

THE LONDON

HEALTH INEQUALITIES STRATEGY

2018-2028

Version 6.1

DRAFT AND CONFIDENTIAL

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Foreword

DRAFT

Executive summary

London has the potential to become the world's healthiest global city. That's why the Mayor wants all Londoners to have the best opportunities to live a long life in good health. If we are to achieve this, we all need to play our part in tackling the causes of poor health, and we all need to commit to making London a healthier, fairer city, where nobody's health suffers because of who they are, or where they live.

When we fail to keep people healthy, demand for services grows and the care Londoners need can become more complex and enduring. What's more, the health of Londoners underpins our economic growth and prosperity - London will never realise its full potential while so many Londoners struggle with poor health.

The Mayor has a statutory responsibility to produce a health inequalities strategy for London. This responsibility is vital because healthy life expectancy is too short for many Londoners. These inequalities are avoidable and unfair – it is not acceptable in a city as prosperous as London that so many people live extended periods of their life in poor health

A review of the evidence suggests that addressing the social determinants of health is the most useful thing that can be done to improve this situation for Londoners, and achieve longer term change. Central to this is starting at the earliest stage in children's lives and supporting them to grow, live and age well But this is also about Londoners' mental and physical health - this strategy recognises that mental health is as important as physical health to Londoners.

Reducing the persistent and in some cases widening health inequalities in London requires commitment from a range of organisations – this is not something the Mayor, with his limited powers in this area can do alone That is why the Mayor will work with partners to deliver this strategy, calling for commitment from the GLA group, local authorities, central government, the NHS, the voluntary and community sector, business and the commercial sector, and from Londoners themselves. The Mayor is committed to making these partnerships work for all Londoners.

The vision and aims set out in this strategy are derived from an analysis of the gap in healthy life expectancy and other health inequalities in London. It has been further informed by an integrated impact assessment, and the large response to the public consultation on the draft strategy in 2017.

The strategy majors on areas where the Mayor can make a difference, for example ensuring that health is considered in all his work, taking forward the **London Health and**

Care Devolution Agreement, and promoting better social integration. He will also use his role as Mayor to champion and challenge the health and care system to do more to improve health for all Londoners and tackle inequalities across our city.

Five key aims have been identified to achieve this vision in London over the next ten years:

Healthy Children: every London child has a healthy start in life

The Mayor wants London's early years settings, such as nurseries, playgroups and even childminders based at home to provide children with environments that help them to play, eat, socialise and develop well, building on his successful Healthy Schools London programme. He also wants to help more children achieve a healthy weight, particularly in deprived communities, and stop the rise in childhood obesity. ***The Mayor's key ambition is to ensure the widespread adoption of Healthy Early Years London, particularly in deprived areas.***

Healthy Minds: all Londoners share in a city with the best mental health in the world

The Mayor wants all Londoners to feel comfortable talking about their mental health. His aim is to end people feeling stigmatised, and for people across the city to work together to reduce suicide rates. ***The Mayor's key ambition is for more Londoners to have mental health first aid training, reaching out to younger Londoners and employers in particular.***

Healthy Places: all Londoners benefit from an environment and economy that promotes good mental and physical health

The Mayor wants London to be a place where both our surroundings and where we live support good health. This means a city where people have the access to green space and the air we breathe is not a killer. He also wants Londoners to have fair access to work and an adequate income to live a healthy life. ***The Mayor's key ambition is for London to have the best air quality of any major global city. He wants the quickest progress to be made in the most polluted places, and areas where people most vulnerable to its effects live.***

Healthy Communities: London's diverse communities are healthy and thriving

The Mayor wants people to be able to act on the things that affect their own and their communities' health. A major thrust of this will be through promoting more use of social prescribing to improve people's health and wellbeing. Support for healthy communities also means supporting those at risk of infections, such as TB and HIV, in terms of

prevention, and in terms of addressing stigma and discrimination ***The Mayor's key ambition is to support more Londoners in vulnerable or deprived communities to benefit from social prescribing.***

Healthy Living: the healthy choice is the easy choice for all Londoners

The Mayor wants to make it easy for all Londoners to eat well and be active by improved access to affordable food and quality parks and public spaces. It also means reducing smoking and harm from alcohol and drug misuse. ***The Mayor's key ambition is that more Londoners are doing the physical activity they need to every day to stay healthy.***

We all have a part to play in delivering this strategy, as partners and citizens. The strategy is underpinned by extensive evidence and consultation findings. We will also publish an implementation plan which has been developed with partners and will include proposed indicators to track progress over the next decade. Progress will be overseen by the London Health Board, and partners are invited to refresh their pledges, via the online pledge board¹, and commitments on an annual basis.

¹ <https://getthehealthy.london/better-health-for-londoners/>

Introduction

A HEALTHIER, FAIRER, CITY

OUR VISION

The Mayor wants London to be a healthier, fairer city, with all Londoners having the best opportunities to live a long life in good health. Working together, the Mayor and the whole range of organisations who have a role to play in tackling the causes of health inequalities, must aim to create a city where nobody's health suffers because of who they are or where they live. Only then will London fulfil its potential to become the world's healthiest global city

London's health inequalities are stark. Boys who are born in some parts of London today can be expected to die up to six years earlier than boys born elsewhere in the city, whilst girls born in some boroughs could be expected to live up to a third of their life in poor health.²

A range of factors shape these differences in health outcomes. They relate in large part to the circumstances we live in: our communities, homes and income; the opportunities we have and how we live our lives. These inequalities are unfair and preventable.

This strategy sets out the key priorities, informed by evidence, for the Mayor and others on London's health inequalities over the next decade. To really tackle health inequalities at their source, it focuses on the factors that lead to health inequalities – the determinants of health.

A better London

The health of Londoners underpins economic growth and prosperity. It is a prerequisite for thriving social and cultural networks. It keeps vital health and social care services from becoming overstretched, and prevents Londoners' care needs from becoming more complex and enduring. Indeed, London will never be able to realise its full potential while so many Londoners struggle with poor health.

But above all, improving health and reducing health inequalities in London matters to the people who live and work here. It will improve quality of life. It will help communities to

² Public Health England (2018). *Public Health Outcomes Framework; 0.1ii 2014-16* [online]. Available at: www.outcomes.info/ [accessed 10/05/2018]

develop and thrive. And it will make London a fairer city, in which people's life chances are less likely to be determined by the circumstances of their birth.

Persistent health inequalities can only be addressed by joined-up work across all the sectors that stand to benefit from these improvements. These include the GLA group, local authorities, the NHS, voluntary and community groups, the business and commercial sector, and Londoners themselves. The Mayor will work with partners to deliver this strategy, calling for action from others where it is required, and is committed to making these partnerships work for all Londoners.

LONDONERS' HEALTH AND HEALTH INEQUALITIES

London has a proud record of improvements in public health over many decades, including large reductions in infant mortality and early deaths from preventable causes like cancer and heart disease. Life expectancy for Londoners is now over 80 years for men and over 84 years for women,³ this progress has been hard won, involving the organised efforts of a wide range of partners.

However, we cannot take these improvements for granted. London currently has the biggest gap in life expectancy between local authorities of any region in England. Figure 1 and Figure 2 show the wide variation in life expectancy and in healthy life expectancy – the number of years that someone will live in good health - between London boroughs for men and for women. In 2014-2016, the average healthy life expectancy was 64.5 years for men and 64.4 years for women, but for men this varies from 58 years in Barking and Dagenham to 70 years in Richmond upon Thames; for women it ranges from 56 in Tower Hamlets to 70 years in Richmond upon Thames.

Differences between life expectancy and healthy life expectancy show that some Londoners are living in poor health for years, or even decades. Being in poor health or adjusting to life with a disability affects people's quality of life, their ability to work, their income and access to resources, their community and social networks, and opportunity to live long, active lives. It also affects those around them, including friends and families.

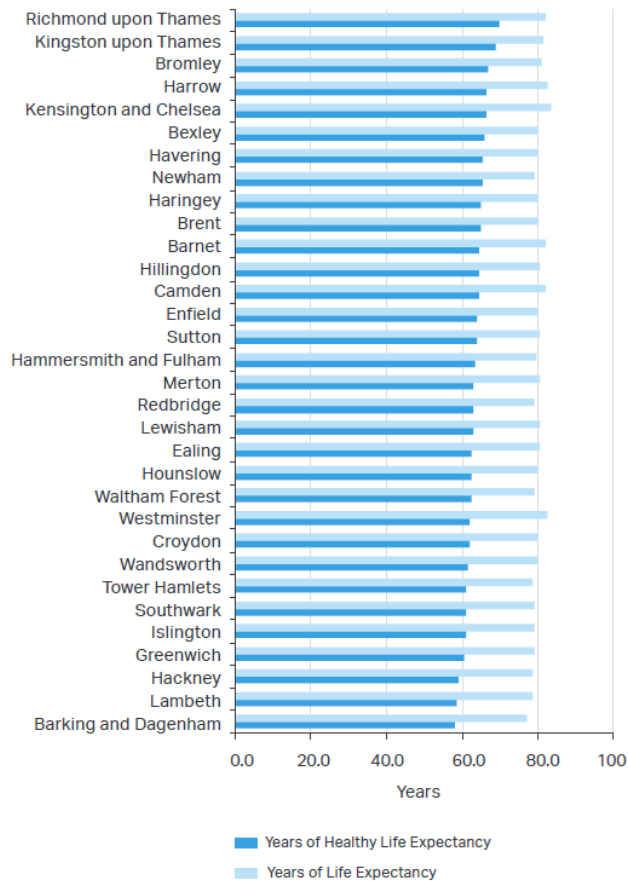
Whilst on average men in London can expect to live around 17 years of their lives in poor health, this varies between 13 years in Kingston to 20 years in Lambeth and Westminster. For women, the difference is even starker, with an average for London of 20 years in poor health, varying between 15 years in Kingston and 27 years in Tower Hamlets. Some

³ Public Health England (2018). *Public Health Outcomes Framework; 0.1ii 2014-16* [online]. Available at: www.outcomes.info/ [accessed 10/05/2018]

women across London live a quarter of their lives in poor health, but this rises even further to a third for women in Tower Hamlets.

Figure 1 Healthy life expectancy and life expectancy by borough, male

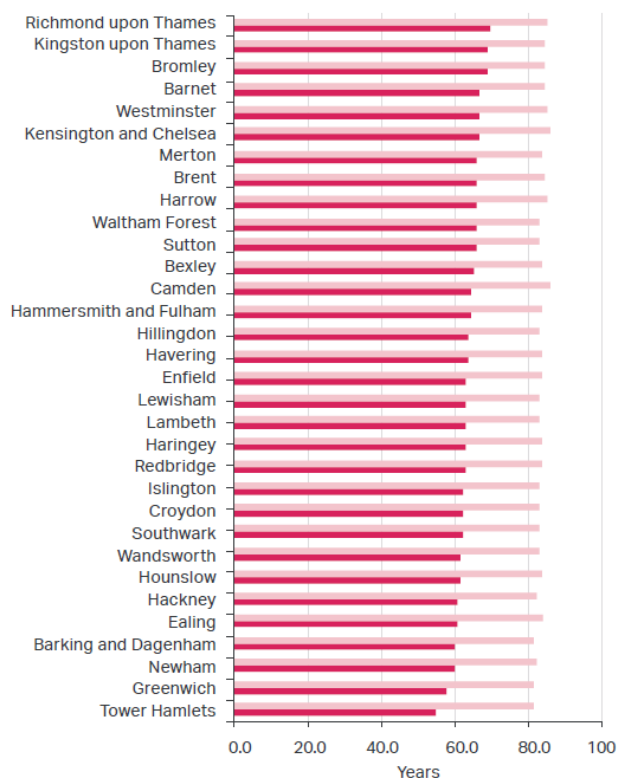
Chart 1 Male healthy life expectancy and life expectancy by London borough



Ref: To add

Figure 2 Healthy life expectancy and life expectancy by borough, female

Chart 2 Female Healthy Life Expectancy and Life Expectancy by London Borough

**Ref: To add**

Some London communities – often people from marginalised or socially excluded groups – have shockingly poor health outcomes. For example, the average life expectancy for people sleeping rough is under 50 years, with 78 per cent of homeless people suffering from a physical health condition and 44 per cent having a mental health diagnosis.⁴ Others experiencing poor health or reduced access to services include looked after children, those from Gypsy, Roma and Traveller communities and people with severe mental ill health or those in the criminal justice system.

But it is not just the most marginalised or deprived communities whose health suffers because of inequalities in our city. There is a ‘social gradient’ for many health outcomes,

⁴ Crisis. (2018) Health and wellbeing. Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing>

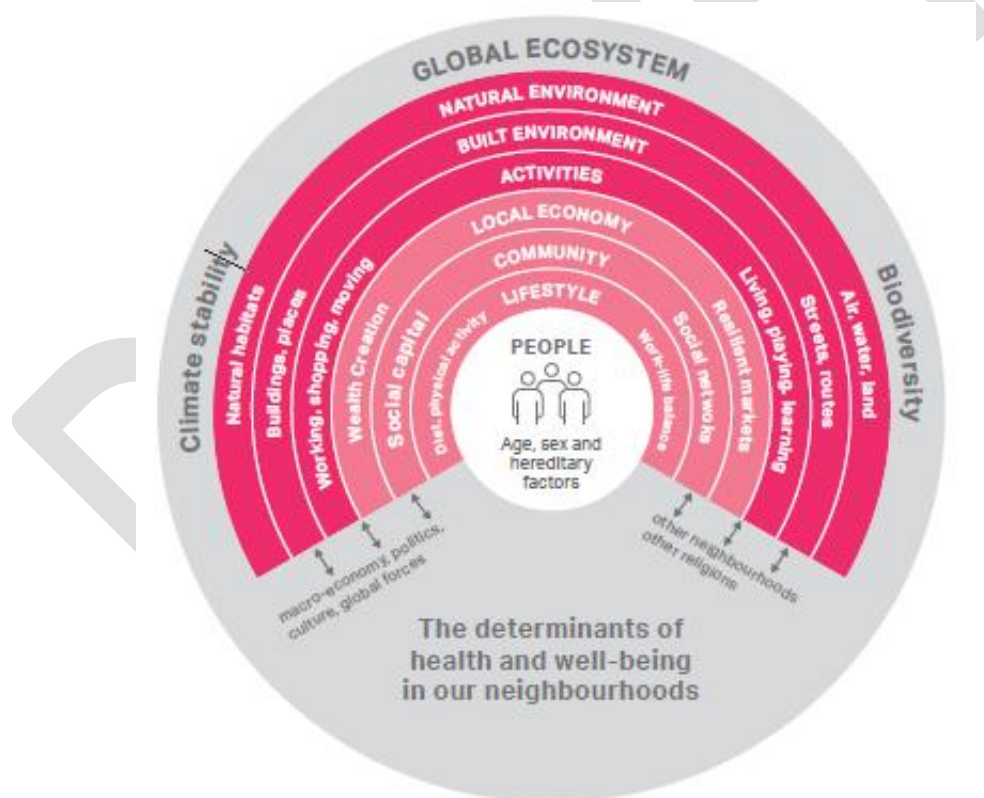
with evidence consistently showing an association between social status and better health.⁵

The Mayor wants all Londoners to live in a healthier, fairer city. This means narrowing the gap in healthy life expectancy between deprived and more affluent areas, between men and women and between different population groups. The Mayor wants to see progress more rapidly in places and communities where residents experience the greatest burden of poor health.⁶

DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES

Figure 3 shows the range of factors that have an impact on Londoners' health and wellbeing.

Figure 3: Determinants of health and wellbeing



Source: Adapted from Dahlgren and Whitehead*

⁵ Institute of Health Equity, Fair Society Healthy Lives, 2010

⁶ TBA

Health inequalities are avoidable and unfair differences in health. They are a result of systematic differences in how people experience the determinants of health and wellbeing. There are many factors which influence health outcomes. While age, gender, and hereditary factors are part of this, they are not so easy for public policy to influence. Differential access to health and care and other public services impacts on health inequalities, and the contribution of these public services is undoubtedly important.

To prevent and tackle health inequality we must address the social determinants of health: the conditions in which people are born, grow, live, work and age. These conditions affect how easy it is to get on in life and achieve our ambitions, which has a big impact on health and wellbeing. They include our early childhood experiences and the homes and neighbourhoods we live in. Other factors include schooling and skills, our income and wealth, and our work and job prospects.⁷ Health-related behaviours and lifestyle factors like smoking and substance misuse are also closely linked to social determinants. These circumstances are in turn shaped by a wider set of economic and social forces.

Addressing these social determinants has the most potential to reduce health inequalities between Londoners, particularly in the longer term. They are amenable to change and they are areas over which the Mayor and his partners have some direct influence. For example, tackling the housing crisis, improving access to good jobs, and tackling poverty will improve health and reduce health inequalities. Reducing crime, protecting and improving the environment and creating a more productive economy will also contribute. In other words, if wider inequalities in society are reduced then reductions in health inequalities will follow - London will be a healthier city as well as a fairer one.

ACHIEVING THE VISION

This strategy will focus on five key priorities for London, agreed by the Mayor, the London Health Board⁸ and the wider health and care strategic partnership. These priorities build on the ten shared *Better Health for London* ambitions developed in 2015⁹.

Good health starts before we are born, and a life course approach means helping people to start well, live well and age well. The health impacts of relative disadvantage accumulate during our **lives**,¹⁰ so action must start before birth and continue through

⁷ This definition of health inequalities is derived from the definition in the GLA Act 1999. The factors described are often known as the determinants of health.

⁸ The London Health Board is a non-statutory partnership. It is chaired by the Mayor of London, and involves representatives of London's boroughs, NHS Trusts and Clinical Commissioning Groups, as well as Public Health England and NHS England.

⁹ London Health Commission (2014). *Better health for London*. London: Greater London Authority, pages 105.

¹⁰ Missing Marmot?

infancy to prevent or slow down the build-up of poor health during a life time. Every child deserves a healthy start in life; this is explored further in the chapter on healthy children.

Good mental health – how we think and feel – has an impact on our wellbeing and our physical health. Being in good mental health also helps people to cope with life's challenges and play a full part in family, community and working life. Poor mental health affects too many Londoners, and has historically received far less attention than physical health and wellbeing. Addressing mental health inequalities must be treated as an equal priority to addressing physical health inequalities; this is explored further in the chapter on healthy minds.

The places in which we live, grow and work have an impact on our health. This includes our immediate environment – including the quality of the air we breathe and the character of the streets we live and spend time on – and the access we have to good work and decent homes. The Mayor's other key strategies¹¹ provide an opportunity to work with partners to make big improvements; this is explored further in the chapter on healthy places.

Fairness in health affects us all, but some communities have greater needs due to their circumstances or experiences. Ensuring that effort and resources are directed at people and communities that are at greater risk of poor health is essential for a successful health inequalities strategy;¹² this is explored further in the chapter on healthy communities.

Many Londoners already make healthy choices, while others need support to manage addictions, or motivate themselves to change negative patterns of behaviour that are familiar or give them comfort. Harmful health-related behaviours are strongly influenced by social, economic and environmental factors; this is explored further in the chapter on healthy living.

FROM STRATEGY TO ACTION

The Mayor is committed creating a healthier, fairer city, and to working with partners to achieve the five aims explored in this strategy. Figure 4 outlines the key roles the Mayor can play in reducing health inequalities.

¹¹ The Mayor's statutory strategies are Housing, Planning, Environment, Transport, Economic Development, Culture, Policing and Health Inequalities

¹² Marmot, M. et al. (2010). *Fair Society Healthy Lives* (The Marmot Review). [online] Available at: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> [Accessed 21 May 2018].

The requirement for the Mayor to produce a Health Inequalities Strategy¹³ for London reflects his important leadership position and influence in reducing health inequalities. The Mayor and the GLA, guided by health advisers, will work with partners at national, London, sub-regional, local levels and seek to influence government policy and strategy where this is needed.

The Mayor has worked closely with partners in developing this strategy and it is crucial that they play their role too. Opportunities are outlined throughout this strategy. These include 'health in all policies', the role of the health and care system, and the public-sector equality duty. By leading where appropriate, and encouraging others to act, the Mayor hopes to strengthen action across London to tackle health inequality now and in the future.

¹³ The GLA Act 2007 requires that the Mayor prepare and publish a health inequalities strategy, containing the Mayor's proposals and policies for promoting the reduction of health inequalities between persons living in Greater London. These should be addressed to the mitigation of differences in general health determinants, and identify any issues that appear to the Mayor to be major health issues where there are health inequalities. Available at: <https://www.legislation.gov.uk/ukpga/2007/24/part/4>.



Figure 4: The Mayor's role in reducing health inequalities

Health in all policies

The Mayor has made a commitment to a mental and physical 'health in all policies' approach, which means that the GLA will consider health and health inequalities in everything it does. This includes the development and implementation of his statutory and other strategies.

The Mayor has strategic responsibilities for planning, transport, housing, economic development, environment, culture and policing, which provides a range of opportunities to make a difference to many of the social determinants that affect the health of Londoners. Other Mayoral priorities also have the potential to help reduce health inequalities, including his strategies on food, social integration and equality, diversity and inclusion. When developing his strategies, the Mayor has considered how they can have a positive effect on the mental and physical health of different groups of Londoners.

Other organisations in London are also embedding a 'health in all policies' approach to their own work. For example, local authorities and NHS bodies are working together to

develop more integrated health and care services. These partnerships give them new ways to work together to address health inequalities and prevent ill health, such as creating healthier environments around high streets, schools and hospitals.

Health and Wellbeing Boards, which provide a forum for political and clinical leaders to come together to shape the local care and health system on a democratically accountable and statutory basis, will also play a key role in ensuring health is embedded within policy at a local level. The Mayor hopes to work with key partners to help them embed the priorities of this strategy in all they do.

