

LONDON HEALTH BOARD

Tuesday 18 December 2018, 11.00 am

Committee Room 3, City Hall, The Queens Walk, London SE1 2AA

Agenda

1 Welcome, Introductions and Apologies

2 Declarations of Interest

The Chair to invite members to declare any interests which they may have in any of the items set out on the agenda.

[Note: In accordance with the GLA's Code of Ethics for staff, officers must make a declaration of interest on any issue on which they are advising the Mayor which affects an interest held by them - or any person related to them or with whom they have a close personal relationship whether financial or otherwise - and ensure that the details are recorded in the Authority's Register of Interests.]

3 Minutes of the Previous Meeting (Pages 1 - 8)

4 Matters and Actions Arising (Pages 9 - 12)

4a Update report - Changes to membership, and measures to Improve Transparency (Pages 13 - 20)

4b Update report - Mental Health in Schools (Pages 21 - 28)

4c Update report - London Health Inequalities Strategy (Pages 29 - 32)

4d Update report - Violence Prevention: A Public Health Approach (Pages 33 - 48)

- 5 London Health and Care Stocktake (Pages 49 - 52)**
 - 5a London's new primary care strategy**
 - 5b London Health and Care Strategic Partnership Board Focus Areas (Pages 53 - 62)**
 - 5c King's Fund London Sustainability and Transformation Plans report (October 2018) (Pages 63 - 66)**
- 6 Making London a Dementia Friendly City (Pages 67 - 84)**
 - 6a Dementia Friendly London (Pages 85 - 90)**
 - 6b Borough leadership on creating dementia friendly communities (Pages 91 - 96)**
- 7 Update reports**
 - 7a Thrive LDN update (Pages 97 - 98)**
 - 7b LHB Conference: Summary and evaluation (Pages 99 - 106)**
- 8 Dates of future meetings**

The next meetings of the London Health Board are scheduled as follows:

- Wednesday 3 April 2019, 2pm
- Wednesday 10 July 2019, 2pm
- Wednesday 2 October 2019, 2pm
- Wednesday 8 January 2020, 12pm

9 Any Other Business

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LONDON HEALTH BOARD

PUBLIC RECORD

Date: Wednesday 27 June 2018

Time: 2.00 pm

Place: Committee Room 1, City Hall,
The Queen's Walk, London, SE1 2AA

Agendas and summary minutes of the meetings of the London Health Board will be published on the GLA's website at: <https://www.london.gov.uk/what-we-do/health/london-health-board>.

Members Present:

Sadiq Khan, Mayor of London, (Chair)
Dr Tom Coffey, Mayoral Health Advisor
Cllr Ray Puddifoot, Leader, London Borough of Hillingdon
Cllr Richard Watts, Leader, London Borough of Islington
Professor Yvonne Doyle, Regional Director, Public Health England
Claire Murdoch, Cavendish Square Group (London Mental Health Trusts)
Dr Marc Rowland, Chair, London-wide Clinical Commissioning Council
Professor Jane Cummings, Director, NHS England London Region
Daniel Elkeles, Chief Executive, Epsom and St Helier Foundation NHS Trust

Apologies

Cllr Danny Thorpe, Leader, Royal Borough of Greenwich

In Attendance:

Nick Bowes, Mayoral Director, Policy
Amanda Coyle, Assistant Director Health, Education and Youth, GLA
Dick Sorabji, Director of Policy and Public Affairs, London Councils
Will Tuckley, Chair of London Health and Care Devolution Programme Board
Geoff Alltimes, Co-Chair, London Estates Board (Item 4)
Jonty Heaversedge, Primary Care Lead, NHS England (Item 6)
Luke Readmond, Chief Information Officer, East London Health and Care Partnership (Item 6)
Una Carney, Head of Partnership Communications and Engagement, Healthy London Partnership (Item 8)

Secretariat:

Gus Wilson, London Health Board Secretariat Manager, GLA
Kirstin Lambert, Senior Board Officer, GLA

Observers:

Sarah Mulley, Executive Director for Communities and Intelligence, GLA
Clive Grimshaw, London Councils
Vicky Hobart, Head of Health, GLA

Peter Kohn, Director, London CCGs,
Stephen Waring, Head of NHS Liaison, GLA
Joy Adeyemo, Deputy Head of Mayor's Private Office, GLA

1 Welcome, Introductions and Apologies (Item 1)

- 1.1 The Chair welcomed attendees to the meeting, in particular Cllr Ray Puddifoot, Leader, London Borough of Hillingdon who joined the Board as a new London Councils representative. Those present introduced themselves.
- 1.2 Apologies for absence were received from Cllr Danny Thorpe.
- 1.3 Marc Rowland, Chair, Londonwide Clinical Commissioning Council, who was attending his last meeting as a Member, was thanked for his work and contributions during his time on the Board.

2 Minutes of the Previous Meeting (Item 2)

- 2.1 **DECISION:**
The minutes of the previous meeting were agreed as an accurate record.

3 Matters and Actions Arising (Item 3)

- 3.1 The Board received a report setting out completed and outstanding actions arising from previous meetings.

London Health Board – Improving Transparency (Item 3a)

- 3.2 Dr Coffey introduced a paper setting out detailed options and timelines for increasing the transparency of the Board's proceedings.
- 3.3 **DECISIONS:**
 - a) That the proposed methods and timelines for recording and publishing the proceedings of future meetings, as set out in the report on Improving Transparency, be agreed; and
 - b) That the format for the written record of meetings from options set out at paragraph 4.8 be taken forward by officers and signed off by the Chair.

Mental Health Support in Schools

- 3.4 Dr Tom Coffey provided an update on Mental Health Support in Schools. Work was underway to survey schools, and using this data, develop a London trailblazer for Child and Adolescent Mental (CAMHS) in schools. A Children and Young People's Mental Health Transformation Board, part of Healthy London Partnerships (HLP) will oversee Londonwide improvements. CAMHS transformation funds will be directed to support Clinical Commissioning Groups (CCGs) to put more resource into school-based services. The Board noted there

would be a meeting with Ofsted on 5 September 2018 to include discussion of promoting the notion of mental health and wellbeing in schools as intrinsic to what makes a good school.

- 3.5 Local leaders noted that there was a need to ensure the plans for services were communicated to all London boroughs. Board members stressed there also needed to be transparency regarding how the CAMHS transformation funding was being used. Communications under way included the NHS communicating to school nurses and promoting awareness of access to NHS services via improved Apps. The Mayor would also be writing to all Head Teachers, copying relevant health and local authority stakeholders (including Borough Leaders and Chief Executives).
- 3.6 Members noted that while the relationship between local authorities, health services and schools was key to the provision of effective mental health support, a pan-London approach was also needed.
- 3.7 The Board noted the link between schools and community development and GP practices, and suggested there could be benefits to recognising the achievements of local schools, for example through an awards system, to encourage this work.

Dementia Friendly London

- 3.8 Dr Tom Coffey provided an update on Dementia Friendly London. The London Summit held on 21 May 2018 was well attended, including by people with dementia, and the event was very positively received. Work was underway across sectors to meet the milestones of 500,000 Dementia Friends, 2,000 dementia-friendly organisations and all boroughs working toward Dementia Friendly Community status.

Health Inequalities Strategy

- 3.9 Professor Yvonne Doyle provided a brief update on the Health Inequalities Strategy, the timetable for publishing the final Strategy and the work planned over the summer ahead of the London Health Board conference in October. The Strategy had an emphasis on delivery and effective partnerships, and the implementation of the the Strategy was being discussed with the Health Committee the following day ahead of its consideration by the Assembly and launch the Autumn. The Board noted the Strategy was widely anticipated in London, and there was international interest. It was agreed that there was a need to ensure the mobilisation of the strategy was cascaded across London.

[Action: Amanda Coyle]

- 3.10 DECISION:
The updates on actions arising were noted.

4 London Estates Strategy (Item 4)

- 4.1 Geoff Alltimes, Co-Chair, London Estates Board, introduced a paper providing further detail on the emerging London Estates Strategy and approach to developing the capital plan. The Board received an update on progress made by the London Estates Board (LEB) and the London Estates Delivery Unit (LEDU) which included:
- work to develop a national toolkit for the delivery of Homes for NHS staff including pilot funding for 5 London schemes;
 - the announcement by partners of timelines and criteria for the national capital investment bidding process; and
 - the appointment of a Director for the London Estates Delivery Unit.

It was noted draft London Sustainability and Transformation Partnership (STP) strategies and capital plans were developed in April and that the Final Estates strategies were due to be brought together and shared with all partners on 9 July. As STPs looked at prioritising their own pipeline there would be challenge in considering what the priorities should be in the final London strategy.

[Action: Geoff Alltimes to circulate the final London Estates and Strategy and Capital Plan]

- 4.2 Support would be needed from local authority representatives to ensure non-NHS partners were fully engaged. Members agreed that outside of London's five STP teams working on the plans, it was difficult to achieve meaningful engagement in the process with all London boroughs.
- 4.3 Whilst the Board recognised that NHS partners must seek to achieve the best value for any land deemed surplus, members agreed that the valuation of NHS sites needs to be done taking into account the London Plan, and that any land purchaser should be aware that the priority was affordable housing, and not luxury flats. The Board noted it would be beneficial to undertake early engagement with local authorities to enable them to advise developers of the issues and manage vendor expectations. Members noted the importance of the potential housing gain from large numbers of smaller sites, many of which were owned by NHS Property Services, and the need for borough-based discussions to work through issues including access to the right expertise at a local level.

[Action: Board members to consider ways to support wider engagement beyond the partners closely involved in the strategy development process to date.]

- 4.4 The Board noted there was a need to gain a picture of the need for hospital beds and GP practices in the context of population growth and future projections. Community based assets and hubs were a growing trend in finding new ways of addressing health challenges.
- 4.5 Marc Rowland, Chair, Londonwide Clinical Commissioning Council noted an issue concerning occupancy and GPs struggling to afford the rents resulting in a lack of revenue to support the development of practices. Flexibility from the NHS England regarding the current rules would be welcomed.

[Action: Marc Rowland/Amanda Coyle]

- 4.6 It was noted that the Mayor's six assurances, developed as a result of the Kings Fund STP Report, for championing and challenging the NHS would continue to be applied prior to NHS land being deemed surplus.
- 4.7 The Board agreed that in the context of the development of a 10-year plan for London there was rationale in asking for the advance release of national funding proportionate to London's share and for this to be 'front-loaded' to enable progress at pace across London.
- 4.8 DECISIONS:
- a) That the process and timeline for developing the London Estates Strategy and the capital plan was endorsed; and
 - b) Board Members jointly write to Simon Stevens, Chief Executive of the NHS, setting out the rationale for the advance release of NHS spare capacity funds and enclosing a deliverable model setting out the results
- [Action: Amanda Coyle]**

5 Violence Prevention: A Public Health Approach (Item 5)

- 5.1 Dr Tom Coffey and Vicky Hobart introduced a paper setting out interim findings from some scoping work by the GLA and MOPAC on how a public health approach to youth violence could be further progressed in London.
- 5.2 The Board noted that the Mayor's London Knife Crime Summit had been convened earlier that day. Given that only around 40% of violence is reported as crime, a key area of focus was how to mobilise the health and care system to combat violence, working collaboratively and supportively with the Mayor's Office for Policing and Crime (MOPAC) and across regions and boroughs. There was a need for very local work, noting different contexts and triggers, while also taking a Londonwide approach where this would add value. Members noted there were different sources of evidence, data and intelligence, and that evaluation of different approaches and initiatives to see what works in London while learning from other areas was important.
- 5.3 Board members emphasised the links to social care, and suggested this Board could be called the London Health and Social Care Board. Members also noted links to PTSD and family environment and noted that a great deal of work was already underway locally which had the potential to be scaled up. The Board agreed it was important to ensure a multi-disciplinary, cross-agency approach is taken, including Ofsted and schools' involvement.
- 5.4 The Chair thanked Professor Jane Cummings for her recent action in arranging further NHS representation by the NHSE London Medical Director on the London Crime Reduction Board.
- 5.5 DECISIONS:
- a) That, the Board endorse the work under way and support the development of a public health approach to tackling youth violence in London.

