



Supporting the  
children and families'  
voluntary sector

### About our programme

The First Steps programme is delivering a range of activities to support the sustainability and Infrastructure of London voluntary and community organisations working with children, young people and families. This programme is supported by funding from the City of London Corporation's charity, City Bridge Trust. Full details about the programme on offer can be obtained via the website <http://raceequalityfoundation.org.uk/our-work/city-bridge-trust>

## Tackling health inequalities in London

### Introduction

A number of factors impact on the health and wellbeing of individuals which means that some people experience poorer health and health outcomes than others. This briefing will give an overview of health inequalities in London, evidence on ethnic health inequalities, and outline relevant policies and the regional strategy to address these issues.

### What are health inequalities?

The World Health Organisation defines health inequalities as:

*'Differences in **health** status or in the distribution of **health** determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes'*

Wider social determinants influence individual's health and healthy life expectancy throughout their lifetime (Marmot, 2010). But differences due to social and economic disadvantage can be addressed to avoid people experiencing poor health and health outcomes (NICE, 2012). Health inequalities are a concern both because of the cost to the individual and to the economy; this includes the cost of treatment and work absences due to ill health (Health and Safety Executive, 2016).

### Health inequalities in London

There is wide variation in health and wellbeing across London.

#### *Life expectancy*

Life expectancy across London and between genders varies. For example, life expectancy for women in Barking and Dagenham is around four years lower than women in Kensington and Chelsea (86.2 compared to 82.4 years). For men, the largest gap is between Kensington and Chelsea and Tower Hamlets, at just over 5 years (82.6 and 77.5) (London poverty profile, 2015).



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### ***Infant mortality***

There is variation across London with infant mortality rates, with those in deprived areas at higher risk; for example in Harrow and Enfield the rate is three times higher than in Bromley and Islington. Infant mortality rates are two times higher for mothers born in the Caribbean than in the UK (Public Health England, 2015; Public Health England, 2014).

### ***School readiness***

Whilst the proportion of children aged five years who are ready for school has increased since 2012, two in five children still did not achieve a good level of development for starting school in 2014 (PHE, 2015a). There is variation across London and by ethnic group (see below). Lewisham (75.3%), Greenwich (73.2%) and Bexley (72.9%) boroughs rate the highest proportion of children achieving a good level of development at the end of reception years (National Children's Bureau, 2015). Importantly, 11 London boroughs performed significantly worse in school readiness than for England overall (Winslade, 2016)

### ***Suicide***

London has seen an increase of 33% in suicide rates between 2014 and 2015 (ONS, 2015). The suicide rates in Camden, Hammersmith & Fulham, Islington and Southwark are around 25 per cent higher than the London average (GLA, 2017). The London Assembly Health Committee (GLA, 2016) notes the higher risk of suicides in men and those living in the inner city or deprived boroughs. Poor mental health remains a contributory factor in suicide (Thrive LDN, 2017).

### ***Tuberculosis***

London made up around 40% of all new cases of tuberculosis (TB) in the UK. Men are 1.4 times more likely to be diagnosed with TB than women. The Tacking TB research report found little knowledge and understanding of the disease amongst Londoners (London Assembly, 2015). Newham, Brent, Ealing and Hounslow have some of the highest rates of TB in London. Lambeth, Bromley, Bexley and Havering have amongst the lowest rates.

### ***Mental illness***

It is estimated that one in four people in London will experience a diagnosable mental health condition in their lifetime; that over half of mental illness in adults starts in childhood, and where you live is a risk factor for mental illness (GLA, 2014; Kings Fund, 2014). Some 60% of looked after children have some type of emotional or mental condition; and boys are more likely to have a mental health condition than girls. Some boroughs have high rates of hospital admission of young people for mental ill-health and the top four include Southwark, Islington, Barnet and Camden; with Camden hospital admissions being 4.5 times higher than for Redbridge borough (Public Health England, 2016).



