

Shedding light on the determinants of health

Key findings from the 2003 *Health in London* report

Many different factors influence health. The factors that 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.

Health in London, first published in 2002, provides much needed insights into patterns of health and the determinants of health across boroughs and communities within London. The report takes as its focus ten indicators developed between 1999 and 2000 as part of the London Health Strategy. Laying the foundations for the work of the London Health Commission, the Strategy aimed to improve the health of Londoners and reduce health inequalities across the capital. The process of developing the London Health Strategy included identifying a set of high-level indicators that would be used to measure changes over time and to monitor progress towards reducing health inequalities:

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|-----------------------------------------------|--------------------------------------------------------|
| 1 Unemployment | 6 Air quality |
| 2 Ethnicity and unemployment | 7 Road traffic accidents |
| 3 Educational attainment | 8 Life expectancy at birth |
| 4 Proportion of homes judged unfit to live in | 9 Infant mortality rate |
| 5 Domestic burglary rate | 10 Proportion of people with self-assessed good health |

The first seven indicators highlight significant aspects of the key factors affecting health. The final three – life expectancy at birth, infant mortality rate, and the proportion of people with self-assessed good health – are rather different in nature and purpose. They offer a means of judging health outcomes themselves – that is, the results for individuals and communities of the relationship between the different determinants.

The primary aim of *Health in London* is to provide information on inequalities in health. A particular focus for 2003, the European Year of Disabled People, is the experience of disabled Londoners. The report for 2004 will highlight the health-related experience of black and minority ethnic communities: significant information in this field will be collected and analysed during the coming months.

Health in London 2003: Key findings across the indicators

- **Ethnicity.** Most black and minority ethnic groups continue to fare worse on all the indicators for which data is available – unemployment, education, burglary, unfit housing and road casualties. In particular, ethnic inequalities in the unemployment rate are very persistent. But there are exceptions. For example, some Asian groups have the best educational attainment outcomes.
- **Geographical area.** All indicators still show substantial variations in current levels and rates between London boroughs. Compared with the last year, gaps are wider for burglary, unfit housing and road casualties. Only in education has there been a narrowing of the range of any note. Boroughs that fare badly on one indicator also tend to fare badly on others.
- **Social class and age.** There are no significant new findings on social class and age since last year's report. However, both continue to be major factors in health inequality. High unemployment and low education attainment of young working-class men, especially social classes IV and V, continue to have health implications. The effects of age continue to be compounded by those of ethnicity and social class.
- **Disability** (particular focus for 2003). Disabled Londoners fare worse on all the indicators for which relevant information is available; and a trawl of other, wider data sets indicates that they fare worse across other dimensions too.

London: a healthier place for some than for others

Taken together, the findings on the indicators can be used to contribute to a picture of inequalities in health across the capital. Large variations still exist between London boroughs, and with some exceptions, boroughs that fare badly on one indicator tend to fare badly on others.

Unemployment (percentage of claimants)

Highest	
Tower Hamlets	12.0
Hackney	9.0
Southwark	8.8
Lowest	
Havering	2.0
Sutton	2.1
Richmond upon Thames	2.2

Percentage pupils achieving 5 A* – C grade GCSE

Highest	
Sutton	
Redbridge	
Kingston upon Thames	
Lowest	
Hackney	
Islington	
Greenwich	

Health in London 2003: Key findings with

1 Unemployment

- In 2002, the unemployment rate in both London and the UK increased for the first time since 1993, and it remains higher in London than for the rest of the country. In addition, the rate of long-term unemployment is higher in London than the country as a whole.
- There is considerable variation in the unemployment rates in different London boroughs, with a range from two per cent in Havering to twelve per cent in Tower Hamlets.
- There has been a slight increase in unemployment among 16 to 24 year olds, and over one-quarter of male teenagers in London continue to be unemployed.
- Disabled Londoners have an unemployment rate nearly twice as high as non-disabled people, and the position of disabled people in the labour market deteriorated between 1979 and 1997.
- Twenty-eight per cent of disabled Londoners want to work but do not have a job, compared to eleven per cent of non-disabled Londoners.
- Unemployment rates vary widely for people with different types of impairment or illness, with unemployment being especially high among people with learning impairments and mental health issues.
- Disabled Londoners are more likely to be in part-time employment and earn considerably less than equivalent non-disabled workers at each level of educational attainment.

2 Ethnicity and unemployment

- Ethnic inequalities in unemployment rates persist, and the gap between white and minority ethnic unemployment is wider now than it was 15 years ago and shows no sign of decreasing.
- The experience of different ethnic minority communities varies, with 'other white' people experiencing high unemployment and Bangladeshis continuing to have the highest rate of unemployment which is five times that of white British people.

3 Educational attainment

- Performance and achievement rates have continued to show a further rise, particularly in inner London, and national targets were surpassed in 2002.
- Differences in these rates continue between London boroughs, with a range of 31 (Hackney) to 65% (Sutton) for achievement rates.
- Patterns of underachievement in some ethnic groups show some signs of changing, but limited availability of information on ethnicity and education currently affect the extent to which trends can be accurately assessed and understood.
- There is a lack of information on the educational achievements of disabled children and limited information about the experience of disabled children in education, although one survey showed that 40 per cent of disabled people felt that teachers had underestimated their ability.
- About one in five children in London's schools have been assessed as having 'special educational needs', and there is wide variation between boroughs in the extent to which they place these children in mainstream or "special" schools.

