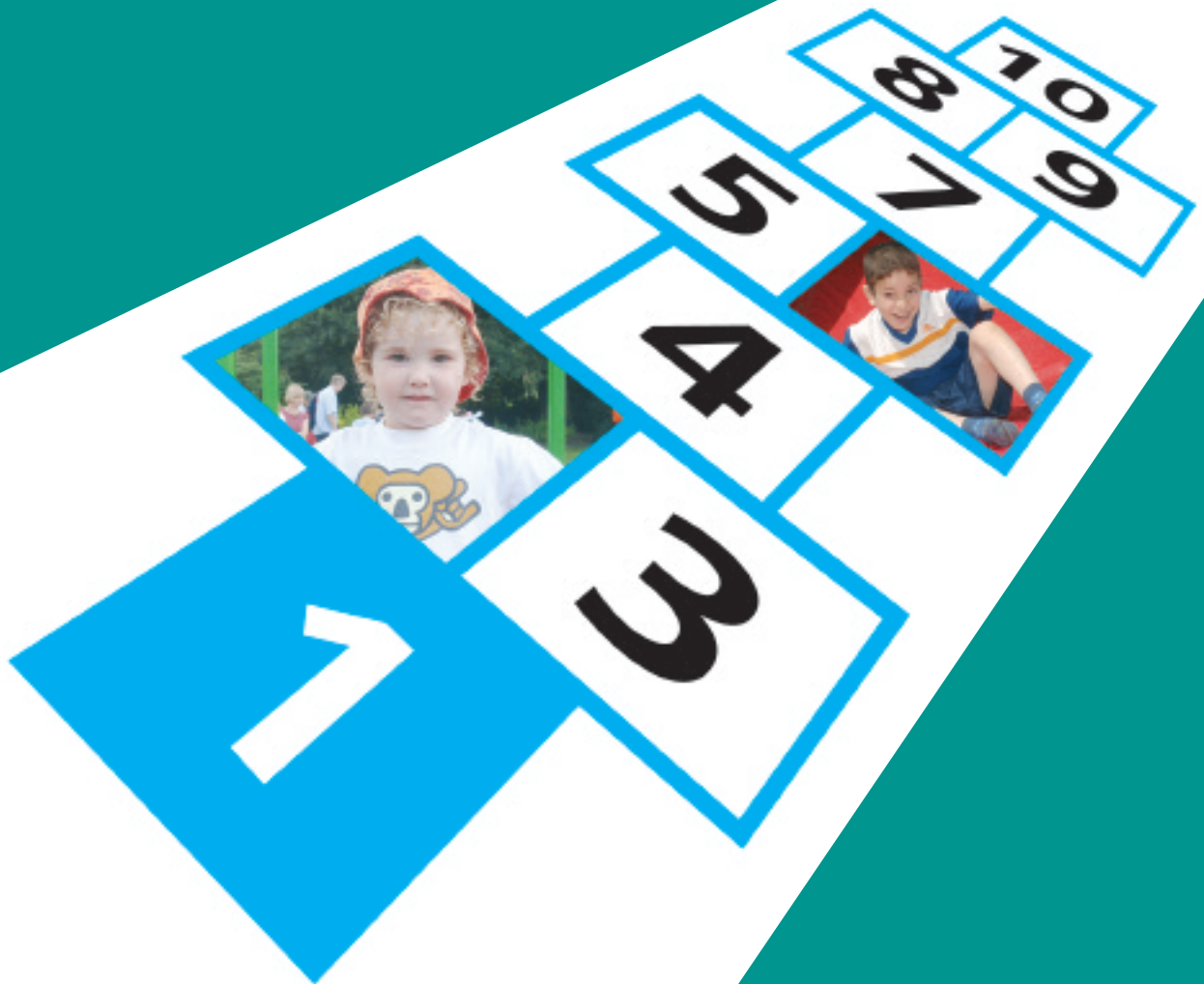


Introduction



In this section...

