King's Fund

London's Health and Health Services

Briefings for

GLA candidates

King's Fund

LONDON **2000** ELECTION BRIEFING

Inequalities in health

London's wide inequalities

Income inequality

- Average earnings in London have always been higher than those in the country as a whole, but incomes in London are less equal than in the rest of the country. London has a higher proportion of people than the national average on both high and low incomes.
- One million Londoners were bringing up 1.5 million children on Income Support in 1994. The proportion of adults dependent on Income Support ranges from 4% in Richmond to over 20% in Hackney, Newham and Tower Hamlets.
- London has an estimated 220,000 refugees, many living in poverty. New asylum seekers are forced to live in temporary housing on restrictive food vouchers worth less than the level of Income Support.

Employment inequality

- The unemployment rate in London is now 8.1%, compared with the UK average of 6.1%. Unemployment ranges from 4.5% in Bromley to 21.5% in Hackney.
- Young Londoners are more likely to be unemployed than older Londoners. In October 1998, one-fifth of Londoners claiming unemployment benefit were under 25 years, compared with a seventh who were over 50

Educational inequality

- Examination achievements by pupils and students in outer London are roughly the same as the UK average, but in inner London they are worse.
- In 1998, 33% of pupils in inner London achieved five or more GCSE grades A–C compared with 47% in outer London and 46% in England as a whole.

Ethnic inequality

- London is the UK's most ethnically diverse city: more than 20% of London's population is from Black and minority ethnic groups. The capital includes 33 communities of over 10,000 people born in nations other than the UK.
- On average, Bangladeshi, Pakistani, Black Caribbean and African, and Irish people have significantly lower incomes, worse housing and poorer educational opportunities than white Londoners.

How inequalities affect Londoners' health

- **Premature death:** the chances of dying before 75 years are almost twice as high if you live in Tower Hamlets, Newham, Hackney, Lambeth and Southwark

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Employment inequality

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- Young Londoners are more likely to be unemployed than older Londoners. In October 1998, one-fifth of Londoners claiming unemployment benefit were under 25 years, compared with a seventh who were over 50 years old.
- However, older Londoners tend to be unemployed for longer. 46% of unemployed people aged over 50 have been unemployed for over a year – three times the proportion among the under 25s.
- Londoners from Black and minority ethnic communities are twice as likely to be unemployed as white Londoners.

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How inequalities affect Londoners' health

- **Premature death:** the chances of dying before 75 years are almost twice as high if you live in Tower Hamlets, Newham, Hackney, Lambeth and Southwark than if you live in the City of London, Kingston-upon-Thames or Bromley.
- **Infant mortality:** there are wide variations across London – in 1998 the rate ranged from 1.1 deaths per 1000 live births in Kingston-upon-Thames to 11.3 in Hackney. The average rate for England and Wales is 5.9 deaths per 1000 live births.
- **Young people's health:** like most cities, London has more young people than the national average and fewer retired people. Many of the key health problems of

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Londoners are associated with a younger population, for example mental illness, sexually transmitted diseases including HIV/AIDS, unplanned pregnancies and substance misuse.

- **Teenage pregnancy:** Lambeth has one of Europe's highest rates of teenage pregnancy, at 20.4 per 1000 girls aged 11–16, compared with a national average of 8.8 per 1000. Babies born to teenage mothers often face disadvantages in later life.
- **Black and minority ethnic health:** many minority groups suffer worse health than average, with the poorest ethnic groups generally having the worst health. Pakistanis and Bangladeshis, for example, are twice as likely as white people to report having chest pain and have five times the rate of diabetes. Chinese and Indian Londoners, whose incomes are nearer those of white people, do not have higher than average rates of most illnesses.
- **Refugee health:** asylum seekers often have particularly poor health, relating to the traumas they have suffered before arrival; experiences of racism, homelessness and low incomes in London; and difficulties gaining access to GP services.

Useful reading

Health of Londoners Project. *The Health of Londoners: A public health report for London.* London: King's Fund, 1999.

Johnson S *et al. London's Mental Health.* London: King's Fund, 1997.

King's Fund London Commission. *Transforming Health in London.* London: King's Fund, 1997.

Office of National Statistics and Government Office for London. *A Focus on London 1999.* London Research Centre, 1999.

NHS London Regional Office. *Core Briefing for GLA Candidates.* 1999.

What can the GLA do?

- *Ensure all of its policies help tackle the underlying causes of health in the capital.* The mayor and assembly could particularly focus on helping to reduce London's stark health inequalities. To do this, the GLA will need to have a sound knowledge of the key determinants of health in the capital and work closely with the London Regional Office of the NHS, the London boroughs and the voluntary and private sectors.
- *Tackle racism wherever it exists.* Action is needed across London to deal with the poverty, discrimination and harassment that cause Black Londoners to suffer higher levels of ill health than white Londoners. The GLA can take a leading role working positively for equal opportunity and fighting racist behaviour at all levels.
- *Involve Londoners in debates about their health* and the health of their city. For example, the GLA could devote some of its regular Question Time sessions and annual debates to public health issues.

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LONDON **2000** ELECTION BRIEFING

2 Environment and health

The environment in London

Housing and homelessness

- 7 million Londoners live in 3 million dwellings.
- London has a significant number of homes which lack basic amenities such as the sole use of a toilet (over 65,000) and which are 'unfit for habitation' (240,000 – more than 75% of which are in the private sector).
- London has more than twice the national average proportion of overcrowded homes (homes with more than one person per room). The highest rate in England is in Tower Hamlets, where 27% of people live in overcrowded homes.
- There are an estimated 100,000 homeless people in the capital at any one time, including 350 people sleeping rough; 30,000 non-statutory homeless, such as those using winter shelters, hostels and squats; and 76,000 individuals in statutory homeless households.
- London has a relatively old housing stock: 34% was built before 1919 compared with the national average of 25%.
- There are a higher proportion of flats in London than anywhere else in the country.

Transport and pollution

- The most common form of transport in London for trips over 200 metres is the car. More than a quarter of all trips by car are under two miles. The number of trips by car increased by 45% between 1981 and 1991.
- Only 1.6% of journeys in London (a total of 330,000) are taken by bicycle. 24% are taken by public transport.
- Just over 1 million people enter central London every weekday morning, 13% of them by car.
- Levels of pollution in some parts of London regularly exceed national safety limits, particularly during hot weather and fog.
- Between 1995 and 1997, London's residents made on average 12% fewer journeys per year than those in the rest of the South East and nearly 8% fewer than the national average.
- 20% of London homes had two or more cars in 1997, compared with 34% in the South East and 26% in Britain as a whole. Around half of all inner London households have no car.

