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Decision by an Assembly Member under Delegated Authority

Notes:

1. The Lead Officer should prepare this form for signature by relevant Members of the Assembly to record any instance where the Member proposes to take action under a specific delegated authority. The purpose of the form is to record the advice received from officers, and the decision made.
2. The 'background' section (below) should be used to include an indication as to whether the information contained in / referred to in this Form should be considered as exempt in connection with the provisions of the Freedom of Information Act. If so, the specimen Annexe (attached below) should be used. If this form does deal with exempt information, you must submit both parts of this form for approval together.

Member's name: Dr Onkar Sahota AM, Chair of Health Committee

Background:

On 10 October 2019, the Committee agreed to note the following standing delegation to the Chair of the Health Committee: At its Annual meeting on 1 May 2013, the Assembly agreed to delegate a general authority to Chairs of all ordinary committees and sub-committees to respond on the relevant committee or sub-committee's behalf, following consultation with the lead Members of the party Groups on the committee or sub-committee, where it is consulted on issues by organisations and there is insufficient time to consider the consultation at a committee meeting.

This delegation has been used to respond to the Health & Care Vision for London.

Does this Form contain exempt information? No

[If 'yes' please complete the Form and Annexe; if 'no', complete the Form only.]

Confirmation that appropriate delegated authority exists for this decision

Signed by Committee
Services



Date 5/11/19

Print Name: Lauren Harvey

Tel: 4383

Proposed Decision

Respond to the Health and Care Vision for London

Financial implications

There are none arising from this report.

Signed by Finance

.....N/A.....

Date

.....

Print Name

.....N/A.....

Tel:

.....

Monitoring Officer's Comments

The Chair has the power to take the actions set out in this form

Signed by Monitoring Officer *Emma Strain* Date 7.11.19 ...

Print Name Emma Strain, Monitoring Officer Tel: 4166

Additional information should be provided supported by background papers. These could include for example the business case, a project report or the results of procurement evaluation

Supporting detail/List of Consultees:
Steve O'Connell AM (Deputy Chairman)

Decision
A response was sent on 1 October 2019

Signed by Member as decision taken *Dr Onkar Sahota* Date 19/12/2019

Print Name Dr Onkar Sahota AM Tel: [REDACTED]

Reported to Committee on:
6 November 2019

Lead Officer/Author

Signed *Lauren Harvey* Date 19/12/19

Print Name **Lauren Harvey** Tel: 4383

Job Title **Committee Officer**

Countersigned by Director *Ed Williams* Date 19.12.19

Print Name **Ed Williams** Tel: 4399

Sadiq Khan
Mayor of London
City Hall
The Queens Walk
London
SE1 2AA

1 October 2019

Dear Sadiq,

A new Vision for Health and Care in London

I am writing to you on behalf of the London Assembly Health Committee in your capacity as Chair of the London Health Board, which is currently developing a new Health and Care Vision for London.

As you are aware, a core responsibility of the London Assembly is to be the voice of Londoners in response to policies and initiatives that have a direct impact on their lives. It is in this role that we are responding to the draft Vision, which is due to be published at the public meeting of the London Health Board on the 2nd October.

The Health Committee welcomes the Vision's ambition to make London the healthiest global city and this submission sets out its position, which is not only drawn together from the combined expertise on the Committee, but also synthesises the views of patients and service users with whom the Committee has consulted. We are encouraged and enthusiastic by the intention to develop greater collaboration and integration across London, with various partners, to meet the ambition. But we think that the Vision can be further improved to help bring its ambition closer to achievement, especially around involving the public in its development.

In all, **nine recommendations** are provided about how the Vision could be enhanced. Four of these concern improvements to the process of developing it, particularly engaging with the public. We believe this is key to enabling the realisation of a successful Vision. A further five recommendations have been made regarding suggestions to improve the Vision's content. These are all set out below.

