

## ► **Better Health for all Londoners: The Mayor's Health Inequalities Strategy**

### ► **Response from London Councils**

London Councils represents London's 32 borough councils and the City of London. It is a cross-party organisation that works on behalf of all of its member authorities regardless of political persuasion.

#### **SUMMARY OF RECOMMENDATIONS:**

- i. Call for more information or greater clarity on Breastfeeding, Oral Health, the digital redbook, Social Prescribing and Fuel Poverty
- ii. Encourage all primary schools in London to take part in the Daily Mile via the Healthy Schools programme
- iii. Explain how the Mayor can assist the Sugar Smart campaigns launched by boroughs
- iv. Treat mental health as a "golden thread" among all the other priorities within the strategy
- v. Use the Mayor's lobbying and negotiating powers to facilitate agreement among coroners regarding a standardised definition of what constitutes death by suicide and the development of a system that shares timely information about unexpected deaths that may be suicide
- vi. Ensure there are strong links between the Health Inequality Strategy and the Transport Strategy, with clear examples of what actions will be taken to reduce health risks linked to poor air quality
- vii. Work proactively with boroughs to ensure that the location of schools in poor air quality areas is raised within the requirements of the London Plan.
- viii. Explore the possibility of enforcing 20 mph speed limits near schools
- ix. Include a restriction on hot food takeaways being permitted within 400 metres of

- an existing or proposed primary or secondary school in both the Health Inequality Strategy and the London Plan
- x. Support methods of affecting the local food chain, such as reducing portion sizes or the levels of sugar, salt and fat content in food products in the Health Inequality Strategy and the Food Strategy
  - xi. Use housing powers to make available a number of properties across London for TB patients
  - xii. Consider how to use Mayoral influence to ensure that Police enforcement measures are in place to complement the resources being undertaken at a borough level in limiting illegal tobacco
  - xiii. London Councils is included in any possible Childhood Obesity Taskforce

## INTRODUCTION

London Councils is encouraged by the aims of the Health Inequality Strategy and welcomes the Mayor's commitment to improve the long-term health of Londoners by addressing the factors that are detrimental to the health and wellbeing of local communities.

The Mayor of London can play a vital role as a champion for health equity and, in so doing, galvanise the health system to work together to tackle health issues in the areas where he already has influence, such as housing, planning, transport and culture.

We understand that the Health Inequality Strategy is long-term in its scope, but London Councils recommends that a robust and regular evaluation and monitoring process is included in the Strategy in order to assess its impact.

While London Councils is supportive of the Strategy, we believe it is important to remember that we are currently in a difficult financial climate, where the entire public sector are already working to create new means of stretching diminishing budgets. As this Strategy does not entail any additional resources, its objectives can only be delivered through meaningful collaboration between all partners.

London Councils hopes that the Mayor will work with the boroughs to ensure that the delivery plan outcomes are supportive of and build upon existing borough work.

## THE ROLE OF HEALTH AND WELLBEING BOARDS

Established under the Health and Social Care Act 2012, Health and Wellbeing Boards have been operating in each local authority since 2013 as a forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population.

HWBs have a statutory duty to address health inequalities by producing a Joint Strategic Needs Assessment (JSNA) - to identify the current and future health and social care needs of the local community - and a Joint Health and Wellbeing Strategy (JHWS), which sets out the consequent joint

priorities for local commissioning.

The London local authorities JHWSs show many common themes and shared commitments between the boroughs themselves, as well as with the Health Inequality Strategy. For instance, early intervention and ensuring the best possible start for children features in every Strategy in every local authority in London, with a reduction in childhood obesity a key objective for nearly all of them. Likewise, promoting positive mental health outcomes and preventing suicide are prominent priorities for every borough in the city.

These are just a few of the most prominent features of the Health Inequality Strategy, but this highlights the areas of commonality between the aims of the Mayor and the Strategies already being pursued by the boroughs. Therefore, it is the local Joint Health and Wellbeing Strategies that represent the best vehicle for the Mayor's Health Inequality Strategy to connect at a local level.

### **A ROADMAP TO DELIVERY**

While the Joint Health and Wellbeing Strategies represent the most convenient means of linking the Health Inequalities Strategy with local areas, the Mayor must be more particular about how he sees the HIS connecting to the powers of local authorities. As shown, each borough's JHWS sets out to lower Health Inequalities and there is agreement on many of the key priorities. However, the Mayor does not possess any statutory powers around Health.