Food and waste

- Two-thirds of London's food is purchased from four supermarket chains. Only one in ten people in social classes D and E grow any food for themselves, compared with one in five of those in classes A and B.
- London produces 883,000 tonnes of organic waste each year, the vast majority of which is taken to landfill sites rather than recycled.

How the environment affects Londoners' health

- In a recent King's Fund poll, 88% of Londoners said that environmental factors are among the top three things affecting their health. 60% said poor air quality was one of the top three things affecting their health, 60% said too much traffic, 27% said dirty streets and 9% said poor quality housing.
- **Homelessness** is linked with mental illness, alcohol and drug problems, lack of access to all types of health service, and respiratory and infectious diseases. Homeless people and their children are at greater risk of early death and illness. Rates of long-term illness among homeless people have been found to be 2.5 times higher than average.

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- **Poor quality housing,** including overcrowding, damp and cold is linked with accidents in the home, infectious diseases, stress and mental health problems, respiratory disease, and excess winter deaths.
- **The urban environment,** such as high rise flats, is linked with lack of access to services and amenities (such as GPs, shops, and leisure and recreation facilities), lack of mobility, crime and stress.
- **Road traffic accidents** are commonplace: in 1996 there were 250 fatal road traffic accidents in London; 6500 resulting in serious injuries; and 38,500 causing minor injuries.
- **Poor air quality** does not cause asthma on its own but it can exacerbate symptoms in some people who already have respiratory problems. Small particulates (largely produced by diesel engines) are associated with increased death rates in older people or those with an existing respiratory disease.
- **Pollution** leads to an estimated 5500 hospital admissions in London each year (an average of 15 every day).

Useful reading

Health of Londoners Project. *The Health of Londoners: A public health report for London.* London: King's Fund, 1999.

Davies A and Kendall L. *Health and the London Mayor.* London: King's Fund, 1999.

McCarthy M and Ferguson J. *Environment and Health in London.* London: King's Fund, 1999.

Sustain. *CityHarvest: A report of a feasibility study into growing more food in London.* London: Sustain, 1999.

What can the GLA do?

- *Improve London's transport system* through the mayor's transport strategy, which could help to reduce the number of accidents, tackle pollution and increase the number of journeys made by bicycle.
- *Regenerate deprived areas of London* through the mayor's economic development strategy.
- *Improve London's air quality and environment,* making the city a more pleasant place in which to live and work.

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LONDON **2000** ELECTION BRIEFING

3

The health of London's children

Children and young people in London

London families

- There are 1.4 million children under 14 living in London, comprising 20% of the population. Newham and Tower Hamlets have the highest proportion of children (approx. 25% of the population) and Kensington and Chelsea have the lowest (15%).
- 26% of all dependent children in London (and 34% in inner London) live in lone parent households. The proportion of households with children headed by a lone parent ranges from 10% in Harrow and Havering to over 40% in Lambeth and Southwark.

Child poverty

- 1.5 million Londoners were dependent on Income Support in 1996.
- In 1998, half of inner London's secondary school pupils were eligible for free school meals. Entitlement ranges from 9% in Kingston-upon-Thames to 69% in Tower Hamlets.
- In 1991, 26% of children in inner London and 15% of children in outer London lived in overcrowded accommodation compared to the national average of 10%.

Crime and violence

- Around 38,500 teenagers aged 10–18 were accused of crime in London in 1996/97, a rate of about 62 per 1000.
- 15 children per 1000 children aged 1–18 were victims of crime in 1997.

Education and school exclusion

- 2000 pupils were excluded permanently from primary and secondary schools in Greater London in 1997/98.
- A quarter of primary school pupils and a third of secondary school pupils need English language support. Around 275 languages are spoken by children living in London.
- In 1998, 33% of pupils in inner London achieved five or more GCSE grades A–C, compared with 46% in England as a whole. 9.8% of pupils in inner London had no graded results, compared with 7.7% in England as a whole.

The health of London's children

- **Infant mortality:** inner London has one of Europe's worst infant mortality rates with 6.8 deaths per 1000 live births, compared with 5.1 in outer London, 6.2 in Madrid and 3.6 in Stockholm. The highest rate is in Hackney, where there were 11.3 deaths per 1000 live births.
- **Low birthweight babies:** the proportion of babies born below 2.5kg in London is 8.3 per 1000 live births, compared with 7.8 nationally. In Tower Hamlets the rate is 10.7 per 1000. Low birthweight babies are at risk of a wide range of health problems throughout childhood.
- **Accidents:** the deaths of 345 children and young people were registered in London in 1996, a quarter due to injury and poisoning, including accidents, suicide and homicide. In 1996, 2600 children were injured on London's roads. About a quarter of child casualties occur on the way to or from school.
- **Domestic violence:** a quarter of women living in inner London have experienced domestic violence. Children who witness domestic violence are more likely to suffer from physical and psychological health problems throughout their lives.
- **Mental ill health:** it is estimated that there are between 600,000 and 950,000 episodes of mental health

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disturbance in children and adolescents in London each year.

- **Tooth decay:** the proportion of five-year-old children with tooth decay in London in 1995/96 ranged from 27% in Kingston and district to 53% in Kensington, Chelsea and Westminster. The proportion of children registered with a dentist in London ranges from 67% in Kingston and Richmond to 37% in East London and the City.

Useful reading

Health of Londoners Project. *Child Health in London – The health and social characteristics of London's children.* Discussion paper, 1999.

London Research Centre. *London's Children – An analysis of the 1991 Census data.* 1995.

London Research Centre. *The Capital Divided – Mapping poverty and social exclusion in London.* 1996.

What can the GLA do?

- The GLA can help to *reduce the likelihood of London's children growing up in poverty* or social exclusion through the mayor's economic development strategy.
- *A better environment and transport strategy* for London could make a major difference to children's lives by reducing traffic accidents and pollution levels.

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4 The mental health of Londoners

London's mental health

The causes of mental ill health

- The term 'mental illness' covers a wide variety of problems affecting the mind. The two main types of mental illness are neurotic, such as anxiety and depression, which affect people's mood and emotions; and psychotic, such as schizophrenia, which affect a person's ability to distinguish reality and imagination.
- The precise causes of mental illness are unclear. Some kinds of illness have a genetic component. Other risk factors for developing mental illness include deprivation, unemployment, bereavement, family breakdown, homelessness, racism, work and school pressures and social isolation.

