

Good for London's health?

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A health briefing for the London Mayoral and Assembly elections 2004

The elections for London Mayor and the London Assembly, which together make up the Greater London Authority (GLA), are due to take place on 10 June. They provide an ideal opportunity to consider the vital importance of improving health across the capital, and how elected representatives can make a difference. The Royal College of Nursing, the NHS Confederation and the King's Fund have come together to produce this briefing that provides key facts and figures on London's health needs, and highlights what we believe are the five most pressing health issues for the Mayor to tackle. The London Health Observatory and the London Health Commission have also contributed to gathering data and analysis for this briefing.

London's health

Several factors combine to make the capital's health needs different – and more complex – than those of other parts of the country. This has implications for all public services, including the NHS.

Some of the health issues London faces include:

- The life expectancy for a baby girl born in Tower Hamlets or Newham is 79 years compared with 84 years in Kensington and Chelsea. The health divide is not confined to inner London alone and most outer London boroughs have pockets of poor health. Croydon and Waltham Forest, for instance, have among the highest rates of infant death, with seven deaths per 1,000 live births, significantly higher than England and Wales as a whole (5.4 deaths per 1,000 live births).¹

- Rates of drug misuse are higher than the national average – one Londoner dies from drug misuse every 30 hours.²
- Nearly half of all new UK tuberculosis cases occur in London.³
- Around three in every five patients receiving care for HIV or AIDS in the UK are in London.⁴
- London has twice as many formal admissions to hospital under the Mental Health Act in comparison to any other region in the country.⁵
- In 2002, 5,650 people were killed or seriously injured on London's roads and nearly 36,000 were slightly injured. African-Caribbean children between the ages of five and nine years are at the highest risk of a road accident on their way to or from school.⁶

In addition, socio-demographic factors have a big impact on health and health services in London:

- London is a culturally diverse and vibrant city with four in ten of its residents from minority ethnic backgrounds and over 300 languages spoken.
- The gap in unemployment rates between minority ethnic and white groups has been growing in London in recent years. Bangladeshi Londoners are four times more likely than their white British counterparts to be unemployed, one of the underlying factors linked to poor health.⁷
- High levels of mobility mean that some GP lists change by 30 per cent each year.⁸
- After housing costs are taken into account, over a third of children in London live in poverty – children living in poverty are five times more likely to die in accidents and three times more likely to have mental health problems.⁹
- There are more than one million Londoners over state pension age, though the proportion varies widely from borough to borough – from around one in nine to over one in six. Around half of England's older people from black and minority ethnic groups live in London.¹⁰

continued on back page

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3 | Promote healthy and sustainable public services

Public services can have a big impact on the health of Londoners – not just through the provision of services directly related to health but by carrying out all their work with a view to improving health and sustainability.

For example, the NHS, local authorities and other public bodies can use their procurement budgets to develop a healthier economy by opening contracts to local businesses and buying recycled products and materials, by ensuring the design and construction of new buildings have a positive impact on individuals and the environment, and by thinking about ways to get local people into employment. Similarly, waste management policies and contracts can be used to make material improvements in the way that the public sector impacts on the environment.

We ask the Mayor to encourage public sector agencies to use their assets to minimise their environmental impact, strengthen local economies, and create a healthier London.

4 | Support the NHS

The Mayor's support for health services is vital. The real issues facing the health service can often be obscured and distorted in the cut and thrust of political debate, which can be unhelpful to patients, staff and communities. The NHS has gone through a period of major structural change and needs time to deliver. We think that more services can be safely offered on an outpatient basis, via nurse-led services or in GP surgeries, thereby avoiding hospital admission altogether. This is better for patients and their families.

Health services should be encouraged to work with other public and private sector organisations to promote health, as well as treating people when they become sick.

We ask for the Mayor's and Assembly's support for efforts to ensure effective health services – with patients at the centre of care – are provided in innovative ways. Their support is also crucial in recognising the contribution of the NHS to London – not least as a major provider of education training and research.

