

London Health Inequalities Strategy Public Consultation

Summary Report

This report contains summary findings from the public consultation on Better Health For All Londoners - the draft Health Inequalities Strategy. It draws together data from both quantitative and qualitative research conducted throughout the consultation period with members of the public, in addition to relevant findings from recent representative polling conducted prior to the consultation opening. Detailed reports supporting this summary are available from the Greater London Authority Opinion Research and Statistics team.

This report does not gather together findings from the stakeholder consultation, which has been reported separately.

This report is structured by themed section of the Health Inequalities Strategy.

Contents:

1. Methodology
2. Healthy Children
3. Healthy Minds
4. Healthy Places
5. Healthy Communities
6. Healthy Habits

Each themed section includes:

1. Summary of quantitative findings (YouGov polling, plus comparison of any major differences compared to the Talk London survey).
2. Summary of qualitative findings (discussions on Talk London)
3. Summary of email/letter correspondence from members of the public

1. Methodology

The public consultation on the draft Health Inequalities Strategy was open from 23 August 2017 to 30 November 2017.

Quantitative Research:

Similar survey questions were asked in two formats:

Representative polling (via YouGov)	Talk London Survey (self-selecting)
<ul style="list-style-type: none">• Survey carried out with a representative sample of the London population aged 18+ between 24th and 27th October 2017, with a response of 1,003 individuals.	<ul style="list-style-type: none">• Surveys with parallel content to those conducted with a representative sample, ran from 23rd August to 30th November 2017 on Talk London• The sample has not been weighted and is therefore not representative of the London population

	<ul style="list-style-type: none"> The findings from these surveys have been compared against the findings from representative polling, and key differences have been highlighted in the consultation reports. Any highlighted differences are indicative only, not necessarily statistically significant.
<p>Additionally, findings from recent representative polling conducted prior to the consultation window opened were provided to the policy team, where relevant to sections of the strategy.</p> <p>These include:</p> <ul style="list-style-type: none"> YouGov representative survey covering childhood obesity, breastfeeding and smoking 20-23 February 2017, 1,000 London adults. Results have been weighted to be representative of all Londoners aged 18+ 	
<p>Qualitative Research: Qualitative research was conducted to understand views in more depth in relation to specific topics. The following methods were used to gather qualitative responses to the strategy.</p>	
<p>Moderated online discussions (Talk London)</p> <ul style="list-style-type: none"> 6 discussion threads on the following topics between 23rd August and 30 November 2017: <ul style="list-style-type: none"> <u>smoking and drinking</u> <u>mental health in London</u> <u>healthy workplaces</u> <u>GP visits</u> <u>healthy places</u> <u>community groups</u> 1 additional discussion thread on ‘<u>Raising a family in London</u>’ was brought over from the previous Diversity and Inclusion Vision Consultation, moderated to cover Health Inequalities-specific issues. 1 additional discussion initiated by a member of the public, on <u>Childhood Obesity</u>. Analysis of the discussion threads, supported by key quotes, has been included in this report 	
<p>Email correspondence from individuals</p>	
<ul style="list-style-type: none"> The GLA received a total of 18 emails from members of the public writing in to express specific feedback on the strategy. Analysis of this correspondence is included below, in the relevant themed sections. Full transcripts of this correspondence have been provided to the Health Inequalities Strategy team. 	

The public consultation comprised quantitative and qualitative research, as well as Talk London engagement and emailed responses. To analyse the data from the consultation a three-stage

process was followed. In the first stage, each of the data sets were analysed at a granular level and detailed reports relating to that data set were produced. In each case data was themed according to topic and analysis was clearly evidenced with either statistics or verbatim quotes. In the second stage the Talk London data sets, alongside emailed or written responses received directly to the Mayor or policy team, were analysed, and compared against insights from the representative polling and offline qualitative research. This allowed the team to identify similarities and differences between the views of the general population and the views of the Talk London community. In the final stage, all data sets were brought together this report, which aimed to show where the balance of public opinion lay, as well as highlight areas of disagreement between groups.