The extent of the problem

- 10% to 25% of the population of Britain have mental health problems and are receiving some kind of care, usually from their GP.
- 0.3% to 1.5% of the adult population in Britain suffer from serious and long-term mental illness. Many need ongoing treatment from specialist services.
- Rates of mental illness are likely to be higher than average in London because:
- London has high rates of unemployment, homelessness and overall social deprivation
- London has a relatively young population
- Londoners are more likely than people elsewhere in the country to live alone – 54% of households are single person households compared with 27% nationally
- a high proportion of Londoners are from Black and minority ethnic communities, and some Black communities experience high rates of diagnosis of particular disorders
- refugee communities may experience particular problems associated with war, oppression and loss.

Mental health care in London

What people need

- Mental illness can be treated by a range of methods including drugs, 'talking therapies' such as counselling, complementary therapies like aromatherapy and herbalism, and a wide range of other techniques that help people to understand and cope with their lives.
- 90% of people with mental illnesses are treated by their GP and other practice staff with no need for specialist care.
- Most of the small proportion who need specialist help are treated successfully in the community through out-patient or day care services.
- A smaller number of people require in-patient care in psychiatric wards or hospitals. This number has decreased over recent decades, as more people are able to live safely and with dignity in their own homes.
- The most important thing for the majority of people with mental illnesses is the opportunity to have an ordinary life. They want decent homes, financial security, gainful employment and a reasonable social life.

What people get

- The majority of Londoners with mental health problems receive a reasonable quality of care. King's Fund research has shown, however, that London's mental health services are struggling to cope with demand:
- many in-patient services are constantly full because London has a higher than average proportion of people with mental illnesses who are referred to hospital care

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- it is often hard to discharge patients from psychiatric beds because of shortages of community care and housing provision for people who do not need to be in hospital
- GP services in inner London often find it hard to keep up with demand for primary care, making it hard to provide the support many people need.
- Black African and Caribbean men and women are up to ten times more likely than white people to be diagnosed with schizophrenia. They are more likely to be detained compulsorily and treated with drugs rather than other therapies.
- Many people with mental health problems do not get the treatment they need for chronic physical health problems.

Useful reading

Johnson S *et al. London's Mental Health.* London: King's Fund, 1997.

Nazroo J. *Ethnicity and Mental Health.* London: Policy Studies Institute, 1997.

Sainsbury Centre for Mental Health. *Keys to Engagement.* London: SCMH, 1998.

What can the GLA do?

Responsibility for improving the ability of mental health services to respond to people's needs lies with the NHS and social services in London, with adequate support from national Government. Priority areas for mental health services should include:

- improving primary care for people with mental illnesses, including diagnosis and treatment of other health problems
- reducing pressure on in-patient services by ensuring community care provision in inner London gets the resources it needs to meet demand for mental health care
- developing alternative forms of care, like assertive outreach and emergency psychiatric care, that are known to work well for people with severe mental illnesses as safe alternatives to unnecessary stays in hospital
- giving service users a voice in their own care.

However, the GLA could help to improve mental health in London by tackling some of the root causes. Action by the mayor and assembly could include:

- reducing levels of *poverty and unemployment* in deprived areas of London through the mayor's economic development strategy
- tackling *racist discrimination and harassment* in all aspects of London life, especially through the new Police Authority
- taking action to tackle the many stereotypes that cause people with mental illnesses to be rejected and isolated by communities, by taking a positive approach to people with mental illnesses and fighting for their *inclusion in everyday life*.

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5

Older people in London

London's older people

According to the 1991 census

- There were 1.1 million people over pensionable age living in Greater London, comprising 16.8% of the population (compared with 18.7% nationally).
- 1.4% of Londoners were aged over 80 (compared with 1.5% nationally).
- More than 20% of residents in Barking and Dagenham, Richmond, Wandsworth and Bromley were over pensionable age; compared with fewer than 15% in Lambeth, Brent, Hackney, Haringey and Newham.
- Between 1981 and 1991, the proportion of pensioners aged up to 79 in London fell by 10%, whilst the proportion of those aged 80 and over rose by over 20%.

Social status and health

- London's older population tends to be poorer than elsewhere because young pensioners who are owner-occupiers, from middle and higher income groups, are the most likely to leave the capital before they get old.
- In London, as elsewhere, around half of those aged 75–79 have no disabilities; one third of people aged 80 to 84 have moderate to severe levels of disability; at 85 years and over, half have this level of restriction.
- In 1991, more than half of all London's residents with a limiting long-term illness were of pensionable age.
- London has a large population of older people living alone. They face particular problems with mobility, safety and income.

The future

- The number of older people living in Britain is predicted to increase, particularly between 2006 and 2011. In London, the shape of the older population is likely to change during this period.
- There will be an increase in the numbers of older men, and an increase in the proportion of the older population from minority ethnic groups from 7% in 1991 to 18% in 2011.

Key issues for London's older people

Transport: whether travel is needed for shopping, visiting friends, getting to hospital or visiting places of interest, accessible and affordable transport is an essential part of ensuring older people can lead the ordinary lives of their choice.

- Older people are significantly more likely than younger adults to undertake journeys by foot but walk shorter average distances.
- Older Londoners are several times more likely to use bus services than younger adults. Yet one third of those aged over 70 report difficulty boarding or alighting from buses.
- London is the only part of the country to operate a statutory concessionary travel scheme. In London, older people have free passes to travel on all public transport in London outside weekday peak hours. More than 80% of London's pensioners use the scheme – the highest participation rate in the UK.
- London's older people have one of Britain's lowest car ownership rates. Yet the car remains the most common form of transport for older Londoners.
- Accessible transport is particularly important for older people with disabilities. Door-to-door transport schemes in London (such as Taxicard and Dial-a-Ride) vary between boroughs, in terms of both availability and charging regimes.

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Personal safety: older people are less likely to experience a crime than younger adults, and are less likely to commit crimes than younger people. However:

- older people express much greater concern than younger people about their safety outside after dark, with 31% of women aged 60 or over feeling very unsafe
- fear of being outside after dark may be related to factors other than crime, including fear of having a fall or of being involved in an accident
- fear of crime and of falling have both been cited by older people as reasons for entering residential care.

