Summary

- The Mayor of London welcomes the opportunity to respond to the Health Committee’s inquiry into the impact of the 2013 Health and Social Care Act reforms on public health.

- When public health responsibilities transferred to local government in April 2013 all upper tier local authorities, outside London, were given a portion of the ring-fenced public health budget.

- With the move of public health responsibilities to local government there is an increasing expectation, from a range of organisations, for the Mayor to be more active in these areas.

- The Mayor could do so much more if we had the resources, using his unique statutory powers over transport, policing and strategic planning to improve air quality, increase physical activity and personal safety and provide health enhancing housing and public space.

- The high profile of the Mayor could also be utilised to promote health and wellbeing into London’s workplaces and schools, to tackle pan-London public health issues such as HIV and TB, lead a London wide plan to improve mental health, and to continue the internationally acclaimed WellLondon programme.

- Public Health England (PHE) has an arrangement with the Greater London Authority to provide time – limited funding to help support the Mayor in improving Londoner’s health. However, unlike local authorities, the Mayor does not receive a public health funding allocation and this is an anomaly for a city of over 8m people and with a growing population set to reach 10m by 2030.

A pan-London approach

- The Mayor does not have a statutory role for health services or health budgets, but the Mayor does have a duty to have regard for health and health inequalities in all his policies. This is achieved through the Mayor’s Health Inequalities Strategy, other strategies and policies, and the Greater London Authority’s core business.

- As set out in his 2020 Vision, the Mayor wants London to be a city where public health is better, and he wants to exploit the high profile of his office to push forward an ambitious agenda to tackle major public health concerns.

- To demonstrate his unique ability to improve the health of Londoners the Mayor has worked closely with Dr Yvonne Doyle, the Director of the London Office of Public Health England and the Mayor’s statutory Health Advisor. PHE has provided expertise and funding to support the Mayor in realising the health improvement potential of transport, of urban planning, and in schools and workplaces as well as through his Chairmanship of the London Health Board. However much of this funding from PHE is time-limited.
• The Mayor needs to be able to realise the considerable potential of his office to improve the health of Londoners and reduce health inequalities. He has a prominent role as a thought leader both in London, nationally and internationally, and is able to convene people, influence debate, give energy to issues and stimulate action.

• The Mayor also has an unparalleled ability to speak to Londoners about their health and habits. Using the high profile of the Mayor’s Office and Transport for London’s access to advertising, key messages such as the ‘Change for Life’ programme would have greater visibility.

• The Mayor has watched with interest the public health activity of the Mayor of New York who has clearly demonstrated the value of public health activity at a city level. Through his high profile, ability to engage with residents across the city and influence over infrastructure, he has been able to take effective action on obesity, air quality, smoking and, recently, mental health. Although the political structures differ between the cities, experience from New York shows that there are public health challenges which benefit from a pan-city approach.

The Public Health Outcomes Framework

• The new public health responsibilities of local government, PHE and the NHS are laid out in the Public Health Outcomes Framework (PHOF). Many of the indicators in the framework are affected by the work of the GLA. In order to make progress on these outcomes London needs City Hall to be playing its part, as illustrated below:

  ➢ Over twenty indicators in the PHOF can be influenced by planning in London. GLA Public Health Specialists, (2 of which are funded by PHE), have worked with GLA planning colleagues to co-author the Social Infrastructure Supplementary Planning Guidance (SPG) published in May 2015. The SPG supports Policy 7.1 of the London Plan to promote the principles of lifetime neighbourhoods and supports London Plan Policy 3.2 to consider the impacts of major development proposals on the health and wellbeing of communities through the use of Health Impact Assessments.

  ➢ The principles of lifetime neighbourhoods include: 1) neighbourhoods are well connected and walkable; 2) people can have a choice of homes, accessible infrastructure and services, with a mix of uses; and 3) people belong to a cohesive community which fosters diversity, social interaction and social capital. Implementation of the lifetime neighbourhoods principles will lead to improvements in several indicators in the PHOF such as utilisation of outdoor space for exercise/health reasons (1.16), or social isolation (1.18)

  ➢ PHOF Indicator 2.13 reports the percentage of physically active and inactive adults in each borough. In London physical activity levels are strongly influenced by travel behaviour - 27% of Londoners achieve 2.5 hours of physical activity a week through active travel alone.

  ➢ Transport for London is supporting Londoners to travel actively within the capital by investing more than £4bn as part of the Road Modernisation Plan to improve road
safety and facilities for walking and cycling in London. Public Health Specialists, working across GLA and TfL have produced TfL’s Health Action Plan and are responsible for coordinating the delivery of its activities to encourage walking and cycling, especially for short trips.

Devolution

- The Mayor welcomes the Government’s commitment to devolve more powers to local government, including the move towards 100% business rates retention, and notes that there will be a further consultation on options to fully fund local authorities public health spending from retained business rates receipts. Given ring fenced public health funding remains until 2018, the Mayor will continue to call for a public health funding stream for London.

Updated 23 February 2016