- b) The Mayor will raise the issues from this discussion at the forthcoming meeting with Ofsted.
- c) That the Board agree to receive a follow up report in six months

[Actions: Vicky Hobart]

6 Local Health and Care Record Exemplar (Item 6)

- 6.1 Jonty Heaversedge, Primary Care Lead, NHS England and Luke Readmond, Chief Information Officer, East London Health and Care Partnership presented a report updating on the selection of London as one of the three newly selected Local Health and Care Record Exemplars (LHCRE) and plans to develop a range of demonstrator projects across London over the next two years using £7.5 million from NHS England. There was a common assumption that the Health Service was one organisation, rather than a service with different systems, processes and information sharing. A failure to share information impacted on patient care, the join up of health and social care and the ability to enhance the prevention agenda. The UK was uniquely positioned regarding its population diversity and the wealth of health data available as a result of the establishment of the NHS.
- 6.2 The Board noted many patients were not aware of their right to access their own health records and that there was a need to communicate this and empower people. There was also a need to educate on the benefits of information sharing, while providing reassurance. There was the technological ability to enable easier access to information, but data security was important. Members agreed there needed to be a conversation with Londoners to inform them about the storage of their information and seek their views on how the information could be made more accessible. There needed to be great care in how this was communicated, noting the sensitivities involved and the likelihood of understandable concern regarding the security of patient information. It was discussed that some members of the public may not welcome greater access to their personal health records. It was important not to damage the NHS brand during the course of this engagement. London Councils needed to be involved in developing the conversation with Londoners..
- 6.3 DECISIONS:
 - a) The importance of a conversation with Londoners about information sharing and providing visible leadership was endorsed; and
 - b) The Board committed to using leadership and influence to support One London to work with local councils to deliver the benefits of the programme..

[Action – Dick Sorabji]

7. Thrive LDN Update (Item 7)

- 7.1 Amanda Coyle, Assistant Director, Health, Education and Youth, GLA, presented a paper setting out progress on Thrive LDN and details of the Thrive LDN campaign due to launch at the beginning of July. There were three key areas: Addressing Mental Health and equity; looking at better ways to integrate thrive into communities; and a comprehensive programme of public engagement. This work would culminate in a public event in the Autumn.

- 7.2 Cllr Puddifoot asked how the information was being shared with London boroughs and at a local level. It was clarified there had been 17 community conversations, although this had not included Hillingdon. Other engagement included supporting the development of local Thrives in areas such as Greenwich and Harrow and work under way on package of resources for local authorities. The Board agreed that wider engagement was needed across London, and that all local authorities should be contacted.

7.3 **DECISIONS:**

- a) That the update be noted and the upcoming Thrive LDN campaign,
- b) That support and promotion of the upcoming Thrive LDN campaign be agreed; and
- c) That letters be sent to the Chief Executives and Leaders of all local authorities to inform them of the campaign.

[Action – Amanda Coyle]

8. London Health Board - Better Health for London Conference (Item 8)

- 8.1 Una Carney, Head of Partnership Communications and Engagement, Healthy London Partnership provided an update on planning for the Better Health for London Conference. The structure of the day would include keynote speakers, a Panel with question and answer session, a plenary session on the Health and Inequalities Strategy and help from Youth Assembly Members. The Conference was on the eve of World Mental Health Day which presented an opportunity to shine a light on work taking place in London and beyond. The Chair requested that consideration be given to including the 'fruits of devolution' and successes to date.

8.2 **DECISIONS:**

- a) The date of the conference on 9 October was noted;
- b) That the structure of the day would replace the next London Health Board meeting and involve Board members in the programme.
- c) The event will would be live streamed; and
- d) That consideration be given to inclusion of a session on the 'fruits of devolution' and successes to date.

[Actions: Una Carney (a, b and d) and Will Tuckley (c)]

9 Dates of Future Meetings (Item 9)

- 9.1 The next meeting of the Board would be held on 9 October, followed by a meeting on 18 December which would comply with new transparency arrangements.

10 Any Other Business (Item 10)

- 10.1 Dr Tom Coffey noted that Simon Stevens had asked for responses to NHS 70. It was noted that the Board may wish to provide a joint response setting out shared priorities.

11 Close of Meeting

- 11.1 The meeting ended at 3.44pm.

London Health Board

Date of meeting: **18 December 2018**

Title of paper: **Actions Arising**

To be presented by: **Kirstin Lambert, Senior Board Officer**

Cleared by: **Tom Coffey, Mayor's Senior Advisor on Health Policy**
Nick Bowes, Mayoral Director for Policy

Classification: **Public**

1 Executive Summary

1.1 This report updates the Board on actions arising from its previous meetings.

2 Recommendation

2.1 That the Board notes the update.

3 Actions Arising from Previous Meetings

3.1 Actions arising from the meeting on 5 October 2017

Agenda Item	Action	Status
5. S136 Mental Health Crisis Care Update	Members to agree to support the development of the S136 pathway and receive updates All	Complete
10. Analysing STPs in London: Service reconfiguration, finances and leadership	Independent analysis of the 'refreshed' STPs, taking into account the final devolution settlement to be brought to a future LHB meeting. Amanda Coyle	Complete – to be discussed 18-12-18

3.2 Actions arising from the meeting on 20 December 2017.

Agenda Item	Action	Status
5. Dementia-friendly London	Secretariat and Alzheimer's Society to work with Board partners to highlight good practice and to support further efforts across sectors. Gus Wilson	Complete

3.3 Actions arising from the meeting on 19 April 2018.

Agenda Item	Action	Status
4. London Health Board - Improving transparency	Transition the Board's working arrangements to a two-part system of meetings and papers, with the first part of the meeting to be broadcast Gus Wilson	Complete
5a. Strategic Partnership Board Work Plan	Final allocation framework and details of any unallocated or flexible funding for the current financial year, and options for its use, would be circulated/ presented to the Board Will Tuckley / Dr Jane Cummings	In progress
5b. Supporting the Transformation of the NHS Estate in London	London Estates Strategy and Capital Plan would be presented to the Board Geoff Alltimes	Complete
5b. Supporting the Transformation of the NHS Estate in London	Discussion at LEB of information flow from the LEB to the boroughs, including sharing draft STP estates strategies and consideration of involvement of local authorities at each tier. Geoff Alltimes	Complete
6. Mental Health Support in Schools	Share the CAMHS in schools survey with local authority leaders Oliver Shanley	Complete
6. Mental Health Support in Schools	Promote survey via local authority networks e.g. ALDCS. Dick Sorabji	Complete
6. Mental Health Support in Schools	Survey results, alongside a model of what good services should look like, would be presented to the Board Oliver Shanley	Complete
6. Mental Health Support in Schools	Share information on use of Apps to build CYP resilience and as first stage triage based on Local Govt Association work. Cllr Richard Watts	Complete
7. London Health Board - Better Health for London Conference	Better Health for London Conference: borough youth councils and Thrive LDN youth champions be approached to participate. Una Carney	Complete

3.4 Actions arising from the meeting on 27 June 2018.

Agenda Item	Action	Status
	Ensure information about the Health Inequalities Strategy is dispersed across London Amanda Coyle	Complete
	Circulate the final London Estates and Strategy and Capital Plan. Geoff Alltimes	Final strategy to come to April 2019 meeting

Agenda Item	Action	Status
	Consider ways to support wider engagement beyond the partners closely involved in the London Estates strategy development process to date. All	Complete
	Consider occupancy issue - GPs struggling to afford the rents due to factors such as lift costs (a lack of revenue to support the development of practices). Amanda Coyle	Complete
	Letters to be sent to the Chief Executives and Leaders of all local authorities to inform them of the Thrive LDN campaign. Amanda Coyle	Complete
	London Health Board - Better Health for London Conference - consider the inclusion of a session on the 'fruits of devolution' and successes to date. Una Carney	Complete
	Live stream the Better Health for London Conference in October. Will Tuckley	Complete

4 Next Steps

4.1 Outlined elsewhere within this report.

Appendices:

None

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Date of meeting:	18 December 2018
Agenda item:	4a
Title:	Update report - Changes to membership, and measures to Improve Transparency
Presented by:	Dr Tom Coffey, Mayoral Health Advisor
Author:	Gus Wilson, LHB Secretariat
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy, GLA
Status:	For Noting/ Decision
Classification	Public

1. Purpose of this paper

- 1.1 At the meeting on 27 June the Board agreed various measures for improving the transparency of the Board. This report updates the Board on work to date including:
- a. Agreement to Terms of Appointment and code of conduct by members;
 - b. Completion of Register of Interest form by members;
 - c. Request for member biographies for the GLA LHB web page;
 - d. Webcasting of Board meetings;
 - e. Publication of agenda papers; and
 - f. Revised Terms of Reference.
- 1.2 This paper also updates the Board on changes to membership since the last meeting.
- 1.3 Board members are invited to:
- Note changes in membership and welcome new members to the Board;
 - Note the work ongoing to improve transparency; and
 - Agree the attached revised Terms of Reference.

2. Recommendations

- 2.1 The Board is asked to:
- a) Note changes in membership and welcome new members to the Board;
 - b) Note the work ongoing to improve transparency; and
 - c) Agree the attached revised Terms of Reference.

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3. Membership changes

3.1 The below table summarises changes in membership since the last meeting.

Member/ sector	Change
London Clinical Commissioning Groups	Following the retirement of Dr Marc Rowland, Sir Sam Everington joins the LHB as the Chair of the Londonwide Clinical Commissioning Groups
Local authority leaders	<p>To reflect the political balance in London following the May elections and to reflect the sub-regional health and care geography and engagement there is now a leader from each STP sub-region. They will include the executive leader for health and care (Cllr Ray Puddifoot, Leader, London Borough of Hillingdon).</p> <p>New members:</p> <ul style="list-style-type: none">• Cllr Ruth Dombey, Leader, London Borough of Sutton• Mayor Philip Glanville, Mayor of LB Hackney
NHS England	<p>Professor Jane Cummings retires this month.</p> <p>The newly appointed joint regional director for NHS England/ NHS Improvement will join the board once in post.</p>
Mental Health Trusts	Claire Murdoch is replaced by the new Chief Executive of the Cavendish Square Group, John Brouder.

4. Context for measures to improve transparency

- 4.1 The Mayor has committed to running the most transparent administration ever during his tenure at City Hall. At its April 2018 meeting, the Board agreed to increase the transparency of its proceedings. This will confirm the Mayor's commitment to openness, provide a platform to communicate the Board's leadership of health and care in the capital and demonstrate the Board's respect for the need of proper scrutiny of its work.
- 4.2 The transparency of all the relevant governance structures outlined in the Health and Care Devolution Memorandum of Understanding (MoU), including the Strategic Partnership Board, is currently under review.

5. Formalising Governance arrangements

- 5.1 Members have been provided with copies of the GLA's code of conduct and requested to sign a Terms of Appointment. While noting the Board is not a

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decision-making body, members have been asked to list their interests in a Register of Interests form and declare any interests they may have in future meetings. Further guidance on these matters can be obtained from the Clerk to the Board or the GLA's Monitoring Officer.

- 5.2 Members have also been asked to provide biography information which will be added to the London Health Board's web page on the GLA website.
- 5.3 For this meeting, and for future meetings, copies of the Agenda papers will be published in full on the GLA's website unless an item has been identified as being exempt from publication in line with the [GLA's commitment to openness and transparency](#). The public part of the meetings will also be webcast live, with webcast records of meetings to be available online for 6-months following the meeting.

6. Revised Terms of Reference

- 6.1 Minor updates have been made to the [current Terms of Reference](#) in line with the adjustments to improve the transparency of the Board. This is attached in Appendix A, and the Board are asked to approve the revisions.

7. Next steps

- 7.1 With the agreement of the Board, the revised Terms of Reference will be published on the London Health Board web page. Updated membership and biography information will also be published online.
- 7.2 LHB membership is kept under review and members will be updated on any proposed changes.

Appendices:

Appendix A – Revised Terms of Reference

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Agenda Item 4a, Appendix A - Draft revised Terms of reference

The London Health Board is a non-statutory group chaired by the Mayor of London comprising elected leaders and key London professional health leads. It was established in March 2015 and meets four times a year, one meeting of which will be given over to an annual conference.

Purpose

The London Health Board will:

- Drive improvements in London's health, care and health inequalities where political engagement at this level can uniquely make a difference;
- Seek ways of giving additional impetus to progress the ambition to make London the healthiest global city;
- Make the case for investment, power and freedoms to enable the improvement of health and care services and the wider determinants of health in London;
- Consider ways of supporting and accelerating the transformation of health and care services in the capital;
- Champion public participation in health and an increase in choice and accountability in health and care services;
- Focus on making the NHS estate work to support health and care transformation and wider public goals;
- Work to improve accessibility of health and care services for Londoners; and
- Provide challenge on the quality and accessibility of primary care.

It will be guided by the principles set out in the London Health and Social Care Devolution Memorandum of Understanding (November 2017), and provide strategic direction and oversight to the work of the London Health and Care Strategic Partnership Board and its sub-boards.

Membership

Mayor of London (Chair)
Mayoral Health Advisor
Local Authority Leaders (5) To include Executive lead for Health and Social Care and Thrive LDN local political lead
London Region Director, NHS England

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Chair, London Clinical Commissioning Council
London Region Director, Public Health England
Representative, NHS Trusts
Representative, Mental Health Trusts

The Mayor may appoint other Members over time as he considers will best further the Board's purpose. The terms of Members' appointments will be set out in writing to them at the time of their appointment.

