



06 Looking forward:

opportunities for future action

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In this section . . .

Opportunities for future action on health inequalities are presented, at different levels:

- National
- Regional
- Local

This section summarises some of the additional opportunities for regional and local action arising from proposed changes in a number of key areas related to health. The policy landscape is now beginning to look more joined up, there are some fertile areas at national, regional and local levels, and significant and exciting opportunities for the health and health inequalities agenda in London.

In addition to the policy changes summarised below, priorities for reducing health inequalities must be influenced by London's rapidly growing population and changing demography. Health partners must continue to ensure policy and practice are fit to meet London's unique needs, including those related to population mobility and the complex needs of our diverse communities. In addition, we need to make better use of London communities' vast wealth of experience about health and the opportunities and services that affect their wellbeing.

National

Nationally, future developments will be shaped by the local government white paper, *Strong and Prosperous Communities* (DCLG, 2006a), which marked a sea change in delivery of public services by ceding power from national to local level. Implementation of its proposals will provide freedom and space for local government to be more responsive to local needs by significantly reducing national targets, tailoring other targets to local circumstances and introducing a lighter-touch inspection system. There will be around 35 priorities for each area, tailored to local needs through the LAA. Instead of the many hundreds of indicators, currently required by central government there will be a single set of about 200 outcome-

based indicators covering national priorities. Statutory health and wellbeing partnerships will be established that sit within local strategic partnerships, widening the scope for joint working between the NHS and local authorities.

As the previous review did a decade earlier (see Resources - CSR 1998), the Comprehensive Spending Review (CSR) 2007 will determine the future direction of the UK's public services. It will undertake a fundamental review of the balance and pattern of public expenditure, taking stock of what the investments and reforms have delivered to date, and identifying what further investment and reforms are needed to meet the challenges of the decade ahead. Government departmental funding for the three financial years from 2008/09 to 2010 -11 will be allocated accordingly, and new PSAs and associated targets will be created. *Long-term Opportunities and Challenges for the UK: analysis for the 2007 Comprehensive Spending Review* (HM Treasury, 2006) was published in November 2006 and identified five long-term trends and challenges that are likely to inform the basis of CSR 2007, including rapid demographic change, technological change and climate change.

Implementation of the Health Act 2006 will begin in 2007. The most significant changes from a public health perspective are the prohibition of smoking in workplaces, enclosed public places and work vehicles, from 1 July 2007, and an increase to 18 years of the minimum age of persons to whom tobacco may be sold. Other aspects of the Act include provisions for social care training, the prevention and control of health care infections, the management and use of controlled drugs, and NHS charging.

Regional

The current parliamentary session includes a Greater London Authority Bill that proposes additional powers and duties for the Mayor of London, alongside measures to strengthen the role of the London Assembly, and it is anticipated it will achieve Royal Assent in mid-2007. The Bill follows a year-long review into the role of London government and is intended to build on the success that has been achieved in a number of areas since Londonwide government was re-established in 2000.

The proposed changes will give the Mayor new powers and duties in a number of areas, with significant implications for health, including housing, adult skills, planning, waste, culture and sport, climate change and governance. In addition, there are specific proposals for the GLA to have an additional duty to promote a reduction in health inequalities, and for the Mayor to have a new duty to develop and lead a statutory pan-London health inequalities strategy. Government is also proposing that existing partnership arrangements for health should be formalised and strengthened. Full details of the government's proposals and the progress of the Bill's passage through parliament can be found at www.communities.gov.uk/index.asp?id=1500895/

These changes should serve to increase the Londonwide focus on a number of issues, with the potential to directly affect health, and increase the opportunities for regional co-ordination and influence. The specific focus on health inequalities is welcome and provides a unique chance to develop a long-term vision and strategy for reducing health inequalities in London. It also provides an opportunity to build on our collective experience and learning about

how best to tackle inequalities and promote the health of London's diverse communities.