Culture: for most people, leisure activity decreases after retirement age. This may be due to reduced income, increased illness or disability, difficulties travelling, fear of being outside at night, and the loss of spouse or partner. A 1999 survey by ONS found:

- levels of physical activity, listening to music, gardening, reading and DIY all fall during retirement, while levels of activities like watching television, knitting and sewing remain constant through old age
- around one in ten people over 80 regularly visit the cinema, watch plays or go to art galleries
- four-fifths of those aged 75 and over say they belong to a religion
- over a third of those aged 75 and over take part in formal voluntary work.

Useful reading

Department of Environment, Transport and the Regions. *National Travel Survey.* 1997.

Glass *et al.* Population based study of social and productive activities as predictors of survival among elderly Americans. *British Medical Journal* 1999; 319: 478–483.

Leeser R. *London's Older People.* London: London Research Centre, 1996.

London Accessible Transport Alliance. *London Accessible Transport Charter.* 1999.

Office of National Statistics. *Social Focus on Older People.* 1999.

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What can the GLA do?

Many of the major issues affecting London's older people demand national action from the Government. They include:

- a fair and sustainable *system of funding long-term care,* which ensures people who need ongoing support from health, housing and social services can receive the help they require without fear of living in poverty
- a recognition that *rationing occurs in health and social care,* with action to ensure that older people do not suffer unfair disadvantages from the inevitable trade-offs limited funds create in public services.

However, the GLA can take action to improve the lives of older Londoners, including:

- *reducing crime in the capital* through the new Metropolitan Police Authority, to help tackle older people's fears of crime
- ensuring public transport is *sensitive to the needs of older Londoners* through the mayor's transport strategy
- using the mayor's economic development strategy to *regenerate London's worst off communities,* taking action to help the most deprived older people in the capital.

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LONDON **2000** ELECTION BRIEFING

6 Primary care in London

London's primary care services

Primary care provision

- There are 4232 family doctors working in London.
- 20% of London's family practices are single-handed (with just one GP), compared with the English average of 9%.
- 39% of GPs in London are aged over 50, compared with 29% nationally.
- London's family doctors have larger patient lists than those in other areas of the country.
- One practice in seven has no practice nurse, compared with 4% nationally.

Primary care experiences

- The majority of Londoners told a King's Fund survey early in 1999 that they were satisfied with the services they get from their family practice.
- Older and poorer people were more likely than younger and richer Londoners to be satisfied with their GP. This may be because older and poorer people see their GPs more frequently, or it may reflect different expectations of public services among different age and social groups.

Primary care organisation

- In April 1999, every GP surgery in London was included in one of 66 primary care groups (PCGs). Each PCG is responsible for developing primary care services in its area and will eventually take over the work of health authorities in commissioning hospital and community health services for their patients.
- Some PCGs in London may make slower progress than others in developing new ways of working because London GPs were less likely than those elsewhere to be fundholders, giving them less experience of controlling their own budgets.
- taken advantage of new flexibilities in primary care service organisation. These include provision for nurses to lead their own practices, for NHS trusts to employ salaried GPs and for practices to join together to provide specialist services.
- Many of these projects are proving successful in addressing the needs of people, such as refugees and travellers, often ignored by other health services.
- Access to primary care is also changing because of NHS Direct and walk-in centres.

Key issues in primary care

- **Substandard premises:** many GP surgeries are housed in premises that fall below minimum official standards. The number has decreased since 1993 because of the London Initiative Zone, which invested £165 million in improving surgery premises. But wide variations still exist between different areas of London and individual practices.
- **Mental health:** primary care services are struggling to cope with demand for mental health care in London (see Briefing 4).
- **Health inequalities:** areas of London with the worst deprivation, and highest levels of ill health, often contain the most stretched and poorly resourced primary care services.
- **Staffing:** many family practices in London experience difficulties recruiting and retaining staff. This is a serious problem in a city with a shortage of practice nurses and a high proportion of GPs close to retirement age.
- **Patient choice:** many women, especially Asian women living in inner London, find it hard to register with a woman GP. This is due largely to the number of single-handed practices and the age profile of London's GPs.

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- **Preventive care:** inner London GPs perform less well against national targets for immunisation and screening than those in outer London or the rest of England. In 1994/95, 47% of GPs in East London and the City immunised 70% of eligible children, compared with 99% of GPs in Kingston and Richmond.
- **Refugee health:** many refugees find it hard to register with a GP, and when they do are often re-housed some distance away. Many of London's GPs do, however, have considerable experience of providing health care to refugees, which should be highly valued.

Useful reading

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Florin D *et al.* Developing Primary Care in London. London: King's Fund, 1999.

Malbon G *et al. What do Londoners think of their General Practice?* London: King's Fund, 1999.

NHS London Regional Office. *Core Briefing for GLA Candidates.* 1999.

What can be done?

The NHS in London faces a major challenge in bringing primary care standards up to the national average. Priority areas for the new primary care groups should be:

- organising themselves into robust bodies with *good management*
- tackling the *inequalities between different practices*, if necessary by redistributing resources within or between PCGs
- *involving members of the public* more actively in developing local health policies and scrutinising PCGs' work.

The GLA will have no responsibility for primary care services in London. This will remain with the NHS. However, the mayor and assembly do have a role in helping to tackle the underlying causes of health in London (see Briefing 1). The GLA can also ensure that high quality primary care forms part of urban regeneration initiatives in the most deprived areas of London.

This is the sixth in a series of briefings from the King's Fund for the elections for a mayor and assembly for London. The information they contain comes from a wide variety of sources, the most important of which are listed above. For more information about any of these matters, and how the GLA can make a difference to the health of Londoners, please contact Andrew Bell on 020 7307 2585 or Kate Wynne on 020 7307 2632.

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King's Fund

LONDON **2000** ELECTION BRIEFING

7 Hospitals in London

London's hospital services

Levels of provision

- There are currently 58 NHS trusts providing hospital and community care services to London's population of 7 million people. London also has a large number of private hospitals and clinics.
- London's hospitals include many of Britain's largest and most prestigious teaching hospitals and specialist clinics.
- The number of acute beds available in London hospitals in 1997/98 was 16,783 – down from 17,760 in 1993/94. This follows a series of reports in the early 1990s recommending more investment in primary care and less in hospital services. Shorter hospital stays and the growth of day surgery have reduce the need for hospital beds across the country.

Waiting times

- The number of people waiting more than 12 months for in-patient hospital treatment fell from 17,062 in June 1998 to 9556 in June 1999.
- But the number waiting over six months for an out-patient appointment rose from 16,759 to 24,315 during the same period.

