

Making London a healthier city

London Health Commission – first meeting

The independent London Health Commission met for the first time on 12 October 2000, an important step in bringing together organisations from across the city to tackle health inequalities and improve the health of Londoners.

The London Health Commission will build on the partnership that developed the London Health

Strategy, launched in March 2000. It will work with staff and advisers to the Mayor to ensure that Greater London Authority policies and strategies pursue health objectives. It will also develop effective links with local agencies and Londoners to pursue the priorities set out in the London Health Strategy – regeneration, inequalities, black and minority ethnic health, and transport.

Taking an innovative approach to the big issues

Jobs, income, social support, housing, transport, education, and the environment – all these issues



Ansel Wong, Chair, London Health Commission, and Ken Livingstone, Mayor of London, at the first meeting of the Commission

have a marked effect on the health and quality of life of Londoners. Introducing the Commission – established as the result of a key manifesto pledge – Ken Livingstone, Mayor of London, commented: 'It is only through collective partnership action that we can hope to tackle the many wider influences on health.'

Under the chairmanship of Ansel Wong, chair of Community Health South London NHS Trust, the Commission will be active and innovative in its approach. There is an urgent need to develop new connections and new channels of communication in order to bring about real and lasting change. Commissioners who had been involved in developing the London Health Strategy expressed their determination to continue taking a flexible and pragmatic approach to the challenges facing them.

Quotes of the day

'As a GP in inner London, day after day I see people who are suffering from the symptoms of isolation, loneliness and sadness. There's very little I can do about these in my surgery. Can we do better as a Commission?'

Dr Claire Gerada
Member of the London Health Commission

'On a visit to a project in the East End, my Health Adviser, Dr Sue Atkinson, told me that the infant mortality rate in the Pakistani community is twice that in the rest of the population.'

Ken Livingstone
Mayor of London





‘It’s amazing to see round one table the faces of people I’ve spent ages telling. “You really need to talk to so and so.”’

Elizabeth Manero
London Health Link

Coming together to make a difference to London’s health

The areas illustrated below have a profound impact on the health and quality of life of Londoners. Up until now there has been no concerted planning and action across the capital to ensure that the effects on health – good and bad – are taken into account by those making decisions.

The London Health Commission is charged with driving forward the London Health Strategy and with making constructive input to the strategies of the Greater London Authority. The key challenge is to make sure that health and quality of life figure prominently on the agendas of today and tomorrow.

The London Health Strategy

The London Health Strategy was developed through a process of wide consultation across different sectors in the capital. People from statutory, voluntary, business and community bodies agreed that a London-wide strategy would bring added weight to work in particular priority

areas: regeneration, inequalities, black and minority ethnic health, and transport.

The consultation process identified the need for three supporting initiatives to underpin, inform and make links across the priority areas (see *Figure 1*).

Other London-wide strategies

The Commission will scrutinise London-wide strategies in order to determine their effects on health, starting with the Mayor’s strategies. The Mayor has a statutory duty to develop strategies in the areas illustrated in *Figure 2* (Energy has been added to the list because of its particular importance in the life of the capital.)

The strategies need to support and complement each other, and promote equality of opportunity, health improvement and sustainable development.

Taking the work forward

There will be relatively few formal meetings of the whole Commission. Most of the hard work will be carried out by groups of people committed to bring about change in the priority areas outlined in *Figures 1 and 2*. The groups will be led by members of the Commission, and activities will demonstrate an on-going commitment to build on the work of local partnerships and to facilitate shared learning from innovative work already underway.

These groups will review, develop and drive forward action plans (see *back page for information on how to access the action plans developed for the London*

Health Strategy). They will also explore how best to oversee and monitor progress in their areas.

Members of the groups will network across the system, making new connections, asking questions, testing out suggestions, building up a picture of how best to anticipate and respond to health impacts in their priority areas.

Progress in making London a healthier place to live, work and grow up in will be monitored by the London Health Observatory (see *Figure 1*). The impact and effectiveness of the Commission will be monitored after a year.

