

# The time is now: towards a healthier London

paper

## London Health Commission seminar series 2007: summary report

*This series of four seminars from the London Health Commission (LHC) brought together academics, policy makers and practitioners to take a radical look at health inequalities in the Capital, their underlying causes, and potential solutions.*

### Seizing the initiative

Trends on several key health indicators show that Londoners' health is improving – for example, educational attainment rates are up and road traffic accidents down.

However, this overall picture masks high levels of inequality between different geographical areas and population groups. Disabled people, some black, Asian and minority ethnic groups, and families in poverty continue to fare worse than the rest of the population.

Right now we have an unparalleled set of opportunities to seize the initiative and drive forward on tackling health inequalities. These opportunities include the Mayor of London's first Health Inequalities Strategy, Healthcare for London (the programme to improve healthcare in the Capital), the 2012 Olympic and Paralympic games and their legacy, the Thames Gateway and the LHC's Well London programme.

Timed to inform the London Health Commission's input to these developments, the *Time is Now* seminar series:

- explored how we can make best use of and develop the evidence base on health inequalities action;
- shared lessons from approaches tried elsewhere;
- stimulated fresh thinking on potential new approaches to tackling inequalities.

A brief summary of the four seminars, discussions, recommendations and emerging themes follows.

The series was organised by the LHC Health Inequalities Forum. It is grateful to the four host universities who put together thought-provoking programmes and to the individual speakers for their presentations. We also wish to thank all those who attended the seminars and contributed to the debates.

briefing

## Seminar overviews

### Seminar 1: Health inequalities

University of East London, April 2007  
 Hosted by Prof Adrian Renton, Institute of Human Health and Development, UEL

The seminar shared learning from existing initiatives to address health inequalities and stimulated radical thinking about future approaches.

Hilary Thomson (Senior Scientific Officer, Medical Research Council's Social and Public Health Sciences Unit) looked at whether **housing improvement and area based regeneration initiatives** could claim success in improving people's health and reducing health inequalities.

- She called for better evaluation of regeneration initiatives, particularly to help improve understanding of the *mechanisms* of health improvement.

Alex Scott-Samuel (Senior Lecturer in Public Health, University of Liverpool) considered how the mayoral **strategy** should address health inequalities.

- He argued for more effective 'upstream' action on housing, poverty, income distribution etc., and for renewed efforts to tackle racism, gender inequalities and 'policy-driven suffering'.

Helen Davies (Health Policy Manager, Greater London Authority) described the aims of the **Mayor's strategy** on health inequalities and the process her team would be using to develop it.

- It will aim for an evidence based, long term programme of action, building on what is working and adding value to what others are doing.

#### Additional discussion points/strategy recommendations included:

**Evidence** – Agencies can improve their use and sharing of different kinds of evidence and community intelligence.

**Worklessness** – More action is needed on worklessness among marginalised groups and to get employers on board. There is evidence from the US on the health benefits of co-production.

**Healthy workplaces** – There is strong evidence, and scope for very practical approaches, around creating healthy workplaces.

**Well-being** – There was support for the mayoral strategy addressing 'well-being' as well as health, taking on board psychosocial variables (see also seminar 4).



## Seminar 2: Are we there yet? Health inequalities and transport

The London School of Hygiene & Tropical Medicine (LSHTM), June 2007  
Hosted by Dr Phil Edwards, Lecturer

This seminar looked at transport and its relationship with health and health inequalities, exploring global, regional and local perspectives/interventions and their implications for future policy.

Ian Roberts (Professor of Epidemiology and Public Health, LSHTM) saw potential in linking the case for prioritising action on **obesity** with concern about **climate change**.

- He argued that the future of transport in cities is walking and cycling, bringing benefits for both health and the environment.

Dr Phil Edwards (Lecturer, LSHTM) presented a summary of a research study which found a strong link between **deprivation and road-related injury** in London. These inequalities were partly explained by differences in exposure to risk.

- It was suggested that further avenues for research would be the impact of the congestion charge on injury rates and the 2006 London Travel Demand Survey.

In her research, Dr Judith Green (Reader in Sociology of Health, LSHTM) found that although the link between deprivation and **road safety** risk was well known, addressing it was not a priority in London borough road safety plans.

- Evidence-based recommendations included focussing resources on reducing traffic speed and volume and developing integrated road safety/sustainability/health policies. There was no evidence to support education, training and publicity interventions alone having an impact on inequalities.

Nisha Parmar (Senior School Travel Planner, Haringey Borough Council) described how a combination of approaches in Haringey, including school travel plans, had produced a significant reduction in child casualties since 2004. It is targeting areas of deprivation and ethnic communities where there are specific road safety issues.

### Additional discussion points/strategy recommendations included:

**Traffic calming/reduction** – There was support for a recommendation to invest in schemes to reduce the speed and volume of traffic. Other approaches such as taxation could be used to discourage car use.

**Promoting cycling/walking** – ‘Walking to...’ initiatives should now be targeted at employers, hospitals etc. There is still much that can be done to encourage cycling by bringing London up to other cities’ standards.

Full reports of all the seminars are available at:

<http://www.londonhealth.gov.uk/dhealth3.htm>

They include speaker biographies, presentations, discussion points and recommendations.

**Seminar 3: Health inequalities and their wider determinants: what works for children and young people?**

Institute of Education (IoE), 6 July 2007  
 Hosted by Helen Roberts, Professor of Child Health, (IoE)  
 Chaired by Carey Oppenheim, London Child Poverty Commission Chair

The seminar focused on research looking at the impact of interventions relevant to children and young people’s well-being and what lessons might be applied to future policy and its delivery.