The LHC partnership, individual partner organisations and the Mayor are committed to working together to ensure these changes build on the successes of the past and strengthen existing partnerships, as well as bringing new partners on board. Some additional changes to the Mayor's role are already being implemented and include an increased role for the Mayor in refugee integration in London (www.london.gov.uk/mayor/equalities/immigration/bril/index.jsp), and a new duty for the GLA to promote community safety in planning and carrying out its core business.

Work on refugee integration is being led by a new regional partnership, the Board for Refugee Integration in London, chaired by the Mayor and supported by both the GLA and Home Office. Another recently established regional partnership is the London Child Poverty Commission, which brings together senior regional representatives with key roles and influence to push forward on action to reduce child poverty in London and achieve national targets. These new partnerships supplement several existing regional alliances with significant roles related to health inequalities, including the Mayor's Greater London Alcohol and Drugs Alliance, the African and Caribbean Mental Health Commission and the London Sustainable Development Commission to name but a few.

Ahead of the Bill being passed, preparatory work for the Health Inequalities Strategy has begun, with an early aim to collate and review existing evidence and research. Alongside this,

work to actively engage community-based organisations, public health partners, and NHS and local government colleagues in the process of shaping the strategy is getting under way. The Mayor is committed to considering community intelligence and stakeholder experience alongside the more formal evidence base and published research in identifying priorities for future action. Previous *Health in London* reports have stressed the importance of engaging diverse communities in identifying what works in improving health and wellbeing, and the process of developing a Health Inequalities Strategy should add real momentum to ongoing work in this area.

London's NHS has undergone significant change over recent months, and London NHS, the new strategic health authority is leading development of an NHS strategic framework for health in London, known as the Healthcare Strategy. The vision for London's health services will be developed by mid-2007 – about the time more formal consultation on the Mayor's strategy will be starting. It will be essential to make sure these two regional health strategies complement each other, and from the outset the NHS, Department of Health and GLA have co-operated on developing the evidence base to inform both strategies. Like the Mayor's strategy, the NHS framework should include consideration of what works from the perspectives of diverse communities in London, and there will be ongoing work over, coming months to co-ordinate activities to engage stakeholders and communities in getting the strategies right.

As well as these health-specific strategies, a range of new and developing regional strategies and programmes will continue

to impact on health, and increased work is needed to ensure they maximise their contribution to improving wellbeing and reducing health inequalities. For example, the Mayor's Older People's strategy was launched in 2006 and has the potential, which was highlighted in the LHC Health Impact Assessment, to significantly improve health and reduce inequalities. Several new regional strategies of particular relevance are at various stages of development, including those focusing on adult skills, housing, and climate change.

Existing regional strategies with ongoing health implications include the Mayor's Spatial Development Strategy (*The London Plan*, Mayor of London, 2004a), Economic Development Strategy, and a range of environment strategies. Active consideration of health issues continues to be crucial throughout the process from developing to implementing, evaluating and revising each strategy. For example, the LHC's Urban Development and Regeneration Forum led on the health response to the draft further alterations to *The London Plan*, submitted in December 2006. The proposed new duties for the GLA to promote reduction in health inequalities will require a more detailed focus on health inequalities at each stage of strategy development and review.

In some cases, regional action on health will also involve seeking and making use of opportunities that arise as part of the ongoing core business of regional bodies. For example, the Mayor's ongoing role, on strategic planning applications; the LDA's ongoing responsibility for economic development in London, their national role as lead RDA for health, and the complementary national role of the Regional Public Health Group on the

Department of Trade and Industry, as well as the GOL's role in supporting effective implementation of a number of key government policies in London.

'Diversity Works for London' (DWfL), for example, is the Mayor of London's campaign to engage organisations in harnessing the benefits of a diverse workforce and supplier base, providing all Londoners with a chance to share in the city's opportunities and prosperity. The LDA is working with the Mayor to lead the campaign and has identified four key priorities:

- campaigning to engage private, public and voluntary sectors in promoting equality
- championing workforce and supplier diversity
- enabling businesses to ensure that all levels of their workforce reflect the diversity of London's population
- seeking out and promoting exemplar business practice.