- The main aims and potential uses of this report are described, along with the context for the series of *Health in London* reports
- We highlight why a focus on children and young people is key to reducing health inequalities

Aims of the report

This is the fourth *Health in London* report. It supplements the earlier publications in the series and provides significant new information where it is available, with a particular focus on children and young people.

The aims of the report series are:

- to provide London-wide information on health and the determinants of health in a form that will support discussion and action by agencies at local, regional and national level
- to identify important inequalities in health and determinants of health in London, and to track trends in inequalities
- to highlight how diverse communities in London experience the determinants of health, indicating key areas where action is needed to reduce inequality
- where appropriate, to draw out implications for action from the report's findings.

In particular, given the raft of new policy initiatives for children and young people, a focus of this report is:

- to provide information which may be useful in the establishment of the new Children's Trusts, formulating Children and Young People's Plans and in delivering the outcomes from *Every Child Matters*.

The first report in this series (in 2002) set out the 10 high level indicators which became the framework for subsequent reports, and described why it is important to use some kind of marker to measure progress. In 2003,

the report focused on disabled Londoners, the 2004 report on London's Black and Minority Ethnic communities.

All these reports and other background information are available at www.londonhealth.gov.uk/hinl.htm. Like the earlier reports, this 2005 publication focuses on inequalities in health. The indicators chosen for this report have been selected for their particular relevance to child health.

Context for the report

The Greater London Authority (GLA) and London Health Observatory (LHO) have collaborated in preparing this report, facilitated by the London Health Commission (LHC) which publishes these reports with the Mayor of London (for further information on these bodies, please see the back cover).

The report arises from work on the London Health Strategy, developed in 1999-2000 by a partnership of regional and local agencies which identified priorities for London-wide action to improve health. Shortly after the GLA was established in May 2000, the Mayor set up the LHC to progress this work to improve the health of Londoners and reduce health inequalities across the capital. The work programme of the LHC incorporates priorities of the London Health Strategy as well as additional priority areas subsequently identified with partners. (For more information on the origins and nature of the London Health Strategy, see Section 2 of the 2002 *Health in London* report.)

The London Health Strategy has identified the high level indicators listed in Table 1. These can be used to measure

Table 1 High level indicators	
London Health Strategy – high level indicators	Relevance to Health inequalities
1 Unemployment	Associated with morbidity, injuries, poisoning and premature mortality, especially coronary heart disease. Also related to depression, anxiety, self-harm and suicide.
2 Unemployment among Black and Minority Ethnic (BME) population	As above
3 Educational attainment: percentage of pupils achieving 5 GCSE grades, A*-C	Education reduces risk of unemployment and poverty which have a negative effect on health
4 Proportion of homes judged unfit to live in	Can cause or contribute to ill health or injury and exacerbate existing conditions e.g. through damp, cold, poor design or bad lighting
5 Burglary rate per 1,000 population	The factors that affect the local crime rate also seem to affect health. Crime can also affect health directly through feeling unsafe
6 Air quality indicators – NO₂ and PM₁₀	Polluted air can damage health. The young, the elderly and those with respiratory difficulties are particularly vulnerable
7 Road traffic casualty rate per 1,000 population	Road traffic accidents are a major avoidable hazard to health, and there are large social class differences
8 Life expectancy at birth	A good summary indicator of the health status of the population
9 Infant mortality rate	The infant mortality rate is influenced by maternal health, social class and quality of care
10 Proportion of people with self-assessed good health	A good indicator of health status in adults

changes over time and to monitor progress towards reducing health inequalities. The indicators are discussed in Appendix 2 of last year's report. See <http://www.londonhealth.gov.uk/hin120>

04.htm. Section 4 reviews each indicator in London during 2004-2005, with a particular focus on children and young people where possible.

Who is the report for and how might it be used?

The report is designed for use by individuals, organisations, agencies and partnerships who have an interest in improving health and well-being and reducing inequalities. The findings provide vital information for the achievement of the government's national targets for reducing health inequalities.