4 Proportion of homes judged unfit to live in

- The estimated proportion of unfit dwellings in London has been falling and now stands at 7%. However, there is significant variation between boroughs and some (e.g. Tower Hamlets, Barnet) have shown rising levels in levels of unfit housing in their area. Others, including some in boroughs with high deprivation (e.g. Lewisham), have achieved steep falls in the proportion of local housing that is unfit.
- There is limited information about disabled people's housing needs and their access to appropriate housing options, but some surveys highlight that many disabled people are living in unsuitable housing and experience dissatisfaction with their accommodation.

Stealing more than	Road casualties per 1000 residents	Infant mortality per 1000 live births
64.8	Highest	Highest
63.7	Westminster 15.1	Lewisham 8.6
60.0	Camden 8.4	Hackney 7.9
	Islington 7.9	Southwark 7.8
	Lowest	Lowest
31.1	Harrow 3.8	Kingston upon Thames 3.4
32.9	Kingston upon Thames 3.9	Richmond upon Thames 3.9
33.3	Bexley 4.1	Merton 4.1

in each indicator

5 Domestic burglary rate

- In London the burglary rate has been fairly stable over the last year, after a long-term decline, but the burglary rate per household remains higher than average in London.
- The risk of burglary varies more than fourfold between London boroughs (Kingston upon Thames at 4.4 per thousand to Lambeth at 20.3), and continues to be higher in the inner city and in west London.
- Although there are some differences in recorded crime experienced by different ethnic groups, it does not appear that ethnicity is a major risk factor. However, there are large numbers of racially motivated crimes, which are now monitored, as well as many racially motivated incidents, which are not recorded as crimes.
- Records of household crimes do not include information about disabled people, but information on personal crime shows that twice as many disabled people than non-disabled people experienced violent crime in London during 2001/02.
- There has been little research on disabled people's experience of crime, but those studies that have been done highlight the impact that fear of crime has on some disabled people.

6 Air quality

- Levels of some pollutants, including nitrous dioxide (NO₂) and fine particles (PM₁₀), in London have stabilised or declined slightly while levels of ozone have increased.
- London's air quality continues to be the worst in the UK and among the worst in Europe.
- There has been little research into the effects of air quality on different communities.

7 Road traffic accidents

- London's road casualty rate in 2001 improved over the previous year, mainly due to a fall in the rate of slight injuries.

- Fatalities have risen for the third year running and are now 20 per cent above the 1994–98 average.
- Information in relation to road injury or death is not routinely collected about disabled Londoners or Londoners from black and minority ethnic communities.

8 Life expectancy at birth

- Life expectancy is generally increasing in London as a whole and nationally; London as a whole has similar life expectancy as England.
- The relative position of some of the boroughs in expectation of life has changed, but this is likely to be due to changes in the population size from the 2001 census rather than due to real changes in life expectancy.
- Kensington and Chelsea replaces Westminster as having the longest life expectancy in London for both males and females. Newham continues to have the lowest life expectancy in London for males, and along with Islington, Newham also has the lowest life expectancy in London among females.
- At borough level average life expectancy is closely related to the level of deprivation, with a stronger association between life expectancy and deprivation for males than for females.

9 Infant mortality rate

- Data for the period 1996–2001 shows that infant mortality is decreasing in London as a whole and nationally, and the overall infant mortality rate in London continues to be very similar to infant mortality in the rest of the country.
- There continue to be large differences in infant mortality rates between London boroughs, ranging from 3.4 (Kingston upon Thames) to 8.6 (Lewisham) infant deaths per 1000 live births.
- Between 1993–99 approximately 8% of births were registered by the mother alone, and these sole registered births had by far the highest mortality rate of 9.5 per 1000 live births.

10 Proportion of people with self-assessed good health

(Note: the wording of the title of Indicator 10 has been modified to take account of terminology used in the 2001 Census.)

- New information from the 2001 Census shows that 70.8% of Londoners assess their own health as good compared to 68.7% of the population of England.
- Levels of self-assessed good health vary between boroughs, and not all the variation is related to

deprivation. Boroughs that had the lowest percentages that reported good health are Barking and Dagenham, Tower Hamlets and Newham. Richmond upon Thames, Kingston upon Thames and Wandsworth had the highest percentages that reported good health.

- There is currently little information for specific population groups in London but there is some evidence to suggest that the proportion of people who assess their health as good is lower among older people and among disabled people.

Supporting action on health inequalities

Health in London is designed to be useful to a wide range of individuals, organisations, agencies and partnerships. For example:

- Local strategic partnerships and their partner organisations, such as primary care trusts and local authorities, can identify patterns of health and well-being in their locality, 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.
- Voluntary and community groups can draw on the findings to identify outstanding needs and build a case for improved services.
- Regional and national agencies will be able to draw on the report in order to identify pan-London trends

over time and track emerging issues that cross borough boundaries or affect particular populations.

The report also encourages local and regional organisations and partnerships to explore, in a practical way, how they can take action to respond to the following key questions:

What new information needs to be collected and shared?

Gaps in our existing knowledge need to be filled to enable us to work together to direct our effort more effectively.

How can more effective use be made of what is known already?

We need to review, plan and coordinate our activities and programmes so as to build on what has already been learned.

Further information

Health in London reports present work developed by the Greater London Authority and the London Health Observatory, brought together and published by the London Health Commission. The full reports are available online at:
<http://www.londonhealth.gov.uk/hinl.htm>

Information on the London Health Strategy can be found at:
<http://www.londonhealth.gov.uk/strategy.htm>

Taken from "Health in London: 2003 update and review of the London Health Strategy high-level indicators" written by Robin Barer, Senior Policy Officer, Greater London Authority; Helen Davies, Health Policy Manager, Greater London Authority; Justine Fitzpatrick, Senior Public Health Analyst, London Health Observatory. Published by the London Health Commission (March 2003)

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