



Health and Wellbeing Board 5 October 2017

Report from the Director of Public Health

For Decision

Mayor of London's Health Inequalities Strategy Consultation

1.0 Summary

1.1 This paper notes the launch of the consultation on the Mayor's Health Inequalities Strategy and provides an account of its aims, objectives and the Mayoral ambitions. It then suggests a response by the Health and Wellbeing Board to the consultation.

2.0 Recommendations

2.1 To consider the Mayor's Health Inequality Strategy and agree a response to the consultation along the lines of Section 7.

3.0 Background

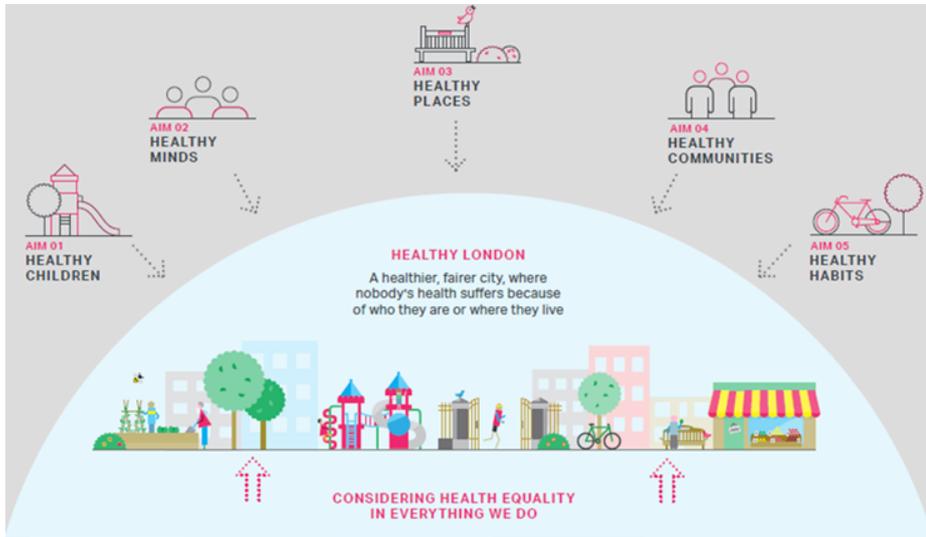
3.1 The Mayor's Health Inequalities Strategy consultation launched on 23 August 2017 for a period of 3 months to November 30th. The health inequalities strategy is one of seven strategies that the Mayor of London is mandated by Parliament to develop. In developing these strategies, the Mayor must meet a set of specific statutory requirements to consider their impact on health, health inequalities, climate change and sustainable development, as well as meeting the public sector equality duty which applies to all of the GLA's functions.

3.2 London has the widest health inequalities in England. The Mayor's Strategy draws attention to the fact that how long Londoners can expect to live in good health varies enormously across the Capital according to deprivation. The overarching aim of the strategy is to end this unfair inequality whilst also improving the overall health of all Londoners. Within Brent the difference in healthy life expectancy between the most and least deprived areas is 8.7 years for males and 7.5 years for females¹.

¹ Public Health Outcomes Framework

4.0 Strategy themes

4.1 The consultation document proposes five key themes: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits. These areas were agreed through a process of early engagement in consultation with a wide range of stakeholders. An overview of the aims and draft objectives is provided in Annex 1.



5.0 Implications for Health and Wellbeing Boards

5.1 Meeting the challenges set out in the strategy will require more than any one organisation can achieve in isolation. The strategy therefore goes beyond the statutory duty of the Mayor and provides an opportunity for London to combine offers to strengthen what we can do together to reduce health inequalities.

6.0 Consultation process

6.1 The deadline for the formal consultation period is 30 November. During this time (and beyond) the GLA and partners invite responses from partners and the public to the mayoral strategy in a number of ways:

- Public engagement: e.g. through [Talk London](#) and a London.gov poll
- Feedback via an online consultation
- Engagement with statutory consultees
- Stakeholder engagement through attending existing meetings or bespoke workshops/events
- Working with partners to develop a set of indicators for monitoring progress.

6.2 The strategy aligns with the other mayoral strategies' ambitions where there are topics that are cross cutting such as air quality. The GLA team will work closely with the respective policy leads to ensure close coordination of the strategic stakeholder consultation and ensure indicators/ metrics are aligned where appropriate.

