

**“The time is now – towards a healthier London” : LHC seminar 30th April 2007**

**Working together to prepare the Mayor’s Health Inequalities Strategy for London**

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# Role of the Mayor related to health

The Mayor has a duty to “promote improvements in the health of people in London” (as well as promoting equality of opportunity and sustainable development).

In addition, the Mayor has made commitments to seek improvements in access to health and related services and to reduce health inequalities.

The London Assembly has the power to scrutinise the Mayor’s performance, and to investigate “issues of concern to Londoners” which includes health.

# Enhanced GLA role related to health

The GLA Bill currently before parliament includes proposed new duties for the Mayor to:

- promote a reduction in health inequalities between people living in Greater London
- develop and lead a statutory pan-London health inequalities strategy, working with the DH Health Adviser, London SHA and other partners

# Health-related work in the GLA

## Objectives / Achievements

Influencing national policy

Leading and coordinating regional action

Supporting and influencing local action

## Approaches

Evidence-based policy making (including community intelligence and stakeholder expertise)

Brokering dialogue and achieving consensus

Using Mayor's profile and leadership to achieve change

# Mayor's health programme

Health policy programme:

- promoting improvements in health
- reducing health inequalities
- improving access to health-related services
- reducing alcohol and drug-related harm

Key partnerships:

London Health Commission

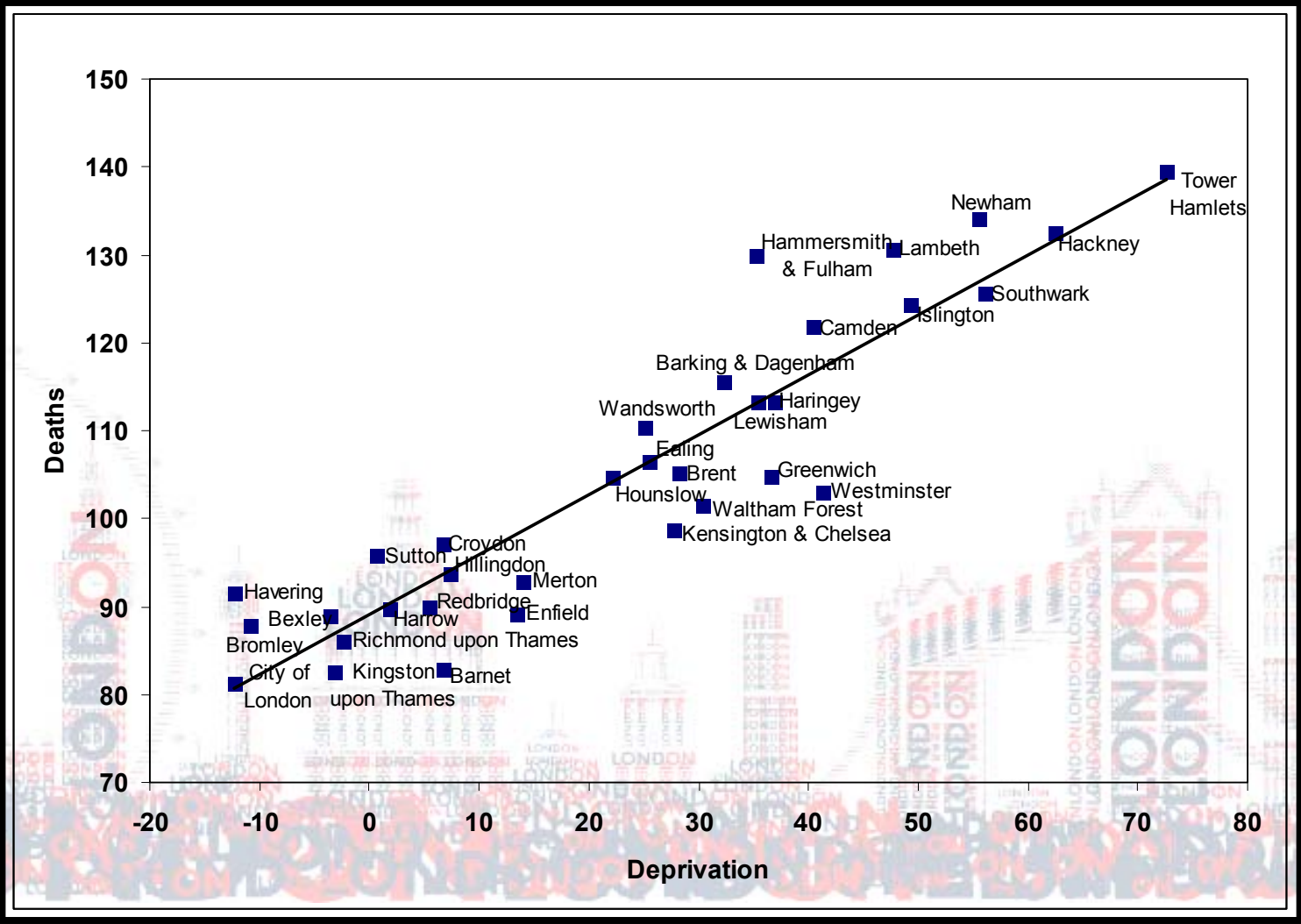
Greater London Alcohol and Drugs Alliance

