

Declaration for Health in the Millennium

Priorities for the Mayor and GLA

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London's new Mayor and Assembly will have an unprecedented opportunity to champion and defend the health of Londoners. The Greater London Authority will not run health services but it will have responsibility for key policies – including transport, crime and economic development – that will have a major impact on Londoners' health and on the 'health gap' between rich and poor.

Londoners want their Mayor to take action to improve health, according to a King's Fund survey. They think that London is an unhealthy place to live, that it is less healthy than other parts of the country and will get even less healthy in the future. To make the capital healthier, Londoners want action, above all, to reduce traffic, to improve air quality and housing, and to cut unemployment.

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Last year, the King's Fund led a successful campaign to give the GLA a clear duty to promote improvements in the health of Londoners. Since then we have carried out an international survey of health initiatives by other city-wide authorities and analysed the potential of the new Greater London Authority. Set out below, with examples drawn from other cities and based on the actual powers and responsibilities of the GLA, are the King's Fund's draft priorities for action on health. The Mayor and GLA should:

- **Tackle health inequalities.** This must be a key objective, informing all action taken by the Mayor and Assembly to improve health in the capital.
- **Regenerate deprived areas.** Measures to improve health and tackle inequalities must be fully integrated into the Mayor's economic development strategy. This means not only creating jobs and increasing skills and training, but also improving the built environment and investing in the social fabric of London's communities.
- **Create a healthy transport strategy.** This must help reduce accidents, increase walking and cycling, link deprived communities to the services they need and ensure that London's public transport is accessible to the capital's most vulnerable groups.
- **Cut crime and improve community safety.** The GLA will have an important role in tackling crime in the capital through the new Metropolitan Police Authority. The Mayor must ensure that the links between crime, fear of crime and poor health are understood and acted upon.

- **Involve Londoners and establish effective partnerships.** The GLA must listen to the views of Londoners about their health and the health of their city, for example through the twice-yearly 'People's Question Time' and the annual 'State of London Debate'. The Mayor and Assembly must also establish effective partnerships to improve health in the capital, with the NHS and other health partners such as the London boroughs, as well as with the functional bodies of the GLA.

I. Tackle health inequalities

An overarching objective for improving health in the capital identified by many organisations, such as the Health of Londoners Project, is tackling the capital's health divide. Unacceptably wide inequalities in health exist in London today:

- The chances of dying before the age of 75 years are almost twice as high for people living in Tower Hamlets, Newham, Hackney, Lambeth and Southwark than for those living in the City of London, Kingston-upon-Thames or Bromley.
- In 1998, infant mortality rates ranged from 1.1 deaths per 1000 live births in Kingston-upon-Thames to 11.3 in Hackney, compared to the national average for England and Wales of 5.9 deaths per 1000 live births.
- Many people from black and minority ethnic groups suffer worse health than average, with the poorest ethnic groups generally having the worst health. For

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example, babies born to Pakistani women are twice as likely to die in the first week as those of British-born mothers. Diabetes is five times more common among Asians than in the rest of the population. Refugees are particularly vulnerable to ill health and often have difficulties gaining access to health and other services.

The King's Fund therefore proposes that tackling health inequalities should be a key objective, informing all action taken by the Mayor and Assembly to improve health in the capital.

2. Regenerate London's deprived areas

In order to tackle health inequalities, the root causes of ill health in London must be addressed. The Mayor's economic development strategy could make an important contribution to the health of Londoners, not only by helping to create jobs and increase skills and training, but also by improving housing and the built environment and investing in the social fabric of London's most deprived communities. The London Development Partnership (which becomes the London Development Agency once the GLA is in place) will be responsible for drawing up the Mayor's economic development strategy. It is vital that measures to improve health and tackle inequalities are fully integrated into these plans and that effective partnerships between the LDP and other organisations with a role in improving health are established.

There is now clear evidence that poverty, unemployment, social exclusion and poor housing have a major impact on health, and that these issues are a particular cause for concern in the capital:

- Since the early 1990s, unemployment rates in the capital have been higher than the national average: 8.1 per cent compared with 6.1 per cent.
- Long-term unemployment is a particular problem in London: 46 per cent of unemployed people aged over 50 have been unemployed for over a year.
- Londoners from black and minority ethnic communities are twice as likely to be unemployed as white Londoners.
- There is also significant dependence on benefits in the capital: 1.5 million Londoners were dependent on Income Support in 1996.
- Poor quality housing, including overcrowding, damp and cold, is linked to accidents in the home, infectious diseases, stress and mental health problems, respiratory disease and an increase in the number of deaths during winter.
- Poor urban environments are linked with lack of access to services and amenities (e.g. GP surgeries, shops and leisure and recreation facilities), lack of mobility, crime and stress.
- Homelessness is linked with mental illness, alcohol and drug problems, lack of access to all types of health services, and respiratory and infectious diseases.

