

London Health Commission: *update*

Informing healthy decisions for London

Transport, economic development, air quality and bio-diversity. All these issues feature high on the agenda of the Mayor and Greater London Authority (GLA) for improving quality of life in the capital. And all have been influenced by the London Health Commission in the six months since its inauguration.

Set up in October last year, the Commission has a dual role: contributing to London-wide policies and strategies, to ensure that they benefit the health and well being of Londoners; and developing and implementing the London Health Strategy. Founded on a strong ethos of partnership, the Commission is sponsored by six pan-London agencies and has a membership of more than 40 individuals from a wide variety of backgrounds.

Health Impact Assessment

The development of the nine strategies prioritised by Mayor of London, Ken Livingstone, is providing an immediate focus for the Commission in the first of its roles, and a challenging testing-ground for the use of health impact assessment at policy level in London. Health impact assessment is a relatively new method of identifying the potential effects – positive and negative – on people's health of particular policies or projects.

The transport strategy was the first to be assessed by the Commission in November last year (*see article overleaf for more on this*). It proved to be a positive early experience. The Commission's input was well received by Transport for London, and led to the GLA's Environment Committee agreeing to carry out future health impact assessments jointly with the Commission as part of its scrutiny role.

The Mayor's draft economic development strategy, was assessed at an event hosted by the King's Fund in early February. The Commission considered two further draft strategies, on air quality and on bio-diversity, in March.



Photo: Pam Isherwood/Format

Positive input

Recommendations that have gone forward to the appropriate bodies have included many specific additional proposals for action to improve the health of Londoners. The Commission will be receiving feedback on how its input has influenced the re-drafting of strategies prior to public consultation.

Reflecting on the London Health Commission's work to date, its Chair, Ansel Wong commented: *"It is already clear that London's policy-makers, in seeking to promote the health of Londoners, value the Commission's support. And there are early signs that it is helping to make a real difference to policy. Enabling the participation of a wide range of other organisations and individuals has been critical to this, and I look forward to strengthening this aspect of our role in the coming months."*

Inside

Healthier transport policy **p2**

Support for health impact assessment in London **p3**

Supporting action on alcohol and drugs **p3**

About the Commission **p4**

Making a difference to transport policy

"I was part of the team that helped to draft the Mayor's transport strategy. Participating in the health impact assessment helped me to see the strategy as an integrated whole. It was particularly effective in highlighting impacts on health and on health inequalities that were indirect but nonetheless important, and in exploring linkages with the economic development strategy that could benefit health."

Henry Abraham
Transport for London

Improving the capital's transport system is the top priority for the Mayor. Accordingly, the transport strategy was the first of his nine priority areas to be developed. How has the London Health Commission been involved, and what difference has it made?

Draft proposals for the Mayor's transport strategy were published in November 2000, for scrutiny by the London Assembly and the GLA's functional bodies. It was at this stage that the London Health Commission considered how the draft policy objectives and action plans might impact on the health of Londoners.

Assessment

A two-stage health impact assessment was carried out – through a rapid appraisal workshop and a review by a meeting of the full Commission – informed by specially commissioned research. Using available evidence, this presented findings on the effects on health of transport as a result of accidents, air pollution, noise, physical activity and community severance. It also assessed the relative importance of each effect, and whether and how its impact might be measured.

Impacts

In its submission to the transport strategy team, the Commission identified six themes where the draft strategy offered significant potential to improve the physical and mental health of Londoners:

- ▶ Promoting other modes of transport – public transport, walking and cycling – and reducing reliance on private cars.
- ▶ Linking transport, economic development and spatial development to encourage economically and socially sustainable communities.
- ▶ Linking proposals for the greatest benefit to health e.g. linking congestion charging with emissions and with low emission zones.
- ▶ Segregating modes of transport e.g. through road space re-allocation.
- ▶ Involvement of boroughs in the development and implementation of plans to improve transport.
- ▶ Development of baseline statistics and targets for transport improvement and health gain.

Against these themes the Commission set out the likely health benefits of the proposals, and some potentially negative effects too.

It went on to suggest ways of maximising the benefits – for example advocating 20mph speed limits in streets close to schools, the setting up of safe walking routes to local leisure facilities, and training for transport staff on the needs of vulnerable groups.