Dr Ricardo Sabates (IoE) described his research looking at the impact of government initiatives on youth crime and highlighted the lessons.

- He demonstrated why researchers and practitioners on the ground need to be aware of other local initiatives that might unwittingly impact on their work.

Dr Angela Harden (IoE) identified key overall lessons from the EPPI Centre’s programme of **systematic reviews** relevant to policy on children and young people. She also looked at what conclusions could be drawn from the evidence on promoting **fruit and vegetable consumption**, preventing **teenage pregnancy** and **involving children** and young people in research.

- She called for a collaborative approach to generating, synthesising and interpreting evidence, and for researchers to listen to the concerns of children and young people.

Dr Patricia Lucas (University of Bristol) outlined the findings of a systematic review of evidence looking at the impact of major US **income improvement** programmes on health and educational attainment. The review found, counter to expectations, that there was no benefit to health, however closer examination of the original research data revealed that the programmes had not in fact increased family income.

- This work shows that systematic reviews can be useful in both telling us what works but also where caution is required by policy makers in using evidence.

**Additional discussion points/strategy recommendations included:**

**Involvement** – Children and parents need to be involved in the development, implementation and evaluation of interventions.

**Outcome measures** – Delivery targets are good to focus services but there should be an emphasis on outcome measures too.

**Suggestions for policy priorities included:**

- Interventions which try to increase self esteem in disadvantaged families.
- Improving relationships – children and young people are interested in this and it could be linked with the ‘respect’ agenda.
- Promoting more independence for children.
- Multiple interventions may be more effective than single approaches.

## Seminar 4: The measurement and promotion of well-being and evaluation of interventions designed to promote health and well-being in midlife.

University of Westminster, October 2007  
Hosted by Angela Clow, Professor of Psychophysiology, Dept of Psychology

The seminar presented research looking at new ways of evaluating and targeting health interventions.

Dr Mark Ashworth (GP, Chair of STarNet Mental Health Interest Group, and Clinical Senior Lecturer, King's College London) described his work looking at the **use of databases to explore and address health inequalities**.

- He illustrated how a local (Lambeth GP DataNet) and national ('QOF') database could be used to highlight apparent inequalities in provision and where targeted interventions might be used to address them.

Dr Alizon Draper (Nutritional Anthropologist in the School of Integrated Health, UoW) presented her work on **process evaluation** exploring why and how particular interventions work or not in addressing health inequalities.

- She argued that process evaluation fills a gap in the evidence base on health inequalities, showing how change is produced and helping to determine whether a successful intervention can be scaled up or replicated elsewhere.

Angela Clow outlined her work exploring human stress response systems and the **link between psychosocial and physical well-being**.

- Angela showed how salivary cortisol can help us to understand that link and provide a quantifiable and objective indicator of well-being in evaluation studies of a wide range of interventions.

Phil Evans (Professor of Psychology, Department of Psychology, UoW) described his team's involvement in the development of the MidLife LifeCheck. This is one of a series of **interactive health promotion** tools being created by the Department of Health to help individuals maintain good health and to address health inequalities through targeted use in areas of deprivation.

- The importance of emotional and social well-being is recognised and indicators of these will be used alongside indicators of physical health by this new tool.

### **Additional discussion points/strategy recommendations included:**

**Holistic approaches** – Approaches which include the psychosocial dimensions and which empower individuals to take and sustain action for better health are likely to be more effective.

**Involvement** – Communities should be engaged in action targeting their health.

**Evaluation** – Where community-based interventions are introduced, evaluation of the *process* as well as *outcomes* is required. A combination of quantitative and qualitative approaches is very powerful, enabling evaluation of what works for whom and why.



# Themes

Although the seminars considered a diverse range of topics, some recurring themes emerged.

- Contributors cautioned against policy makers being constrained by a less than perfect **evidence base**. Others highlighted opportunities to make better use of existing evidence, for example through more creative use of clinical activity databases and use of systematic reviews.
- Agencies were called upon to improve their sharing of evidence about what does and what does not work, and to help create the conditions for rapid **implementation of research findings** in policy and practice so that limited resources can be focussed on effective interventions. We heard for example that there is no evidence that educational approaches to reducing road traffic injuries are effective in reducing inequalities whereas reducing traffic speed and volume is.
- In looking at evidence of the impacts of interventions on health and health inequalities, our understanding of the **mechanisms of health improvement** – exactly how it is achieved – is often very limited. However, process evaluation used in conjunction with outcome evaluation, particularly for complex community-based interventions, were seen to be powerful tools in helping to fill these gaps.
- Many felt that the Mayoral strategy should address **well-being** as well as physical health, reflecting the growing evidence base for the impact of psychosocial factors on an individual's health. Interventions which seek to empower individuals and raise self esteem were felt to offer the best potential for sustained health improvement.
- Linked to this, **involving individuals and communities**, including children and young people, in the design, implementation and evaluation of interventions targeted at them was seen by many to be a key factor in their effectiveness.

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## About the London Health Commission

The London Health Commission is the key partnership for health in London. We are creating partnerships to reduce health inequalities in the capital and improve the health and well-being of all Londoners. We influence policy makers and practitioners, support local action, and drive priorities through specific joint programmes of work.

This seminar series is just one of the ways that the LHC has actively contributed to the development of the Mayor's Health Inequalities Strategy. The Commission is aligning its future priorities and programme to continue to influence the Strategy and play a key role in its implementation.

For more information on the Mayor's Health Inequalities Strategy visit [www.london.gov.uk/mayor/health/strategy/index.jsp](http://www.london.gov.uk/mayor/health/strategy/index.jsp)

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