The Mayor should lay out a clear connection between each strand of the Strategy and the policies and powers of the borough, in order to build a greater degree of understanding on the part of the local authorities in what their role can be in delivering these shared wider aims.

For example, what can a borough do within its own planning policy to contribute to the Mayor's objectives for air quality? What licencing or planning policies can be utilised to bring about the changes the Strategy envisages to lower childhood obesity?

A clear roadmap to delivery that highlights where borough powers and priorities interconnect with the Health Inequalities Strategy would be a welcome step.

### **KEY POINTS:**

In putting together a delivery plan, we ask that the Mayor give consideration to:

- How the objectives included in the Strategy will link in with local borough Joint Health and Wellbeing Strategies and activities
- Greater clarity on how the Mayor will provide long-term support to the boroughs in pursuit of shared priorities
- Methods by which the Mayor will encourage shared actions and learning for London-wide impact to be stipulated within the Strategy
- Explanation for how Health Inequalities will be treated as a "golden thread" across all Mayoral strategies – Environment, Housing, Transport and the London Plan

- Greater detail on socio-economic drivers of health inequality. In particular, the key issues of fuel poverty and unemployment need to be better addressed within the strategy
- Details to the potential impact of Brexit on inequalities to be considered within the Strategy
- Details to the potential impact of welfare reform to be considered within the Strategy

## CALL FOR GREATER CLARITY

The Mayor's Health Inequality Strategy approaches key issues from a very high level. While this is understandable, given the extremely broad and long-term nature of the Strategy, it means that it is ambiguous clear in certain areas and further explanation is necessary.

London Councils asks for greater clarity on the following:

### Breastfeeding

At least two thirds of London boroughs include breastfeeding in their JHWSs and London Councils supports the Mayor's ambition to make London a breastfeeding friendly city. Whilst supporting breastfeeding through the London Healthy Workplace Charter is an important part of making this ambition reality, London Councils asks that the Mayor to elaborate on how he intends to support the boroughs in the work they are already undertaking to make local areas more breastfeeding friendly.

### Oral Health

The condition of children's teeth is a key indicator of deprivation and major health inequality in London. More than 10,000 children in London are admitted to hospital every year to have multiple decayed teeth removed under a general anaesthetic, which is the highest rate in the UK. London also has the lowest rate of dental attendance in England, with more than half of London children – nearly one million children in total – not being seen by a NHS dentist in the past year.

This is recognised by London boroughs, as the majority include oral health, especially among children, as a key health issue in their JHWSs. However, oral health is only briefly mentioned within the Health Inequalities Strategy.

London Councils hopes that specific objectives around improving the oral health of children in the city can be provided.

### The Digital Red book

London Councils supports the development of the digital Red Book as part of the Child Health Digital Hub and values its positive impact for parents by providing a complete and consistent view of their children's health. However, it is not made clear how this tool will support the reduction of inequalities and we ask that there is greater clarity in this regard.

### Social Prescribing and Borough Support

Social prescribing is the promotion of a more holistic, community focused, means of delivering primary

and community care. With the stated intention of making social prescribing “a routine part of healthcare across London”, the strategy aims to increase the number of Londoners benefitting from social prescribing by working with and supporting healthcare providers.

The Government, the NHS and other national bodies have highlighted social prescribing as a key means of saving money and improving care, the roll out of social prescribing initiatives by London boroughs is still evolving and a notable absence of best practice examples and data, both regionally and nationally, remains a barrier.

Responding to the long-term challenges of a growing population with limited resources is a difficult issue for all organisations with health and care responsibilities to navigate. Therefore, London Councils asks that the Mayor stipulates how he will support boroughs in developing and commissioning effective social prescribing schemes across London.

### Fuel Poverty

Fuel poverty is an increasing concern in London, with around 335,000 households affected by living in cold and damp conditions, and around half of the city's local authorities include this issue as a key priority in their JHWSs.

London Councils is supportive of the Mayor's draft Fuel Poverty Action Plan, which aims to reduce poor health outcomes among people who are unable to afford to heat their homes, particularly during the winter months when deaths among the elderly increases exponentially. The Fuel Poverty Action Plan suggests a number of measures including increasing the income of people living in fuel poverty and improving energy efficiency in homes.

