

## Section 2

### The report – context and purpose

#### In this section ...

- ▶ the context for the report is described, along with its main aims
- ▶ potential uses of the report are outlined
- ▶ the agencies funding and presenting the report are identified
- ▶ perspective is given on the kind of insights provided by the indicators
- ▶ an outline is provided of the trends that emerge across the indicators.

## Context for the report

### The London Health Strategy

In 1999, a partnership of regional and local agencies came together to develop a health strategy for London. These agencies included the National Health Service Executive (NHSE), the Government Office for London, the Social Services Inspectorate, the Association of London Government (ALG), the King's Fund, NHS agencies, local authorities, voluntary agencies, community groups and business representatives.

The aim of the London Health Strategy (NHSE *et al.* 2000) is to improve the health of Londoners and reduce health inequalities across the capital. The initial priorities for action are:

- ▶ health inequalities
- ▶ regeneration
- ▶ transport
- ▶ black and minority health.

These are supported by three underpinning priorities:

- ▶ community development
- ▶ health impact assessment
- ▶ the London Health Observatory.

The London Health Strategy focuses on making a difference to the factors that help people stay healthy, rather than the services that help people when they are ill. These factors are often called the 'determinants of health' (see discussion on page 8).

### Role and origin of high-level indicators

Part of the process of developing the London Health Strategy was identifying a set of high-level indicators that would be used to measure changes over time and to monitor progress towards reducing health inequalities. These indicators are shown below.

It was considered important that the indicators should be selected from those in current use, and should cover a range of factors known to impact on health as well as providing some measure of health outcomes. The indicators were largely derived from the government's sustainable development strategy, *A Better Quality of Life* (Department of the Environment, Transport and the Regions (DETR) 1999). They were amended and added to on the basis of consultation

and further research, and are described in the Statistical Supplement to the London Health Strategy published in March 2000 (Dawson and Hamm 2000). They were considered to be the best available at the time, but it was acknowledged that some of the indicators were less than ideal for the purpose. (See page 9 for a more detailed discussion of the indicators.)

Progress is being made in both regional and national initiatives to develop better approaches to measuring health inequalities and quality of life, and it is likely that, over time, some improved measures will be developed. For example, work is progressing within the Greater London Authority to identify a set of high-level indicators for monitoring Quality of Life in London, with attention being paid to making the proposed indicators consistent with other indicators in use where possible. In addition, work is being progressed to identify a 'basket of indicators' to be used to measure health inequalities nationally, and to monitor progress towards achieving the health inequalities targets identified by the government. (For more on this, see page 8.)

Work is also underway on Project LION (London Information on Net), a joint initiative which includes the following agencies: the Greater London Authority, Metropolitan Police, London Health Observatory, London Boroughs, London Ambulance Service and London Fire Brigade. Project LION has been first run in the London Borough of Lewisham, with the next candidates being Southwark, Wandsworth, Merton, Enfield and Waltham Forest. The project supports agencies in sharing information for the purpose of crime prevention – with the particular aim of identifying local areas where action is necessary or best targeted. Once the analysis has been carried out on several boroughs, indicators may be developed that would highlight particular areas of concern or suggested activity.

This report, however, is based on the existing London Health Strategy indicators. This offers the advantage of allowing comparisons over time, giving some indication of trends in London.

In short, the report provides further information on these high-level indicators and, in particular, highlights inequalities among different areas and groups in London, and between London and elsewhere.

### London Health Strategy – high-level indicators

- ▶ Unemployment rate
- ▶ Unemployment rate among black and minority ethnic people
- ▶ Percentage of pupils achieving five GCSE grades A\*–C
- ▶ Proportion of homes judged unfit to live in
- ▶ Burglary rate per 1000 resident population
- ▶ Air quality indicators – NO<sub>2</sub> and PM<sub>10</sub>
- ▶ Road traffic casualty rate per 1000 resident population
- ▶ Life expectancy at birth
- ▶ Infant mortality rate
- ▶ Proportion of people with self-assessed fair, poor or bad health

## Aims of the report

The aims of this report are:

- 1 to describe some of the factors that have an important influence on health in London, known as ‘the determinants of health’
- 2 to provide 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
- 3 to map and describe changes over time in the ten indicators included in the London Health Strategy
- 4 to identify important inequalities in health and the determinants of health in London, and to track trends in inequalities
- 5 to make recommendations where appropriate.

