



Mayor of London's Draft Health Inequalities Strategy

ADPH London response, November 2017

About this response

This response is from the Association of Directors of Public Health for London, which represents Directors of Public Health in London's 33 local authorities, and supports them to improve and protect the health of their local populations. ADPH London brings together Directors of Public Health (DsPH) and their teams to work together to address issues which can either only be successfully tackled on a pan-London basis and/or which enhance the ability of boroughs to meet their responsibilities locally, for example through delivering efficiencies, sharing of best practice, reducing duplication, and improving coordination of related work.

Further information on ADPH London, including current priorities, is available online here: <http://adph.org.uk/networks/london/>

This response represents the professional collective response of Directors of Public Health in London local government. At a local level, individual boroughs will submit their own responses to the consultation.

ADPH London welcomes the opportunity to comment on the Mayor's draft Health Inequalities strategy (HIS). Our response does not attempt to provide a comprehensive public health response, but rather pulls together our thoughts on how the strategy can most effectively:

- Improve public health outcomes in London
- Assist councils in developing high value approaches to support their residents' health and wellbeing
- Reduce demand on health and social care services

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Introduction

The health of Londoners is a precious asset, which has underpinned the success and vibrancy of London over many years. As London continues to grow and evolve, reducing health inequalities is critical in order to bring about improvements to public health, to support economic and social development, and to tackle social exclusion across our boroughs. Inequalities due to residents' different characteristics and social circumstances are, quite simply, unfair. Actions to tackle underlying factors of poverty and discrimination must be universal, but with a scale and intensity that is proportionate to the level of need in a certain area or community.

As the managerial and professional leadership of public health in London local government we have been pleased to contribute to the early development of the strategy, and commit to continuing to work with the Mayor, his team and partners to implement its aspirations.

The health and wellbeing of not only the people living in London but also those working and visiting London is significantly influenced and shaped by the environment of the city. Sadly, progress is not being seen in tackling health inequalities with little change in the difference in life expectancy between the most and least deprived areas in England over the last ten years.¹ London continues to have some of the widest health inequalities in England.

We, along with the national Association of Directors of Public Health, welcome the support and profile that the Mayor's office has brought to tackling health inequalities and we strongly support the vision for 'a healthier, fairer city, where nobody's health suffers because of who they are or where they live'.

Income inequalities are a particularly acute driver of health inequalities and also have particularly striking impact on children, putting them at a disadvantage which will continue into later life. Addressing inequalities in the social determinants of health, such as income, housing, education and the built environment, should be a key priority. An integrated response is needed and **we recommend that the Mayor formally embeds health into all his policies and strategies. Much more action could be taken in policy areas where the Mayor has direct control e.g. transport, housing and planning policy.**

As advocates for health and wellbeing, we want **to work with the Mayor to explore what more can be done to promote an inclusive health and wellbeing agenda across London, not losing sight of the need to focus on those with the most to gain from preventative services and interventions.** The Mayor plays an important role as an advocate for all Londoners, and it is worth exploring what more could be achieved for those achieving the worst health inequalities and outcomes through the Mayor office, GLA and its functional bodies. For example, improving the life chances of London's looked after children, families in temporary accommodation, and the homeless.

At a local level, London local authorities are committed to reducing health inequalities within their boroughs and see Health and Wellbeing Boards as a vital mechanism to tackle this. Health and Wellbeing Boards provide an effective forum to consider the council and partner's roles in reducing health inequalities, by harnessing the potential of diverse local policies, services and assets to address the wider determinants of health.

¹ Office for National Statistics, 'Inequality in Health and Life Expectancies within Upper Tier Local Authorities: 2009 to 2013', November 2015

Across the 33 local authorities, Directors of Public Health and their teams are in an optimal position to galvanise efforts to reduce health inequalities. The local public health function sits within the context of councils' wider responsibilities to promote the economic, social and environmental well-being of their areas. As the local frontline leaders of public health, Directors of Public Health work in partnership to integrate action to address the social determinants of health across the spectrum of local authority policy, in partnership with planning, housing, employment, and education teams.

Examples of current and planned local work to tackle health inequalities include:

- Programmes to promote uptake of the health start scheme for mothers and babies
- Focused employment support and benefits uptake
- Improving standards in the private rented sector
- Championing the needs of people with no recourse to public funds
- Embedding health inequality considerations in emerging accountable care system plans

Financial constraints have however made this work more difficult. We are deeply concerned that opportunities to reduce health inequalities will be undermined by further reductions in local public health and preventative funding, on top of the already substantial cuts in local authority budgets. This impact falls on both universal and targeted prevention work, but may be felt most profoundly by communities that need more targeted approaches – people with disabilities, living in deprivation, or experiencing exclusion. This will be profoundly damaging to the public's health and the financial stability of the NHS and social care, and frames our capacity to retain compassionate and caring responses to inequality in London.