Diversity Works for London's objective is to support business to improve the ways in which they embrace and manage workforce and supplier diversity. In doing so, this campaign also has the potential to increase levels of employment of disadvantaged groups, including those from BAME communities and disabled people.

In addition, further work is needed to identify and make use of opportunities to increase the co-operation between regional and local partnerships, to ensure work on health determinants is effectively progressed across both levels.

Furthermore, there are some key one-off opportunities in London, including those related to our role as host city for the 2012 Olympic and Paralympic Games. The

potential regenerative effects and long-term legacy benefits for Londoners, including those in some of the capital's most deprived areas, are being actively identified and built into relevant plans for the games. Ongoing work, in partnership with the NHS, Department of Health, and London Sustainable Development Commission, among others, will be key to ensuring the long-term benefits for health in London are fully realised before, during and after the games.

The London Health Commission (LHC) has a pivotal role in all of these regional processes, with its ability to influence, facilitate the involvement of a range of partners, and offer expert and independent advice throughout the development and delivery of strategies. Their role extends beyond the health-specific strategies to wider work on housing, skills, environment and other issues, building on the experience gained through the process of influencing a range of regional strategies over the past six years. In addition, the expertise and status of the LHC position it well to provide independent advice and commentary as new regional strategies and programmes develop. The LHC has forged links internationally with the WHO European Healthy Cities Network and, more recently, with the global WHO Commission on Social Determinants of Health through Professor Sir Michael Marmot who is a member of the LHC and who is Chair of the WHO Commission.

The LHC is thus well placed to continue to stimulate and support active debate about key issues impacting on health – bringing together the perspectives of policy makers, academics, community representatives and practitioners to ensure regional action is ambitious, effective and evidence-based.

And finally, it has a crucial ongoing contribution to make to efforts to support effective local interventions on health and to facilitate evidence-based approaches to implementing national and regional policy at local level.

The LHC's work will include a review of the high-level indicators used to track changes in health and health inequalities in London. This review will take stock of changes since the current set of ten indicators was identified, as part of the first *Health in London* strategy developed in 1999. It has the support of the LHC and key partners, and will engage academics, policy makers, local practitioners, and representatives of a range of communities and stakeholders. The intention is that the new set of indicators should be considered and applied to regional and local strategies, so that change is more consistently measured and evaluated over time and across agencies.

The LHC has set four Challenges for Action for LHC partners and other London organisations. Each challenge defines specific, measurable and realistic action, which will make a tangible difference to the health of disadvantaged groups and will help to reduce health inequalities in London:

- **Challenge 1:** increase the number of disabled people in employment
- **Challenge 2:** introduce a completely smoke-free London
- **Challenge 3:** improve access to effective language support services for their users
- **Challenge 4:** help improve the emotional health and wellbeing of young Londoners.

Work is underway on Challenges 1 and 2 and will be stepped up during 2007.

Challenges 3 and 4 will be launched in 2007. The LHC is urging all organisations in London to take up the challenges (www.londonhealth.gov.uk/healthchallenges.htm).

Local

Sub-regionally there continues to be a focus on health inequalities and on infrastructure planning to meet future health needs. In east London, for example, there is a clear focus on health inequalities and the potential to address these through the regeneration that will be delivered through the 2012 Olympics and Paralympics, and development programmes in the Thames Gateway.

However, the needs and opportunities and changing population profiles in other sub-regions also need active ongoing attention. For example, GLA projections indicate that 80% of those entering the west London workforce by 2032 are likely to be from ethnic minorities. There is limited land available for development of homes and businesses, and limitations in the transport infrastructure. Partnership is also playing a key role in west London in anticipating these changes and challenges, and in protecting and improving social determinants of health.

