200 more affordable homes per year. London Councils believes that further information should be provided on whether the emphasis on housing mix and quality has been factored into the calculation of the housing provision figures and whether the space standards will be employed when determining affordable housing targets. There should also be a general emphasis on providing family sized accommodation to reduce overcrowding in London.
30. **A24 -** London Councils supports the delivery of new and improved facilities for sport, walking, cycling, play and other forms of physical activity, including maximising opportunities associated with the 2012 Olympic and Paralympics Games.
31. **A25 -** Given the Mayor's desire to increase levels of walking and cycling, London Councils thinks that there is scope for elements of both health and transport budgets to be combined in programmes to produce increases in levels of walking and cycling, improving physical and mental health, but also importantly reducing air pollution and congestion on the roads and in public transport. London Councils would like to see the final Health Inequalities Strategy fully reflect the boroughs' central role in delivering walking and cycling programmes, facilities and education.