2. Healthy Children

2.1 Summary of quantitative findings (representative polling only):

79% of the representative sample from February 2017 believe that breastfeeding is acceptable in public. There is also strong support for public spaces like restaurants, hospitals, Underground stations and offices to be required to provide clean, safe, baby-friendly spaces.

75% of Londoners support restricting unhealthy food adverts aimed at children. 72% support giving nurseries and pre-schools an official accreditation for being healthy environments, based on criteria such as the food, air quality, emotional wellbeing care and levels of physical activity. 70% support free access to drinking water taps in tube stations.

Comparison between Talk London respondents and representative polling

Breastfeeding

Talk London respondents are more likely than the representative sample to say that breastfeeding is acceptable in public. Similarly Talk London respondents are more likely to say the locations tested (pubs, offices, stations, hospitals, etc) should be required to provide safe, clean baby friendly spaces.

2.2 Summary of views based on qualitative research:

Two discussions on Talk London provided insight relevant to this section of the strategy. They are:

- **Raising a family in London (33 comments)** (nb also part of Diversity and Inclusion Vision consultation)
- **Childhood Obesity online discussion (3 comments)**

Raising a family in London – challenges and positives

- Participants agree that cost of childcare is a real problem for all families.
- Many schools in London are felt to be too full because the demand is too high.
- One Talk Londoner mentioned that when children are old enough to leave home, rented housing is too expensive, and houses to buy are beyond the reach even of the well-paid.

- Another mentioned that London is failing to encourage sport in boroughs for children. Poorer families can't afford sporting activities. They mentioned countries in Europe that subsidise sport for children – backed by the government this has increased health, brought communities together, disciplined and inspired those to go on further in sport but also reduced crime and loitering teenagers causing problems.
- Participants identify air pollution being too bad as reason for not bringing up children in central London as the air pollution is too bad.
- Participants identify London's museums, parks, theatres, varied cultures as good for children growing up in the capital.
- One respondent highlights that 'all children should be treated equally', specifically in the classroom.
- One respondent focuses on the role of families to provide a loving environment for children and young-people. They identify transitional periods such as leaving home, going away to study and starting a new job as times of high risk for mental illness.

"The cost of bringing up children and in particular childcare and after school activities are far too high and stops some families from participating in leisure activities as they have to work long hours to afford to live and pay bills." (Female-48yrs-Richmond-Talk London)

Childhood obesity

- Underinvestment in midwifery and health visitors threatens to undermine the objectives of the strategy.
- Children being driven to school is regarded as a problem, for both the health of the children and congestion for other road users.
- Parents are reluctant to let children use local parks due to being worried about safety (both physical safety on equipment and fear of crime)
- Cheap food is calorific, but not healthy. Schools teach more about food than they used to, but eating patterns are set well before school age.
- One respondent suggests that in relation to childhood obesity, the strategy focuses more on environmental factors, without drawing attention to the role of parents and individual responsibility. It continues that health professionals may not be adequately trained in the public health aspects of child obesity, and the strain this causes on NHS services.
- One respondent proposes a Walk to School campaign – encompassing social media, measures such as walking clubs at lunchtime, sports lessons including outdoor activities.

3. Healthy Minds

3.1 Summary of quantitative findings (representative polling only):

Promoting good mental health and well-being is the top health policy priority for Londoners in the representative sample.

The majority of Londoners in the representative sample say they feel confident talking to others about their own mental health, and just under half feel confident talking about other people's mental health (55% and 46% respectively). 1-in-5 respondents do not feel confident in either situation. Women and under 50s are less likely to feel confident with their own mental health, as are those working full time.

63% think they have a good understanding of maintaining their own mental health. 50% are aware of mental health issues and how to be supportive, and 55% know where to find more information. ABC1 women in the representative sample are more likely to know where to find information and how to be supportive, whilst younger respondents are more likely to be aware of mental health issues people might have.