5 | Include the NHS in planning for population growth

The NHS is making a huge investment in buildings and facilities. Over £5 billion is being invested in over 150 projects to make health service facilities better for Londoners. Joined-up planning with local authorities and regeneration programmes is essential to support the health infrastructure and we welcome the way in which the Mayor has included health and health services in the London Plan.

The increase in London's population in general and in the massive Thames Gateway development in particular, requires co-ordinated and timely investment to ensure that health facilities and staff are in place for the new communities.

We ask the Mayor to continue to involve the NHS as a key partner in the planning process. It is crucial that the Mayor engages with the NHS throughout implementation of the London Plan and supports the NHS to ensure that appropriate resources are made available.

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Duties and powers

The Greater London Authority Act 1999, which established the Mayor and Assembly, gave a duty to the Mayor to 'promote improvements in the health of persons in Greater London' in anything the Mayor does towards achieving the principal purpose of the Authority, and to take into account the potential effect of

Mayoral policies on the health of Londoners. Although the Mayor has no direct powers over the London NHS, the mayoral strategies do and will have an impact on both health and health services.

The London Assembly is the forum in which the Mayor's proposals and actions are examined. The Assembly's

health committee conducts health scrutiny work under its powers to investigate issues of concern to London. It does not have the same statutory powers as local authority overview and scrutiny committees, but encourages participation from organisations and individuals.

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continued from front cover

First term action

During the first Mayoral term, the Mayor published a series of strategy documents setting out his policies for London, all of which have an impact on health:

- air quality
- ambient noise
- biodiversity
- culture
- economic development
- spatial development (the London Plan)
- transport
- waste.

He also developed policies on a range of other issues important to London's health, including:

- alcohol and drugs
- children and young people
- domestic violence
- housing
- rough sleeping.

The Mayor set up a health policy programme within the GLA, supported by a small team of policy officers, and established and supported a range of independent, strategic partnerships, including two with a particular focus on co-ordinating health-related action across sectors.

The **London Health Commission** (LHC) – aims to improve the health of all Londoners and reduce health inequalities. The LHC has carried out health impact assessments on all of

the Mayoral strategies, helping to ensure that the published versions take full account of Londoners' health needs and what works to improve health and reduce inequalities. The LHC also co-ordinates and publishes an annual publication on London's health and recently initiated the Big Smoke Debate on smoking in public places in London.

The **Greater London Alliance on Drugs and Alcohol** (GLADA) – which is working to minimise the harm associated with alcohol and drugs across the capital. Its work programme includes action to reduce harm to both individuals and communities, and has included a significant focus on preparing and publishing information on alcohol- and drug-related issues in the capital.

Contacts



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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies. As the leading professional union for nursing, we campaign on behalf of the profession and lobby government to ensure that the views of the profession are heard where it counts.

THE LONDON NHS CONFEDERATION



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Part of the national NHS Confederation, our main purpose is to ensure that the Mayor and GLA have a clear, independent point of contact with NHS organisations in London, and to influence policy and debate on NHS issues in the capital. We also influence work with the media, MP

King's Fund

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The King's Fund is an independent charity that promotes health, especially in London. We fund development activities, we are a major resource to education courses; seminars; services; and conference a

1 Barer R, Fitzpatrick J, Traore C, 2004: *Health in London. 2004 review of the London health strategy high-level indicators*. The London Health Commission

2 *London: the highs and the lows*. Greater London Alcohol and Drug Alliance, February 2003

3 Communicable Disease Surveillance Centre, March 2003

4 *HIV and AIDS in the UK in 2001*. Communicable Disease Surveillance Centre

5 Levenson R, Greatley A, Robinson J, 2003: *London's state of mind, King's Fund mental health inquiry 2003*. King's Fund

6 Barer, Fitzpatrick, Traore: op.cit.

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8 *Health in London*. London NHS Confederation briefing, June 2003

9 *ibid*

10 Age Concern

11 Housing Provision Survey, Greater London Authority, 2001

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