Resources

- The Board is funded by its partners (London Councils, NHS England (London), London Clinical Commissioning Groups, Public Health England, and the Greater London Authority).
- The Board will be supported by a small secretariat located at the GLA.

Meetings of the Board shall be called by the Mayor of London. The quorum for a meeting of the Board is half the total number of Board Members (rounded up to the next whole number), as long as those present include either the Chair or Mayoral Health Advisor, a London Councils representative and a health sector representative. A Board Member may be counted in the quorum if they are able to participate in the proceedings of the meeting by remote means e.g. telephone or video link (or equivalent) and remain so available throughout the discussion and decision for each item for which they are counted as part of the quorum.

Recommendations and views expressed by the Board will be agreed by consensus (with no requirement for voting). Where a Board Member wishes, their dissent or objection can be recorded in the minutes of the relevant meeting.

The Mayor is committed to openness in his administration and is committed to making the work of this Board transparent. Agendas and reports (where possible) for the Board will be published in advance of meetings; reports will be released with the agenda except in those cases where officers reasonably consider that information contained in the reports may be exempt from disclosure under an applicable exemption under the Freedom of Information Act 2000 (FOIA) on the basis that the public interest is against disclosure. Summary minutes of the meetings of the Board will be published as soon as practicable following each meeting. The meetings themselves will not be open for the public to attend, but will be webcast live, and a webcast record of the meeting maintained on the GLA's website for 6 months following the meeting.

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When undertaking work on behalf of the Board, Members are required to agree to comply with guidance provided by the GLA's Monitoring Officer, to register & declare all relevant interests and to seek advice from the GLA's Monitoring Officer on any issue where a conflict of interest is or may be arising.

December 2018

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LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	4b
Title:	Mental Health in Schools
Presented by:	Professor Oliver Shanley OBE/ Vicky Hobart, Head of Health, GLA
Author:	Ian Lewis, Local Authority Adviser for Child Mental Health
Cleared by	Prof Oliver Shanley, NHS England / NHS Improvement
Status:	For noting, discussion and endorsement
Classification	Public

1. Purpose of this paper

- 1.1 This Paper updates the London Health Board on the progress of the mental health in schools project.

2. Recommendations

- 2.1 The Board are invited to:
- Note the progress of the project, and endorse key points and actions highlighted in section 3;
 - Discuss how the recommendations should be overseen to enable them to progress (it is suggested implementation of these recommendations should be overseen by the Healthy London Partnership Children and Young People's Transformation Board).

3. Key points and actions

- 3.1 The Board are asked to note and endorse the following:
- 1) The baseline mapping has identified large variation in the range of mental health support and services available to children and young people (CYP) in schools. This shows that while there is a considerable range of activity within schools there remain significant issues of variability across and within Boroughs.
 - 2) It is recommended that Clinical Commissioning Groups and Local Authorities use this baseline mapping in their local area as a starting point and work collaboratively to develop the mental health support services available to CYP in their local schools and colleges. This process should be overseen through Health and Wellbeing Boards.
 - 3) The [self-assessment tool](#) developed by Healthy London Partnership is available to assist with this. By using this, Clinical Commissioning Groups, Local Authorities (including Public Health) and school forums should work together to understand need and to clarify commissioning responsibilities for services to CYP at schools and colleges. Providers from NHS and voluntary sector organisations should be engaged in this work. A [commissioning](#)

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[responsibilities grid](#) has been developed by Healthy London Partnership to assist with this.

- 4) Commissioning guidance for schools should be developed to assist them in implementing mental health support in schools. This should include information on how to evaluate services. A working group of commissioners and school leads should be convened through Healthy London Partnership to draw up this guidance.
- 5) The key messages from young people about what they would like from a mental health service in schools (within the Young Minds Amplified report) should be endorsed and circulated widely to schools.
- 6) The London Health Board may wish to consider requesting that the Strategic Partnership Board consider the use of transformation funding to support further innovation on supporting emotional wellbeing and mental health in schools and colleges.
- 7) The implementation of these recommendations should be overseen by the Healthy London Partnership Children and Young People's Transformation Board.
- 8) As interventions are evaluated, this information should be shared across London. The Mental Health in Schools online toolkit should be maintained and updated as a method of sharing information.

4. Context

- 4.1 This paper follows previous discussion at the London Health Board on 18th April 2018. The agreed recommendations are listed in Appendix A. A project manager was appointed to take forward the recommendations under the joint governance of the Greater London Authority and Healthy London Partnership. The project has reported to the Healthy London Partnership Children and Young People's Transformation Board. Deliverables for the project were agreed and progress against each is described below:

Deliverable 1 Support a survey of services for CYP in schools (through local authorities, CCGs and Mental Health Trusts) to support better understanding of current provision across London

Progress A survey and mapping exercise was undertaken from May to August 2018. This was undertaken across the three key organisations engaged in local transformation planning:

- Clinical Commissioning Groups (CCGs)
- Local Authorities, (through Directors of Children's Services)
- NHS Mental Health Provider Trusts

The survey format was different for each of these organisations to reflect their distinct roles. Responses were received from 27 out of 33 local authority areas, a return rate of

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82%. The extent and detail included means that there is a significant advance in the information available on what activity is taking place within schools.

Key Findings

- In the majority of areas that submitted a response, there is evidence of a considerable range of activity to support emotional wellbeing and mental health within schools.
- The nature of this activity varies considerably between boroughs. There are a wide range of initiatives, sometimes within the same geographical area.
- There is a variation in the level of knowledge and awareness of services provided and commissioned by schools within the CCG and Local Authority
- The commissioning arrangements remain complex, particularly at the lower ranges of intervention
- Many initiatives are at early stages in their evaluation of effectiveness
- There is limited data about the numbers of CYP who are currently accessing services through schools and colleges

The full report is attached as Appendix A. A more detailed description of the services are contained within Appendix B. The recommendations of the mapping exercise are included in the recommendations in Section 3 of this report.

Deliverable 2 Develop a key line of enquiry (KLOE) for assurance of Local Transformation Plans (LTPs) within London. LTPs are the partnership documents prepared by each CCG to outline the agreed steps to improve local CYP mental health services provision. The LTP is approved through the relevant local Health and Wellbeing Board.

Progress The national NHS England mental health team updates the KLOEs to assure the robustness of LTPs every year. An additional KLOE on mental health support in schools was agreed nationally so it was agreed an additional one for London was no longer needed.

As part of the support offered to CCGs for the annual LTP refresh process, HLP supported two workshops on mental health support in schools to commissioners.

Deliverable 3 Develop a self-assessment tool for CCGs to measure their progress in developing services through the Local Transformation Plan and their oversight through Health and Wellbeing Boards.

Progress The template for the mapping exercise was designed in consultation with a small group of CCG commissioners and is intended to be used as a [self-assessment tool](#) for CCGs in conjunction with partners.

Deliverable 4 Develop an online toolkit, which will be a best practice guide for school leaders, governing bodies and commissioners in health and local authorities

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Progress A professional reference group was established to provide consultation on the development of the toolkit. The group included senior school staff, voluntary agency representatives, educational psychologists, CCG commissioners and local authority education staff. The toolkit builds on existing materials available to schools and commissioners as well as outlining some of the new initiatives taking place across London.

The [toolkit](#) is now live on Healthy London Partnership website and a link is available through the Healthy Schools London website.

Deliverable 5 Investigate the availability of suitable apps for use by CYP and whether these can be promoted to assist CYP's understanding of mental health issues.

Progress [Good Thinking](#) is London's digital mental health and well-being service based on a partnership between local authorities and the NHS. It uses social media marketing to reach people searching for terms which may indicate they have common mental health problems (of which 18% of the population including CYP go undiagnosed). Following a brief assessment, it directs them to a selection of personalised digital tools to support their mental well-being. The service is currently available for adults aged 18 and over. It will shortly be expanding to 16 – 18 year olds via targeted social media marketing. Future plans include extending the service to 13 – 16 year olds.

NHS Go is a free health app designed for young people by young Londoners. NHS Go takes validated content directly from NHS Choices. It is organised using topics and articles that appeal to young people. Its most popular sections are on mental and sexual health. <https://nhsgo.uk/>

The toolkit gives information on other digital sources of information and help for young people.

Letters from the mayor of London have been sent to all London schools advising them of mental health support information on NHS Go and that Good Thinking, London's digital mental well-being service will be extending its service to 16 – 17 year olds in early 2019. A similar letter from Professor Oliver Shanley, regional chief nurse, has been sent to all providers of school nursing services across London

Deliverable 6 Hold an event through the Greater London Authority to launch and publicise the toolkit.

Progress Colleagues are working on agreeing a date to hold this event in early 2019

Listening to the views of young people

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4.2 The HLP mental health implementation group agreed to commission [Young Minds](#) to undertake a consultation exercise regarding what support young people want to be able to access in schools. The exercise involved a review of any existing consultations that had taken place with young people regarding the support they feel would be most helpful within schools. A consultation event was held in July 2018 with young people from across London refining these messages. This [report](#) is also available to the Board. The young people provided ten key messages, summarised below:

- Every pupil knows who is responsible for and can help with mental health issues
- Every adult in the school offers a good first response if I say or show I am struggling with my mental health
- Bullying is dealt with effectively
- Empower us to understand and take a role in caring for our mental health
- Extra support for pupils that are struggling
- Emotional and practical support during busy, stressful times
- A place to go on hard days
- Signposting to support in our area and beyond
- Pupil involvement in making the school more mentally healthy
- Recognising us as individuals

Mental Health First Aid Training

4.3 The Youth Mental Health First Aid Schools Programme launched on 13 August 2018. It is a collaboration between Thrive LDN and [Mental Health First Aid England](#), supported by funding from the Mayor of London through the [Young Londoners Fund](#). It aims to ensure every state-funded primary and secondary school, sixth form and further education college in London has access to a Youth Mental Health First Aider by 2021. It will mean every London school has access to a dedicated member of staff with appropriate mental health training to support both themselves and their pupils.

National Context

4.4 There is widespread agreement regarding the need to improve mental health services for CYP and that this should be a key priority for the NHS, local authorities and schools. At the time of writing, the details of the NHS Long Term Plan, which will set out the agreed priorities for spending on the additional 3.4% annual budget uplift for the NHS over the next 10 years are being prepared. It is anticipated that spending on mental health services, and those for CYP in particular, will be one of the main priorities for additional investment.

4.5 There are a continued set of priorities to improve child mental health services in addition to those related to schools, including:

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- Improving access rates to mental health services for CYP
 - Increasing services related to eating disorders
 - Better arrangements for CYP experiencing a mental health crisis
 - Ensuring better local commissioning of hospital beds to keep CYP closer to home and reduce the length of their stay
- 4.6 The Government published its response to the consultation on the Green Paper [Transforming Children and Young People's Mental Health](#) in July 2018. This described continued commitment to:
- A designated senior lead for mental health in all schools to oversee the approach to mental health and wellbeing
 - Funding for mental health support teams, supervised by CAMHS staff, to provide extra capacity for early intervention and on-going help across groups of schools and colleges.
 - Piloting a 4-week waiting time target for NHS CAMHS services
- 4.7 CCGs who had met the qualifying criteria set out in the response were invited to make expressions of interest in becoming trailblazer sites for developing mental health support teams (MHSTs), and for becoming pilot sites for the 4 week waiting period. Trailblazer sites will be funded to provide services across a proportion of schools within their area. The timescale for teams to become fully operational in trailblazer sites is December 2019. Healthy London Partnership has been funded to provide support to the Trailblazer sites in London to ensure effective implementation and share learning. This will include ensuring learning is spread at an early stage to the large number of schools and colleges which do not have a pilot MHST.
- 4.8 At the time of writing, the trailblazer sites are still awaiting announcement. A verbal update will be provided to the Board.
- 4.9 It is important to note that the MHSTs are designed to augment the existing arrangements provided by and for schools, not to replace them. Whole school approaches such as those currently identified in the Mapping Exercise will remain vital in all schools, including those with a linked MHST. It is recommended that the London Health Board requests consideration of the use of Transformation Funding through the Strategic Partnership Board to encourage further innovation across London in whole school approaches.
- 4.10 In November 2018, the Department of Education updated its Guidance: [Mental Health and Behaviour in Schools](#). This document gives further advice to schools on their responsibilities regarding the support children require with their mental health and should continue to support efforts to reduce the current variation in the experience of pupils.

Prevalence of mental health issues in CYP

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- 4.11 The Office of National Statistics is due to publish its latest estimates of the prevalence of mental health issues amongst children and young people in November 2018. It is widely expected that this will be an increase on previous estimates.