Figure 1: London Health Strategy – priority areas

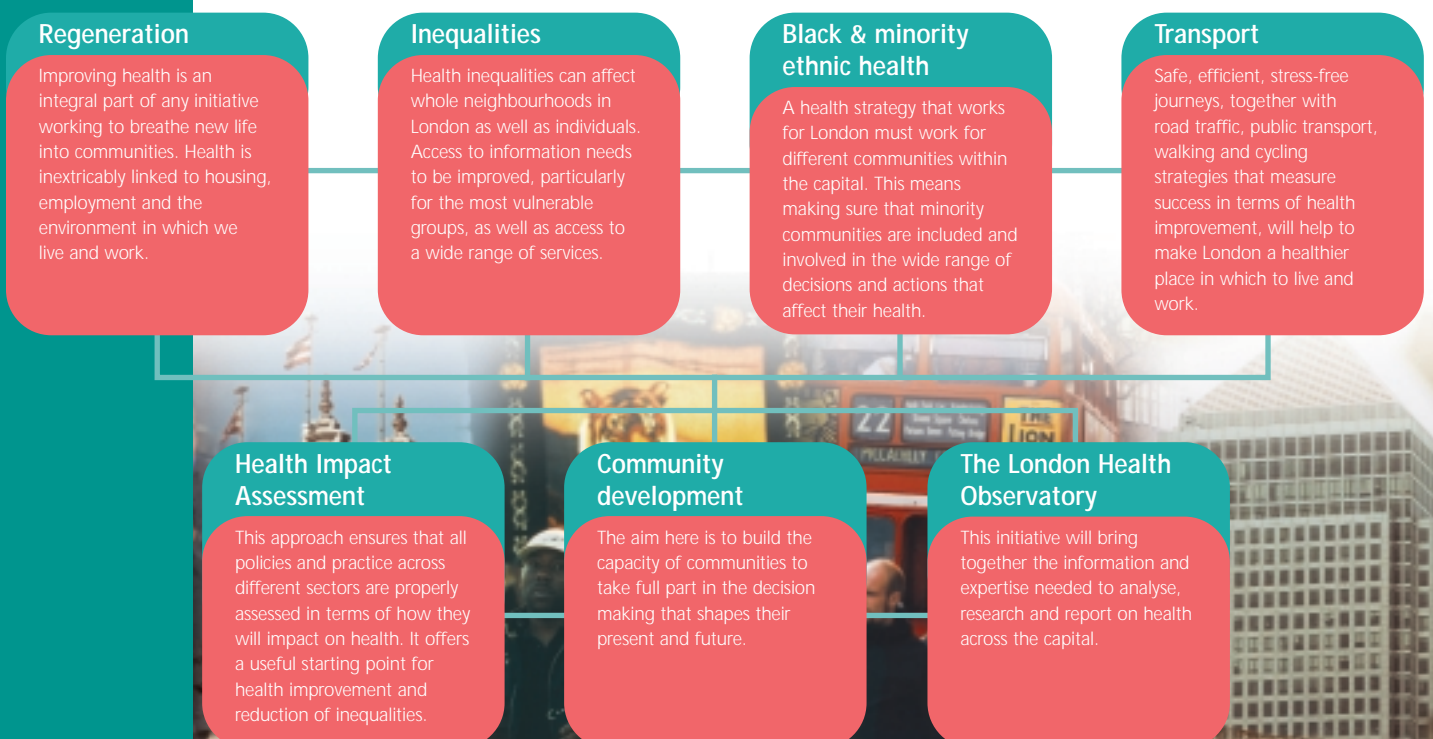
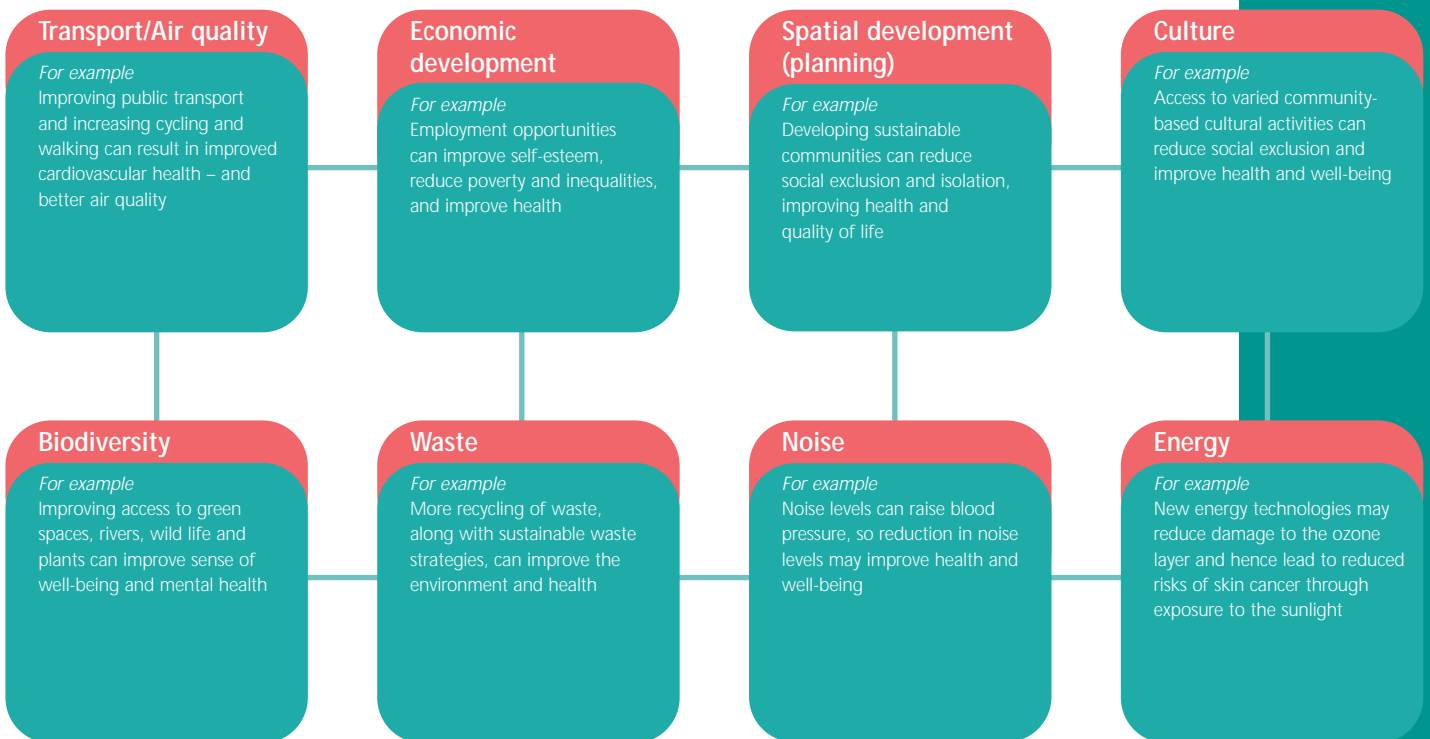