Key issues for London hospitals

- **Hospital reconfiguration:** a succession of reports has called for London's hospital services to be changed, many recommending mergers of existing hospitals, to improve the quality of care patients receive.
- **Emergency care:** the capacity of London's ambulance and casualty services to cope with increasing levels of demand, particularly in winter, is the subject of considerable concern. Efforts to tackle the problem have included the opening of new beds and attempts to improve the health of older people during cold weather.
- **Waiting lists:** the Government's drive to reduce the number of people waiting for in-patient care has been more successful in London than in many other regions. It has been accompanied, however, by a 30% rise in the number of people waiting over 13 weeks for an out-patient appointment.
- **Funding:** several reports have argued that London loses out as a result of the Government's method of distributing NHS resources across the country. The current 'weighted capitation' system, which allocates money on the basis of population and need for health care, is currently under review.
- **Quality of care:** a survey in 1996 found that 34% of Londoners were dissatisfied with hospital in-patient services, compared with 22% nationally.
- **Hospital building:** a £1.2 billion building programme is under way in London's hospitals, much of it through the private finance initiative (PFI). Recent studies have suggested that PFI does not offer good value for money, and there are doubts about the willingness of private funders to get involved in all the schemes required.
- **NHS Direct:** this is a telephone helpline, staffed by nurses, which gives people advice and information about health and will soon be available across London. Nurses advise patients and carers whether they should go to an accident and emergency unit, see their GP or look after themselves. It is not yet known what impact this will have on demand for hospital services.

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Useful reading

Boyle S and Hamblin R. *The Health Economy of London.* London: King's Fund, 1997.

King's Fund London Commission. *Transforming Health in London.* London: King's Fund, 1997.

Turnberg L. *Health Services in London: a strategic review.* London: Department of Health, 1998.

NHS London Regional Office. *Core Briefing for GLA Candidates.* 1999.

What can be done?

The GLA will not have responsibility for hospital services in London. This will be retained by the NHS London Regional Office. The agenda for the NHS could include:

- shaping hospital services rationally to ensure a fair balance between the need for easily accessible services close to where people live and the importance of providing high quality care by centralising existing services
- ensuring NHS Direct provides a useful service to the public without creating excessive demand on other health services
- reducing waiting times for people with the most serious health problems (rather than simply bringing down the total number of people waiting at any time)
- finding reliable methods of funding for hospital building projects that provide flexible services where they are required in an efficient manner.

There are some areas, however, where the mayor and assembly could take action, including tackling the avoidable causes of high hospital admission rates, such as the high levels of pollution in congested areas of London.

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LONDON **2000** ELECTION BRIEFING

8

Black and minority ethnic health

London's ethnic minorities

Population figures

- London is Britain's most ethnically diverse city. More than a quarter of the population comes from a non-white minority ethnic group.
- There are 33 communities of more than 10,000 people born outside the UK living in London.
- An estimated 39% of London's school population came from a minority ethnic background in 1997/98.
- The number of people aged over 65 from a minority ethnic group is set to double over the next 15 years.
- The highest concentrations of minority ethnic residents in London are in Newham and Brent (at about 50%), the lowest are in Havering and Bromley (around 5%).
- An estimated 220,000 refugees live in London. Many of those awaiting a decision on their asylum status are homeless and living in temporary accommodation.

Incomes and opportunities

- The economic position of minority ethnic groups in London varies widely. African Asian and Chinese people have similar average incomes to white people. Pakistanis, Bangladeshis and Irish people suffer far higher levels of deprivation.
- 80% of Pakistani and Bangladeshi households and 40% of Indian and Black Caribbean households in London live below the poverty line.
- 25% of Black African men are unemployed, compared with 7% of white men, even though they are 30% more likely to have a higher education qualification.
- Asylum seekers in London experience widespread discrimination and harassment. Many are forced to live on very low incomes, in areas without the support they need from their own communities. The Government's proposed voucher system for refugee families will exacerbate these problems.

The health of London's ethnic minorities

- **Heart disease:** Asian men have a 60% higher rate of coronary heart disease than the average for men in England and Wales. The rate for Asian women is 50% higher than the average for women in England and Wales.
- **Diabetes:** is five times more common among Asians than the rest of the population. Over 10% of Asians, and 30% of those over 65, have diabetes.
- **Infant mortality:** babies born to Pakistani women are twice as likely to die in the first week as those of British-born mothers.
- **Sickle cell disease:** one Black African and Caribbean person in ten has a sickle cell disorder. If it is not managed properly, SCD can cause frequent, severe pain over a lifetime. Recent studies have suggested that many people with SCD get little help from health professionals in managing the condition.
- **Mental health:** Black African and Caribbean men and women are up to six times more likely to be diagnosed with schizophrenia than white adults. They are also more likely to be sectioned and treated with drugs rather than with 'talking' therapies.
- **Smoking:** Black Caribbean and Bangladeshi men are more likely to smoke than white men; Indian and African Asian men are less likely. Rates of smoking are low among women of all minority ethnic groups except African and Caribbean.
- **Refugee health:** refugees are particularly vulnerable to a range of physical and mental illnesses because many have suffered traumatic experiences in the past, have received inadequate medical attention for some time and often live in deprived circumstances in London.

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Useful reading

Balarajan R and Raleigh V. *Ethnicity and health in England.* London: Department of Health, 1995.

Levenson R with Coker N. *The Health of Refugees: A guide for GPs.* London: King's Fund, 1999.

Maxwell K and Streetly A. *Living with Sickle Pain.* London: Guy's, King's and St Thomas' School of Medicine, 1998.

Nazroo J. *The Health of Britain's Ethnic Minorities.* London: Policy Studies Institute, 1997.

Office of National Statistics. *Social Focus on Ethnic Minorities.* London: ONS, 1996.

What can the GLA do?

- *Tackling racism wherever it exists* in London. Racist discrimination and harassment are everyday hazards for many Londoners, and lead to stress, depression and reduced chances of success at school and work.
- Helping to *regenerate London's most deprived areas*, where many people from minority ethnic groups live in disadvantaged circumstances, through the mayor's economic development strategy.
- Examining all its own activities to ensure no section of the community is disadvantaged and taking *positive action to promote equal opportunities* in their fullest sense within the GLA and its partner agencies.

This is the eighth in a series of briefings from the King's Fund for the elections for a mayor and assembly for London. The information they contain comes from a wide variety of sources, the most important of which are listed above. For more information about any of these matters, and how the GLA can make a difference to the health of Londoners, please contact Andrew Bell on 020 7307 2585 or Kate Wynne on 020 7307 2632.