At the local level, the report is likely to be useful in the following ways:

- local strategic partnerships and their member organisations, such as primary care trusts, can identify patterns of health and well-being in the geographical areas of most concern to them, and explore how their findings compare with the picture elsewhere in London
- multi-sector partnerships can use the findings to help inform their needs assessments of different populations and areas
- community and voluntary organisations can draw on the findings to identify outstanding needs and build a case for improved services
- public bodies of different kinds can draw on the report to help them work towards government targets in reducing health inequalities
- developing Children's Trusts can use the information to develop their Children and Young People's Plans and clarify the scope of the challenge involved in meeting their responsibilities associated with *Every Child Matters* and the *National Service Framework (NSF)*.

At regional and national level, agencies will be able to draw on the report in order to:

- identify pan-London trends
- track emerging issues that cross borough boundaries or affect particular populations.

In combination with past and future *Health in London* reports, it will also be possible to:

- identify trends over time.

Previous *Health in London* reports contained a series of recommendations and implications for action for policymakers and practitioners. These recommendations are being acted on in various ways. For example, the LHC has been guided by the recommendations in developing its work programme. The GLA is also incorporating recommendations in planning work in relevant policy areas. For its part, the LHO will continue to promote further work to monitor and understand causes of health inequalities.

What kinds of insights do the indicators provide?

Shedding light on the determinants of health

Many factors influence people's health and well-being. The factors which have been found to have the most significant influence – for better or worse – are known as the 'determinants of health'. While health and social services make a contribution to health, most of the key determinants of health lie outside the direct influence of health and social care, for example education, employment or housing.

The ten indicators of the London Health Strategy have been designed to highlight significant aspects of the key factors affecting health. Three of the indicators – life expectancy at birth, infant mortality rate and the proportion of people with self-assessed fair, poor or bad health – offer a means of assessing health outcomes and demonstrate how much progress we are making in London.

Highlighting areas of health inequality

Broadly speaking, there are three types of inequality in health:

- inequalities in access to, or the provision of, determinants of health
- inequalities in access to health care (for example, some groups of young people describe difficulties in accessing appropriate health care services)
- inequalities in health or health outcomes (for example, there are six years difference in average life expectancy at birth between the best and worst boroughs in London).

The high level indicators that are the subject of this report focus strongly on health outcomes and health determinants.

Further background information can be found on the LHO web site at www.lho.org.uk

Health inequalities – tackling the health gap

While policy is largely made at a national level, it is implemented regionally and locally. Narrowing inequalities in health is complex, particularly as improving health in general can sometimes result in wider inequalities, as the “better-off” are more likely to benefit from some initiatives. In order for effective changes to be made, action is needed nationally and locally; debates need to take place on the relative effectiveness of targeted and universal approaches to action, and decisions need to be made on the balance between improving overall health and narrowing inequalities.

Key policy initiatives and the reports driving them

1998: *Independent Enquiry into Inequalities in Health* (Acheson, 1998)

1999: *Saving Lives: Our Healthier Nation* (Department of Health, 1999)

2000: *NHS Plan* (Department of Health, 2000)

2000: *Local Government Act* (ODPM, 2000)

2002: *Securing Our Future Health: Taking a Long-term View* (HM Treasury, 2002)

2003: *Tackling Health Inequalities: a Programme for Action* (Department of Health, 2003)

2003: *Every Child Matters* (HM Treasury, 2003)

2004: *The Children Act* (DfES 2004)

2004: *Securing Good Health for the Whole Population* (HM Treasury, 2004)

2004: *Choosing Health: Making healthy choices easier* (Department of Health, 2004)

2004: *The Chief Nursing Officer's Review of the health and well-being of vulnerable children* (Department of Health, 2004)

2004: *The National Service Framework for Children, Young People and Maternity Services* (Department of Health/DfES, 2004)

2005: *Tackling Health Inequalities* (Department of Health, 2005)

The national context

In the summer of 2003, the government published a comprehensive cross-departmental action plan to tackle widespread inequalities in health across England – *Tackling Health Inequalities: a Programme for Action* (Department of Health, 2003). Since then, some progress has been made, but there is no room for complacency. *The Status Report* published in August 2005 (Department of Health, 2005) which monitored progress against the Programme for Action indicated a continuing widening of inequalities as measured by infant mortality and life expectancy. More positively, there has been progress towards reducing child poverty and a significant reduction in the proportion of households living in non-decent housing.