Ofsted and Care Quality Commission

- 4.12 Ofsted are currently reviewing the inspection framework for schools and this is due for publication in 2019, which will then set out the expectations for schools regarding emotional wellbeing of pupils. Discussions are taking place between Ofsted and the Care Quality Commission regarding the inspection arrangements for mental health support teams.

5. Next steps

- 5.1 Improvements to mental health support for children and young people, including that provided within education settings, are expected to be a priority for all partner organisations over the next decade. The Healthy London Partnership Children and Young People's Transformation Board brings together partner agencies to plan and oversee improvements in children's Health. It is recommended that the Transformation Board is the appropriate body to continue to give oversight to this work.

Appendices:

Appendix A - London Health Board on 18th April 2018 agreed recommendations

Appendix B – Mental Health in Schools Project - Mapping Exercise Overview Report:
<https://www.healthy london.org/wp-content/uploads/2018/11/Mental-Health-Support-in-Schools-Mapping-Exercise-Report.pdf>

Appendix A

London Health Board 18 April 2018 agreed recommendations

- a) Acknowledge the **cross-system collaborative approach** required of all partners to improve mental health and wellbeing in schools in the context of complex commissioning arrangements and rising levels of need. As part of further collaboration, support for Health and Wellbeing Boards should be considered to enable them to map and identify gaps in emotional and mental health support across schools, Local Authorities and Clinical Commissioning Groups (CCGs)
- b) Support the approach of **sharing effective models through a best practice guide** available to Health and Wellbeing Boards (HWB) and schools and a launch event to present it to (HWB) chairs
- c) Support the **inclusion of mental health provision in schools** as part of the **assurance process for Local Transformation Plans (LTPs) for CAMHS** by NHS England in October 2018. Ask HWBs to support understanding of the local baseline school provision to inform the refresh of LTPs
- d) Agree that the GLA should explore with Ofsted the role of inspection in delivering improvements to the mental health of children in schools in line with best practice
- e) Consider the **best possible options for London regarding trailblazer applications** following publication of the Mental Health in Schools Green Paper. **Provide support and information at an appropriate scale to those areas making applications**
- f) **Convene a steering group to oversee delivery of the recommendations** under the umbrella of Thrive LDN. Board members are asked to give their views on whether this is the appropriate framework for effective delivery and make recommendations for membership.

LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	4c
Title:	London Health Inequalities Strategy
Presented by:	Prof Yvonne Doyle, Regional Director, Public Health England
Author:	Karen Steadman, Principal Policy and Programme Officer, Health, GLA
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
Status:	For noting
Classification	Public

1. Purpose of this paper

- 1.1. This paper updates LHB on progress since the London Health Inequalities Strategy (HIS) was launched in October 2018 and next steps.

2. Recommendations

- 2.1. Board members are invited to note the update and consider how they can support the implementation of the Strategy.

3. Context

- 3.1. The London Health Inequalities Strategy was laid before the Assembly on 3 September and was publicly launched on 17 October 2018, alongside the *Healthy Early Years London* programme at an early years centre in Merton.
- 3.2. The HIS sets an ambition for improvement over a ten-year timetable, with annual reporting on progress and a review in 2021. The LHB has been engaged in the development of the HIS since 2016 and has received regular progress updates. The Board has lent its support and provided strategic direction on priorities, alignment with local work and initiatives that would benefit from citywide leadership for example social prescribing, planning, making best use of data and evidence, and delivering the health and care devolution agreement. The LHB has also supported stakeholder engagement and the public consultation. In recognition that many of the levers for addressing the wider determinants of health are not within the Mayor's gift, the Board endorsed the ambition for a London 'system strategy' that goes beyond the GLA and public sector to include business, charities and communities. An implementation plan has been published (section 4.6) which sets out the Mayor's commitments and opportunities for partnership work.

4. Progress overview

Development

- 4.1. The HIS has been developed with strong engagement from stakeholders. The development of the HIS was overseen by a specifically convened multi-agency steering group and with input from the London Prevention Partnership Board (LPPB). The draft HIS was published for public consultation Aug-Nov 2017.

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Overview

- 4.2. The Strategy has five themes – each with an overarching aim, a set of objectives, and a key Mayoral ambition (see table):

Theme	Aim	Mayor's Ambition
Healthy Children	that every London child has a healthy start in life	to ensure the widespread adoption of the Healthy Early Years Programme London, particularly in the most deprived communities
Healthy Minds	that all Londoners share in a city with the best mental health in the world	for more Londoners to be trained in mental health first aid informed approaches, starting with young Londoners
Healthy Places	that all Londoners benefit from an environment and economy that promotes good mental and physical health	for London to have the best air quality of any major global city. He wants the quickest progress to be made in the most polluted places, benefitting people most vulnerable to the effects of air pollution
Healthy Communities	that all of London's diverse communities are healthy and thriving	to support more Londoners in vulnerable or deprived communities to benefit from social prescribing
Healthy Living	that the healthy choice is the easy choice for all Londoners	that all Londoners are doing the physical activity they need on a daily basis to stay healthy, with efforts focused on supporting the most inactive

Health in all policies

- 4.3. The Strategy focusses on the wider determinants of health and is underpinned by a 'health in all policies' approach. This involves ensuring health and specifically health inequalities are reflected in, and considered by, all the GLA strategies. There are health commitments in Planning, Housing, Economic Development, Transport, Environment, Policing and Crime, Culture, as well as in non-statutory strategies.

Partnership

- 4.4. Achieving these aims will require action from a wide range people and organisations including health and care services, a range of local government services, the voluntary and community sector, businesses, and of course Londoners themselves. The Mayor recognises the challenges that partners are experiencing and has highlighted the pressures public services are under as a barrier to improving health inequalities.
- 4.5. The GLA Act stipulates that the Mayor should 'describe the role to be performed by any relevant body or person for the purpose of implementing the strategy'. The Mayor makes a number of commitments in the HIS, around his own work, and partnership work. These are framed at the end of each chapter, as:
- What the Mayor will do to deliver change
 - What the Mayor will do to support change
 - Priorities to be led by external partners

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Implementation plan

- 4.6. The Mayor published an implementation plan alongside the strategy, which outlines the actions he has committed to over the next two years, as well as flagging key areas for partnership work, and priority areas for partner leadership. The implementation plan will be reported on and updated annually. It will include:
- current Mayoral actions (including those owned by other GLA strategy areas, reflecting health in all policies approach),
 - five Key Performance Indicators, selected to measure progress against the ambitions;
 - partnership opportunities and priority 'asks' of partners;
 - a set of population health inequality indicators, to track progress on population-level health inequalities during the life of the strategy.

Governance

- 4.7. The LHB endorsed the HIS as a London strategy. The London Prevention Partnership Board (LPPB a sub-board of the LHB) will be supporting the mobilisation of the strategy over the coming months. A paper on this was discussed by the LPPB on 12th November and next steps agreed, including that Board members would nominate officers in their organisation (across the partnership) to act as 'mobilisers' of the HIS. It is planned this group will lead on the development of a Partnership Implementation Plan (mirroring the Mayor's HIS implementation plan), and a series of partnership 'deep dives', focussing on some of the most challenging issues facing London, where cross-system involvement is vital.

Stakeholder engagement:

- 4.8. A range of proposals have been developed and are progressing, led by the GLA with the support of Healthy London Partnership (HLP) and Public Health England (PHE). These will also be discussed at LPPB. Examples of activity are:
- HIS summary guides targeted to different stakeholder groups,
 - Resource to support local health scrutiny to support implementation in London boroughs,
 - 'Deep dives' with system leaders (through the LPPB) to drive system leadership and change,
 - Annual HIS partnership event to showcase the activity across the partnership in the first year of implementation.

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LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	4d
Title:	Update report - Taking forward a public health approach to Violence Prevention in London
Presented by:	Dr Tom Coffey, Mayoral Health Advisor and Vicky Hobart, Head of Health, GLA
Author:	Vicky Hobart, Head of Health, GLA / Ruchi Singh, VRU Mobilisation Lead, MOPAC
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
Status:	For noting
Classification	Public

1. Purpose of this paper

- 1.1. At the LHB meeting on 27th June a report was presented to the Board on the work to develop a public health approach to tackling youth violence in London. This paper provides an update on this work.

2. Recommendations

- 2.1. Board members are invited to note the update on the report presented on 27th June 2018. This update comprises:
- progress on the paper scoping a public health approach to tackling violence
 - establishment of the new Violence Reduction Unit (VRU)

3. Context

- 3.1. Reducing youth violence, including knife crime, remains a key priority for London. Further violent incidents involving young people have taken place since the last report in June.

4. Update on Work

Scoping Exercise to inform the development of a public health approach to violence prevention and reduction.

- 4.1. Earlier this year MOPAC and the GLA commissioned a scoping paper to inform how a public health approach could be used to progress efforts to prevent and reduce serious violence with a focus on young people aged under 25.

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- 4.2. The main report described what a public health approach is and why it is helpful; what is known about the nature and scale of violence affecting people under the age of 25 in London; the causes and triggers for violence; further evidence-based approaches that could be explored; and suggests further roles for local and regional organisations.
- 4.3. There is still a need to fully describe the London epidemiology in terms of risk, opportunity and inequalities so the report indicates where further work would be useful.
- 4.4. Appendix 1 summarises the key lines of enquiry, institutional analysis, summary of interventions, and signposting to key sources of evidence.
- 4.5. The papers were discussed at the first meeting of the VRU Partnership Reference Working Group (see 4.9 below) on 29 October. Details of the partner members and papers of the VRU Partnership Reference Group can be found at this link:

<https://www.london.gov.uk/moderngovmb/ieListMeetings.aspx?Committeeld=443>

Key messages are summarised in Appendix A of this report.

London Violence Reduction Unit

- 4.6. In September, the Mayor announced his intention to establish a Violence Reduction Unit (VRU) to build on a public health approach already being delivered at City Hall, expanding the work of the Mayor's Knife Crime Strategy to include wider types of violence and look to address the links between violence in the home and on the street.
- 4.7. The VRU will be multi-disciplinary and will work across London. It aims to gain a better understanding the risk factors in a person's early life that can lead to serious violence by using data from health, criminal justice and other public services. It will also focus on improving and speeding up interventions at a local level, with the aim of reducing violence and protecting those vulnerable to exploitation. The VRU will work with boroughs, local police Basic Command Units, the local community, families, the health service and criminal justice agencies to ensure action is fully joined-up at all levels.
- 4.8. Work is currently underway to set up the Unit. This includes the recruitment of a director to lead the VRU who will develop a long-term partnership strategy, develop the public health approach and lead this multi-agency response.
- 4.9. A Partnership Reference Working Group chaired by the Mayor is already in place and has now held two meetings, on 29th October and 26th November. The Partnership Reference Group will provide strategic direction and oversight to the work of the VRU and is a multi-disciplinary partnership that includes senior representatives from health, police, education, local government as well as

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community representatives. The Reference Group will work in partnership to improve co-ordination between the Metropolitan Police, local authorities, youth

services, health services, criminal justice agencies and City Hall, backed up by the VRU. Current membership includes: Professor Yvonne Doyle, Sir Sam Everington, Dr Vin Diwakar, and Niven Rennie. A full list of partners in attendance at the first two meetings can be viewed at this link:

<https://www.london.gov.uk/moderngovmb/ieListMeetings.aspx?Committeeld=443>.

- 4.10.** There are some key priorities for the VRU that will require the engagement of the health sector:
- A review of homicide and the most serious violent incidents in the capital from 2014 when serious violent crime started rising. This will enable the VRU to understand and establish key trends to inform its work and where to focus attention.
 - A strategic needs assessment
 - Development of a Target Operating Model which will require consideration of areas such as the development of commissioning plans and how to influence wider resourcing and commissioning decisions.
 - A comprehensive community engagement plan to ensure the approach to violence reduction is delivered with and for communities.

5. Next steps

- 5.1.** The NHS is planning a round table event on serious youth violence in London. This is expected to take place in the next few months and London Health Board members will be sent further details once these are available.

Appendices:

Appendix A. Slide pack summarising key messages from the paper scoping a public health approach to violence prevention and reduction.

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Item 4d, Appendix A Serious Violence Affecting Young People in London

Progressing a Public Health Approach to Violence Prevention and Reduction

GLA Health Team, GLA Strategic Crime Team, and MOPAC



This report focuses on one aspect of violence



Main report

- A public health approach
- Understanding SYV in London
- Organisations and partnerships
- Opportunities for further research

Appendices

- Our key lines of enquiry
- Institutional mapping
- Summary of interventions
- Key sources of evidence
- Detailed data pack

This report does **not** provide a formal strategic needs assessment.