Examples of action taken by other cities to regenerate deprived areas include:

- **Birmingham's Family Support Strategy**, which is a multi-agency approach to tackling poverty and

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disadvantage among families. Its aims include: decreasing the number of homes that are overcrowded or unfit to live in; helping first time parents to cope with their everyday problems through home visits from local people trained as 'community parents'; providing affordable high quality childcare and increasing the number of play areas and opportunities for leisure recreation; and giving advice about eating a healthy diet and cooking on a low income.

- **Regenerating the Ciutat Vella district of Barcelona**, a ten-year project that has improved housing, created more open spaces for people to relax and play in, and increased access to public services, including health services, in this deprived area of the city. People living in Ciutat Vella have the worst health in Barcelona. Health indicators have been used to help redirect spending on health in the area, for example setting up a new mother and child programme, reforming primary care and establishing a programme to control the spread of TB.
- **New York's 'Mental health treatment is working' campaign**, which aims to tackle the stigma attached to people with mental illness. The campaign focuses on getting employers to understand that many people with mental health problems want to work and with treatment can do so successfully. It also encourages people with mental illness to come forward and seek proper treatment and support.
- **The Robert Taylor Initiative in Chicago**. This initiative is co-ordinated by the Chicago Department of Public Health. It aims to tackle the poor health experienced by several

generations of residents in public housing through early intervention, prevention and seamless care throughout an individual's lifetime. Programmes range from primary health care to literacy, and from violence prevention to job training. They are delivered in a variety of ways, including through primary care centres, home visiting, mentoring and individual and family counselling.

- **The Mayor of Toronto's Homelessness Action Task Force**, which has produced an action plan for the city that aims to replace reactive, emergency responses to homelessness with a preventive, long-term approach. It also seeks to ensure that all levels of government take ownership of the problem and responsibility for solving it. Initiatives include providing more supportive housing; a 24-hour Homeless Services Information System, which every organisation can access; ensuring resources help people find permanent housing; and appointing a single facilitator for action on homelessness to report annually on progress.

3. Create a healthy transport strategy

One of the key priorities of the new Mayor will be implementing a transport strategy for London. The Mayor must ensure this strategy actively promotes improvements to the health of Londoners.

Transport has an important effect on the health of Londoners:

- Road traffic accidents can lead to death or injury. Although mortality rates from

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road traffic accidents are relatively low in London compared with the rest of the country (due to lower speed limits in the capital), there are still nearly 300 deaths and 46,000 injuries every year from road traffic accidents.

- There is considerable debate about the effects of air pollution on health. Although poor air quality is unlikely to be a direct cause of asthma, it may exacerbate the symptoms of some people who already have respiratory problems.
- Exercise from walking or cycling instead of using a car or public transport to get around can have a beneficial impact on an individual's health. However, the most common form of transport in London for trips over 200 metres is the car, with only 1.6 per cent of journeys in London (a total of 330,000) taken by bicycle.
- Transport can also affect local communities' access to work, to key services such as health services and to food.

Action taken by other cities to deliver healthy transport policies include:

- **Toronto's 'Walking School Bus' programme**, which encourages children to walk to school with their parents.
- **Paris' city-wide cycle plan**. This includes 130 km of cycle tracks, promoting car free days when traffic is restricted in some areas of every district in the city, setting aside areas for pedestrians and cyclists on Sundays, and lending bicycles to the general public free of charge.
- **Rome's city centre traffic reduction strategy**. This includes 12,500 new parking spaces in park-and-ride car

parks on the outskirts of the city, new coach parks for tourist coaches, which are linked to major attractions by privately run buses and the 'Clean Wednesday' programme, which prevents cars without catalytic converters entering the city centre on certain days. The city is also subsidising the cost of electric scooters by 35 per cent to encourage Romans to leave their cars at home.

- **Birmingham's Travelwise scheme**, which aims to make good quality transport accessible to staff and patients in the NHS and other organisations. Travelwise encourages NHS, city council and private sector workers to get to work by public rather than private transport. Incentives include a 50 per cent reduction in the cost of annual travel passes for companies involved in the scheme. Birmingham City Council is also extending the availability of buses with low floors to make it easier for people who are not very mobile to use public transport.
- **Chicago's 'Seniors Shuttle Service'**, which provides effective transport links between deprived communities and the services they need. The service takes older people shopping once a week to large local stores selling affordable, healthy food.