In addition to historic low levels of the total public health funding across London and indeed the UK, there continues to be very considerable variation in how this is distributed between different local areas. Much of this variation relates to differences in population need, but it also reflects historical spending patterns and there is considerable distance from funding targets in councils across London.

We continue to recommend increased investment in public health to allow Directors of Public Health to take action on health inequalities locally. **We specifically encourage the Mayor to both champion increased public health funding nationally and to consider how to help London boroughs find the resources to deliver the actions set out in this strategy.**

In addition to local efforts, Directors of Public Health have a strong track record of working together through ADPH London to tackle health inequalities on issues which are dependent on cross-borough approaches. These include: improving air quality, reducing childhood obesity, promoting mental health, tobacco control, and sexual health, including preventing HIV. A current priority is to support all boroughs to implement Health in All Policies approaches, as lever for reducing health inequalities at a local level. We are also planning to work together and with regional partners to strengthen the understanding and analysis of health inequalities in London. DsPH are committed to continuing to work together in this way, and with other regional partners including London Councils, PHE, NHSE and the GLA.

We urge the Mayor to continue to recognise and champion the wide-range of existing and planned work already taking place at a local level and between boroughs to tackle health inequalities, and to ensure that the action he plans to take in delivering his strategy fully links with this.

Summary of pledges and recommendations

We strongly support the Mayor's HIS and welcome the Mayor's bold commitments to tackling inequality. Through the implementation of the HIS we believe the Mayor can make a significant positive impact on reducing health inequalities across London. We are committed to supporting the Mayor and have outlined below the key pledges we make collectively as London DsPH:

1. **Healthy Children:** To commission the development of a framework of best practice for 0-19 services
2. **Healthy Minds:** To continue to drive engagement in Thrive LDN at a local level
3. **Healthy Places:** To continue to advocate for improvements in air quality and continue to consider how air quality can be improved at borough level
4. **Healthy Communities:** To continue to collaborate through the HIV Prevention Programme to drive forward improvements in HIV rates.
5. **Healthy Habits:** To support DsPH and their teams to: Implement local whole systems obesity action plans; galvanise local residents, local organisations and businesses, to take action through Sugar Smart campaigns; encourage primary schools to take part in regular activity through the Daily Mile; and implement the Local Authority Declaration on Sugar Reduction and Healthier Food.
6. **Cross-cutting:** To work with the Mayor to explore what more can be done to promote an inclusive health and wellbeing agenda across London

In addition to chapter specific responses, we believe the overall strategy can be further strengthened through consideration given to the following:

1. The addition of **clearer commitments at a London level** and a clear overview of how these actions will link in with local borough activity
2. Health inequalities considered as a **consistent thread through all strategies** and stronger links between the Health Inequalities, Environment, Transport, Housing Strategies and the London Plan.
3. More specific actions that the **Mayor himself can take in policy areas where he has direct control** (e.g. TfL, planning policy).
4. The consideration of broader system measurements of reduction in health inequalities that can demonstrate impact in addition to the measures of success outlined by the Mayor in the HIS.
5. A clear commitment from the Mayor through his role as Chair of the London Health Board to **engage London NHS partners**, to recognise health inequalities as a strategic priority.



6. Reference to the **current political climate**, in particular Brexit and to consider how this may impact on increasing food prices, a loss of Londoner's jobs, a disruption of families and the subsequent impact on inequalities.
7. Consideration of what more could be achieved to **promote an inclusive health and wellbeing agenda across London**
8. A clear commitment from the Mayor to **champion public health funding** and the role of local government in public health in any further devolution talks with the Treasury and in negotiating London's position post-Brexit.
9. A clear commitment in the current and future refreshed strategies to monitor the success of the previous strategy. We are concerned that the current strategy doesn't review the progress and success of the **previous London Health Inequalities Strategy**.

Response

1. Healthy Children

The Marmot Review into Health Inequalities (Fair Society, Health Lives, 2010) states that disadvantage starts before birth and accumulates throughout life and recommends giving every child the best start in life to be the highest priority policy objective in tackling health inequalities.