The role of the health and care system

Health and care services play an important role in the health and wellbeing of Londoners. However, currently this is largely focused on the early identification, treatment, or management of poor health, rather than tackling its causes.

NHS and local government services have duties that require them to act on health inequalities, and they are held to account for this through local and national governance arrangements. Coordinated effort is required to tackle variation in the big killers like cancer and heart disease, through earlier diagnosis and fair access to effective treatment. Likewise, long term conditions like mental illness, diabetes or dementia can only be effectively prevented or managed through a coordinated strategic approach.

Some of the roles that the health and care system plays in reducing health inequalities are summarised below. The Mayor has no direct role in commissioning or providing health and care services, nor statutory roles or powers in these areas. However, he will champion and challenge the work of the health and care sector for the benefit of all Londoners.

- Analysing population and community needs, to direct resources
- Ensuring fair and equitable access to services, based on need
- Offering prevention services - like screening or immunisation
- Supporting behaviour change and managing addictions
- Tackling variations in the quality and outcomes of care
- Commissioning services for social value, as well as health gain
- Influencing the determinants of health in local communities - as major local employers, through their supply chain, and in shaping the local environment

Figure 5 Health and care system roles in reducing health inequalities

In particular, the Mayor wants to ensure that London's primary care and prevention services are sustainable. He also wants children and young people to be able to get the emotional and mental health support they need as they transition into adulthood.

The Mayor would like to see government develop a more joined-up strategy for healthcare, social care and public health to guide improvements in the health and wellbeing of Londoners. These should also address how resources will be used to tackle health inequalities.

The Mayor is also concerned that the health and care system does not have sufficient resources to keep pace with the needs of London's growing and diverse population. This is particularly true of the social care system, and the Mayor looks forward to the government's proposals on adult social care funding. He will also seek assurances that system resources are deployed in a way that addresses health inequalities, and reaches the most vulnerable Londoners.

The **London Health and Care Devolution agreement**,¹⁴ signed in 2017¹⁵, provides new opportunities for innovation in support of the health and care system through a range of devolved powers. This includes best use of NHS and public estate, new integrated care models planned around local communities, and future workforce planning. It does not include devolution of NHS service delivery. Devolution also offers opportunities for ill health prevention – many of which are covered in this strategy – such as exploring the use of fiscal levers like local taxes. The Mayor looks forward to seeing these efforts help to reduce health inequalities in London.

Public sector Equality Duty

The public sector Equality Duty¹⁶ requires public bodies, including the GLA, to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not. The Equality Duty covers the following protected characteristics

- Age
- Disability

¹⁴ Greater London Authority, (2017). *Health and Care Devolution: what it means for London*. London: Greater London Authority, page 25

¹⁵ Devolution partners

¹⁶ Part of the Equality Act 2010, available here: <http://www.legislation.gov.uk/ukpga/2010/15/section/149> [Accessed 25 May 2018]

- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The GLA also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the duty applies to this characteristic.

In addition to fulfilling this duty, in developing the Health Inequalities Strategy and his **Social Integration** and **Equality, Diversity and Inclusion** strategies, the Mayor has also considered the impact of his policies on people from poorer backgrounds and from other marginalised groups. The Mayor and partners will work together to ensure organisations fulfil the equality duty and work to reduce inequalities in London. The Mayor requires that all of his statutory strategies undergo an Integrated Impact Assessment (IIA) to examine the potential for environment, economic and social impacts, including in terms of equalities.

WORKING TOGETHER FOR A HEALTHIER, FAIRER LONDON

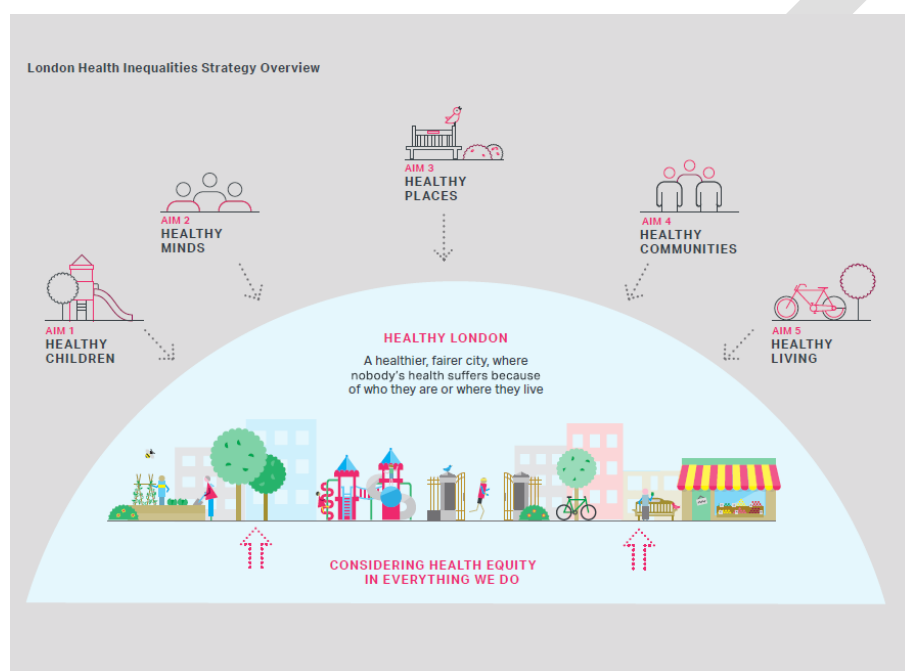
The Mayor has a statutory duty to publish a strategy which contains proposals and policies that address health inequalities, and describe the role that partners have to make their contributions to reducing inequalities. The limitations of the Mayor's powers mean he cannot implement this strategy alone. The commitment, support and focus of many people and organisations across London is crucial to delivering the aims of this strategy. The strategy builds on work already happening in local neighbourhoods, boroughs, and across the city, and a vital part of the Mayor's role is to work with those organisations and people, support their efforts and lead the way by setting the strategic direction for the whole city

The strategy has been developed following an integrated impact assessment, and public consultation, which actively engaged local organisations in the shaping of the Mayor's vision. These organisations have a key role in understanding local needs and assets in their communities – including the needs of under-served or marginalised groups – and advocating for their populations.

Much of our health and wellbeing is shaped by factors outside the roles of formal organisations. Everyone has a part to play in supporting themselves and their communities to be mentally and physically healthy. This might be by supporting friends, family and colleagues, through volunteering to help others, or through how we lead our own lives.

The next steps for this strategy are outlined at the end of this document, and the work of the Mayor and partners will be reflected in a strategy implementation plan that will be updated regularly. The Mayor invites Londoners – individuals and organisations – to make pledges¹⁷ and commitments to help achieve the aims of this strategy, celebrating and sharing what they are doing to improve Londoners' health and address health inequalities. Working together we can make a real difference and ensure Londoners live in the world's healthiest global city.

Figure 6 London Health Inequalities Strategy overview



¹⁷ Via the pledge board, available at: <https://gethealthy.london/better-health-for-londoners/>

AIM ONE Healthy Children

EVERY LONDON CHILD HAS A HEALTHY START IN LIFE

Figure 7 Infographics on Healthy Children (currently being designed)

- Babies born in Tower Hamlets are 2.5 times more likely to be born with a low birth weight than those born in Richmond upon Thames
- 1 in 4 children have tooth decay when they start school
- Pupils eligible for free school meals are almost 20% less likely to have a good level of development at age 5 than those who are ineligible
- 86% of Londoners feel tackling childhood obesity should be a top or high priority
- At the age of 4-5, over one in five London children are overweight or obese, rising to one in three children by the time they reach age 10-11
- Severe obesity among 10-11 year olds is 8% in Barking & Dagenham compared with 2% in Richmond upon Thames

Objectives for Healthy Children

This strategy sets out four objectives to help achieve the Mayor's aim, that every London child has a healthy start in life:

1. Parents and carers are supported to give all London's children the best possible start in life
2. Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable
3. Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity
4. London's children and young people grow into healthy, resilient adults

The Mayor's key ambition is to ensure the wide adoption of Healthy Early Years London, particularly in the most deprived communities. This is a new scheme to support London's child care and nursery providers which will be twinned with the Mayor's successful Healthy Schools London scheme.

All children deserve a healthy start in life. This will help them to reach their full potential throughout their young lives and as they grow into adults. Giving every Londoner a fair start is fundamental to creating a more equal society

Children's life opportunities begin to diverge from the moment of their conception, because of the social, economic and environmental conditions in which they develop. Experiences in early childhood set the foundation for physical, intellectual and emotional development.¹⁸ During the first few years of children's lives, differences emerge in outcomes, including birth weight, dental health, eye health, weight and obesity, mental health and wellbeing as well as a good level of development.¹⁹

These systemic inequalities are not inherited, and can be prevented through addressing poverty and supporting children and their families to thrive. This may be through family-focused work or by working with the most vulnerable children, such as looked after children, refugees and asylum seekers, and children experiencing abuse, neglect or trauma.

Children should be given the best support available to live healthy lives, at home with their family, and in other settings such as schools. Many young people would also benefit from support to deal with some of life's challenging transitions, to help them grow into healthy, happy adults.

What children eat and drink, and their levels of physical activity, are highlighted as areas of concern. For example, excess consumption of sugar has contributed to rising levels of poor oral health among children. One in four children have decayed or missing teeth by the time they start school²⁰, and poor oral health is the number one reason for child admission to hospital²¹. Hospital tooth extractions are unpleasant for children, costly and preventable.

There is also an urgent need to help children achieve and maintain a healthy weight. A greater proportion of children in London are overweight than in any other region in

¹⁸ Marmot, M. et al. (2010). *Fair Society Healthy Lives* (The Marmot Review). [online] Available at: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> [Accessed 21 May 2018].

¹⁹ Children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

²⁰ Public Health England (2018) *Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children*, London: Public Health England, pages 41.

²¹ Health and Social Care Information Centre. Hospital Episode Statistics (HES).

England.²² By the time children go to school, over one in five are overweight or obese, rising to more than one in three children by the time they finish primary school. Inequalities are growing too – the most deprived children in both age groups are more than twice as likely to be obese as the least deprived children.²³

Being obese as a child greatly increases the risk of being obese in adolescence and adulthood.²⁴ Obesity rates in London are high compared to other world cities like Paris, Madrid and Toronto.²⁵ Being obese increases the risk of early onset of long-term health conditions like type 2 diabetes and it is linked with poor psychological and emotional health, lower educational attainment and poor sleep. This comes with a range of economic and social costs to society, including substantial costs to the NHS.²⁶

Several Mayoral strategies are referenced in this chapter, reflecting the health in all policies approach. Key strategies for Healthy Children are:

Economic Development, Environment, Food, Social integration, Sport, Transport, and the London Plan,

OBJECTIVE 1.1 Parents and carers are supported to give all London's children the best possible start to their life

The Mayor wants to enable parents and carers to give their children the very best opportunities for healthy development. The care and support received during the early stages of life is crucial to children's development. The role of parents and carers is clearly vital, with young children's attachment to caregivers linked to health and other outcomes.²⁷

²² Public Health England (2018) *Public Health Outcomes Framework. 2016/17 2.06ii - Child excess weight in 4-5 and 10-11 year olds* [online]. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> [Accessed 10 May 2018].

²³ NHS Digital (2017) *National Child Measurement Programme - England, 2016-17*. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2016-17-school-year> [Accessed 10 May 2018].

²⁴ Simmonds, M., Llewellyn, A., Owen, C.G & Woolacott, N. (2016) Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obes Rev.* 17(2):95-107.

²⁵ London Health Commission (2014). *Better health for London*. London: Greater London Authority, pages 105.

²⁶ Scarborough P, et al., 2011. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health.* 2011; 33(4): 527–535.

²⁷ National Institute for Health and Care Excellence (2016) *Children's attachment – quality standard*. [online] Available at: <https://www.nice.org.uk/guidance/qs133/resources/childrens-attachment-pdf-75545417362885> [Accessed on 21 May 2018].

The Mayor calls on partners to provide more comprehensive support for vulnerable parents, and improve opportunities for positive parenting in the early years. The Mayor has established the **London Family Fund** to provide vital support for families, as part of his **Social Integration** strategy. The fund encourages families from diverse backgrounds to come together for mutual support and a common purpose. It will help them to build more diverse networks with families from different backgrounds, including families who may otherwise face loneliness or disadvantage. It will also be used to share and promote best practice in the family services and early years sectors.

The Mayor is also committed to supporting well-evidenced, health-promoting activities such as breastfeeding. Breastfeeding has been described as a natural safety net against the worst effects of poverty.²⁸ It can be extremely beneficial for both mother and child^{29,30}, but it can come with challenges, and some families need extra support to start and sustain it. Women living in more deprived areas are less likely to breastfeed.^{31 32}

Recognising that breastfeeding is not possible for all women, the Mayor and partners want the city to be more welcoming for women who can and wish to breastfeed. At present, support and information varies widely across London³³, and it is important to enhance support for those who need it most³⁴. We can ensure that more of our public spaces and workplaces enable women to breastfeed. The Mayor will ensure that City Hall, London's transport system and other public spaces are welcoming places to breastfeed, and will champion breastfeeding information and support for all mothers.

The Mayor also calls for improvements in postnatal and perinatal support in terms of breastfeeding, as well as other crucial support services such as mental healthcare and smoking cessation.

²⁸ UNICEF (2018) *The benefits of breastfeeding*. [online] Available at: <https://www.unicef.org.uk/babyfriendly/what-is-baby-friendly/the-benefits-of-breastfeeding/> [Accessed on 21 May 2018].

²⁹ Bartick, M. et al. (2017) Suboptimal breastfeeding in the United States: Maternal and paediatric health outcomes and costs. *Maternal & Child Nutrition*. 13 (1).

³⁰ Victora, C.G. et al. (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*. 387(10017):475-90.

³¹ Henderson, J. & Redshaw, M. (2011) Midwifery factors associated with successful breastfeeding. *Child: Care, Health and Development*. 37: 744-53.

³² NHS Digital (2012) *Infant Feeding Survey 2010* [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010> [accessed 10 May 2018].

³³ Sustain (2017) *Good Food for London Report 2017* [online] Available at https://www.sustainweb.org/publications/good_food_for_london_2017/# [Accessed 21 May 2018].

³⁴ Public Health England (2016) *Infant feeding: commissioning services*. [online] Available at: <https://www.gov.uk/government/publications/infant-feeding-commissioning-services> [Accessed 21 May 2018].

The Mayor encourages London employers to implement family-friendly policies, as supported by his **London Healthy Workplace Charter** award scheme and the forthcoming **Good Work Standard**. Not all businesses will find it easy to provide the flexibility that can allow more employees, including working parents, to prosper at work and the Mayor recognises that smaller business and the low paid sector may benefit from enhanced focus.

The Mayor supports the development of the NHS Child Health Digital Hub to help parents and carers in London to monitor their children's health and development. It includes a digital eRedbook, an online version of the parent held record given to all parents on the birth of their child. Providing this online will help parents and carers to record and manage information about their child, such as vaccinations and oral health. It will also improve the consistency and quality of data on children's health that are collected, and can be used by NHS and London's boroughs to address inequalities by improving their ability to plan services effectively, and target support where it is most needed.

The Mayor wants to see partners take action on improving child oral health, including access to dental care, particularly targeted on those communities least likely to be registered with, or regularly visit, a dentist. Many London families are not even aware that children can see a dentist for free.

Further to this, the Mayor will support London's boroughs to consider evidence-based approaches and parenting programmes to support child health. He would like assurances that GPs and others can refer in to Mayoral and borough early years initiatives through social prescribing.

OBJECTIVE 1.2 Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable

Safe and happy environments where children can develop and learn are essential to give them a healthy start in life. To develop healthy habits, children must see them modelled both at home and in childcare and education settings.³⁵

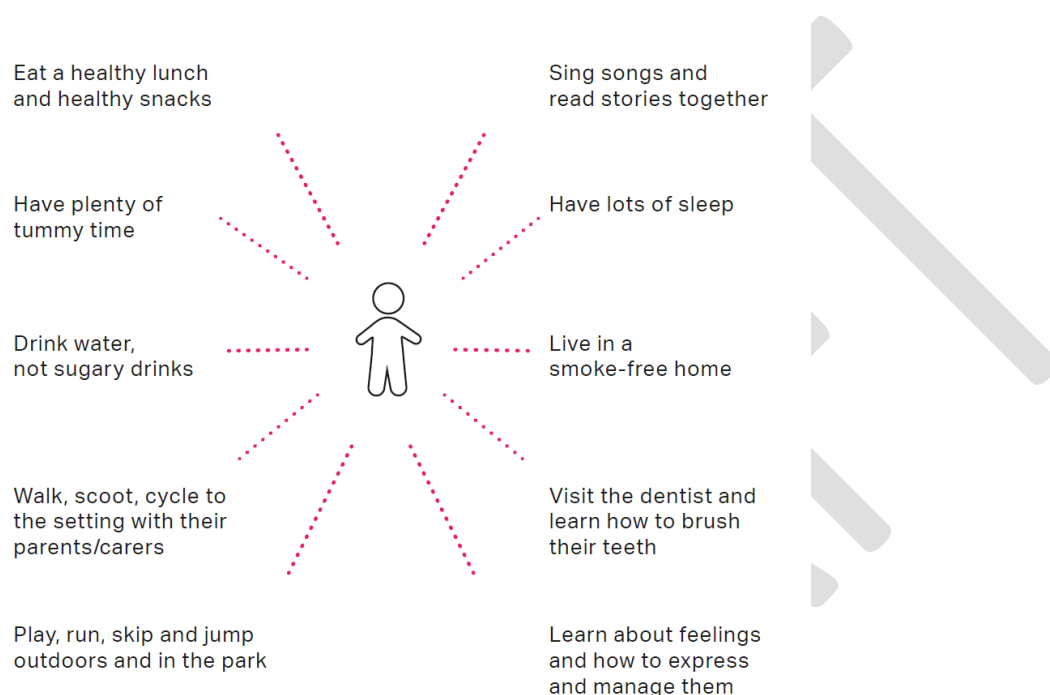
The Mayor is contributing through his **Healthy Early Years London** Awards programme.³⁶ This new scheme aims to support London's 13,000 early years childcare settings to boost the health, wellbeing and development of under-fives as they play and learn. It will be open

³⁵ Ward S, Bélanger M, Donovan D, Carrier N. (2015) Systematic review of the relationship between childcare educators' practices and pre-schoolers' physical activity and eating behaviours. *Obes Rev*;16(12):1055-70. doi: 10.1111/obr.12315.

³⁶ Greater London Authority (2018) *Healthy Early Years London*. [online] Available at: <https://www.london.gov.uk/what-we-do/health/healthy-early-years-london> [Accessed 21 May 2018].

to all childcare settings registered with the Department for Education, including childminders, and seeks to reinforce healthy habits like healthy eating and daily activity, as well as boosting social and emotional wellbeing. It will also support parenting, the early identification of challenges, and the engagement of services and local networks to support families (see Figure 8).

Figure 8 A healthy early years setting can encourage children and families to:



Implementation of the programme will focus on reaching the settings where it is most needed. This includes areas where high numbers of children have not achieved a good level of development (see Figure 9), are struggling to achieve a healthy weight, or have decayed teeth. It is important that there is capacity within our Healthy Early Years and Healthy Schools programmes to signpost people to other relevant services, such as mental health or eye health. Such programmes can ensure there are referral mechanisms in place for targeted services and support, and provide the first step in a care pathway.

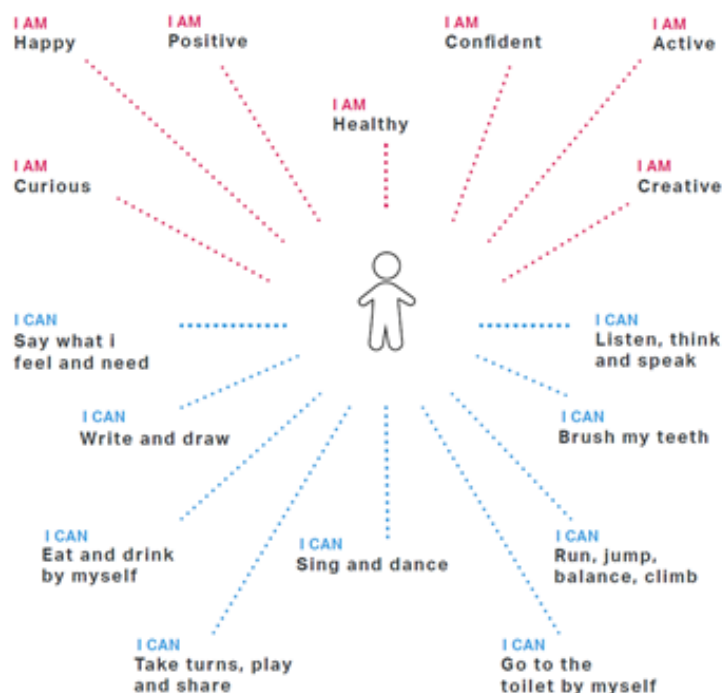
In London, we also know that poorer families are less likely to take-up the government offer of 30 free hours of childcare per week.³⁷ To help address this the Mayor is setting up

³⁷ Greater London Authority (2018) *Annual London Education Report*. London: Greater London Authority, pages 106.

three **Early Years Hubs** which will support schools, childminders, nurseries, and others to work together to improve access to high-quality early education for disadvantaged families.

Figure 9 What a good level of development looks like

A child with a good level of development



The Mayor will also continue his **Healthy Schools London** programme³⁸ to help ensure that school age children continue to develop in healthy environments (see Figure 10).

Figure 10 Healthy Schools London

Each Healthy Schools London school has committed to prioritising:

- healthy eating: through the food they serve, packed lunches, drinking water, and the dining room environment
- physical activity: encouraging active travel to school and active play
- emotional health and wellbeing: working with Thrive London and others, including tailored support for children who have experienced issues such as physical, verbal or sexual abuse
- Personal Social Health Education (PSHE) including statutory sex and relationship education requirements from 2019

Over 2,000 London schools are already signed up to the scheme.

The Healthy Schools London programme has been well adopted in deprived areas. The focus will be on supporting schools that have already joined the programme to progress through the scheme to achieve silver and gold awards

The revenue from the new national levy on sugary soft drinks, which came into force in 2018, will provide further opportunities for schools to support children's health and address health inequalities. The Mayor will work with partners to develop guidance on how London's schools might use these funds. Schools will be encouraged and supported to invest in evidence-based interventions including improving access to drinking water, providing healthier food, and encouraging physical activity.

The Mayor is also considering how to promote children's health through the environment around schools. Through the **draft London Plan** the Mayor wants to ensure that the design and location of London's schools support child health; for example, through setting entrances to new schools away from busy roads and putting traffic calming measures in place. The draft London Plan will also encourage new developments to consider local air quality, and the **Healthy Streets Approach** (described in the Healthy Places chapter) will reduce children's exposure to poor air quality, as well as making it safer to walk and cycle to school.

Working with partners, the Mayor will explore opportunities provided by the **London Health and Social Care Devolution agreement** to reduce the risk of exposure to unhealthy environments around schools. They will focus on neighbourhoods where health outcomes for children and young people are poor.

OBJECTIVE 1.3 Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity

Being a healthy weight helps prevent a range of long term health conditions. It also supports achievement at school, and allows children and young people to feel confident and well.³⁹ The factors contributing to the rise in children's weight are complex, but include the built and social environment, individual habits and biology, the food system, and the behaviours modelled the family and community.⁴⁰

³⁹ Chief Medical Officer, UK (2013). *Annual Report of the Chief Medical Officer 2012, Prevention pays: Our children deserve better*. London: Department of Health, pages 122.

⁴⁰ Butland B et al. (2007) *Tackling obesities: future choices – project report (2nd Ed)*. UK: Department of Innovation Universities and Skills, pages 162.

The Mayor is keen to ensure that everyone plays their part in addressing this major problem, and he will work with partners to help stop and reverse the rise in child obesity across London. The new **London's Child Obesity Taskforce**, convened by the Mayor, will lead London-wide action, speeding up work to help children achieve and maintain a healthy weight, and helping to reduce the gap between boroughs. The taskforce will seek to create environments that support children to achieve and maintain a healthy weight, changing how London's families approach diet and activity, and in doing so reduce the risks of poor health in adulthood.

Londoners have told us that too many unhealthy food and drink options, and too many fast food shops, have made it harder for children and young people to live healthy lives in their neighbourhoods.⁴¹ The Mayor is doing what he can to help address these concerns through his **draft London Plan**, which includes a policy to restrict the development of new hot food takeaways around schools⁴². The Mayor and partners will also work to reduce the exposure of children and young people to adverts for unhealthy food and drink. This includes a proposal in the Mayor's **draft London Food Strategy** to ban advertising of unhealthy, high fat, salt or sugar food and drink, across the TfL estate.

As detailed in the draft London Food Strategy, the **London Food Board** will support a range of opportunities to help London's children and families to make healthier food and drink choices. The Board will explore opportunities for children to stay alert and hydrated by switching from sugar sweetened or energy drinks to water. Through his **Environment Strategy** the Mayor is also acting to make water more freely available by piloting a new network of drinking water fountains, and testing out a water refill scheme with London's cafés and restaurants. This is also being promoted through the Healthy Schools London 'water only schools' approach.

Physical and cultural activity is also key to children and young people maintaining a healthy weight. The **Healthy Streets Approach** will help make the built environment safer and more welcoming for children and families to play, walk and cycle. The Mayor's proposed approach to helping all Londoners, including young Londoners, to be more physically active through sport is described in the Mayor's forthcoming **Sport Strategy**.

OBJECTIVE 1.4 London's children and young people grow into healthy, resilient adults

⁴¹ Healthy London Partnership (2017) *The Great Weight Debate London's conversation on childhood obesity*. London: Public Health England, pages 42.

⁴² The draft London Plan policy states that development proposals containing A5 hot food takeaway uses should not be permitted where these are within 400 metres walking distance of an existing or proposed primary or secondary school.

The Mayor wants to help children and young people to become healthy and resilient young adults. London has so much on offer to help children grow, develop and lead fulfilling lives. Important areas of focus include support at key periods in children and young people's lives, such as early years development, transition from primary to secondary school and into post-16 education, training or work, and young people's safety and avoidance of crime. The Mayor recognises the importance of giving young people a voice by involving young Londoners in decisions that shape their city.

The Mayor recognises that the challenges faced by young Londoners are very diverse, and that a targeted approach is needed to address inequality and make sure no young Londoner is left behind. This includes supporting parents who want to work to improve their families' income, paying special attention to the development of children with special educational needs and disabilities, and helping children from poorer backgrounds succeed at school.

For example, some of London's looked after children still face significant challenges, and struggle to make the transition to adulthood. The Mayor supports specific programmes such as **Care Leavers into Work** co-funded with the European Social Fund. The Mayor will also continue to support London boroughs to share good practice and help provide a voice for children and young people in and leaving care. He will also support the Department for Education Care Leavers Covenant, which offers a platform for organisations to pledge their support for young people as they face the challenges of leaving care.

The Mayor's recently launched £45 million **Young Londoners Fund** will support the engagement of young people aged between 10 and 21 years in meaningful and positive activities to help them reach their true potential. These will include a wide range of education, sport, cultural and other activities. Bidders are encouraged to address key priorities, including improving mental health, and supporting those at risk of exclusion, or involvement in crime. Funding will be made available to local communities, charities and schools both for new projects and to help scale up existing projects.

The mental and emotional health of London's children and young people is a critical concern. As part of the Young Londoners Fund the Mayor is committed to improving access to Mental Health First Aid for young people. The Mayor would also like to see partners take further action to improve school-based support, and improvements in access to child and adolescent mental health services across the capital.

Summary of commitments

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of *ensuring London children have the best start in life*. Some of the major

commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change:

- Deliver the new London Healthy Early Years programme and the Healthy Schools London programme to help provide all children with healthy settings in which they can develop, play, and learn
- Use the London Family Fund to bring families from diverse backgrounds together for mutual support, and to promote good practice
- Pilot three Early Years Hubs, to help improve access to high quality early education for disadvantaged families
- Convene London's new Child Obesity Taskforce, to accelerate action across London
- Consult on plans to ban advertising of unhealthy food and drink across the Transport for London estate, and planning policies restricting new hot food takeaways around schools
- Use the Young Londoners Fund to support more young people to take part in meaningful and positive activities
- Use Sport Unites to help more children and young people to be physically active

What the Mayor will do to support change

- Convene partners to support London-wide efforts to support breastfeeding, and show leadership by ensuring City Hall and London's transport system are welcoming places to breastfeed
- Support the launch of the NHS London Child Health Digital Hub and eRedbook, helping all parents and carers to support their child's health and development and accelerating any learning on adoption of digital technologies.
- Work through TfL and with the London boroughs to use the Healthy Streets Approach to make the streets around schools safer and more appealing places to walk, cycle and scoot, building on Healthy Schools London and proposals set out in the draft London Plan
- Work with PHE to develop guidance to support and encourage schools to use the sugar levy effectively, including promotion of drinking water in schools and installation of water fountains.

Priorities to be led by external partners

- Government should back the London Child Obesity Taskforce by publishing an ambitious strategy to tackle childhood obesity, including bold action to protect children

from marketing of high fat and high sugar foods and a route map to progress action on reformulation of food to reduce fat, sugar and salt context, and portion size.

- Government should take action to address the insufficient and inequitable levels of funding for child mental and emotional health in schools. Further, government should accelerate the proposed improvements⁴³ to school based mental and emotional health provision so London's children's needs are met as soon as possible, rather than a phased roll out up to 2025
- The NHS and Local Authorities should ensure there is fair access to child and adolescent mental health services across the capital, working with schools, youth services and youth offending teams.
- Employers should routinely provide flexible and family-friendly working, using the standards set out in the London Healthy Workplace Charter and the forthcoming Good Work Standard
- The NHS and local authorities should work together to improve linkages between midwifery, health visiting and children's services to support vulnerable parents and opportunities for positive parenting in the early years.
- The NHS and local authorities should improve postnatal and perinatal mental health care services, and support for breast feeding and smoking cessation, all of which can have a significant impact on the life chances and wellbeing of the woman, baby and family
- The NHS should ensure that GPs and health care professionals are aware of 'social prescribing' (see Healthy Communities) pathways to support, in particular through relevant Mayoral and borough initiatives relating to early years
- Partners should come together to address inequalities in child oral health in London, building on proposals for the development of a 'Smile London' programme for 0 - 4yr olds focused on the promoting the importance of registering children with dentists and regular visits.

⁴³ Transforming children and young people's mental health provision: a green paper, available at: <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper> [Accessed 30th May 2018]

AIM TWO Healthy Minds

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

Figure 11 Infographics on Healthy Minds (currently being designed)

- 1 in 4 people in the UK will experience mental ill-health each year
- In London nearly 10 per cent of under 16s (image of a child) have some form of mental illness
- Just a quarter of people with mental health issues receive treatment compared to over 75 per cent of people with heart disease
- People with a serious mental illness are 3 times more likely to die prematurely than the general population
- People in low income households are 2 - 3 times more likely to develop mental health problems than those in the highest
- Less than 1 in 6 people with a mental health condition, excluding depression, are in employment. This is despite 85 per cent wanting to work
- Suicide is the cause of death of 12 Londoners every week

Objectives for Healthy Minds

This strategy sets out five objectives to achieve the Mayor's aim that all Londoners share in a city with the best mental health in the world

- 2.1 Mental health becomes everybody's business. Londoners act to maintain their mental wellbeing, and support their families, communities and colleagues to do the same
- 2.2 Londoners' mental health and physical health are equally valued and supported
- 2.3 London's diverse populations no longer experience stigma linked to mental ill-health, with awareness and understanding of mental health increasing city-wide
- 2.4 London's workplaces support good mental health
- 2.5 London acts to prevent suicide attempts, and ensures all Londoners know where to get help

The Mayor's key ambition is to inspire more Londoners to train in mental health first aid. He will reach out particularly to younger Londoners and employers.

All Londoners deserve the chance to feel well, think clearly and live with a sense of purpose and enjoyment. Good mental health is as important as physical health to Londoners. It is also vital for both the economy and wider society. Personal relationships and experiences in the early years form the basis of good mental health. As we age, we can learn to protect and promote our mental wellbeing, developing strategies to cope with and recover from negative experiences.

Around two million Londoners will experience mental ill health every year. However, it is not a universal picture, with different risks for different groups -while women are more likely to live with depression, men are at higher risk of suicide.⁴⁴

Poor mental health is both a cause and a consequence of inequality.⁴⁵ Some communities carry a higher burden of poor mental health than others, including people living in poverty, and those who have been homeless, have a history of violence or abuse, or have been exposed to discrimination.^{46 47} There is also a clear link between mental health and employment: people with mental ill health are less likely to be employed, and those in work are more likely to be in a low paid job.^{48 49}

Young Londoners are also at a high risk of experiencing mental ill health.⁵⁰ There is growing evidence of the significant impact that adverse childhood experiences and trauma can have on physical and mental health throughout people's lives.

There is a complex relationship between physical and mental health. People with long-term physical health conditions or disabilities have a higher risk of having poor mental

⁴⁴ NHS Digital, 2016. *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014*. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014> [accessed 10 May 2018].

⁴⁵ Friedli, L (2009) *Mental health, resilience and inequalities*. World Health Organisation; London .

⁴⁶ Pickett, K. E., James, O.W. & Wilkinson, R.G., (2006). Income inequality and the prevalence of mental illness: A preliminary international analysis. *Journal of Epidemiology and Community Health*. 60(7), 646–647.

⁴⁷ Khan, M., Ilcisin, M. & Saxton, K. Int J Equity Health (2017) Multifactorial discrimination as a fundamental cause of mental health inequities, *International Journal for Equity in Health* 16:43.

⁴⁸ Khan, M and Boardman, J (2017) OCCASIONAL PAPER 101 Employment and mental health. RCPsych.

⁴⁹ Harvey SB, Modini M, Joyce S, et al (2017) Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. *Occupational Environment & Medicine* [online] Volume 74:301-310. Available at: http://www.wmh.unsw.edu.au/sites/all/files/publication_related_files/can_work_make_you_mentally_ill_a_systematic_oem.pdf [Accessed on 21 May 2015].

⁵⁰ Public Health England (2017) *Public Health Profiles – Fingertips online data tool* [online] Available at: <https://fingertips.phe.org.uk/> [Accessed: 5 July 2017].

health⁵¹, and people with severe or enduring mental ill health are more likely to die prematurely⁵². Overall, people with poor mental health are more likely to smoke and misuse alcohol, less likely to be active or access healthy food, and may struggle to access health and care services or advice.⁵³

Poor mental health can make people feel socially excluded and isolated, while social isolation and loneliness are also risk factors for mental and physical illness⁵⁴. The health effects of feeling lonely are something we are beginning to better understand. It can affect Londoners both young and old⁵⁵, but the experience is often more severe among older Londoners⁵⁶.

The Mayor wants to work with partners to help prevent mental ill health and tackle the stigma and discrimination people experience that may hold them back from seeking help and support. He will work to ensure as many people as possible with mental ill health have the support they need to recover and thrive.

Several Mayoral strategies are referenced in this chapter, reflecting the health in all policies approach. Key strategies for Healthy Minds are:

Culture, Economic Development, Social Integration, Sport, Housing, and the Police and Crime.

⁵¹ Naylor, C., Parsonage, M., McDaid, D., et al. (2012). *Long-term conditions and mental health: the cost of co-morbidities* [online] Available at: https://www.kingsfund.org.uk/sites/default/files/field/publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf [Accessed 21 May 2015].

⁵² London Health Commission (2014). *Better health for London*. London: Greater London Authority, pages 105.

⁵³ Mental Health Foundation (2018) *Physical health and mental health*. [online] Available at: <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health> [Accessed 10 May 2018].

⁵⁴ PHE & UCL Institute of Health Equity, 2015. *Local action on health inequalities: reducing social isolation across the life course*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf [Accessed 10 May 2018].

⁵⁵ Office for National Statistics (2018). *Loneliness - What characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017*. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10> [Accessed 10 May 2018].

⁵⁶ PHE & UCL Institute of Health Equity, 2015. *Local action on health inequalities: reducing social isolation across the life course*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf [Accessed 10 May 2018].

OBJECTIVE 2.1 Mental health becomes everybody's business. Londoners act to maintain good mental wellbeing for themselves, their families, communities and colleagues.

Improving London's mental health means acting for everyone, but also supporting those groups at higher risk of developing mental ill-health.⁵⁷ This includes addressing the key risk factors for poor mental health, such as poverty, which can be both a cause and a result of mental ill-health.⁵⁸ That is why tackling economic inequality is important, and why the Mayor's **draft Economic Development Strategy**, with its focus on economic fairness, is so crucial.

The Mayor is supporting better mental health across London by championing **Thrive LDN** through the **London Health Board**. Launched in July 2017, Thrive LDN is a city-wide movement focusing on mental wellbeing and communities. It facilitates joint action to make changes at a local level. Thrive LDN aims to educate, equip and empower all Londoners to lead healthier, happier lives.

The Mayor will provide political leadership for Thrive LDN and support the plans developed by the London Health Board partnership where there is a case for him to act. Through this role, the Mayor will champion innovative efforts to prevent common mental health problems, including Good Thinking, a new digital mental health and wellbeing service developed by the NHS and local government.

The Mayor recognises that change within a community is best achieved through local engagement.⁵⁹ It is only by working together – the public, private, voluntary sectors, communities and individuals - that we can act early to prevent mental health issues and find opportunities to promote positive health for all of London. As a result, the Mayor would like to see the localisation of Thrive LDN in every London borough, working with local populations on local needs.

OBJECTIVE 2.2 The mental health and physical health of Londoners is equally valued

⁵⁷ Greater London Authority (2014) *London mental health: the invisible costs of mental ill-health*. London: Greater London Authority, pages 59.

⁵⁸ Elliott, I., 2016. *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. [online] Available at: <https://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf>. [Accessed 10 May 2018].

⁵⁹ World Health Organisation (WHO) and the Calouste Gulbenkian Foundation., (2014). *Social Determinants of mental health*. [online] Available at: http://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/ [Accessed 21 May 2018].

For too long, mental health has been given less regard than physical health. The need to address inequalities in access to health services is widely acknowledged, yet people experiencing mental ill health are still less likely to get the treatment they need than others in the health and social care system.⁶⁰ The Mayor welcomes the work underway to address this through the NHS Five Year Forward View for Mental Health⁶¹. However, he is impatient for improvement and is conscious that real progress needs to be evident to maintain the confidence of the public.

Mental health services are not provided by the Mayor, meaning he cannot directly ensure mental and physical health are supported on an equal footing. However, he recognises the potential for more joined-up health and care services, planned around the needs of local communities where people live. Therefore he wants to see the health and care sector speed up progress through new models of care, which could help tackle inequalities such as the fact that 40 per cent of adults in England with a serious mental illness smoke, more than twice the rate in the general population.⁶²

In order to address the complex issues of mental health among Londoners, the Mayor calls on partners to work together to lead a whole system approach to mental health, starting with young Londoners. He is also calling for access to mental health services to improve. The Mayor is demanding improvements in access to NHS psychological therapies, including services for children and young people, which are particularly stretched and underfunded. He also wants to see the inequalities in access to physical health services for people with mental ill health addressed, particularly for those with severe mental illness.

The Mayor will continue to demonstrate his commitment to parity of esteem for mental health by championing and challenging progress. As chair of the London Health Board the Mayor will argue for Londoners to have fair access to mental health services, and demand better access to mental health support for those who need it.

Action on mental health is core to all the Mayor's health programmes, including Healthy Schools London, Healthy Early Years London and the London Healthy Workplace Charter. He also recognises the value of social prescribing for people experiencing mental ill health

⁶⁰ London Health Commission (2014). *Better health for London*. London: Greater London Authority, pages 105.

⁶¹ NHS England, 2017. *Five Year Forward View for Mental Health: One Year On*. Redditch: NHS England, pages 32.

⁶² Public Health England (2018). *Local Tobacco Control Profiles* [online]. Available at: fingertips.phe.org.uk/profile/tobacco-control [Accessed 11 May 2018].

(see Healthy Communities chapter) where improving mental wellbeing is a common goal for people taking part.^{63 64}

The Mayor will consider mental health inequalities in all his strategies, both in tackling considerable challenges such as poverty and housing quality, as well as in targeting specific groups, such as providing extra mental health support to rough sleepers (see Healthy Places).

The Mayor and partners are also keen to adopt good practice on mental health in community safety work. Mental ill health remains common among people in contact with the criminal justice system, with the proportion of people affected ranging from 39 per cent in police custody to 90 per cent in prison.⁶⁵ The Mayor will invest to embed mental health support into policing across London, helping to reduce demands on the Metropolitan Police and to ensure everyone gets the right service at the right time. Both offenders and victims of crime experience high rates of mental ill health yet struggle to get the help they need. As outlined in the **Police and Crime Plan**, action needs to be taken to support safe and mentally resilient communities, including:

- working with the NHS and police on a pan-London pathway so that people, particularly young people, detained under s136 of the Mental Health Act are taken to health-based places of safety
- exploring opportunities to improve access to mental health services for offenders and victims
- investing in support for people in crisis who need mental health support

OBJECTIVE 2.3 London's diverse populations no longer experience stigma linked to mental ill-health, with awareness and understanding of mental health increasing city-wide

Awareness of mental health is improving, but we can still do more. Nearly nine out of ten people with mental ill-health say that stigma and discrimination have a negative effect on their lives.⁶⁶ Concerns about stigma and discrimination also prevent people from seeking

⁶³ The King's Fund (2017). *What is social prescribing?* [online] Available at: <https://www.kingsfund.org.uk/publications/social-prescribing/> [Accessed 10 May 2018].

⁶⁴ Steadman, K., Thomas, R. & Donnalaja, V. (2017). *Social prescribing: A pathway to work?* [online] Available at: http://www.theworkfoundation.com/wp-content/uploads/2017/02/412_Social_prescribing.pdf [Accessed 10 May 2018].

⁶⁵ National Institute for Care and Excellence (2017). Mental health of adults in contact with the criminal justice system. [online] Available at: <https://www.nice.org.uk/guidance/ng66/chapter/Context> [Accessed 10 May 2018].

⁶⁶ Mental Health Foundation (2018). Stigma and discrimination. [online] Available at: <http://bit.ly/1RxUdZL> [Accessed 10 May 2018].

support for their mental health.⁶⁷ The Mayor wants to address stigma and discrimination, both as a cause of poor mental health, and as a response to it.

People can experience multiple stigma and discrimination because of who they are and how they live their lives. This discrimination can worsen mental health, potentially increasing stigma still further.⁶⁸ The Mayor and Thrive LDN are undertaking research to improve understanding about how the discrimination people face affects their mental health and wellbeing.

The Mayor is also working with Thrive LDN and others to encourage more Londoners to talk openly about mental health, and will work with partners to campaign to reduce the stigma and discrimination linked to poor mental health. Understanding the barriers people face to speaking about mental health and how these can be overcome is core to both Thrive LDN and the Mayor's **Social Integration Strategy**.

The Mayor wants to see more London employers, community groups and individuals engage with and build on the work of initiatives like Time to Change⁶⁹, a movement led by Mind and Rethink that aims to change how people think and act about mental health. The Mayor will lead by example by signing the Time to Change pledge in 2018, and encourages other organisations to do the same. He is also working with the Lord Mayor on the This is Me campaign⁷⁰ to address mental health stigma in the workplace.