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TABLE 1 - LONDON'S POPULATION & AGE

GLA Electoral Area	Local Authorities	Health Authorities	Population	0-14	15-44	75+	Projected Change 1999-2011
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	513,880	18.0%	48.0%	6.8%	2.6%
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	514,783	18.5%	41.5%	7.6%	2.0%
Brent & Harrow	Brent Harrow	Brent & Harrow	460,451	19.9%	46.4%	5.8%	0.7%
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	567,350	24.5%	45.9%	5.5%	3.8%
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	512,095	19.7%	45.2%	6.4%	1.9%
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	548,314	19.5%	47.3%	6.0%	-0.1%
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	484,895	20.1%	47.1%	6.0%	0.7%
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	455,016	21.2%	47.0%	6.3%	-0.2%
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	462,039	19.0%	42.4%	7.1%	1.3%
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	495,673	21.0%	50.6%	5.1%	-0.3%
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	448,937	17.4%	51.4%	6.2%	2.5%
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	587,873	21.0%	48.8%	5.6%	0.5%
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	537,600	18.4%	46.4%	6.8%	3.5%
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	533,265	14.8%	53.1%	5.7%	3.5%
INNER LONDON			**2,727,363**	**19.6%**	**50.6%**	**5.4%**	**1.6%**
OUTER LONDON			**4,394,808**	**19.5%**	**45.1%**	**6.7%**	**1.7%**
GREATER LONDON			**7,122,171**	**19.5%**	**47.2%**	**6.2%**	**1.6%**

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TABLE 2 - LONDON'S POPULATION & ETHINICITY

GLA Electoral Area	Local Authorities	Health Authorities	White	All EM	Refugees & Asylum Seekers Estimated Number	Refugees & Asylum Seekers Estimated % of London Total
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	76.6%	22.8%	22,700-26,500	9.4%
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	93.1%	6.7%	4,000-4,700	1.7%
Brent & Harrow	Brent Harrow	Brent & Harrow	56.5%	43.1%	18,100-21,000	7.5%
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	63.3%	36.0%	25,170-29,330	10.5%
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	82.2%	16.8%	8,100-9,400	3.4%
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	71.3%	28.2%	15,800-18,400	6.6%
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	74.2%	25.4%	23,400-27,300	9.7%
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	77.4%	22.3%	15,700-18,300	6.5%
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	82.9%	16.8%	5,400-6,300	2.2%
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	68.4%	31.4%	18,600-21,700	7.7%
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	78.3%	21.4%	11,300-13,200	4.7%
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	68.8%	30.9%	29,800-34,700	12.4%
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	81.6%	17.9%	11,000-12,600	4.6%
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	77.5%	22.0%	31,400-36,600	13.1%
INNER LONDON			**69.7%**	**29.9%**	**138,300-161,200**	**57.4%**
OUTER LONDON			**78.5%**	**21.1%**	**102,200-118,800**	**42.5%**
GREATER LONDON			**75.1%**	**24.5%**	**240,500-280,000**	**100%**

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TABLE 3 - LONDON'S POPULATION & HOUSING

GLA Electoral Area	Local Authorities	Health Authorities	Res Overcrowded Households	Res H-holds w/out Amenities	Homeless H-holds in Temp Accomm	Resid in H-holds w/out Car
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	7.9%	1.7%	3,008	21.4%
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	3.0%	0.6%	332	26.1%
Brent & Harrow	Brent Harrow	Brent & Harrow	10.0%	1.4%	4,157	35.8%
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	17.4%	1.7%	2,868	53.0%
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	4.9%	1.0%	1,378	29.1%
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	8.6%	1.1%	2,001	31.0%
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	7.8%	1.8%	3,756	39.8%
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	7.7%	1.2%	959	45.4%
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	4.8%	0.8%	742	27.9%
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	10.9%	1.8%	1,703	56.6%
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	7.2%	1.7%	465	39.9%
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	12.1%	2.4%	2,487	54.0%
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	5.7%	1.4%	1,743	29.7%
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	10.6%	2.8%	2,599	53.7%
INNER LONDON			**12.0%**	**2.2%**	**13,820**	**50.6%**
OUTER LONDON			**6.5%**	**1.1%**	**14,378**	**31.9%**
GREATER LONDON			**8.6%**	**1.5%**	**28,198**	**38.9%**

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TABLE 4 - LONDON'S OTHER POPULATION CHARACTERISTICS

GLA Electoral Area	Local Authorities	Health Authorities	Children in Lone Parent Households	Pensioners Living Alone	Residents Moved in Previous Year
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	21.5%	38.2%	13.5%
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	13.9%	33.1%	7.9%
Brent & Harrow	Brent Harrow	Brent & Harrow	20.2%	32.4%	10.8%
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	24.5%	37.2%	9.9%
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	18.0%	34.0%	10.0%
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	17.8%	33.0%	11.1%
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	23.5%	35.9%	10.9%
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	31.7%	37.0%	10.5%
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	13.8%	31.3%	7.5%
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	41.2%	40.8%	11.7%
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	23.7%	37.4%	13.7%
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	32.0%	39.9%	11.1%
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	15.7%	36.2%	11.7%
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	30.9%	47.1%	19.0%
INNER LONDON			**33.3%**	**41.5%**	**13.6%**
OUTER LONDON			**17.7%**	**34.0%**	**9.9%**
GREATER LONDON			**23.5%**	**36.6%**	**11.3%**

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TABLE 5 - LONDON'S POPULATION & BENEFITS

GLA Electoral Area	Local Authorities	Health Authorities	Housing Benefit Claimants	Income Support Claimants Per 1,000	DLA Claimants Per 1,000	JSA Claimants Per 1,000
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	52,173	94.3	27.0	37.9
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	28,417	60.0	24.3	13.4
Brent & Harrow	Brent Harrow	Brent & Harrow	43,030	98.0	26.7	25.8
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	91,461	165.9	44.6	39.2
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	35,341	72.4	23.3	17.0
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	41,324	84.9	28.5	16.7
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	55,688	117.8	30.1	36.2
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	63,780	124.1	35.4	38.3
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	26,122	74.0	30.2	14.9
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	81,164	140.9	31.5	45.7
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	39,893	79.7	25.0	21.2
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	98,411	153.5	37.2	47.4
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	33,578	63.6	21.9	11.6
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	62,970	94.1	24.3	27.6
INNER LONDON			**421,160**	**134.1**	**33.0**	**61.7**
OUTER LONDON			**332,192**	**81.9**	**27.2**	**29.0**
GREATER LONDON			**753,352**	**101.9**	**29.5**	**41.8**