Under 25s are twice as likely as other groups in the representative sample to prioritise preventing suicide over other health policy issues, and particularly over C2DE Londoners.

Comparison between Talk London respondents and representative polling

Healthy minds

Talk London respondents are more likely to say they are confident talking about a series of mental health issues, including talking about their own mental health, other's mental health and being able to find information on mental health.

3.2 Summary of views based on qualitative research:

One online discussion on Talk London provided insight relevant to this section:

- **Mental health in London – 68 comments**

Mental health in London in general

- Mental health in London can lead to isolation and alienation – with poor help provided from the outside.
- Some participants suggested that politicians, local councils and political parties are neglecting their duties around mental health.
- More green spaces, less pollution, cleaner and quieter streets are identified as positive for mental health, to make London a calmer and more peaceful place to be.

Mental health service provision

- Participants felt that funding cuts were having an impact on mental health services.
 - Charities such as Mind are providing an important information service, but that mental health professionals may not be available.
 - Others mention trying to find a local mental health team but finding that it had been closed.
 - One respondent calls for more funding of mental health services in London, including free counselling, reducing screen time exposure in schools by reducing the use of whiteboards, no mobiles allowed in schools and less prescribed medicines issued by pharmacies/GPs. It suggests the following measures to understand the impact of policy interventions: fewer crimes committed due to mental health issues, fewer days off sick from work and fewer prescriptions by GPs.
- Inexperienced staff in the NHS, and staff not being in roles for a long period of time, are also causing problems for those who suffer from mental health.

- Some note that it is difficult to know where to find the correct kind of support required for a mental health problem.
- Referral times are regarded as highly variable.

“Same as NHS sexual health drop in clinics, there should be Mental Health drop in clinics in each borough.” (Female-41yrs-Islington-Talk London)

Mental health among parents and children

- Talk Londoners think that mental health should be openly discussed at school and that both teachers and children should be educated more on the subject.
- Talk Londoners agree that more guidance could be provided for parents. For example, NCT Antenatal classes are said to focus too much on child birth, and not enough on child-rearing or nutrition.

“What should be implemented into the school curriculum is how to deal with stress, but rather than it being taught in lesson form it should be an activity the teachers and students engage in together.” (Female-25yrs-Hammersmith & Fulham-Talk London)

4. Healthy Places

4.1 Summary of quantitative findings (representative polling only):

Healthy Workplaces

A third of Londoners in the representative sample don't think their employer encourages good physical health, whilst slightly more (39%) think they do. Higher social grades are more likely to agree, as are younger Londoners.

A third of the representative sample don't think their employer encourages a good mental health, whilst slightly more (36%) think they do. Younger Londoners are more likely to agree.

When asked what more employers could do to encourage a healthy workplace, 35% said they didn't think they could do any more. Of the 29% who said they could do more, the most popular responses were better work life balance and better culture of healthy working from more supportive senior staff.

Public places

67% in Londoners in the representative sample from February 2017 support requiring restaurants, takeaway chains and pubs to display levels of fat, sugar and salt in food and drinks. 62% support giving fast food outlets an official accreditation for offering a variety of healthy food options. 60% support making areas outside restaurants and cafes smoke free.

Impact of transport on health

The option most likely to encourage more walking in London is more pleasant routes to walk along. 50% ranked this as their top one or two policies, followed by improved safety (44%). 31% said less air pollution would do the most to encourage them to walk more.

Improved safety would do the most to encourage cycling in London: 51% ranked this as one of their top three preferences. This is followed by feeling more confident on a bicycle. More pleasant routes and more places to store bikes securely come a close 3rd and 4th.

Impact of individual actions on the environment

14% of Londoners in the representative sample think their actions can make a lot of difference to improve the environment, whilst 45% think they can make a little difference. 7% think they can't make any difference at all. Women and a number of ethnic minorities are more likely to think their actions have a little or a lot of difference, over 65s and white British Londoners are much more likely to say 'not at all'.