6.3 The strategy consultation asks the following questions of Londoners and partners:

- Are the ambitions right?
- Is there more that the Mayor can do to reduce health inequalities in London?
- What can we do together that would reduce health inequalities in London?
- What support would you & your members need to do this?
- Are there any gaps in the strategy?
- Consider what are the particular high priorities for their local communities.
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6.4 Next steps for the consultation

- 1) The consultation closes at the end of November 2017
- 2) Following analysis of the consultation responses the Mayor will publish a final health inequalities strategy and delivery plan
- 3) A governance system will be established
- 4) A core set of health inequality indicators will be developed
- 5) Any offers for action in support of the strategy will be collated.

7.0 Responding to the consultation

7.1 The Health and Wellbeing Board is asked to consider the following response to Consultation:

7.2 Brent Health and Wellbeing Board (Brent HWB) welcomes the ambition and scope of *Better Health for all Londoners*. We agree that the health inequalities which exist across the capital, and which are mirrored within Brent, are unfair and avoidable and that this should be a priority for action. The focus on reducing the gap in *healthy* life expectancy while improving overall health is one we would support. The financial resources we have available to us locally have dramatically decreased in the last seven years under the Coalition Government and the current Government meaning that we have had to fundamentally change the way we deliver services to address these issues. Nonetheless, we remain determined to tackle health inequalities using the resources we have and improve the lives of all our residents.

7.3 The Mayor's recognition of his three roles around reducing inequalities – ensuring all the Mayor's work contributes; championing work across the capital; and directing support from City Hall – is welcome. However, the Mayor clearly cannot address health inequalities on his own and Brent HWB members individually and collectively recognise that we have a role to play.

7.4 Brent HWB agrees with the identification of the five draft aims of the Strategy.

Healthy Children

7.5 Brent HWB recognises that health inequalities may originate in childhood circumstances and we welcome the identification of healthy children as one of the Strategy's five aims.

7.6 Unfortunately London lags behind the rest of the country in the take up of screening and childhood immunisations. The launch by the NHS of the Child Health Digital Hub, supported by the Mayor, is welcome but of itself is unlikely

to be sufficient to address these causes of inequalities. The Mayor could play a role in championing these critical preventive services and ensuring Londoners can make informed decisions about easily accessible services.

7.7 Brent is working towards Unicef Baby Friendly accreditation at level 2 in order to support more women to breastfeed. We would welcome a commitment by the Mayor and partners for London to become a Baby Friendly City.

7.8 The ambition to develop a new health programme in London's early years settings aligned to the existing Healthy Schools London programme is welcome. We have run a HEY (healthy early years) programme in Brent for 4 years, with 104 settings successfully accredited. It will be critical that any Mayoral scheme is not only accessible and appropriate for Children's Centres and larger nurseries but also to childminders; in Brent 29 of the recipients of the HEY award are childminders.

Healthy Minds

7.9 Brent HWB applauds the inclusion of mental health in a health inequalities strategy. Improving outcomes for people with mental illness is one of five "big ticket" items in our Brent Health and Care Plan and we are working towards parity of esteem. To achieve this we know we must address the stigma associated with mental ill health. Brent HWB therefore strongly supports the inclusion of this objective in London Health Inequalities Strategy

7.10 We welcome the Mayor's political leadership of Thrive LDN, the city-wide movement aiming to educate, equip and empower all Londoners to lead healthier, happier lives. However while Thrive LDN describes the need to address the concerning rates of mental ill-health and distress amongst London's children and young people, this is not reflected in *Better Health for all Londoners*. We would welcome more explicit attention to children and young people within the Healthy Minds theme.

7.11 *Better Health for all Londoners* highlights the high rates of smoking amongst adults with a serious mental illness (twice the general population). Central & North West London NHS Foundation Trust (CNWL) has been smoke free at its Park Royal Centre for Mental Health, which includes secure provision, since April 2016; despite 85% of staff believing in advance that to implement a total smoking ban would be 'difficult' or 'very difficult'. The Mayor may wish to highlight such success stories to counter the view that tackling smoking rates in users of secondary mental health services cannot be achieved.

Healthy Places

7.12 Brent HWB welcomes the emphasis given by the Mayor to action on the impact of society, environment and economy on health. The Mayor's powers in these areas provide credible opportunities to address health inequalities. However we believe that London Boroughs can, and should, also take action to secure healthy places. Brent's Development Management Policies Plan restricts the density of takeaways, shisha cafés and betting shops in town centres and sets a 400-metre exclusion zone for new takeaways and shisha cafes around secondary schools and further educational colleges.

7.13 Brent HWB shares the Mayor's concerns about air quality; poor air is estimated to cause around 200 premature deaths each year in Brent. We recognise that those in the lowest socio-economic groups are more likely to

be exposed to poor air quality and the impact on their health is likely to be greater. Care must therefore be taken to avoid “victim blaming”, but we wonder if the strategy could say more about action which individuals and communities could take to reduce their contribution or exposure to air pollution?