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TABLE 6 - LONDON'S POPULATION & EDUCATION

GLA Electoral Area	Local Authorities	Health Authorities	5 GCSE Grades A-C	1 GCSE Grades A-G	Free Meals	Excluded
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	51.5%	93.5%	27.3%	0.54%
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	48.3%	95.9%	16.3%	0.03%
Brent & Harrow	Brent Harrow	Brent & Harrow	51.5%	95.5%	20.3%	0.69%
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	34.5%	95.1%	47.6%	0.36%
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	47.2%	94.7%	21.7%	0.81%
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	44.5%	94.1%	31.0%	0.49%
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	35.0%	93.6%	31.6%	0.69%
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	33.0%	91.8%	39.9%	0.52%
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	52.8%	96.9%	16.3%	0.23%
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	29.0%	93.9%	59.8%	0.89%
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	36.6%	92.6%	26.7%	0.41%
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	29.7%	91.8%	46.8%	0.60%
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	49.8%	95.2%	18.8%	0.51%
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	39.3%	90.2%	42.4%	0.75%
INNER LONDON			**33.5%**	**93.4%**	**48.5%**	**0.58%**
OUTER LONDON			**45.6%**	**94.4%**	**23.2%**	**0.46%**
GREATER LONDON			**40.9%**	**94.0%**	**32.9%**	**0.51%**

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TABLE 7 - LONDON'S POPULATION & HEALTH INDICATORS I

GLA Electoral Area	Local Authorities	Health Authorities	SMRs 0-14	SMRs 15-44	SMRs 45-64	Infant Mortality Rate (per 1,000)	Births <2,5 kg
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	87.3	102.4	100.2	4.8	8.3%
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	68.8	81.2	88.0	3.7	6.8%
Brent & Harrow	Brent Harrow	Brent & Harrow	80.9	89.5	95.5	5.4	8.9%
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	123.5	116.1	136.4	7.3	9.6%
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	86.8	82.5	94.2	5.4	7.5%
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	97.8	95.9	102.6	4.4	8.3%
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	87.7	114.1	100.8	5.6	8.6%
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	112.4	117.6	129.0	6.5	9.1%
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	94.1	93.2	86.5	5.3	8.1%
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	144.6	142.6	138.0	8.7	9.0%
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	85.8	86.7	106.3	4.5	7.4%
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	116.1	117.1	125.9	6.8	8.9%
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	73.0	77.1	94.3	4.4	7.0%
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	108.3	107.8	105.7	6.9	7.9%
INNER LONDON			**117.8**	**122.5**	**126.5**	**6.8**	**8.9%**
OUTER LONDON			**87.0**	**88.5**	**95.6**	**5.1**	**7.9%**
GREATER LONDON			**99.6**	**102.3**	**106.3**	**5.8**	**8.3%**

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TABLE 8 - LONDON'S POPULATION & HEALTH INDICATORS II

GLA Electoral Area	Local Authorities	Health Authorities	Stard Ratio Limiting Long Term Ill <65	No. Road Traffic Casualties	Conception Rate Girls 13-15 (per 1,000)	Children (per 1,000) <18 Looked After
Barnet & Camden	Barnet Camden	Barnet Camden & Islington (part)	88	3,567	6.1	4.1
Bexley & Bromley	Bexley Bromley	Bexley & Greenwich (part) Bromley	74	2,437	5.2	3.5
Brent & Harrow	Brent Harrow	Brent & Harrow	92	2,515	6.5	4.5
City & East	City of London Barking & Dageham Newham Tower Hamlets	Barking & Havering (part) East London & The City (part)	132	3,813	10.3	4.7
Croydon & Sutton	Croydon Sutton	Croydon Merton, Sutton & Wandsworth (part)	81	2,815	9.0	3.7
Ealing & Hillingdon	Ealing Hillingdon	Ealing, Hammersmith & Hounslow (part) Hillingdon	92	3,578	7.7	5.3
Enfield & Haringey	Enfield Haringey	Enfield & Haringey	100	2,936	10.6	4.3
Greenwich & Lewisham	Greenwich Lewisham	Bexley & Greenwich (part) Lambeth, Southwark & Lewisham (part)	112	2,944	13.7	6.9
Havering & Redbridge	Havering Redbridge	Barking & Havering (part) Redbridge & Waltham Forest (part)	85	2,785	5.	2.7
Lambeth & Southwark	Lambeth Southwark	Lambeth, Southwark & Lewisham (part)	125	4,035	18.8	10.4
Merton & Wandsworth	Merton Wandsworth	Merton, Sutton & Wandsworth (part)	93	2,325	10.6	6.0
North East	Hackney Islington Waltham Forest	East London & The City (part) Camden & Islington (part) Redbridge & Waltham Forest (part)	130	3,784	11.4	7.8
South West	Hounslow Kingston upon Thames Richmond Upon Thames	Ealing, Hammersmith & Hounslow (part) Kingston & Richmond	77	3,335	6.4	3.6
West Central	Hammersmith & Fulham Kensington & Chelsea City of Westminster	Ealing, Hammersmith & Hounslow (part) Kensington & Chelsea and Westminster	97	5,146	7.8	8.7
INNER LONDON			**120**	**20,601**	**12.7**	**8.0**
OUTER LONDON			**86**	**25,414**	**7.3**	**3.9**
GREATER LONDON			**99**	**46,015**	**9.2**	**5.4**

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London Health, the Mayor and GLA:

A series of King's Fund breakfast discussions for the New Year

Beginning in January, and running up to the May election of the Mayor and Greater London Assembly, the King's Fund is hosting a series of breakfast discussions on key issues for health in London. Each discussion will be chaired by a senior associate fellow of the King's Fund, with two expert speakers to set out key health challenges in the areas shown below. The breakfast discussions will begin at 8.30 a.m. and end by 10 a.m., and a continental breakfast will be served. The discussions will be relevant to anyone who has an interest in the health of Londoners, and the potential impact and influence of the new Mayor and GLA.

The discussions are by invitation only. No charge will be made for attendance.