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### Poverty

The poverty rate in London is 27% compared to 20% for the overall UK population. The majority of people living in poverty are from a working family, at 37%, and poverty is much higher in families with children (NPI, 2015). Across London the worst performing boroughs with indicators that are indicative of poverty, such as housing and low wage, are Barking and Dagenham, Newham, Brent and Ealing, reflecting variations across London and with inner and outer London boroughs.

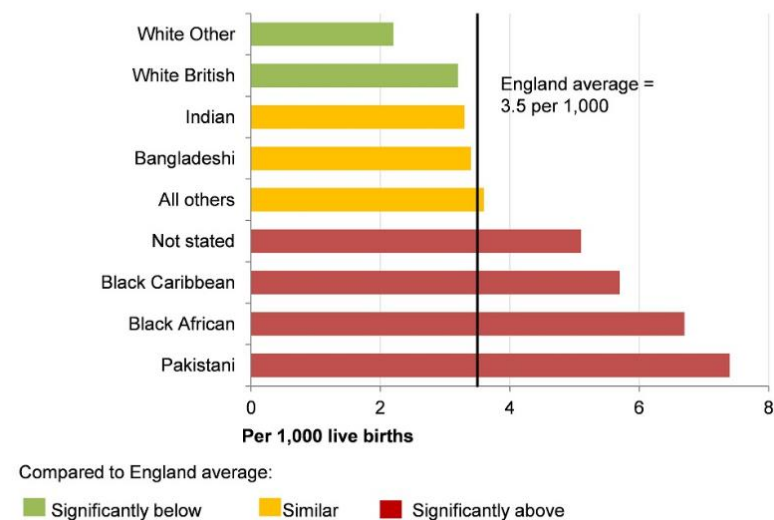
### Some areas of ethnic health inequalities

Black and minority ethnic (BME) groups make up around 50% of London's population and are expected to increase from 3.7 million in 2016 to 4.9 million in 2041 (GLA intelligence, 2016). There is variation across the London boroughs in proportion, with over 80% representation in Newham and Brent, and, the type of ethnic group – Black Africans being the largest ethnic group (Runnymede, 2016).

### Infant mortality

4.2 Figure 13: infant mortality rate by ethnic group, England, 2014

The infant mortality rate varies by ethnic group



Source: Public Health England. Public Health Outcomes Framework: Health Equity Report. Focus on Ethnicity. (2017)

Infant mortality rates is highest in people from Pakistani, black African and black Caribbean groups. Whilst the White other ethnic group have the lowest rate. Moreover, the risk of stillbirths is much higher for 'Black or Black British ethnicity (130% increased risk) and Asian or Asian British ethnicity (66% increased risk)' ethnic group than for the White ethnicity (Mbracce-UK, 2017).

### Breastfeeding

Despite a low breastfeeding rate, the highest incidences of breastfeeding include mothers aged 30 or over (87%), those from minority ethnic groups (97% for

Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group), those in managerial and professional occupations (90%) and those living in the least deprived areas (89%) (Health and Social Care Information Centre, 2012). Furthermore, initiation and continuation of breastfeeding was found in higher proportion of the BME populations compared to the white population (Oakley et al, 2013)

### School readiness

Children from specific black and minority ethnic communities with high rates of poverty e.g. the Bangladeshi group, are at higher risk of not being ready for school. Whilst Gypsy and Roma children are three times less likely to have a good level of development compared to white British pupils (Public Health England, 2014b; Chowbey et al, 2015; Bignall, 2016; Public Health England London, 2015a; PHE, 2017a; PHE, 2017b)

### Living with HIV

Black Africans and men who have sex with men are high risk groups for HIV, and data shows they continue to present late for HIV support services (Terence Higgins Trust, 2016a; Terence Higgins Trust, 2016b; National Aids Trust, 2014; Owuor, 2009). Lack of HIV knowledge amongst GPs, stigma, and misconceptions over immigration status and entitlement to health services, are some factors that impact on BME groups accessing support (Stigma survey, 2016; Bignall, 2017).