The Healthy Communities Programme is a two-year initiative, funded by the Department of Health; the programme is managed by the Improvement and Development Agency (see Resources: I&D^oA, 2006) for local government and will run to March 2008. The programme responds to the government's current agenda of NHS reform, the wider remit of the modernisation of public services and the requirement for the seamless integration and joining up of local services across the public, private and voluntary

sectors. In seeking to achieve this new agenda, an enhanced role for local authorities is highlighted, shifting resources into prevention and the integration of health and social care provision to meet local community needs, with better and more innovative ways of joining up services at a local level. Effective local partnerships, led by local government and the NHS, working to a common purpose and reflecting local needs are identified as keys to success. The Healthy Communities Programme, therefore, aims to build the capacity of local authorities working within their communities to:

- tackle local health inequalities
- provide leadership to promote wellbeing
- foster a joined-up approach to health improvement across local government itself and through LSPs and LAAs.

Strong and Prosperous Communities, the local government white paper (DCLG, 2006a) aims to shift power from the centre to local communities and their representatives in local government. It has a strong emphasis on utilising the role of local government as strategic leaders and place shapers, for example, through the inclusion of a duty for LAA partners to co-operate. The white paper also outlines a streamlined performance framework that will come into effect from 2008 and envisages more efficient services, designed around the user.

A third key theme of the white paper is that of engagement of local people and developing community cohesion with a clear focus on the places facing the biggest challenges. Proactive planning will be required to ensure that the 'hardest to help' groups are able to have a voice.

Strong and Prosperous Communities (DCLG, 2006a) has the potential to make a

major contribution to improve health and reduce inequalities through:

- stronger local public scrutiny
- more community empowerment
- more responsive services
- councils balancing their community leadership role with their roles as a major public sector employer, and as a commissioner and provider of services
- improving the quality of life.

There is increasing evidence that community engagement and development underpins effective interventions to improve health and reduce inequalities, (Wallerstein, 2006) and should be a key element of all of our efforts, within individual organisations and within and across sectors, to improve health. Several of the government policies outlined above stress the importance of community engagement and, if effectively applied, also increase opportunities for community and voluntary sector organisations to enhance their position as service providers in a more diversified provider environment.

The London Health Strategy (2000) recognised community development as a priority, and it remains an agreed priority for the LHC partnership. The LHC Community Development Forum initiative: London and Londoners Making the Links for Health was launched by the Mayor in July 2006 and with the publication of a poster for community organisations which was inspired by the London tube map (LHC, 2006), (see inside front cover) LHC will be taking forward this initiative over the coming years.

Community engagement and development is also at the heart of the vision of Well London, which is an ambitious new pan-London programme that focuses on investment at the very

local, super output area (SOA) level in community-led projects promoting positive mental health, access to healthy food and opportunities to get more physically active. A new partnership, led by the LHC has been forged to develop and deliver Well London, and includes the LHC, Central YMCA, Groundwork London, London Sustainability Exchange and University of East London.

The programme will work initially with the 20 boroughs in London which have SOAs with an Index of Multiple Deprivation (IMD) in the worst 11%, to build on and add value to existing local health improvement activities and to invest in new initiatives towards a comprehensive, integrated and community-led local programme. Each target SOA will benefit from additional funding of around £100,000 per year over three to five years. Significant additional funding will also be levered in through the Well London partnership. However, Well London will also benefit the whole of London by ensuring that the learning from these projects gets into policy and practice at local level, through strong links with local authorities and PCTS, and regionally through the LHC and other Well London partnerships and networks.

A unique feature of Well London is a rigorous approach to research and evaluation, which will provide robust evidence of the effectiveness of the approach in improving health and reducing inequalities. The LHC intends to carry out a formal outcome evaluation using a randomised trial research method it is developing with University of East London and London School of Hygiene and Tropical Medicine. This approach is attracting a lot of interest regionally and

nationally, and is expected to attract significant additional research funding.

Well London will harness the influence of the LHC to ensure learning from these grass roots community development approaches, that are shown to work in practice, is fed into future policy and practice across London.

The Well London bid to the Big Lottery Fund (BLF) Wellbeing Programme, led by LHC, is through to the second-stage bid process and is poised to bring £9.46 million into London for this work.