'The development of this strategy has benefited from the input of the new London Health Commission'
DRAFT TRANSPORT STRATEGY, PARA 2.50

Outcome

Most of the major points raised by the London Health Commission were addressed by the transport strategy team and the Mayor in re-drafting the strategy for public consultation.

Health issues were given much more prominence throughout the revised strategy. It gave added emphasis to the need to promote health through transport policy, and to specific initiatives likely to have health benefits.

The role of transport policy in helping to address social exclusion, and in encouraging economic development to benefit London's poorest communities was also strengthened.

A limited number of additional health related targets – on road safety and accidents – were included in the revised strategy, but it recognises the need to look at collecting a range of information related to key priorities, some of it new, in order to evaluate the strategy's implementation.

The London Health Commission will continue working with Transport for London in developing these.

Public consultation on the draft transport strategy closed at the end of March. The final strategy is due to be launched during the summer.

Contributing to London-wide policy

The London Health Commission is due to consider the remaining Mayor's strategies as follows, although this timetable may change. Please contact us (*see back page*) if you would like to participate in workshops on these subjects:

Culture	June 2001
Waste	June 2001
Energy	October 2001
Noise	December 2001
Spatial development	early 2002

Promoting Health Impact Assessment in London



"Encouraging people in the field to use health impact assessments is about supporting them on the practicalities: helping them to find the resources, providing training, sharing good practice and putting them in touch with other practitioners."

This is how Caron Bowen sees her new role – thought to be the first of its kind nationally – as health impact assessment facilitation manager for London.

Funded by the NHS Executive London and based within the new London Health Observatory, Caron's role is one of the resources that the London Health Commission and its partners have been busy developing as they implement the London Health Strategy's pledge to promote the use of health impact assessment among all sorts of organisations – whether in the public, voluntary or private sector – in the capital.

Resources already available include two published guides to health impact assessment. These offer

managers and others in the field practical help in developing approaches that are effective in their particular circumstances.

A further tool is currently nearing completion. Designed for use in the early stages of health impact assessment, it will help to gauge the potential of policies to affect health. Although developed for use initially by the GLA, the intention is to further develop this screening tool for use by other agencies.

Future initiatives currently being planned include workshops for managers and others who may be able to apply health impact assessment in the field.

Progressing this work under the umbrella of the London Health Strategy is ensuring that the different contributions of key partners, such as the new London Health Observatory, are co-ordinated. And that it is complementing work by the Health Development Agency and others on the national stage.

Caron Bowen can be contacted via email at caron.bowen@lho.org.uk 'A Short Guide to Health Impact Assessment' and 'A Resource for Health Impact Assessment' are available free at www.londonhealth.gov.uk or from Liza Cragg – see details on back page.

Figure 1: London Health Strategy priority areas

- ▶ Regeneration
- ▶ Inequalities
- ▶ Black and minority ethnic health
- ▶ Transport
- ▶ Health impact assessment
- ▶ Communication
- ▶ Community development
- ▶ The London Health Observatory

We would welcome your contributions in these areas – please contact Liza Cragg (*see over*) for more information.

Towards a London Alcohol and Drug Strategy

The London Health Commission is contributing to new efforts to tackle the problems associated with alcohol and drug use in the capital.

At the first meeting of the Commission in October 2000, the Mayor conveyed his wish to explore the potential for a London-wide strategy on alcohol and drugs.

This came from a recognition of the impact of alcohol and drug misuse on the health of Londoners, and in particular, their exacerbation of health and social inequalities.

As a first step, a group of experts from agencies with responsibilities in this area, carried out an investigation into the potential scope of such a strategy. Following consultation with a wide range of stakeholders – statutory agencies, drug service users and workers, academics, community representatives, voluntary organisations, local drug action teams and other fora – they submitted proposals to the Mayor in December 2000.

They recommended a role for the GLA in leading the formation of a London-wide Alcohol and Drugs Alliance and outlined priorities for the first year's work programme. They also set out the need to embed action on alcohol and drugs within other areas of health and social policy, and in this identified a role for the London Health Commission.

The Mayor of London, Ken Livingstone, and members of the London Assembly met the national UK anti-drugs co-ordinator Keith Hellawell at the end of March to present the proposals, and to discuss London's pressing and unique problems.

