

APPENDIX 2

Southwark Council's response to the Mayor of London's Health Inequalities Strategy consultation

We welcome the Mayor's Health Inequalities Strategy and the emphasis on a Health in All Policies approach. Our comments and observations can be considered in three broad categories: (A) **measures** of success and level of ambition, (B) the Mayor's role in the **long-term** approach, (C) ensuring policies are **targeted**.

A) Measures of success and level of ambition could be improved upon in four ways:

- 1) Define and adopt a **single measure of health inequality**, for example, the *slope index of inequality in life expectancy*. This would provide one specific metric that could, if improved, be a meaningful measure of success over time.
- 2) Set a central vision of **timeline and scale for how far health inequalities should reduce**. For example, *"The gap in life expectancy in men, between the best and worst borough, should reduce from the current 15 years to 5 years by 2027"*.
- 3) While tackling health inequalities is complex, the strategy lists too many objectives. We suggest **prioritising major objectives** that would make the most difference. For example, priority should be given to actions that have the biggest potential to reduce inequality in life expectancy (e.g. smoking, early years, income inequality).

B) The Mayor's role in the long-term approach

- 1) The strategy should add **specific actions that the Mayor himself can take** in policy areas where he has direct control (e.g. TfL, planning policy). This is important as the Mayor has a legal duty to promote the reduction of health inequalities. Additionally, this strengthens his leadership and 'leading by example' role.
- 2) The draft strategy does not review progress and successes of the previous London Health Inequalities Strategy. Tackling health inequalities require **long-term policies**, and there must be a commitment in every refresh of the health inequality strategy to monitoring how successful the previous strategy was.

C) Ensuring policies are targeted

The whole strategy needs to be more explicit about targeting policies towards those in vulnerable groups, to ensure that health inequalities are not inadvertently widened. For example, all workplace policy proposals should ask ***"Is this intervention likely to be taken up by employers who employ more staff on lower incomes?"***.

HEALTHY CHILDREN

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

- 1) We welcome the Mayor's acknowledgement that workplaces should support flexible working practices and family friendly policies, such as breastfeeding. However the strategy could be strengthened by **specifying other policies** that should be encouraged - for example, maternity/paternity leave policies, precarious employment conditions like zero-hours contracts, and support for childcare costs.
- 2) Through effective collaborations and partnerships across local authorities, the GLA and partners, we welcome the ongoing development of the **awards programme** with particular focus on enhancing current review tools, expanding the current evidence-base, and strengthening the evaluation approaches. It is also important that the many examples of excellent practice in schools are shared and celebrated across London and robustly evaluated so impact is measured and shared.
- 3) We welcome the Greater London Authority's **Early Years Hubs Pilot** and look forward to monitoring their impact. More accessible, affordable and quality early years provision would support vulnerable family and could be instrumental in reducing inequalities for children.
- 4) **Health Visitors** need to be better supported to make robust checks when the child is aged 2. They should identify ways how parents and Children's Centres could change what they do, to change the trajectory of those children who are receiving poor-quality nutrition and/or engaging in insufficient physical activity.

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

- 1) As one of the largest providers of **council housing** in London, Southwark enables its more deprived families to live in decent accommodation that is warm, dry and safe. This reduces the health effects of poor housing (e.g. asthma and COPD aggravated by damp and mould; cardiovascular disease aggravated by cold temperatures; home cooking influenced by kitchen quality; mental health influenced by home size, aesthetics and amenities).

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

Based on local discussions, we propose:

- 1) By 2027, the absolute gap in the **number of months a mother has breastfed** her child for has reduced by 30% between the best and least performing London borough.
- 2) By 2027, the absolute gap in the proportion of 2 year olds who have received **at least 15 hours of good-quality childcare** has reduced by 30% between the best and least performing London borough.

3) By 2027, the absolute gap in **childhood obesity rates** has reduced by 30% between the best and least performing London borough.

HEALTHY MINDS

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

1) The draft strategy identifies various population groups that are at higher risk of developing mental health issues. A more **targeted approach** to improving mental health outcomes among these groups would be welcomed.

For example, many people with **drug or alcohol dependency have co-occurring mental health needs** but are not often eligible for mental health treatment until their drug/alcohol problems have been resolved. The Mayor could set up, perhaps through the Healthy London Partnership, a special task force to investigate and propose solutions to this problem that create better outcomes and fewer suicides in this group, including streamlining pathways.