Figure 2: GLA strategies – priority areas



++ The Mayor is also looking to the Commission for advice on: ++ improving mental health services in London ++ establishing a more effective London-wide strategy to reduce harm from drugs ++

Role of the Commission

YES	to provide an added drive to efforts across London to improve health and reduce inequalities
YES	to guide, facilitate and support development of the London Health Strategy
YES	to ensure that all GLA policies and strategies pursue health objectives
YES	to help promote understanding and co-operation among those coming from different sectors
YES	to lead by example the drive to improve health and quality of life in London

NO	to direct and take responsibility for NHS services in London
NO	to exclude any voices which have a contribution to make
NO	to duplicate or ignore work already being carried out at local level
NO	to ignore the root causes of poor health
NO	to align itself with any one organisation or grouping

Applying intelligence to transport

A report, *On the move*, was launched at the first London Health Commission meeting on 12 October. Amongst other findings, it revealed that 226 people died in road accidents in London in 1998 compared with an estimated 380 deaths brought forward by transport emissions. This puts pollution-related deaths over a third higher than road accident deaths.

Helping to launch the report, Ken Livingstone, Mayor of London, commented, "Reports like this play a vital role in informing these strategies that will help improve life in London."

See back page for details on how to access the report.



Ken Livingstone, Mayor of London, Dr Sue Atkinson, Health Adviser to the Mayor, and Richard Smith, Director of Integration, Transport for London

The London Health Commission – who's involved?

Sponsoring partners

The overall direction of the Commission is set by six sponsoring organisations: Greater London Authority; NHS Executive; London; King's Fund; Government Office for London; Association of London Government; Social Services Inspectorate.

