


<p align="center">Health and Wellbeing Board Tuesday 7 November 2017</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>‘Better Health for All Londoners’ – Mayor of London’s Health Inequalities Strategy consultation</p>	

Lead Officer	Somen Banerjee, Director of Public Health, LBTH
Contact Officers	Somen Banerjee, Director of Public Health, LBTH
Executive Key Decision?	No

Summary

“Better Health for All Londoners” is a consultation document released in August 2017, designed to feed into the Mayor of London’s next Health Inequalities Strategy. It proposes a set of aims and objectives for reducing health inequalities in London, and the Mayor’s role in reducing them. The full PDF can be found here:
www.london.gov.uk/sites/default/files/draft_health_inequalities_strategy_2017.pdf

The consultation asks what others can do to help achieve these aims, what they need to help them do more, and how we can work in partnership to achieve them. There are 5 Aims outlined by the Mayor of London: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits.

We will be providing a Tower Hamlets Health and Wellbeing board response to the consultation. At the meeting, we will present the strategy and hope to receive feedback on what we collectively feel are the key issues that we would like to feed into the consultation response.

The deadline for our response is 30th November 2017.
 Feedback can be submitted to Ahimza.thirunavukarasu@towerhamlets.gov.uk or
www.surveymonkey.com/r/towerhamletshis

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Highlight the objectives of the consultation that Tower Hamlets is in support of and how we can support the Mayor implement it;
2. Suggest areas we feel the Mayor’s strategy needs to do more on in order to reduce health inequalities;
3. Highlight local priorities for Tower Hamlets that we feel are currently missing from the strategy;
4. Suggest areas the Mayor might help make more coordinated across London; and
5. Suggest what our measures of success might be for each Aim.

1. REASONS FOR THE DECISIONS

- 1.1 The Mayor of London has released the Health Inequalities strategy for consultation. Engaging with this process and providing a response will help enable pan-London collaboration and reinforce the need for health to be prioritised at the GLA.

2. ALTERNATIVE OPTIONS

- 2.1 Not responding to the Mayor of London's Health Inequalities strategy

3. DETAILS OF REPORT

Below are the 5 aims for reducing health inequalities set out by the Mayor of London.

AIM 1: HEALTHY CHILDREN

Objective 1.1: London's babies have the best start to their life

- Supporting new parents with parenting, possibly social prescribing
- Using data from the Child Health Digital Hub
- Promoting breastfeeding in the workplace
- Flexible workplaces – entrenched in the London Healthy Workplaces Charter

Objective 1.2: Early years settings and schools support children and young people's health and wellbeing

- Healthy Years Awards programme – for any childcare settings registered with the Department of Education
- Twin this with Healthy Schools programme
- Safe routes to school for walking and cycling

AIM 2: HEALTHY MINDS

Objective 2.1: Mental health becomes everybody's business across London. Londoners act to maintain good mental health of themselves, their families, friends, neighbours and colleagues.

- Championing the Thrive LDN programme
- Reduce mental health inequalities by supporting programmes across all communities

Objective 2.2: There is parity of esteem between mental and physical health

- Reduce the inequalities in physical health experienced by those with mental health problems; and improve services for mental health itself
- Embed into all programmes, e.g. Healthy Schools

Objective 2.3: London's diverse populations no longer experience stigma associated with mental ill-health, and levels of general awareness about mental health increase

- Reduce stigma
- Reduce discrimination of groups like: LGBT, BAME and those with disabilities
- Use social marketing and sign the Time to Change pledge

Objective 2.4: London's employees are mentally healthy

- Improve entry into employment of those with mental health problems by championing schemes that do this effectively
- Training employees to recognise mental health issues, support each other
- Mental health first aid training supported by employers
- Support employers to encourage good mental health through the Healthy Workplace Charter

Objective 2.5: Londoners feel able to talk about suicide and can find out where they can get help

- Aim to reduce the number of suicides by 10%
- Work with Thrive LDN and other organisations to enable Londoners to talk about how they feel and seek help
- Need to establish good data

AIM 3: HEALTHY PLACES**Objective 3.1: London's air quality improves**

- Reduce exposure to harmful pollution – especially at priority areas like schools – and tackle health inequality
- Achieve legal compliance with EU and UK limits for all air pollutants
- Transition to a zero-emission London by 2050

Objective 3.2: Health inequalities are reduced through planning and making our streets healthier

- Make walking, cycling and public transport the most attractive transport options – so Londoners spend 20 minutes doing active travel
- Embed the Healthy streets approach into the London Plan, which must be considered when planning development in any areas of London
- Higher density development in areas with better transport links

Objective 3.3: London is a greener city where all Londoners have access to good quality green space

- Protect current green spaces
- Support the creation of new green infrastructure that minimises inequalities in physical and mental health

Objective 3.4: The negative impact of poverty and income inequality on health is addressed

- Encourage uptake of the London Living Wage by employers
- Reduce fuel poverty
- Improve energy efficiency of new homes

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

- Encourage uptake of the London Living Wage by employers
- Encourage employers to sign up to the Healthy Workplace Charter – especially those in sectors that are usually low paid
- Use the devolved Work and Health programme to help the long-term unemployed, including those with health problems or disabilities, back to work

Objective 3.6: Housing quality and affordability improves

- Reduce overcrowding
- Improve stock of affordable housing
- Improve accessible housing options for those with disabilities or needs
- Improve quality assurance in private rent sector – like licensing

Objective 3.7: Homelessness and rough sleeping in London is tackled

- Make available accommodation for those that are homeless – either through Affordable homes programme or private renting
- Improve routes off the streets for rough sleepers

AIM 4: HEALTHY COMMUNITIES

Objective 4.1: It is easy for all Londoners to participate in community life.