### Tuberculosis

Tuberculosis is more common in people born abroad. The rate of TB in the non UK-born population is 15 times higher than in the UK-born population. Whilst the rates by ethnic groups have remained stable, the highest rates were amongst those born in India, followed by Pakistan, Bangladesh, and Somalia (Public Health England, 2016; Public Health England, 2015b).

### Mental health

BME communities are at high risk of mental ill health and disproportionately impacted by social detriments associated with mental illness. Depression is 60 per cent higher in BME communities than white communities, but it is less likely that these communities access services through primary care. Once in contact with mental health services, rates of access to hospital care and longer term detention is much higher for the black ethnic group than for the White British group (Health and Social Care Information Centre, 2014). Stigma, lack of understanding of services, language barriers, and poor experiences of services, are some of the barriers as to why BME children, young people and families do not access support services and access support late (Care Quality Commission,

Wide inequalities between ethnic groups are present, with more than twice the proportion of children in the Gypsy/Roma and Traveller of Irish Heritage groups not being ready for school compared with the England average.

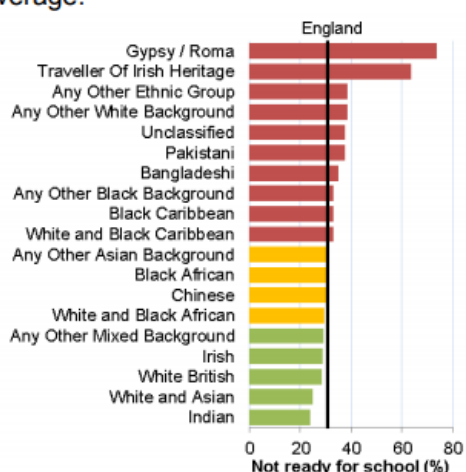


Figure 15b: England, 2015/16.

Source: Department for Education, Early Years Foundation Stage profile attainment by pupil characteristics<sup>3</sup>, England 2016.



2011; Lavis, 2014).

### **Suicide**

There is variation by ethnic group in the percentage of people reporting suicidal thoughts, suicide attempts and self-harm in their lifetime. The White British group has the highest percentage of people reporting suicidal thoughts, suicide attempts or self-harm. For people in the White British group, 21.6% reported suicidal thoughts compared with 13.1% of the Asian/Asian British group. There are also wide inequalities in those reporting self-harm, with 8.1% of those in the White British group compared with 4.2% of those in the Mixed, multiple and other ethnic group reporting self-harm (Public Health England, 2017b)

### **Poverty**

Black and minority ethnic populations are more likely to live in poverty with over half of people of Bangladeshi or Pakistani ethnicity in 2013/14, living in poverty compared to 49% for Black African and 17% for White British. Somali men have very high rates of worklessness (NPI, 2015). Healthy lifestyles including healthy eating is complicated in these communities and influenced by dietary practices, perception of nutritional value of 'traditional foods', food practices, and access and affordability of food (Chowbey et al, 2016)

### **Addressing health inequalities**

The Health and Social Care Act, 2012, outlines the duty placed on NHS England and Clinical Commissioning Groups (CCGs) to *Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved* (NHS England, 2015). The Mayor of London has a statutory obligation in the GLA Act 2007 to reduce health inequalities and promote the health of Londoners. Further action to address health inequalities is included in other strategies such as the Better Health for London, and the London Plan. Public Health England and local authorities through their public health duties also tackle inequalities in health.

### **The Mayors commitment to health inequalities**

Sadiq Khan, Mayor of London, promised leadership on health in his 2016 manifesto and to tackle health inequalities and improve public health:

- To reduce the spread of infectious disease (such as TB) and promote healthier lifestyles to the harder to reach groups and communities
- Develop a public health strategy promoting active lifestyle, reduce risky health behaviour such as smoking, and tackling childhood obesity.
- Tackle air pollution
- Improve the prevention and screening of HIV through London wide collective commissioning and service provision.



