

London Challenge is a partnership working to establish the city as a leader in education. Works with GOL to deliver Every Child Matters. Represented on the LHC by Tim Brighouse.
Tel: 0870 000 2288
www.dfes.gov.uk/londonchallenge

London Councils provides London's 33 councils with a single voice, lobbies for resources for the capital and leads debate on issues affecting Londoners.
Tel: 020 7934 9999
www.londoncouncils.gov.uk

London NHS Trusts

Primary Care Trusts (PCTs), Hospital & Mental Health trusts secure and deliver health and social care locally. London Ambulance Trust is the largest free ambulance service in the world.
www.london.nhs.uk/aboutus/nhsinlondon.htm
www.londonambulance.nhs.uk

LONDON HEALTH COMMISSION

is the strategic partnership that works to improve the health of all Londoners and to reduce health inequalities by: influencing key policy makers and practitioners, supporting local action and driving on joint programmes of work.

Tel: 020 7983 5765
www.londonhealth.gov.uk

London Voluntary Service Council works to represent, champion and enhance London's diverse voluntary and community sector.
Tel: 020 7700 8107
www.lvsc.org.uk

Commission for Equality and Human Rights (CEHR)

works to eliminate racial discrimination and promote equality of opportunity, to encourage good relations between people from different racial and ethnic backgrounds.
Tel: 020 7939 0000
www.cehr.gov.uk

London Borough Councils provide services, including education, social services and housing, and work formally with other local agencies through Local Strategic Partnerships. All have Overview and Scrutiny Committees on Health with powers to review local health services.
www.london.gov.uk/london/links.jsp

London Higher is the 'umbrella' organisation for universities and higher education colleges. London School of Hygiene & Tropical Medicine (www.lshtm.ac.uk) and University College London (www.ucl.ac.uk) are LHC members.
Tel: 020 7664 4843
www.londonhigher.ac.uk

Metropolitan Police Authority (MPA) exists to make sure that London's police are accountable to people in the capital.
Tel: 020 7202 0202
www.mpa.gov.uk

London and Londoners: Making the links for health

All decisions affecting communities should involve communities, particularly on the issue of health. Being healthy depends on many factors including income, employment, housing, education as well as health and care services. This poster shows which organisations make decisions on issues that affect our health. The different coloured tube lines represent key factors that affect health. Decision-makers are shown as tube stations. The London Health Commission has produced this map to help local community groups engage with London's decision-makers, to improve health.

Elizabeth Manero

Director, Health Link and Chair of the LHC Community Development Forum

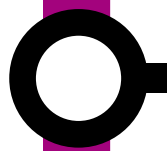
Diagram explanation

The diagram on the front and back covers of this report shows the partners of the London Health Commission and how they influence the factors that affect our health.

This has been adapted from the *London and Londoners: making the links for health poster* (LHC, 2006).

Key to lines (factors affecting health)

-  Cross-cutting influence
-  Community safety and crime
-  Education
-  Environment
-  Employment, skills and enterprise
-  Health and social services
-  Transport
-  Urban planning



Health in London

Looking back ○ Looking forward

2006/07 Review of trends, progress and opportunities

© Greater London Authority
March 2007

Published by
London Health Commission
City Hall, The Queen's Walk
London SE1 2AA

www.londonshealth.gov.uk/hinl.htm

ISBN: 1-904340-11-3

GREATER **LONDON** AUTHORITY



LONDON
HEALTH COMMISSION

Authors

Gail Findlay, Co-ordinator, London Health Commission

Helen Davies, Health Policy Manager, Greater London Authority

Gus Wilson, Development and Communications Manager, London Health Commission

Dr Mike Brannan, Policy Manager, Regional Public Health Group – London, Department of Health

Analysts and authors

Grant Pettitt, Senior Policy Officer, Greater London Authority

Dr Justine Fitzpatrick, Assistant Director, London Health Observatory

Cheikh Traoré, Health Inequalities Lead, Greater London Authority

Guest authors and researchers

Professor Sue Atkinson, CBE

Professor Adrian Renton, **Dr Jurgen Schmidt**, **Dr Patrick Tobi**, Institute of Health and Human Development, University of East London

Acknowledgements

Production

Gus Wilson, Development and Communications Manager, London Health Commission

The Design & Publications Team, Greater London Authority

Magda Robson, Web and Copy Editor, Greater London Authority

Other contributors

Dr Ian Basnett, Director of Public Health, Tower Hamlets Primary Care Trust and London Borough of Tower Hamlets

Evelyn Gloyn, Health Inequalities Strategy Co-ordinator, London Borough of Ealing and Ealing Primary Care Trust

Ian Sandford, Public Health Strategist,

London Borough of Islington Council and Islington Primary Care Trust

Gareth Piggott, Senior Research and Statistical Analyst, Greater London Authority

Jazz Bhogal, Public Health Manager, Regional Public Health Group – London, Department of Health

Maps

All maps used in this publication are based on Ordnance Survey material with permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office and © Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings. (Greater London Authority) (LA 100032379) (2006).

Office for National Statistics Data, Census 2001, Vital Statistics. The data have been used with the permission of the Controller of Her Majesty's Stationery Office and is © Crown Copyright.

The publishers would be pleased to hear from anyone whose rights have been unwittingly infringed.

A note on terminology

1 Race and ethnicity 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. For a fuller discussion see the *Health in London* report 2004.

'Black, Asian and minority ethnic communities' is the term generally used throughout this report. The reason for this is that the Mayor believes it is important that descriptions of groups are, as far as possible, those preferred by the groups themselves. Discussions with Asian stakeholders have made it clear that they favour 'BAME'.

- 2 Disability is described in many different ways, often reflecting the way of thinking of those defining the 'problem' or source of disablement. The term 'disabled people' has been used based on the social model of disability, which makes the distinction between 'impairment' and 'disability'. It is the response of the disabled people's civil rights movement to oppression experienced by disabled people. For a fuller discussion see *Health in London* report 2003.

Editorial notes

- 1 Percentages in some tables may not add up to 100 per cent total. This is due to rounding up or down.
- 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 a link is not working then the resource you are seeking might be found by visiting the home page of the website.

Contents

Foreword by Jennette Arnold, London Health Commission Chair
and Ken Livingstone, Mayor of London

Section 01 Introduction	07
Aims of the report	00
Focus of the report	00
Background to the <i>Health in London</i> reports	00
Role and origin of the high-level indicators	00
Legislative and policy landscape	00

Section 02 Health inequalities in London: where are we now?	00
A personal perspective from Professor Sue Atkinson, Regional Director of Public Health to September 2006	

Section 03 Looking back: findings and recommendations from the Health in London report series 2002–2005	00
Key findings from previous <i>Health in London</i> reports	00
■ Geographical inequalities	
■ Disabled people	
■ Black, Asian and minority ethnic communities	
■ Children and young people	
Implications for action identified in previous <i>Health in London</i> reports	00
■ Improving data and information on diverse and disadvantaged communities	
■ Evidence-based policy and practice	
■ Specific recommended research	
■ Supporting action to achieve change	
■ Community involvement	

Section 04 Update on the high-level indicators and report on trends	00
Summary of trends	00
Geographical inequality	00
Indicator 1 Life expectancy at birth	00
Indicator 2 Infant mortality rate	00
Indicator 3 Self-assessed health	00
Indicator 4 Unemployment rate	00
Indicator 5 Unemployment rate among black and minority ethnic people	00
Indicator 6 Educational attainment	00
Indicator 7 Proportion of homes judged unfit to live in	00
Indicator 8 Domestic burglary rate	00
Indicator 9 Air-quality indicators	00
Indicator 10 Road traffic casualty rate	00

Section 05 Review of progress: undertaken by the University of East London	00
Background and methods	00
Findings from the review	00
Improving health intelligence	00
From evidence to policy to action	00
Discussion of findings and conclusions	00
Section 06 Looking forward: opportunities for future action	00
National	00
Regional	00
Local	00
Section 07 Conclusions and implications for action	00
Conclusions: progress in health improvement for London as a whole – but inequalities within London persist	00
Implications for action	00
Final conclusions	00
Appendix	00
Sources	00
Resources	00
Abbreviations	00
Glossary	00
Annexe I: Key informants by agency	00
Annexe II: Status review	00

Foreword

In many ways, the report makes encouraging reading and shows that partnership action on health in London is supporting positive changes in the factors that affect Londoners' health. Trends on several key health indicators seem to be improving. The fall in the road traffic accident rate and the rise in educational attainment for example, have both improved faster in London than in the rest of the country.

However, like previous reports in the series, this update also makes clear the need for ongoing concerted efforts to reduce health inequalities in London. The capital as a whole is comparable to the rest of the country on the measures in this report. However, this masks considerable variations for people living in different areas and between different groups of people. There remains a difference in life expectancy of almost seven years between the best- and worst-performing boroughs, and we have a situation where, travelling east along the Jubilee Line from Westminster to Stratford a year of life expectancy for residents is lost for every stop.

This report, like previous ones in the series, shows that black, Asian and minority ethnic communities, disabled people, and children and families living in poverty fare particularly badly, and we must redouble our efforts to tackle the severe inequalities they face.

Our experience of regional programmes on health over recent years highlights how



much can be achieved with the active involvement and commitment of city-wide government and the leadership of strategic partnerships like the LHC. London, through the LHC partnership, is leading the way in stimulating new and more concerted action, and galvanising existing effort and resources on the determinants of health and health inequalities.

We are pleased the role of regional government and partnership in London has been recognised both nationally and internationally, and has influenced the review of Greater London Authority powers, currently progressing through Parliament. These powers, and in particular the provision for a regional health inequalities strategy, will provide new and exciting opportunities to build on previous success and enhance our future capability to lead action on health inequalities.

We remain committed to actively engaging regional and local partners in work to improve the wellbeing of all Londoners. We urge you to consider this review in your organisations and partnerships, and to identify additional ways in which you can engage with us in our future programmes on health.

A handwritten signature in black ink that reads "Jennette Arnold".

Jennette Arnold,
London Health Commission Chair

A handwritten signature in black ink that reads "Ken Livingstone".

Ken Livingstone,
Mayor of London