As *Tackling Health Inequalities* (Department of Health, 2003) demonstrates, different groups of people have very different experiences of key determinants of health, including employment, income, housing, community safety and education. These different experiences can have an effect on health. Additional dimensions of inequality for children and young people may include access to material and emotional resources, access to green space, and access to the right of protection from physical abuse by adults, including smacking, and bullying from peers and older children.

This report fits well with work being carried out nationally to identify and combat inequalities in health and the factors influencing health. The Centre for Public Health Excellence in the National Institute for Health and Clinical Excellence (NICE) will be producing public health guidance on the promotion of good health and the prevention of ill health for those working in the NHS,

local authorities and the wider public and voluntary sector.

In 1998, the *Independent Inquiry into Inequalities in Health* (Acheson, 1998) reviewed health inequalities in England, including analysis by geography, age, class, gender and ethnicity. The Acheson report made three major policy recommendations:

- Policies likely to affect health should be evaluated in terms of their impact on health inequalities
- A high priority should be given to the health of families with children
- Steps should be taken to reduce income inequalities and improve the living standards of poor households.

Children were a firm focus of this report, and the importance of tackling inequality right from the start, was emphasised. In July 1999, the White Paper *Saving Lives: Our Healthier Nation* (Department of Health, 1999) was published. It aimed to 'improve the health of everyone and the worst off in particular'. Following this, the government gave a commitment to reducing health inequalities in *The NHS Plan* (Department of Health, 2000).

New national targets for reducing the gaps in life expectancy and infant mortality were announced in February 2001 (Department of Health, 2001a). In a streamlined form, these targets appear in the Department of Health Public Service Agreement, which took effect from 2003. Life expectancy and infant mortality are included as two of the indicators in this report, which contributes to the ongoing monitoring of these outcomes for Londoners.

The importance of addressing health inequalities is actively acknowledged well

beyond the Department of Health. A Treasury-led cross-government review of health inequalities (Department of Health 2002a) considered how best to match existing resources to health need and develop a long-term strategy to narrow the health gap. Following this, in July 2003 *Tackling Health Inequalities: a Programme for Action* (Department of Health, 2003a) was launched. This sets out the cross government programme to deliver the national health inequalities targets and to make wider, more long-term progress on reducing health inequalities.

The programme proposes twelve national headline indicators to monitor progress in tackling health inequalities. These indicators are: access to primary care; accidents; child poverty; diet; education; homelessness; housing quality; influenza vaccination; PE and school sport; smoking prevalence; teenage conceptions; mortality for the major killer diseases. These indicators are supported through the adoption of local baskets of indicators to monitor progress within different areas and communities. More information on the indicators most relevant to London can be found on the LHO website http://www.lho.org.uk/Health_Inequalities/BasketOfIndicators/BasketIndicators.htm

The programme acknowledges that health inequalities are stubborn, persistent and difficult to change. Accordingly, there is emphasis on creating movement in the following key areas:

- reversing the inverse care law – whereby people with the greatest need tend to have poor access to quality services
- getting a better balance between treatment and prevention

- creating an environment where families and communities have the chance to lead longer and healthier lives.

So, what does it look like in practice? The programme is organised around four themes, all of them requiring action at both national and local level:

- **supporting families, mothers and children** – to ensure the best possible start in life and break the inter-generational cycle of ill-health
- **engaging communities and individuals** – to ensure the relevant, responsiveness and sustainability of initiatives
- **preventing illness and providing effective treatment and care** – to ensure that the NHS provides leadership and makes the contribution to reducing inequalities that is expected of it
- **addressing the underlying determinants of health** – to deal with the long-term underlying causes of ill-health.