Recommendations for developing the London Health Board's Vision: the approach

- 1. Increase public engagement**
- 2. Integrate with other strategic plans for London**

3. **Produce an implementation plan with clear outcomes**
4. **Clarify London Health Board's role**

Recommendations for developing the London Health Board's Vision: its content

5. **Support people with disabilities**
6. **Deliver wider benefits**
7. **Support carers**
8. **Reduce loneliness and social isolation**
9. **Strengthen mental health prevention**

Developing the London Health Board's Vision: the approach

Increase public engagement

The Committee was somewhat disappointed to see that, in the last published version of the Vision from the 10th of July, there was no evidence of engagement with key groups such as patients, service users, carers and the wider public. There was evidence of significant consultation with stakeholders in the health and care professional landscape, which is welcomed, but none in relation to the most important stakeholder group, namely the end users of health and care services.

The document made reference in the 'Next Steps' section to a public engagement process that began in May and will continue through to October and beyond, but it was somewhat concerning that the July report did not make a single mention of the patient perspective. Co-production of policy with end users has long been considered good practice in health, to ensure that the proposed solutions have a chance of yielding the intended benefits. Ideally this should have started already, but with no evidence of this happening, we urge the Board to ensure that there is meaningful engagement with key groups to help develop the Vision and the plan that will underpin its delivery. It will also be important to engage groups, who represent those who are at greatest risk of poor health, to help reduce health inequalities if the Vision is to be successful. Engagement could involve, for example, the creation of a stakeholder forum to inform the Vision's implementation.

The lack of public input is what prompted the Health Committee to conduct its own public engagement exercise over the summer, to inform this submission and subsequent work. A summary of our approach and findings can be found at Appendix A.

Recommendation 1: The key recommendation is that the London Health Board should establish a stakeholder forum immediately, to ensure that the voice of patients, service users and the wider public is informing the development and delivery of the Vision.

Integrate with other strategic plans for London

The Vision does not set out in any detail how it will integrate with existing strategies to ensure more effective use of resources and avoid duplication, contradiction or unintended

consequences. There are already key plans in place intended to address the health and care needs of Londoners, such as those set out in the London Plan and the Health Inequalities Strategy. Some of these plans are still in their early stages, which is all the more reason why the Vision needs to be explicit about how it will co-ordinate with existing plans to ensure that synergies are generated and ambitions realised.

Similarly, the Committee urges the Board to ensure that the Vision feeds into wider plans, as it is key that health and care is at the heart of all initiatives the Mayor supports. For example, there is work in place looking at the development of a sustainable transport system that meets the evolving needs of Londoners. Opportunities to improve the health of the population must be at the forefront of these plans. Similar considerations need to be made for plans across other key areas such as housing, education, employment and crime where there is a close, two-way relationship with health.

Recommendation 2: The London Health Board should ensure that the Vision is explicit about how it will maximise existing health plans and feed into wider Mayoral plans going forward in areas such as housing, education, employment and crime.

Produce an implementation plan with clear outcomes

The Committee believes that it is essential that the strategy is underpinned by an implementation plan, which sets out clear and specific outcomes that can be measured and outlines the steps needed to achieve these. This includes identifying the key partners to deliver the intended outcomes, so that they can be held to account. There are some areas where this has been identified, for example, the 10% reduction in Year 6 obesity, but in other areas either the language is not specific or there is an absence of a tangible outcome measures. We acknowledge that this may be in development, but it is crucial that this is produced in tandem with the central Vision to provide the public and health and care services with the clarity they need to assess progress.

Recommendation 3: To support transparency and accountability, the London Health Board must develop an implementation plan with clear and measurable outcomes, including steps on how each of these outcomes will be achieved.

Clarify the London Health Board's role

As part of the implementation plan, there needs to be greater clarity on what the London Health Board's roles and responsibilities will be for the delivery of the Vision. Although the Board brings together leaders across central government, local government and the health sector and aims to provide oversight on the development and monitoring of the Vision, it needs to be clear as to how it will encourage and support its delivery. For example, what process will the Board have in place to identify and address poor performance? Or how will it ensure that there is good communication and exchange of best practice between delivery partners? These are crucial tasks that the Board, and its subgroups, should be delivering and therefore should be explicit in the document.