Comparison between Talk London respondents and representative polling

Walking

Talk London respondents are more likely to be encouraged to walk around London if the air was less polluted, whereas the representative sample are more concerned about having pleasant routes to walk along.

Cycling

Improving the safety of cycling in London would encourage both Talk London and the representative sample to cycle more. Subsequent answers are mostly similar, with Talk London respondents more likely to say better air quality would encourage them.

Environment

Talk London respondents are more likely than the representative sample to think that their actions can improve the environment. This may reflect the large numbers of existing Talk London community members who joined during the 2016 Clean Air Consultation (ie an audience already engaged and interested in environmental issues).

4.2 Summary of views based on qualitative research:

Two discussions provided insight relevant to this section of the strategy. They are:

- **Healthy workplaces online discussion (19 comments)**
- **Healthy Places online discussion (37 comments)**

Healthy Workplaces

- A relaxed atmosphere at work, flexible working hours, natural light and fresh air are what makes a healthy workplace.
- Some respondents agree that individuals should take frequent breaks from sitting at computers, and ensure they have the right seating available.
- Hot-desking is seen as a barrier to working effectively by some, while flexi home working is generally regarded as a positive.

- One Talk Londoner has installed air sensitisation systems at work to improve the quality of air people breathe in. They were surprised to have noticed that this has reduced staff absenteeism, due to the staff breathing in the clean air.
- Attitudes and facilities which encourage cycling to work are well-received

“Enabling and empowering staff, including regular consultations/meetings and truly listening to staff suggestions and observation, and creating a positive, enjoyable working environment.” (Female-63yrs-Lambeth-Talk London)

“Consideration and courtesy for others are essential to make a healthy workplace.” (Female-74yrs-Sutton-Talk London)

Flexible working

- Flexibility is not seen as good in all circumstances.
- One Talk member stated that a more ‘flexible and agile approach to working should be embraced by smaller and large organisations’ to allow parents to spend more quality time with their children.

“Flex working is fine as a part of a range of solutions, but the fundamental issue remains that schools are timed from 9am to 3pm. For working parents this is the worst time.” (Male-43yrs-Westminster)

“I’m not sure about flexibility, this can upset the rhythm of a work place, people need to have set hours, a regime.” (Male-78yrs-Lambeth-Talk London)

Impact of transport on health

- Some participants mention how there is too much vehicular traffic in their neighbourhood - noise pollution from night deliveries is a sleep-disrupter.
- Good transport links are seen as vital for a health community, in terms of access to work, leisure and friends locally.
- Boroughs that have a network of properly designed cycle tracks would increase healthy living.
- One respondent wants to encourage people to walk for health by giving away free pedometers (suggesting corporate sponsorship to fund) and points systems which reward healthy activity with free/discounted events and drinks (modelled on NHS GP vouchers for gyms for people with heart disease).

“Good transport links are also vital for a healthy community in order to get to work easily, to see friends or family and to go shopping or sightseeing in the local area or elsewhere.” (Male-71yrs-Enfield-Talk London)

Impact of environmental factors on health

- Air pollution is a real health problem for some respondents, with vehicles being cited most regularly as a concern.
- Drinking, smoking and drug use has put off one Talk member from using their local park.

- Participants identify the prevalence of fried chicken shops, betting shops and pubs in their local area as encouraging unhealthy lifestyles.
- A number of participants mention that fly-tipping is becoming an issue in their local area. More can be done to educate people about the importance to keep a better environment for everyone.
- Respondents who live in areas with lots of open spaces and trees, see this as a positive for families, physical activities (sports, playgrounds) and wildlife.
- One respondent calls for a reduction of gas emissions and particulate matter 2.5 around schools, especially in East London.
- One respondent suggests alternating odd/even number plates on consecutive days in London.
- One respondent calls for greater emphasis to be placed on green space, noting that 'being surrounded by nature has multiple benefits in terms of health'. It suggests that more planting and trees aids social interaction and social cohesion, improving air quality.