We therefore strongly support the Mayor's ambition to give every child a healthy start in life and the strong commitments stated in the strategy to support this ambition. We welcome the introduction of the new Healthy Early Years Programme and the vital role this will play in supporting Early Years settings to become healthy environments for children and families. The consistent approach in the Healthy Early Years and Schools programmes is welcomed due to the ability to create a seamless and supportive transition for families through the programme, which will be essential for maintaining impact.

However, resources continue to be a challenge at local level and the success of the Early Years programme will be dependent on funding available to implement the framework at a local level.

1.1. Is there more that the Mayor should do to reduce health inequalities for children and young people?

Given the significance of ensuring every child gets the best start in life, we would ask the Mayor to give further consideration to:

1.1.1 The Digital Red book

We strongly support the development of the digital Red Book as part of the Child Health Digital Hub and value the positive impact for parents by providing a complete and consistent view of their children's health. However, we would **ask that it be made explicitly clear how the development of this tool will support the reduction of inequalities.**

1.1.2 Parenting and Resilience

The strategy clearly states the importance of supporting parents through the challenges of parenting in order to address health inequalities from birth. Given the significant impact of parenting on children's health we believe the strategy can go further to highlight the importance of parental support in developing individual and family resilience and **asks the Mayor to use this opportunity to highlight the importance of peer support and peer led parenting programmes**, and encourage their development.

1.1.3 Breastfeeding

We strongly support the Mayor's actions to make London a more breastfeeding friendly city and to lead by example in making City Hall a welcoming place for

mothers to breastfeed whilst working or visiting. Whilst supporting breastfeeding through the London Healthy Workplace Charter is important, **we ask the Mayor to be more ambitious and use his influence to champion breastfeeding across the transport system and in other key public places and spaces** controlled by the GLA.

1.1.4 Healthy Schools

We acknowledge the potential of the London Healthy Schools Programme, however, as it stands, the programme is not delivering its full potential. We propose the following considerations for Mayoral action:

- Public Health funding cuts continue to put pressure on councils to provide preventative services across boroughs and **we ask the Mayor to consider how to help boroughs find the resources** for both the Healthy Schools and Healthy Early Years programmes
- **Upgrades to the current programme** to ensure that changes schools make are evidence based, with Healthy School levels based on demonstration of impact on health outcomes. Currently, schools are required to simply undertake a review to achieve a bronze award without any changes being implemented.
- **We ask the Mayor to lobby schools to accept the help and education offered through the Healthy Schools programme.** Despite local borough team's efforts, there is still a lack of engagement in the programme amongst schools and a lack of understanding of the benefits of participation in the programme

1.2. How can you help to reduce health inequalities among children and young people?

We are committed to working to ensure every child, across every London borough, has the best start in life. Children's Public Health is an established priority for the London DsPH and we are committed to supporting the Mayor in achieving the strategies ambitions. In 2018, ADPH London will **commission the development of a framework of best practice for 0-19 services**. The framework will be available to all London local authorities to review current practice and identify areas for improvement.

The Children's Public Health Network, managed by ADPH London with representation from 30 boroughs, provides an established system to coordinate work at a London level and thereby support the implementation of the Mayor's ambitions.

1.3. What should be our measures of success and level of ambition for giving London's children a healthy start to life?

- Inequality of breastfeeding rates
- Number of Early Years settings achieving a Healthy Early Years award

2. Healthy Minds

We welcome the focus on mental health, the ambition and the recognition of inequality in mental health between communities in London. In particular, we welcome the recognition that issues that impact on the mental health of Londoners are in the circle of influence of the Mayor, and that he along with London boroughs and other partners, has a responsibility to act. It is important to highlight that this extends to issues beyond the provision of services for mental health.

The Mayor is in the unique position of being able to influence major determinants of mental health inequalities such as Londoners having a job, sufficient income and a supportive social network. We consider this is where the biggest opportunity lies in tackling mental health inequalities and therefore where the effort should also lie.

We would want to see a **stronger emphasis on the interconnectedness of mental health with all the other Health Inequalities Strategy priorities**. For example:

- Priority 1 – making clear the link between parental mental health, effective parenting and positive child development
- Priorities 4 and 5 – Some behavioural habits and health risk behaviours are more common in people with mental health conditions, and are part of that complex, two directional relationship between physical and mental health. Action to tackle unhealthy habits must explicitly take account of this disproportionate impact on people living with poor mental health.

The Healthy Minds priority section is concentrated on the mental illness end of the spectrum of mental health with actions concentrated on suicide prevention. Whilst timely access to effective, quality services and support is essential, we think there should be greater emphasis on improving population mental health and wellbeing, through efforts to **address important determinants of poor mental health**, reducing worklessness, insecure employment and lack of connectedness or social isolation in particular groups and communities.

