



Health in London

Review of the London Health Strategy high level indicators

- 2005 update
- focus on the health of children and young people

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Editorial notes

1. Race and ethnicity and disability stand out as areas where there is much debate about terminology and about whether any terms or categories, including those used in official statistics (e.g. 'non-White'), can claim to be accurate, appropriate, sensitive or value free. We can only touch on the existence of this debate here. No single term is entirely adequate and none will serve all purposes, as most commentators observe. Clearly, however, some choice of terms has to be made – for example, in citing official statistics. Accordingly, a range of 'umbrella' terms is used in this publication.
2. At the time of publication the website links provided in this document were working and up to date. However, the links provided may after time become out of date, notably 'deep links' – links that are not the home page. If such link is not working then the resource you are seeking might be found by visiting the home page of the website.
3. Percentages in some tables may not add up to 100 per cent total. This is because of rounding up or down.

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Foreword

This year's *Health in London* report focuses on London's children and young people. It shows that, despite living in a city of great wealth and opportunity, not all our young people enjoy the same positive health outcomes. Many of the health inequalities faced by young Londoners reflect deep-seated problems such as poverty and unemployment.

While the overall position of London's children with regard to outcomes such as life expectancy and infant mortality is not particularly remarkable, there are other areas where performance is considerably worse than the national average. For example, rates of worklessness among households with dependent children and overcrowding impact disproportionately on London's children, particularly those living in inner London, with consequent adverse effects on their health. Rates of teenage pregnancy in the capital are higher in London than elsewhere and the trend is not encouraging, while diagnoses of sexually transmitted diseases continue to rise.



This report also highlights the significant health inequalities across different communities within London. Collective effort will be required to address these inequalities and to bring about the much needed improvements. I commend the work of the London Health Commission, who have published this report, and are bringing together a wide range of partners, through their '*Healthy Young London*' campaign, to help ensure that action to improve children and young people's health is co-ordinated across London.

And the report also shows that it is not all bad news. Educational attainment is a key determinant of health and at GCSE level continues to improve in London, and at a faster rate than nationally. Much of this progress is driven by year on year improvement in the performance of inner London pupils. In addition, young Londoners are less likely to smoke cigarettes and consume alcohol, and are more likely to consume fruit and vegetables than children and young people elsewhere.

This year's report also sets out how the various influences on children and young people's health impact at different points in their lives as well as considering the effects on those groups of children most at risk of poor health outcomes. In addition it provides a focus on the policy context in which children's services will operate in the coming years, particularly the *Every Child Matters* programme.

The report is also a timely reminder of the opportunities that winning the 2012 Olympics creates to promote children's physical activity, particularly in the light of the higher prevalence of obesity among young children in the capital compared to the national average. In addition, the Olympics should provide new opportunities to tackle some of the wider issues affecting health, including access to skills development and employment opportunities, which can offer families routes out of poverty.

If we are to tackle the persistent inequalities in health experienced by so many of London's children we will need to harness all relevant information in order to plan and commission appropriate services. For my part, as Mayor of London, I have established a Children's Unit in the GLA to take forward my '*Children and Young People Strategy*' and I reported last year on '*The State of London's Children*'. I hope that this report will be an invaluable tool to health and local government colleagues as they look to develop their *Children's Plans*.

Handwritten signature of Ken Livingstone.

Ken Livingstone
Mayor of London