The 'framework for action' at the heart of the programme is summarised in Figure 1 and illustrates the need to tackle inequalities in practice by preventing health inequalities getting worse, making mainstream services more responsive to the needs of disadvantaged populations, targeting some interventions, supporting action at a national level through the management of clear policies, and meeting national standards locally.

Further evidence to support the *Programme for Action* emerged from the Wanless report on NHS spending, *Securing Our Future Health: Taking a*

Long-term View (HM Treasury, 2002). This independent review was the first ever evidence-based assessment of the long-term resource requirements for the NHS. Following this, a further review, *Securing Good Health for the Whole Population* (HM Treasury, 2004), was carried out. It examines how public health spending decisions are taken, and how to ensure that they are cost-effective and consistent in order to improve health outcomes.

- *The Chief Nursing Officer's Review of the health and well-being of vulnerable children* (Department of Health, 2004a)
- *Every Child Matters* (HM Treasury, 2003)
- *The National Service Framework for Children, Young People and Maternity Services*. (Department of Health/DfES, 2004)

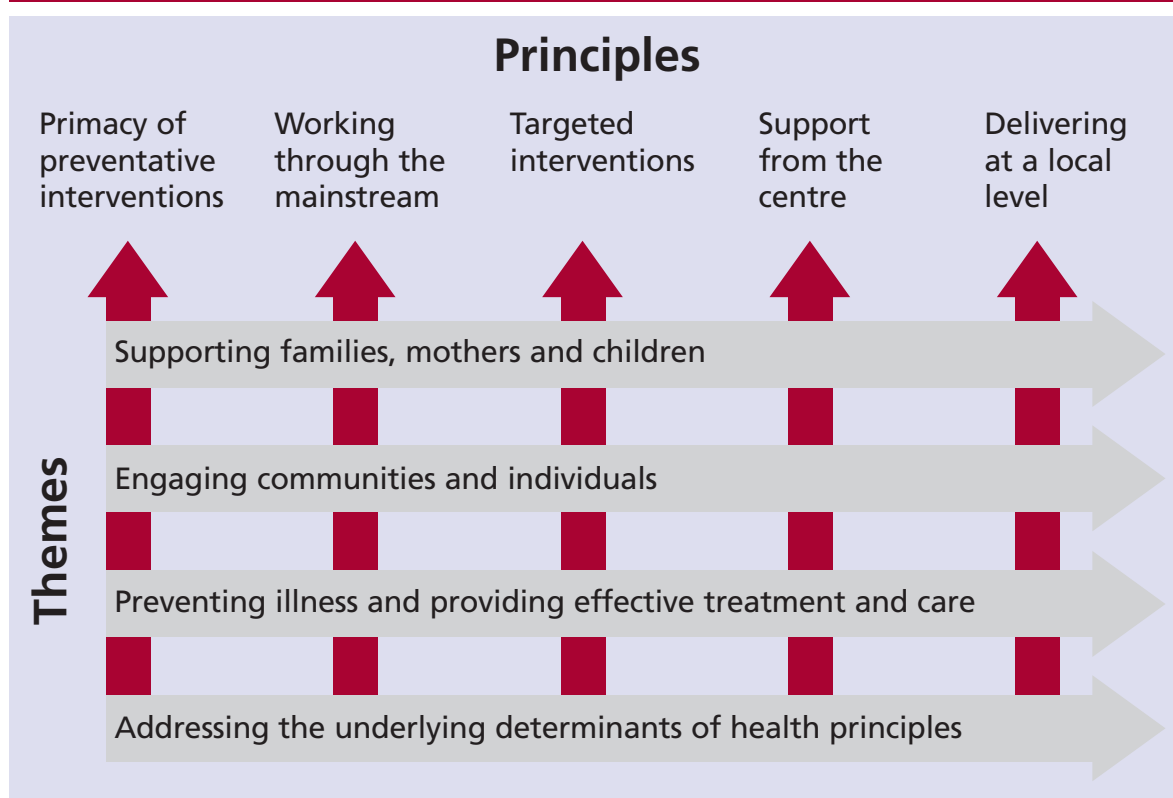
In 2004, following a major public consultation, the government published a White Paper on public health, *Choosing Health: Making healthy choices easier* (Department of Health 2004b). This sets out the need for action to encourage healthy choices and promote health for all.