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## **The 2017 Health Inequalities Strategy for London**

The Better Health for All Londoners strategy emphasises a collaborative approach across all sectors to help the Mayor address health inequalities. There are five aspirational aims in the strategy and objectives to reduce inequalities within each aim.

1. *Healthy children: every London child has a healthy start in life*
  - London's babies have the best start in life
  - Early years settings and schools support children and young people's health and wellbeing
2. *Health minds: all Londoners share in a city with the best mental health in the world*
  - Mental health becomes everybody's business across London. Londoners' act to maintain good mental health of themselves, their families, friends, neighbours and colleagues
  - There is parity of esteem between mental and physical health
  - London's diverse populations no longer experience stigma associated with mental ill-health, and levels of general awareness and understanding about mental health increase
  - London's workplaces are mentally healthy
  - Londoners can talk about suicide and find out where they can get help
3. *Healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health*
  - London's air quality improves
  - Health inequalities are improved through good planning and making our streets healthier
  - London is a greener city where all Londoners have access to good quality green space
  - The negative impact of poverty and income inequality on health is addressed
  - London's workplaces support more Londoners' into healthy, well paid and secure jobs
  - Housing quality and affordability improves
  - Homelessness and rough sleeping is addressed
4. *Healthy communities: London's diverse communities are healthy and thriving*
  - It is easy for all Londoners to participate in community life
  - All Londoners have necessary skills, knowledge and confidence to improve health
  - Health is improved through a community and place based approach
  - Social prescribing become a routine part of community support across London
  - People and communities are supported to prevent HIV and reduce the stigma surrounding it
  - There is a reduction in TB cases among London's most vulnerable people
  - London's communities feel safe and are united against hatred in whatever form it takes



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#### 5. *Healthy habits*

- Childhood obesity falls and there is a reduction in the gap between the boroughs with the highest and lowest rates of child obesity
- Smoking, alcohol and drug misuse are reduced among all Londoners especially young people

### **Responding to the strategy**

#### **Better Health for all Londoners**

More information on the strategy and how to respond to the consultation is on the GLA [webpage](#). There are different response mechanisms for Individuals via [Talk London](#) and organisations are asked to respond to a [survey](#). The deadline for responses to the consultation is **30 November 2017**

#### **Thrive programme**

The Thrive LDN programme focuses on local organisations and communities working together to build resilience and maintain mental wellbeing by developing solutions and new approaches to address poor mental health. The programme includes addressing stigma and discrimination; engaging children and young people; and a specific focus on suicide prevention striving for London to become a Zero suicide city (Public Health England, 2017c; Thrive London, undated)

#### *Black Thrive*

Black Thrive runs in the borough of Lambeth to improve the mental wellbeing of BME communities. This programme is seeking a system change approach working with a range of partners, particularly those of lived experience of mental health, to address inequalities; improve mental health outcomes; develop appropriate support and accessible services (Black Thrive, undated)

### **Working with the voluntary and community sector to address health inequalities**

It is noted in the London Plan (2016) that the *voluntary and community sector has an essential role in tackling health inequalities at the local level, particularly in promoting and supporting community involvement*'.

A recent project aimed at developing community based solutions to address health inequalities notes the need to improve knowledge and awareness of the health inequalities strategy amongst the voluntary and community sector (VCS) in particular that *'the Mayor must make an active effort to disseminate accessible and clear information to community groups on how to engage with London policy'* (Just Space, 2017).



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The current consultation on the Mayor's health inequalities provides an opportunity for the VCS to specify not only their views of the proposals but, how collaborative working across the sectors can see improving Londoners' health as the aim to reduce inequalities in health.

## Summary

It is clear that the statutory sector has obligations to reduce such inequalities. But the current agenda provides an opportunity for Londoners, be it individuals or organisations, across all sectors, to work collaboratively to address these inequalities.

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