Mr Livingstone said: *"We had a very positive meeting with Mr Hellawell who supported plans for a London-wide Alliance on drugs and alcohol. The London Health Commission is well placed to make an important contribution to this work."*

The proposals are being circulated among stakeholder groups for their comments and priorities for action.

The London Health Commission: members

Henry Abraham, Transport for London
Dr Sue Atkinson, NHS Executive London
George Barlow, London Development Agency
Bolaji Bank-Anthony, Race on the Agenda
Dr Ian Bassett, Camden & Islington Health Authority
Jane Belman, London Voluntary Service Council
Jonathan Bland, Social Enterprise London
Mark Brangwyn, Association of London Government
Chris Bull, London Borough of Southwark
Jo Cleary, Social Services Inspectorate
Neale Coleman, Greater London Authority
Anna Coote, King's Fund
Liza Cragg, Health Development Agency / Greater London Authority
Dr Deirdre Cunningham, Lambeth, Southwark and Lewisham Health Authority
Helen Davies, Social Services Inspectorate
June Dawes, Housing Corporation
Dr Adrian Eddleston, King's College London
Janet Fyle, Royal College of Midwives
Dr Clare Gerada, GP, Lambeth
Prof. Andy Haines, London School of Hygiene and Tropical Medicine
Terry Hanafin, Audit Commission
Elizabeth Howlett, Greater London Authority – Assembly
Anthony Jacobson, Barnet Health Authority
Dr. Bobbie Jacobson, London Health Observatory
Lee Jasper, Greater London Authority
Hermine Kelly-Hall, Commission for Race Equality
Dr Zarrina Kurtz, Freelance Public Health Consultant
Cllr 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 Health Authority
John Owen, Government Office for London
David Peters, London Business Board – London First
Trevor Phillips, Greater London Authority – Assembly
John Riordan, NW London Hospitals NHS Trust
Steve Roberts, Metropolitan Police
Hilary Samson-Barry, Greater London Authority
Daniel Silverstone, London Borough Grants
Richard Smith, Transport for London
Richard Sumray, Cultural Strategy Group for London
Rashmi Varma, Asian Health Agency
Melba Wilson, MIND
Ansel Wong, Chair, London Health Commission

Keeping on track

The London Health Strategy

Much of the Commission's work is being carried out within eight small groups, each of which is focussing on one of the London Health Strategy priority areas (see fig 7). Commission members lead the groups, bringing in other experts as necessary. Their agenda are defined by the pledges and actions set out in the Strategy.

Early challenges have been to ensure the right balance of expertise and engagement with other stakeholders, and to focus on two or three achievable activities. At least one of these activities will be targeted at local practitioners in the particular field.

A rolling programme of updates will ensure that the full Commission is kept abreast of progress in each area. It will receive an overall update on implementation of the Strategy every six months, beginning in April 2001.

The London Health Commission

The full Commission currently meets monthly. To ensure that it is working effectively and in keeping with its core principles, an action-based evaluation of the Commission itself will be carried out during the Spring.

At the request of Commission members, it will include interviews with practitioners, local groups and others who are not currently involved. Its findings will inform ongoing development of the Commission.

The London Health Commission: at a glance

- ▶ Evolved from a partnership of organisations that first came together in May 1999 to develop a strategy to improve the health of Londoners.
- ▶ Set up by Mayor Ken Livingstone but with independent status.
- ▶ Sponsoring partners: Greater London Authority; NHS Executive London; King's Fund; Government Office for London; Association of London Government; Social Services Inspectorate.
- ▶ Charged with implementing and developing the London Health Strategy, and ensuring that other London-wide strategies help to improve the health of Londoners and reduce inequalities.
- ▶ Members representing a wide range of interests from across London and all sectors.
- ▶ Chaired by Ansel Wong, appointed by the Mayor.

Finding out more

To find out more about the work of the London Health Commission, the London Health Strategy, and resources and research for health impact assessment see our website: www.londonhealth.gov.uk

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

Liza Cragg, Health Strategy Co-ordinator, Greater London Authority, Romney House, 43 Marsham Street, London SW1P 3PY. Tel: 020 7983 4120.

Email: liza.cragg@london.gov.uk

For more information about the London Health Observatory and its work, visit its website at: www.lho.gov.uk

developing a vision together

sponsored by



supported by



Health Development Agency