Serious Youth Violence : A public health issue

Serious Youth Violence is a Public Health issue:

- It causes ill-health through fear, injury and loss, affecting individuals and communities
- It is contagious, with clusters of incidents linked in time, by place, or by the groups of people affected
- It is distributed unequally across population groups, and contributes to health inequalities (as identified in the London Health Inequalities Strategy)
- Risk factors for involvement in violence, which overlap with risk factors for other adverse physical and mental health outcomes
- It has **root causes**, it can be **treated**, it can be **prevented**.

Serious Youth Violence: A public health approach

A public health approach towards Serious Youth Violence:

- Uses data and intelligence
- Quantifies the burden at population-level and identifies inequalities and risks
- Identifies and focusses on defined populations, who may share certain risks
- Seeks evidence of effectiveness to tackle the problem
- Generates both long-term and short-term solutions
- Works with and for communities
- Is not constrained by organisational or professional boundaries, but seeks out system-level solutions delivered through system leadership

Understanding SYV: Current & future resources

Current resources

- WHO: 2011 review of the evidence base
- Police College Crime Reduction Toolkit
- DH Protecting People Promoting Health
- Early Intervention Foundation
- UK Drug Situation
- Lambeth Needs Assessment 2015
- Scottish Public Health Network Violence Prevention: A Public Health Priority 2014
- Children and Young people in London with Offending Behaviour – A scoping review – Public Health England Health & Justice Team
- Creating Safe Places to Live through Design, the Design Council

Resources in development

- Public Health England : Improving outcomes in vulnerable children
- Public Health England : Preventing Reoffending in Children
- The Youth Violence Commission – two reports due imminently

Epidemiological lines of enquiry into SYV

Developing a picture of Serious Youth Violence in London to identify opportunities to **prevent** initial involvement, **prevent** escalation and to **mitigate** harmful outcomes.

Case definition and incidence

- Defining 'Serious Youth Violence'
- Types of Serious Youth Violence in London

Time

- Incidence and trends over time
- Temporal patterns

Place

- Distribution of incidents across London

Person

- Demography of those involved
- Social, economic and health factors

Risk & protective factors

- Risk factors and protective factors – prevalence and distribution

Next steps

- Identify gaps in the evidence
- Opportunities for prevention

Key epidemiological findings

Developing a picture of Serious Youth Violence in London to identify opportunities to **prevent** initial involvement, **prevent** escalation and to **mitigate** harmful outcomes.

Case definition and incidence

- 55% of SYV are Serious Wounding Offences
- 46% increase in incidence of SYV 2013-17 (police data)
- 42% increase sharp object assaults 2013-17 (hospital)

Time

- School age children: highest incidence 3pm – 10pm on weekdays
- 18-24 year olds: 6pm -12pm all days, clear peaks on Saturday and Sunday nights

Place

- Variation in incidence between boroughs and wards
- Correlation with night-time economy, e.g. Westminster
- Perpetration in own borough varies from 49% to 83%

Person

- 86% SYV hospital admissions are male
- Black young people are over-represented as both victims and perpetrators of SYV
- Ethnicity data is incomplete.

Risk factors

- Childhood adversity
- Contact with CJS
- Looked After Children
- Adolescence
- Poverty
- Emotional / conduct needs

Next steps

- More sophisticated geographical analysis
- Clearer understanding of demographic factors
- More detailed local modelling of risk factors

A public health framework for prevention

Primary prevention: Tackling root causes

- Early years enrichment programmes
- Parenting support programmes
- Positive school environments
- Improving community resilience
- Good housing
- Safe streets and places to go
- Promoting mental wellbeing
- Tackling drug supply chains

Secondary prevention: Managing risk factors

- Reducing fear for own safety
- Improving trust in authority
- Not tolerating school exclusion
- Managing conduct disorder
- Tackling child maltreatment
- Treating substance misuse

‘Escalator moment’ prevention

- Diversion from gang involvement
- Engaging bystanders
- County Lines work
- Agile responses to intelligence from authorities
- Contextual safeguarding – safe places and environments
- Safe havens
- Tackling triggers for violence

Tertiary prevention: Reducing the effects

- Supporting bystanders
- Supporting victims to prevent recurrence
- Reducing availability of weapons
- Supporting ex-offenders through probation and other services
- Criminal Justice System response
- School policies on response to violence
- Data gathering to inform place-based responses.

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London's institutional landscape is complex

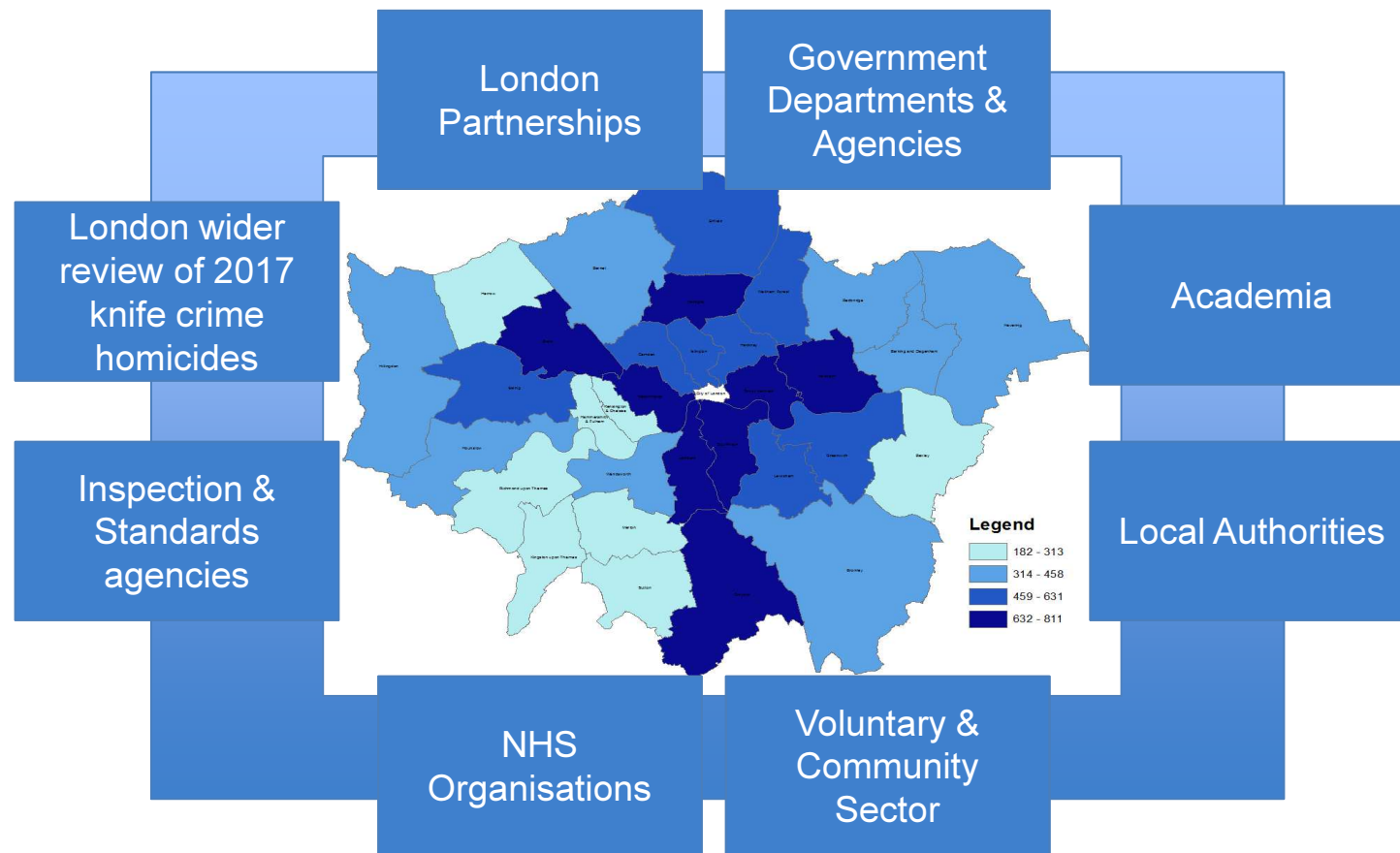


Image: Borough SYV levels 2017-18

Existing work around Serious Youth Violence

Existing workstreams around Serious Youth Violence agenda include:

Prioritisation of knife and gun crime within MOPAC's Police and Crime Plan, including:

- Improved data sharing between the emergency services
- Insight – consultation with victims and with academic partners
- Working with Child and Adolescent Mental Health Services and peer outreach
- Supporting local authorities to develop local action plans

Interventions

- Understanding and preventing knife carriage
- Trauma centre outreach – the 'teachable moment'
- Criminality diversion programmes – Young Londoners

Cross-cutting workstreams within statutory and commissioning organisations at borough-level including:

- Child and Adult Safeguarding Boards
- Health and Wellbeing Boards
- Local commissioners and service providers

Needs assessment and strategy development:

- Violence against women and girls
- Child sexual exploitation
- Gang-related violence

Community-level projects

- A multiplicity of local groups and projects are operating in communities London-wide

A partnership approach to violence reduction

**Common features
of the violence-
reduction
programmes that
have made an
impact:**

Coherence of interventions and
partner organisations towards achieving the
common goal

Intensity of work towards
achieving the common goal

Scale of delivery of work
towards achieving the common goal

Recommended priority work areas

The narrative

- Creating a confident narrative around serious violence in London and working with the media to promote ethical reporting that avoids harm

Targeted interventions

- Continue action to understand and prevent knife carriage
- Extending teachable moment interventions in A&E to visiting peers
- Support the use of evidence-based 'diversion from criminality' programmes (This is a focus of the Young Londoners Fund work).
- Out of school and holiday activities for young people
- Keeping young people in education and tackling exclusions.

Resources

- Increasing dedicated capacity to support further development of the public health approach to serious youth violence
- Developing a definition of and response plans for clusters of incidents.

Data

- Coordinated analysis of data and intelligence, including lower level data, record linkage and the new Emergency Care Dataset (ECDS)
- Improved hospital A&E data-sharing quality and use
- London Councils resource hub

LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	5
Title:	London Health and Care Stocktake
Presented by:	Dr Tom Coffey, Mayoral Health Advisor
Author:	Gus Wilson, London health Board Secretariat Manager, GLA
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
Status:	For Discussion
Classification	Public

1. Purpose of this paper

- 1.1 Since the last meeting of the LHB on 27 June there have been significant developments in health and care at national and London level that have implications for work at multi-borough and London levels. This report is intended to provide the Board with context to help inform the discussion of the King's Fund report on progress made by London's STPs. The London Health Board conference, 25 October (Item 7d) brought system leaders together to celebrate progress across London and to inform next steps.
- 1.2 This report updates the Board on the following developments:
- LHB commitment to increasing transparency and the commitment to published proceedings and webcast meetings
 - NHS Long Term Plan and announcement of five-year STP plans and the commitment to developing a renewed partnership vision for health and care in London
 - Publication of London's Primary Care Strategy
 - One year since the London health and Care Devolution Agreement
 - King's Fund review of STP progress.
- 1.3 Board members are invited to:
- Note this update and which is intended as wider context to the update and presentation which follow
 - Receive a verbal update on the London Primary Care Strategy from Dr Jonty Heaversedge, Medical Director for Primary Care, NHS England (London Region)
 - Receive a report (item 5a) and presentation from Richard Murray, King's Fund Chief Executive.

2. Recommendations

- 2.1 The Board is asked to:
- Note developments since the last meeting

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- b) Comment on the updates and London's performance against the health and care devolution agreements
- c) Consider the implications for the London Health Board and its forward programme
- d) Consider an update from the LHB to Chancellor and Secretary of State for Health and Care (DHSC) on progress since the signing of the Health and Care Devolution Memorandum of Understanding in November 2017.

3. Developments since the 27 June meeting of the LHB

Transparency

- 3.1 The LHB Terms of Reference (presented as a draft for approval at this meeting) have been updated to reflect the commitment of the Board to make its proceedings transparent. By webcasting the meetings, the LHB will engage Londoners in a public conversation about health and care issues. Board members may wish to consider the implications for the LHB's forward meetings schedule.