Local amenities related to fitness and healthy living

- Participants like to see outdoor gym facilities for adults, but note that they are often played on by children.
- One Talk member would like to see more electrical charging points for vehicles to combat air pollution.
- One participant suggests that places where people can gather for free and participate in cultural activities such as music, dance and art are what makes a healthy community.
- One respondent highlights the absence of clean drinking fountains in London, noting that greater provision would incentivise healthy drinking and result in less plastic waste.

"There are no health/leisure facilities where I live (or none that I would want to/could afford to frequent as an older woman). The one good thing is the allotments dotted around. That's a real, total haven of peace, like-minded people and healthy food." (Female-56yrs-Bromley-Talk London)

5. Healthy Communities

5.1 Summary of quantitative findings (representative polling only):

Community aspects of a healthy lifestyle

Women in the representative poll sample are more likely to prioritise having lots of friends and feeling part of the community, whereas men are more likely to say 'don't know', as important to leading a healthy lifestyle in London. Younger people are more likely to think enjoying your job is important, whilst older people are more likely to think feeling safe where you live is important.

Those most limited by health/disability issues are most likely to prioritise good quality housing, and are more likely to prioritise feeling part of the community.

Londoners aged 65+ in the representative sample are also much more likely to think that easy access to green space and being active are important.

Engagement with community groups

59% of Londoners in the representative poll say they are involved with at least one of the groups tested (including a volunteering organisation, a political or campaigning group, a class or hobby group, a sports club, an online community group). Volunteer or class/hobby groups are the most common community groups Londoners in the representative sample are involved with. 23% are in a sports club and 9% are in a political/campaign group. 17% class themselves as part of an online community group.

Men are less likely to be involved in community groups, as are C2DE Londoners and those of working age (20-50 age group). 18 and 19 year olds are much more likely to be involved, as are 65+. Women are more likely to be involved with a class/hobby group and almost twice as likely to volunteer. ABC1 Londoners are more likely to be involved in volunteering or class/hobby groups, and 50% of C2DE Londoners are not involved in any (compared to 34% of ABC1). Indian, Pakistani and Bangladeshi Londoners are much less likely to be involved with a community group.

Characteristics of volunteers versus non-volunteers

- Women are almost twice as likely to volunteer as men – 20% to 36%.
- Londoners in ABC1 social group are more likely to volunteer – 32% to 23% of C2DE Londoners/
- Working-age Londoners (20-50 age group) are less likely to volunteer

Barriers and motivations to engagement with community groups

When asked to identify the main reasons for not being involved (free text response), the top reasons were:

- Lack of interest
- Not enough free time
- Some respondents also mentioned a dislike of socialising or having social anxiety.

When asked to say the main reasons for being involved, the top reasons were:

- get physically fit (37%)
- to meet new people (37%)

In free text responses, respondents said they like to make a difference or to try something new.

Under 40s are more likely to want to keep fit, and meeting new people is particularly popular with C2DE Londoners. Working-age Londoners are more motivated by a perceived improvement to mental wellbeing (28%).

Health advice/GP services

When unwell, the most common place to get health advice from is a doctor or health professional (69%), followed by the internet (49%) and family or friends (43%). Very few get

advice from anywhere else. There are clear demographic differences between where Londoners get their advice from. Londoners under 50, ABC1 social group, and a number of ethnic minorities get advice from the internet or family and friends. Older white British Londoners, and particularly women, are more likely to get health advice from a doctor or health professional.

When asked what kinds of non-recurring health issues Londoners would consult GPs about, the most common are mental health issues, skin complaints or back pain. The majority wouldn't speak to their GP about stress or anxiety, and just 17% say they would speak to their GP about grief.

Generally the 25-49 age group are most likely to visit their GP about the above, 65+ the least (further socio-demographic information available on request).

HIV

23% of Londoners in the representative poll think HIV can be contracted from sharing a toothbrush. 19% say from kissing, 12% say from sharing hair scissors, while 92% say from sexual intercourse. The older Londoners are, the more likely they are to think that kissing and saliva transmit HIV, but less likely to think hair scissors does so. Twice as many men as women think that sharing cutlery (8%) or hair scissors (16%) would transmit HIV.