We would also welcome a more explicit focus and actions within the services that the Mayor has direct influence over, e.g. TfL and the Police to tackle stigma, create environments that promote and support mental health and wellbeing, as well as providing support for those experiencing mental health problems, though, for example, workplace mental health programmes.

We agree that London is constantly changing and that therefore our responses to tackling health inequalities as a system need to be flexible. We support the premise that system level support is required and are interested in how this may be monitored to ensure that work really targets inequalities rather than a singular universal offer which may increase the differences between communities instead of shrinking them.

2.1. Is there more that the Mayor should do to make sure all Londoners have the best mental health and reduce inequalities?

To ensure that health inequalities are successfully tackled in London, **we ask that the Mayor formally embeds health (and inequalities) across all aspects of his work programme**, and that health, including mental health, is integrated and woven into all his policies and strategies.

This should be strengthened in the strategy as **mental health needs to attract equal attention as physical health** throughout the document not just in the Healthy Minds section. The emphasis should be on more than access to services, but about advocating for access to opportunities for good mental health and building individual, family and community resilience and wellbeing.

Having **unaffordable debts** are strongly associated with poorer mental health. The combination of housing and other high living costs in London on impacting poor mental health can be further explored and key actions for the Mayor identified.

The approach to parity of esteem needs a sophisticated approach as considering physical health and mental health as parallel work streams will not suffice. It will be important to consider the interdependencies between tackling inequalities in physical and mental health.

2.2. How can you help to reduce mental health inequalities?

Through the systems leadership of ADPH London, local Public Health teams can drive engagement in Thrive LDN. Public health teams will continue to engage with local partners, including politicians, voluntary and community sector, and various council departments.

We can support complementary actions at a local level and can promote and encourage tools and approaches to tackle stigma, as well as continuing to share information and best practice

2.3. How can we measure the impact of what we're doing to reduce inequalities in mental health?

- Increased disclosure of mental ill health to employers
- Mental Health First Aid training delivered and behaviour changes monitored in London public services and those funded by public services.

3. Healthy Places

The health and wellbeing of people living, working and visiting London is significantly influenced and shaped by the environment of the city. We strongly support the Mayor's ambitions to create Healthy Places in which all Londoners, and in particular those in disadvantaged areas, can thrive. Given the Health in All Policies approach required to create effective Healthy Places, it is essential that the commitments in all the Mayor's statutory strategies are reflected in the Health Inequalities Strategy. In particular, the significant influence of the Environment, Transport System, Housing and Planning cannot be underestimated.

3.1. Is there more that the Mayor should do to make London's society, environment and economy better for health and reduce health inequalities?

3.1.1. Air Quality and Transport Strategy

We strongly support the Mayor's bold ambition for London to have the best air quality of any major world city. Making changes to the street environment and transport system has significant potential for reducing health inequalities in London. Positive and negative impacts of a car dependent transport system are distributed unequally, with the greatest burden of harm from poor air quality and noise falling on the most deprived in our city. Whilst links to the Transport strategy are referenced, **we ask the Mayor to include consistent and stronger commitments between the two strategies and to further demonstrate how he will reduce inequalities associated with exposure to poor air quality.**

We also ask the Mayor to work closely with the NHS and employers to further explore and understand the exposure to poor air quality of employees and patients and its impact on health inequalities.

3.1.2. High Streets and the London Plan

The makeup of the city's high streets can significantly influence the biggest challenges to London's health inequalities. Areas of high deprivation have significantly more fast food and takeaway outlets than affluent areas of the city. The availability of food high in fat and sugar is continuing to fuel London's obesity epidemic and widening inequalities with children from disadvantaged areas significantly more likely to be overweight or obese than their counterparts from high socio-economic areas.

