

## Section 2

# The report – purpose and context

### In this section...

- The context for the report is described, along with its main aims.
- Potential uses of the report are outlined.
- Perspective is given on the kind of insights provided by the indicators.

## Aims of the report

This publication follows on from the first *Health in London* report, which appeared in March, 2002. The intention is not to replace the earlier publication, but to supplement it and to provide significant new information where that is available. The 2002 report is available at: [www.londonhealth.gov.uk/hinl.htm](http://www.londonhealth.gov.uk/hinl.htm)

Like the earlier report, this publication focuses 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 focus on the health-related experience of black and minority ethnic communities: significant information in this field will be collected and analysed during the coming months.

The aims of the report are:

- to provide London-wide 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
- to identify important inequalities in health and the determinants of health in London, and to track trends in inequalities
- to highlight how disabled people in London experience the determinants of health, indicating key areas where action is needed to reduce inequality
- where appropriate, to draw out implications for action from the report's findings.

## Context for the report

This report presents work developed by the Greater London Authority and the London Health Observatory, brought together and published by the London Health Commission. (For further information on these bodies, please see the back cover.)

The report arises from work on the London Health Strategy, developed in 1999-2000 by a partnership of regional and local agencies. Laying the foundations for the work of the London Health Commission, the London Health Strategy aims to improve the health of Londoners and reduce health inequalities across the capital. The priorities of the London Health Strategy have been incorporated into the London Health Commission work programme, which includes additional priority areas subsequently identified with partners.

### London Health Strategy – high level indicators

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

(For more information on the origins and nature of the London Health Strategy, please see Section 2 of the 2002 *Health in London* report.)

The process of developing the London Health Strategy included identifying a set of high level indicators – listed on page 10 – that would be used to measure changes over time and to monitor progress towards reducing health inequalities. Section 4 of this report defines and discusses the indicators, and, for each indicator, reviews key developments in London during 2002-2003.

## 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.

At local level, for example:

- Local strategic partnerships and their partner organisations, such as primary care trusts, 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.

## 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.

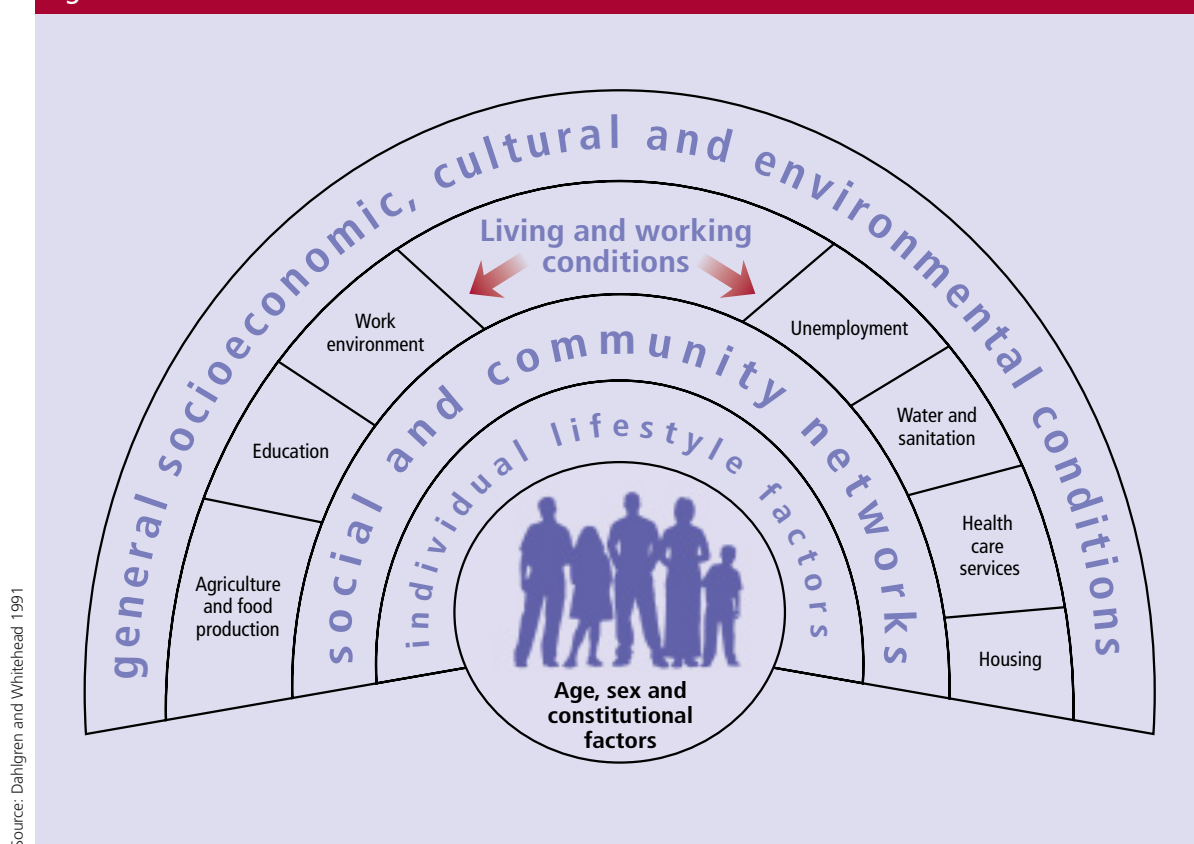
Figure 1 (see page 12) presents the determinants of health in terms of layers of influence, starting with the individual and moving to wider society.