DH / NHS relationships

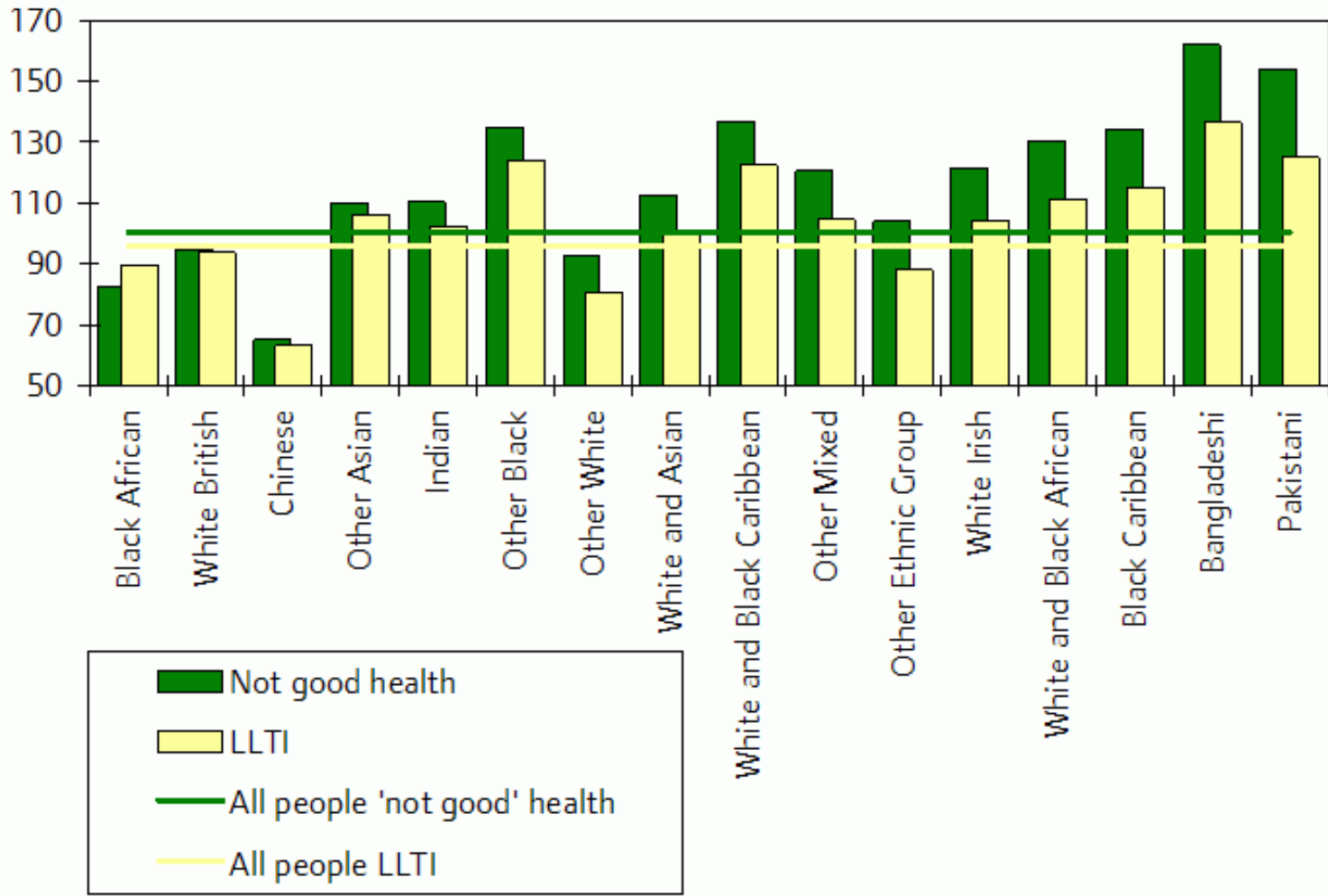
# We are aiming for the strategy to:

- be London specific and reflect London's diversity
- be outcomes oriented and ambitious
- focus on the broad determinants of health
- be evidence-based, including appropriate use of community intelligence
- strengthen existing and planned strategies and programmes
- be long-term, but amenable to change

# Deprivation and mortality



# LLTI & 'not good health' by ethnic group, 2001



# Likely scope / focus of the strategy

- Opportunities for health
- Environments for health
- Support and services to promote well-being
- Community engagement
- Evidence building and application

# Preparatory work for Health Inequalities Strategy

- Determine scope, core principles and vision
- Stakeholder engagement
- Review, analyse, add to the evidence base
- Map policy context, roles and opportunities
- Identify issues and options

“ There is potentially an extremely rich source of evidence and data, generated using qualitative techniques, which needs to be embraced in the evidence base....

Inequalities in health and the human pain and misery that flow from them are too great to be ignored on the grounds of philosophical or methodological problems.....

The characterisation of the debate as an irresolvable one between positivism and interpretivism is disingenuous in our view. It is a device that obscures more than it reveals.”

(Prof. Mike Kelly and Dr Catherine Swan, H.D.A 2006)

