

Reducing health inequalities – issues for London and priorities for action



August 2007

Copyright

**Greater London Authority
August 2007**

Published by
**Greater London Authority
City Hall
The Queen's Walk
More London
London SE1 2AA**

Enquiries **020 7983 4100**
Minicom **020 7983 4458**

www.london.gov.uk

ISBN: 978 1 84781 063 2

Cover photographs © Belinda Lawley, Adam Hinton and
TfL Visual Image Service

This report was written by Rebecca Smith (Greater London Authority [GLA]), with support from the Mayor's Health Team and members of the Health Inequalities Strategy Steering Group. The report also draws on two other documents: *The Health Inequalities Strategy Evidence Base* written by Grant Pettitt and Cheikh Traore (both GLA), and *The Health Inequalities Strategy Mapping Report* written by Marsaili Cameron and Liza Cragg (independent consultants), with contributions from Laura Juett (GLA), and Hilary Ross and Jazz Bhogal (London Regional Public Health Group).



This document is printed on 75 per cent recycled paper,
25 per cent from sustainable forest management.

Foreword by Ken Livingstone, Mayor of London

London provides great opportunities for those living and working here, but it is a much healthier place for some than for others. In general we live longer than ever before but stark variations in Londoners' health remain - both between different areas and between different groups. People living in poverty, disabled people, and minority ethnic communities are all more likely to experience more ill-health and live shorter lives.

Health inequalities are both a symptom and a cause of wider inequalities. The living and working conditions that people find themselves in, coupled with wider socio-economic, cultural and environmental conditions, all play a part in creating different individual health outcomes. Tackling poverty and income inequality will be central to any efforts to shift health inequalities in London. But we must also focus on the things that will give children a good start in life, such as early years support and reducing levels of educational failure. And we must ensure that we continue to increase the supply of affordable housing - far too many families live in homes that are too small, or insecure. Low income, poor education, bad housing: any one of these will increase your chances of experiencing poor health.

An individual's lifestyle also influences their health, so we must enable and encourage people to make healthier choices: in what they eat, whether they exercise, smoke or take harmful drugs. The 2012 Olympic and Paralympic Games give us a unique opportunity to get Londoners to become more healthy. But my Health Inequalities Strategy will also aim to help individuals and communities take long-term responsibility for their health.

Reducing health inequalities and making London a city where everyone can live a full and active life will take sustained commitment, so this strategy will look at action over 20 years, the same time period as the London Plan. However, there are many Londoners, particularly from disadvantaged groups, who today suffer from physical or mental ill-health, and who need improvements to health services and health information now. This must also be a priority.

Only some of the means to deliver the necessary changes fall directly within my influence. On housing, planning, transport, economic development and skills I have specific powers and responsibilities. Elsewhere I will be asking others to lead action, and the NHS will have a particular role to play.

I welcome the Government's move to give me a duty to address health inequalities in London. This consultation document is the first step towards setting a new path to tackle the health inequalities that effect so many Londoners. I look forward to hearing whether you think we are on the right course.

Ken Livingstone
Mayor of London



Introduction

Health Inequalities in London

- 1 The term ‘health inequalities’ refers to the unequal health opportunities and outcomes experienced by different groups of people within society. Certain people in London are more likely to be ill and live shorter lives than other people. In many cases these inequalities are widening. There are significant differences between different parts of London, with the most deprived areas experiencing the worst health outcomes. For example:
 - Among both men and women, there is a difference of almost seven years between London boroughs with the highest and lowest life expectancies (2002-2004 data)
 - The London boroughs with the highest rates of infant mortality between 2002 and 2004 had rates that are almost twice those of the boroughs with the lowest rates.

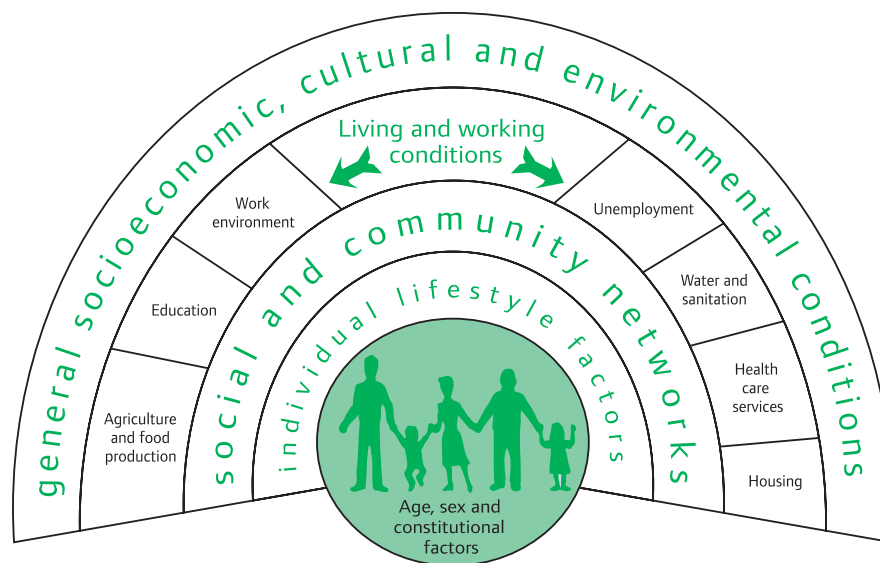
- 2 Health inequalities are not only evident geographically. Individuals from groups that have poorer health outcomes are scattered throughout the city. The figures below provide examples of inequalities between communities of identity or interest.
 - A 2006 study by St Mungo’s found that the death rate among rough sleepers in London aged between 45 and 62 was 25 times that of the general population of this age group.
 - The Government’s Social Exclusion Unit reports that people with Mental Health Problems live on average ten years less and are more likely to suffer from a range of physical health conditions (such as heart disease and diabetes) than the general population.

- 3 The Mayor believes that these inequalities in the health of Londoners are unacceptable. They are incompatible with his vision of London as an exemplary sustainable world city, based on the three balanced and interlocking elements of: strong and diverse economic growth; social inclusivity to allow all Londoners to share in London’s future success; and fundamental improvements in environmental management and use of resources.

- 4 Greater equality in health outcomes is both a necessary component, and a product, of sustainable development. Being healthy enables Londoners to take responsibility for their own actions and engage with the decisions made by wider society. Similarly holistic approaches to development that balance economic, social and environmental factors address many of the drivers of health inequalities – particularly income inequality.

- 5 Health inequalities reflect inequalities in the ‘wider determinants of health’ – such as education, employment, housing and social cohesion, areas over which the Mayor has significant influence. The diagram below presents the determinants of health in terms of layers of influence, starting with the individual and moving to wider society.

The determinants of health



source Dahlgren G and Whitehead M, *Policies and strategies to promote social equity in health*, Stockholm: Institute of Future Studies, 1991.

- 6 An individual's experience of these broad determinants of health is mostly determined by their position within the 'social hierarchy', (that is their income, educational attainment and social class) and their ability to have control over their life and to lead a life they value.
- 7 The Mayor believes that the relationship between the social hierarchy and health inequalities is not static or inevitable. Evidence shows that the gap in health outcomes between those at the top of the social hierarchy and those at the bottom can increase and decrease as a result of policy interventions. Policies seeking to improve the health of the whole population can increase health inequalities because the groups already experiencing good health outcomes are better equipped to take advantage of them. In contrast, the potential for London to reduce health inequalities is illustrated by the international evidence. For example, in Sweden the difference in mortality rates between manual and non-manual workers is significantly less than in other European countries. The Mayor is committed to working with a range of partners to drive positive change in London.

The Mayor's headline commitments in relation to health inequalities

- 8 The Mayor has identified a series of fundamental principles that will underpin the Health Inequalities Strategy (HIS). They are:
 - To improve the well-being of all Londoners as well as narrowing the gap between those with the best and worst health outcomes, through the development of complementary universal and targeted policies
 - To visibly and assertively influence Government, the NHS, Local Government and the Greater London Authority (GLA) Group where national, regional or local programmes risk having negative effects on health inequalities in London
 - To promote a social model of health, with emphasis on wider determinants and on reducing inequalities that act as a barrier to well-being
 - To promote both mental and physical well-being across the life-course
 - To recognise the need to both reduce future health inequalities through long term strategic action and address the needs of people currently experiencing health disadvantage with shorter term initiatives
 - To demonstrate that action to tackle climate change and action to improve health and reduce health inequalities must be mutually reinforcing
 - To influence and support the implementation of other Mayoral strategies as well as describing new initiatives specific to the HIS
 - To address inequalities between different areas of London and those that occur between different groups and communities.

- 9 This paper sets out the Mayor's initial thinking on health inequalities. It identifies high-level areas where he proposes action, and reflects stakeholder input received to date. The Mayor is publishing this document now to enable more detailed discussions to develop specific policies for inclusion in the draft HIS. The Mayor is committed to engaging and consulting with as many individuals and groups as possible during the development of all strategies. This approach ensures that policies draw on Londoners' expertise and reflect a diverse range of perspectives.

- 10 The publication of this document marks a key milestone in the strategy's development and the beginning of the next phase of stakeholder engagement. This phase will culminate in formal public consultation on a draft strategy towards the end of 2007.

Questions for further consideration

- 11 The Mayor is asking stakeholders to consider whether the issues and opportunities set out here reflect your understanding of health inequalities in London, and whether the proposed options are the right ones to address the issues identified. In particular, stakeholders are encouraged to respond to the following questions:
- Are all the necessary priority areas for the strategy identified? Are they sufficiently ambitious to achieve a reduction in health inequalities?
 - What are the key actions the HIS should focus on to support delivery of priorities?
 - Who is best placed to lead work in each of the priority areas?
 - How can you contribute to the next step from priorities to policies and actions to affect positive change?

Background

The Mayor's duty to promote health and reduce health inequalities

- 12 The Mayor of London's duty to 'promote improvements in the health of Londoners' was established in the 1999 Greater London Authority Act. To fulfil this duty the Mayor identified health as a cross cutting theme running across all Mayoral strategies so that all opportunities to improve health are taken, and all potential negative effects on health minimised. In addition, he supported development of a range of partnership approaches to improve health and well-being, and to increase Londoners' access to health-related services and opportunities.
- 13 The Government is now giving the Mayor additional health duties. Pre-eminent among these is the responsibility to develop and lead a London-wide Health Inequalities Strategy (HIS), working with his Health Advisor in the Department of Health, the London Strategic Health Authority and other partners.
- 14 The GLA Bill also seeks to:
 - Strengthen current partnership arrangements and strategic leadership to improve health and reduce health inequalities in London
 - Improve the use of Health Impact Assessments to test how strategies projects and initiatives impact upon public health and health inequalities
 - Ensure ongoing joint strategic work between the Mayor, the Regional Director of Public Health, NHS London and the London Assembly.
- 15 The Mayor welcomes his enhanced role. The new strategy and additional regional work on health inequalities will build on his current health programme and will benefit from the experience of a wide number of partners. Of particular note are the London Health Commission (LHC) and the Greater London Alcohol and Drugs Alliance, both of which were brought together by the Mayor. These partnerships, as well as other arrangements for joint work, ensure a wide range of strategic players are engaged in applying their knowledge and expertise to developing ambitious regional programmes related to health.

Links to other Mayoral strategies and national policy

- 16 Many of the policy areas where the Mayor has significant powers have direct and indirect impacts on health and the potential to affect health inequalities. The LHC has conducted Health Impact Assessments on all of the Mayor's existing statutory strategies (Air Quality, Biodiversity, Culture, Economic Development, Noise, Transport, Spatial Development [*The London Plan*] and Waste) to make sure that all opportunities to improve health are taken.

- 17 The Mayor has also produced a number of non-statutory strategies on topics such as Older People, Food, Children and Young People, Alcohol and Drugs, and Domestic Violence. Again health features prominently in several of these strategies, and Health Impact Assessments have been conducted on many of them.
- 18 *The London Plan* is the Mayor's overarching strategy. It includes many policies that seek to improve the health of Londoners, for example through provision of more and better housing, the creation of neighbourhoods where local residents feel safe and have access to good public services, and the creation and maintenance of high quality green spaces. These are policies that should lead to significantly improved health outcomes for Londoners in the long term - *The London Plan* looks forward to 2025.
- 19 The Mayor's HIS will build on the health-promoting foundations laid down in existing strategies, but with an explicit focus on reducing health inequalities. It will bring together some of the policy strands that run through the Mayor's other statutory and non-statutory strategies. In addition, it will address other policy areas specifically relevant to health inequalities such as community participation, income inequality, and access to health and social care services. Like *The London Plan*, the HIS will take a long term view and the Mayor is keen to involve Londoners in discussions about how they want things to change over the course of the strategy.
- 20 National Government policy and targets on health inequalities focus on reducing the gap in infant mortality across social groups and the difference in life expectancy at birth between those living in the most disadvantaged areas and the rest of the population. Policies recognise the need for action to include health interventions, such as reductions in smoking levels, and action on the wider determinants of health, such as poverty, worklessness, poor housing and low educational attainment.
- 21 *Tackling Health Inequalities, A Programme for Action* (DH 2003) and *Tackling Health Inequalities: What works?* (DH 2005) aim towards improving the health of the poorest fastest. The *Programme for Action* focuses on:
 - Early years support for children & families
 - Improved social housing and reduced fuel poverty among the vulnerable
 - Improved access to public services in disadvantaged communities
 - Reduced unemployment and improved income among the poorest.

- 22 In addition, *Choosing Health: making healthier choices easier* (DH 2004) the Government's White Paper on public health provides a vision for how people can be supported to shape their social, economic and cultural environments so that it is easier to choose healthy options. It aims to improve health for all, but also seeks to reduce health inequalities.
- 23 Also in 2004 the Government established a Public Service Agreement to address geographical inequalities in life expectancy, cancer, heart disease, stroke and related diseases. Under this agreement the fifth of areas with the worst health and deprivation indicators were designated as *Spearhead* areas. The PSA targets aim to see faster progress in the *Spearhead* areas compared to the England average. Achievement of the targets will be assessed on the outcomes for this Group in 2010. The *Spearhead* group covers 70 local authorities and 88 Primary Care Trusts (PCTs), including 11 London boroughs, they are: Hammersmith and Fulham, Haringey, Islington, Barking and Dagenham, Hackney, Newham, Tower Hamlets, Greenwich, Lambeth, Lewisham, and Southwark.
- 24 *Our health our care our say: a new direction for community services* (DH 2006) sets out a new model for health and social care provision, giving greater choice and control to the people using services. This model underpins *Healthcare for London: A Framework for Action* (NHS London 2007) which outlines a vision for the future of London's health services. The framework rightly acknowledges that the NHS has a major role to play in tackling health inequalities in London, but that action by the health service alone will never overcome health inequalities in London.
- 25 London's unique characteristics affect the implementation and success of both health-specific national policies and a wide range of other policies related to broader determinants of health. The size, diversity and mobility of London's population present complex challenges. London has one of the world's wealthiest and most vibrant economies, but also some of the country's poorest communities. Despite all of the activity at the national and regional level, London continues to experience some of the most profound health inequalities in the United Kingdom.

Developing the HIS for London

- 26 Over recent months, GLA staff have led preparatory work on the strategy, working with a range of partners. From the beginning the Mayor made it clear that the strategy should:
- Be tailored to London’s specific needs and opportunities and reflect London’s diversity
 - Focus on health outcomes - based on, but going beyond, national targets for reducing health inequalities
 - Take action on the broad determinants of health and the ‘causes of the causes’ of ill-health more than individual health behaviours
 - Be evidence-based, with a broad definition of legitimate sources of evidence to include appropriate use of community intelligence and stakeholder experience as well as more traditional data sources and published research
 - Strengthen existing and planned strategies and programmes
 - Build on (and add to) regional, national and international experience of effective approaches to tackle health inequalities
 - Balance policies to reduce future health inequalities through long-term strategic action with those seeking to address the needs of people currently experiencing health disadvantage with shorter-term initiatives.
- 27 Much of the preparatory work has focussed on collecting evidence to guide the strategy. Work to date has involved a review of current academic literature, data and monitoring reports; a ‘call for evidence’ to community and voluntary groups across London (which received 89 substantive responses); and an ‘outreach’ initiative aimed at members of this same audience who did not have the capacity to respond to the call for evidence. In addition, national, regional and local policies and programmes relevant to health inequalities have been reviewed to explore policy gaps and opportunities. There has also been a continuous process of engaging a range of stakeholders in discussions to raise awareness of the new HIS and involve a range of players in identifying key issues for London and priorities for the Mayor’s strategy.
- 28 The information collected will be published separately in three documents - the Health Inequalities Strategy Evidence Base (including official data sources, published evidence and that derived from the call for evidence), the Outreach Report, and the Mapping Report.

Structure of the Issues and Options paper

- 29 The rest of this paper is organised into five main sections.
- 1 *Life Chances for Health* is focussed on education, skills and employment and the relationship between income inequality and health inequality.
 - 2 *Healthy Places* is concerned with the ways that physical environments impact on Londoners' health and affect health inequalities.
 - 3 *Responding to Existing Health Inequalities* covers inequalities in access to health services.
 - 4 *Individual and Community Participation for Health* considers how increasing participation in decision-making, particularly for deprived and excluded groups can reduce health inequalities.
 - 5 *London as a Learning City* focuses on the creation and sharing of knowledge about what works to reduce health inequalities.
- 30 These sections reflect - and go beyond - the Government's expectation, as articulated in the 2006 GLA Bill, that the HIS considers 'general health determinants' relating to:
- Housing, transport, public safety (Healthy Places)
 - Employment, early years and education, earning, and other matters affecting prosperity (Life Chances for Health)
 - Access to public services (Responding to Existing Health Inequalities) and
 - Personal behaviours and lifestyles that affect health (influenced by all five sections).
- 31 The five sections are interlinked and overlap in a number of places, as they relate back to the interlocking themes of the Mayor's vision for London. The sections about 'individual and community participation for health' and 'London as a learning city' are particularly cross cutting. The ideas in these two sections are woven throughout all the other parts of the document. They have also been drawn together into separate sections to highlight a small number of specific interventions and to emphasise how important they are to reducing health inequalities.

- 32 Each section begins with a brief overview of how the topic relates to health inequalities - how different groups of Londoners experience the particular determinants of health being discussed and where the most significant inequalities lie. More detailed information on the evidence underpinning each of these sections is provided in the HIS Evidence Base and Outreach Report, see www.london.gov.uk/mayor/health/strategy
- 33 Secondly each section summarises the current national and regional policy context. More detailed information for each of these sections is provided in the HIS Mapping Report, see www.london.gov.uk/mayor/health/strategy
- 34 Thirdly, the paper identifies the Mayor's priorities in each section and presents some initial options for action to address the issues and take advantage of the opportunities identified. The options for action reflect stakeholder input received to date and therefore vary between those that are very action specific and those that are much more strategic. They do not yet represent firm commitments by the Mayor. They are offered as a stimulus for discussion at this early stage in the strategy's development. The Mayor looks forward to the next stage of stakeholder engagement to add to, develop and refine these options.

Life Chances for Health

Vision

All Londoners should be able to reach their full potential. Income inequalities must be tackled by increasing skill levels and reducing worklessness among deprived groups. This must be coupled with improvements in the quality and sustainability of work and placing increased value on volunteering, caring and other forms of unpaid work.

Why does this matter for reducing health inequalities?

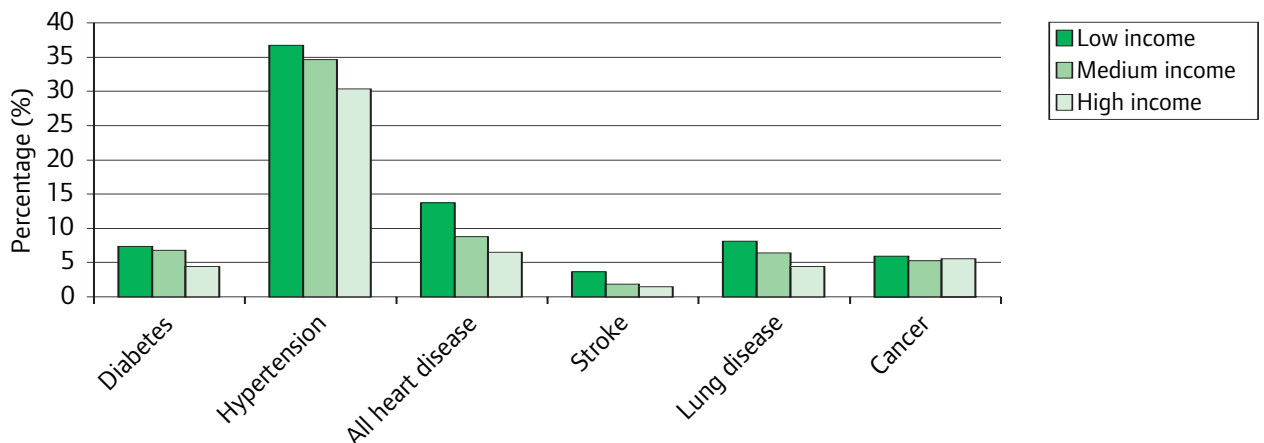
- 35 'Life chances' refers to the 'likelihood of a child achieving a range of important outcomes, which occur at successive stages of the life-course, most importantly the chance to live a fulfilling and rewarding life'.¹ A person's life chances are often determined by the income of their parents while they are a child and reflected in their own income as an adult.
- 36 Income inequality is at the heart of much of the health inequality seen in London. Financial resources enable people to access the determinants of good health such as housing, and good quality food, and to enjoy social, recreational and cultural activities.
- 37 Income is in part a reflection of skills and capabilities that individuals develop over their lifetimes. This personal development begins in infancy and is highly dependent on the material and social circumstances of a child's parents or carers. Over half a million of London's children (41 per cent) live in poverty, severely constraining their opportunities for social and educational development. Children who live in deprived areas, have an unstable home life, or witness or experience domestic violence are more likely to experience health problems and less likely to do well at school. In London, homeless children are two to three times more likely to be absent from school than other children.
- 38 For children and young people, school years are a critical stage in development. Schooling provides opportunities for academic learning, and also for developing social skills and the life skills to make informed decisions about risk taking behaviours, relationships and personal finances. A positive school experience can establish a skill base and social networks that will be beneficial for a person throughout the rest of their life. In contrast school years that are marred by negative experiences such as a lack of support for learning at home, peer pressure and bullying can severely limit a person's life chances.
- 39 People with lower educational attainment and skills levels are significantly more likely to be unemployed, to work in a low paid positions, and to spend time in prison, all of which are associated with poor physical and mental health. This

¹ The Fabian Society, *Narrowing the Gap, The Fabian Commission on Life Chances and Child Poverty*, London, April 2006.

reinforces the necessity of adult training to be available to people of all ages and abilities. For those with limited skills, adult training programmes can rebuild confidence and improve access to the workforce. In London levels of worklessness are particularly high among certain minority ethnic groups, recently arrived people, ex-offenders, older people, people with long-term health conditions, and people with physical and learning disabilities. For example, only half of London’s disabled working age population (50 per cent) are economically active compared to 79 per cent of non-disabled Londoners.

- 40 Barriers to work are not only related to skills. Some highly skilled Londoners are unable to work because qualifications gained overseas are not recognised in this country. Other barriers include the lack of affordable childcare (which particularly affects women), employers’ inability to cater for the needs of people with long-term health problems, and discrimination. Discrimination affects particular groups - especially women, older people, people with disabilities, minority ethnic groups and refugees. Half of the refugee jobseekers and workers interviewed for one London study had experienced some form of racism or discrimination when looking for work or while in the workplace.
- 41 The relationship between income and health follows a clear gradient. People who earn higher incomes are less likely to engage in risk taking activities such as smoking, have lower levels of long-term illness, and higher life expectancies than those on lower incomes. For example, the proportion of all deaths caused by smoking ranges from 14 per cent or below in parts of affluent outer London to over 20 per cent in inner east and south east London. The graph below shows the findings of one study on the relationship between income and chronic illness at a national level.

Self reported health, by income (percent distribution) in England, ages 55-64 years



source Banks, J, Marmot M, Oldfield Z, Smith J P, ‘Disease and disadvantage in the United States and England’, *JAMA*, 2006; 295: 2037-45.

- 42 The relationship shown above may not only reflect the financial benefits of higher incomes but also the importance of the quality of work. Good quality work provides opportunities for social interaction, for learning and a sense of being valued, all of which tend to be more available in roles that command higher incomes. Employers can also actively support health, particularly for vulnerable employees through programmes such as flexible working hours, and through the provision of counselling (for example for those misusing alcohol or drugs) or other talking therapies. This kind of work-place can have a very positive impact on mental health and well-being. These benefits are not limited to paid employment. For those who are temporarily or permanently unable to work, retired, or choose not to take up paid employment, training programmes, volunteering and other forms of unpaid work can have similar positive effects on health.
- 43 In contrast employees (and unpaid workers) who feel that their work is insecure, or monotonous, or who perceive that they have little or no autonomy often cite work-related stress and anxiety. This can lead to long-term mental and physical health problems. One study found that up to a third of employees nationwide consume alcohol because of workplace stress, and a third cannot sleep because of anxiety about work.

Current policy - challenges and opportunities

- 44 Several national and regional policies and local programmes aim to increase educational attainment, skills acquisition, and access to employment. The *National Strategy on Neighbourhood Renewal* and the subsequent publication *Making it Happen in Deprived Neighbourhoods* (DCLG 2001, 2005) each aim towards regeneration of neighbourhoods in the most deprived areas with a particular focus on health, education, housing, crime and employment. In London, 20 boroughs were identified as being within the bottom quintile of deprived authorities in England and as such became neighbourhood renewal boroughs with requirements to work in partnership across all public services locally. Recognising that these wide-ranging factors could only be addressed through a partnership approach, the Government set up Local Strategic Partnerships (LSPs) as the vehicle for implementing and leading neighbourhood renewal. LSPs are non-statutory bodies that bring together representatives from the public, private, voluntary and community sectors to improve the quality of life at local authority level.
- 45 National policy also prioritises children and families. *Every Child Matters: Change for Children* - aims to ensure that every child has the support they need to be healthy, safe, and achieve economic well-being. This is delivered partly through *Sure Start* programmes, which provide early education, integrated with health and family support services, and childcare. *Every Child Matters* is complemented by the *Child Poverty Strategy - Working for Children* which aims to reduce the proportion of children living in workless households and increase

the level of take up of child maintenance. The Government's aim is to halve child poverty by 2010 and to eradicate it 2020.

- 46 Evidence shows that national policies to improve life chances can be less effective in London, and run the risk of inadvertently increasing inequalities. Work related to skills and employment faces particular challenges due to the way that the London labour market operates. The city's highly mobile population and high housing costs mean that policies intended to increase financial gains from work can be less effective in London. The complex needs of London's deprived communities are also problematic. For example, feedback suggests that the take-up of programmes such as *Sure Start* has been lower among London's most disadvantaged families. Further, evidence to date indicates that the Government's target to halve child poverty by 2010 and eradicate it 2020 will not be met in London within the given timeframes.
- 47 There are a number of regional policies and programmes that aim to address various aspects of inequalities in skills, employment and income in London. The Mayor's Economic Development Strategy *Sustaining Success: Developing London's Economy* aims to increase employment and access to employment by improving the skill levels of people both in and out of employment. The forthcoming Adult Skills and Employment Strategy will build on this work, with a specific focus on worklessness. Ongoing programmes in this area include the London Development Agency's *Diversity Works* programme, which seeks to promote workplace diversity and address occupational segregation, and the *London Works for Better Health* programme, which seeks to improve health by increasing good quality employment. A particular challenge in this area is that many small to medium sized employers do not have the capacity to devote resources to improving the quality of work for their employees.
- 48 Other regional strategies and programmes focus on particular groups within London's population. The Mayor's draft Refugee Integration Strategy includes action to promote equality of opportunity to employment for refugees and asylum seekers, the Mayor's Older Peoples Strategy *Valuing Older People* (2006) contains policies seeking to improve access to the labour market for older people who want to work, while the London Child Poverty Commission oversees work on child poverty in the capital. Strategies in this area have put forward a variety of approaches to anti-discriminatory policy and practice but more needs to be done to learn from and maximise the effectiveness of these approaches and to increase excluded groups access to a range of opportunities.

The Mayor's priorities related to life chances

- 49 As he develops the HIS the Mayor intends to make the following priorities central to all work towards increasing opportunities and improving life chances.

- Reducing income inequalities
- Promoting life chances and access to relevant education and skills training across all age ranges and all levels of ability
- Improving the quality and sustainability of employment
- Ensuring that the most excluded groups have the same opportunities as others to thrive and prosper
- Protecting people and communities disadvantaged by income inequalities
- Recognising the value of, and promoting access to, unpaid but meaningful opportunities.

Options for future action at various levels could include:

- Developing specific interventions to positively affect current and future health at points of individual transition such as: arriving in London, becoming a parent, starting/leaving school, acquiring an illness or impairment, leaving an institution (e.g. health or justice system), or leaving work
- Supporting new migrants to London through the development of a 'London Induction' toolkit that would guide people arriving in London to access training and employment opportunities, and help them to navigate complex systems for the provision of public services
- Challenging violence and the acceptability of violence in all parts of people's lives from bullying in schools to domestic violence in private homes
- Reducing the cost of childcare and also improving quality by improving the training of and working conditions for childcare workers
- Promoting the further development and implementation of initiatives to reduce income inequalities including the London Living Wage
- Ensuring people experiencing income disadvantage have timely access to good quality welfare rights and debt management advice
- Increasing access to high quality, affordable financial advice and services to people on low incomes - e.g. Credit Unions
- Promoting volunteering, building on Olympic volunteering programmes
- Coordinating additional work with employers, unions, and the health sector to promote work-place health and well-being, and develop more responsive approaches to enable employees with acquired illness or impairment to remain in employment
- Rewarding employers who promote better mental health in the workplace and campaigning against all forms of workplace discrimination
- Recognising and prioritising the needs of disabled children, children with learning difficulties and children in care
- Recognising the value that carers add to the economy and promoting the availability of safe respite care and psychological support for carers, especially the users' experience of health and social care child carers.

Healthy Places

Vision

All Londoners should be able to benefit from physical environments that are conducive to good health. This includes good housing, safe neighbourhoods, high quality public places, accessible transport and services, clean air and green space. In addition, Londoners should feel an increased sense of involvement and investment in London as ‘their’ place – both local areas and the city as a whole.

Why does this matter for reducing health inequalities?

- 50 The physical environments in which people live – their homes and neighbourhoods – have a significant bearing on their health. Good quality housing is conducive to good physical and mental health. In contrast, cramped, overcrowded, and poorly ventilated housing is associated with respiratory conditions, higher than average rates of injuries and accidents, impaired growth and cognitive development among children, and mental health problems such as anxiety and depression. Homelessness shows even greater links with morbidity and premature mortality.
- 51 Wider environments also impact upon health. Poor air quality can have negative effects on respiratory and cardiovascular health, particularly for young children and older people, while high levels of noise can adversely affect mental health. In contrast, the provision of high quality green space increases opportunities for physical exercise and has been shown to have positive impacts on both physical and mental health. Areas of London with low air quality, high levels of noise pollution and deficiencies in green space closely match those with the highest levels of deprivation.
- 52 The services on offer in a local neighbourhood are also highly relevant to the health of local people. The availability of affordable, fresh and healthy food at local shops and restaurants is particularly important for healthy diets and in turn influences the development of cardiovascular diseases, cancer and obesity. Neighbourhoods that offer a variety of recreational amenities, shops and services are more likely to promote physical activity and social interaction, and therefore have a positive impact on physical and mental health and well-being.
- 53 Yet the positive effects of this social interaction can be stifled by fears about personal safety. Fear of crime can make people reluctant to interact with their local community, to walk, use public transport, or go out after dark. Many Londoners (particularly women, older people, minority ethnic groups and disabled people) cite safety as an important issue that limits their ability to enjoy both their local neighbourhood, and the wider city. The design and maintenance of public spaces and transport routes can reduce perceived and actual risks of crime.

- 54 Well-designed areas are also more conducive to the use of healthy forms of transport such as walking or cycling, and the use of public transport. Walking and cycling have direct positive impacts on cardiovascular health and mental health. Research conducted in the London Borough of Enfield found that commuting via walking and/or cycling was responsible for approximately twice as much physical activity as provision of leisure services. The availability of accessible and low cost transport has indirect health benefits as it enables participation in training, employment, and social and cultural activities. It is particularly important for certain groups such as households on low incomes, older people, disabled people, and children. It appears that these groups are also likely to benefit from interventions to reduce traffic speeds. In London people from deprived groups are more than twice as likely as people from other groups to be injured in a traffic accident while walking or cycling.
- 55 Modelling suggests that in the future, higher summer temperatures and flooding due to global warming could increase health inequalities. The adverse health impacts of heat and associated poor indoor and outdoor air quality will have the greatest negative impacts for people living in substandard accommodation, older people, infants and those with pre-existing health conditions. Vulnerable groups are also more likely to experience the negative health impacts of flooding in terms of injury, stress associated with damage to personal property, and disruptions in access to health related services.

Current policy - challenges and opportunities

- 56 There is a range of national policies that aim to improve the physical environments in which people live, especially in the most deprived areas. Policies and programmes aimed at neighbourhood renewal, mentioned in the previous section, are also highly relevant to this section as they focus on cross-sectoral approaches to improving quality of life in deprived neighbourhoods.
- 57 The housing and community safety elements of this work are supported and complemented by sector specific policies such as *Sustainable Communities* (DCLG 2003), which focuses on improving the quality of housing and public spaces, and the *National Community Safety Plan 2006 - 2009* (HO 2005), which aims to protect the public and build confidence and improve people's lives, so that they are less likely to commit crimes or re-offend. The introduction of neighbourhood policing teams into every community by 2008 was a central priority in this plan.
- 58 Spatial planning policy is also important here. The Department of Communities and Local Government (DCLG) issues national planning guidance in policy statements that focus on specific themes such as 'planning town centres'. Regional planning guidance is also issued to provide a regional framework for local authority development plans. The Regional Planning Guidance for the

South East of England (which includes London) is focussed on sustainable development.

- 59 The Mayor takes forward the vision for regional sustainable development in his spatial development strategy - *The London Plan* (2004). The Plan sets out the Mayor's vision for an exemplary, sustainable, world-class city. The Plan includes policies on all aspects of spatial development from housing to transport to design of the urban realm, all of which are relevant to health and health inequalities. It also contains specific policies to help integrate planning and health issues in new development and states that boroughs should ensure that major new developments promote public health within the borough. The draft *Further Alterations to The London Plan* (2006) update the Plan to reflect Government policy and other regional spatial development strategies. They also to reflect the overwhelming priority the Mayor and national Government now attach to tackling climate change.
- 60 The Mayor's *Transport Strategy* (2001) and *Housing Strategy* (forthcoming) are two further key regional strategies in this area. The *Transport Strategy* seeks to increase access to public transport for all Londoners and also support a shift to more sustainable forms of transport such as walking and cycling. The strategy will be reviewed in the near future providing an opportunity to give greater emphasis to transport impacts on health and health inequalities. The *Housing Strategy* will continue the Mayor's work to increase the provision of housing in London. The Mayor's forthcoming housing strategy will focus on continuing to increase the supply of affordable and family sized accommodation in London. Health and housing colleagues will need to continue working together to maximise the potential for this strategy to reduce health inequalities.
- 61 To date much of the activity to improve London's built environment has focussed on new developments. Both regeneration, and the establishment of new neighbourhoods are long-term processes. It is still too early to monitor the impacts of many of the new approaches outlined and promoted in *The London Plan* and other Mayoral strategies. There is a currently a lack of exemplar developments that demonstrate the positive impacts of healthy physical environments, particularly on the most disadvantaged.
- 62 The Mayor has also prioritised increasing the number, and improving the effectiveness, of police. London's neighbourhood policing teams were established much more quickly than was required under national policy. All of London's 624 wards now have a neighbourhood policing team and levels of reported crime are decreasing. Despite these achievements, latest figures show that 41 per cent of Londoners say that concerns about crime and safety are one of the worst things about living in the capital city. London's police continue to face specific challenges such as those relating to gun, knife and drug-related crime.

The Mayor's priorities related to healthy places

63 As he develops the HIS the Mayor intends to make the following priorities central to all work towards creating healthy places.

- Supporting delivery of the vision and policies set out in *The London Plan*
- Increasing opportunities for meaningful community engagement in planning and the design and management of public spaces
- Tackling community safety issues and concerns - promoting approaches that make the connections between planning, management of the night time economy and community safety initiatives
- Supporting access to good quality, affordable, secure housing options
- More explicitly linking action on the environment and health with specific focus on climate change.

Options for future action at various levels could include:

- Supporting effective local action to engage communities in the design, use and management of their estates and neighbourhoods - linking to the LHC's Well London programme and involving people of all ages and from diverse communities in identifying local solutions
- Sponsoring community involvement in designated areas undergoing greatest housing growth, building capacity and encouraging new approaches so that existing and new residents develop into coherent communities. Use evaluated results to foster good practice elsewhere
- Influencing development and application of Social Infrastructure Framework planning models to include a clear focus on wide ranging health considerations
- Working with the voluntary sector, boroughs and NHS partners to capture learning from initiatives to promote physical activity and access to green space (e.g. green gyms) and develop future programmes based on that learning
- Supporting community development approaches to regenerating existing neighbourhoods and designing new flagship developments in the Thames Gateway
- Reducing speed limits in London's most deprived neighbourhoods to increase perceived and actual levels of safety and complementing this with locally specific road safety education campaigns
- Designating particular places in deprived neighbourhoods and public parks as supervised 'safe play zones' and establishing walking bus programmes for children to travel to and from the play zones
- Brokering with schools and further/higher education institutions to agree free use of their facilities for community development schemes in deprived communities
- Securing improved provision of recreation, leisure and social facilities for young people
- Prioritising spaces for physical activity and sport including the London Cycle Network
- Working with local restaurants and fast food outlets to reward the provision of affordable healthy food options, starting in the Olympic boroughs
- Emphasising the health benefits of initiatives to mitigate future climate change and adapt to unavoidable climate change
- Raising awareness about potential differential health impacts of heat and flooding associated with future climate change.

Individual and Community Participation for Health

Vision

Londoners should be able to participate in the decision-making that affects their mental and physical well-being. Communities and the public sector must work together to achieve better engagement of groups that are currently excluded from decision-making processes and to ensure that community groups deliver the public services that they are best placed to provide.

Why does this matter for reducing health inequalities?

- 64 Empowering individuals and communities to take part in decision-making that affects their health, and to have control over the way that health services are delivered, enables them to take greater responsibility for their own health and for the health of Londoners more generally. This has important implications for reducing health inequalities. Research suggests that strengthening community involvement in decision-making and governance arrangements can build social cohesion, increasing levels of trust and tolerance between local people. This is particularly important for the well-being of deprived and excluded groups.
- 65 Participation in decision-making is also important at an individual level. Some of London's most excluded people such as homeless people, refugees and asylum seekers, Gypsies and Travellers, and vulnerable young people feel that they have little control over any aspect of their lives - where they live, how much money they have, what services they are able to access. Taking part in decision-making can address this sense of lack of control, as well as reducing feelings of loneliness and isolation and improving self-esteem. This helps to reduce negative health impacts of exclusion and deprivation as well as promoting improved mental health.
- 66 Effective community engagement can also help policy makers to address health inequalities by bringing the expertise of local people to bear on the issues that affect their health. This can lead to better, more deliverable decisions. For example, town planning impacts on local air quality, community safety and opportunities for physical activity - all of which affect physical and mental well-being. Although these factors will be considered in all planning decisions, the details will vary from place to place. Enabling community input into decision-making increases the likelihood that locally specific health impacts will be recognised and considered, and that opportunities to have a positive effect on health will be maximised.
- 67 Finally, the expertise within community and voluntary groups means that they are often best placed to deliver certain public services, including health and social care services. Supporting community delivered services (including those delivered through innovative business models such as social enterprises) can improve access among vulnerable and excluded groups that public sector agencies have difficulty reaching and engaging.

Current policy - challenges and opportunities

- 68 The importance of community engagement and participation in decision-making is widely recognised in national, regional and local strategies and programmes. Policies at a national level have set out new arrangements for promoting local leadership and local contribution to decision-making across a wide range of policy areas. Again national policy on neighbourhood renewal provides good examples of this work. LSPs aim to involve local community groups and NGOs in setting local priorities and delivering services, and the *Safer and Stronger Communities Fund* is specifically focused on building cohesion through increasing community participation in regeneration.
- 69 Planning policy also requires that local communities have good opportunities to input into decision-making. When preparing a Local Development Framework local authorities must produce a Statement of Community Involvement, which set out how communities will be involved in the revision of local planning documents as well as the consideration of planning applications.
- 70 National health policy emphasises the necessity for people from all sections of society to work together to identify and address local health needs. *Our health, our care, our say* emphasises the valuable role that community and voluntary sector organisations and other NGOs can play in the provision of health and social care services and in providing services in the communities where people live. In addition Public and Patient Involvement (PPI) Forums at every NHS Trust and Primary Care Trust (PCT) in England have a statutory mandate to gather views about the quality of services, identify and monitor service gaps, and give advice on how user experiences can be improved. PPI forums are made up of local volunteers who are trained to fulfil this role. In the future PPI forums will be replaced with Local Involvement Networks (LINks), which will have a similar mandate but will be structured differently.
- 71 At the regional level the Mayor of London promotes the fullest participation and engagement by all London's communities in developing regional policies and strategies that aim to improve various aspects of life in London. A recent example is the Mayor's Older People's Strategy *Valuing Older People* which specifically seeks to promote the engagement of older people in the planning and delivery of a range of services across the city.
- 72 At a local level, there are a number of examples from across London of decision-making processes that have involved communities from the outset, and of London's boroughs and PCTs commissioning community and voluntary organisations to deliver health and social care services.
- 73 The fact that many Londoners feel that they do not have the opportunity to contribute to the decisions that affect their health is an indication of the

inherent complexity of and challenges in this area. Many models of engagement are still not fit for purpose and overly bureaucratic. Nationally set targets and priorities limit the degree to which engagement at the local level can have meaningful impact.

- 74 Structures established to increase community engagement in decision-making have achieved varying results. London LSPs include strong representation from community and voluntary groups. However there continues to be poor representation from minority ethnic groups and faith groups. This lack of engagement is a concern given that minority ethnic groups constitute a significant proportion of the population in London's most deprived areas. Also, ongoing changes to structures such as those for PPI forums have resulted in a loss of expertise and continuity.
- 75 Modes of communication used by the public sector are often not as inclusive as intended - for example, reliance on internet sites and email excludes many groups. Further, the language used in these communications is often regarded as jargon heavy and inaccessible. Many community and voluntary groups also comment that 'consultation' as it is usually undertaken by decision-making bodies does not enable effective participation in decision-making, because groups are asked to input after initial policy options have been identified - rather than at the point when they are being developed. This issue can only be resolved through open working and ongoing dialogue with stakeholder groups both within and beyond formal consultation processes.
- 76 There are still a number of disincentives for both public sector bodies and community and voluntary groups to enter into commissioning relationships for the delivery of public services. Under current governance models the balance of power sits with public bodies, while community and voluntary partners carry greater risks - particularly financial risks. In addition for those commissioning or providing services there is a lack of reliable mechanisms for assuring the quality of services delivered. Further, stakeholders on both sides struggle with a perceived conflict of interest between community groups' role to advocate for change and their role in delivering services.

The Mayor's priorities related to individual and community participation

- 77 As he develops the HIS the Mayor intends to make the following priorities central to all work towards achieving individual and community participation in decision-making.
- Visible, positive leadership for health - by the Mayor and other political and community leaders
 - Facilitating individual and community participation and influence in decisions and choices affecting well-being
 - Building communities' capacity to engage effectively
 - Building public services' capacity to actively involve communities and individuals
 - Creating a currency of community involvement so that policies and programmes targeting health inequalities are authenticated within the communities they are designed to benefit.

Options for future action at various levels could include:

- Actively supporting communities' engagement in local and regional structures for public and patient involvement - including provision of comparative data about local performance, advice about how to get involved and what to expect from services
- Ensuring that community experience and evidence is used in the shaping and reviewing of health related work for London - including the expertise in existing regional partnerships such as the Mayor's Refugee Advisory Panel and the London Older People's Strategy Group.
- Using the Mayor's profile to challenge stigma associated with ill-health, debunk myths about what does and doesn't work in promoting health, and encourage health as everyone's business
- Increasing community involvement in preparing for the Olympic and Paralympic Games and inspiring new thinking about sport and physical activity
- Developing and encouraging use of exemplar models of commissioning that address issues of power and risk sharing
- Developing high-profile health promotion and marketing campaigns - with communities involved in the design and dissemination to make sure that health messages really get to people in need
- Encouraging the development of Time Banks and Local Exchange Trading Systems, drawing in excluded and isolated groups and promoting more cohesive communities
- Increasing the availability of business advice and training to community led provision of goods and services such as social enterprises.

Responding to Existing Health Inequalities

Vision

Londoners who are ill or at high risk of becoming ill must have access to the information, advice and care that they need. Those working to provide services must be supported to improve access for London's most vulnerable and disadvantaged communities. Future work must also focus on reducing disadvantage and exclusion related to illness and impairment.

Why does this matter for reducing health inequalities?

- 78 The HIS will focus on the broad determinants of health such as planning, housing, education and employment, and developing policies that will make a long term difference to health inequalities in London. However the Mayor recognises that too many Londoners already experience physical and/or mental illness. Good access to health information and services is critical to their future well-being and in many cases, that of their families.
- 79 In London, as in other parts of the United Kingdom, cardiovascular and respiratory conditions and cancers are responsible for the greatest burden of morbidity and premature mortality. Inequalities in the prevalence of these conditions are stark - with rates among some minority ethnic and deprived groups significantly higher than those among other Londoners. Recent data shows that the inequalities gap in deaths from heart disease and stroke between the London's *Spearhead* local authorities (see Paragraph 23) and England continues to widen.
- 80 Mental health inequalities are also particularly high in London due in part to the impacts of poverty, homelessness and substance misuse problems. Refugees and other immigrant communities also have higher rates of mental health problems - sometimes related to the experiences that led them to emigrate and settle in the UK.
- 81 In addition, disadvantaged and immigrant communities have high rates of certain communicable diseases. For example TB rates are high among people born in India, South East Asia and Sub-Saharan Africa. HIV is particularly prevalent among people born in southern Africa, injecting drug users and men who have sex with men. Other sexually transmitted infections such as chlamydia, gonorrhoea and syphilis are also significantly more prevalent among men who have sex with men, as well as people in poverty, young people and sex workers.
- 82 Evidence shows that it is the very groups with the highest health needs who face the greatest barriers to accessing the health and social care services and information they are entitled to. Low-income families, asylum seekers and refugees, minority ethnic groups, disabled people, homeless people, lesbian, gay, bisexual and transgender (LGBT) people and vulnerable young people frequently cite difficulties in accessing the services they need or information

about those services. This is partly due to the geographical distribution of health services in London. For example, the proportion of GPs per 1000 population (weighted for age and need) is significantly lower in the more deprived areas of north and east London.

Full time equivalent GPs per 1000 age need weighted population, 2004



source NHS London, *Healthcare for London: A Framework for Action*, July 2007.

- 83 For minority ethnic groups and recent migrants, cultural differences and communication barriers can make interactions with health and social care services uncomfortable and sometimes frightening or offensive. Issues related to concepts of 'normality' can lead to similarly negative experiences for LGBT and disabled people. Difficulties in arranging for appropriate support from people such as interpreters or advocates can lead to lengthy delays in care, with consequent negative impacts on outcomes.
- 84 More formal barriers (such as legislation) limit access to services for recently arrived people and particularly refugees and asylum seekers. A survey of asylum seekers in London found that 95 per cent of respondents had been refused GP registration at least once in the preceding 12 months. This issue is exacerbated by a lack of knowledge (on the part of both service providers and service users) about legal entitlements to public services.

- 85 Similar barriers associated with a lack of knowledge about rights and limited provision of appropriate services also affect homeless people. Other factors such as opening times, appointment procedures, location and discrimination also impact negatively on access levels among homeless people and other high need groups such as drug and alcohol users, and sex workers. Research by Kensington and Chelsea PCT found that the local areas with the greatest health need have the shortest GP opening hours, and offer the poorest extended hours service.
- 86 For London's most vulnerable communities a lack of integration between mainstream health services and other local services (e.g. housing, social services, criminal justice system,) prevents people from being linked into the services they need at the earliest opportunity. In addition, many disadvantaged groups report a lack of access to suitable information, advice and interventions to promote well-being and to respond quickly and effectively to early signs of ill-health.

Current policy - challenges and opportunities

- 87 National Government policy such as the Local Government White Paper *Strong and Prosperous Communities* (DCLG 2006) emphasises the need for public services to be more relevant to local people and more responsive to local needs.
- 88 More specifically, Department of Health policy (described in paragraphs 20-24 of this document) aims to ensure that people have the information that they need to choose healthy options, and that those using health and social care services have greater choice about where and how their care is delivered. These policies are intended to drive modernisation of health services to make them more personalised and more equitable, but choice must be available to all, not just the well informed, or health inequalities may be exacerbated.
- 89 NHS London has recently published *Healthcare for London: A Framework for Action*. The Framework provides a strategic vision for the NHS in London and provision of world class health services for the city. It focuses on patient (care) pathways and aims towards 'improved care from cradle to grave'. The Framework reflects the national policy imperative for services to focus on individual needs and choice and emphasises the need for care to be provided locally (whenever possible) and to be well integrated and proactive. It also highlights the need to tackle London's health inequalities by focusing on preventative and outreach work with the most deprived populations and locating new facilities in the areas of greatest need.
- 90 Primary Care Trusts across London are engaged in work to improve access to services - through local needs assessments, education of staff about diversity and equality issues, establishment of clinics for specific groups and through joint working with the community and voluntary sector. These initiatives have had

varying success due to local differences in resource allocation and expertise. Again, London's highly mobile population poses challenges for commissioners and service providers who work within models of service provision that were designed for a more static population. A further challenge is that NHS funding models and performance indicators do not incentivise allocation of resources to preventative health measures – including services for those already at high risk of developing illness. Similarly there are few incentives for mainstream service providers to tailor services to particularly high need groups such as homeless people.

- 90 London's 33 boroughs also have a key role to play in providing a wider range of services to protect health, promote well-being, and support people affected by illness or disability. The services include housing, social care, education, libraries and leisure, and their responsibilities include functions related to environmental health, licensing, planning, and transport among others. Within broad government targets, many decisions about how their services will be provided to local residents, and who should be eligible to receive them, are taken locally. This is important in terms of local democracy and accountability, but can lead to unacceptable variations in the experience of Londoners who have similar health needs but happen to live in different parts of the city.

The Mayor's priorities related to responding to existing health inequalities

- 92 As he develops the HIS the Mayor intends to make the following priorities central to all work on responding to existing health inequalities in London.
- Securing equitable access to public services, especially health services for all Londoners
 - Focusing on the further disadvantage experienced by people affected by ill-health (e.g. employment and financial consequences of long-term illness)
 - Increasing access to early interventions and preventative services (health-specific and health-related) and harm reduction services
 - Increasing opportunities for individuals and communities to influence the commissioning, monitoring and review of services
 - Supporting increased provider diversity – including increased recognition and resourcing of community-led (or community-involved) responses to health problems
 - Focusing on the conditions that are responsible for the greatest burden of ill health i.e. mental illness, coronary heart disease, stroke and cancers, and certain risk-taking behaviours such as smoking and problematic use of alcohol and drugs.

Options for future action at various levels could include:

- Encouraging a rights-based approach to production and provision of health-related information and advice
- Promoting a single borough or London-level health care registration scheme so that some highly mobile service users are not required to register with one GP practice
- Promoting pan-London commissioning of specialist services for specific groups such as homeless people across the health, social care, skills, housing and other sectors, as well as increasing the focus on more effective tailored interventions by mainstream service providers
- Requiring increased use of Health Inequalities Impact Assessment in relevant strategic and integrated assessment processes for all regional strategies
- Increasing access to expert advice on welfare and debt issues - e.g. ensuring all new NHS Polyclinics include provision of free advice and support on financial issues, including those facing disadvantage because of long-term illness
- Promoting provision of early interventions for mental health - including cognitive behavioural therapy and a range of culturally-specific talking therapies and related support, provided by, or in collaboration with, the community and voluntary sector, and for children and young people
- Supporting effective engagement in public and patient involvement structures - including local and London-wide scrutiny of access to and the quality of a range of public services related to health
- Supporting the LHC's work to increase investment in community-led language support, and developing innovative sustainable funding models
- Identifying the risks to mental health at points of transition in people's lives and highlighting what individuals and agencies can do to improve well-being
- Supporting Mental Health Trusts to use their 'Foundation' status to provide or contract for a range of innovative non-traditional services for mental health service users
- Influencing decisions about national funding formulae to ensure London gets a fair share of government money to enable boroughs and NHS organisations to provide necessary services to London's diverse communities.

Learning for Health

Vision

London should become a world leader in research into and development of effective approaches to address health inequalities. By setting up innovative mechanisms for knowledge creation and sharing we will ensure that organisations can continually learn and increase their capacity to achieve results.

Why does this matter for reducing health inequalities?

- 93 Health inequalities are the result of complex interactions between a wide range of factors that differ from place to place and community to community. For those working to reduce health inequalities in London, it is essential to have good, clear, timely, London-specific data and knowledge to enable them to make informed choices about appropriate interventions.
- 94 Many aspects of health inequalities in London are well described in academic literature, and in a wide range of Government and non-Government datasets and monitoring reports. These descriptions enable understanding of which groups are affected by particular forms of ill health and also the way that inequalities are changing over time.
- 95 There are significant gaps in this knowledge base however. Routine data collection methods often do not capture demographic information in areas such as ethnicity and disability, thereby significantly limiting the datasets that can be used to consider inequalities experienced by certain groups. Further, robust data and information on effective interventions to reduce health inequalities are scarce. For example, there is limited evidence regarding the health effects of regeneration and other activities focussed on the social determinants of health. Similarly, little is known about what works to promote health in diverse communities.
- 96 Sharing knowledge about what does and does not work to reduce health inequalities allows those working in this area to replicate successes and avoid the pitfalls of less effective approaches. Robust, well-resourced structures and processes need to be put in place to facilitate this kind of knowledge transfer. ‘Participative’ approaches to research, that explicitly seek to build the skills and expertise of both the researchers and the research subjects, are one way of achieving this, as are approaches that seek to capitalise on the vast store of knowledge and expertise contained within the voluntary and community sector.
- 97 London is a global city with a richly diverse population, much experience of different responses to health issues, and strong ties to other parts of the world. It also has a large number of internationally regarded universities and research centres. It is therefore well placed to lead research in health inequalities and to explore ways of ensuring that learning reaches people in all parts of society and makes use of the expertise across a range of sectors and groups. Further, the complexity of the London context makes it a very good

testing ground for new ways of developing and sharing knowledge. It may be possible to apply some of the approaches developed here in other cities, although this would have to be done with caution and with proper understanding of the differences between locations.

Current policy - challenges and opportunities

- 98 Current Government policy emphasises the need for better learning and sharing of knowledge within and across policy areas. For example, LSP guidance states that LSPs should make sure that there are programmes of local action to improve the skills and knowledge of all those involved. Similarly the *Choosing Health Information and Intelligence Strategy* (DH 2007) sets out an approach to strengthen health information and intelligence resources, which includes supporting and developing the skilled information workforce in NHS and Local Government organisations.
- 99 Programmes that specifically seek to improve learning about health inequalities, and what works to address them are not so evident, although the National Institute for Health and Clinical Excellence has recently embarked on just such a task. This is because reducing health inequalities, as opposed to ‘improving health for all’ has been a key Government objective for a relatively short time. Therefore the majority of initiatives that aim to address health inequalities are comparatively new and given the long-term factors involved, their impacts have not fully been evaluated. In addition, to date much of the research about health inequalities has focussed on particular conditions – for example cardiovascular diseases. There has been little investment in learning about barriers and enablers to well-being, particularly about mental health.
- 100 The incidence and prevalence of many diseases are known to vary by ethnic group. Monitoring of access to health and social care services is more variable so information about inequalities is not always clear or comprehensive, although numerous excluded groups cite this as an ongoing issue. Mainstreaming the collection of ethnic monitoring data is a vital step in ensuring more equitable outcomes. The joint campaign by the London Health Observatory and the LHC to have ethnicity coding included in birth and death notifications and statistics is one example where research organisations and strategic partnerships are pressing for more detailed demographic information to be recorded in routine data collection activities to enable monitoring of health inequalities. There is also evidence of some progress in ethnic coding within government datasets aligned to the wider determinants of health. For example, statistics on Jobseekers Allowance now allow analysis by ethnicity of claimant.
- 101 Organisations that are directly involved in the delivery of health and social care services fully appreciate the need for this kind of data collection. Many hospitals and PCTs across London have put mechanisms in place to improve

their data collection. This is not a straightforward exercise. It poses particular challenges for frontline staff, not least the sensitivities around asking service users and their families to provide personal information that does not appear to directly relate to the service being provided.

- 102 Organisations that are not directly involved in health service delivery are less likely to recognise the need for this kind of data collection and monitoring. This is important because much of the work that may have the most significant impacts on health inequalities is being carried out by organisations whose primary focus is not health (e.g. Transport for London). These organisations often do not monitor the health impacts of their activities, and so miss opportunities for organisational, and wider learning in this area.
- 103 The limited capacity of community and voluntary organisations is another factor that can inhibit knowledge creation and learning. As previously mentioned, these organisations are conducting a significant amount of work to address health inequalities. However, they often do not have the capacity to conduct robust evaluations of interventions and may not be well linked into information networks. A related issue is the fact that public sector bodies often highlight the work of community and voluntary groups as examples of good practice to reduce health inequalities but appear to lack a clear understanding of how these organisations affect outcomes more generally. This strategic insight is needed if learning from community and voluntary organisations is to move beyond large numbers of examples that are very locally specific.

The Mayor's priorities related to knowledge and learning

- 104 As he develops the HIS the Mayor intends to make the following priorities central to all work to promote and enable creation and sharing of knowledge.
- Conscious and constructive focus on organisational learning for key regional and local players (including GLA and NHS)
 - Brokering partnership between academia and CVS to evaluate approaches and build capacity
 - Focusing on developing and sharing 'information for action'
 - Building the case for and knowledge about the effectiveness of interventions to reduce inequalities
 - Working to raise the profile of health inequalities among the general public to help make the case for better alignment between fiscal objectives and action to tackle health inequalities.

Options for future action at various levels could include:

- Identifying and showcasing examples of effective approaches to a range of health inequalities issues
- Creating increased opportunities for pro-active, constructive peer review across services and sectors
- Promoting greater consideration of equalities issues in data capture
- Influencing allocation of health sector Research and Development resources to increase investment in research on public health interventions
- Building community and voluntary sector placements into requirements for Public Health Faculty training programmes
- Developing a mentoring programme between the private sector and social enterprise, at no financial cost to the mentee
- Engaging people at risk of health inequalities to provide training to public sector staff e.g. anti stigma training by ex homeless people for NHS Staff
- Contributing to planning and development of best practice guidance (eg. NICE work on health inequalities, and on mental health and employment)
- Establishing an Information Bank on effective interventions to tackle health inequalities, accessible to both communities and the public sector
- Highlighting the positive health impacts of much of the work currently being undertaken by the GLA and functional bodies - particularly work promoting sustainable development. Ensure that in future the potential impacts of this work on health inequalities have a high profile and are monitored to ensure that expected benefits are realised and capitalised on
- Lobbying for any new healthcare partnerships (such as Academic Health Science Centres) to have a clear focus on the need to reduce health inequalities within their Research and Development programmes.

Next Steps

- 105 Publication of this paper marks an important milestone in the longer-term process of developing the Mayor's HIS. The Mayor is committed to an inclusive and participatory approach that seeks to make use of evidence, experience and expertise from a diverse range of communities and partners. With this in mind, the paper is being widely distributed to a range of stakeholders including community and voluntary, health, local authority representatives, academic colleagues, and regional partnerships. Its purpose is to encourage and facilitate your further engagement in influencing Mayor's Strategy.
- 106 Over coming months, GLA staff will use the paper and the detailed supporting reports as the basis for more focussed consideration of how best to:
- Address health inequalities issues with and for diverse communities in London
 - Develop the suggested priority areas into solution focussed policies
 - Refine areas for action the draft strategy should focus on
 - Identify how the Mayor, GLA Group and other sectors can actively contribute to reducing health inequalities.
- 107 GLA staff are planning a series of stakeholder events between now and November. Some of these events will focus on engaging with specific sectors, for example the health sector or local government. Others will be issue-based, for example focusing on income inequality or mental health. The issue-based events will involve people from a range of sectors and perspectives in generating policy options and related actions that will make a real difference to groups currently disadvantaged in health terms.
- 108 The Mayor welcomes your responses to this paper by **19 September**, and your involvement in relevant events. Please focus your written responses on the questions set out below, which will also be used as the basis for discussion at events and during ongoing dialogue with partners.
- Does the Issues and Options paper broadly reflect the concerns and priorities for your community or sector, or some key issues missing?
 - What specific policy commitments should the Strategy make to ensure good progress to effectively dealing with the identified priorities?
 - What should the Mayor do to address health inequalities and what should he encourage others to do?
 - What early action should the HIS take to start achieving and demonstrating positive change?
 - Who is best placed to lead or contribute to actions identified?
 - What longer-term outcomes should the Strategy be aiming for?

- How can you further contribute and/or become involved in the delivery of the Strategy?

109 Please email your responses to **health.inequalities@london.gov.uk** or post to:

Health Inequalities Strategy
Post Point 18
Greater London Authority
City Hall
The Queen's Walk
London SE1 2AA

110 Background reports for this document and regular updates on development of the Mayor's Health Inequalities Strategy can be found at:
www.london.gov.uk/mayor/health/strategy

Other formats and languages

For a large print, Braille, disc, sign language video or audio-tape version of this document, please contact us at the address below:

Public Liaison Unit

Greater London Authority
City Hall
The Queen's Walk
More London
London SE1 2AA

Telephone **020 7983 4100**
Minicom **020 7983 4458**
www.london.gov.uk

You will need to supply your name, your postal address and state the format and title of the publication you require.

If you would like a summary of this document in your language, please phone the number or contact us at the address above.

Chinese

如果需要您母語版本的此文件，
請致電以下號碼或與下列地址聯絡

Vietnamese

Nếu bạn muốn có văn bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız veya adrese başvurunuz.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

Hindi

यदि आप इस दस्तावेज की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

Bengali

আপনি যদি আপনার ভাষায় এই মলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، يرجى الاتصال برقم الهاتف أو مراسلة العنوان أدناه

Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.

GREATER LONDON AUTHORITY

City Hall
The Queen's Walk
London SE1 2AA

www.london.gov.uk
Enquiries **020 7983 4100**
Minicom **020 7983 4458**