The Mayor should go beyond promising to investigate the introduction of a policy on hot food takeaways around schools, and explicitly **include in the London Plan a restriction on A5 hot food takeaways being permitted within 400 metres of an existing or proposed primary or secondary school.**

3.1.3. Income inequality

We strongly endorse the Mayor's championing of the voluntary London Living Wage (LLW). However, we believe that the Mayor could go further:

- **The Mayor could set a vision whereby all publicly-funded services in London are delivered by organisations that pay the LLW.** To foster this, the Mayor could showcase examples, with a view to normalising this in future commissioning or promote this through the Healthy Workplace Charter.
- Local authorities could jointly leverage their power in planning, to give preferential support for development projects where the developer pays its staff and contractors the LLW. Furthermore, the shops that open in new developments (e.g. Tesco) should have an interest in being an LLW employer when they bid to open.
- The average cost of a day care place for a child under 2 in London is higher than the annual income of a parent on minimum wage. **We urge the Mayor to set up a task force which develops parents' potential while enabling their access to the workplace.**

3.2. **How can you help to reduce inequalities in the environmental, social and economic causes of ill-health?**

Air Quality and Health in All Policies are both agreed priorities for collaboration between the London DsPH. We will continue to be an advocate for tackling poor air quality and will continue to use our influence to inform and support other sectors in tackling health inequalities. DsPH across London will continue to consider how air quality can be improved at a local borough level, through addressing traffic and transport links in high priority areas influence near schools and in areas of high deprivation.

3.3. **What should be our measures of success and level of ambition for creating a healthy environment?**

- Levels of harmful air pollution
- Inequalities in the “healthiness” of streets measured through the healthy streets approach
- Access to infrastructure supportive of active travel and public transport
- By 2027, all publicly-funded services in London should be delivered by organizations that pay the London Living Wage.
- By 2027, income inequality in London should not be larger than it is in 2017.

4. Healthy Communities

4.1. Is there more that the Mayor should do to help London's diverse communities become healthy and thriving?

4.1.1. Using Mayoral Voice

Tackling discrimination and stigma and directly supporting those most at risk of violence and hate crime is fundamental to creating a healthy community. The Mayor has a significant opportunity to exert influence in this area and **we ask that he uses his position to visibly talk about issues including HIV, TB, violence against women and girls and hate crime and to publicly support mechanisms and interventions in place to tackle these issues.** HIV stigma is still particularly high amongst black African communities and we believe a stronger Mayoral commitment to publicly speak out on these issues could have a significant impact on reducing stigma amongst key population groups in London.

4.1.2. Advertising Space

Do It London campaigns, delivered through the London HIV Prevention Programme, can have a significant impact on increasing awareness of HIV, increasing testing rates and promoting prevention choices to Londoners. The Transport network provides a significant opportunity to extend the reach of the campaign and **we ask the Mayor consider utilising the advertising space across the system to promote the Do It London campaigns.**

4.1.3. Physical Activity

Whilst the impact of sports participation cannot be under-estimated, promoting other types of physical activity, including walking and cycling, within communities must be prioritised to truly tackle health inequalities. Sport viewed in isolation can create barriers to participation, in particular amongst communities where activity levels are low including BME groups, females and adults over 65 years. This in turn can drive health inequalities.

Physical activity participation carries significant mental and physical health benefits whilst being widely accessible. **We ask the Mayor to raise awareness of the benefits of physical activity and commit to promoting physical activity in local communities.**

4.2. How can you help to support thriving communities?

4.2.1. The London HIV Prevention Programme

London DsPH will continue to lead at a local level to drive improvements for healthy and thriving communities, whilst working collaboratively through ADPH London to drive London level change. The London HIV Prevention Programme, funded by 31 London boroughs is a London-wide sexual health promotion initiative. It aims to increase HIV testing and promote prevention choices to Londoners. City-wide Do It London campaigns raise public awareness, whilst the programme also provides a

free condom distribution, outreach and rapid HIV testing service for men who have sex with men. We will continue to collaborate through the HIV Prevention Programme to drive forward improvements in HIV rates.

4.2.2. Fast Track Cities

The Fast Track Cities initiative provides an opportunity to bring London's health and public health systems together to take action on HIV prevention and treatment. We are supportive of working with partners for London to become a signatory of the initiative to help put London on a global stage and share international learning. This involves working towards delivering the UNAIDS target of 90-90-90 (90% of people with HIV aware of their status; 90% of those people on antiretroviral treatment; 90% of those people with viral suppression) and working toward zero stigma through the Fast Track Cities initiative.

We would see any London Fast Track Cities programme as enhancing existing collaboration across the city including complementing successes to date by the Do It London campaign and the great work London's public health teams undertake to keep people and communities at the centre of all our work. The initiative could benefit by building on existing momentum to move London toward elimination of new HIV infections by 2030.

4.2.3. London Sport

We will continue to work with London Sport to drive forward physical activity participation across the capital. The established Physical Activity for Health Network provides an established system to coordinate work at a London level and thereby support the implementation of the Mayor's ambitions.