- 7.14 *Better Health for all Londoners* recognises the importance of healthy, well paid and secure jobs as a means of tackling health inequalities. Brent HWB welcomes the Mayor’s aspiration for London to become a ‘Living Wage City’. Brent Council has the London Healthy Workplace Charter at ‘achievement’ level and the CCG has secured ‘commitment’ level.
- 7.15 Brent HWB welcomes the Mayor’s recognition of the negative impact of poverty on health. However we would suggest that a wider focus addressing not only fuel poverty but also financial exclusion and the poverty premium would be justified. Brent Council has recently implemented a Financial Inclusion Strategy whose aims included health improvement. The strategy led to the development of a digital money management tool, online financial advice, funding for local financial advice services, a debt advice specialist service based within customer services and an ongoing awareness campaign

Healthy Communities

- 7.16 Brent HWB welcomes the identification of the importance of participation in community life and of opportunities to participate in sports, culture and decision making as routes to health improvement. We firmly believe that better services can be created by involving service users. For example, our drug and alcohol sector includes services commissioned from and delivered by B3, a service user led organisation. In recognition of the power of self-care and the need to address social isolation, the Council and the CCG are bringing together the successful pilots by the CCG of Care Navigators and by the Council of SIBI (social isolation in Brent initiative).
- 7.17 *Better Health for all Londoners* highlights London boroughs’ successful HIV Prevention Programme, Do It London. This programme has demonstrated the power of collaboration to address city-wide issues and the Mayor’s support and promotion of Do It London is welcomed.

Healthy Habits

- 7.18 *Better Health for all Londoners* includes proposals to address childhood obesity. Childhood obesity is perhaps the most worrying aspect of children’s health in Brent and in London. However, including this under Healthy Habits may unhelpfully focus discussion on individual ‘lifestyle choices’. The Great Weight Debate revealed Londoners’ awareness of the impact of an obesogenic environment and an enthusiasm for this to be addressed. It would be a pity if the health inequalities strategy did not capitalise on this enthusiasm.
- 7.19 Smoking is arguably one of the most preventable causes of health inequalities. Much progress has been made and estimated smoking prevalence in Brent has reduced from 16.7% in 2012 to 12.8% in 2016. However, alongside this reduction in overall smoking, the numbers quitting through ‘traditional’ smoking cessation services are falling locally, as

elsewhere. A new approach to smoking cessation and tobacco control is needed which reflects the changing patterns of tobacco use. In Brent this includes shisha and chewing tobacco. Brent public health are participating in the London Smoking Cessation Transformation Programme, a partnership between DsPH and University College London.

- 7.20 Brent HWB strongly supports the ambition of Better Health for All Londoners and looks forward to a time when Londoners experience good health irrespective of background, upbringing or financial circumstances.

Background Papers

<https://www.london.gov.uk/health-strategy>

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Annex 1: Overview of strategy aims

AIM 1, healthy children: every London child has a healthy start in life

Draft objectives:

- London's babies have the best start to their life
- Early years settings and schools support children and young people's health and wellbeing.

Key Mayoral ambition:

- Launching a new health programme to support London's early years settings, ensuring London's children have healthy places in which to learn, play and develop.

AIM 2, healthy minds: all Londoners share in a city with the best mental health in the world

Draft objectives:

- Mental health becomes everybody's business across London
- The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases
- London's workplaces are mentally healthy
- Londoners can talk about suicide and find out where they can get help.

Key Mayoral ambition:

- To inspire more Londoners to have mental health first aid training, and more London employers to support it.

AIM 3, healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health

Draft objectives:

- Improve London's air quality
- Promote good planning and healthier streets
- Improve access to high quality green space and make London greener
- Address poverty and income inequality
- More Londoners are supported into healthy, well paid and secure jobs
- Housing quality and affordability improves
- Homelessness and rough sleeping is addressed.

Key Mayoral ambition:

- To work towards London having the best air quality of any major global city.

AIM 4, healthy communities: London's diverse communities are healthy and thriving

Draft objectives:

- It is easy for all Londoners to participate in community life
- All Londoners have skills, knowledge and confidence to improve health
- Health is improved through a community and place-based approach
- Social prescribing becomes a routine part of community support across London
- Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
- TB cases among London's most vulnerable people are reduced

- London's communities feel safe and are united against hatred.

Key Mayoral ambition:

- To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing.

AIM 5, healthy habits: the healthy choice is the easy choice for all Londoners

Draft objectives:

- Childhood obesity falls and the gap between the boroughs with the highest and lowest rates of child obesity reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people.

Key Mayoral ambition:

- To work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity.