

The Capital Health Challenge

Tackling health inequalities in London

Key messages from the 2nd Anniversary Conference



This report offers a summary of the London Health Commission 2nd Anniversary conference held on 14 November 2002 at the Britannia International Hotel, Docklands, London.



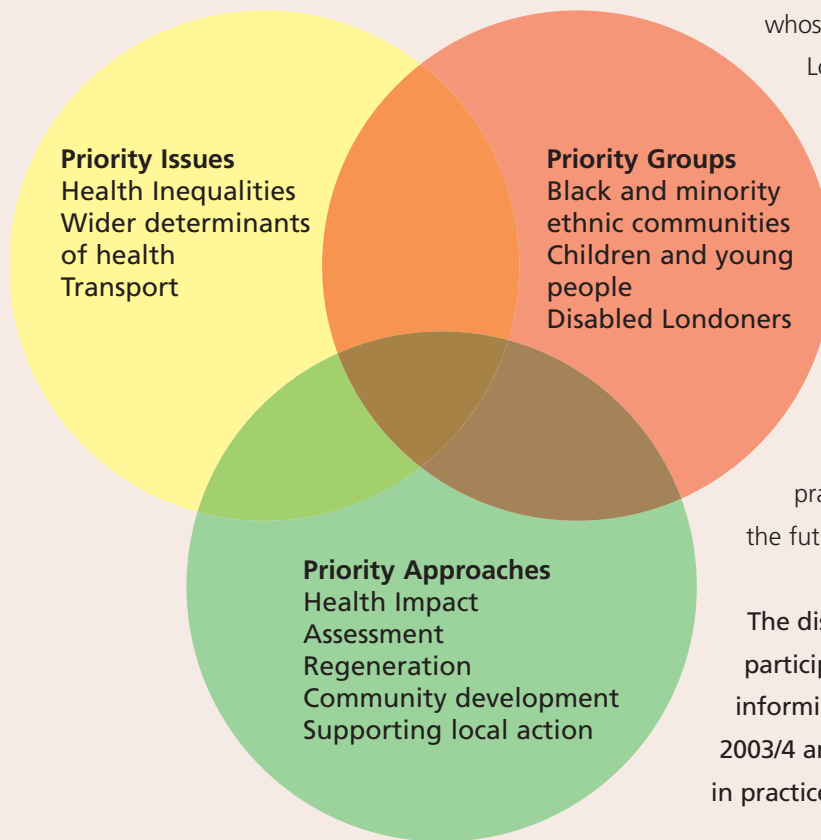
Almost 300 delegates attended the London Health Commission (LHC) second anniversary conference on 14 November 2002 to share their ideas on how

London-wide partnerships can tackle health inequalities and the determinants of health.

The event aimed to bring together agencies from all sectors whose work impacts on the health and well-being of Londoners, including local authorities, primary care trusts, local strategic partnerships, area based initiatives, voluntary and community organisations and businesses.

Delegates heard presentations from a range of high-profile speakers and attended a variety of parallel sessions on the LHC's priority areas (see *diagram*). These themed workshops aimed to help attendees share practical ways of tackling inequalities and shape the future work of the Commission.

The discussions and key areas highlighted by participants within each conference session are informing the Commission's programme planning for 2003/4 and beyond. Examples of how this is happening in practice are highlighted throughout the report.



Key learning points

- Joined up agendas and partnerships at local, regional and national level are essential if inequalities are to be tackled. However, careful nurturing and robust systems are also required to ensure that they are sustainable
- There is a need for improved information collection and better use of existing data on health inequalities, particularly in the areas of black and minority ethnic communities and disabled people
- Local people, especially disadvantaged communities, need to be more involved in action and decision-making on health and the policies affecting health
- Health impact assessment (HIA) is proving to be a useful tool for gauging the effect of policies on health inequalities, but needs to be more extensively utilised by local agencies
- Good practice, learning and information need to be shared more widely
- The importance of focussing on children and the key role that education plays in reducing health inequalities should be highlighted
- Supporting local action – through leadership, challenging partner organisations and finding and using levers for change – should continue to be a key role for the London Health Commission.

Len Duvall

Chair of the London Health Commission

Achievements and challenges

A partnership approach is vital if health inequalities are to be addressed – but it needs to be championed

Len Duvall set out the conference objectives: to raise awareness of health inequalities and the factors that cause them, share knowledge, forge partnerships, and demonstrate the commitment of key London agencies to reducing inequalities.

He asked delegates to think about what they can do in partnership to tackle health inequalities. He said “This is not a job for one agency alone – it needs a multi-agency approach. We want you to share your ideas and challenge our thinking. Without that, we won’t make the difference we strive for.”

He highlighted some of the LHC’s achievements so far: the role of health impact assessments in developing mayoral strategies, the mapping provided by the *Health in London* report, the successful 2002 *Learning from Area Based Initiatives* conference, and other events on networking and mainstreaming. He also



Len Duvall addresses the conference

emphasised the important role of the LHC in developing partnerships. “It’s not just about us,” he said. “It’s a two way thing. We are raising the issues that you think are important.”

However, he also pointed to the challenges that lay ahead for the Commission: the need to continue engaging key London stakeholders, to champion its partnership approach, to attract resources for its agenda, to link with local action and to encourage greater use of health impact assessment.



Professor Don Nutbeam
Head of Public Health at the Department of Health

Addressing health inequalities in England

The subject is receiving attention at the highest government level, and has been at the heart of a new cross-cutting spending review

In his keynote speech, Professor Nutbeam spelled out the Government's commitment to tackling health inequalities, confirming that the subject had "Prime Ministerial engagement". "I actually don't think it's possible to get higher level attention within central government to the issue of health inequalities than we currently have."

He explained that the Government has incorporated two national targets on health inequalities into its NHS Plan: one focused on infant mortality, and the other on the gap between the fifth of areas with the lowest life expectancy and the population as a whole. The Government had also, in its first period of office, introduced tax and welfare reform to reduce poverty,

developed national service frameworks to level out access to health services, and established Health Action Zones, a neighbourhood renewal strategy and fuel poverty strategy.

"There's real change occurring as a result of this initial flurry of activities to address health inequalities and the determinants of health inequalities," he said.

In early 2002, the Government conducted a public consultation on a range of strategies to tackle health inequalities. Professor Nutbeam revealed that the results of that feedback gave some encouragement, but also some cause for concern.



"There was a very strong sense that, for people who've been working for years in communities to overcome the effects of deprivation on health, their work was being recognised by the Government and being supported. However I think we also got some reminders of some of the issues we either overlooked or had failed to identify."

Parallel session – regeneration

Aim: To examine how the impact of NHS and regeneration initiatives could be maximised to improve Londoners' health.

Key discussion points:

- The need to join up separate agendas – for example, improving health through promoting meaningful employment opportunities for local people and through sustainable development
- The need for health and social care organisations to extend and deepen their relationships with a wide range of agencies (including regeneration bodies) affecting the welfare of local communities
- The need for NHS organisations to review partnership working and deepen their understanding of not-for-profit organisations
- The role of the LHC in promoting sustainable planning among health and social care organisations, and in highlighting areas where capacity building and attitude change are important.

Current projects & future work:

The LHC is launching a new programme, 'London Works for Better Health' to promote health through employment, especially among disadvantaged communities. The Kings Fund, a key Commission partner, is investing in a new post within the Commission to develop and manage this area of work.

The Commission's health impact assessment of the London Plan (Spatial Development Strategy) produced recommendations for

the Mayor's consideration. These included supporting community involvement, particularly from disadvantaged groups, in the delivery of the plan and ensuring that employment opportunities afforded by the forecasted growth are beneficial for everyone gaining work.

Wandsworth PCT, in partnership with the London Health Commission, organised an event for local stakeholders, raising awareness of the determinants of

health through the introduction of the WHO 'Investment for Health' programme. This European-wide project focuses on how practical action to improve the social and economic factors affecting people's health makes populations both healthier and wealthier. This one day workshop helped local agencies identify opportunities for partnership working to improve the determinants of health within the borough.

One of these issues was the lack of research on what works in countering health inequalities, which could be used to guide policy. Another was the currently fragile basis for action in local government and health systems. "It was quite clear that both centrally and locally we needed to consolidate and coordinate a very wide range of initiatives that were not yet showing any semblance of being joined up."

"Finally, I think we were properly chastised for not giving enough attention to black and ethnic minority groups, the needs of older people, disabled people, and to the issue of mental health, and we've tried to introduce these issues into the next stage."

In conclusion, Professor Nutbeam highlighted the cross-cutting Government review conducted by the Treasury, which identified how spending could be modified to maximise its impact on health inequalities.

This review has led to binding proposals for the next spending review period, 2003 to 2007, across most departments, focusing on four main themes: breaking the cycle of inequalities, reducing inequalities in risk and treatment of coronary heart disease and cancer, improving access to public services and working within existing government initiatives to strengthen disadvantaged communities.

Lord Harris
Chair of Metropolitan Police Authority

Partnerships for change

Agencies must work together and ensure communities participate if they are to address the social factors causing ill health

Lord Harris pointed out that differences in sickness and premature death rates between the most advantaged and disadvantaged in British society are now greater than at any time since the Second World War.

"Poverty kills, and in the meantime it severely damages health...if living and working conditions are to blame, then social conditions themselves must be changed," said Lord Harris. "Certainly the new challenges of poor air quality, accidents in the home, community safety, drug and alcohol misuse, all require collective action... but for many of these issues, particularly in the London area, what is clearly required is a strategic approach."



Parallel session – *black and minority ethnic communities*

Aim: To explore key black and minority ethnic health issues in London, including the London Health Observatory's Ethnic Health Intelligence programme

Key discussion points:

- "Campaigning not complaining" to modernise data collection on ethnicity.
- The need for better quality information on ethnic health. Information needs to be collected at the right place and time. Better use needs to be made of existing information, the analysis of which should be more widely disseminated
- The potential of black and minority ethnic health workers as agents for change, with appropriate capacity building and networking
- The need to avoid grouping diverse communities together, and to raise awareness about diversity within diversity
- The need for community involvement
- The need to share good practice, learning and information
- The leadership role LHC has in moving the agenda on – harnessing and generating political will.

Current projects & future work:

In 2003, the London Health Observatory, in partnership with the London Health Commission, will be launching a campaign to gain government commitment to recording ethnicity as an integral part of a modern civil registration process, i.e. births and deaths.

The Commission is developing a LHC Advisors Forum on BME Health. Advisors from the network will be charged with maintaining an overview of the LHC programme to ensure that opportunities to promote BME health are maximised, and also contribute directly to the planning and implementation of all LHC priority areas.

The Commission's Health in London 2003 report highlights how black and minority ethnic communities are particularly affected by each of the 10 indicators included in the London Health Strategy. This year, the report also focuses on the experiences of disabled Londoners; a focus on black and minority ethnic health is planned for Health in London in 2004.

Progress on these fundamental social issues cannot be achieved by a single agency. Every different agency must see it as part of their agenda, local, regional and national. However, Lord Harris admitted that partnership working is not achieved easily.

“It requires different agencies coming together at a senior enough level to make clear progress, to share an understanding of what each is trying to do, to share an understanding of the limitations of each agency, and then to work towards a common approach and a common agenda.”

Lord Harris emphasised the importance of effective community participation in public policy. “Community participation means affirming the right of the community to define its own health problems and to participate in formulating and implementing solutions, including the process of setting priorities.”

“This vision of participative democracy of course challenges long-held notions about policy and practice in many professional areas. But it’s essential if we are to try to bring about a revolution in the health and quality of life of London citizens, because you cannot do that unless you give people control over their own environment and their own health status.”

Ken Livingstone
Mayor of London

Delivering healthier lives for Londoners

Addressing health inequalities and the needs of excluded communities are central to the London Plan, which will integrate spatial, social, economic and environmental policies

Ken Livingstone reflected on the work of the Commission – two years after he had established it as one of his first acts as Mayor. “The progress that we’ve made has been quite remarkable in terms of bringing such a disparate group of interests together,” he said.



So far the Commission had carried out health impact assessments on all the Mayor’s draft statutory strategies. “The recommendations from the HIAs continue to influence our planning in the Greater London Authority in several ways, [increasing our focus on] access to suitable healthy employment opportunities and opportunities for volunteering, improved access to public transport, increased walking and cycling and

Parallel session – *community development*

Aim: To look at ways of involving local people in decision-making and action to improve their health and address inequalities among disadvantaged groups.

Key discussion points:

- User-led ownership is a feature of successful projects
- The need for longer-term local funding, bottom-up approaches and training
- The need to build relationships between services and the community
- The important role of Primary Care Trusts in joining up the voluntary and statutory sectors
- The diversity of London’s communities should be reflected in the selection and training of healthcare professionals
- Better transport is required if services are to be more accessible
- The black and minority ethnic infrastructure in the voluntary sector must be strengthened.

Current projects & future work:

In April 2002, the LHC supported an event to raise awareness among the voluntary sector of the current and potential role of Primary Care Trusts in improving health. Funded by the Health Development Agency, the seminar focussed on sharing good practice of how the voluntary sector, local government and other agencies can work in partnership to tackle health inequalities. To build on this

successful event, the London Voluntary Service Council have produced a report outlining the key points from the event.

Funded by the Directorate of Health and Social Care and the Association of London Government, the LHC Community Development Implementation Group will shortly produce ‘Funding Formula’, a publication

giving advice to voluntary and community groups on securing financial resources for health-related projects.

Work is currently underway to organise a joint event for primary care agencies and the voluntary sector to discuss partnership working within black and minority ethnic communities.

reduced reliance on private cars, reduction of the need to travel more than necessary, and ensuring that improving some areas of London is not to the detriment of the health of those living in other areas of London.”

Mayor Livingstone expressed his concern at the variation in health outcomes for different Londoners. In addition to addressing the existing pressures on London’s space and resources, the Greater London Authority (GLA) needed to plan to meet the future needs of the population of the city, which is expected to grow by over 700,000 people over the next 15 years. London required a new kind of long term strategy – the London Plan – integrating social, economic, and environmental policies, land use and transport, and the cross-cutting themes of health, equality of opportunity, and sustainable development. The Mayor welcomed the Commission’s assistance in assessing the potential health effects of the London Plan.

Mayor Livingstone has an ongoing commitment to report on health in London each year, and the Commission and other partners such as the London Health Observatory and King’s Fund also have an ongoing commitment to monitoring whether the health of the capital was improving. “One way of tracking our collective progress is to monitor against high level indicators and last year’s Health in London report is an example of joint work to do this.”

Dr Sue Atkinson
London Director of Public Health

Health Inequalities – the London experience

The capital faces special health challenges because of the nature of its population – but health impact assessment can help

Dr Atkinson spoke of the combination of affluence and deprivation in the city. “It is these wide disparities across London and within boroughs that we need to address, and the national targets are focused on doing that,” she said.

London has three out of five of the most deprived boroughs in England. “We have a population of 7.4 million, over 300 languages spoken, 25% of our population are from black and minority ethnic communities,” she said. “It’s a young and mobile population, and that mobility adds to the special challenges we face in



Parallel session – health impact assessment

Aim: To look at the way Health Impact Assessment (HIA) has been used to ensure health is considered in mayoral strategies, how to ensure health inequalities are integral to the HIA process, and how HIAs can be implemented to inform decision-makers.

Key discussion points:

- The need to integrate HIAs into local processes, such as local strategic partnerships
- The need for feedback mechanisms if HIAs are to contribute to policy
- The need to keep the issue of inequalities at the centre of the assessment
- The potential to use HIAs as a constructive way of working between local authorities and health organisations
- Background work should identify success criteria and evidence to show successful outcomes
- The need to reflect views of different communities, particularly black and minority ethnic communities and socially excluded communities such as homeless, drug users and refugees
- The need to maintain a flow of feedback, particularly with the voluntary and community sector
- The need for a simple methodology on integrated HIA - not too resource intensive, and useful at local level
- The potential of HIAs in local strategic partnerships.

Current projects & future work:

Health impact assessments have now been completed on all the Mayor of London’s draft statutory strategies. The LHC is now keen to link with HIA at a sub-regional level, and will be holding a learning event to share good practice with key local decision-makers.

A range of publications has been produced by the Commission to assist agencies in undertaking health impact assessment, including a short guide, promotional poster and detailed resource. All are available online (www.londonhealth.gov.uk/hia.htm).

The Commission plans to produce summary documents of the evidence that informed each mayoral HIA; summaries are already available for the transport and culture HIA evidence. The London Health Observatory currently facilitates training in conducting health impact assessment.



delivering health services and addressing health inequalities in London.”

While the relationship between health and wealth is clear, the factors affecting people’s health are much broader: age, sex, lifestyle, social networks, education, living and working conditions and health services. She was encouraged to see many of these determinants were being picked up now in the wider agenda and were already priorities for the London Health Commission.