4.3. What should be our measures of success and level of ambition for creating healthy and thriving communities?

Ambition

- On HIV, our ambition as a system should be to work towards zero new HIV diagnoses in London

Measures

- HIV Diagnoses rates
- Reduced rates of violence against women and girls
- Increased awareness and reporting of violence against women and girls

5. Healthy Habits

5.1. Obesity

We applaud the Mayor for including an ambition in his strategy to reduce health inequalities by tackling childhood obesity in the capital, and we agree that to become the world's healthiest global city and to reduce childhood obesity rates, we need to create an environment where healthy food and regular physical activity are proactively supported. London has a bigger obesity problem than any other World City. The draft Health Inequalities Strategy recognises the scale of the problem and sets out some important steps the Mayor can take to start making a real difference.

Recently, all London boroughs identified further opportunities to tackle childhood obesity in their places. Accessibility of healthy food was the area that councils in London identified as the most challenging, where a whole system response is required across London, as often the levers are outside of individual councils' control. **We ask the Mayor to use his leadership to influence and activate these levers.**

We strongly support the Mayor's ambitions to work with partners to deliver his new London Food Strategy, launching a new health programme to support early years' settings, continuing to support the Healthy Schools London programme and London Healthy Workplace Charter, supporting breastfeeding and the new sports strategy, use a Healthy Streets Approach, and improving air quality as they will play a key, positive role in reducing childhood obesity.

5.1.1. Is there more that the Mayor should do to help to reduce health inequalities as well as improve overall health in work to support Londoners healthy lives and habits?

We believe that the Mayor is uniquely well placed to galvanise London, both individuals and the system to tackle childhood obesity by changing the environments where children and their families live, work and play. We agree that the approach the Mayor is taking in encouraging the contribution of all sectors of London society, from individuals through to large organisations, is the right one. We can only reduce childhood obesity inequality if we take a whole systems approach.

We believe that by putting his name to a small number of high profile activities, the Mayor could take leadership of the aforementioned by putting his weight behind the following 'flagship' initiatives that would demonstrate very publicly his commitment to tackling London's childhood obesity crisis:

- A) Making London the World's first 'Sugar Smart Capital':** We think that the simple message generated by the Sustain / Jamie Oliver Foundation Sugar Smart campaign, that *"London's public and private organisations and businesses could do more to reduce our exposure to sugar to help us make healthy choices"*, is one which would resonate with people across the capital. We need to go to where children and their families work, eat, learn and play. **We ask the Mayor to invite Londoners to join him in a social movement asking nurseries, schools, hospitals, universities, restaurants, leisure**

centres and other organisations and businesses across the capital to become 'Sugar Smart'. Five London boroughs have already launched campaigns, with another nine planning campaigns in the coming months.

B) Every London Primary School to run the Daily Mile: We believe a scheme such as the Daily Mile has great merit in making significant physical activity a routine part of daily life for London's school pupils. The Daily Mile is free and its model ensures that those groups of people who are more likely to experience health inequalities are able to participate. Over 200 London primary schools already run the Daily Mile; there is at least one Daily Mile school in every London Borough. **We ask the Mayor to encourage all primary schools in London to take part in regular activity through the Daily Mile, promoting this directly to schools and as part of the Healthy Schools programme.** In partnership with London boroughs, the Mayor could organise London wide school based Daily Mile activities and events. For example, in a recent Daily Mile festival in Manchester, 42,000 schoolchildren ran the mile from over 160 schools.

C) Restrictions on Junk Food Advertising and Takeaways near Schools: We believe it is unacceptable and counterproductive that London's publicly owned transport organisation should receive money from advertising the very products that are driving our obesity epidemic. **We call on the Mayor to set out a timetable to phase out junk food marketing across the transport network.** This includes adverts on TfL-owned billboards, regulating the issuance of junk-food vouchers by free newspapers that distribute within TfL (e.g. "The Metro"), as well as the issuance of junk-food vouchers on the back of paper bus tickets. The Mayor has already shown leadership on advertising that promotes unrealistic or unhealthy body images. **We ask him to go further in protecting the health of Londoners, particularly young Londoners.**

Whilst TfL is a big player in London's advertising market, we believe the Mayor could go further still, by supporting the Local Government Association (LGA) calls to give local councils greater powers to restrict junk food advertising near schools in their areas.