Among the recommendations in the report, we understand the Mayor is seeking to tender for an energy supply company to offer fairer energy bills to households. London Councils asks for greater clarity on how the Mayor aims to work with boroughs to avoid competition for the same customers or duplication of efforts, as well as support existing programmes already in place.

## **COMMENTARY ON KEY THEMES**

### **HEALTHY CHILDREN**

London Councils is in favor of the strategy's aims to give every child a healthy start in life and welcomes the introduction of the new Healthy Early Years Programme, which is intended to play a critical role in supporting Early Years settings to become healthy environments for children.

There has already been widespread roll out across the boroughs of the Healthy Schools programme, so the introduction of the Early Years programme stands to provide an easier and more coherent transition for the families involved, which will be essential for maintaining impact.

The success of the Early Years programme will be dependent on resources being made available to support boroughs in its implementation at a local level.

London Councils asks the Mayor to give further consideration to:

Every London Primary School to run the Daily Mile

Over 200 primary schools across the capital already run the Daily Mile and there is at least one Daily Mile school in every borough. However, this would benefit from the Mayor taking a leadership role in promoting the initiative in order to increase the number of schools involved.

Going forward, the Mayor should set out how he intends to support the work already undertaken by boroughs to encourage all primary schools in London to take part in the Daily Mile via the Healthy Schools programme.

Sugar Smart Campaign

Consuming too much sugar is causing high rates of tooth decay, obesity and type 2 diabetes, especially in more deprived areas. Established in 2015 by the Jamie Oliver Foundation in partnership with Sustain, the Sugar Smart campaign was set up to try and tackle this issue. Five London boroughs have already signed up to and launched local Sugar Smart campaigns, and around fourteen more are set to be launched in the next six months.

## HEALTHY MINDS

London Councils fully supports and welcomes the focus on mental health in the Health Inequalities Strategy. The Mayor has the ability to influence many causes of mental health inequalities in London, such as employment and income, or living conditions.

Mental health is a health and wellbeing priority in every borough and many of the key objectives of the strategy, such as suicide prevention, are within the statutory remit of the Local Authorities. Therefore, support for activity is vital in the effective and long-term improvement of the mental health of Londoners.

London Councils asks the Mayor to give further consideration to:

Mental Health in all policies

London Councils recommends there be a greater emphasis on treating mental health as a “golden thread” among all the other priorities within the strategy.

For example:

Healthy Schools/Healthy Early Years:

Mental health problems affect about 1 in 10 children and young people, of which 70% do not receive appropriate interventions at a sufficiently early age. Mental health should more actively be a part of Healthy Schools and Early Years.

#### Eating Disorders:

The draft HiS does not address eating disorders, which London Councils believes should be interwoven into the Mayor's strategy alongside obesity. Both have a significant emotional impact on young people.

#### Suicide Prevention

Suicide prevention, specifically the ambition to make London a "Zero Suicide" city, is a main feature of the Healthy Minds section. While we welcome the ambition to radically reduce suicide in London, the strategy does not describe how this will be achieved.

As a statutory duty of local authorities, every borough will have a local suicide prevention plan in place by the end of 2017. The strategy would benefit from detailing how it can support the boroughs work on suicide prevention.

In order to support local suicide prevention plans, of particular interest to London boroughs is for a standardised definition of what constitutes death by suicide and the development of a system that shares timely information about unexpected deaths that may be suicide to be agreed among London's coroners.

### HEALTHY PLACES

London Councils supports the Mayor's ambition to radically improve the environment of the city, which has a big impact on the health of all Londoners, and in particular those in disadvantaged areas. Poor air quality, for example, is a major cause of health issues in the capital. Making changes to the street environment, increasing green spaces and reducing the city's dependence on car transport stands to radically improve air quality in London.

It is essential, however, that this commitment is adequately reflected in all the Mayor's statutory strategies, particularly the London Plan, to reinforce the broad thrusts of the Health Inequalities Strategy.

London Councils asks the Mayor to give further consideration to:

#### Air Quality

Air quality is a high priority issue among London boroughs, with most identifying it as an issue of major importance within their local Strategies. In monitoring of air quality in high polluting areas the Mayor has a vital role to play not to confine this to inner urban areas.