She highlighted some specific challenges for London, particularly high rates of mental illness, tuberculosis, HIV/AIDS, drug misuse, and accidents. But it was important that there was also a focus on addressing inequalities in the big killers – coronary heart disease and cancer. She stressed that it was important that health inequality targets become a priority within mainstream services, to ensure that services meet the

needs of traditionally disadvantaged communities. The London Assembly scrutiny on Access to Primary Care was due to provide information on which groups were not accessing health services, and how access could be improved.

She stressed the importance of health impact assessments. “We’ve demonstrated they can be used and have impact, and they are now being picked up at a local level,” she said. “However, there is work to do to move forward the HIA methodology to ensure it covers the social, economic and environmental aspects and picks up health inequalities impact.”

“There’s a huge challenge still ahead of us, although we’ve got inequalities on the map and we’ve got some good structures in place to tackle them. But it’s still a very big challenge and we need to work together to make some real impact.”

Parallel session – *transport*

Aim: To explore the role of transport in enabling Londoners to lead healthier lives.

Key discussion points:

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| <ul style="list-style-type: none"> ● How to monitor improvements in health ● Conflicts between some access issues and some policy issues – for example, how to reduce car usage while increasing access to services ● Local policies can affect inequalities | <ul style="list-style-type: none"> ● Reducing speed as a major issue in reducing accidents ● Bad driving and driver attitudes as factors in accidents, and as focus for action rather than traffic management ● The effect of congestion charging on air pollution ● The role of Transport for | <p>London, the NHS and local authorities in promoting good practice to reduce car usage and increase cycling and walking to work</p> <ul style="list-style-type: none"> ● Importance of adequate and appropriate transport for patients. |
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Current projects & future work:

<p>Transport for London and the London Health Commission assisted groups of children and young people in making video diaries and taking notes on their journeys around London. The groups involved ranged from</p>	<p>toddlers to 18 years and included girls and boys, disabled children, refugees and asylum seekers and children from black and minority ethnic communities. The final videos are informing TfL’s Children and Young People’s Action Plan,</p>	<p>and also link into the Commission’s emerging work programme on children and young people.</p>
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Stephen Burke

Chair of the Association of Local Government's Health and Social Services Panel

Improving health outcomes at a local level

Valuable work to improve health is already being undertaken by many London boroughs

"Local action is key to creating better health for Londoners", said Stephen Burke, referring to London local councils' unique role as drivers for change. "The Government has recognised this and provided not just new resources but new targets to ensure we deliver on the big issues in London," he said.

Highlighting the priorities for local government – better services, urban renewal, social inclusion and new ways of engaging local people – he gave examples of the work London boroughs have been undertaking.



In social care, for example, boroughs are providing a range of schemes for people with mental health problems, and drug and alcohol dependence. This role will expand when the new Supporting People programme begins in April 2003. Initiatives involve partnership working and include health promotion, healthy living centres, drug action teams, domestic violence projects, youth homelessness schemes, and a network of Better Government for Older People projects.



Stephen Burke acknowledged that enormous challenges remained. "Londoners are paying far too high a price for accidents and injury, and we're keen to see action to reduce the toll of accidents both at home and on the streets," he said. Another key issue was low employment rates in London compared with the rest of the country, particularly among some black and minority ethnic communities.

Finally he spoke of the Association of London Government's work with the Mayor and the GLA in developing the London Plan, and the need to ensure that local planning would provide the infrastructure for education, housing and healthcare needs in the future.

"The London boroughs and the ALG will continue to work with the London Health Commission to make a difference to Londoners' health," he said. "To do that we need to champion the use of health impact assessments among London boroughs, share best practice, show how our actions are reducing health inequalities and deliver better health."

Parallel session – *children and young people*

Aim: To explore the principles that should guide the LHC in selecting priority issues for children, and suggest what these priorities might be.

Key discussion points:

- HIAs should be focused on child health and widely used
- The important role of education in promoting child health
- The LHC should reflect the difficulties that service providers face in implementing strategies and policies
- The LHC should capture young people's views on health inequalities and champion good practice on how children should be listened to
- The LHC should promote a London-wide campaign on children and young people, including evidence and data
- The LHC should encourage action in the area of mobile populations.