It is known that the areas of London which experience higher levels of deprivation, and therefore health inequality, are more likely to have a higher saturation of hot food takeaways. **We therefore ask the Mayor to explicitly include in the London Plan a restriction on A5 hot food takeaways being permitted within 400 metres of an existing or proposed primary or secondary school, and go beyond promising to investigate the introduction of a policy on hot food takeaways around schools.**

D) Free Drinking Water in Public Places: **We ask the Mayor to ensure free drinking water is accessible to all by providing water foundations across the transport network and in public places that are under Mayoral control.**

E) Convening a London Obesity Taskforce: The Mayor has said he will convene London-wide action on obesity. **We recommend this could take the form of a London Obesity Taskforce, to be charged with implementing**

a whole systems approach to tackling childhood obesity and reducing childhood inequalities between particular populations. The taskforce should include London local government political representation as key local decision makers, and a Director of Public Health to lead on the health inequalities and prevention aspects of the taskforce.

5.1.2. What can you do to help all Londoners to develop healthy habits, and what is preventing you from doing more?

Continuing to work with our regional partners, we will support Directors of Public Health and their teams to:

- Implement their whole systems obesity action plans;
- Galvanise local residents, and lobby local organisations and businesses, to take action on childhood obesity through Sugar Smart campaigns;
- Encourage all primary schools in their borough to take part in regular activity through the Daily Mile;
- Implement the Local Authority Declaration on Sugar Reduction and Healthier Food, including gaining commitment to remove sugar sweetened beverages from council controlled premises, enabling local authorities to lead London by example.

5.1.3. What should be our measures of success and level of ambition for helping more Londoners to develop healthy habits?

Outcomes

- Statistically significant reduction in YR and Y6 obesity rates across London as a whole.
- Reduce borough level variation – largest reductions in childhood obesity rates to be seen in boroughs with the highest rates currently.
- Reduce within borough variation – largest reductions in childhood obesity rates to be seen in wards with the highest rates currently.

Process

- Number of Sugar Smart organisations and businesses in London.
- Number of Londoners signed up to the Sugar Smart campaign.
- Sugar consumption as measured by sales of high sugar food and drink products.
- Number of schools running the Daily Mile.
- Number of primary age children running the Daily Mile.

5.2. Tobacco

Smoking is the single most important driver of health inequalities in London and the single biggest preventable cause of death and illness. Whilst substantial progress has been made in recent years in the reduction of smoking rates across London, significant inequalities remain. Increased deprivation equates to an increased likelihood of smoking and in deprived communities young people have an increased exposure to smoking and are therefore more likely to smoke than their counterparts in affluent areas. We therefore strongly support the inclusion of a commitment to reduce smoking rates, particularly in young people, in the strategy.

5.2.1. Is there more that the Mayor should do to help to reduce health inequalities as well as improve overall health in work to support Londoners healthy lives and habits?

Given the significance of smoking in driving health inequalities, we would ask the Mayor to give further consideration to:

- A) Supporting partnership work:** Whilst the inclusion of a commitment to support partnership work to reduce smoking rates across the capital is welcomed, we seek clarification on this commitment and would like to see further explanation of the actions to achieve this objective.

We ask the Mayor to champion and support the London Stop Smoking helpline through his role overseeing services such as the London Fire and Emergency Planning Association to maximise referrals into the helpline from the service.

- B) Illegal Tobacco:** Prevalence of illegal tobacco in London is a significant contributor to smoking rates, in particular amongst children and young people and in areas of high deprivation. We believe the Mayor can have a significant impact on a reduction in the availability of illegal tobacco across the city and welcome his commitment to tackling illegal tobacco through utilisation of his powers on policing. Through working closely with the police and border forces, the Mayor can significantly reduce the supply of illegal cigarettes entering the country, and subsequently the city.

We ask the Mayor to go further by using his Mayoral voice to raise public awareness of illegal tobacco and champion promotion campaigns aimed at increasing Londoner's awareness of the issue and confidence in taking action if they are a bystander to illegal cigarette sales.

- C) NHS role:** The NHS has a significant role to play in addressing smoking-related inequalities in health across the capital. Within the context of a partnership approach, **we ask the Mayor to emphasise the importance of the NHS's contribution towards achieving the strategy's ambition for reducing tobacco related harm.**

- D) De-normalising smoking: We ask the Mayor to champion the ambition for London to become a tobacco-free city through a targeted approach to de-normalise smoking.** In particular, we propose to main areas of action:

- Change the culture of **smoking in outdoor places**. A number of interventions can enable this: publicly-owned playgrounds, parks and bus shelters legislated as smoke-free places; and private cafes and restaurants praised for smoke-free outdoor seating. The Mayor could also lobby to make green spaces across London smoke free, for example the Royal Parks.
- Enable **smoke-free homes**. Many private landlords stop their tenants from smoking in their properties. Not only does second-hand indoor smoke negatively impact vulnerable groups, smoking is also a major cause of accidental fire-related fatalities in the home. Smoke-free homes,

including encouraging smoke-free tenancies, must be championed by the Mayor.