2) This section does not specifically speak to mental health problems among children and young people despite 50% of mental health problems being established by the age of 14 and 75% by the age of 24. The Mayor could champion a campaign to better address **mental health within schools** and early years settings (e.g. addressing bullying) and to target greater support to London's most vulnerable young people: looked after children, young carers, young offenders and children who self-harm.

3) Having **unaffordable debts** are strongly associated with poorer mental health. The combination of housing and other high living costs on poor mental health can be further explored within the key actions for the Mayor identified. Additionally, problem gambling linked to fixed odd betting machines have been identified as a cause for concern and pan-London action on this would be strongly welcomed.

4) Mental health first aid training is welcomed. However not all employers can fund it, and there is a risk that this initiative is more likely to be taken up by employers who are better resourced. If this happens, **health inequalities may widen**.

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

We believe that a zero suicide ambition is a bold one. In Southwark we believe that many, but not necessary all, suicides are preventable. Therefore, we have committed to focusing on reducing the occurrence of these preventable deaths as much as possible. To work towards this ambition we have set a local target to **reduce the number of suicides across the borough by at least 10% over the next five years** of our strategy.

As suicide disproportionately affects vulnerable groups, the Mayor could aim to lower the absolute **gap in suicide rates** between

the best and least performing London borough by 30% by 2027.

HEALTHY PLACES

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

1) For London to have the best **air quality** of any major global city, Southwark Council has noted in its contribution to the Mayor's draft Environment strategy that there are a number of aspects which the Mayor needs to consider:

- To have a zero carbon transport network by 2050, there needs to be a stronger role for government.
- The Mayor should consider introducing a new Clean Air for London Act in order to achieve full legal compliance with UK and EU limits.
- Low Emission Bus Zones need to be expanded in order to improve air quality in areas. Southwark would welcome an extension to the Camberwell, Walworth and London Bridge routes. Additionally, the Ultra Low Emission Zone (ULEZ) ought to be expanded to the M25 as soon as possible.
- Transport for London needs to take into account the principles of the London Local Air Quality Management (LLAQM) framework in order to help local authorities meet their air quality objectives in the shortest timescale possible.

2) With the Mayor's direct role in transport, the Mayor should encourage active travel by ensuring provision of safe bike locking facilities, lift access, public toilets, plenty of lighting, security and seating in **public transport stations**.

3) **Improving accessibility at stations and underground stations** is important when looking at health inequalities in London, and as highlighted in our response to the Mayor's Transport Strategy we would encourage that this is done sooner than 2041. Too many stations are still sub-standard on both the underground and main line rail services.

4) We strongly endorse the Mayor's championing of the voluntary London Living Wage (LLW). However, the Mayor should go further:

- a) The Mayor could set a vision whereby **all publicly-funded services in London are delivered by organisations that pay the London Living Wage**. 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.
- b) 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.

5) 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.

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

1) We support the Mayor's proposals to limit the development of new hot food takeaways around schools. Southwark has policies to **limit the development of new hot food takeaways near schools** in the New Southwark Plan.

2) Southwark has implemented **Cumulative Impact Zones** to limit alcohol-related harm in more deprived areas. The Mayor could encourage other boroughs to do the same, particularly those with high alcohol-related harm.

3) Southwark Council was among the first few councils to be accredited as a **London Living Wage (LLW)** employer for its staff and has extended the scheme to include contractors and agency staff employed by the council. We are also implementing an extended Ethical Care Charter, whereby all care workers should be paid the LLW, as well as for their travel time to and from work. We are also championing the LLW with local businesses and developers.

4) In order to meet the challenge of **poor air quality**, Southwark Council recently updated its Air Quality Strategy Action Plan that sets out 113 actions that we will undertake to make the air better for our residents. We continue to review, update and act as more information, technology, ideas and research becomes available.

What should be our measures of success and level of ambition for creating a healthy environment, society and economy?

1) By 2027, all **publicly-funded services** in London should be delivered by organizations that **pay the London Living Wage**.

2) By 2027, **income inequality** in London should **not be larger** than it is in 2017.

3) By 2027, **the absolute gap in alcohol-related mortality** has reduced by 30% between the best and least performing London borough.

HEALTHY COMMUNITIES

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

1) We welcome the Mayor's commitment to challenge the stigma associated with HIV. To aid this aim, the GLA should take over funding of the **Do It London HIV campaign** from local authorities. Some boroughs in London have already declined to continue funding this vital campaign. As funding becomes more difficult in local authorities, more boroughs will be asking whether it adds value and fairness to fund a pan-London campaign that not all boroughs contribute to.