The Mayor and partners are also encouraging action to support specific groups. For example, the Mayor's new **Young Londoners Fund** will encourage bids from voluntary and community groups that are seeking to address mental ill health amongst young Londoners. Further, the Mayor is committed to supporting and empowering young Londoners regarding their own and their friends' and families' mental health. His ambition is to improve mental health literacy, including inspiring more Londoners to have Mental Health First Aid training, starting with young Londoners.

Alongside Mayoral initiatives like the **London Family Fund** and **Sport Unites**, Thrive LDN will work with deprived areas and those at most risk, to develop opportunities for people to engage with each other, build skills, create new networks and take part in locally-led

⁶⁷ Clement, S et al (2015) What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychol Med*. Jan;45(1):11-27.

⁶⁸ Missing

⁶⁹ Time to Change (2018). *Time to change: let's end mental health discrimination*. [online]. Available at: <https://www.time-to-change.org.uk/> [Accessed 10 May 2018].

⁷⁰ The Lord Mayor's Appeal, ND. *Reducing the stigma*. [online] Available at: <https://www.thelordmayorsappeal.org/a-healthy-city/this-is-me/> [Accessed 10 May 2018].

activity. It will also work with the Mental Health Foundation to establish several Thriving Community prevention pilots to work with residents in some of London's most deprived neighbourhoods, to help prevent poor mental health from developing.

London has a wealth of culture that can play a role in mental ill health prevention and recovery, and is a world leader in this field. The Mayor's **draft Culture Strategy** seeks to create opportunities for all Londoners to take part in cultural activities. Thrive LDN is working with City Hall's culture team to develop opportunities to promote mental health, starting with mapping arts and cultural festivals and public programmes specifically aimed at improving mental health and wellbeing across the capital, to identify gaps and opportunities.

OBJECTIVE 2.4 London's workplaces support good mental health

Good quality work can support and protect people's mental health, while personal wellbeing and job satisfaction are closely linked to productivity. Improving the quality of work, and promoting the health and wellbeing of employees will be core to the **Mayor's Good Work Standard**, which is currently being developed, which will recognise and promote good practice in employment.

The Mayor will continue to support London's employers to create workplaces that support good mental health through the **London Healthy Workplace Charter** (for more details see the Healthy Places chapter). Creating a mentally healthy workplace is one of the Charter's key themes. Employers are encouraged to develop mental health strategies, including training employees to raise mental health awareness and reduce stigma, and training line managers to support people with a mental health condition. The aim is to create supportive workplaces where all employees can flourish, and access support when needed. The charter links to a wide range of resources that offer practical support to employers of all sizes and sectors.

The Mayor also wants to take practical steps to give Londoners the tools they need to understand mental health. That way they can help others, and have a greater insight into their own mental health and wellbeing. In the workplace, training programmes like Mental Health First Aid increase awareness of signs of mental distress, and provide practical tools. They can also increase the confidence of managers and colleagues to spot signs and symptoms early.

To show leadership at City Hall, the Mayor and his team of Deputy Mayors completed a course of Mental Health First Aid training in 2017. The Mayor will roll out Mental Health First Aid training across City Hall, and support Transport for London, the Metropolitan Police and London Fire Brigade to build on the mental health awareness work they have already started.

Helping people with mental ill health to access good quality work is also important. Fewer than one in five people with a mental health condition (excluding depression) are in a job, despite the clear majority wanting to work. With the right support and a healthy workplace, people with even severe mental health conditions can find, retain and progress in employment, for example, through evidence based programmes like Individual Placement and Support⁷¹.

The Mayor will champion efforts to recruit and retain people with mental ill health across London. The devolved London Work and Health programme⁷² supports those furthest from the job market into work. Led by four sub-regional partnerships, new programmes are now beginning. The **London Health and Social Care Devolution agreement** also creates opportunities for the Mayor and partners better to support Londoners at risk of being unable to return to work through poor mental health.

OBJECTIVE 2.5 London acts to prevent suicide attempts, and ensures all Londoners know where they can get help

It is a tragedy that every week, on average 12 Londoners are lost to suicide, while many others attempt to end their lives.⁷³

Suicide disproportionately affects some communities. People with a diagnosed mental health condition are at a higher risk of attempting suicide, yet many people who feel suicidal have never been in contact with mental health services. Risk factors include experiencing trauma, unemployment, poverty and social isolation. There are also strong associations with alcohol and substance misuse.⁷⁴ Nationally, suicide is the largest cause of death in men aged 15-49.⁷⁵ The risk is particularly acute among younger men, and men in low skilled roles;⁷⁶

⁷¹ IPS supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. See- <https://www.centreformentalhealth.org.uk/what-is-ips>

⁷² London Councils (2017). *The work and health programme in London*. [online] Available at: <https://www.londoncouncils.gov.uk/our-key-themes/economic-development/increasing-employment-and-skills/work-and-health-programme-London> [Accessed 10 May 2018].

⁷³ Public Health England (2016). Public Health Outcomes Framework; indicator 4.10 [online]. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> [accessed 22 May 2018]

⁷⁴ Mental Health Foundation: (2018) *Suicide*. [online] MentalHealth.org Available at: <https://www.mentalhealth.org.uk/a-to-z/s/suicide> [Accessed 23 May 2018].

⁷⁵ NHS England, 2017. *Five Year Forward View for Mental Health: One Year On*. Redditch: NHS England, pages 32.

⁷⁶ Office for National Statistics (2016). *Suicides in the UK: 2015 registrations*. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2015registrations> [Accessed 10 May 2018].

There is much good work already happening to prevent suicide attempts. This includes local authorities' suicide prevention and reduction plans, the work of TfL and Network Rail to reduce suicides on the transport network, and efforts from the City of London, the Samaritans, and Royal National Lifeboat Institution in reducing suicides in the Thames.

Thrive LDN is working to help London become a city with a better understanding of suicide, including accurate and timely information about suicides in the city which will help with understanding and responding to changes or trends. This will strengthen partnership efforts to reduce suicide deaths and attempts in London.

It is with the knowledge that each of these tragedies can be prevented that the Mayor, with partners, will support the Thrive LDN movement to create a long-term shared vision for London as a 'zero-suicide city'. As a first step, London is aiming to meet the national target of a 10 per cent reduction in the number of suicides by 2021.

Summary of commitments

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of *ensuring Londoners share in the best mental health in the world*. Some of the major commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change

- Fund and lead Thrive LDN – a citywide movement to improve the mental health and wellbeing of all Londoners, and prevent suicide
- Fund a cohort of youth mental health first aid instructors in every London borough to deliver training in schools, working with Healthy Schools London
- Use the Young Londoners Fund to support projects from the voluntary and community sector that seek to promote good mental health amongst young Londoners
- Use the London Healthy Workplace Charter and the forthcoming Good Work Standard to help businesses promote good mental health in the workplace
- Sign up to the Time to Change Pledge (and encourage partner organisations to join him), and roll out mental health first aid training across City Hall

What the Mayor will do to support change

⁷⁷ Office for National Statistics, 2017. *Suicide by occupation, England: 2011 to 2015*. [online] Available at: <https://www.ons.gov.uk/releases/suicidesbyoccupationengland2011to2015> [Accessed 10 May 2018].

- Use the London Health Board to champion mental health, including through challenging the NHS to achieve parity between physical and mental health care
- Use Thrive LDN to address stigma and discrimination associated with poor mental health through a number of projects and programmes
- Support people with mental health problems to return to and remain in work by creating healthier workplaces (i.e. through the London Healthy Workplace Charter and the forthcoming Good Work Standard) and through his support for the devolution of the work and health programme (under health and care devolution).
- Work with the NHS, local authorities and London's police forces to ensure that Londoners have access to urgent treatment and care when required, including implementation of the section 136 pathway into a health based place of safety
- Work with boroughs to support the localisation of Thrive LDN – with the aim of rolling it out in every London borough, delivering benefits like mental health first aid training in the workplace, and suicide prevention.

Priorities to be led by external partners

- The NHS and local authorities to roll-out their innovative new digital mental health and wellbeing service called Good Thinking – aiming to prevent common mental health problems.
- The NHS should deliver improvements in access to evidence based services for first episode of psychosis and for psychological therapies (including through digital solutions), particularly services for young people
- The NHS should work to increase screening uptake, early detection and access to evidence based physical care assessments and interventions for people with severe mental illness, to tackle physical ill health and premature mortality.

AIM THREE Healthy Places

ALL LONDONERS BENEFIT FROM AN ENVIRONMENT AND ECONOMY THAT

Figure 12: Infographic on Healthy Places (currently being designed)

- Over a quarter of London's primary schools are in areas of poor air quality
- 10 per cent of London households are affected by fuel poverty
- 58 per cent of people living in poverty in London are in a working family
- There is a 25-percentage point gap in the employment rate between those with a long-term health condition (49 per cent) and the general population (74 per cent)
- More than 87,000 children were living in temporary accommodation in London at the end of 2016
- Almost one in four privately rented homes fail to meet the government's Decent Homes Standard
- The average life expectancy for rough sleepers is just 47 years

Objectives for Healthy Places

This strategy sets out seven objectives to help achieve the Mayor's aim, that all Londoners benefit from an environment and economy that promote good mental and physical health

1. Improving London's air quality. Fewer Londoners are exposed to harmful pollution – especially in priority areas like schools
2. Planning is used to create healthier neighbourhoods, and the Healthy Streets Approach is adopted
3. London is a greener city where all Londoners have access to good quality green space and public realm
4. The impact of poverty and income inequality on health is reduced
5. London's workplaces help more Londoners into healthy, well paid and secure jobs
6. Housing quality and affordability improves
7. Homelessness and rough sleeping in London are reduced

The Mayor's key ambition is for London to have the best air quality of any world city, with progress fastest in the most polluted and deprived areas.

PROMOTE GOOD MENTAL AND PHYSICAL HEALTH

Tackling underlying inequalities in our social, economic and physical environment will have the biggest long-term impact on health and health inequalities.^{78 79} The Mayor aims to ensure that the places we live in support our health, and our health does not suffer because of where we live.

The places that we live and work affect our health, in terms of the quality of the air we breathe, our local environment, our homes, our income and (where appropriate) our work. The circumstances of where we live are often linked, exacerbating the disadvantage - For example, having a low income makes it harder to access good quality housing, and increases the likelihood of living in an area with poorer air quality and lower quality green or public spaces.⁸⁰ We know that multiple disadvantage is closely linked to poor physical and mental health.⁸¹

Partners have a major role to play in enhancing economic development locally. For example, as key local institutions which can invest in local people and neighbourhoods,

Several Mayoral strategies are referenced in this chapter, reflecting the health in all policies approach. Key strategies for Healthy Places are:

Economic Development, Equality, Diversity and Inclusion, Environment, Food, Housing, Skills, Transport, and the London Plan.

many public-sector bodies could have a direct impact on the health of communities.⁸²

OBJECTIVE 3.1 London's air quality improves, and fewer Londoners are exposed to harmful pollution – especially in priority areas like schools

Poor air quality is linked to many health problems including lung and heart diseases⁸³ and is particularly harmful to the lungs of young children. People in deprived areas are more

⁷⁸ Marmot, M. et al. (2010). *Fair Society Healthy Lives* (The Marmot Review). [online] Available at: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> [Accessed 21 May 2018].

⁷⁹ Buck, D. & Fronsini, F. (2012) *Clustering of unhealthy behaviours over time: Implications for policy and practice*. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf [Accessed on 21 May 2018].

⁸⁰ London Health Commission (2014). *Better health for London*. London: Greater London Authority, pages 105. (check)

⁸¹ Missing

⁸² The Health Foundation and Howard, T., *The Role of Hospitals as anchor institutions in improving population health*

likely to be exposed to poor air quality⁸⁴ and that exposure is also more likely to result in poor health⁸⁵. Worryingly over 400 London primary schools are in areas with toxic air, with four-fifths of these in the most deprived areas.⁸⁶

Concerted action means London now meets nationally set legal limits for many pollutants, and we have seen a reduction in others. But two pollutants - nitrogen dioxide (mainly caused by motor transport) and particulate matter - remain a significant concern for health.

A core part of the Mayor's **Environment Strategy** is his aim for London to have the best air quality of any major world city by 2050. This includes meeting the World Health Organisation's guidelines for air quality by moving to a **zero emission London**. The Mayor is seeking to achieve legal compliance with UK and EU limits as soon as possible. He also aims to reduce inequalities by supporting and empowering London and Londoners in the most deprived and priority areas to reduce their exposure to poor air quality. The Mayor is continuing to support the delivery of local projects through the Mayor's Air Quality Fund – projects funded through which have to outline how activities will contribute to reducing the exposure of communities most at risk of poor air quality, or benefit areas of multiple deprivation.

The Mayor has introduced the **Toxicity Charge (or T-Charge)** which applies to older, more polluting vehicles travelling in central London, and is transforming London's bus and taxi fleets to be zero emission. The Mayor has committed to bring forward the introduction of the **Ultra-Low Emission Zone (ULEZ)** to April 2019 and has consulted on expanding it to include the area up to the North and South Circular roads.

Other elements of the Mayor's approach to improving air quality will contribute to reducing health inequalities. This includes encouraging reduced car use, making streets more accessible and welcoming, giving people more chances to be more active. However, there is much more to be done, and the Mayor calls on partners to accelerate action to reduce toxic emissions from buildings, estates and vehicles in London.

⁸³ Committee on the Medical Effects of Air Pollutants (2016). *Long-term exposure to air pollution and chronic bronchitis*. London: Public Health England, pages 100.

⁸⁴ Fecht, D. *et al.* (2015) Associations between air pollution and socioeconomic characteristics, ethnicity and age profile of neighbourhoods in England and the Netherlands. *Environmental Pollution*. 198:201-10.

⁸⁵ Royal College of Physicians/Royal College of Paediatrics and Child Health (2016), *Every breath we take: the lifelong impact of air pollution*. [online] Available at: <https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution> [Accessed 10 May 2013].

⁸⁶ Aether, 2013. *Analysing air pollution exposure in London*. [online] Available at: <https://www.london.gov.uk/WHAT-WE-DO/environment/environment-publications/analysing-air-pollution-exposure-london> [Accessed 10 May 2019].

OBJECTIVE 3.2 The planning system is used to create healthier neighbourhoods and the Healthy Streets Approach is adopted

The Mayor will support local areas to create built environments that reduce harm to health and enable all Londoners to fully participate in community life.

Streets make up 80 per cent of public space in London and the Mayor wants streets to be welcoming and accessible for all. Through the **Healthy Streets Approach**, the Mayor and Transport for London (TfL) will encourage people to walk, cycle and use public transport rather than drive. This is particularly important for older people, children and young people, disabled people and people living on lower incomes who most feel the negative impacts of living in a car-dependent city.

The **Mayor's Transport Strategy** sets out what steps TfL and its partners will take to progress against the ten **Healthy Streets Indicators** (see Figure 13 and Figure 14). It sets ambitious targets to reduce health inequalities through making positive changes to street environments. These changes will promote physical activity, enable people to better engage with their local community, address social isolation and reduce road injuries and air and noise pollution.

Improving performance against these indicators will help boost health and wellbeing for everyone. To reduce inequalities, streets with the greatest health threats, for example those with the highest levels of noise, air pollution and road danger, must be prioritised.

In the longer term, taking the Healthy Streets Approach alongside other measures will make London more resilient to the impacts of climate change, including flooding, heatwaves and drought. Climate change is potentially a significant threat to public health⁸⁷, and may widen inequalities in health. The **London Environment Strategy** sets out a range of climate change mitigation and adaptation approaches for London. It focuses on reducing the risk of climate change impacts for the most disadvantaged communities, as well as increasing their resilience so that they can recover more quickly when those impacts do occur.

Figure 13 The Healthy Streets Approach

Figure 14 How the 10 Healthy Streets Indicators relate to health inequalities

⁸⁷ World Health Organisation (2017). *Protecting health in Europe from climate change: 2017 update*. Geneva: WHO.

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

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

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

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

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

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

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

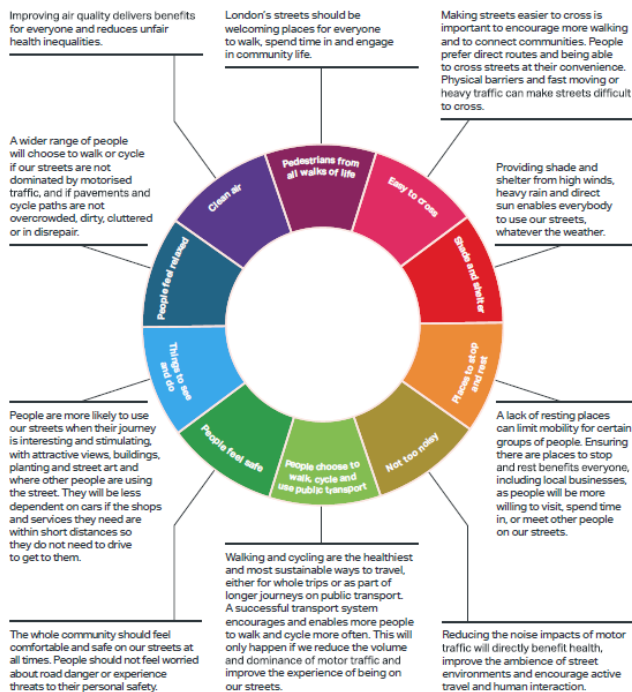
Places to stop and rest – Older people, people with injuries and mobility impairments and those accompanying young children, all rely on places to stop and rest. Without places to stop and rest these groups can become socially isolated

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

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

Source: Lucy Saunders

THE TEN HEALTHY STREETS INDICATORS⁵



The **draft London Plan** (published for public consultation in December 2017) is the Mayor's spatial development strategy for London. The Plan's policies must be considered when planning decisions are taken in any part of the city. The draft London Plan is informed by the Mayor's six **Good Growth policies**⁸⁸, which plan for growth that is for the good of all Londoners. The draft London Plan requires those involved in planning and development to ensure that the wider determinants of health are addressed in a joined-up way, and take a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities.⁸⁹

New developments can make a big difference to local people's health by changing the local environment in either a good or a bad way. That is why the draft London Plan requires the impacts of new developments on health and wellbeing to be assessed (for example by using health impact assessments⁹⁰) and any potential negative impacts to be mitigated.

The draft London Plan also has a key role to play in facilitating the **Healthy Streets Approach** by encouraging mixed use development and access to services and green and blue spaces. It also promotes more development in sites with good transport links so that people will have the facilities they need within walking or cycling distance, or can easily access them by public transport.

The draft London Plan is also seeking to manage other aspects of planning that can affect people's health, such as clusters of fast food outlets and betting shops, which can be an influence on people's mental and physical health. This is supported by the **London Health and Care Devolution agreement**⁹¹ in which the Mayor has committed to work with partners to create a healthier environment for Londoners, particularly near schools. This includes considering using locally determined reliefs and discounts to meet wider public health objectives. Priorities and actions on the built environment can be (and in some

⁸⁸ The six Good Growth Policies are: Building strong and inclusive communities, Making the best use of land, Creating a healthy city, Delivering the homes Londoners need, Growing a good economy, Increasing efficiency and resilience. Draft London Plan December 2017.

⁸⁹ Greater London Authority (2017) *Policy GG3 Creating a healthy city*. [online] Available at: <https://www.london.gov.uk/what-we-do/planning/london-plan/new-london-plan/draft-new-london-plan/chapter-1-planning-london-s-future-good-growth-policies/policy-gg3-creating> [Accessed 21 May 2018].

⁹⁰ Greater London Authority (2017) *Policy GG3 Creating a healthy city*. [online] Available at: <https://www.london.gov.uk/what-we-do/planning/london-plan/new-london-plan/draft-new-london-plan/chapter-1-planning-london-s-future-good-growth-policies/policy-gg3-creating> [Accessed 21 May 2018].

⁹¹ Greater London Authority (2017) *London Health and Social Care Devolution Memorandum of Understanding 2017* [online] Available at: https://www.london.gov.uk/sites/default/files/nhs_hlp_memorandum_of_understanding_report_november_2017.pdf [Accessed on 21 May 2015].

cases are) usefully included in local joint strategic needs assessments⁹² and health and wellbeing strategies.

OBJECTIVE 3.3 London is a greener city where all Londoners have access to good quality green space and public realm

Living in greener places is linked to longer life expectancy and better mental and physical health.^{93, 94} Living in greener areas may reduce the impact of low incomes on health; the differences in health between people living in the wealthiest and poorest places are lower in the greenest parts of England.⁹⁵ Yet too many Londoners do not have access to good quality green space.

The Mayor wants to make sure that London's green and blue spaces (including rivers and wetlands), and its green infrastructure (street trees, green roofs and walls) are planned, designed and managed in an integrated way. By doing so, more can be made of the benefits, including health, to be gained from a greener London. The **London Environment Strategy** sets out a framework for protecting, improving and expanding London's green infrastructure.

Existing public and green spaces need to be maintained and enhanced to be places that provide opportunities for informal recreation, play, physical and cultural activity. They should also be planned and designed to be part of safe and attractive walking and cycling routes to and from schools, public transport hubs and high streets to encourage more physical activity and reduce people's exposure to poor air quality⁹⁶. The **draft London Plan** protects London's network of green and open spaces, and supports the creation of new public spaces, especially in areas where there is a shortage.

The Mayor will help support the creation of a **green infrastructure network**. It will be designed and managed to reduce inequalities in physical and mental health. Where there is not enough room to create new large parks, other options should be considered. These

⁹² Department of Health (2013) *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. London: HM Government.

⁹³ Belfour, R. et al. Public Health England/ University College London (2014), *Local action on health inequalities: Improving access to green spaces*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355792/Briefing8_Green_spaces_health_inequalities.pdf [Accessed 10 May 2018].

⁹⁴ Commission for Architecture and the Built Environment (2010). *Urban green nation: Building the evidence base*. London: Commission for Architecture and the Built Environment, pages 56.