Current projects & future work:

Children and young people will become a major new area of work for the LHC. The Commission's sponsors have discussed an action plan for this work stream, which includes developing an 'Extended School' model, developing a framework for involving children in discussions on health inequalities and education and the dissemination of good practice through learning events and publications.



Parallel session – *disabled Londoners*

Aim: To explore the barriers disabled Londoners face in accessing services and opportunities, and the initiatives being used to overcome these.

Key discussion points:

- The lack of information on health and inequality experienced by disabled Londoners
- The need to disseminate information on the health determinants affecting disabled people.
- The importance of promoting the social model of disability
- The need for disability-focused health impact assessments
- Use of the mayoral profile to promote action on disabilities
- Methods to engage disabled people in the LHC work programme, especially in the areas of employment, health and training
- The need to improve access, promote inclusion and listen to the views of disabled people
- Issues of poor access for disabled children and young people, and the way this can double disadvantage and prejudice
- The attitudes and prejudices of training providers still need to be addressed
- The limited impact of the Disability Discrimination Act to date, but its potential as a lever for change, and the Commission's role in advocating for its implementation.

Current projects & future work:

The European Year of Disabled People and the focus of 'Health in London' 2003 on the experience of disabled Londoners are opportunities to raise awareness of the Commission's developing

work on disability. During 2003, the LHC will launch a new programme focussed on disabled Londoners, which will include supporting agencies in their preparations to meet the

remaining obligations of the Disability Discrimination Act and access to employment, and will be closely linked to the LHC's 'London Works for Better Health' programme.

Conference Feedback

It was clear from the delegate list that the conference marketing campaign was a success; 45% of respondents learned of the conference through the invitation leaflet. Distribution of conference information to delegates through their organisations also played an important part (33%); interestingly, this is equal to the percentage of individuals who first became aware of the Commission itself through their place of work. This could indicate that information from the LHC is being disseminated on a regular and systematic basis. From the delegates responding to our questionnaire, 69% said that the conference was their first Commission event.

Each workshop consisted of a number of short presentations followed by an opportunity to discuss the issues raised in more detail. The most common suggestion for improving the conference organisation was to increase the time for dialogue and debate within each parallel session. This lack of time was felt more acutely in the morning, when the workshops were preceded by a series of guest speakers.

Encouragingly, 69% of delegates felt that their work could contribute to the Commission's agenda and

work programme and gave a wide variety of suggestions as to how the partnership could support their local action, principally through:

- Leadership – recognising barriers, changing attitudes, communicating key messages on health inequalities
- Sharing and building on learning and good practice
- Challenging the Commission's partner organisations
- Finding and using levers for change, e.g. scrutiny, health impact assessment, public service agreements, lobbying central government.



Parallel session – *Strategic planning and management to tackle inequalities*

Aim: To establish how strategic planning and management arrangements in local authorities, Primary Care Trusts and other agencies could assist in tackling health inequalities.

Key discussion points:

- The need for community involvement – reaching the most disadvantaged groups such as homeless, deaf and black and minority ethnic communities
- The need for leadership and good relationships between Local Authorities and Primary Care Trusts
- The role of Local Strategic Partnerships at local level and the GLA at regional level in integrating strategies and plans
- The need to mainstream levers for addressing inequalities – for example through new approaches to commissioning, best value analysis, and health impact assessment
- The voluntary sector welcomes consultation but needs the capacity to respond
- Geographical boundaries and areas of responsibility don't always join up neatly.

Current projects & future work:

The LHC is keen to promote a partnership approach to tackling health inequalities and improving the determinants of health. The LHC has facilitated networking events, where decision makers from Primary Care Trusts, Local Strategic Partnerships, Local Authorities and Strategic Health Authorities met informally to

discuss opportunities for joint working.

The Commission organised a series of events to support local initiatives to tackle health inequalities. As part of this programme, the LHC hosted a conference in July 2002 that focussed on learning from area-

based initiatives and ensuring good practice is incorporated into mainstream activity. A briefing paper has been produced, detailing the key messages from the event (www.londonhealth.gov.uk/pdf/learnabi.pdf).

Further information on the conference, including the original programme and speakers' presentations, are available online at www.londonhealth.gov.uk/conf2002.htm

The London Health Commission would like to thank the conference sponsors:



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