The NHS London Term Plan and five-year STP plans

- 3.2 In June 2018, the Government agreed a long-term funding settlement for the NHS – an average annual real terms growth rate of 3.4% over five years. In return, the NHS was asked to set out a long-term plan for the NHS which delivers the existing Five Year Forward View commitments. sets out a five-year costed plan to deliver clear improvements and financial stability for the NHS and articulates ten-year high-level ambitions for further improvements to outcomes. The plan was required to demonstrate it can put the NHS on a sustainable financial footing by improving productivity and efficiency; eliminating deficits; reducing unwarranted variation in care; managing demand effectively; and using capital investment effectively.
- 3.3 The NHS finalised the ten-year plan over the autumn, setting out ambitions for improvement over the next decade, and the plans to meet them over the five years of the funding settlement.
- 3.4 A number of work streams were established and invited the public and stakeholders to submit views online on the key areas of the plan. Significant additional public and service user engagement was taken forward through Healthwatch and The Patients Association.
- 3.5 From November 2018 through to March 2019 work will be undertaken with the NHS locally and regionally, including STPs, to map out implications of the national priorities for local services and people as STPs develop their own local five-year plans.

London's new primary care strategy

- 3.6 *The Next Steps to the Strategic Commissioning Framework; A vision for strengthening general practice collaboration across London (2018)* <https://www.healthylondon.org/resource/the-next-steps-to-the-strategic-commissioning-framework/> was published in the autumn and sets out a vision for strengthening general practice collaboration across London. It has been developed in partnership with London clinical commissioning groups (CCGs), the Londonwide LMCs and overseen by the Primary Care Clinical Cabinet.

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3.7 **Dr Jonty Heaversedge** will give the LHB a short overview of the strategy as part of the strategy which outlines two main types of collaborative arrangements between practices:

1. Larger scale general practice models (LGPOs). Multiple practices work via formal collaborative arrangements so they can develop and train a broad workforce, as well as create shared operational systems and quality improvement approaches.
2. Primary care networks (PCNs). Practices come together with community providers and the voluntary sector to serve smaller populations. The vision is to create multidisciplinary and team-based care for people with enduring, complex health and care needs.

These collaborative arrangements will have a wide range of benefits for providers and commissioners and for patients and GP practices.

Progress secured since the delivery of the health and care devolution agreement

3.8 Since the health and care devolution MOU was signed in November 2017. Will Tuckley, joint chair of the London health and Care Strategic Partnership Board (SPB) will present an update (**Agenda item 5b**) on the SPB's areas of focus.

King's Fund review of STP progress

3.9 The Greater London Authority has commissioned the King's Fund to review progress in London's five Sustainability and Transformation Plans/ Partnerships (STPs). Richard Murray, Chief Executive of the King's Fund will present the key findings (**Agenda item 5c**). The Board will wish to consider the progress made, next steps, where it can best add value and the implications for the LHB's future role.

Appendices:

None.

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LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	5b
Title:	London Health and Care Strategic Partnership Board Focus Areas
Presented by:	Will Tuckley, Chief Executive, Tower Hamlets and SPB Co-Chair
Author:	Patrice Donnelly, Healthy London Partnership
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
Status:	For information
Classification	Public

1. Purpose of this paper

- 1.1. The purpose of this paper is to update the London Health Board (LHB) on the focus areas of the London Health and Care Strategic Partnership Board (SPB).

2. Recommendations

- 2.1 The Board is asked to:
- a) Note the immediate focus areas for the SPB; and
 - b) Note the development of the refreshed London health and care vision which will further inform SPB focus areas

3. Context

- 3.1 The London Health and Care Devolution Memorandum of Understanding (MoU) was signed on 16 November 2017. Devolution aims to empower leaders to organise and deliver services in a more local, tailored and integrated way. The MoU represents an opportunity for health and care organisations within London to work in different ways, go further and faster in transformation efforts, and start to develop more local autonomy.
- 3.2 In line with the MoU, in January 2018, the SPB moved into its third phase - 'shadow decision-making'. The SPB will take on decision making functions in subsequent phases as described in the MoU.
- 3.3 In July 2018, professional leaders met to discuss and agree focus areas for the SPB during 2018/19.

4. SPB Focus Areas

- 4.1 Discussion at SPB earlier this year highlighted the need to have a limited number of areas of collective focus, on which progress can be demonstrated. The areas

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of focus aim to complement the efforts of borough and local partners to accelerate their own local plans through the opportunities afforded by the MoU. Significant health and care transformation activities are underway across London; the SPB therefore considered where its leadership should be focussed in order to add most value.

- 4.2 In agreeing priorities areas of focus it was not intended to signify that other areas are not important, simply that other issues may be more appropriate for action by fewer partners or for a local system to take forward.
- 4.3 In July 2018, the following areas were identified as SPB focus areas where detailed delivery strategies and outcomes and outputs are essential –
 - Estates and capital receipts
 - Enabling local integration including the development of workforce and digital
 - Transformation funding, including the potential utilisation of London's wider transformation resources beyond the NHS Transformation Fund
- 4.4 In addition, London's Prevention Board, reporting to the SPB, continues to oversee the prevention devolution commitments.

5. Estates and Capital Receipts

- 5.1 The MoU offers London the opportunity to make decisions regarding the disposal of NHS assets and use of capital receipts within the London system, by delegating capital business case approvals and spending decisions to be administered within the forum of the London Estates Board. As the London Estates Board takes on more formal powers, there will also be the opportunity for sub-regional groups to be more actively involved in decision making.
- 5.2 The London Estates Board also works alongside Homes for Londoners and supports local and sub-regional estates boards to ensure that joint health and wider public-sector projects and investments can be supported, considered and progressed. A key opportunity of the London Estates Board is to ensure that London can consider opportunities for 'marriage value' from nearby surplus public-sector sites and also to ensure more holistic estate developments, with co-location of health and wider public-sector services as appropriate.
- 5.3 A key task of the London Estates Board is to ensure clarity on Capital availability, expectations of release and a pipeline for capital investment. This will be linked to a capital plan for London that is built up from robust local and sub-regional estates strategies.
- 5.4 To date, an aggregate of the local and STP estates plans forms a draft London Estates Strategy and engagement is underway on its development. Underpinning the strategy is the need for a clear capital plan for London, this is also under development with local leads to include prioritised proposals for 3-5 years.

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- 5.5 Discussions with DH, NHS Improvement and NHS England to secure wider devolved and delegated powers, including business case approvals, capital allocations and the application of capital receipts generated within the London system have been delayed as a result of forthcoming national policy developments – the NHS Long Term Plan and the Social Care Green paper – and the appointment of the new Regional Director (NHSE / I).

6. Integration

- 6.1 The MoU offers London a number of enablers to support integration of health and care services, including more localised commissioning, support to develop innovative models of payment and commitment from regulators to develop a model of regulation for London which is more streamlined and system-, rather than organisation-focused. These commitments aim to enable health and care organisations to more proactively support Londoners by reacting and intervening earlier, to support health and care services to work better together at the most local level, and to incentivise greater collaboration between organisations of different types and at different geographic levels, including primary, community, acute, mental health and specialist health care.
- 6.2 Expressions of Interest from across local systems in London were received in July which demonstrated London's integration progress as well as diverse support requirements, some of which could be supported by opportunities within the MoU. The integrated models focus on specific patient cohorts (e.g. frail elderly, mental health) as well as enabling more integrated working (e.g. s75).
- 6.3 A workshop is due to be held with leads from local systems to share learning and good practice and to co-develop the approach to supporting systems drawing from expertise from sub-regional, regional and national partners. Following the publication of forthcoming national policy developments and the appointment of the new Regional Director (NHSE / I) there will need to be renewed focus on the devolution commitments and support for the co-development and adoption of new models of payment and place based regulation.
- 6.4 Workforce and digital are common support needs for integration and the SPB has specific work programmes associated with each.

7. Workforce

- 7.1 The London Workforce Board (LWB) is in development stage and aims to facilitate integrated working and meaningful discussions about collective health and care workforce issues at a London level. The LWB provides a forum for partners to exchange ideas and proposals, discuss relevant issues of joint concern and seek to reach an aligned view on matters concerning workforce skills, development and transformation to support London's health and care ambitions, now and in the future. Over time, the LWB would also evolve to become a decision-making forum, particularly to guide a joint approach to training and workforce development and direct associated funding.

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The LWB's agreed priorities for 2018/19 are:

- To further develop its strategic leadership role, continue to build and develop communication, relationships and collaboration across health and social care partners.
- Establishing a London-wide view of the current health and social care workforce in London, with an initial focus on nursing workforce where trust vacancies are as high as 26%.
- To consider the impact of the introduction of the apprentice levy on the health and social care workforce, learn from employers and networks that are working in partnership and identify opportunities to maximise the apprenticeship benefit.
- To explore the potential impact of Brexit on the health and social care workforce across London to support discussions with partners and workforce planning.

7.2 Work is underway to reduce the nursing workforce vacancies and establish a complete picture of the health and social care workforce working across Health Education England and the NHS Observatory.

7.3 To facilitate improved mobility of workforce across London the CapitalNurse programme was launched and due its success a CapitalMidwife programme has been now been launched and discussions are underway on the potential to develop a CapitalAHP programme.

7.4 Affordable housing is key to the retention and recruitment of the future London workforce and as such close working with the London Estates Board is required.

7.5 The use of the apprenticeship levy across health and social care is currently being mapped and mechanisms being explored for the apprenticeship levy raised by London-based employers to be ring-fenced to spend on meeting the capital's complex skills needs.

7.6 Brexit impact analysis has now been completed and modelled scenarios have been created and shared with local systems to support planning; based on this a dashboard has also been created and shared.

8. Digital

8.1 Sharing information for people's individual care can be lifesaving by quickly providing staff with the details they need, from patient histories to previous test results and care plans. Sharing health and care information is widely seen as a critical enabler to support joined up health and care.

8.2 The London Digital Partnership Board is a sub-Board of the SPB and a successful 'One London' Local Health and Care Record Exemplar (LHCRE) bid was submitted by health and care partners in Spring of this year following endorsement by the SPB.

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- 8.3 The 'One London' LHCRE bid, was one of three successful bids nationally. Connecting health and care information is necessarily a collective endeavour and the £7.5m capital investment aims to enable information sharing between different parts of the NHS, and with local authorities to improve experience and outcomes in health and social care. The funding will enable London to put in place an electronic shared local health and care record that makes the relevant information about people instantly available to all those involved in their care and support. Demonstrator projects will be developed in local and sub-regional areas, based on local relationships and priorities.
- 8.4 A memorandum of understanding is currently being developed between NHSE (national) and the One London LHCRE Programme. This is due to be developed by end of November 2018. This includes revised governance to ensure partners across health and care are represented.

9. Transformation funding

- 9.1 The devolution MoU enables London to take decisions on the application of NHS transformation funding within London; NHS England agreed to delegate these decisions to an NHS England London Region representative to be exercised within the forum of the SPB. This was intended to ensure that decisions are taken collectively and that London is able to focus investment on its unique challenges and opportunities.
- 9.2 Specifically, the MoU states:
- "NHS England commits to enable delegation or devolution of its functions and budgets to within the London system, subject to its established process for readiness assessments and taking account of the objectives set in the Mandate, and to enable targeted allocations and more integrated approaches to commissioning across health and care. Specifically, NHS England commits to:
- Delegate London's fair share of transformation funding to London from April 2018. (This function will be exercised through the London Health and Care Strategic Partnership Board by way of internal delegations within NHS England to representatives who will make decisions within the forum of that Board. This does not include sustainability funding to which separate arrangements apply.)"
- 9.3 Transformation funding for London in 2018/19 was already fully committed at the time of the signing of the MoU; focus has therefore been on bringing transparency to funding commitments and the benefits realised from its use to inform any future investment.
- 9.4 It is expected that in subsequent years, there would be a substantive reduction in the proportion of funding with existing allocations or commitments, enabling much greater flexibility in deploying funding to better respond to London's challenges and opportunities. Following the Autumn Statement and in light of the impending publication of the NHS Long Term Plan the co-chair of the London Health and Care Strategic Partnership Board has written to Simon Stevens, Chief Executive, NHS England, seeking confirmation that the devolution MOU commitment will be met

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regarding transformation funding for 2019/20 and beyond and that the SPB will receive a delegated fair share of transformation funds on an unringfenced basis.

- 9.5 The London Transformation Funding Oversight Group has commissioned an evaluation of the benefits realised from the 2017/18 transformation funding, this is due to be complete by January 2019. The evaluation will be used as part of the decision making around the allocation of 2019/20 transformation funding.
- 9.6 The Transformation Funding Oversight Group has also agreed that the transformation funding investment framework will be refreshed in light of forthcoming national policy and the evaluation of the benefits realised from the 2017/18 transformation funding.