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

The report is designed to be useful to a wide range of individuals, organisations, agencies and partnerships – all those, in fact, who have an interest in the kind of questions shown above.

At local level, for example:

- ▶ Local Strategic Partnerships 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 groups can draw on the findings to identify outstanding needs and build a case for improved services.

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
- ▶ identify trends over time.

## Who commissioned and funded the report?

This year the report has been prepared on behalf of the London Health Commission (LHC) by the Greater London Authority (GLA) working in partnership with the London Health Observatory (LHO).

The report sets out to answer questions like:

- ▶ What factors affect people’s health and how?
- ▶ Are these factors changing? – and for better or worse?
- ▶ Do the factors affect everyone in the same way?
- ▶ Are the factors changing in the same way for everyone, or getting better for some people and worse for others?
- ▶ Is the situation the same all over London or are some areas better or worse than others?
- ▶ How do we measure health itself – and how do we know if important changes are taking place?

### Greater London Authority

The GLA has a general duty to exercise its powers to promote the health of Londoners. It is also committed to tackling the inequalities in health that exist across London.

A report on the health of Londoners is part of the GLA business plan, best value plan and work programme. Much of the work is undertaken in partnership with other organisations.

### London Health Commission

The London Health Commission was established in October 2000 by Ken Livingstone, the Mayor of London. The LHC builds on the work and membership of the London Health Strategy Partnership and is independent. It has around 45 members drawn from different sectors and eight sponsoring partners.

The LHC has two key roles:

- ▶ to steer the development of the London Health Strategy
- ▶ to ensure that health considerations are integrated into all key London-wide strategies.

### London Health Observatory

The London Health Observatory was set up in 2000 following the Government White Paper *Saving Lives: Our Healthier Nation* (Department of Health (DOH) 1999) and is key to developing the activities of the London Health Commission. The LHO brings together the information and know-how needed to analyse and research health in the capital. It also has a role to help all those working to improve the health of Londoners to make better use of health and health-related information.

## What kind of insights do the indicators provide?

### Shedding light on the determinants of health

Many different factors influence health. 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. Figure 1 presents the determinants of health in terms of layers of influence, starting with the individual and moving to wider society.

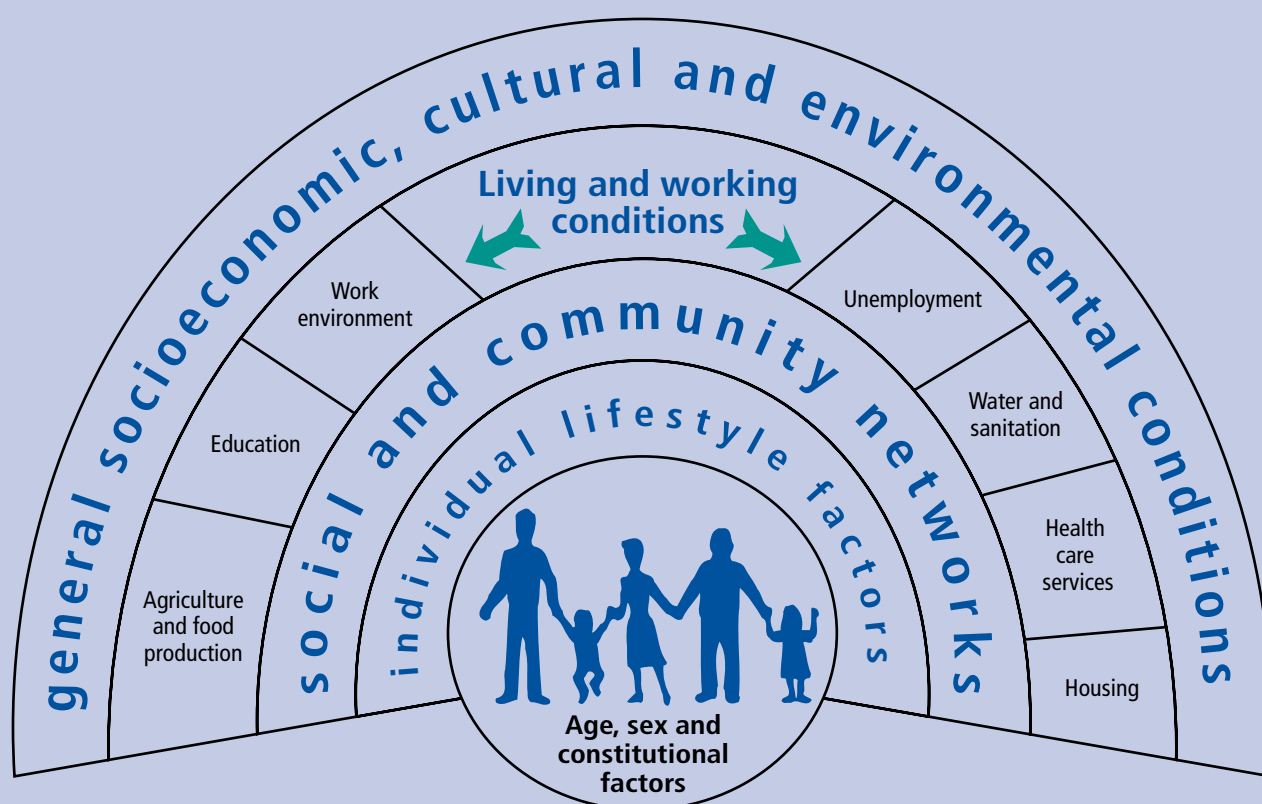
Further background information can be found on the London Health Observatory web site at [www.lho.org.uk](http://www.lho.org.uk)