Members of the Commission

Henry Abraham, Greater London Authority – Strategy Directorate / Transport for London
Dr Sue Atkinson, NHS Executive – London Regional Office / Greater London Authority – Mayor's Health Adviser
George Barlow, London Development Agency
Dr Ian Bassett, Camden & Islington Health Authority
Jane Belman, London Voluntary Service Council
Mark Blake, Blackliners
Jonathan Bland, Social Enterprise London
Mark Brangwyn, Association of London Government
Chris Bull, London Borough of Southwark
Jane Campbell, National Centre for Independent Living
Jo Cleary, Social Care Region, London
Neale Coleman, Greater London Authority – Mayor's Office
Anna Coote, King's Fund
Liza Cragg, London Health Strategy Co-ordinator
Dr Deirdre Cunningham, Lambeth, Southwark & Lewisham Health Authority
Helen Davies, Social Care Region, London
June Dawes, Housing Corporation
Dr Adrian Eddlestone, King's College London
Janet Fyle, Royal College of Midwives
Dr Claire Gerada, Hurley Clinic / GP Lambeth
Prof Andy Haines, Royal Free Hospital School of Medicine
Terry Hanafin, Audit Commission
Dr Bobbie Jacobson, East London and the City HA
Antony Jacobson, Barnet Health Authority
Lee Jasper, Greater London Authority – Mayor's Office
Dr Zarrina Kurtz, Consultant in Public Health
Councillor Bernadette Lappage, Association of London Government
Elizabeth Manero, London Health Link
Prof. Michael Marmot, University College London
Mary Ney, London Borough of Greenwich
Christine Outram, Enfield & Haringey HA
John Owen, Government Office for London
David Peters, London Business Board / London First
Trevor Phillips, Greater London Authority, Assembly
Com. Steve Roberts, Metropolitan Police Service
Dr John Riordan, NW London Hospitals Trust
Hilary Samson-Barry, Greater London Authority – Strategy Directorate – Integration & Health
Daniel Silverstone, London Boroughs Grants
Richard Smith, Transport for London
Belinda Sosinowicz, Cultural Strategy Group for London
Rashmi Varma, Asian Health Agency
Melba Wilson, MIND
Ansel Wong, Chair, London Health Commission

Core principles – key challenges

Members of the London Health Commission come from a wide variety of backgrounds and take different perspectives on many issues. But they are united in their commitment to a set of core principles.

These demanding values are outlined below, along with some of the key challenges that Commission members identified as facing them in their first weeks and months.

Actively involving citizens and communities

- ▶ How can Health Impact Assessment be used to its full potential in involving stakeholders from the community?
- ▶ How can we ensure that the measures we use to monitor progress reflect the real concerns of Londoners?
- ▶ What can we do to make sure that the widest possible range of people hear about, and contribute to, our work?

Working in partnership

- ▶ How can we agree on what long-term 'success' will look like in improving the health and quality of life of Londoners?
- ▶ How can we ensure that, despite markedly different organisational 'power bases', all members of the Commission have their views taken fully into account?

- ▶ How can we ensure that we support and enhance existing work-streams rather than impose an extra burden?

Expanding and sharing intelligence on health and related issues

- ▶ What can we do to ensure that the 'full story' is told on health – which may involve qualitative, 'story telling' evidence as well as traditional quantitative measures?
- ▶ Coming from very different backgrounds, how can we agree on baseline measures on health in London?
- ▶ What can we expect from, and what can we contribute to, the work of the London Health Observatory?

Working for equity at every level

- ▶ How can we ensure that, in each priority area, 'over-arching needs' are taken into account – for example, those of women and of people with disabilities?
- ▶ How can we achieve a balance between 'quick wins', that will attract the interest of particular groups, and long-term thinking that may seem less relevant?
- ▶ What more can we do to reach people through schools and other communal institutions?

Finding out more

Fuller documents are available on the London Health Strategy. For provisional action plans, see *London's health – everybody's business*, which is available, with a range of related documents, including the report, *On the move*, at the London's Health website:

www.londonhealth.gov.uk

For further information, or to make a contribution to specific priority areas of the work of the London Health Commission, please contact:

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developing a vision together

Sponsoring partners include