⁹⁵ Mitchell, R. & Popham, F. (2008) Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*. 372(9650): 1655–60.

⁹⁶ Mitchell, R. & Popham, F. (2008) Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*. 372(9650): 1655–60.

include pocket parks and greening public areas with tree planting, green roofs and green walls, can help to provide shade and shelter, make places less noisy, help people to feel more relaxed, clean the air and cool the city.

OBJECTIVE 3.4 Reduce the negative impact of poverty and low pay on health

Poverty and health are closely linked, with poverty being both a cause and a result of poor physical and mental health. Living on a low income (both actual and compared to others) is associated with a greater risk of poor physical and mental health.⁹⁷ The relationship is complex, as poorer health also makes it harder for adults both to get jobs and to be productive at work⁹⁸, affecting income throughout their lives. Living on a low income also restricts people's ability to afford a basic healthy standard of living such as decent quality, affordable housing, nutritious food, and fuel for heating.

Shockingly, almost three in ten Londoners live in poverty.⁹⁹ London has the highest child poverty rates of any region in the country with thirty-seven per cent of London's children - around 700,000 children – live in poverty, compared to 29 per cent nationwide.¹⁰⁰ In London, the gap between the incomes of the richest and poorest is the biggest in England.¹⁰¹

The Mayor wants to create a fairer, more inclusive city and economy, addressing the root causes and effects of poverty and income inequality, and in turn addressing health inequalities. Economic fairness and inclusion sit at the heart of the Mayor's **Economic Development strategy**, in which he is putting the health, wellbeing and happiness of Londoners first. For the first time the Mayor's **Equality, Diversity and Inclusion Strategy** sets out how the Mayor will go beyond the legal duties of the Equality Act 2010 and contribute towards addressing wider issues such as poverty and socio-economic deprivation. This includes developing and publishing a series of economic fairness indicators.

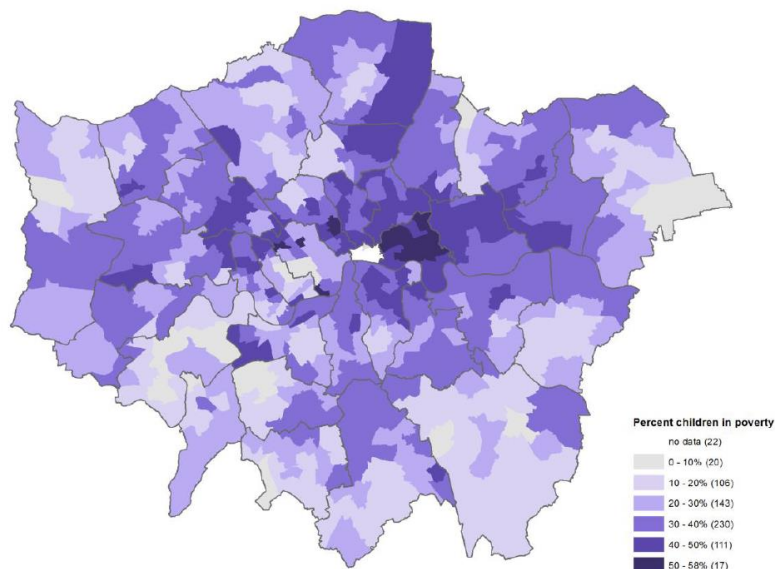
⁹⁷ Commission on Social Determinants of Health and World Health Organisation (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. [online] Available at: http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=A5F4384A9620024B83147F2478A068E7?sequence=1 [Accessed on 21 May 2018].

⁹⁸ Marmot, M. et al. (2010). *Fair Society Healthy Lives* (The Marmot Review). [online] Available at: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> [Accessed 21 May 2018].

⁹⁹ Greater London Authority, (2016). *Economic Evidence Base for London*. London: Greater London Authority, pages 738.

¹⁰⁰ Leeser R (2017) *Poverty in London: 2015/16*, [online] Greater London Authority Available at: https://data.london.gov.uk/apps_and_analysis/poverty-in-london-201516-2/ [Access on 21 May 2018]

¹⁰¹ Greater London Authority (2016) Table 10.1 in *Economic Evidence Base for London*. London: Greater London Authority, pages 738.

Figure 15: Children in poverty using HMRC measure

More than 10 per cent of London's households are living in fuel poverty¹⁰² Being unable to light and heat your home without cutting back on essentials such as food has short- and long-term negative impacts on health. The **Mayor's Fuel Poverty Action Plan** will help Londoners on low incomes to heat their homes affordably. This will be achieved by working to boost incomes, make homes more energy efficient and ensure access to fairer energy tariffs for those on low incomes. Addressing fuel poverty will also reduce preventable pressure on the NHS, particularly emergency admissions and recovery.¹⁰³ The Mayor will support the work of local authorities, the NHS, and partners to improve hospital discharge procedures and address housing needs and cold homes.

Food poverty and food insecurity may lead to chronic poor nutrition. They are associated with a wide range of mental and physical health issues, and are a significant cause of stress.¹⁰⁴ The Mayor is concerned about too many Londoners' reliance on food banks and he wants to help reduce and ultimately end the need for charitable food donations in London. Through his **Food Strategy** the Mayor will work with partners to address food poverty by developing food poverty action plans and good food retail plans. He will use his

¹⁰² Further detail on how these thresholds are derived can be found here: www.gov.uk/government/collections/fuel-poverty-statistics

¹⁰³ Balfour, R & Allen, J. (2014). Local action on health inequalities: Fuel poverty and cold home-related health problems. London: Public Health England.

¹⁰⁴ London Food Poverty Profile. (2017) Beyond the Food Bank London Food Poverty Profile. [online] Available at: https://www.sustainweb.org/publications/beyond_the_food_bank_2017/ [Accessed on 21 May 2018].

leadership role to highlight issues of malnutrition and hunger through supporting the publication of the annual **London Food Poverty Profile** and will work towards developing a new London-wide measure of household food insecurity. The provision of free school meals is a valuable tool in terms of tackling food poverty. The voluntary and community sector, should work with local authorities and schools to encourage uptake by eligible children. Further, the Mayor calls on government to revisit the evidence on free school meals and consider whether there is scope to expand reach.

The Mayor is committed to reducing living costs where possible. Through his **Transport Strategy** he is freezing TfL fares and introducing the Hopper ticket on London's buses and trams. The Mayor's **Housing Strategy** outlines his commitment to increasing the number of affordable homes. Many Londoners are concerned about the cost and quality of childcare. As part of the Mayor's plan for **Early Years in London**¹⁰⁵, he will work with partners across London to improve the quality of early years provision for all children, targeting the poorest families. Through the Mayor's Equality, Diversity and Inclusion Strategy he will also work with partners to improve access to affordable childcare, enabling more parents to find and remain in good work.

The Mayor wants to raise and stabilise the incomes of low income Londoners. He will do this by promoting the London Living Wage and through developing his **Good Work Standard**. The Mayor will support employers to adopt inclusive employment and staff development practices to promote social mobility. These approaches are outlined in the Mayor's Economic Development Strategy and **Skills for Londoners Strategy**.

Poverty in London is in some cases made worse by the benefits system, with growing evidence indicating that the benefits system itself has implications for claimants' health and particularly mental health.¹⁰⁶ The Mayor will work with London boroughs and the voluntary and community sector to understand and explore ways to address the effects of welfare reforms, including Universal Credit, and push for changes to government policy.

The Mayor will also work with partners to address some of the main causes of Londoners' financial problems. This will include work to help young people become more financially literate. Through his Economic Development Strategy, the Mayor will use his profile to help tackle the stigma of debt issues and of seeking help. He will encourage employers to play a role, by promoting payroll deducted loans and savings products to their staff, and partnering with credit unions.

¹⁰⁵ Greater London Authority (2018). *Early Years in London*. Available at: https://www.london.gov.uk/sites/default/files/early_years_in_london_mar18.pdf [Accessed 10 May 2018].

¹⁰⁶ Dwyer, P et al (2018) Final findings: WelCond project [online] Available at: <http://www.welfareconditionality.ac.uk/publications/final-findings-welcond-project/> [Accessed 22 May 2018]

OBJECTIVE 3.5 London's workplaces support more Londoners into healthy, well paid and secure jobs

Being in work can be good for physical and mental health and wellbeing.¹⁰⁷ However, the health benefits depend on the quality of the job - poor-quality work can actually be worse for someone's health than not having a job at all.¹⁰⁸ 'Good work' is health-promoting, safe and secure. It allows people some control over how their work is done within reasonable demands and offers employees rewards and a sense of self-worth. Good work can help adults and their children out of poverty. The Mayor is seeking to promote healthier, better quality jobs in several ways.

The **London Healthy Workplace Charter**, an accreditation scheme, helps London's employers to create healthier workplaces. For example, to improve mental health, employers are encouraged to offer training and raise awareness of mental health and stigma. Over 200 organisations have been accredited to the charter. This includes organisations of different sizes and many from the public sector as well as private and third sectors. To maximise the impact on reducing inequalities, the Mayor wants to explore how



better to engage with smaller businesses and target employers within traditionally low paid sectors, such as hospitality, retail and social care. Many health organisations and local authorities have already signed up, but the Mayor would like to see more.

The Mayor's new **Good Work Standard**, currently under development, aims to encourage employers to put in place the best employment standards in London. These include supporting lifelong learning, and developing cultures that allow all employees to

have a voice. With fair pay and the London Living Wage at its heart, the Good Work Standard also aims to cover working conditions, diversity and inclusion (the employment of older workers and disabled people), flexible working, health and wellbeing, apprenticeships and training and communication with employees.

¹⁰⁷ Waddell, G. & Burton, K. (2006). *Is work good for your health and wellbeing?*. London: TSO, pages 246.

¹⁰⁸ Tarani Chandola and Nan Zhang, 2017. Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study. *International Journal of Epidemiology*, 2017, 1–11.

In London, most people living in poverty are actually in a working family.¹⁰⁹ Whilst employment has increased, so has the number of people in a working family living in poverty.¹¹⁰ To help with this, the Mayor wants London to become a ‘Living Wage city’. The Mayor has adopted the London Living Wage for the GLA Group and he promotes the London Living Wage to London’s employers. There has been a 50 per cent increase in the number of Living Wage accreditations since the Mayor took office. He will also work with the new Living Wage Commission to ensure the London Living Wage truly reflects the real costs of living in the city. Some London boroughs now offer business rate discounts to Living Wage accredited employers and the Mayor wants more to follow suit.

The Mayor calls on London employers to adopt the Healthy Workplace Charter and the forthcoming Good Work Standard, including paying the London Living Wage, for their own staff, and for those who are part of their supply chain. The Mayor plans to explore opportunities for fair, healthier employment practices through the £11bn a year GLA supply chain. This includes a strengthened GLA Group **Responsible Procurement Policy**.

People with poor health or disabilities can sometimes find it harder to secure employment, and enabling more people to enter and stay in good quality work can reduce inequality. The Work and Health programme, recently devolved by government to London, is designed to support long-term unemployed people into work, and targets those with health conditions and disabilities. The Mayor will support boroughs to deliver the Work and Health programme in London.

Improving skills and gaining qualifications can help people get jobs, and are associated with better physical and mental health¹¹¹. The forthcoming **Skills for Londoners Strategy** will set out how the Mayor will use the devolved Adult Education Budget and London’s remaining European Social Fund (ESF) pot. The Mayor will work with partners to help Londoners gain the skills they need to participate in society and to secure, and progress in, work, especially those from London’s most vulnerable groups. The programmes are targeted for example at people with poor mental health, women and parents, and young people at risk of not being in employment, education or training (NEET). They include in-work programmes to help low-paid workers, particularly parents, move out of poverty. The Mayor continues to lobby for further devolution of skills and employment powers,

¹⁰⁹ Trust for London (2018) *Work and Poverty data*. [online] Available at: <https://www.trustforlondon.org.uk/data/work-and-poverty/> [Accessed 17 May 2018].

¹¹⁰ Tinson, A. et al. (2017) *London’s Poverty Profile 2017*, London: New Policy Institute [online] Available at: <https://www.trustforlondon.org.uk/publications/londons-poverty-profile-2017/> [Accessed 10 May 2018].

¹¹¹ Bibby J. (2017). *Infographic: how do our education and skills influence our health?* [Blog] The Health Foundation. Available at: <https://www.health.org.uk/blog/infographic-how-do-our-education-and-skills-influence-our-health> [Accessed on 21 May 2015].

particularly for those aged 16-18, and funding, with the aim of creating a more joined up skills system.

OBJECTIVE 3.6 Improving housing availability, quality and affordability

Housing is an important influence on health inequalities in London. Good quality, affordable housing that meets people's needs is protective of physical and mental health throughout a person's life.

For too long, the supply of new homes has failed to keep up with demand in London. The amount of social housing has also fallen in recent years. This means housing costs are high, whether you own a home or rent privately. Housing costs can make poverty worse in London, which has a direct impact on health and wellbeing. The lack of affordable homes also contributes to overcrowding, affecting eight per cent of households in London.¹¹² Overcrowding is linked to risks to both mental and physical health, affecting lower income families with children, particularly those from BAME backgrounds.¹¹³

The Mayor is starting to address these issues through his **London Housing Strategy**. By 2022, he will invest £4.82bn in starting to build 116,000 new genuinely affordable homes for Londoners to rent and buy. These include homes for low cost rent, with levels based on social housing rents. In his **draft London Plan**, the Mayor has introduced a new planning policy to increase the proportion of new homes that are affordable. However, there is a limit to the Mayor's powers and therefore he is calling on government to invest in more affordable housing for Londoners.

The Mayor will work with partners to bring forward more redundant NHS estate for housing. This builds on the opportunities presented by the **London Health and Care Devolution agreement** to redevelop NHS estates to support health and care service delivery, housing and local communities. The Mayor is also introducing policies to protect existing affordable homes including social rented housing. In 2018 the Mayor announced the landmark offer from major homebuilders and housing associations to make more new homes available for Londoners before anyone else.

The Mayor's London Housing Strategy aims to ensure that homes are provided to meet the needs of London's diverse population. Many older or disabled Londoners are living in

¹¹² Greater London Authority (2017). *Housing in London*. London: Greater London Authority, pages 114.

¹¹³ Institute of Health Equity, 2016. *Rapid Review of Evidence: housing, health, inequalities in health*. Unpublished. Available on request from the Greater London Authority.

homes that do not meet their needs.¹¹⁴ They may need adaptations to their home to support them to live there, or they may need to move to more accessible dwellings or specialist housing that enables them to live independently¹¹⁵. Living in unsuitable housing where there is insufficient support can have a negative effect on physical and mental health. The Mayor's **draft London Plan** includes requirements that all homes are accessible, including 10 per cent of new builds being wheelchair-user dwellings and includes a set of benchmarks for specialist older people's housing. The Mayor will also fund specialist and supported housing through his **Affordable Homes** programme.

Poor quality housing can impact on physical health such as through illnesses related to damp and cold and injuries. However, one in five adults in poor quality housing also have poor mental health; improving housing reduces risks of anxiety and depression¹¹⁶. A key measure of housing quality is the Decent Homes Standard, and whilst there has been an improvement in recent years, one in five homes still do not meet this standard. The proportion failing to meet the standard is highest in the private sector at just under one in four.¹¹⁷

As well as high rents in London, there is considerable competition for rental properties. Welfare reforms and insecure tenancies also impact on availability of secure, good quality, private rented housing. It is low income and disadvantaged Londoners who often face the greatest barriers to entering the rental market. There is some evidence that private sector tenants who claim Housing Benefit have moved to areas with lower rents.¹¹⁸ Moving to areas where housing is more affordable may take people away from their jobs, schools and social support networks. Insecure tenancies can have a negative impact on the mental health of people living in the private rented sector, particularly those in low income groups.^{119 120}

¹¹⁴ Mackintosh, S. and Leather, P. Foundations, 2016. *The disabled facilities grant: Before and after the introduction of the Better Care Fund*. [online] Available at: <http://www.foundations.uk.com/media/4665/dfg-report-final-interactive-converted-draft-6-small.pdf> [Accessed: 10 May 2018].

¹¹⁵ Frontier Economics, 2010. *Financial benefits of investment in specialist housing for vulnerable and older people: A report for the Homes & Communities Agency*. [online] Available at: <https://www.frontier-economics.com/documents/2014/06/financial-benefits-of-investment-frontier-report.pdf> [Accessed 10 May 2018].

¹¹⁶ Institute of Health Equity, 2016. *Rapid Review of Evidence: housing, health, inequalities in health*. Unpublished. Available on request from the Greater London Authority.

¹¹⁷ Greater London Authority (2017). *Housing in London*. London: Greater London Authority, pages 114.

¹¹⁸ Greater London Authority (2017). *Housing in London*. London: Greater London Authority, pages 114.

¹¹⁹ Biddy, J. (2017) *Briefing: unsettled and insecure - The toll insecure private renting is taking on English families*. London: Shelter 2018 Available at:

https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/briefing_unsettled_and_insecure_-_the_toll_insecure_private_renting_is_taking_on_english_families [Accessed on 21 May 2018].

The Mayor wants to see better quality, more secure and more affordable housing on offer from private landlords. He will work with boroughs and partners to improve the quality of private rented sector housing. This includes tackling rogue landlords and letting agents and enabling boroughs to make better use of their powers, such as enforcement powers to address the worst standards in the private rented sector. The introduction of licensing schemes could also help improve accommodation in this sector. The Mayor will also develop proposals to make private renting a more affordable and secure housing option.

OBJECTIVE 3.7 Homelessness and rough sleeping are addressed

Unaffordable housing is a major cause of rising homelessness over recent years. There has been an even bigger rise in the number of households becoming homeless due to their private rented sector tenancy being ended.¹²¹

A growing proportion of homeless households who seek help from local authorities are ending up in temporary accommodation. There were 54,000 such households including almost 89,000 children in 2017.¹²² About a third of households in temporary accommodation live away from their local area¹²³ which can affect health and wellbeing¹²⁴. A small but growing proportion of homeless households also spend time in cramped bed and breakfast accommodation.¹²⁵ This can lead to other factors such as it being more difficult to prepare healthy food or be at higher risk of injury¹²⁶ or experience

¹²⁰ Robinson E, Adams R. (2008) *Housing stress and the mental health and wellbeing of families*. Melbourne: Australian Institute of Family Studies, pages 9.

¹²¹ Ministry of Housing, Communities & Local Government (2018) Statutory homelessness and prevention and relief live tables, Worksheet 775: type of temporary accommodation [online] Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> [Accessed 22 May 2015].

¹²² Ministry of Housing, Communities & Local Government (2018) Statutory homelessness and prevention and relief live tables, Worksheet 775: type of temporary accommodation [online] Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> [Accessed 22 May 2015].

¹²³ Ministry of Housing, Communities & Local Government (2018) Statutory homelessness and prevention and relief live tables, Worksheet 775: type of temporary accommodation [online] Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> [Accessed 22 May 2015].

¹²⁴ Garvey, K and Pennington J (2016) *Briefing: Home and away: The rise in homeless families moved away from their local area*. London: Shelter.org.uk. Available at: https://england.shelter.org.uk/_data/assets/pdf_file/0007/1267297/Home_and_Away_Out_of_Area_Briefing_2016_05_23.pdf [Accessed 22 May 2018].

¹²⁵ Ministry of Housing, Communities & Local Government (2018) Statutory homelessness and prevention and relief live tables, Worksheet 775: type of temporary accommodation [online] Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> [Accessed 22 May 2015]

¹²⁶ Leng, G. (2017) *The impact of homelessness on health, A guide for local authorities*. London: Local Government Association. Available at https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF [Accessed 17 May 2018].

overcrowding¹²⁷. Through his **Affordable Homes Programme**, the Mayor will invest in accommodation for those facing or experiencing homelessness. This includes specialist accommodation for young people at risk of homelessness, refuges, hostels for rough sleepers and housing for those ready to move on.

Rough sleeping in London has also risen in recent years¹²⁸ which is a growing source of shame to the city. Rough sleepers have some of the poorest health outcomes¹²⁹, and are more likely to be victims of violence and abuse¹³⁰. Poor physical and mental health contribute to people ending up on the streets, can prolong the time they spend there and can be worsened by their living conditions. Almost three-quarters of those who sleep rough need support with mental health and/or substance misuse issues.¹³¹ The Mayor will invest £1.24m in a new two-year pilot service to help rough sleepers with mental health support needs.

Many rough sleepers have complex needs, are mobile, or have no connection to a London borough. A significant proportion are non-UK nationals¹³², who may have very limited accommodation options. Health risks are particularly acute in cold weather, and the Mayor has committed to opening cold-weather shelters whenever night-time temperatures fall below zero, working with London boroughs to ensure this happens.

A key way to improve the health of rough sleepers is to give them a route off the streets. The Mayor will lead and coordinate efforts to tackle rough sleeping across London. This includes through his **No Nights Sleeping Rough** taskforce, and through the commissioning of a range of pan-London services for rough sleepers.

To support rough sleepers off the street and ensure they do not return requires close partnership working. One important example is the need for suitable accommodation when individuals leave hospital. The Mayor will work with the NHS, local authorities and other

¹²⁷ Pennington, J. (2016) *The Green Book: 50 years on*. Shelter blog. Available at: <http://blog.shelter.org.uk/2016/12/the-green-book-50-years-on/> [Accessed 22 May 2018].

¹²⁸ Homeless Link (2017) *2017 Rough Sleeping Statistics*, London: Homeless Link. [online] Available at: <https://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20analysis%20of%20rough%20sleeping%20statistics%20for%20England%202017.pdf>. [Accessed 22 May 2018].