15% of Indian Londoners in the representative sample say they don't know how HIV is transmitted, whilst a number of ethnic minorities are more likely to think you can transmit HIV through saliva.

GPs (57%) and sexual health clinics (56%) are where Londoners concerned about HIV would be most likely to get information or advice from. A third of Londoners would speak to a related charity, and 31% would consult the internet. Men are almost twice as likely to not know (12%), and are less likely to consult professionals – more likely to consult friends and family.

When asked what the main barriers to getting a HIV test are, 26% of Londoners don't think they need a test. Just 4% say the main barrier is uncertainty of where to get a test and 3% say they would be too embarrassed (5% of men). The majority (57%) say there are no barriers. White Londoners are more likely to think they don't need a test (29%), Pakistani and Indian Londoners are more likely to be embarrassed or be unsure where to access a test.

Londoners would feel most comfortable taking an HIV test at the GP (41%), followed by at a sexual health clinic (32%). 15% would choose a home testing kit whilst 9% wouldn't feel comfortable in any of these places. Men are twice as likely as women to say they wouldn't feel comfortable in any of these places, whilst U25 Londoners prefer a sexual health clinic to a GP. Ethnic minorities are more likely to prefer at a clinic or GP over home testing.

Comparison between Talk London respondents and representative polling

Health advice/GP services

The representative sample are more likely to consult their GP for most of the ailments tested. Talk London respondents are equally likely to say they would speak to a GP about the top 3 issues of mental health, rash/skin complaint or back pain.

Talk London respondents and the representative sample tend to get their health advice from the same places (1. Doctor, 2. Internet, 3. Family/friends).

Engagement with community groups

Talk London respondents are more likely to be involved in most community groups tested, just a quarter say they are not involved in any of the groups tested compared to 41% of the representative sample.

Talk London respondents are particularly likely to be involved in a volunteer organisation, or a neighbourhood group, compared to the representative sample.

The reasons for getting involved with these community groups are more about local engagement for Talk London respondents, whilst the representative sample are more interested in meeting new people and keeping physically fit.

5.2 Summary of views based on qualitative research:

One discussion on Talk London provided insight relevant to this section of the strategy:

- **Community Groups online discussion – 10 comments**

Engagement with community groups and volunteering

- Some Talk Londoners volunteer locally in their neighbourhood in various roles and believe that volunteering is challenging, but rewarding.
- Participants agree that it is good way to contribute to the community.
- One Talk Londoner talks about how through volunteering, she includes those who don't have a voice yet.
- Participants highlight that they know their neighbourhood better as a result of volunteering.
- Some Talk Londoners identify that it improves their mental wellbeing and confidence.
- One respondent highlighted 'Wellbeing Wednesday' at Woolwich Library as a multidisciplinary project with health benefits, taking place in a community space. It notes that library are not specifically mentioned as a healthy or community space in the strategy.

"All activities make you feel you are helping folks, making a difference to your local community, teaches you new skills and get you meeting new friends" (Female-56yrs-Richmond-Talk London)

"It would be great to have fairs/events on, that local businesses or large corporates who are willing to support such charities or schools in any capacity could go to, so as to network & also engage on a community level." (Female-43yrs-Richmond-Talk London)

HIV

- One respondent noted the absence of HIV/TB and sexual health in the executive summary versions of the strategy document, noting that neither the full, nor executive

summary documents offer examples of actions that will be taken to reduce HIV-related stigma and discrimination.

Health inequalities and the criminal justice system

- One respondent highlights that prisoners and those in contact with the criminal justice system experience more health inequalities, but this is not covered in detail in the strategy, only in relation to TB. This respondent calls for high levels of ambition in targets, to begin to improve complex issues.

