Tackling Health Inequalities in London

In August 2017, the Mayor of London launched a consultation on the draft, ‘Better Health for All Londoners’ strategy, which sets out his vision to address the health inequalities in the capital. Health inequalities can be described as a systematic, avoidable and unfair difference in mental and physical health between groups of people. This briefing summarises the aims of the consultation and highlights London Councils’ initial thoughts.

Overview

The Mayor of London has a statutory duty to publish a Health Inequalities Strategy under the Greater London Authority (GLA) Act 1999. In August, the Mayor published a draft Strategy covering the period between 2018 and 2028. The consultation period ends on 30 November 2017 with a final publication expected in spring 2018. A delivery plan will accompany the final publication and is anticipated to contain details of the extent to which key partners, including boroughs, will be expected to deliver successful outcomes.

Health inequalities in London are far wider than in other parts of the country. While, the average life expectancy of men in the capital is 80 years and for women is 84 years, there are a number of challenges facing London and Londoners, such as an increased and ageing population, that require urgent action now to mitigate potentially unsustainable future pressures on services. Furthermore, health outcomes and life expectancy rates are unequal across London; life expectancy varies between boroughs by more than 15 years for men and almost 19 years for women. Stark differences between boroughs is evident, for example, in Tower Hamlets, the rate of early preventable deaths is twice as high as communities living in the City of London. People living in more deprived areas are likely to die earlier and live in poor health for longer periods compared to their counterparts in wealthier areas.

Health inequality is also prevalent in many poorer communities dictated by differences in the quality of housing, education, environment, employment and access to public services. These factors can lead to disproportionately negative health outcomes affecting both mental and physical health, undermining a person’s quality of life.

In preparing the strategy the Mayor has to have regard to his strategic role as a champion of health inequalities and ensuring that health impacts are reflected throughout his other plans,
including those relating to the environment, housing, transport, economic development and culture. There is also recognition in the strategy that delivering positive outcomes must involve partnership working with others, including the boroughs, the NHS, education sector, community groups and businesses. The consultation approach taken within the report is designed to reflect the start of a conversation with partners about how they can play a supportive role in achieving improved health outcomes. The strategy focusses on five key themes; healthy children, healthy minds, healthy place, healthy communities and healthy habits.

Healthy Children: Every London Child should have a good start in life
This chapter looks at how London’s youngest children are supported to have the best start in life during the journey through early year’s settings and schools, and the value of partnerships during this period as a means to improve children’s health and wellbeing. Wide variations exist in the percentage of children who are ‘ready for school’ for example, with only 65 per cent of children in Camden deemed to be ready, compared to 79 per cent in Greenwich. As a preventative response the Mayor aims to develop a UNICEF Baby Friendly Initiative, develop childhood obesity goals, launch a new Healthy Early Years programme to support London’s early year’s settings, ensuring that children have healthy places in which to learn, play and develop.

Healthy Minds: All Londoners share in a city with best mental health in the world
This examines how we make the topic of mental health ‘everyone’s business’ through recognising the importance of maintaining a good standard of mental health. Mental ill-health is both a cause and consequence of inequality, with certain groups more at risk of experiencing mental health issues, such as those in poverty, minority groups and people experiencing abusive and violent relationships. Current data shows that approximately 1 in 4 people in the UK will experience a mental health problem each year, with the financial and social impact of mental health costing £26 billion every year. The draft strategy acknowledges that the stigma associated with mental health is a key barrier to improving mental health outcomes requiring focussed action to change opinion and raise awareness about mental health issues. One influential area is to combat stigma and discrimination within the workplace. Preventative action to be taken includes taking forward the actions within the Thrive LDN work stream, promoting a London Healthy Workplace Charter, advocating mental health first aid training and developing plans for suicide prevention.

(For more information on Thrive LDN, see London Councils Members Briefing 531)

Healthy Place: All Londoners benefit from a society, environment and economy that promote good mental and physical health.
London’s air quality and the negative impact of pollution continue to raise concerns that disproportionately affects poorer communities who are more likely to live in areas where pollution levels are high, causing heart and lung disease among other illnesses. It is estimated that more than 400 primary schools in London are affected in poor air quality areas. The Mayor wishes to promote good planning and healthier streets to enable communities to access green spaces and make London more attractive to walk, cycle and use public transport rather than to drive. Some of the measures will be contained in the London Plan which will strengthen the impact of the planning process on health outcomes, including placing planning restriction for fast food outlets. This chapter seeks to be responsive to the negative impacts of poverty, such as achieving economic equality, giving communities access to decent housing, eating nutritious food and tackling fuel poverty.