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 good 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.

### Highlighting areas of health inequality

Broadly speaking, there are three types of inequality in health:

Figure 1 The main determinants of health



- inequalities in the determinants of health (for example, in education, employment or housing)
- inequality in access to health care (for example, refugees in London often have difficulty in obtaining primary health care)
- inequalities in health/health outcomes (for example, there are six years difference in average life expectancy at birth between the boroughs in London).

The high level indicators that are the subject of this report focus strongly on health outcomes and health determinants. The reason for this is that, as discussed earlier, most health is gained or lost outside the sphere of influence of the health service. That said, however, as one of London's biggest employment sectors, the health and social services have a huge potential contribution to

make to many of the key determinants of health.

More information on the determinants or indicators selected and how they are related to health is discussed in Section 4. Further background information can be found on the London Health Observatory web site at [www.lho.org.uk](http://www.lho.org.uk).

### Dimensions of inequality

As the report shows, different groups of people have very different experience of the determinants of health. These different experiences can have an effect on health. Some of the groups involved are well known – in particular, gender, class, ethnic group, age and geographical area. Others might be less obvious – such as disability, single parenthood, quality of school, age of housing stock, type of road user.

Inequalities can become entrenched when these categories overlap (for

example, in a combination of ethnic group, age, area). In these circumstances, there can be a 'snowballing' effect where it is unclear exactly how the determinants are related to each other – but it is clear that the combined negative impact is strong.

Some factors, like age, are dynamic; people do not necessarily stay in poverty – they can move in and out of it.

The report attempts to deepen understanding of many of these dimensions in London – though by no means all. Section 3 focuses on the experience of disabled Londoners.

### The national context

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) 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 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 in the NHS Plan (DOH 2000) to reducing health inequalities. New national targets for reducing health inequalities in life expectancy and infant mortality were announced in February 2001 (DOH 2001). In a streamlined form, these targets appear in the Department of Health public service agreement which takes effect from 2003. 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 initiated in 2001 (DOH 2001) and a plan to tackle inequalities in health will be released later in 2003. Alongside this there will be a 'basket of indicators' that can be used to monitor trends in health inequalities. The 2002 release of the Priorities and Planning Framework presents NHS organisations at a local level with an opportunity to plan investment in some important areas relating to inequalities.

The importance of addressing health inequalities is being actively acknowledged well beyond the Department of Health. During 2001-2, a Treasury-led cross-government spending review explored how spending can be modified – or new spending introduced – to maximise the impact on health and health inequalities. As a result, most government departments are signing up to binding proposals for modified or new spending during the next spending review period – 2003-7.