5.2.2. What can you do to help all Londoners to develop healthy habits, and what is preventing you from doing more?

London DsPH will continue to lead at a local level, whilst working collaboratively through ADPH London to drive London level change.

Tobacco is an established ADPH London priority and through the London Smoking Cessation Transformation Programme the Directors of Public Health are committed to achieving a reduction in smoking rates across the capital.

In September 2017, the Stop Smoking London Helpline Service was launched to help people in London to stop smoking. It is funded by 30 London boroughs and commissioned by ADPH London.

The helpline provides a convenient way for Londoners to access good quality, specialist advice on how to quit smoking. It also serves as a gateway to finding out more about the range of free and varied support available across the capital.

5.2.3. What should be our measures of success and level of ambition for helping more Londoners develop healthy habits?

Ambition

- London to become a tobacco free city

Measures

- Smoking rates, in particular in young people
- Availability of illegal tobacco
- Prevalence of smoke free community areas
- Prevalence of smoke free homes

5.3. Substance Misuse

Whilst substance misuse is stated in objective 5.2 it is not then referenced in the description nor are any references to Mayoral actions to tackle substance misuse included. This oversight should be corrected and substance misuse should be included more prominently in this section. This is especially important due to the increase in drug-related deaths and the higher rates of drug use in London than the rest of England.

Drug-related deaths have increased in London (and England) and are currently at an all-time high. Public Health England (PHE) are currently looking at why this is the case. There has also been a surge in cases of Hepatitis C within the injective drug user population, which presents a health protection challenge and future additional ill health for this already disadvantaged group. Previously, drug-related deaths had been reduced by a change of legislation, which allowed places such as hostels and pharmacies to hold and dispense Naloxone (a medication used to reverse the effects

of opioid overdose). Reductions in local authority funding pose a risk to the ongoing dispensing of Naloxone due to cost implications.

The new government drug strategy has four key strands:

- Reducing demand
- Restricting supply
- Building recovery
- Global action

Reducing demand for drugs links to building resilience in young people and to the mental health strand of the Mayor's strategy. The Government drug strategy states that 'this includes placing a greater emphasis on building resilience and confidence among our young people to prevent the range of risks they face. This Government is clear that in order to protect society and individuals from the harms of drug misuse, we must act at the earliest opportunity to prevent people starting to use drugs in the first place, and prevent escalation to more harmful use'. Drug misuse is common among people with mental health problems: research indicates that up to 70% of people in community substance misuse treatment also experience mental illness and there is a high prevalence of drug use among those with severe and enduring conditions such as schizophrenia and personality disorders.

5.3.1. Is there more that the Mayor should do to help to reduce health inequalities as well as improve overall health in work to support Londoners healthy lives and habits?

We ask the Mayor to make clear in this strategy the link between substance misuse prevention and resilience in young people, and between substance misuse and mental health.

The Mayor should use his supporting and convening power in the following areas for substance misuse:

- **Data sharing** (allowing local authorities and PHE access to information on drug related deaths – the coroner should routinely share this information to allow local authority commissioners to review circumstances and contributing factors, and determine whether local services could be improved to reduce risk for others)
- **Raising awareness of substance misuse and the high number of drug-related deaths in London.** The mayor has a key role to play underpinning and supporting the government drug strategy 2017, and the strands of work that PHE is taking forward. This should be included more explicitly in the strategy as a major concern in London, and the mayor should link in and support the work that Public Health England is doing on substance misuse and drug related deaths.
- **Promote Hepatitis awareness and testing**

The Government Drug Strategy is clear that there is a role for everyone in preventing the harms caused by substance misuse, including Government (at both national and local levels), the voluntary and community sector, and the public. They recommend a 'coordinated, partnership-based approach that recognises the common goals we all share – to build a fairer and healthier society, to reduce crime, improve life chances and protect the most

vulnerable'. The Mayor is well placed to support play a key role in this partnership-based approach, and bring together key partners working on the wider social determinants across London.

5.3.2. What should be our measures of success and level of ambition for helping more Londoners develop healthy habits?

1. Reduction in the number of drug-related deaths in London
2. Increased rates of people completing treatment successfully
3. Improved data sharing between organisations (especially information on drug-related deaths)
4. Better links between substance misuse treatment and mental health services
5. Hepatitis C infection rates do not increase