

Framework for the London Health Strategy

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Introduction

Significant public health and inequalities issues influence the health of Londoners. A feature of London's health is the juxtaposition of the best with the worst. The determinants of health are broad and include poverty, employment, education, housing, the environment and transport etc. These cannot be addressed by the NHS alone but the NHS has a key role to play, working in partnership with others, to improve the health of the population and to address inequalities in health. The government's priorities emphasise this new focus on health and working in partnership to address the complex issues.

The new Regional Office for London, has a unique opportunity to take a strategic approach to these issues and to develop a strategic framework for improving the public's health in London.

Aim:

- To develop a vision of improved health for Londoners, which is outcome orientated
- To identify clear priorities and specified targets for the improvement of health and wellbeing of Londoners, including reducing inequalities and addressing the needs of diverse minority ethnic communities.
- To identify indicators appropriate to measuring success, both in the short and longer term
- To identify what action should be taken and by whom to achieve health improvement, and the timescale for actions. This aim covers action not only within the NHS, but aims to ensure appropriate partnership working without duplication. It will also need to address what action needs to be undertaken at what level, pan-London/sectors/local/PCG, within the NHS.
- To raise awareness of public health issues in London and of the complex actions and interactions needed to address them.

Who is involved:

The framework will only be successful if it has very broad involvement of people both within the NHS and in other authorities and agencies whose work is relevant to improving health in London. The people of London themselves will also need to be involved.

NHS involvement:

It needs to be broadly owned and to be bottom up. One aspect of this within the NHS will be the HImPs (Health Improvement Plans) currently being developed by the HAs and the HAZs. One of the functions of PCGs is to improve the health of their population. The Directors of Public Health and their teams, Health Authorities and all those working in public health fields will need to contribute. In addressing inequalities these are both health needs inequalities but also inequalities in access to services, which involves the secondary and tertiary services as well as primary care.

Partners involvement:

The determinants of health are such that this process must be multidisciplinary and multi-agency. Other action zones such as education, SRBs, housing action etc will be important sources of local

information. The RO and NHS can act as a catalyst to help develop the framework, but as well as involving public health practitioners from within the NHS, practitioners who have a population focus and those whose actions address the determinants of health, this includes a considerable number of agencies including many in local authorities, voluntary organisations, academics etc. The involvement of GOL, regional SSI, ALG, Metropolitan police and other London wide organisations such as the King's Fund will be crucial.

People of London:

Consideration needs to be given as to how to involve the public in the development of a health strategy. They will have been involved within the local processes, however there are also London-wide aspects. The King's Fund commissioned an Evening Standard survey in 1998 which identified air pollution, traffic, dirty streets and housing as well as work and lifestyle as of major concern to respondents.

The values and social ethics are of importance in underpinning a London-wide health strategy. One possibility is joint work with the King's Fund to inform this area and to engage the general public.

How:

The Modernisation of London gives impetus to the launch of work on a strategic framework for health.

"Our Healthier Nation", the white paper on health strategy is due in the near future. This can provide some focus to the development of a strategic framework, but the work on the framework can commence with the knowledge of the green paper OHN and the recent Acheson Report on "Inequalities in Health".

The framework will build on considerable work already undertaken or underway. This will include the work of the Health of Londoner's project, the Kings Fund, the HImps and other joint work being undertaken at a local level, (e.g. DATs and JIPs) a number of programmes of work already being undertaken across London (e.g. on TB) and many others. Baseline analysis is already underway or needs to be set in train shortly on a variety of aspects to inform the framework. (Appendix 1)

The process needs to be inclusive and not interfere with these activities but act as a mechanism to develop a coherent overall strategic framework, within which they all play a significant and specific part. The appropriate activity at the appropriate level and undertaken by the appropriate individuals or agencies will be a key factor.

Outline of the framework:

In practical terms the complexity and range of public health issues in London is such that within the overall framework there will be a series of topic based strategies. These will need to be grouped. Possible groupings may be:

- ❖ Values and social ethics — to underpin the framework
- ❖ Health Improvement
 - - disease specific (e.g. CHD/Cancer)
 - population groups(e.g.children/refugees)
- ❖ Health protection

- pollution and environment
- infectious diseases (e.g. TB/AIDS)
- smoking and tobacco
- substance misuse
- ❖ Wider health issues
 - housing
 - transport
 - regeneration and employment
- ❖ Addressing Inequalities
 - in health needs (e.g. ethnicity)
 - in access
 - social exclusion (e.g. homeless)
- ❖ Development of methodologies
 - health impact assessment
 - community development
 - EU comparisons (Megapoles)
 - WHO healthy cities
- ❖ Information
 - health information
 - indices /measures of progress
- ❖ Research and Development - including evidence base
- ❖ Workforce and Education and training - PH capacity/capability

Interrelationships

The interrelationship of public health issues means there is no one classification where issues are mutually exclusive. Clarity of focus and ensuring that the major health issues in London are addressed is the aim of this framework and process. (See also Appendix 2)

As an example some of the worst public health issues will revolve around this sort of scenario:

a young women who lives in poor housing on the fourteenth floor in one of the worst estates, dropped out of school and had her first child at the age of 15, smokes as a relief mechanism and as an alternative to eating as she struggles to feed her children, she cannot afford transport and the supermarket is two and a half miles away so most food comes from local corner shops which are expensive and have little fresh food, she feels unsupported, sees little prospects for herself or her children who may well start to use drugs at an early stage, and hence develop HIV through sharing needles, her son gets into trouble at school for truanting and with the police for petty stealing to provide money for drugs, her younger daughter falls off a wall and breaks her arm and is concussed whilst playing outside as there is no safe play area.....