### Highlighting areas of health inequality

The work represented by the report fits well with work being carried out nationally to identify and combat inequalities in health and the factors influencing health.

In 1998 the Independent Inquiry into Inequalities in Health (Acheson 1998) undertook a comprehensive review of health inequalities in England, including analysis by geography, age, class, gender and ethnicity, and made 39 recommendations for action. In July

Figure 1 The main determinants of health



Source: Dahlgren and Whitehead 1991

Included in these layers are the first seven of the ten indicators of the London Health Strategy. They have been designed to highlight significant aspects of the key factors affecting health. The final three indicators – life expectancy at birth, infant mortality rate, and the proportion of people with self-assessed fair, poor or bad health – are rather different in nature and purpose, and fall outside the scope of this particular diagram. They offer a means of judging health outcomes themselves – that is, the results for individuals and communities of the interplay of the different influences shown in the diagram.

The purpose of the indicators is discussed further below. More information on the determinants or indicators selected and how they are related to health is discussed within the section on each indicator.

1999 the White Paper *Saving Lives: Our Healthier Nation* (DOH 1999) was published. It aims 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* (DOH 2000). New national targets for reducing health inequalities in life expectancy and infant mortality were announced in February 2001 (DOH 2001a). Life expectancy and infant mortality are included as two of the indicators in this report.

A consultation on an action plan for the delivery of these targets was released in 2001 (DOH 2001b) and a plan to tackle inequalities in health is likely to be released later in 2002. Within this will be a ‘basket of indicators’ that can be used to monitor trends in health inequalities.

### Offering 'snapshots' of health in London ...

The ten high-level indicators described in this report have been selected to:

- ▶ provide a 'snapshot' of the current status of seven of the key determinants of health and three health outcome measures
- ▶ enable trends to be measured over time
- ▶ enable comparisons to be made among different areas within and outside London and among different groups in the population.

The indicators are designed to provide information on, and to monitor, trends in key determinants of health – and, in particular, trends in inequalities in health. These trends can help to identify areas for action. Some trends, such as pedestrian casualties, have a direct relationship to health and service provision – for example, road-calming measures may be introduced in areas where there are high levels of accidents involving pedestrians. Others, like unemployment, are more general. Probably the most useful way to look at these results is in combination, as a backdrop to area provision, regeneration and health programmes, at local and London-wide level.

Annex 2 provides further information on characteristics of the indicators and other key aspects of the methodology used in developing the report.