¹²⁹ Crisis (2011) *Homelessness: A silent killer*. [online] Available at: https://www.crisis.org.uk/media/237321/crisis_homelessness_a_silent_killer_2011.pdf [Accessed 22 May 2018]

¹³⁰ Sanders, B. & Albanese, F. (2016) *“It’s no life at all”: Rough sleepers’ experiences of violence and abuse on the streets of England and Wales*. London: Crisis. [online] Available at: https://www.crisis.org.uk/media/20502/crisis_its_no_life_at_all2016.pdf [Accessed 22 May 2018].

¹³¹ Greater London Authority (2017) *CHAIN Annual Bulletin Greater London 2016/17*. London: Greater London Authority, pages: 10.

¹³² Greater London Authority (2017) *CHAIN Annual Bulletin Greater London 2016/17*. London: Greater London Authority, pages: 10.

partners to address health issues that are both a cause and a result of rough sleeping. The Mayor work with partners to better understand and prevent people being discharged to the street and sleeping rough following a hospital inpatient stay.

Summary of commitments

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of *ensuring Londoners benefit from an environment and economy that promote good mental and physical health*. Some of the major commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change

- Reduce the exposure of Londoners to harmful air pollution, especially in the most deprived areas and near schools, through programmes such as the ULEZ and the continuing Mayor's Air Quality Fund
- Work through TfL to implement the Healthy Streets Approach, making streets more appealing places to walk, cycle and spend time, and reducing the harmful impacts of car dependency and traffic dominance
- Use the forthcoming Good Work Standard to help address income inequality, promote economic fairness in London, and improve work quality
- Continue to fund the Healthy Workplace Charter, and promote it particularly to harder to reach employers and those who employees have a higher risk of poor health, such as SMEs and those in the low paid sector

What the Mayor will do to support change

- Use the London Plan and the Environment Strategy to protect and expand London's green infrastructure, and design and manage it in a way that minimises inequalities in mental and physical health
- Use the London Plan to require those involved in planning and development to consider health inequalities in all they do
- Through the Skills, Economic Development and Equality, Diversity and Inclusion strategies, as well as devolution of the Work and Health programme and the Adult Education Budget to London, ensure all Londoners gain the skills they need to secure, and progress in, work, especially those from London's most vulnerable groups, including supporting the long-term unemployed and those with health conditions or disabilities to get into work
- Ensure that the London Living Wage rate reflects the real costs of living in London. Through his Food Strategy and Fuel Poverty Action plan, work with partners to tackle food poverty and fuel poverty and their impacts on vulnerable Londoners

- Invest £4.82 billion to support 116,000 genuinely affordable home starts by 2022 through the Affordable Homes programme, and using the London Plan, ensure that homes meet the accessibility needs of London's diverse population
- Through collaboration with the NHS and local authorities, identify and address health issues that are both a cause and a result of rough sleeping, and commission a range of pan-London services to help rough sleepers

Priorities to be led by external partners

- The government should make more funding available to investment in affordable housing for Londoners
- The NHS, local authorities, planning authorities, businesses and land owners should do everything possible to reduce toxic emissions from buildings, estates and fleet in London
- Employers across London, including the NHS, should improve workforce health, for example through the adoption of the London Healthy Workplace Charter and the forthcoming Good Work Standard, and pay the London Living Wage for staff. Their focus should be on those who are at higher risk of poor health outcomes, for example in lower paid roles.
- The NHS should ensure all hospitals provide healthy settings for patients, carers and staff, including through consideration of the food environment, clean air, and smoking on estates
- The NHS should work to enhance the role that their settings, and particularly larger settings such as hospitals, play as 'anchor institutions' in local communities, supporting healthy environments, training, jobs and economic growth
- Government should consider the case for providing free school meals for all primary school children, as part of a strategy to tackle child obesity and child poverty.
- The Mayor calls for end to vulnerable people being discharged to the street and sleeping rough following a hospital inpatient stay

AIM FOUR Healthy Communities

LONDON'S DIVERSE COMMUNITIES ARE HEALTHY AND THRIVING

Figure 16 Infographic healthy communities (currently being designed)

- 3.5 million Londoners volunteer each year and women are almost twice as likely to volunteer as men
- 1 in 3 people feel they can influence decisions that affect their local area
- Around 20 per cent of visits to GPs are for non-medical problems
- Loneliness increases the risk of poor health/premature mortality by 25 per cent- check
- In London black African people are over twice as likely as white British people to be diagnosed late with HIV.
- Rates of TB are more than 4 times higher in deprived areas than less deprived ones.
- Nearly half of victims injured in knife crime are under 25

Objectives for Healthy Communities

This strategy sets out five objectives to help achieve the Mayor's aim that all London's diverse communities are healthy and thriving

1. There are more chances for all Londoners to take part in community life
2. Londoners can improve their own and their communities' health and wellbeing
3. Social prescribing becomes a routine part of community support across London
4. People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma around them
5. London's communities feel safe and are united against all forms of hatred

Key ambition

The Mayor's key ambition is to help more Londoners in vulnerable or deprived communities to benefit from social prescribing. This will improve their health and wellbeing.

This strategy defines a community as a group of people living in the same place, or having characteristics, or experiences in common. This could be ethnicity, religion or age, or a common identity, perhaps resulting from a shared cultural heritage.

Every Londoner deserves to feel part of a community. Participating in community life helps people gain a sense of control over their lives, develop personal skills, self-confidence, and the ability to deal with life's challenges. Healthy and thriving communities are those where people from different backgrounds can develop meaningful relationships, and are places where neighbours look out for each other. As reflected in the Mayor's Social Integration strategy, a socially integrated city is a healthier, fairer and safer city¹³³

Concerningly however, Londoners are more likely to experience social isolation than people in other parts of the UK.¹³⁴ Many Londoners, young and old, regularly feel lonely¹³⁵, or unsupported, with many reporting that they have no one they can rely on if they had a serious problem¹³⁶. Those with a long-term health conditions are likely to regularly feel lonely. This may exacerbate concerns for older Londoners who are more likely to have health conditions, and particularly , physical impairments like poor vision, or cognitive impairments like dementia, which can create further barriers to integration by affecting people's confidence and ability to access buildings, places and spaces. Prevention and early identification is important here- for instance, while there has been an increase in numbers of people who have diabetic eye disease and glaucoma¹³⁷, risks can be identified early and risks to vision reduced through early signposting to relevant services, for example the diabetic eye screening programmes

Non-clinical issues, such as social isolation, or issues such as debt or housing affect people's health and wellbeing. GPs estimate they spend around a fifth of their time with

¹³³ Social Integration Commission (2014). Social integration: A wake-up call. London: Social Integration Commission.

¹³⁴ Greater London Authority (2018) Social Integration Strategy (referencing 'GLA Analysis of Understanding Society 2013/2014')

¹³⁵ Office for National Statistics (2017) *Loneliness - What characteristics and circumstances are associated with feeling lonely?* [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10> [Accessed 22 May 2018].

¹³⁶ GLA (2018) Social Integration Strategy (referencing 'GLA Analysis of Understanding Society 2013/2014')

¹³⁷ Public Health England (2018). Public Health Outcomes Framework; 4.12ii, iii 2016-17 [online]. Available at: www.outcomes.info/ [accessed 10/05/2018]

patients discussing non-clinical issues and concerns¹³⁸, problems which would be better served by social rather than medical solutions.

Some of London's major public health challenges disproportionately affect certain communities. This strategy has chosen to focus on HIV and tuberculosis as particularly pressing health inequality issues in London, whilst recognising that other infectious diseases, such as hepatitis B and C, also have a disproportionate impact on certain groups¹³⁹.

HIV is still more than twice as common in London as it is in England as a whole. It particularly affects some minority communities, and many people living with HIV experience stigma, which can affect relationships, work opportunities and access to healthcare¹⁴⁰. Late diagnosis is associated with poorer health outcomes.¹⁴¹ Fear of stigma is a barrier to early diagnosis, leading to significant inequalities in the rate of late diagnosis among London's boroughs and different groups. In 2016, black African people were over twice as likely as white British people to be diagnosed later in the course of the disease.¹⁴²

London also accounts for 40 per cent of TB cases in England¹⁴³ and has one of the highest TB rates of any European capital city¹⁴⁴. Groups at high risk of being affected by TB include current or former prisoners, rough sleepers, people with drug and alcohol misuse problems, refugees and asylum seekers. People in these high-risk groups are twice as likely to have infectious TB, and twice as likely to die because of this disease.¹⁴⁵

Healthy communities are not just about illnesses and diseases. Reducing crime, increasing safety and diverting people at risk of offending into other activities, helps to

¹³⁸ Caper, K. & Plunket, J. (2015) *A very general practice; How much time do GPs spend on issues other than health?*, UK: Citizens Advice. Available at: https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf [Accessed 22 May 2018].

¹³⁹ National Institute for Health and Care Excellence (2013) *Hepatitis B and C testing: people at risk of infection* [online] Available at: <https://www.nice.org.uk/guidance/ph43/resources/hepatitis-b-and-c-testing-people-at-risk-of-infection-pdf-1996356260293> [Accessed 22 May 2018].

¹⁴⁰ STIGMAINDEXUK (2015) *HIV in the UK: Changes and Challenges; Actions and Answers; People Living with HIV Stigma Survey*, [online] Available at: <http://stigmaindexuk.org/reports/2016/London.pdf>. [Accessed 11 May 2018].

¹⁴¹ Chau C. et al (2016) *HIV diagnoses, late diagnoses and numbers accessing treatment and care 2016 report*. London: Public Health England, pages 9.

¹⁴² Forde, J., Crook P., Kirwan, P., National Infection Service & Public Health England (2018) *Annual Epidemiological Spotlight on HIV in London: 2016 data*. London: Public Health England, pages 25.

¹⁴³ Public Health England (2017), *Tuberculosis in London: Annual review*. London: Public Health England, pages 45.

¹⁴⁴ Alimuddin, Z. (2011) The white plague returns to London—with a vengeance. *The Lancet*, 377 (,9759). pp10 – 11.

¹⁴⁵ Public Health England (2017) *Tackling Tuberculosis in Under-Served Populations: A Resource for TB Control Boards and their partners 2017*. London: Public Health England, pages 137.

strengthen, connect and empower individuals and communities. Given recent rises in serious violence and in hate crime this is a particularly problem.

The Mayor wants to create a fairer and more inclusive city that works for everyone regardless of age, social class, disability, race, religion, gender, gender identity, sexual orientation, marital status, or whether they are pregnant or on maternity leave. The policies outlined below have been developed in consideration of these characteristics, and targeted towards groups potentially experiencing the most inequality.

The Mayor's **Equality, Diversity and Inclusion Strategy** sets out the Mayor's plans to address inequalities, barriers and discrimination faced by groups protected by the Equality Act 2010. The Mayor will go beyond these legal duties and help address wider issues such as poverty and socioeconomic inequality. A key objective of the strategy is to lead and help coordinate work to understand and address health inequalities, and to support at-risk communities to increase their health skills, knowledge and confidence.

Several Mayoral strategies are referenced in this chapter, reflecting the health in all policies approach. Key strategies for Healthy Places are:

Culture, Economic Development, Equality, Diversity and Inclusion, Housing, Social integration, Sport, Transport, and the Police and Crime Plan and London Plan

OBJECTIVE 4.1 More chances for all Londoners to join in community life

The Mayor wants to support and encourage Londoners to be active in their communities. Whether through volunteering, taking part in sport, or enjoying the wonderful culture on offer in the city, he wants to enhance opportunities for Londoners to connect with one another.

Boosting social relations between people in communities is an important outcome in its own right, as well as key to achieving better mental wellbeing and healthier lifestyles. This is because participation helps people expand their social networks, develop new skills and confidence, and act collectively to solve problems. These things will help people feel greater empowerment or sense of control over their lives and health ¹⁴⁶, which in turn can

¹⁴⁶ Bagnall, A; South, J; Di Martino, S; Southby, K; Pilkington, G; Mitchell, B; Pennington, A and Corcoran, R (2017) *A systematic review of interventions to boost social relations through improvements in community infrastructure (places and spaces)*. Working Paper. What Works Centre for Wellbeing/ Leeds Beckett University, Leeds. Available at: <https://whatworkswellbeing.org/product/places-spaces-people-and-wellbeing/>

lead to more positive feelings about neighbourhoods and safety, improved access to and uptake of more effective and efficient, community focussed services and improved quality of life¹⁴⁷. The reflects the Mayor's **Social Integration Strategy**, which aims to help reduce inequality, isolation and loneliness amongst Londoners of all ages by strengthening their ability to build strong relationships and become active citizens.¹⁴⁸ The Mayor's vision is to support Londoners to build meaningful relationships with individuals from different backgrounds as well as their own. As part of this he is committed to creating a **Social Integration Design Lab**, as a resource for London boroughs to help them design social integration into public services

Sport builds social integration and networks, and has direct health benefits in promoting physical activity. The Mayor's flagship programme **Sport Unites** will include £5.8m for community investment, to maximise sport's potential to improve social integration and health across London. This will have a strong focus on inequalities, with new projects targeting groups at risk of loneliness and marginalisation.¹⁴⁹

There is increasing evidence to show how engagement with the arts and creativity can improve health, support social cohesion and reduce isolation. People not only gain pleasure from engagement with the arts but can develop new skills and social networks, and increased confidence. Cultural activities have been shown to have tangible health benefits, and the Mayor's **draft Culture Strategy** will promote the benefits of arts and culture for the health and wellbeing of Londoners. For example, his **Culture Seeds** micro-grants programme will help fund hundreds of community-led cultural projects that will create new opportunities to bring Londoners together.

Many Londoners, particularly older Londoners, already give their time freely for the benefit of others, either volunteering through organisations, or informally helping neighbours and friends. Volunteering can improve the health and social outcomes of both volunteers and those receiving support.¹⁵⁰ It also brings people from different backgrounds together, helping London to become a happier and more unified city.

¹⁴⁷ Tobi, P et al (2015) Well London Phase 2 Evaluation: Participant Outcomes, Institute for Health & Human Development, University of East London Available at: <http://www.welllondon.org.uk/1622/phase-2.html>

¹⁴⁸ Uslaner, E. M. (2012) *Segregation and Mistrust: Diversity, Isolation, and Social Cohesion*. Cambridge: Cambridge University Press.

¹⁴⁹ Stones, M. (2018). Social integration fund – Investment in building a stronger London. [online]. London Sport. Available at: <https://london sport.org/social-integration-fund-investment-building-stronger-london/> [Accessed on 30 Jan 2018].

¹⁵⁰ Buck, D., Mundle, D. & Naylor, C. (2012) *Volunteering in health and care in England. A summary of key literature*. [online] London: The Kings Fund. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_related_document/volunteering-in-health-literature-review-kingsfund-mar13.pdf [Accessed 11 May 2018].

Unfortunately, those with the most to gain from volunteering are often the least likely to take part.¹⁵¹ The Mayor wants more Londoners to enjoy the health and social benefits of being an active citizen, and to make London a world leader in volunteering. The **Team London** website already helps Londoners of all ages and backgrounds find volunteering and social action opportunities. The Mayor will go further by working with volunteer centres, community organisations and others to promote employer-supported volunteering, removing the barriers to volunteering for disadvantaged groups, and helping ensure there are a wide range of opportunities for everyone who wants them.

The Mayor encourages young Londoners to volunteer through the **Team London Young Ambassadors**, **HeadStart Action**, and **2Work** programmes. He is exploring further incentives for young Londoners by piloting a digital reward and recognition scheme with **vInspired** - a volunteering charity for 14-25 year olds. The Mayor is also supporting some of London's unemployed veterans to gain experience, develop new skills and get ready for civilian work through volunteering, via his **Mayor's Forces for London** volunteer programme.

For more Londoners to enjoy community life, the city needs to be made more accessible and welcoming for those who face barriers, including older Londoners and people with disabilities. Across Mayoral strategies there are policies which support Londoners to stay independent and continue to feel part of the city, for example, the development of lifetime homes (see **Housing Strategy**) and promotion of healthier workplaces and the London Living Wage (see **Economic Development Strategy**). Other approaches include:

- *Improving accessibility of public transport*, as a key part of his **Transport Strategy**. This is demonstrated through the Zip card, Freedom Pass, and increasing the number of step-free stations. The Mayor, through TfL and the boroughs, will also use the **Healthy Streets Approach** to improve London's streets and public transport network so they are navigable and accessible for all.
- *Improving social infrastructure*, to support play, education, childcare, health care, culture, youth, sports and faith activities and thereby improve physical and mental health and strengthen communities. The **draft London Plan** requires boroughs to work collaboratively with stakeholders, including the local community, to assess social infrastructure needs and address them in areas of major new development and

¹⁵¹ Southby, K. & South, J. (2016) *Volunteering, inequalities and barriers to volunteering: a rapid evidence review*. Leeds: Leeds Beckett University.[online] Available at: <http://eprints.leedsbeckett.ac.uk/3434/1/Barriers%20to%20volunteering%20-%20final%2021st%20November%202016.pdf> [Accessed 11 May 2018].

regeneration. This will ensure that all Londoners can benefit from London's opportunities.

- *Increasing digital inclusion*, particularly for those who are housebound and most excluded, in order to support participation and social integration. Poor basic digital skills can be a barrier for some groups, and can stem from a lack of confidence or affordability issues¹⁵²The Mayor's roadmap for data and digital technologies will describe how Londoners can use technology to engage with London, its public services and the social, economic and political opportunities available in the capital. The Mayor appointed a **Chief Digital Officer**, London's first, to oversee his approach,
- As described in his **Equality, Diversity and Inclusion Strategy**, he will target support to Londoners who are currently more excluded.

As part of making London a more inclusive city for all people, the Mayor has committed to making London a dementia-friendly city by 2022. There are an estimated 72,000 people living with dementia in London. If current trends continue, there will be a 40 per cent increase in the people living with this condition by 2025.¹⁵³ **Dementia-friendly London** will consider transport, housing, health services, culture, and social integration, through the lens of dementia, with the aim that all those living with dementia in London should be empowered and supported to live well.

OBJECTIVE 4.2 Londoners are empowered to improve their own and their communities' health and wellbeing

Communities need a voice in local decision-making and the design and delivery of local places and services. The Social Value Act 2012 requires the public sector, including local authorities and health sector bodies, to understand how they can secure wider social, environmental and economic benefits for communities through the services they commission.

The NHS Five Year Forward View has a vision for health and care as 'a social movement', recognising that patient and community engagement is essential to improving the NHS.¹⁵⁴ The NHS and local government are working together to progress service integration, and have committed to ensure that future health and social care services in London address health inequalities and prevent ill health through the **London Health and Care Devolution agreement**. That means developing plans with local communities including marginalised groups through continuous engagement. It also means ensuring good access to major

¹⁵² ONS (2016) Home Internet and Social Media Use

¹⁵³ Knapp, M. et al (2014) *Dementia UK: Update*. London: Alzheimer's Society [online] Available at: https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia_uk_update.pdf [Accessed 11 May 2018].

¹⁵⁴ NHS England, 2017. *Five Year Forward View for Mental Health: One Year On*. Redditch: NHS England, pages 32.

preventative programmes such as immunisation, screening for cancer or eye health, and mid-life health checks.

Digital inclusion can improve access to digital health information, with access to, and use of, health information a strong predictor of personal health¹⁵⁵. The Mayor's digital agenda offers many opportunities to enable Londoners to support their health and wellbeing. Through his Chief Digital Officer, work is being undertaken with health and social care services to develop new approaches to digital inclusion that support Londoners' access to care and information. This includes work with the NHS and partners to better integrate health and social care record, to improve the care and support of people who move between the NHS, council social care and third sector services. This will in turn enable reductions in inequality and vitally enable citizens to be more active participants in their managing their health and wellbeing.

Community-led projects and the preparation of Neighbourhood Plans¹⁵⁶ provide opportunities for local people to shape growth in their areas. Places can be created or changed in ways that improve health when communities are effectively engaged in planning, including the pre-application stage when there is more opportunity to influence proposals.

Many communities are already collaborating to understand and solve problems, and making good use of local assets like community facilities and social networks. Local facilities like parks, leisure or cultural centres offer opportunities to improve health and address health inequalities when they focus on the needs of local people in the context of their daily lives. Community settings with a shared purpose, like libraries and schools, can share their premises with community groups. An example of this is the London Fire Brigade has identified fire stations as community assets. The Mayor would like to see both the public and private sectors making their facilities, resources and networks more available to help community and voluntary sector organisations. The Mayor would also like to see more partners thinking about how they might promote the best use of existing assets – approaches like the 'Fire Service as a Health Asset' utilise existing opportunities to provide health and social support to vulnerable Londoners. Community-led approaches can reach those groups that do not usually engage with health and care services. These approaches allow people to identify their own health needs and priorities, and use social networks to improve their skills and knowledge. They enable communities to support each

¹⁵⁵ Apfel, F. et al. (2013) *Health literacy: The Solid Facts*. Denmark: World Health Organisation Regional Office for Europe. [online] Available at: http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf [Accessed 11 May 2018].

¹⁵⁶ Neighbourhood planning is a right for communities introduced through the Localism Act 2011. Communities can shape development in their areas through the production of Neighbourhood Development Plans (often referred to simply as Neighbourhood Plans), Neighbourhood Development Orders and Community Right to Build Orders.

other and play an active role in managing their own health. There are great examples of community work to improve health. These help to create strong and thriving communities and may explain why people living in some deprived areas seem to have better health than others.¹⁵⁷ It is important to understand and learn from the success of communities in these places.

The Mayor is concerned at the impact the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 is having on vulnerable people. This includes patient identity checks, and up-front charging in hospitals and community health services. The Mayor believes such measures deter migrants and BAME communities from accessing the healthcare they need. The Mayor opposes the discriminatory impacts of the hostile environment and calls on government to address this. These threaten social integration, leave vulnerable people without access to essential services, and undermine the intended aim of preventing irregular migration.