London Councils is in favour of the Mayor's ambition for London to have the best air quality of any major city. However, we believe that this section needs further explanation.

First, there needs to be stronger links between the Health Inequality Strategy and the Transport Strategy, with clear examples of what actions will be taken to reduce health risks linked to poor air

quality.

London Councils has made reference within our response of the Mayor's Draft London Environment Strategy consultation that the air quality monitoring network is one of the most extensive in the world, but it needs to be maintained. We endorse the Mayor's recognition of this and willingness to continue to aim to provide better information to the public on air quality levels.

In addition, London Councils believes that air quality around schools should be a high priority, given the detrimental impact on the health of children and young people. Boroughs are already engaged in a number of activities to mitigate the impact, such as anti-car idling events outside schools, holding car free days, pupil route planning, installing 'green screens' in front of schools, and implementing school travel plans.

The Mayor should work proactively with boroughs to ensure that the location of schools in poor air quality areas is raised within the requirements of the London Plan.

We ask the Mayor to further explore the possibility of encouraging 20 mph speed limits near schools, supporting the work already done by a number of boroughs in this area and to work effectively in areas where speed measures are less applicable, such as schools that border major roads.

#### Healthy High Streets and Fast Food

Areas of high deprivation have far more fast food outlets than more affluent areas, contributing to London's obesity epidemic and widening inequalities with children from underprivileged areas, who are considerably more likely to be overweight or obese than their more advantaged peers.

The Mayor promises to investigate the introduction of a policy on hot food takeaways around schools. This policy has been successfully implemented through planning regulation in several boroughs across London, such as Barking and Dagenham, and the NHS has worked with boroughs to implement a Supplementary Planning Document, which provides an exclusion zone in areas located near schools to reduce the number of Use Class A5 (hot food takeaways).

However, this local decision is often a difficult one as managing the proliferation of fast food outlets represents a dilemma for boroughs, who are required to balance out the economic priority to ensure that local high streets are economically vibrant, with health considerations.

London Councils asks the Mayor to look at steps to support boroughs working to introduce a restriction on hot food takeaways being permitted within 400 metres of an existing or proposed primary or secondary school in both the Health Inequality Strategy and the London Plan.

However, for many areas where fast food outlets are already established near schools, new restrictions included in the London Plan come too late to have any impact. In areas such as these, Fast Food outlets have become social hotspots for school children.

In addition, we ask the Mayor to support the work already being carried out in a number of boroughs in

effecting the food chain, reducing portion sizes or the levels of sugar, salt and fat content in food products. We ask that this be included in the Mayor's Food Strategy.

## HEALTHY COMMUNITIES

London Councils supports the Mayor's ambition to develop closer links between Londoners and local community networks as a means of improving health. Approximately 70% of health outcomes are determined by socio-economic factors and 30% by clinical factors. This being the case, a greater emphasis on localised community based support stands to lower demand on primary care, as well as other statutory support provided by borough councils. However, as key local public health commissioners, with a large number of third-sector and community partners already helping in the delivery of important services, for localised community support to be a significant and established element in the London health system the Mayor must closely support the work of London's boroughs,

London Councils asks the Mayor to give further consideration to:

### HIV – Fast Track Cities

London Councils welcomes the ambition by the Mayor of London to support the prevention and reduction of HIV and to work towards tackling the stigma and discrimination associated with the disease. HIV remains a key issue for London, with eighteen out of twenty authorities with the highest prevalence rate of HIV living in London compared to other parts of the country.

Since 2015, through the London HIV Prevention Programme (LHPP), boroughs have worked collaboratively to deliver an awareness campaign; provide outreach services and free condom distribution and a HIV testing service. 'Do It London' launched its winter campaign in August, highlighting the need to 'Do It Your Way', delivering the message that a combination of approaches and personal choice is needed to reduce HIV. Recent data in 2016 suggests the 'Do It London' campaign has made a significant contribution to a 29% reduction in new diagnoses amongst gay and bi-sexual men compared to 2015.

London Councils supports the commitment of the Mayor to work towards delivering the UNAIDS target of 90-90-90 (90% of people with HIV aware of their status; 90% of those people on antiretroviral treatment; 90% of those people with viral suppression) and working toward zero stigma through the Fast Track Cities initiative.