#### ... but no detailed portraits

The indicators are not designed to be used for monitoring the effects of a specific project or strategy. That is why they are referred to as 'high-level indicators'. Many different factors affect each of the indicators and it would not be possible to attribute a change in one of them to a specific activity. Several of the indicators will change as result of national and global factors, in addition to local and regional ones.

The indicators are by definition limited and selective. They cannot capture the qualitative experiences of individuals experiencing material disadvantage. Nor can they capture the compounding effects of multiple deprivation. For example, they fail to capture the disadvantages experienced by women, or important lifestyle factors, such as smoking.

In addition, care must be taken with local area analysis. A borough may have high unemployment and high infant mortality. It does not necessarily follow that all individuals in the area have a high risk of unemployment and infant mortality or that unemployed individuals have infants with high mortality. Some completely different factors may be at work that affect people who are employed just as much as those who are unemployed – old housing stock, for example.

A similarity in the distribution of, say, life expectancy and burglary, does not show that the two are causally related; at most, it raises questions for further investigation.

The limitations of the indicators were recognised in the London Health Strategy, which also emphasised that they need to be developed and combined with other data.

### Trends in London

So, in practice, what do the indicators reveal about the factors that affect health in London, and recent changes in these factors?

Section 3 gives a detailed breakdown of findings for each indicator and Section 4 offers analysis of the findings in relation to health inequalities. This introductory section concludes with an outline of the trends that emerge across the indicators.

Table 1 describes trends over time in the ten high-level indicators. Overall, there has been an improvement on the first eight indicators listed. In most cases, however, this overall improvement needs to be qualified.

For unemployment and unfit housing, the improvements are unequivocal. For most indicators, the trends go back for several years. At the time of writing, the figures for crime for 2001–2002 are not available. But early figures show that it is likely that the fall in the number of crimes, including burglary, will be reversed in London this year.

In the case of unemployment, probably burglary and perhaps some of the other items, the improved economy has been a major factor. Property crime has a tendency to decline in times of economic growth, but for burglary rates, security measures have helped as well. Specific policies may well have contributed to the trends in education, air quality, unfit housing and road casualties. These trends must be read against doubts about the value of some of the indicators.

<b>Table 1 The ten indicators for London: recent trends</b>	
<b>Indicator</b>	<b>London trend</b>
Unemployment rate	Falling since 1993
Unemployment rate among black and minority ethnic people	Falling, but gap with white unemployed may not be narrowing
Percentage of pupils achieving five GCSE grades A*–C	Improving since at least 1995, but are standards of assessment constant?
Proportion of homes judged unfit to live in	Falling slowly since 1997 (improved fitness)
Burglary rate per 1000 resident population	Falling, but trend for this and for crime generally are likely to be reversed in 2001–2002; falling nationally since 1993
Air quality indicators – NO <sub>2</sub> and PM <sub>10</sub>	Subject to weather changes; improved for most pollutants since 1996
Road traffic casualty rate per 1000 resident population	No change overall, but fall in fatal/serious casualties, compared to 1994–1998 average
Life expectancy at birth	Generally increasing nationally, in London and in all boroughs; inequalities among boroughs are increasing, but recent evidence suggests that inequalities among social classes are narrowing
Infant mortality rate	Decreasing in London, but difficult to produce time trends for boroughs because have to group a number of years of data together
Proportion of people with self-assessed fair, poor or bad health	Probably has remained constant

### How does London compare with the national picture?

- ▶ The worst air quality in the UK
- ▶ Higher levels of unemployment and a higher rate of long-term unemployment than the average for Great Britain
- ▶ Lower levels of GCSE attainment than England as a whole, although the gap is narrowing, and Outer London boroughs tend to fare better than the national average
- ▶ A higher percentage of housing classified as unfit than the average percentage for England, particularly in 'older' London boroughs
- ▶ Slightly higher burglary rates than in England and Wales, with fourfold variation between boroughs
- ▶ Life expectancy that is close to the national average, although London includes the full range from some of the shortest to some of the longest life expectancy in the country
- ▶ Infant mortality rates similar to those for England, but more than twice as high in some London boroughs than in others