Healthy Communities: London’s diverse communities are healthy and thriving
Robust communities helping to support one another can play a significant role in reducing health inequalities. Supporting healthy communities will enable communities to be more resilient in facing discrimination and stigma, particularly those at risk of TB and HIV. The Mayor is supporting London’s health and care systems to explore the Fast Track Cities approach, which is a city wide global partnership to reduce HIV.
The concept of social prescribing featured in the report, as is seen as an approach that can making a positive contribution to altering the way people receive support for issues related to social factors rather than health factors. It is known that 20 per cent of patients visit their GP for social rather than medical problems. A proactive response to this can be achieved by encouraging patients to look at their broader needs and solutions that may help to their health outcomes, such as taking exercise, improving their financial affairs with debt management support, improving housing and dealing with social isolation. Support is needed from a range of partners including; communities, local authorities and the voluntary sector services, who can assist with providing alternative choices to improve their health and wellbeing.

Healthy Habits: The healthy choice is the easy choice for all Londoners

A survey of Londoners, taken in the ‘Great Weight Debate’ in 2016, revealed that 86 per cent of respondent’s reported that childhood obesity is a major health concern for London and should be a top priority for London and should be taken forward by the Mayor. Alarming figures from Public Health England suggests that 23 per cent of London’s year 6 pupils are obese. Inequalities between obesity and poor educational attainment exist as well as the negative emotional aspects associated with being overweight, such as a lack of self-confidence. The Healthy Schools programme is one measure designed to reduce the numbers of overweight children, specifically encouraging more physical activity in school. Effective action is needed to prevent overweight children being overweight adults in later life.

The cumulative impact of smoking, drug and alcohol abuse among Londoners has a negative impact on poorer communities. Smoking remains a major equalities issue, with smoking more than 1.5 times more common in the most 10 per cent deprived areas. Nationally, smoking rates have been declining but remain consistently high in poorer communities. Negative behaviours, such as crime and anti-social behaviour caused by drug and alcohol abuse disproportionately affects people living in deprived areas. Poverty and other socio economic factors influence negative lifestyle choices, often having a damaging impact on health. A partnership approach to reducing negative behaviours, such as joint proactive work with health authorities, boroughs and law enforcement agencies is suggested, as well advocating a Healthy Workplace Charter, which encourages employers to signpost staff to smoking cessation services.

Commentary

The current Health Inequalities Strategy was published under the previous Mayor in 2010. Since then, a number of national policy changes affecting the health system have taken place, including the introduction of Sustainability and Transformation Plans, health and care devolution and the NHS Five Year Forward View which has a focus on prevention activities. These structural and policy challenges will allow for a different response to tackling health inequalities in the future.

London Councils, with a range of partners from across London, has worked with the GLA in shaping the draft strategy. We are also working together to engage with members and to support local conversations taking place at local Health and Wellbeing Boards. London Councils is also hosting a member event later this month to inform our response. Political oversight of the strategy will be achieved by our three elected members that sit on the London Health Board, chaired by the Mayor of London, and it is envisaged that the Board will contribute to shaping the delivery of the Health Inequalities Strategy during the 10 year lifespan.

The final response will need to strike a balance in terms of the extent of the boroughs’ role and the local activities being undertaken at a local level which can complement the overall aims of the strategy. What is clear is that although the strategy has identified a number of compelling areas where action is urgently needed, it is heavily reliant on the cooperation of partners to get involved and to fund these actions themselves. Boroughs continue to face
a significant period of in-year public health cuts of £200 million, with further reductions of nearly 4 per cent a year by 2020. Prevention activity for non-statutory services, often those affecting the most vulnerable, will remain at risk when funding cuts have to be made. Examples of collaborative working across borough boundaries on projects, such as the London HIV Prevention Programme, may become more commonplace as boroughs’ seek ways to maintain services and make better use of limited resources. If London is to deliver the scale of improvement and ambition set out by the Mayor, continued lobbying to government for sustainable and increased public health funding must remain a fundamental consideration. Partnership activities, such as Thrive LDN and London’s proposed signatory to the Fast Track Cities initiative, have the potential to amplify local activity helping to tackle health inequalities. In addition, there is the potential for local areas to explore how the HIS could add value to their existing health and wellbeing strategies and the value in considering how to respond locally.

Better Health for All Londoners, August 2017 Consultation on the Health Inequalities Strategy
Thrive LDN London Councils member briefing, July 2017

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Links:
Better Health for all Londoners consultation
Member briefing 531: Thrive and Mental Health in London

This member briefing has been circulated to:
Portfolio holders and those members who requested policy briefings in the following categories: Health and Adult Social Care

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Health inequalities in London

Male life expectancy: 80 ± 15
Female life expectancy: 84 ± 19

Variation between boroughs:

400 primary schools in London are in areas affected by poor air quality.

25% of 5 years-old have tooth decay when they start school in London.

23% of London children in Year 6 are obese.

20% of patients visit their GP for social rather than medical problems.