4. Cut crime and improve community safety

The GLA will have an important role in tackling crime in the capital through the new Metropolitan Police Authority: an independently constituted body including members of the Assembly such as the

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Deputy Mayor. Effective links between crime and health in London must be made and acted upon.

There is growing evidence about the links between crime, fear of crime and health:

- Crime is associated with relative deprivation and health inequalities. The same social and environmental factors that predict variations in crime rates between communities are often relevant to explaining differences in health and wellbeing. Levels of drug and alcohol use are also key factors influencing the prevalence of crime.
- Crime can, and often does, damage the physical and mental health of victims. The effects include acute as well as chronic health needs.
- Crime also has an impact on the health of people who witness traumatic events. Fear of crime is a very real and debilitating factor in many people's lives, limiting their lifestyles in ways that are detrimental to good health.
- People who work in the NHS and other public services can often be at greater risk from work related violence than the general population.
- Crime rates fell steadily in London between 1993-97. However, the most recent figures (1998-99) show that the number of crimes committed in the Metropolitan Police Area increased by almost 9 per cent compared with the previous year. Hackney, Southwark and Westminster are in the top ten areas with the highest proportion of offences committed per 1000 population.

Action taken by other cities to tackle crime and improve health include:

- **The Mayor of New York's Commission to Combat Family Violence.** This sees domestic violence as a key public health issue and has made tackling it a priority. Action includes: a pro-arrest police policy for domestic violence related crimes; dedicated, specially trained domestic violence prevention officers and investigators in each of the City's 76 police precincts; a domestic violence co-ordinator in each of New York's public hospitals to identify and treat victims of domestic violence and refer them to appropriate services; public education campaigns to help change attitudes; integrating domestic violence screening into substance abuse programmes; and a 24-hour telephone hotline.
- **Toronto's Taskforce on Community Safety.** After conducting a survey to identify the key priorities of Toronto's citizens and community groups, the Taskforce developed a wide-ranging programme of action. This includes: making public buildings and spaces safer; improving pedestrian safety; increasing the amount of high quality, accessible recreation available for children, youths and families who are at risk of being victims and/or offenders of crime; anti-violence programme elements in all city-funded programmes for children, youths and families; the 'One on One' school based mentoring programme, where adults help develop supportive personal relationships with children; and programmes to employ young people thought to be at risk of involvement in crime in a range of different activities, including improving their local neighbourhoods.



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5. Involve Londoners and establish effective partnerships

The Mayor and Assembly must listen to the views of Londoners about their health and the health of their city. Firstly, this will help the GLA make better decisions. Secondly, there is growing evidence that giving people a greater say in decisions that affect their lives helps improve health. The Mayor must also work closely with the voluntary sector in London to ensure the voices of groups too often excluded from the policy-making process are heard and heeded. Health issues in the capital should therefore be addressed through:

- the twice-yearly 'People's Question Time' where the Mayor and Assembly are questioned
- the monthly 'Question Time' at which Assembly members question the Mayor and his/her administration
- the annual 'State of London Debate'.

In addition, the GLA must establish effective partnerships to improve health in the capital. To ensure the Mayor and Assembly work with the NHS and other partners to improve the health of Londoners, it is recommended that the following steps are taken:

- **A GLA Health Adviser** should be appointed to keep health improvement high on the GLA's agenda and to liaise with the NHS and other health partners, such as the London boroughs, as well as with the functional bodies of the GLA.
- **A Regional Health Strategy Group** should develop a rolling agenda for improving health in the capital. Building on current work by the London Regional Office of the NHS Executive and partner organisations, this Group should include Assembly members as well as representatives of the London Regional Office, London's health authorities and boroughs, and members of the voluntary and private sectors.
- **Health Strategy Officers** should be appointed in each of the functional bodies to ensure that the Mayor's strategies actively promote improvements in the health of Londoners, and to act as a point of liaison on health related issues with the Mayor, the Assembly, the NHS Regional Office and the other functional bodies of the GLA.
- **The Assembly should have a key role in improving health**, for example by delegating specific health related responsibilities to one of its members, who could also chair the Assembly's inquiries or committees on health issues.
- **A health report for London should be published regularly.** This could be produced by the Mayor's Health Adviser, the Regional Health Strategy Group or be commissioned by the Mayor from an independent body, for example The Health of Londoners Project or the London Health Observatory.

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Suggested reading

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