Recommendation 4: The London Health Board needs to demonstrate more ambition and clarity about what its role will be going forward, as there is more it can do to support delivery of the Vision.

Developing the London Health Board's Vision: its content

People with disabilities

The Committee welcomes the focus on vulnerable groups, such as the homeless, as these groups are often overlooked by mainstream services. The Committee was surprised to see that the document made no reference to improving services and outcomes for a key vulnerable group, namely people living with disabilities. People living with disabilities have complex health and care needs and require specialised services that are tailored to these needs. The Vision does not identify people with disabilities in its ten priorities for health and care and neither does it set out any specific actions to address their needs. The Committee urges the Board to address this in future iterations of the strategy and ensure that groups representing Londoners living with disabilities are directly involved in the Vision's development and delivery, perhaps via the stakeholder forum mentioned previously.

Recommendation 5: The London Health Board must ensure that the needs of people with living with disabilities are reflected in the Vision and that there is meaningful engagement with relevant groups at all stages of its delivery.

A commitment to delivering wider benefits

The Vision provides the perfect opportunity for partners to make a commitment on how they can deliver wider social, economic and environmental benefits, however, the current version fails to do that. This relates to the point made earlier in the submission regarding integration with other mayoral plans.

One significant area that should be addressed explicitly in the document is action on how London's health and care services can reduce their impact on the environment. This could be through commitments to improve the energy efficiency of the estate, reduce the carbon footprint of travel and transportation and better waste management. Although some of this work is taking place already across London, it is doing so in a piecemeal manner and the London Health Board must use the Vision to bring this work together and provide a real step change in minimising the impact on the environment of health and care.

Recommendation 6: The London Health Board must use this opportunity to deliver wider social, economic and environmental benefits, starting with co-ordinating pan-London work to reduce the impact on the environment of health and care services.

Support for carers

Another vulnerable group that has been overlooked by the Vision is the 700,000 people in London who provide unpaid care for a friend or relative¹. Caring responsibilities can have an adverse effect on physical and mental health, with carers twice as likely to have poor health than non-carers. Education and employment outcomes are negatively affected with young adult carers twice as likely to be not to be in education, employment or training than those without caring responsibilities². The Vision does not set out any commitment to supporting carers, which the Committee believes is a major oversight, given the vital role they play now and will continue to play as the ageing population increases.

Recommendation 7: The London Health Board should ensure that the Vision sets out specific commitments on supporting London's unpaid carers.

A focus on reducing loneliness and social isolation

Whilst the Committee supports the life course approach taken by the Vision, we believe that a key area that needs to be addressed is tackling the interrelated issues of loneliness and social isolation in London, as these impact on all age groups. Loneliness has been shown to have an adverse effect on physical and mental health and wellbeing. Lonely people are more likely to suffer from dementia, heart disease and depression. There is also "a proven link between loneliness, depression and suicide."³ Risk of death of lonely people is 26 per cent higher, with estimates suggesting each lonely person could cost health services up to £6,000 over 10 years⁴. Social isolation can also increase individuals' usage of local health and social care services.⁵ Furthermore, surveys have shown London to be one of the loneliest cities in the world, with people aged 24 and under reported as the loneliest age group⁶. Given this impact we believe the Vision needs to make a clear commitment on reducing loneliness and social isolation, focusing on initiatives such as social prescribing, volunteering for social action and developing community navigators, which have been used to address these issues locally.

Recommendation 8: The London Health Board should provide an explicit commitment in the Vision to reducing loneliness and social isolation and capturing and sharing the innovative practice that is being developed locally or wider afield to address this.