Discussion 1

Mental Health in the City: Wednesday **12 January**, 8.30–10 a.m.
Chair: Baroness Cumberlege of Newick

Discussion 2

The health of young people: Wednesday **2 February**, 8.30–10 a.m.
Chair: Rabbi Julia Neuberger

Discussion 3

Transport, environment and health: Wednesday **23 February**, 8.30–10 a.m.
Chair: Tony Travers

Discussion 4

Housing, regeneration and health: Wednesday **8 March**, 8.30–10 a.m.
Chair: George Barlow

Discussion 5

The NHS, the Mayor and GLA: Wednesday **29 March**, 8.30–10 a.m.
Chair: Lord Harris of Haringey

If you would like to reserve a place for one or more breakfast discussion or receive further information on the series, please contact Dunni Akinola on: 020 7307 2475;
or e-mail: iakinola@kingsfund.org.uk

King's Fund

POWERS AND RESPONSIBILITIES OF THE GREATER LONDON AUTHORITY

Key Points

(From a paper prepared for the King's Fund by Anne Davies)

- The GLA will have a general power to do anything it considers will further one or more of its principal purposes.
- The principal purposes of the GLA are economic development & wealth creation, social development and improvement of the environment
- Improving the health of Londoners is not a principle purpose of the GLA but a discretionary duty. *In exercising its power… the Authority shall have regard to the effect which the proposed exercise of the power would have on …. the health of persons in Greater London. (section (4)) Where the Authority exercises the power… it shall do so in the way which it considers best calculated (a) to promote improvements in the health of persons in Greater London …. Except to the extent that the Authority considers that any action that would need to be taken by virtue of paragraph (a)…. Is not reasonably practicable in all the circumstances of the case.*
- There is a scrutiny role for the Assembly, which can enquire into any matters it considers important to London.
- The GLA will be a strategic body, with the Mayor responsible for producing eight strategies. The Mayor *shall have regard to… the effect which the proposed strategy or revision would have on (i) the health of persons in Greater London (section 41 (4)).* The eight strategies are the Transport Strategy, the London Development Agency strategy, the London Biodiversity Action Plan, the Municipal Waste Management strategy, the London Air Quality strategy, the London Ambient Noise strategy, the Culture strategy and the Spatial Development strategy.
- There is no GLA health strategy role *per se* but there is scope to begin the process of developing one.
- Health Authorities do not have to be consulted as GLA strategies are prepared or revised.
- The Assembly cannot reject or force amendments to the Mayor's strategies.
- There is no provision for a health expert to be appointed by the GLA. It remains optional but probably low priority.
- The Mayor may play a range of health roles, from supportive to oppositional, or may confine interest to health services and take no active part in health improvement.
- The Act provides a framework for the relationship between the new Authority, which produces strategies, and five functional bodies as well as the boroughs that will deliver them. The functional bodies are Transport for London, The Metropolitan Police Authority, The London Development Agency, The London Fire and Emergency Planning Authority, the Cultural Strategy Group.
- The Act provides no framework or structure to link the GLA with the equivalent of 'functional bodies' in health, i.e. the London Regional Office of the NHS Executive and the London health authorities.
- The way the relationship between the NHS and its health partners and the GLA develops will influence the way the GLA interprets its health duties.

Why the GLA is well-placed to play a strategic role in health

- Health is an important element in the policy areas for which it has strategic responsibility.
- As a democratic body the GLA will be as concerned with health improvement as it is with economic, social and environmental improvement.
- There is an emerging regional health agenda
- Playing a strategic role would minimise the risk of incoherent interventions in a policy area dependent upon sustained and concerted action by a wide partnership.
- The new Authority offers a conduit for consultation and accountability to the London public.
- In common with other Regional Offices, the Government Office for London has a number of public health liaison roles eg linking health with core responsibilities such as economic

development, working with NHS Regional Offices to oversee the development of HIMPs. These links are meant to be strengthened by the new public health observatories. The GLA could assume responsibility for these liaison roles which remain undeveloped within GOL.

Aims and recommendations

If the GLA confines its health brief to one of scrutiny and *ad hoc* interventions, there is a risk of it focusing only on the NHS, rather than on health improvement, and adopting an oppositional rather than a constructive approach to health policy. To minimise this risk it is important to expand the GLA role from one of scrutiny to strategy. Every encouragement must be given to the Mayor and to Assembly members to work with the NHS and its partners in developing health improvement policies.

Objectives:

- To encourage the GLA to participate in the development of a London health strategy
- To maximise opportunities to bring the new Authority into existing health partnerships
- To take all necessary measures to ensure that health improvement is written into the eight GLA strategies
- To ensure that the GLA has direct access to health information and expertise
- To continue to adapt NHS regional structure, processes and culture to facilitate communication with the GLA
- To encourage the Mayor to respond constructively to Assembly inquiries and reports

Recommendations

- **Appointment of GLA Health 'adviser'** . In line with the proposal in the White Paper. A variety of tasks – to keep health on the GLA's agenda, to liaise with the NHS and its health partners, and with the functional bodies. The post should be sufficiently senior for the Mayor to delegate some duties.,
- **A Regional Health Strategy Group** having cross membership with GLA. To include Assembly members and others nominated by the Mayor, as well as representatives of the NHS regional offices, health authorities and boroughs. Key functions: to advise the Mayor, to develop the regional health agenda, to coordinate health input to the GLA strategies. Other tasks might include initiating London health promotion campaigns, commissioning overviews of aspects of health improvement.
- **Health Strategy Officers in the functional bodies.** Key functions: to ensure that each strategy takes into account the duty to consider improvement in the health of Londoners, and, secondly to act as a point of liaison on health related issues with the Mayor and advisers, with the Assembly, the NHS Regional Office and other functional bodies within the GLA's remit. They could meet regularly under the aegis of the proposed Regional Health Strategy Group, or report direct to the Assembly.
- **Delegation by the Assembly.** The Assembly could delegate specific health-related responsibilities to one its members who would keep a watching brief and act as a point of liaison with health bodies. The same person would be well-placed to chair any Assembly inquiries into health-related subjects.
- **Regular publication of a London health report.** This would be a health version of the Mayor's four-yearly environmental report. The report could be drafted by the health adviser to the Mayor, or by the proposed Regional Health Strategy Group, or it could be commissioned from an independent source by the Mayor.
- **Involve GLA in key London health appointments.** In the long term the Mayor could be consulted or have a share in key London health appointments. This would develop a shared responsibility for health.
- **Monitor and compare with health devolution in Wales.** To inform the distribution of responsibilities for health in any further devolution to English regions.

Anne Davies
November 1999

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