2) The Mayor should support employers wishing to offer **paid leave for voluntary work**. Public Health England currently offers this. This makes it easier for employed people on all wages to volunteer if they wish. A **London-wide time-banking** scheme could also be explored to encourage co-production in local communities.

3) The Mayor could encourage the development of **intergenerational programmes** which bring together older and younger people to share skills and activities. This has the potential to benefit both groups, and may reduce social isolation and loneliness in older people, as well as improve physical health outcomes. Similar initiatives could be developed for new migrants, and/or isolated parents.

HEALTHY HABITS

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?

1) Among modifiable health behaviours, **smoking is the number one cause of health inequalities** in life expectancy. An inequalities strategy which does not place smoking at centre stage risks making inequalities worse. To that effect, we propose three additions:

- 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.
- Discourage **contraband cigarette sales**. Across London, around one in ten people have been approached with the offer of purchasing contraband cigarettes. This figure is much higher in deprived areas, as the strategy notes. The Mayor could think about specific ways he can discourage this trade, for example by closer working with the police and Border Force customs officers to address the limitations they face.

2) We strongly welcome tackling childhood obesity as a one of the Mayor's key priorities. Additionally, we suggest that:

- Alongside the *London Food Strategy*, the Mayor should lobby the government to **raise the standards for school meals**. The current standards are inadequate in addressing the scale of the obesity challenge (e.g. regular provision of sweet desserts, bread, and fried foods). If the Mayor is unable to lobby the government, he could consider establishing a *London Food Standard*

(for early years and schools) and be more ambitious than the current UK standards.

- The Mayor should also lobby the government to reconsider adopting the stricter actions recommended by the 2015 Health Select Committee in its inquiry into **childhood obesity**, which were subsequently not adopted by government. Illustratively these actions include adopting clear goals for reducing overall levels of childhood obesity at a national level, levelling the playing field among retailers (in order to ensure that those who act responsibly on discounting and promotions are not disadvantaged), and introducing tougher controls on marketing and advertising of unhealthy food and drink to children. The Committee believed that including these actions would make the strategy more effective in tackling childhood obesity, and they go beyond the powers of local government.
- The Mayor capitalises on his control over TfL; he should demonstrate his commitment and inspire others to also take action by:
 - **Banning alcohol and junk food adverts** on London transport. This may need a phased implementation to diminish any income shocks while alternate advertisers are found. However, a 10% annual reduction can lead to this being achieved in a 10-year timeframe. This seems feasible, in light of how quickly the Mayor banned adverts with an unrealistic body image in 2016.
 - Encouraging freely distributed newspapers (e.g. *The Metro*), as well as paper bus tickets, to **stop issuing junk food vouchers** to London commuters.
 - Ensuring access to bike hire in more deprived areas and reducing the cost so that it is more attractive and cost-effective than travelling by bus. There is an opportunity for dock-less cycle hire in Southwark, allowing private companies to be licenced and operate in the borough. The Mayor could co-ordinate this to ensure interoperating across all London boroughs.

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

1) Southwark offers **free healthy school meals** and free fruit to all school children in the borough. This reduces stigma and improves the health of those who benefit most from this policy.

2) Please also see our response under “Healthy Places” about Southwark offering to work with the GLA to limit the development of **new fast-food outlets near schools**.

3) Southwark Council offers residents **free access to leisure centres** all day every Friday and every Saturday and Sunday afternoon. This scheme also provides an enhanced offer for older people, people with disabilities and health conditions to

access this scheme seven days a week. Currently 80,640 people are registered on the scheme, 65% of whom are in a BME group and 8% of whom are disabled. Looked after children/care leavers aged 14-25 also have free access to swim and gym seven days a week.

4) All the **playgrounds** in Southwark parks are designated as “**smoke-free**”.

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

1) By 2027, the absolute **gap in smoking** rates has reduced by 30% between the best and least performing London borough.

2) By 2027, **smoking in the outdoor public realm** has become the exception.

3) By 2027, the absolute **gap in childhood obesity** rates has reduced by 30% between the best and least performing London borough.

4) By 2027, the absolute **gap in adult obesity** rates has reduced by 30% between the best and least performing London borough.

4) By 2027, the absolute **gap in proportion of adults commuting to work by active travel** has reduced by 30% between the best and least performing London borough.

INTEGRATED IMPACT ASSESSMENT

Do you think there are any impacts missing and if so, how these might be addressed?

We welcome the overall targets outlined in the Strategy to be strengthened and have suggested targets and indicators in each section of our response.

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