Strengthen mental health prevention

Loneliness and social isolation are strongly linked to mental health issues. The Committee acknowledges that there is much activity taking place to improve the mental health of Londoners, which is required at all stages of life. As an illustration, the London Assembly's

¹ 2011 Census analysis: Unpaid care in England and Wales, Office for National Statistics, 2013

² [Carer Facts: why investing in carers matters](#), NHS England, accessed Sept 2019

³ Research cited by Age UK, [Evidence Review: Loneliness in Later Life](#), July 2015

⁴ [Facts on loneliness](#), Campaign to End Loneliness, accessed Sept 2019

⁵ Future Cities Catapult, [Social Isolation and Loneliness in the UK](#), May 2017

⁶ [BBC Loneliness Experiment survey](#), BBC/Brunel University, 2018

Education Panel has recently heard from education professionals and stakeholders about the increasing issues schools are facing around the mental health of school children.⁷

We believe that there is more that can be done in terms of prevention. The actions outlined under the “Improve Mental Health” section mostly relate to support for people who are undergoing a mental health crisis, which of course is vitally important, but there needs to be a greater emphasis on public mental health and providing primary prevention-based support to people before their mental health problems deteriorate to the extent that a crisis intervention is required. City-wide initiatives to improve the mental health literacy of the population, such as Thrive, are welcome, but mental health positive design and policies can be further embedded in public services, workplaces and communities.

The Vision could also be more explicit on actions that local areas can take to foster mentally healthier communities, identifying who the higher risk groups might be and developing mental health improvement initiatives that are tailored to their needs. Social prescribing is one of the key vehicles to drive improvement in community mental health. The Committee was somewhat surprised to see that the “Create Healthier Environments” priority made no mention of actions that can be taken to foster mentally healthy environments and we urge the board to address this.

Recommendation 9: The London Health Board should ensure that there is a stronger focus in the Vision on initiatives aimed at preventing poor mental health, including how to foster mentally healthier communities and develop a support structures that will prevent mental health problems from deteriorating.

I would be pleased to meet with you and other members of the London Health Board, to discuss this submission in more detail and how the Committee can help inform this work as it takes shape. I would be grateful if your response could be sent to Paul Casey, Senior Policy Adviser for the Health Committee, (paul.casey@london.gov.uk).

Yours sincerely,



Dr Onkar Sahota AM
Chair of the Health Committee

⁷ [Education Panel](#) meeting, City Hall, 19 September 2019

Appendix A

Feedback from public engagement

Over July and August, the Health Committee put out a call to local and national groups representing patients, service users and carers, asking them for their feedback on the draft Vision. This was undertaken in response to the lack of public engagement identified by the Committee, as outlined in our submission above. The responses from the groups have been used to inform our submission and other related work.

Below provides a snapshot of the issues raised by those who responded:

“Disabled people have been left out totally (only those with learning disabilities are included and/or mentioned in the Vision!)” - **local Healthwatch committee**

“There should be utilisation of every space that can be greened and this would in turn meet other priorities such as emotional wellbeing of children and young, creating healthy environments and improvement of mental health.” - **local Healthwatch committee**

“Commitment to explicitly improving the integration of HIV services with mental health and drug treatment services, particularly as HIV disproportionately affects BAME communities.”
- **National AIDS charity**

“Disappointing that housing has not been included as a health issue (as in the original NHS Act) in terms of access to decent homes...in particular, following the Grenfell tragedy and emerging evidence of impact of poor housing on child health and youth crime” - **health campaigner**

“The Vision could be improved by an additional focus on bereavement support ... those who are not appropriately supported following death of a loved one are at a considerably higher risk of developing mental health issues.” **national terminal illness charity**

“The Vision should be bold to say that it also has an ambition for Londoner’s to die well...dismantling this taboo and encouraging people to talk about and plan for dying.”
national terminal illness charity

“important to include cancer in the ‘live well’ as well as ‘age well’ section of the Vision... to address ongoing needs of growing number of people who have finished treatment but are still struggling to cope.” – **national cancer charity**

“What is missing is working with media and the buy in from Transport for London... all bus stops have adverts of junk food and greasy meals ...it pays them good money, but they too have to be advocates for healthy living” - **local Healthwatch committee**

“Make use of all Healthwatches in London who can do robust engagement activities in local areas. We can also embed in our existing priorities and share information with the community about the different initiatives.” **local Healthwatch committee**