The London context

The London context holds both promise and a degree of anxiety for London's children. The announcement in July 2005 of London as host to the 2012 Olympic games presages new developments, new employment opportunities, and new opportunities for children and young people to participate in sport. Terrorist activities in the same month inevitably bring with them anxiety for children and young people, and for some, increased exposure to racism and Islamophobia.

Choosing Health is just one of a range of policy initiatives focused on promoting the health and well-being of children and young people. Other significant developments include:

Figure 1 *Health Inequalities Programme for Action*



Choosing Health priorities

- Reducing the number of people who smoke
- Reducing obesity and improving diet and nutrition
- Increasing exercise
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health

London is estimated to be home to well over 7 million people and this is projected to grow by another 810,000 by the year 2016 – equivalent to adding a whole new city to London’s existing population. The profile of the population will continue to change, as it has throughout the city’s history. In particular, changes in age and ethnicity are projected so that, for example, by 2016 London’s working age population will have grown by 516,000 and of these 80 per cent are likely to be from Black and Minority Ethnic communities (GLA, 2004a, Feb). The age profile of London is a little younger than the UK average. In particular, we have more 0-4 year olds in London than elsewhere. For further information see <http://www.statistics.gov.uk/census2001/pyramids/pages/H.asp>

London is a culturally diverse city, with one in three Londoners coming from an ethnic minority community, and over 300 languages being spoken. This diversity is one of the features that makes London such a vibrant world city – yet we know that London’s communities do not benefit in equal measure from the opportunities and wealth the capital has to offer.

London is characterised by marked contrasts between affluence and poverty. In 2003, London’s GDP was estimated to be £180 billion, with 375 of the top 500 global companies having offices here, cultural and creative industries generating an annual turnover of £25-29 billion, and visitors spending approximately £15 billion in total. The London economy contributes around 17 per cent of the UK’s total GDP and is comparable in size to those of Sweden, Belgium and Russia. However, Greater London also has 20 of the 88 poorest local authorities in the UK, and there continues to be a spatial distribution of disadvantage, with a greater concentration of deprived wards being in inner London. One in three older people and 43% of children in Greater London are estimated to be living below the UK poverty line, and most minority groups continue to experience high levels of unemployment and child poverty (GLA, 2002, Nov). The challenge in London is twofold:

- more effectively understanding and tackling existing inequalities
- working together to ensure that growth over coming years does not result in an even greater divide between those best and worst off.

The LHC and partner organisations all have important London-wide roles to play in meeting these challenges. See Appendix for details of LHC members and partner organisations.

The local context

London boroughs have clear responsibilities for addressing the well-being of the local community. The *Local Government Act 2000* introduced a general power to take action to promote economic, social and environmental well-being of their areas. The *Health and Social Care Act 2001* provided additional health scrutiny powers (for information on these, see Democratic Health Network, 2002). The boroughs work through their programmes, including education, housing, community safety, social services and environment, often in partnership with statutory and voluntary sector agencies.

NHS services come together at local level through Primary Care Trusts (PCTs), which work within the same boundaries as local authorities in London. PCTs are responsible for improving and protecting the health of their populations, and for reducing health inequalities within those populations. Specific responsibilities include:

- ensuring delivery of primary care services (for example, those health services provided by GPs, community nurses and midwives, pharmacists or therapists)
- commissioning hospital and mental health services
- developing and implementing local delivery plans, in accordance with the NHS planning and priorities framework.