Community groups have expressed a desire for longer-term involvement with the Health Inequalities Strategy. The Mayor's community engagement team is already working with a wide range of community groups to give them a voice at City Hall. In addition, the Mayor and partners will establish a community forum to engage with the most socially excluded groups or their representatives with the aim of preventing and redressing health inequalities.¹⁵⁸ This engagement will provide opportunities to share learning about health inequalities and social exclusion, for example through evidence and research.

OBJECTIVE 4.3 Social prescribing becomes a routine part of community support across London

Social prescribing is a way of supporting individuals to improve their health and wellbeing through access to non-medical, community-based services that take account of the whole person and the determinants of their health.

There are several different types of schemes, but in most, people are referred to link workers, or care navigators (often linked to a GP surgery) who work with them to explore and understand their needs, goals and the barriers to achieving them. From this they co-produce a 'social prescription', outlining their priorities and the activities or support that would meet their needs and improve their health and wellbeing.

¹⁵⁷ Buck, D. & Maguire, D. (2015), *Inequalities in life expectancy: Changes over time and implications for policy*. London: King's Fund. [online] Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/inequalities-in-life-expectancy-kings-fund-aug15.pdf [Accessed 22 May 2018].

¹⁵⁸ Luchenski, Serena et al. (2018) What works in inclusion health.: overview of effective interventions for marginalised and excluded populations. *The Lancet*, Volume 391, No. 10117, pages 266 – 280. Available at: www.thelancet.com [Accessed 22 May 2018].

Activities can be diverse ranging from helping people to take up new activities or become more physically active to providing more structured support such as help with getting a job, accessing adult education, housing or legal advice and debt management.

Social prescribing is already happening in many parts of London. It sometimes happens informally through GPs linking patients into local support they are aware of locally. Increasingly however, the approach is structured with local authorities or housing associations working with the health system in both primary and acute care settings.

The Mayor is working with a wide range of partners across London to develop a strategy for social prescribing, and aims to improve its reach. The Mayor recognises that social prescribing is an area where the evidence base, though initially positive, is still evolving.¹⁵⁹ The approach to social prescribing must be informed not only by the best evidence, but also by those who use and provide it. This includes exploring how digital solutions might support the effective roll-out of social prescribing, and how to obtain the more specialist social welfare advice that people need and that is increasingly difficult to access.

To be successful, social prescribing needs a strong local community and voluntary sector. However, the sector faces huge challenges due to falling public sector investment and the growing demand and complexity in service users' needs. Effective long-term partnerships between the NHS, local authorities and the community and voluntary sector can strengthen community capacity and build community assets.

OBJECTIVE 4.4 People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma surrounding them

Though considerable progress has been made in reducing both new HIV infections and the number of new TB cases, these conditions continue to present pressing challenges in London.

In 2018, the Mayor committed to action on HIV by joining NHS England, Public Health England and London Councils in signing London up to the UNAIDS Fast-Track Cities initiative. This is a collaborative programme through which London's health and public health systems will work towards global targets for HIV prevention, treatment and stigma reduction. It provides an opportunity to use the Mayor of London's profile to understand

¹⁵⁹ Polley, M. et al. (2017) *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. [online] UK: University of Westminster. Available at: <http://westminsterresearch.wmin.ac.uk/19223/1/review-of-evidence-assessing-impact-of-social-prescribing.pdf> [Accessed 11 May 2018].

and challenge HIV stigma, and will also promote international learning and partnership to reduce HIV's impact in London.

This builds on the good work that is going on across London to prevent HIV. The current PrEP (HIV pre-exposure prophylaxis) impact trial is also a new opportunity to look at wider HIV prevention strategies in London, and the Mayor backs the swift roll out of PrEP across the city. To reduce health inequalities for Londoners there needs to be a sustained focus on sexual health education and on promoting good sexual health. The **Do It London** programme, led by London boroughs, is one example of London-wide efforts to prevent HIV and promote safer sexual health practices. The Mayor supports and promotes this work, and will help to raise its profile where possible. In addition, there needs to be an effort to update the public's knowledge about HIV, and address outdated concerns, misinformation and stigma.

Commitments in this strategy, including housing improvements, addressing rough sleeping, and empowering communities will contribute to preventing TB in London. The work of the London TB Control Board remains vital in engaging the commitment of partners to work on these complex social and medical needs, and the Mayor will continue to support its work. While there has been much progress on TB control in London, the Mayor would like to see this progress maintained, including housing support at hospital discharge and screening for latent TB infection.

OBJECTIVE 4.5 London's communities feel safe and are united against hatred in whatever form it takes.

Community policing can play a key role in reducing levels of antisocial behaviour and crime that harm some neighbourhoods. It can help build relationships with local people and organisations. The British model of policing is based on trust and confidence between the public and the police. The Mayor knows that trust and confidence varies between different communities and there are many complex reasons for this, some of which are historical, and the Mayor will seek to address these as part of his vision for London.

Both offenders and victims of crime are disproportionately affected by health issues. For offenders, underlying mental and physical health problems can be the root of offending and repeating the cycle of crime. Victims may need care or support from health services to cope and recover from what has happened to them. The Mayor's Office for Policing and Crime (MOPAC) is working with health services both in police custody and in the community to help improve service provision across the board.

Hate crime can victimise whole communities. It can erode the sense of inclusion, solidarity and belonging of which London is rightly proud. The Mayor will not tolerate hate crime in any form and work with partners and communities across London to address hate crime.

The Mayor wants London to be the safest city in the world for women and girls. The **Violence Against Women and Girls** strategy provides a framework for the Mayor to address this through measures to intervene and prevent violence and by tackling individuals who pose a risk in our communities. He will also improve services for victims. Every Londoner and organisation must play their part by promoting equality and challenging sexist and misogynistic attitudes wherever they encounter them. In addition, the Mayor and partners will sign up to the **UN Safer Cities for Women and Girls initiative**, a global programme to prevent and respond to sexual harassment and other forms of sexual violence against women and girls.

London also needs to be a safer city for children and young people. Measures to reduce the immediate impact of knife crime and other forms of serious violence need to be accompanied by system-wide solutions that prevent it from recurring and happening in the first place. Building on learning from Glasgow and other cities, the Mayor is leading work to explore how London can develop a public health approach to violence prevention and reduction.

The Mayor will support interventions in areas blighted by knife crime, through the **Young Londoners Fund** and projects like Stepping Stones that supports children in the transition from primary to secondary school. MOPAC and its partners are also producing a toolkit for actions following a violent youth crime, aimed at frontline workers like teachers and doctors, faith and community groups. The Mayor is also working with partners to look at the role drugs and alcohol are playing in youth violence.

Summary of commitments

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of *ensuring London's diverse communities are healthy and thriving*. Some of the major commitments are summarised below, along with some of his priority asks of London partners.

What the Mayor will do to deliver change

- Develop a strategy for social prescribing in London, accelerating its adoption with the most deprived communities
- Use the Social Integration Strategy to reduce inequality, isolation and loneliness amongst Londoners of all ages by strengthening their ability to build strong relationships and become active citizens

- Use the Sports and Culture strategies to maximise sport, arts and culture’s potential to improve social integration and health, and improve access to volunteering programmes so more Londoners benefit from being active citizens.
- Use the Young Londoners Fund, policing powers and the policies set out in the Police and Crime Plan and the Violence Against Women and Girls Strategy to improve the safety of Londoners, reducing violence against women and girls and supporting interventions in areas blighted by youth violence

What the Mayor will do to support change

- Work with partners in the NHS, local authorities and the Voluntary and Community Sector to expand the reach of social prescribing programmes in London, helping people find solutions to improve their health and wellbeing.
- Fund activities which promote effective community-led approaches to tackle health inequalities in London
- Work with Alzheimer’s UK and other partners to make London the world’s first dementia-friendly capital city, helping all those living with dementia in London to be empowered and supported to live well
- Work with the NHS and other through the health and social care London Digital Partnership Board, to better integrate records across health and social care
- Working with partners, use the Fast Track Cities Initiative to challenge the stigma associated with HIV and support collaborative work on HIV prevention and treatment in London
- Continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London

Priorities to be led by external partners

- The Government should address the discriminatory impacts of the hostile environment, including inappropriate use of NHS data sharing with the Home Office and NHS overseas visitor charges regulations
- Local facilities, like leisure centres, cultural facilities, libraries and schools should support community asset development by sharing premises with community groups
- The NHS should explore how to engage with communities and citizens more effectively, involving them directly in decisions about the future of health and care services and involving patients and the public in commissioning processes and decisions
- Partners, through the London TB control board, should work to ensure that progress in TB control is maintained, including action on arrangements for hospital discharge and accommodation for those with no recourse to public funds on treatment and work on screening for latent TB infection

- The London Fire Brigade, NHS and local authorities should work together to develop a 'Fire Service as a Health Asset' approach in London, including use of home visits by fire teams.

DRAFT

AIM FIVE Healthy Living

THE HEALTHY CHOICE IS THE EASY CHOICE FOR ALL LONDONERS

Figure 17 Infographics on Healthy Living (currently being designed)

- Over 11,000 emergency food parcels were given to Londoners in 2016-17
- 62 per cent of Londoners believe having healthier and cheaper food options on London's high streets would have the biggest impact on improving healthy eating in the capital
- Only 31 per cent of adults in London walk or cycle for 20 minutes or more on a given day.
- Smoking rates in adults in routine and manual groups are double those of adults in managerial roles (11.5% to 23.9%)
- Only 31 per cent of adults in London walk or cycle for 20 minutes or more on a given day
- More than a fifth of all deaths in young men aged between 16 and 24 are alcohol-related

Objectives for Healthy Living

This strategy sets out three objectives to help achieve the Mayor's aim that the healthy choice is the easy choice for all Londoners

1. All Londoners achieve at least the minimum level of daily activity needed to maintain good health
2. All Londoners have access to healthy food
3. Steps are taken to reduce the harms caused by tobacco, alcohol, drugs and gambling

The Mayor's key ambition is that more Londoners become active every day and achieve the levels of physical activity they need to stay healthy.

If London is to tackle health inequalities and become the world's healthiest global city, then healthy living options must be available, attractive and easy for everyone to access. We also need to address those health-related behaviours that are known to reduce healthy life expectancy. Though individuals may engage in unhealthy behaviours, the risk of this is profoundly influenced by social factors.¹⁶⁰ This strategy highlights the role that physical activity, food, tobacco, alcohol and drugs play in driving health inequalities in London.

People in the UK are around 20 per cent less physically active now than in the 1960s.¹⁶¹ The link between physical inactivity and obesity is well established¹⁶², increasing the risk of cardiovascular disease, diabetes and some cancers¹⁶³. Physical inactivity is not only linked to obesity¹⁶⁴; it is also one of the top ten causes of all disease and disability in England.

Everyone can benefit from being more active every day. It is recommended¹⁶⁵ that children aged over five years do at least 60 minutes of moderate intensity activity (brisk walking or cycling) each day, while adults should aim for 150 minutes a week in periods of ten minutes or more¹⁶⁶. Many more Londoners could be more active daily by incorporating walking or cycling into their journeys, and taking more opportunities for leisure and outdoor play, with big benefits for the health of the city.

Getting the right balance of nutrients from food is vital to healthy living. Poor diet is a leading cause of premature death in the UK^{167 168} and is responsible for a third of cancers

¹⁶⁰ Murray, C.J.L. et al., (2013) UK health performance: findings of the Global Burden of Disease Study 2010. *The Lancet*. Volume 381, No.9871, pages 997-1020. Available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60355-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60355-4.pdf) [Accessed 22 May 2018].

¹⁶¹ Ng, S.W., Popkin, B. (2012) Time Use and Physical Activity: a shift away from movement across the globe. *Obesity Review*, Volume 13, No 8, pages 659-80. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3401184/> [Accessed 22 May 2018].

¹⁶² World Health Organization (2010) Global Recommendations on Physical Activity for Health. [online] Switzerland: World Health Organisation. Available at: <http://www.who.int/dietphysicalactivity/global-PA-recs-2010.pdf> [Accessed 10 May 2018].

¹⁶³ Guh, D.P et al. (2009). The incidence of co- morbidities related to obesity and overweight: A systematic review and meta-analysis, *BMC Public Health*, Volume 25, No. 9, pages 88. [online] Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667420/> [Accessed 22 May 2018].

¹⁶⁴ Lee, I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet*, Volume 380, No. 9838, pages 219–29. [online] Available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(12\)61031-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(12)61031-9.pdf) [Accessed 22 May 2018].

¹⁶⁵ Bull, F.C. and the Expert Working Groups (2010) *Physical Activity Guidelines in the U.K.: Review and Recommendations*. Loughborough: Department of Health and Social Care, pages 87.

¹⁶⁶ Department of Health, Physical Activity, Health Improvement and Protection (2011) *Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers*. London: Department of Health, Physical Activity, Health Improvement and Protection, pages 62.

¹⁶⁷ Murray, C.J.L. et al., (2013) UK health performance: findings of the Global Burden of Disease Study 2010. *The Lancet*. Volume 381, No.9871, pages 997-1020. Available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60355-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60355-4.pdf) [Accessed 22 May 2018].

and cardiovascular diseases¹⁶⁹. Excess salt consumption contributes to high blood pressure¹⁷⁰, while excess sugar intake increases the risk of both tooth decay, and of consuming too many calories, which, if sustained, causes weight gain and obesity¹⁷¹. While many Londoners are overweight, it is also the case that too many Londoners are malnourished, with three per cent of adults in London classed as underweight.¹⁷²

The evidence shows that the diets of people on low incomes tend to be nutritionally poorer than the better off^{173, 174}. It's also the case that people with poor mental health may struggle to eat well¹⁷⁵, including an association with being overweight or obese¹⁷⁶.

Smoking remains London's biggest killer, causing the early deaths of over 8,000 people per year. It contributes to four out of the five most common health conditions that kill Londoners.¹⁷⁷ Smoking rates also vary by communities, being 50 per cent more common in the most deprived communities compared to the least deprived¹⁷⁸, and more than twice as common amongst adults with serious mental illness compared with the general population.

¹⁶⁸ Newton, JN. et al. (2015) Changes in health in England, with analysis by English regions and areas of deprivation, 1990 to 2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*. Volume 386, No 10010, pages 2257-74. Available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00195-6.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00195-6.pdf) [Accessed 23 May 2018].

¹⁶⁹ Scarborough P, et al. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health*. Volume 33, No 4, pages 527–535.

¹⁷⁰ Scientific Advisory Committee on Nutrition (2003) *Salt and Health*. London: The Stationery Office, pages 134.

¹⁷¹ Scientific Advisory Committee on Nutrition, 2005. *Carbohydrates and Health*. London: The Stationery Office, pages 384.

¹⁷² NHS England (2017) *Health Survey for England 2016*. [online] NHS Digital Available at: <https://digital.nhs.uk/catalogue/PUB30169> [Accessed 9 May 2018].

¹⁷³ National Centre for Social Research, King's College London. Nutritional Sciences Research Division, University College London. Department of Epidemiology and Public Health, University College London. Medical School, Institute of Food Research, Northern Ireland Statistics and Research Agency. (2008). *Low Income Diet and Nutrition Survey, 2003-2005. [data collection]. UK Data Service. SN: 5808*, [online] Available at: <http://doi.org/10.5255/UKDA-SN-5808-1> [Accessed 23 May 2018].

¹⁷⁴ Sustain (2017) *Beyond the food bank: London food poverty profile*. [online] Sustainweb.org Available at: <https://www.sustainweb.org/foodpoverty/profile/> [Accessed 9 May 2018].

¹⁷⁵ Sustain (2017) *Beyond the food bank: London food poverty profile*. [online] Sustainweb.org Available at: <https://www.sustainweb.org/foodpoverty/profile/> [Accessed 9 May 2018].

¹⁷⁶ Public Health England (2018) Guidance: obesity and weight management. [online] Gov.uk Available at: <https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities/obesity-and-weight-management> [Accessed 9 May 2018].

¹⁷⁷ Public Health England et al. (2015) *Better health for London: next steps*. London: Greater London Authority, pages 42.

¹⁷⁸ Public Health England (2018) *Public Health Outcomes Framework, Mortality rate from causes considered preventable indicator 4.03, 2013-15* [online]. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> [Accessed 10 May 2018].

Figure 8: Smoking rates by socioeconomic group in England

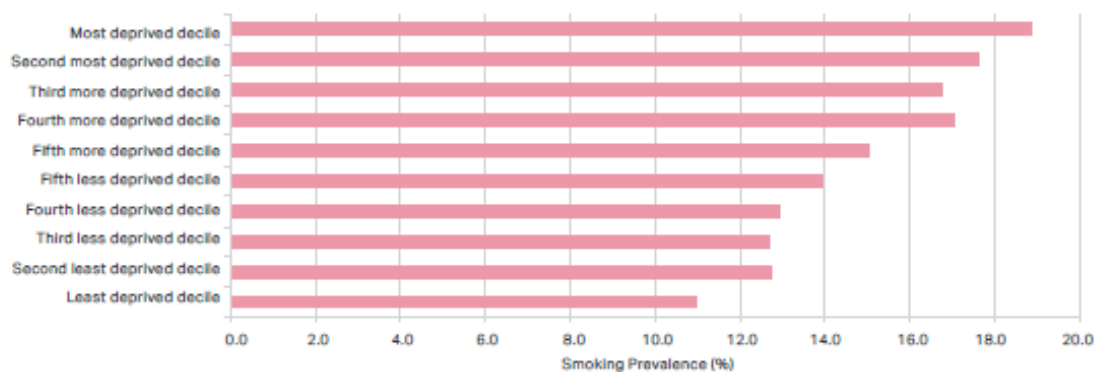


Figure 18 Smoking rates my socio-economic group

Dependent smokers often need support when they want to quit. However, illegal tobacco undermines efforts to help people quit smoking by supplying cheap cigarettes. In London, the average cost of illegal tobacco is about half the price of its legal counterparts.¹⁷⁹ Nearly 90 per cent of lifetime smoking begins between the ages of 10 and 20 years in the UK¹⁸⁰, with illegal tobacco encouraging young people to start smoking as it is sold cheaply, often as single cigarettes. This is helping to create a new generation of smokers in deprived areas where smoking rates remain relatively high.¹⁸¹

Alcohol is widely available, and drunk in moderation it is an accepted part of life for many of London's communities, yet it is a potentially addictive intoxicant and is a causal factor in several medical conditions¹⁸². Trends since 2005 show a decline in drinking frequency in

¹⁷⁹ Power, G. (2013) *Illicit Tobacco in South East London: A Survey of Smokers 'Tobacco, Crime and Health Inequalities in South East London'*. London: Lambeth Council, pages 32.

¹⁸⁰ Department of Health (2017) *Towards a Smoke Free Generation- A Tobacco Control Plan for England*. London: Department of Health, pages 32.

¹⁸¹ Office for National Statistics (2017) *Adult smoking habits in the UK: 2016*. [online] ONS.gov Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016> [Accessed 5 July 2017].

¹⁸² Jones L. & Bellis MA., (2014) *Updating England-Specific Alcohol-Attributable Fractions*. [online] Liverpool: Centre for Public Health, Liverpool John Moores University. Available at: <http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf> [Accessed 11 May 2018].

the UK¹⁸³, but alcohol remains a leading risk factor for death and disability¹⁸⁴. Alcohol can affect child development, and is associated with the baby being born prematurely or underweight, and drinking from an early age is associated with a range of poor outcomes. Alcohol misuse is also strongly associated with mental health problems, including depression and serious mental illness.¹⁸⁵

Alcohol is a significant factor in violent crime, including domestic violence and sex offences, with almost half of victims perceiving their attacker to be under the influence of alcohol¹⁸⁶. Deprived communities are likely to experience five to seven times the amount of alcohol-related harm as the general population; disadvantaged groups experience greater harm from the same or even lower levels of alcohol consumption¹⁸⁷

Around seven in ten adults do not follow all the guidelines on tobacco use, alcohol consumption, a healthy diet and physical activity. Some communities are more likely to experience multiple unhealthy risk factors, and require comprehensive behavioural advice and support that addresses the social context of their lives¹⁸⁸.

Initiatives like Making Every Contact Count (MECC) help NHS and local authority staff talk to service users and carers about how to improve their health and wellbeing. These conversations can address health inequalities if they focus on those at risk of poor health, and the Mayor supports this approach. He would like more health and social care staff to benefit from MECC training to provide them with tools to support Londoners' health and wellbeing, including supporting smoking cessation as part of the maternity pathway. This approach should be embedded into the work the NHS is doing to improve the health and wellbeing of staff themselves.

¹⁸³ Institute of Alcohol Studies (2017) *UK Alcohol Consumption* [online] IAS.org Available at: <http://www.ias.org.uk/Alcohol-knowledge-centre/Consumption/Factsheets/UK-alcohol-consumption.aspx> [Accessed 10 May 2018].

¹⁸⁴ World Health Organisation (2009) *GLOBAL HEALTH RISKS WHO Mortality and burden of disease attributable to selected major risks* [Online] WHO.int Available: http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf [Accessed 23 May 2018].

¹⁸⁵ Burton, R. et al. (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. An evidence review*. London: Public Health England, pages 241

¹⁸⁶ Office for National Statistics (2016) *Crime statistics, focus on violent crime and sexual offences: year ending March 2015*. [online] ONS.gov Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016> [Accessed 09 May 2018].

¹⁸⁷ Katikireddi, S.V. et al. (2017) Socioeconomic status as an effect modifier of alcohol consumption and harm: analysis of linked cohort data. *The Lancet Public Health*. [online] Volume 2, No. 6, pages 267–276. Available at: [https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30078-6.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30078-6.pdf) [Accessed 23 May 2018].

¹⁸⁸ Evans, H. & Buck, D. (2018). *Tackling multiple unhealthy risk factors*. [online] London: Kings Fund, pages 82. Available at: <https://www.kingsfund.org.uk/sites/default/files/2018-03/Tackling%20multiple%20unhealthy%20risk%20factors%20-%20full%20report.pdf> [Accessed 23 May].