10. Prevention

- 10.1 The MoU places prevention at the heart of decision making, providing London with new opportunities to act early in tackling some of the city's biggest health challenges such as; childhood obesity, gambling and illegal tobacco. Since the MoU was signed, significant work has been undertaken to shape and refine the commitments into programmes of work, this has included London and national partners working closely together to seek opportunities, all of which are overseen by London's Prevention Board.
- 10.2 Work is underway to pilot ways to improve the environment around schools. This includes developing 400m 'super zones' where the food environment, advertising, gambling, smoking and air quality will be tackled to give children a healthier environment to learn and live in. Pilots are happening in areas with the greatest inequalities, to date 13 boroughs have signed up and action plans are in development up to January 2019. Academics have been engaged to support evaluation and learning to enable this work to be scaled up in 2019.
- 10.3 Work is underway with partners to support the joint ambition for 90% of all primary schools to be water only by the end of 2019. A number of London boroughs have installed water fountains in their schools following guidance on the spending of the Healthy Pupil Capital Fund.
- 10.4 The Mayor of London has taken direct action by banning all junk food advertising on the entire Transport for London (TfL) network from 25 February, 2019. Further work will follow through boroughs and on NHS sites.
- 10.5 London is taking steps towards being free from illegal tobacco. London partners are working closely with HMRC to establish a pan-London illegal tobacco and counterfeit alcohol approach which may include forming an enforcement team. This is being tested at the sub-regional level as proof of concept; however, in order to proceed there is a need to secure pump priming funding.
- 10.6 A review is in progress to identify fiscal and pricing levers for improving public health. From this work options will be scoped suggesting where London could use fiscal levers to raise new revenue for prevention.
- 10.7 A funding proposal to the Department for Work and Pensions challenge fund was recently submitted to develop a pilot for an integrated health and employment

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intervention to help people with mental ill health stay in, or return quickly, to work. Unfortunately this bid was unsuccessful and discussions are underway to agree next steps.

- 10.8 Gambling has also been a focus to support boroughs to update their gambling licensing policies to reduce the harm caused to vulnerable communities. A best practice toolkit has been issued and boroughs are in the process of updating policies with a completion date of April 2019.
- 10.9 Many of the initiatives above have not been done in any other cities at this scale and positive changes are already being seen which will continue into 2019. Much has been achieved with modest resource, and regional partners across London boroughs, London Councils, ADPH and HLP have provided essential input and leadership, with PHE providing programme management and delivery capacity. The resourcing required to further progress these work programmes is currently being mapped to ensure the full potential and opportunities are realised.

11.A refreshed Vision for London's health and care

- 11.1 In July 2018, SPB agreed that a renewed health and care vision for London should be developed, which would build on the progress made in implementing *Better Health for London* and bring coherence to several national and city strategies which have emerged in the last year.
- 11.2 The development of London's health and care vision is progressing through partner, stakeholder, and wider engagement which will continue over the forthcoming months and be iterated in response to forthcoming national policy.
- 11.3 Through development of the vision ongoing priorities for SPB will confirmed.

Appendices: Letter from Will Tuckley to Simon Stevens 26 November

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Sent by email to england.ce@nhs.net

26 November 2018

Dear Simon,

I wanted to write to thank you for attending the London Conference recently and delivering the keynote speech. The conference was well received by London stakeholders and during the afternoon we were able to further test and develop the vision for health and care in London so that we can respond to the long term plan. As ever we are willing to go further and faster, wherever possible, and remain committed to our ambition to make London the world's healthiest global city.

It is a year since national and London stakeholders signed the second devolution Memorandum of Understanding (MOU) and one area where the London Health and Care Strategic Partnership Board (SPB) has had to carefully manage partner expectation has been in the use of transformation funds. The MOU states that NHS England commits to delegate to London a fair share of NHS England's transformation funds, with the expectation that this would be on an unringfenced basis to meet our commitment to utilise these arrangements to enable financial incentivisation and prioritisation that more accurately responds to local needs. This did not happen in 2018/19.

Presently, the SPB has oversight of a number of existing 5YFV programmes which existed prior to the MOU being signed. Looking ahead to the next financial year, can you please confirm that the MOU commitment will be met and that the SPB will receive a delegated fair share of transformation funds on, an unringfenced basis, so that I am able to update the London Health Board, chaired by the Mayor of London, when it meets on 18 December.

I would welcome the opportunity to meet with you to discuss 2019/20 arrangements further.

Yours sincerely



Will Tuckley
Chief Executive, Tower Hamlets Council
CELC Lead Advisor for HealthCo-Chair of the London Health and Care Strategic Partnership Board

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Date of meeting:	18 December 2018
Agenda item:	5c
Title:	King's Fund London Sustainability and Transformation Plans report (October 2018)
Presented by:	Tom Coffey, Mayoral Health Advisor and Richard Murray, Chief Executive, The King's Fund
Author:	Charlotte Hall
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
Status:	Discussion
Classification	Public

1. Purpose of this paper

- 1.1 The purpose of this paper is to present the Board with the key findings and recommendations from the King's Fund second report on London's five sustainability and transformation partnerships (STPs) and to invite them to consider the implications for Londoners' health and care.
- 1.2 The paper also sets out how the six mayoral tests, developed in response to the first King's Fund report, will be applied to major new service transformation and reconfiguration proposals.

2. Recommendations

- 2.1 Board members are invited to:
 - Consider the findings and recommendations of the King's Fund's analysis of London's STPs, and the implications for health and care in London;
 - Consider the implications for the Board's role and where it may wish to add leadership; and
 - Note the Mayor's six tests and the proposed process for their application.

3. Context

- 3.1 In the past two years the Mayor has commissioned two independent reports from the King's Fund into London's five sustainability and transformation plans and partnerships. The first report, to which the Nuffield Trust also contributed, was published in September 2017. This report supported STPs and their proposed new models of care in principle but found that their financial and bed assumptions lacked credibility. There was also insufficient detail on how STPs would tackle and fund the prevention of ill health and a reduction in health inequalities. Finally, there were concerns that STPs had been developed without sufficiently engaging clinical staff, patients and the wider public.

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3.2 In response to this report the Mayor announced six tests he expected to be met before he would support any transformation or service reconfiguration proposals. These covered:

- Tackling health inequalities and the prevention of ill health
- Sufficient hospital bed capacity
- Sufficient funding
- Consideration of impact on social care
- Clinical support
- Patient and public engagement

(see Appendix A for full details of the tests).

3.3 In October 2018 the King's Fund published a second report commissioned by the Mayor which analysed further progress made by London's STPs since the publication of the first report.

4. The second King's Fund report

4.1 Key findings

- London's health and care system is different from the rest of England and London's place-based working needs to reflect this
- Many service changes are happening at neighbourhood, borough and across boroughs levels, some of which STPs have helped to facilitate.
- London's STPs operate within a challenging environment of rapid demographic growth, workforce shortages, and severely constrained NHS and local authority funding
- STPs leaders have focused primarily on the internal workings of the partnerships, building external relationships and addressing gaps in staff and public engagement
- Local government engagement in STPs is variable and, in a small number of places, non-existent.
- The bed modelling and financial positions set out or inferred from the original plans are no longer being used as a basis for planning

4.2 Key recommendations

- STPs must build capabilities to bring about improvements, build on their work to improve services and demonstrate how they can make a positive impact on issues that need action on a larger scale.

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- Local authority engagement is key to the success of STPs
- Population health needs more attention in the work of STPs
- The Mayor has a major role in working with the NHS, London Councils and PHE to build on the foundations STPs have laid, including on prevention and population health
- London-wide governance arrangements should be reviewed to ensure they are working effectively
- London needs a clear and compelling vision for the future of health and care
- The law needs to be changed to align with what STPs are being asked to do

5. The Mayor's response – applying the six mayoral tests

- 5.1 The Mayor is proposing to commission independent analyses of all major new STP transformation or service reconfiguration plans to assess the extent to which they meet the six mayoral tests. This will determine whether or not he is able to support these plans.

Appendices:

Appendix A – Mayor's six tests

Appendix B – Link to King's Fund report: Sustainability and Transformation Partnerships in London: an independent review:

<https://www.kingsfund.org.uk/sites/default/files/2018-10/London%20STPs%20independent%20review%20October%202018.pdf>

Appendix A

Mayor's six tests for STP transformation and reconfiguration plans

- **Health inequalities and prevention of ill health**
The impact of any proposed changes on health inequalities has been fully considered at an STP level. The proposed changes do not widen health inequalities and, where possible, set out how they will narrow the inequalities gap. Plans clearly set out proposed action to prevent ill-health.
- **Hospital beds**
Given that the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently scrutinised for credibility and to ensure these demographic factors have been fully taken into account. Any plans to close beds should also meet at least one of NHS England's newly introduced 'common sense' conditions:
 - Sufficient alternative provision (such as increased GP or community services) is being put in place ahead of bed closures and/or
 - Specific new treatments or therapies will reduce specific categories of admissions and/or
 - Where a hospital has been using beds less efficiently than the national average there is a credible plan to improve performance without affecting patient care
- **Financial investment and savings**
Sufficient funding is identified (both capital and revenue) and available to deliver all aspects of plans including moving resources from hospital to primary and community care and investing in prevention work. Proposals to close the projected funding gap, including planned efficiency savings, are credible.
- **Social care impact**
Proposals take into account a) the full financial impacts on local authority services (including social care) of new models of healthcare, and b) the funding challenges they are already facing. Sufficient investment is available from Government to support the added burden on local authorities and primary care.
- **Clinical support**
Proposals demonstrate widespread clinical engagement and support, including from frontline staff.
- **Patient and public engagement**
Proposals demonstrate credible, widespread, ongoing, iterative patient and public engagement, including with marginalised groups, in line with Healthwatch recommendations.

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Date of meeting:	18 December 2018
Agenda item:	6
Title:	Making London a Dementia Friendly City
Presented by:	Mary Harpley, Chief Officer, GLA and Dementia champion for the GLA group
Author:	Gus Wilson, London Health Board Secretariat Manager, GLA
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
Status:	Discussion
Classification	Public

1. Purpose of this paper

- 1.1 Since the LHB last considered dementia in December 2018, significant progress has been made in London. A great deal of this work has been ongoing for several years. The Dementia Friendly London initiative endorsed by the LHB supports the work of Alzheimer's Society and others by making connections and opportunities to share learning and raising the profile of initiatives underway to benefit people affected by dementia and to amplify the messages and engage more Londoners.
- 1.2 This papers in this agenda item aim to give members:
- an update from the Alzheimer's Society of progress at local and London levels towards London becoming a Dementia Friendly capital city **(item 6a)**.
 - an overview from London Association of Directors of Adult Social Services (ADASS) of progress and next steps in the work led by boroughs to create dementia-friendly communities **(item 6b)**.

2. Recommendations

- 2.1 Board members are invited to:
- Note and comment on progress; and
 - Offer strategic direction and support on next steps.

3. Context

- 3.1 At the December 2017 LHB meeting, members received an update from the Alzheimer's Society on progress in London since the Prime Minister's Challenge on dementia (2012) and their Manifesto for a dementia-friendly London (2016).
- 3.2 Dr Tom Coffey informed the Board of a recent approach made by the Alzheimer's Society on making London the first Dementia-friendly city. The Mayor had agreed to support Dementia Friendly London and work was underway with the GLA,

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Transport for London and the Metropolitan Police Service to accredit each as Dementia Friends.

- 3.3 Board members commented on the definition of dementia-friendly London. An updated version is included at Appendix A. The Board endorsed and agreed to support a London-wide commitment to be made at a 'dementia-friendly summit' event during Dementia Awareness Week (21 – 27 May 2018) to support work to build on initiatives already underway; and agreed that examples of existing good practice should be highlighted. An overview of Dementia Friendly London is provided at Appendix B.

4. Dementia Friendly London progress

- 4.1 Paper 6a provides members with an update from the 21 May 2018 summit and an overview of the work that Alzheimer's Society has been leading and where it has been supporting LHB partners and their sectors and others e.g. business and leisure to become more dementia-friendly.
- 4.2 Paper 6b showcases work led by ADASS across local boroughs and other local partners on creating dementia-friendly organisations, partnership and communities and gives an update on developing personalised services that benefit people with dementia, their families and carers.

5. Next steps

- 5.1 The Alzheimer's Society will continue to lead on the campaign and has provided dedicated support staff seconded to the Greater London Authority. The Society will support organisations and partners to develop and deliver their on 'sector-led' plans. Their team will also continue to support forums for sharing good practice, collating and reporting back on progress data and will lead on the annual event.
- 5.2 The Board is invited to receive annual progress updates at future meetings, with written updates as appropriate.

Appendices:

Appendix A: Dementia Friendly London definition

Appendix B: Dementia Friendly London overview (PowerPoint slide pack)

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Appendix A: Dementia Friendly London

Mayor and London Health Board partners committed at a London Summit on 21 May 2018 to support Alzheimer's Society's vision of London becoming the world's first 'dementia-friendly' capital city by 2022.

A Dementia-Friendly London is an inclusive and compassionate and dynamic city where Londoners affected by dementia are empowered and supported to live well.