In celebration of the extraordinary achievements taking place in London, there is considerable scope to set a more ambitious target. We are already achieving 90-97-97 across the city. Borough commitment to the LHPP and continued investment in effective preventative measures including condom use, expanded HIV testing, PrEP and prompt treatment means that ending HIV transmission, AIDS and HIV-related deaths could become a reality in the UK.

London Councils are willing to work with the Mayor and other partners to deliver this ambition and to build on our notable success at reducing HIV. If London becomes a signatory, it will provide an opportunity for the city to share data and best practice on the world stage, tackling HIV with other

major cities across the world.

#### Tuberculosis (TB)

There are over 2,000 cases a year of TB in London, with 40% of cases living in the London area. This disease predominately affects the most vulnerable in our society, such as refugees, prisoners, homeless people, drug users and those that are HIV positive.

Whilst recent figures suggest the numbers are decreasing, this is now happening at a much slower rate, possibly due to migration patterns. TB is difficult to diagnose and requires the patient to receive regular medication. One of the issues for TB patients is the ability for patients to secure appropriate accommodation during their treatment.

Around half of London's local authorities include TB as a health concern within their local Strategies. London Councils asks the Mayor to consider setting aside a proportion of the affordable housing funding to support more housing provision for TB patients during the period of time they are receiving treatment.

#### HEALTHY HABITS

London has a bigger obesity problem than any other major world city and smoking is the single most important driver of health inequalities and the biggest preventable cause of death in the capital. Smoking cessation is a priority for over two-thirds of London's boroughs. London Councils, therefore, backs the Mayor's ambition to reduce childhood obesity and smoking in the Capital.

London Councils asks the Mayor to give further consideration to:

#### Illegal Tobacco

We welcome the Mayor focus on reducing illegal tobacco. It is estimated that criminals earn over £117 million each year as a result of the sale of illegal tobacco. There is also a growing concern that its availability will make it more likely for children to take up the habit and damage their health. London Councils, London Trading Standards and the Association of Public Health Directors (ADPH) for London launched a campaign in July this year aimed at stamping out illegal tobacco sales in the capital. The campaign raised awareness among residents and businesses in an attempt to make it socially unacceptable to buy or sell these products, thus reducing the sale and distribution of illegal merchandise. This work resulted in the seizure of over 21,000 illegal tobacco products across 11 boroughs.

Within the JHWS of at least two-thirds of the city's local authorities, illegal tobacco is understood to be a significant health issue. London Councils asks that the Mayor builds on the success of this multi-agency approach and considers how to use his influence to seek ways to ensure that the appropriate Police enforcement measures are in place to complement the resources being undertaken at a borough level.

## Convening a London Obesity Taskforce – Borough Representation

It is believed that the Mayor aims to form a new London Obesity Taskforce, with the likely primary purpose to facilitate whole systems approaches to childhood obesity through multi-agency partnership working.

However, if an Obesity Taskforce is convened by the Mayor, it is imperative that borough leadership is adequately represented as key local decision-makers.

## CONCLUSION

London Councils supports the objective of reducing health inequalities in London, as outlined in the Health Inequality Strategy. The Strategy itself covers many priorities that are shared between the boroughs, which suggests that there are many potential areas for cooperation between the Mayor and boroughs going forward.

However, the long-term and broad nature of the HIS means that there are a number of points that are in need of further explanation. Throughout, the Strategy needs to clarify how the Mayor intends to support the boroughs in the work that they are already undertaking. There are also notable issues that are largely missing from the Strategy, such as Oral Health and Fuel Poverty, which are important areas of health inequality that need to be properly addressed.

London Councils is ready to work with the Mayor and the boroughs in meeting their shared health inequality objectives and will encourage the Mayor to work with the boroughs in ensuring that the delivery plan outcomes are supportive of and build upon existing borough work.

## London Councils officers contact:

**Jack Eddy**

[jack.eddy@londoncouncils.gov.uk](mailto:jack.eddy@londoncouncils.gov.uk)

Tel: 020 7934 9972

**Clive Grimshaw**

[Clive.grimshaw@londoncouncils.gov.uk](mailto:Clive.grimshaw@londoncouncils.gov.uk)

Tel: 020 7934 9830