Within London boroughs, innovative work is being conducted to improve local understanding of how people with complex lives and multiple unhealthy risk factors – such as those discussed in this chapter – can be supported to live healthier lives. It is not within the remit of the Mayor to commission or provide such services, but he will work in partnership with London boroughs, the NHS, Public Health England and other sectors to support their development, and wider opportunities for healthy living in London, including those planned on a city-wide basis.

Several Mayoral strategies are referenced in this chapter, reflecting the health in all policies approach. Key strategies for Healthy Living are:

Food, Sport, Transport, and the Police and Crime Plan and London Plan,

OBJECTIVE 5.1 All Londoners achieve at least the minimum level of daily activity needed to maintain good health

Building physical activity into the daily routine is the best way to stay active throughout life.¹⁸⁹ In London, walking and cycling for daily travel are the most common ways for people to be active daily.

Physical activity is a key priority in the Mayor's **Transport Strategy**. The Mayor has set out his aim that all Londoners walk or cycle for 20 minutes each day by 2041. This will reduce inequalities in physical activity by supporting inactive people to add a small amount of activity into their daily routine.

To enable this to happen, walking, cycling and public transport must become the most attractive transport options. That means using the **Healthy Streets Approach** to reduce car dependency and create streets that are inviting to use, as discussed in the Healthy Places chapter. The built environment needs to be safe, convenient, accessible and welcoming for everyone to play, walk and cycle.

Leisure activities such as dancing, gardening, singing or performing offer health and social benefits. As set out in the Healthy Communities chapter, the Mayor wants to increase opportunities for people to be an active part of their communities. Low income, disability,

¹⁸⁹ Varney, J. et al. (2014) *Everybody active, every day - An evidence-based approach to physical activity*. London: Public Health England, pages 26.

poor access to facilities and difficulty finding time to build exercise into the day are some of the barriers people face.

Sport is an important way for many people to be active. The Mayor wants all of London's communities to have the chance to participate. The **Sport Unites** investment programme (see Healthy Communities) aims to create a healthier more active London, targeting the most inactive and the barriers they face. The programme will fund initiatives that provide affordable, local opportunities for Londoners to become more active. It will also invest in organisations that support Londoners with poor mental health.

The **Healthy Early Years London** and **Healthy Schools London** programmes (Healthy Children chapter) also encourage physical activity, as does the **London Healthy Workplace Charter** (Healthy Places).

OBJECTIVE 5.2 More Londoners have access to healthy food

Why we eat the food we do is influenced by a range of factors, including culture and income. The Mayor recognises the importance of ensuring London has a healthy food system, to support more adults and children to have healthier diets. Developing an integrated food policy also means addressing the rise of food poverty, with its increased reliance on foodbanks and children going hungry during school holidays. The Mayor will work with partners across London to roll out the priorities set out in the draft **London Food Strategy** led by the **London Food Board**.

London boroughs have some of the highest densities of fast food outlets in England, and research shows this is greatest in deprived communities^{190 191}. In 2017, the **London Great Weight Debate** started a conversation on childhood obesity in the capital, highlighting strong public support to address the spread of unhealthy food and drink on our high streets.¹⁹² The Mayor's **draft London Plan** includes a policy to restrict new hot food takeaways within 400 metres of existing or proposed primary or secondary schools. The Mayor is also supporting the **London devolution** commitments to explore 'health super

¹⁹⁰ Public Health England (2016) *Obesity and the environment: density of fast food outlets*. London: Public Health England, pages 2.

¹⁹¹ Fraser L.K., et al. (2010) The geography of fast food outlets: a review. *International Journal Environmental Research and Public Health*. [online] Volume 7, No 5, pages 2290–308. Available at: www.mdpi.com/journal/ijerph [Accessed 23 May 2017].

¹⁹² Healthy London Partnership (2017) *The Great Weight Debate London's conversation on childhood obesity*. London: Public Health England, pages 42.

zones' around schools. This will reduce the harm caused by unhealthy food and drink, with a specific focus on deprived communities.¹⁹³

The London Food Board will promote action to help Londoners access healthy sustainable food. Through this, the Mayor and partners will encourage uptake of Public Health England guidance on catering standards, Sustain's Local Government Declaration on Sugar Reduction and Healthier Food¹⁹⁴. In addition, it will encourage organisations to gain accreditation under the **London Healthy Workplace Charter** and Sustain's Food for Life¹⁹⁵.

Research shows that our food purchasing and eating behaviour is often automatic and unthinking. It is prompted by what has been marketed to us, and the food available around us^{196 197 198}. In London, as in other parts of the country, the food environment often encourages us to buy and consume more food and drink than we need.¹⁹⁹

As part of his commitment to tackling childhood obesity, the Mayor has included a proposal in his draft London Food Strategy to ban advertising of unhealthy food and drink that is high in fat, salt or sugar (HFSS) across the TfL estate (see Healthy Children chapter).

OBJECTIVE 5.3 Steps are taken to reduce the harms associated with tobacco, alcohol, drugs and gambling.

London's boroughs lead on preventing smoking, and reducing harmful alcohol and drug use. Effective cooperation between local authorities, health agencies and law enforcement can reduce the impact on Londoners, and particularly on children.

¹⁹³ For further information go to <https://www.london.gov.uk/what-we-do/health/london-health-and-care-devolution/what-health-and-care-devolution-means-london>

¹⁹⁴ <https://www.sustainweb.org/londonfoodlink/declaration/>

¹⁹⁵ <https://www.foodforlife.org.uk/>

¹⁹⁶ Boyland, E. J. et al. (2016) Advertising as a cue to consume: A systematic review and meta-analysis of the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising on intake in children and adults. *The American Journal of Clinical Nutrition*. [online] Volume 103, Issue 2, 1 February 2016, Pages 519–533. Available at: <https://doi.org/10.3945/ajcn.115.120022> [Accessed 23 May 2018].

¹⁹⁷ Whalen, R., et al. (2017) Children's exposure to food advertising: the impact of statutory restrictions. *Health Promotion International*, dax 044.

¹⁹⁸ Lake, A. (2018) Neighbourhood food environments: Food choice, foodscapes and planning for health. *Proceedings of the Nutrition Society*, 1-8.

¹⁹⁹ Butland B et al. (2007) Tackling obesities: future choices – project report (2nd Ed). UK: Department of Innovation Universities and Skills, pages 162.

Local initiatives which take account of local needs, issues and assets are the best way to tackle these issues. The Mayor will support collaborative working across the city, including pan-London initiatives where appropriate. For example, the **London Healthy Workplace Charter** supports employers to encourage and signpost their staff to services to help them quit smoking and reduce alcohol intake.

Several London boroughs are already showing strong leadership to address illegal tobacco. However, action is needed across the city, building on work such as the Pan-London illegal tobacco roadshows. When seized, illegal tobacco is often found alongside illegal alcohol. Cheap alcohol sold outside of licensed channels is often harmful to health, and can lead to people drinking more.²⁰⁰

Through the **London Health and Care Devolution agreement**, the Mayor and partners will establish a pan-London approach to illegal tobacco and counterfeit alcohol, working closely with Her Majesty's Revenue and Customs. The aim will be to reduce the sale of illegal tobacco and alcohol in London, making the best use of existing penalties, and lobbying for new sanctions if needed. The aim is for better health for Londoners, and it will also lower crime and increase revenue to the exchequer.

There is potential to boost Londoners' health through a more varied night-time economy across the city. Fewer people are drinking while out, yet drinking at home is increasing. To prevent social isolation and the health impacts of excessive drinking, the Mayor wants to encourage a healthier relationship with alcohol. This will help reduce the problems associated with people drinking heavily (pre-loading) before a night out, and seasonal spikes in demand for urgent NHS care and ambulance services prompted by binge drinking.

Education has a vital role to play in preventing problematic alcohol and drug use. The Mayor will explore further activity to support schools to deliver the **London PSHE curriculum** working across existing programmes such as **Healthy Schools London**. This will help address issues that affect London's children and young people, ensuring it provides the best possible support to inform young people and help them make healthy choices.

London has some of the best alcohol and drug treatment services in the UK, and has been at the forefront of developing new ways to help people with alcohol problems. But public finances are constrained. The Mayor will work with London boroughs, treatment providers, the voluntary sector and researchers to understand how best to meet Londoners'

²⁰⁰ Burton, R. et al. (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. An evidence review. London: Public Health England, pages 241.

continually evolving needs. These include tackling complex issues such as where Londoners have both mental ill-health and drug or alcohol problems, changing patterns of drug use (including legal highs), changing supply routes (including ‘county lines’) tackling drug related deaths. The Mayor calls on will partners to reduce exacerbating harms by ensuring that when alcohol and drug treatment service are treating parents, consideration is given to the needs of their children.

More too can be done to stop the blight of drugs on communities. The **Mayor’s Office for Policing and Crime** (MOPAC) is reviewing how drug services are working in the criminal justice system, and how to work most effectively with health agencies to prevent violence and crime. MOPAC and the NHS already have an information sharing programme that they are using to tackle violence in London. They are looking at how the information generated can support local licensing frameworks and pathways into treatment for the most vulnerable. This will help to reduce drug and alcohol-related harm.

Together, partners will promote effective interventions to address alcohol and substance misuse, and the inequalities that drive them. The Mayor wants to see more sharing of good practice, and he will support an annual event to showcase work in this area, and address the needs of our most vulnerable citizens, including street drinkers and older Londoners, as well as people in the criminal justice system.

The **London Health and Care Devolution agreement** expressed concern about the impacts of the spread of betting shops on London’s high streets, and the proliferation of online gambling opportunities and marketing. Concern has been raised that fixed odds betting terminals put vulnerable people at risk. Problem gambling can lead to physical and mental illness, debt problems, relationship breakdown and, in some cases, crime²⁰¹. The Mayor will work with partners to monitor and raise the profile of gambling-related harm, and explore prevention opportunities through the devolution agreement.

Summary of commitments

In this chapter the Mayor outlines areas he is committed to working on with partners to achieve the aim of *making the healthy choice the easy choice for all Londoners*. Some of the major commitments are summarised below. Some of his priority asks of London partners are also included below.

What the Mayor will do to deliver change

²⁰¹ Gambling Commission (2018) Gambling-related harm as a public health issue. London: Gambling Commission, pages 10.

- Through TfL, implement the Healthy Streets Approach to help make walking, cycling and public transport the most attractive daily transport options in London
- Use his Food Strategy to help improve access to healthy food, particularly for the most deprived communities
- Consult on plans to restrict new hot food takeaways within 400 metres of existing or proposed primary or secondary schools.

What the Mayor will do to support change

- Roll out the priorities of the new London Food Strategy, including encouraging work across the city to promote good food in education, especially for parents and children
- Use the health and care devolution agreement to explore the creation of health super zones around schools, with a specific focus on deprived communities
- Support London boroughs on their work preventing tobacco, alcohol and drug-related harms, including by working closely with HMRC to help establish a pan-London approach to illegal tobacco and counterfeit alcohol
- Explore further activity to support schools to deliver the London PSHE curriculum, working across existing programmes such as Healthy Schools London

Priorities to be led by external partners

- Local authorities and businesses should consider adopting the Public Health England guidance on catering standards for employers
- The NHS should ensure that health and social care staff access Making Every Contact Count (MECC) training, and build on London's MECC framework and tools to support healthy living
- The NHS should embed MECC approaches in its work, to improve staff health and wellbeing
- Local authorities, NHS, and the VCS, should share learning and good practice on how to address alcohol and drug related harm for our most vulnerable citizens, and monitor and raise the profile of gambling related harm.

Next steps

From strategy to action

This strategy sets out five key aims to tackle health inequalities in London over the next ten years, and the objectives that will support their delivery through to 2028. An implementation plan has been developed by the Mayor and partners that sets out the initial actions that need to be taken to deliver these objectives. It also provides delivery timescales, and information on how actions will be monitored and reported on.

The Mayor cannot deliver the aims and objectives of the London Health Inequalities Strategy alone. Full implementation can only be achieved through a combination of the Mayor's actions, and the actions of partners including local and national government, the health and social care system, voluntary and community organisations, businesses, and Londoners and communities themselves.

Progress in delivering the strategy will be reported to the London Health Board, chaired by the Mayor. The London Prevention Partnership Board will provide strategic oversight for implementation and delivery. The London Health Inequalities Pledge Board captures the commitments made by Londoners, communities and organisations
<https://getthehealthy.london/better-health-for-londoners/>

Not all the actions needed to deliver the objectives of strategy will be listed in the initial implementation plan. Those wider or future measures that are within the Mayor's control will be set out in future iterations of the implementation plan, as meeting the objectives of the strategy will require successive and cumulative activity over the longer term. The impacts of these actions will be monitored and evaluated, and actions will be reviewed as required.

Reporting London-wide progress

Overall, progress in delivery of the London Health Inequalities Strategy will be tracked through changes in healthy life expectancy in London. The strategy establishes five key aims for London, which will be monitored through a high-level indicator set to measure change at a population level.

The actions to deliver the strategy are often cross-cutting, and therefore each of the objectives will be monitored using different datasets, combinations of datasets or other reporting methods. Information on how the objectives will be reported on is provided in the implementation plan.

Glossary A – Z

Active citizenship means people getting involved in their local communities and democracy at all levels. This can range from voting and political representation to volunteering and donating, membership of community organisations like tenants' organisations or charities; and protesting and lobbying.

Active travel refers to transport that requires people to be physically active such as walking and cycling. It also includes scooting, skating and skateboarding. Public transport is usually included too, as part of the journey will have been done by active travel.

Acute care is when a patient gets short-term treatment for a severe injury or episode of illness, urgent medical condition, or during recovery from surgery. It usually happens in hospital.

Affordable Homes is the Mayor's programme to fund new affordable housing in London. Affordable housing refers to properties that are offered for sale or rent for below their market value - usually as part of a scheme backed by the government or a local authority.

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

Air quality refers to whether levels of air pollutants are relatively high or low. It usually considers pollutants in the UK Air Quality Standards Regulations 2010 (for example, particulate matter, lead, nitrogen dioxide)

BAME stands for black, Asian and minority ethnic groups

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

Child Health Digital Hub will improve child health information services. It will bring together data to provide better monitoring of every child's health and access to information for all involved in the child's care, where appropriate. This will help to ensure that all children get the best possible start in life.

Child obesity is a condition in which a child has an abnormally high amount of body fat. It is measured by comparing a child's Body Mass Index (BMI) with the population average, accounting for the child's age, sex and height.

County lines is when gangs and organised crime networks exploit children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs

Culture Strategy will set out the Mayor's vision and priorities for culture including strengthening links between culture, health and wellbeing.

DCLG is the government Department for Communities and Local Government

Decent Homes Standard was introduced by government in 2004. There are four criteria a home must meet to reach the standard including being in a reasonable state of repair and having reasonably modern facilities and services. There is no statutory requirement for all homes to meet this standard.

Disability is defined in the Equality Act 2010 as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities. The social model of disability defines disability as the effect of the barriers, discrimination and disadvantages faced by disabled people, rather than their impairment.

Disadvantaged groups are groups of people who have a higher risk of poverty, social exclusion, discrimination and violence than the general population. They include ethnic minorities, migrants, people with disabilities, isolated elderly people and children. They are vulnerable to discrimination and marginalisation because of social, cultural, economic and political conditions. It is not an inherent quality.

Early years settings are places which provide childcare for the 0-5 age group like childminders, crèches, nurseries, children's centres, nursery schools and schools with nurseries.

Economic fairness is where the economic gaps between Londoners are not so great that they entrench unfairness and deprivation by making it impossible for opportunity to be shared. It is achieved by narrowing the economic gaps between Londoners and sharing opportunities.

Educational attainment refers to the academic grade or level a student achieves. This differs from 'progress' in that it does not factor in the student's starting point.

Equality, Diversity and Inclusion Strategy sets out the Mayor's vision to create a truly inclusive London that works for all Londoners regardless of their age, social class, disability, race, religion, gender, gender identity, sexual orientation, marital status, or whether they are pregnant or on maternity leave.

Food system is the term for how food works for Londoners and businesses. It includes the contribution of food businesses to London's economy; the role of the built food environment which Londoners experience (like lack of access to healthy food, widely visible unhealthy advertising); and the contribution of food to Londoners' health.

Fuel poverty is when a household's fuel costs to heat and power their home are above average (the national median level) causing people to fall below the poverty line. It is

caused by three factors: low incomes; the poor energy efficiency of homes; and high energy prices.

Good Work Standard is the Mayor's vision for a new agreement with London's employers to promote fair pay and excellent working conditions. It also covers diversity and inclusion, good work-life balance, health and wellbeing, professional development and lifelong learning, and employee voice and representation at work.

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

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

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

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

Health and Wellbeing Boards were established in 2013 to bring together local health commissioning groups, elected councillors and senior council officers, with the purpose of designing local strategies for improving health and wellbeing through closer working between health and local government.

Healthy Schools London (HSL) is the Mayor's awards scheme to support and recognise school achievements in student health and wellbeing. HSL promotes four themes: healthy eating, physical activity, emotional health & wellbeing and Personal Social Health Education. www.healthyschools.london.gov.uk/

HIV (human immunodeficiency virus) is a virus that damages the cells in the immune system and weakens the body's ability to fight everyday infections and disease.

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

Income inequality refers to the gap between those with the highest and lowest incomes. There are different measures to assess income inequalities and how they change over time.

LGBT+ stands for Lesbian, Gay, Bisexual and Trans. The plus demonstrates the inclusion of all identities that make up the LGBT community.

London Food Strategy will set out how the Mayor will work with partners to ensure that London's food system provides healthy, sustainable, affordable food.

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

London Healthy Workplace Charter is the Mayor's free accreditation scheme to support and reward good employers that invest in the health and wellbeing of their staff. It gives them a series of standards for meet to help them create healthier workplaces. The charter is supported by London boroughs and Public Health England (London). www.london.gov.uk/healthyworkplace.

London Health and Social Care Devolution agreement was signed in 2017. It gives London greater powers to make decisions about its health and care services at a local level. This will bring many benefits to Londoners including a more seamless health experience for patients; care provided closer to home; better use of NHS buildings and land; and improved health outcomes for all Londoners.

London Plan is the Mayor's spatial development strategy for London.

London TB Control Board provides strategic oversight and direction, controlling, commissioning, quality assurance and performance management of TB services across London. It involves multiple agencies.

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

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

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

Mental ill health covers a very wide spectrum of mental health issues. It includes the worries and grief we all experience in everyday life to suicidal depression or complete loss of touch with daily reality.

MOPAC stands for the Mayor's Office for Policing and Crime. It is responsible for policing in the capital outside the City of London.

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

Neighbourhood Plans were introduced through the Localism Act 2011 which gave a right for communities to shape development in their areas introduced through the Localism Act 2011.

Older people refers to people over 50. It also recognises that those above retirement age and those over 70 may have special requirements to address.

Overcrowding refers to situations in which more people live in a home than it can comfortably and safely accommodate. It can be based on the number, age and relationship of the people living in a home in relation to the number of rooms available or the relationship to the size of the rooms available.

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

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

Personal, social, health and economic education (PSHE) is a school subject through which pupils develop the knowledge, skills and attributes they need to keep themselves healthy and safe and prepare for life and work.

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

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

Premature death refers to dying before the average age of death in a certain population.

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

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

Primary care provides the first point of contact in the NHS, and includes general practice, community pharmacies, dental, and optometry (eye *health*) services

Private rented sector is a type of housing consisting of homes owned and rented out by landlords to tenants, normally by private people or organisations. Unlike the social rented sector, there's no limit on the rent that can be charged and tenants have less security.

Public health is the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through society's organised efforts.

Public Health England (PHE) is an agency of the Department of Health. It works to protect and improve the nation's health and wellbeing, and reduce health inequalities.

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

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

Social inclusion means removing barriers and taking steps to create equality, harness diversity and produce safe, welcoming communities and cultures.

Social integration relates to the extent to which people positively interact and connect with others from different backgrounds. It is shaped by the level of equality between people, the nature of our relationships, and our levels of community participation. The Mayor's Social Integration Strategy can be found at https://www.london.gov.uk/sites/default/files/final_social_integration_strategy.pdf

Social isolation refers to a lack of contact between an individual and others. It differs from loneliness, which is a subjective feeling, related to the discrepancy between a person's desired and achieved level of social relations.

Social marketing brings ideas and approaches from commercial marketing to change or maintain people's behaviour for the good of individuals and society. It is guided by ethical principles and aims to create social change programmes that are effective, efficient, equitable and sustainable.

Statutory homelessness refers to cases where households lose or are threatened with losing their homes and receive help from local authorities under homelessness law.

Substance misuse is where a drug or alcohol is used in a way that harms an individual's physical or mental health. Some people will need specialist/medical support to help with recovery.

Supply chain is a network between a company and its suppliers to produce and distribute a specific product. The supply chain also represents the steps it takes to get the product or service to the customer.

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

Time to Change is a national campaign led by Mind and Rethink. It aims to challenge the stigma and discrimination experienced by people with mental health issues. Find out more at <https://www.time-to-change.org.uk/>

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

UNAIDS is the Joint United Nations Programme on HIV/AIDS

Wellbeing is a state of being where everyone can realise their potential, cope with the normal stresses of life, work productively and fruitfully and contribute to their community

World Health Organization (WHO) aims to create a better, healthier future for people all over the world. It has offices in over 150 countries. WHO staff work with governments and other partners to ensure the highest attainable level of health for everyone.

Zero suicide city is an idea developed in the USA. It is founded on the belief that suicide deaths can be prevented. Zero suicide relies on a system-wide approach rather than on the heroic efforts of individual practitioners. It requires engaging the wider community, especially suicide attempt survivors, family members, policymakers, and researchers.

Bibliography

We will include a full bibliography here, and reduce the references in the footnotes to author (year)

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