- Improve community volunteering opportunities, remove barriers for people to get involved – sport, culture, local involvement in planning and healthcare
- Entwine social integration into planning

Objective 4.2: All Londoners have necessary skills, knowledge and confidence to understand how to improve their health

- Prevent the digital divide reducing the access to health information for people
- Use existing infrastructure to disseminate health information and support one another

Objective 4.3: Health is improved through a community and place based approach

- Protect current green spaces
- Community led initiatives for health programmes and development projects

Objective 4.4: Social prescribing becomes a routine part of community support across London

- Support health practitioners to use social prescribing in response to social problems that community members face
- LA to consider Social value act 2012 – consider economic, social and environmental wellbeing in work
- Use local facilities in more joined up ways – premises with multi-purpose use

Objective 4.5: People and communities are supported to prevent HIV and reduce the stigma surrounding it

- Reduce stigma related to HIV
- Improve early diagnosis and prevention of HIV – support Do It London campaign
- Consider London joining the Fast Track Cities approach – international UNAIDs

Objective 4.6: There is a reduction in TB cases among London's most vulnerable people

- Work on those with social risk factors for TB
- Support the London TB Control board

Objective 4.7: London's communities feel safe and are united against hatred in whatever form it takes

- Improve safety on streets
- Work with community police
- Reduce hate crime

AIM 5: HEALTHY HABITS

Objective 5.1: Childhood obesity falls and there is a reduction in the gap between the boroughs with the highest and lowest rates of child obesity

- Take a systems approach to tackling childhood obesity – alongside the Mayor's upcoming Food strategy 2018
- Reduce food bank use
- Improve environment for active play/travel in Healthy Streets approach
- Introduce policy in London plan to limit new takeaways around schools
- Support the tackling of childhood obesity through Healthy Schools programme

Objective 5.2: Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

- Reduce smoking rates, particularly in areas of deprivation
- Reduce uptake of smoking in children
- Reduce alcohol misuse and rates of alcohol related harm
- Cooperation between LA, health agencies and law enforcement to reduce harms
- Use of Healthy workplace charter to improve cessation of smoking/alcohol
- Improve the night-time economy variation

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This is a consultation document that is intended to feed into the Mayor of London's next Health Inequalities Strategy. The cost of this consultation is being met from existing resources. The outcome of the consultation may potentially lead to strategies that require additional funding however at this stage it is too early in the process to establish whether this may be the case.

5. LEGAL COMMENTS

- 5.1 Under the Health and Social Care Act 2012 ['the 2012 Act'] local authorities have, since 01.04.2013, been under a duty to take such steps as they consider appropriate for improving the health of the people in their areas. Local authorities also inherited responsibility for a range of public health services previously provided by the NHS including most sexual health services and services to address drug or alcohol misuse.
- 5.2 The *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351) makes provision for local authorities to steps to be taken by local authorities in exercising their public health functions. Relevant to this report is the requirement, under regulation 7, for local authorities to provide or make arrangements to secure the provision of a public health advice service, in relation to their powers and duties to commission health services, to any Clinical Commissioning Groups (CCGs) in their area. This includes providing advice to CCGs on how to meet the duties to reduce health inequalities.
- 5.3 The consultation paper sets out ambitions that the Mayor wishes to prioritise and his strategy for supporting local authorities and their health partners to effect the necessary changes. He has also requested feedback on what support partners may need to achieve the ambitions. Whilst there is no

obligation on the Local Authority or Health and Wellbeing Board to respond to the consultation, doing so would be compliant with the requirement under s.195 of the 2012 Act which requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

- 5.4 The consultation paper also offers any opportunity to help shape a London wide response, but tailored to the needs of residents in Tower Hamlets. Consideration may also be given to whether the Local Authority could utilise current powers to help achieve some of the ambitions. For example, the National Institute for Clinical Excellence has published guidance to local authorities detailing how implementing 'no idle zones' in and around schools may improve air pollution (see: <http://indepth.nice.org.uk/no-idle-zones-can-help-protect-vulnerable-people-from-air-pollution-says-nice/index.html>). If these were implemented and enforced around schools in borough it may also have a positive impact on obesity levels as it would prevent ice-cream vans etc from operating. This could be considered in combination with licencing changes designed to reduce the number of take away food retail outlets in those areas.
- 5.5 When considering the recommendation above, and when finalising the consultation responses, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristics.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 Responding to this strategy would contribute towards addressing health inequalities in Tower Hamlets. Health and Wellbeing board response will enable this to ensure that the wider determinants of health are considered altogether.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 There are no specific best value implications, because this is a response to the Mayor's consultation on health inequalities.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 The London mayor has a key role in sustainable planning through his influence on Planning and Environment in London. In his strategy, the London Mayor has included Healthy places as a key feature, which means that we will

be able to comment on and influence action on creating and maintaining a green environment.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no specific risk management implications because this is a response to a consultation.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 The London Mayor has made one of the strategy objectives about making London a safer place to live (objective 4.7). He also mentions the importance of reducing the harms of alcohol and substance misuse, and increasing variation of the night-time economy (objective 5.2). His overall Aim 4 of Healthy Communities also supports improving safety in London. Therefore, in discussing this consultation document and feeding back, we may be able to influence a reduction in crime and disorder.
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Linked Reports, Appendices and Background Documents

Linked Report

- HAC Directorate meeting: 'Better Health for All Londoners'
- Childrens Directorate meeting: 'Better Health for All Londoners'
- Places Directorate meeting: 'Better Health for All Londoners'

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

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