This vignette could continue, but it demonstrates that the public health issues are not compartmentalised. Education, housing, smoking, accidents, infectious diseases, employment, transport, food, poverty, social exclusion etc may all come together and are all intertwined and correlated both in individuals, in communities and in London as a whole. However for practical purposes some classification or groupings will need to be focused within the strategic framework for health, in order to make it manageable. (Appendix 2 identifies how public health issues and topics may relate to these groupings.)

Milestones and Next Steps:

Baselines:

A series of projects are already underway or about to commence to identify baselines to inform the framework. Collation of other information to inform the strategy. The Rapid Appraisal of HImps will inform about locally identified priorities.

Launch and engagement:

Modernisation of London provides the launch vehicle with further focus in spring with Our Healthier Nation and consideration of London action on its implementation. Some of the specific topics have individual work programmes and launches (e.g TB consultation and Smoking white paper)

Identify stakeholders and networks:

January and February, by direct contacts, brainstorming and working groups. Also utilising existing networks and meetings.

Open letters to canvas inputs.

Set up website for information and input.

Identify multidisciplinary/multiagency steering group: February

Series of seminars/workshops:

January - October. These will cover both specific topics, the overall strategic framework and inequalities. Some of these are already planned with a variety of the key stakeholders. Existing meetings and networks will be utilised.

Consider, with King's Fund, work with the public on Values and social ethics to underpin the framework, which would also provide information for the future GLA and mayor.

Openspace event: April/May

Progress update: Summer/ Autumn Conference

Evaluation and Monitoring:

The inclusive nature of the process itself is crucial. Ongoing evaluation and feedback will be sought from stakeholders and networks. Although there is likely to be a written framework, the worth of the work will not be about a written document but the debate and discussions during the process, and the quality of the vision and targets which are able to be developed. The ultimate evaluation will be a

reduction in inequalities and a reduction in the measures of illhealth, but many of these will take years to be monitored. The identification of early outcome targets will be a marker of the framework.

Appendix 1

Baselines:

- Collation of current local actions/programmes on improving health and addressing inequalities and current NHS spend
- Collation on specific disease programmes (e.g. CHD)
- Pattern of inequalities across London
- Ethnicity across London
- What information on health indices is available from what sources.
- Methodologies and evidence base, including Health Impact analysis
- International and European activity and lessons learned.
- Information on health status of Londoners (Not duplicating HOL report)
- Common areas identified across London in HImPs (Also Rapid Appraisal)
- PH capacity and capability.
- Collation of regeneration/SRB London-wide
- Collation of different government initiatives which have an impact on health (e.g. New Deal for communities/ Sure start/HAZ/EAZ/HIP etc)

Appendix 2

PH Topics and issues in relation to proposed groupings including relevant work already being undertaken: (or anticipated) There will be streams of work on these separate areas which will need to 'nest' inside the overall framework. Some of these are already well underway and there is no intention to intrude.

However a strategic framework for PH in London would need to cover these areas:

- ❖ Values and social ethics
- ❖ Health Improvement
 - disease specific
 - OHN
 - Cancer
 - CHD
 - Accidents
 - Mental Health
 - these all need to link also to NSFs and service strategies)
 - oral health/fluoridation

- - population groups
 - children and young people
 - women
 - men
 - older people
 - refugees & asylum seekers
- - settings
 - schools
 - neighbourhoods
 - workplaces
 - health service premises and hospitals
- ❖ Health protection
 - pollution and environment
 - - infectious diseases
 - TB
 - HIV and AIDS including antenatal screening
 - immunisation
 - hospital infection
 - smoking and tobacco control plan
 - substance misuse / DATS
 - sexual health inc teenage pregnancies
- ❖ Wider health issues
 - housing and health
 - transport
 - regeneration and employment
 - SRBs
 - business community
- ❖ Addressing Inequalities
 - in health needs
 - ethnicity
 - gender
 - communities
 - in access

- ethnic monitoring
- gender
- social exclusion
- homeless
- elderly
- ❖ Development of methodologies
 - health impact assessment
 - community development
 - partnership working
 - EU comparisons (Megapoles)
 - WHO healthy cities (world comparisons)
- ❖ Information
 - health information
 - multiple sources (inc. academia)
 - interrelations
 - interrelation with 'Information for Health'
 - indices /measures of progress
- ❖ Research and Development
 - including evidence base
 - research to support framework
 - future
 - organisational research
- ❖ Workforce and Education and training
 - PH capacity/capability
 - - NHS O & D (e.g. PCGs)
 - NHS professionals
 - undergraduate/PG/CPD

Many of these are streams of work already in progress. Some will also need to link to other policies either from DoH or other government departments. The linkages and preventing duplication will be crucial.