6. Healthy Habits

6.1 Summary of quantitative findings (representative polling):

Healthy lifestyle

The majority of Londoners in the representative sample (53%) say they live a healthy lifestyle, whilst 16% think they live an unhealthy lifestyle. Female Londoners are more likely to think they have a healthy lifestyle, as are over 65s and ABC1 Londoners, part time workers, students and the retired. Londoners who walk or cycle to work are more likely to think they live a healthy lifestyle.

White British Londoners are slightly more likely to think they have an unhealthy lifestyle, as are those working full time. Londoners who have a health or disability that limits them a lot are the only demographic who are net likely to think they have an unhealthy lifestyle (29% healthy to 33% unhealthy).

When asked what is seen as most important for a healthy lifestyle in London, being active and having a healthy diet are the two most popular options (46% each). Having time to relax and feeling safe where you live are seen as the next two most important aspects of a healthy lifestyle.

Women in the representative poll are more likely to prioritise having lots of friends and feeling part of the community, men are more likely to not know. Younger people are more likely to think enjoying your job is important, whilst older people are more likely to think feeling safe where you live is important.

Those most limited by health/disability issues are most likely to prioritise good quality housing, and are more likely to prioritise feeling part of the community.

Londoners aged 65+ are also much more likely to think that easy access to green space and being active are important.

The key barriers to a healthy lifestyle are seen as the cost of a healthy diet (50%), followed by the cost of good quality housing (46%) and a lack of time (46%). Poor air quality is a close 4th (45%), and 6% don't think are any barriers to being healthy in London.

Women are more likely to think the cost of a healthy diet and air quality are key barriers, whilst men are more likely to not know. Londoners 50 and over are much more likely to think there are no barriers, 12% - compared to 3% of those under 50. Lack of time is seen as more of an issue for those under 50 and those working full time.

Smoking

71% of Londoners in the representative sample would support a publicity campaign to promote smoke free homes, 9% oppose. Younger Londoners, women, ABC1 and inner London residents are more likely to support. Leave voters, Londoners aged 50-65 and outer London residents are more likely to oppose.

61% of Londoners support the idea of smoke free parks. This finding is from the February 2017 representative poll.

Comparison between Talk London respondents and representative polling

Both Talk London and the representative sample rate a balanced diet and a healthy lifestyle as the most important factors for a healthy lifestyle, and subsequent options are similar across surveys.

The representative sample of Londoners is slightly more supportive of smoke free homes than Talk London respondents.

5.2 Summary of views based on qualitative research:

One discussion provided insight relevant to this section of the strategy:

- **Smoking and drinking online discussion (58 comments)**

Causal factors to smoking and drinking

- One Talk Londoner identifies the stress and strain of daily life as a factor encouraging smoking and drinking.
- Cost and pregnancy are reasons that some members have stopped smoking.
- Smoking is seen as anti-social by some, especially since the smoking ban was introduced. Even so, some Talk Londoners drink to socialise.
- Few mention that they drink under the recommended units of alcohol per week.

E-cigarettes

- There are some concerns around E-cigarettes. One Talk member is concerned that e-cigarettes are thought to be "safe" without evidence, as so many people see no reason to restrict their dependence on nicotine.
- Some would like e-cigarettes banned inside restaurants, pubs, under shelters.

Interventions to discourage smoking and drinking

- Some participants are in favour of a no-smoking policy in public areas and would prefer to see if smoking was banned completely, especially outside hospitals.
- One Talk Londoner finds the current attitude to smoking very 'intolerant' as there should be more respect for private spaces.
- Some have commented on the closure of pubs and nightlife - believing that this is partly due to the smoking ban.

- One Talk Londoner mentions the need to educate the children of today more of the severe dangers of smoking and alcohol.
- One participant suggests Minimum Unit Pricing as a possible approach to reducing alcohol consumption. They note that Scotland and Wales are pursuing this, and ask whether London could do the same on its own.
- Others suggest similar policies to those used to discourage cigarettes.

“Perhaps something should be done about alcohol, like with cigarettes - plain packing, no flavours, hidden behind the counter.” (Female-40yrs-Ealing-Talk London)