The NHS planning and priorities framework highlights the health equity

audit as a tool for focusing work on tackling inequalities in health. The health equity audit involves reviewing in a systematic way, within defined populations, inequalities in:

- the causes of ill-health
- access to effective health services and their outcomes.

Audits of this kind can generate actions for local services and plans, and therefore can usefully shape the evaluation of work by the NHS and other partners to reduce health inequalities.

In short, they can be used to:

- inform the commissioning of services
- contribute to local performance management
- support partnership working, and the distribution of resources
- encourage community involvement.

A particular impetus has been given to action at a local level to reduce inequalities in health by the *Public Service Agreement* targets agreed in the *2004 Spending Review*. The Government set a *Public Service Agreement* target to address geographical inequalities in life expectancy, cancer, heart disease, stroke and related diseases. The targets aim to see faster progress, compared to the average, in the “fifth of areas with the worst health and deprivation indicators”.

The local authorities and Primary Care Trusts which are in these areas are collectively known as the Spearhead Group, which is made up of 70 local authorities and 88 Primary Care Trusts. It is based upon the local authority areas that are in the bottom fifth nationally for

three or more of the following five indicators:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardiovascular disease mortality rate in under 75s
- Index of multiple deprivation 2004 average score.

London members of the Spearhead Group are Hammersmith and Fulham, Haringey, Islington, Barking and Dagenham, Hackney, Newham, Tower Hamlets, Greenwich, Lambeth, Lewisham and Southwark.

The voluntary and community sectors in London have been shown to add considerable value to the design, planning and delivery of public services, with the voluntary sector for children and young people playing a particularly important role in developing and delivering services to marginalised groups (GLA, 2005).

Increasingly, different sectors work together through regeneration and local strategic partnerships. These can be particularly valuable in creating employment and training opportunities, strengthening joint work and tackling health concerns. *Every Child Matters (ECM)* put a premium on these partnerships and for this reason, our report this year also refers in particular to the *Every Child Matters Outcomes Framework* for children.

The development of *Children's Trusts* aims to achieve joined-up services that place the needs of children and families at the centre of their approach to

planning, commissioning and, ultimately, delivering better outcomes. This provides particular opportunities for different sectors to work together, thus forming stronger and more co-ordinated services for children and young people in an area, underpinned by the *Children Act 2004* duty to cooperate.

Further, *Children's Trusts* will support those who work every day with children, young people and their families to deliver better outcomes – with children and young people experiencing more integrated and responsive services, and specialist support embedded in and accessed through universal services. People will work in effective multi-disciplinary teams, be trained jointly to tackle cultural and professional divides, use a designated lead professional where many disciplines are involved and be co-located, often in extended schools or children's centres. *Children's Trusts* will be supported by integrated processes. Some processes, like the *Common Assessment Framework*, will be centrally driven, whereas others will be specified at a local level. Pathfinders in London are currently in Bexley, Croydon, Ealing, Greenwich, Hammersmith and Fulham, Redbridge, Sutton and Tower Hamlets.

In London this year, 15 *Local Area Agreements* (LAA) are being developed by local authority-led partnerships. One block of each LAA must describe how improving local services will lead to better outcomes for children and young people. Another block addresses community safety, with strong links to young peoples' issues.

Community plans and partnerships can provide the context for tackling inequalities and promoting social inclusion, providing a focus for action at neighbourhood or community level. Local authority overview and scrutiny

committees can undertake scrutiny of health and health services in their area, which provides opportunities for local investigation of key issues and the generation of recommendations for service improvements to meet local need.

Overall, local councils, health and social care services, community and voluntary organisations all have an important part to play in improving the health and well-being of Londoners and improving child public health and the health of the wider community. The challenge is to identify and make best use of the expertise, experience and opportunities each sector brings to this area of work, and to demonstrate the relevance of the health inequalities agenda to their core business and responsibilities.

The *Health in London* reports attempt to deepen understanding of many of these dimensions in London. This report updates key information on a range of inequality dimensions for children and young people in London.