People with dementia have told us they want to:

- Travel to where they want to go safely
- Live somewhere they feel supported, understood and included in community life
- Receive the help they need to access quality health, care and support services when and where they require it
- Can participate in all that London has to offer in arts, culture and leisure
- Feel confident to visit local high streets and town centres.

Alzheimer's Society is working with the GLA and other partners to achieve the following by 2022:

- 2,000 dementia friendly organisations
- 500,000 Dementia Friends
- Every London borough working towards becoming a dementia friendly community
- Meaningful involvement of people affected by dementia

Partner commitments:

The GLA will become dementia-friendly – all staff have opportunity to become dementia friends, reception and FM staff trained, looking at City Hall and champion dementia-friendly approaches to other partners.

The Assembly have also been championing this agenda and we want to work with Members and the Committee.

Local authorities are working to become Dementia Friendly Communities

TfL, Met Police, London Fire Brigade will build on the work already underway
Report back on progress annually.

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Dementia Friendly London

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Esther Watts

[esther.watts@
alzheimers.org.uk](mailto:esther.watts@alzheimers.org.uk)

**People affected by dementia
in greater London - no
matter who they are or
where they live - should be
able to enjoy the best
possible life.**



By 2022, London will a
dementia-friendly capital
city.

Our vision for London

Alzheimer's Society is working with the Greater London Assembly and other partners to achieve the following by 2022:

- 2,000 dementia-friendly organisations*
- 500,000 Dementia Friends
- Every London borough working towards becoming a dementia friendly community
- Meaningful involvement of people affected by dementia



Our Executive Board

Comprised of our
summit speakers

- Staynton Brown, Director of Diversity and Inclusion, Transport for London
- Dr Vin Diwakar, Regional Medical Director, NHS England (London)
- Bernie Flaherty, Bi Borough Executive Director for Adult Social Care and Health and London ADASS Dementia Lead
- Superintendent Mark Lawrence, Metropolitan Police
- Gus Wilson, Greater London Authority
- Eddie Curzon, Director, London and Thames Valley, Confederation of British Industry
- Linda O'Sullivan, Head of Region (London and South East), Alzheimer's Society



Our People's Panel

Comprised of people affected by dementia, who live in London.

- Guide and advise on implementing of the Dementia Friendly London plan
- Review and prioritising action plans
- Help make the Greater London Authority more dementia-friendly



A Dementia-Friendly London is an inclusive and compassionate and dynamic city where Londoners affected by dementia are empowered and supported to live well.

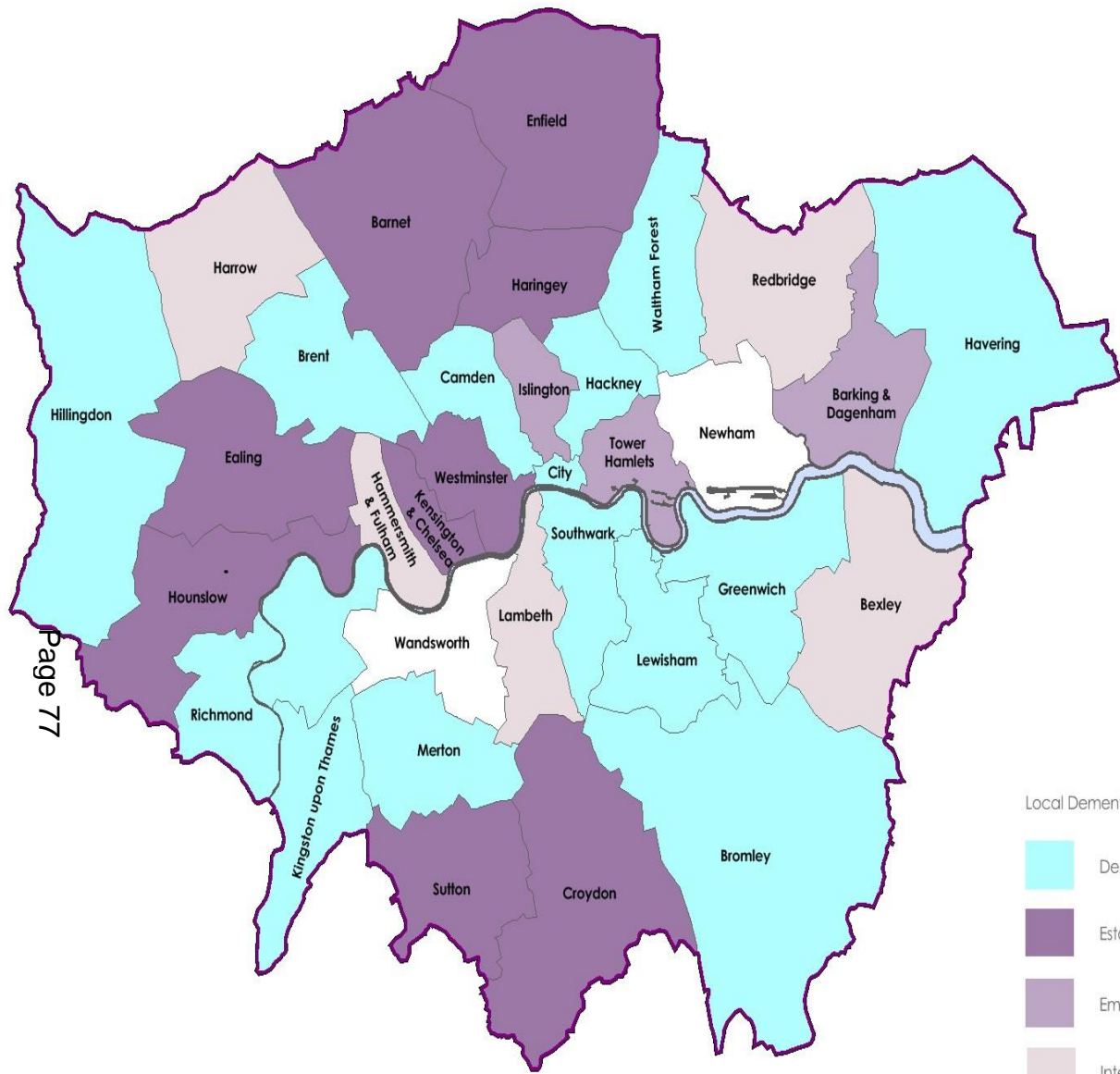
People with dementia have told us they want to:

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- *Travel to where they want to go safely*
- *Live somewhere they feel supported, understood and included in community life*
- *Receive the help they need to access quality health, care and support services when and where they require it*
- *Can participate in all that London has to offer in arts, culture and leisure*
- *Feel confident to visit local high streets and town centres*



Our vision



Local Dementia Action Alliance in London

- Dementia Friendly Communities
- Established Boroughs
- Emerging Boroughs
- Interested Boroughs



How are we doing?

What's our strategy?

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Working areas:

- Transport
- Housing
- Health and social care
- Arts, leisure and culture
- Businesses and shops

- *People* – raising awareness and improving understanding (through creating Dementia Friends)
- *Place* – accessibility of the physical environment
- *Process* – how people access services and support
- *Practicalities* – the internal mechanisms that need to be put in place to ensure plans can be delivered

OUR PROGRESS

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6

Dementia
Friendly London

Housing and Property

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Actions to date

- Seconded reviewing planning guidelines at City Hall with the London Planning team
- Group formed by housing providers and a commercial property company to come up with asks for London
- Members meeting to discuss what Dementia Friendly Housing in London means – e.g. minimum standards for void* properties



Transport

Actions:

- Working with Transport for London (TfL) on accessibility, raising staff awareness and consulting people with dementia
- TfL new e-learning Dementia Friends package launching in November 2018 fronted by CEO Mike Brown
- Working with bus companies to raise awareness with drivers
- Working with Council officers, Dial-A-Ride and other organisations to solve problems people with dementia raise.*



Metrolink bus drivers in Brent

Health and Social Care

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Actions:

- Working with NHS England London and the Dementia Clinical Network to standardise and decrease the time taken to receive a diagnosis of dementia from initial appointment
- Increasing knowledge and awareness of GPs and making doctors' surgeries more accessible.
- Promoting social prescribing, where patients are signposted to community groups and activities.



Arts, Leisure

Culture

**Businesses and
Shops**

Actions:

- Working with Mayoral partner organisations including Museum of London
- Working with previous partners (for example, GLL) on leisure, and forging new relationships.
- Sector groups to use networks to encourage organisations to make small changes to make a big difference



Contact

Esther Watts

esther.watts@alzheimers.org.uk

www.alzheimers.org.uk/get-involved/dementia-friendly-communities/dementia-friendly-london

LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	6a
Title:	Dementia Friendly London update
Presented by:	Sally Copley Director of Policy, Campaigns and Partnerships, Alzheimer's Society
Author:	Esther Watts, Senior Dementia Friendly Communities Officer, Alzheimer's Society
Cleared by	Dr Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director for Policy
Status:	For noting and discussion
Classification	Public

1. Purpose of this paper

- 1.1 This paper provides the Board with an update on progress towards Dementia Friendly London at the Greater London Authority and the wider GLA group i.e. Transport for London, Metropolitan Police and London Fire Brigade.
- 1.2 Board members are invited to:
 - Note the progress to date;
 - Consider plans for sectors in which they have a sphere of influence;
 - Suggest ways to guide the project lead on where they believe that the Mayor and LHB's leadership could best add value to the work already under way.

2. Recommendations

- 2.1 Board Members are invited to note progress and discuss the best way of using the Board's support.

3. Context

- 3.1 At the December 2017 LHB meeting, members received an update from the Alzheimer's Society on progress in London since the Prime Minister's Challenge on dementia (2012) and their Manifesto for a dementia-friendly London (2016).
- 3.2 Board members commented on the definition of dementia-friendly London. The Board agreed to endorse and support a London-wide commitment to support work to build on initiatives already underway; and agreed that examples of existing good practice should be highlighted. These commitments were announced at the 'Dementia Friendly London summit on 21 May during national Dementia Awareness Week.

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4. Dementia Friendly London

- 4.1 The Board is aware of the aims of Dementia Friendly London: people affected by dementia – no matter who they are or where they live – should be able to enjoy the best possible life. By 2022, London will be a dementia-friendly capital city.
- 4.2 At the Dementia Friendly London Summit we asked people with dementia and carers about their priorities for London. This event brought together 130 sector representatives and people affected by dementia, uniting to take action and create a Dementia Friendly London. The event was a great example of how people affected by dementia can and should be directly involved in influencing senior leaders take action to transform communities. People affected by dementia made up half of our audience. They travelled from all over London to join the discussions at City Hall. The event was chaired by Joanne McCartney, Deputy Mayor of London and senior leaders from Transport for London, NHS England (London), Social Care, Metropolitan Police and Confederation of British Industry took part and along with the Mayor of London signed the pledge wall committing to support the initiative. A [short film](#) of the event was made afterwards.
- 4.3 Here are a few headlines from the Summit's table work. People with dementia and carers want:

Understanding

- Increased awareness, understanding and education so that more people understand what dementia is, how it effects people and how to support people living with dementia and carers in London
- Work to remove the stigma of dementia and negative attitudes towards people with the condition
- Increased understanding of the emotional and psychological impact of a diagnosis on a person with dementia or carer
- Understanding that employees may be living with dementia or caring for someone with dementia

Action

- Improved signage which includes pictures and not just words
- That universal services are more inclusive of people with dementia
- That council services are more inclusive of people with dementia, making benefits easy to apply for, for example
- Setting a target for the percentage of staff who are Dementia Friends within organisations in London.
- Actions underway by sector include the following:

Businesses and shops

- Organisations to be dementia-friendly, especially businesses and high street shops
- Clear simple steps given for London businesses to follow to become dementia-friendly

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Transport

- All Transport for London staff to be trained to be dementia-friendly
- Clear stopping information including both visible and audible announcements on buses
- People with early onset dementia to be eligible for the Freedom Pass
- Taxicards and blue badges to be based on mental ability as well as physical mobility.

Health

- GPs in London to be more dementia-friendly
- Scheme like 'Message in a Bottle' giving emergency information for people living with dementia and carers
- Support services to be co-ordinated when a person with dementia is discharged from hospital.

Arts, Leisure and Culture

- More for people living with dementia to do - theatres/galleries/sports facilities having dementia-friendly days
- To be able to find out what services are available in their area *already*. Some people said that London boroughs work in silos and people with dementia want to access services across borough borders
- Many suggested a scheme to advertise events and opportunities 'maybe a Dementia Friendly Time Out'
- Accessible offline information, including for people with English as a second language.

5. Targets and progress overview

The targets for Dementia Friendly London are as follows:

- **2,000 dementia-friendly organisations**

There are currently 872 member organisations of dementia-friendly groups in London. We will be auditing this figure to count those who are taking action on dementia.

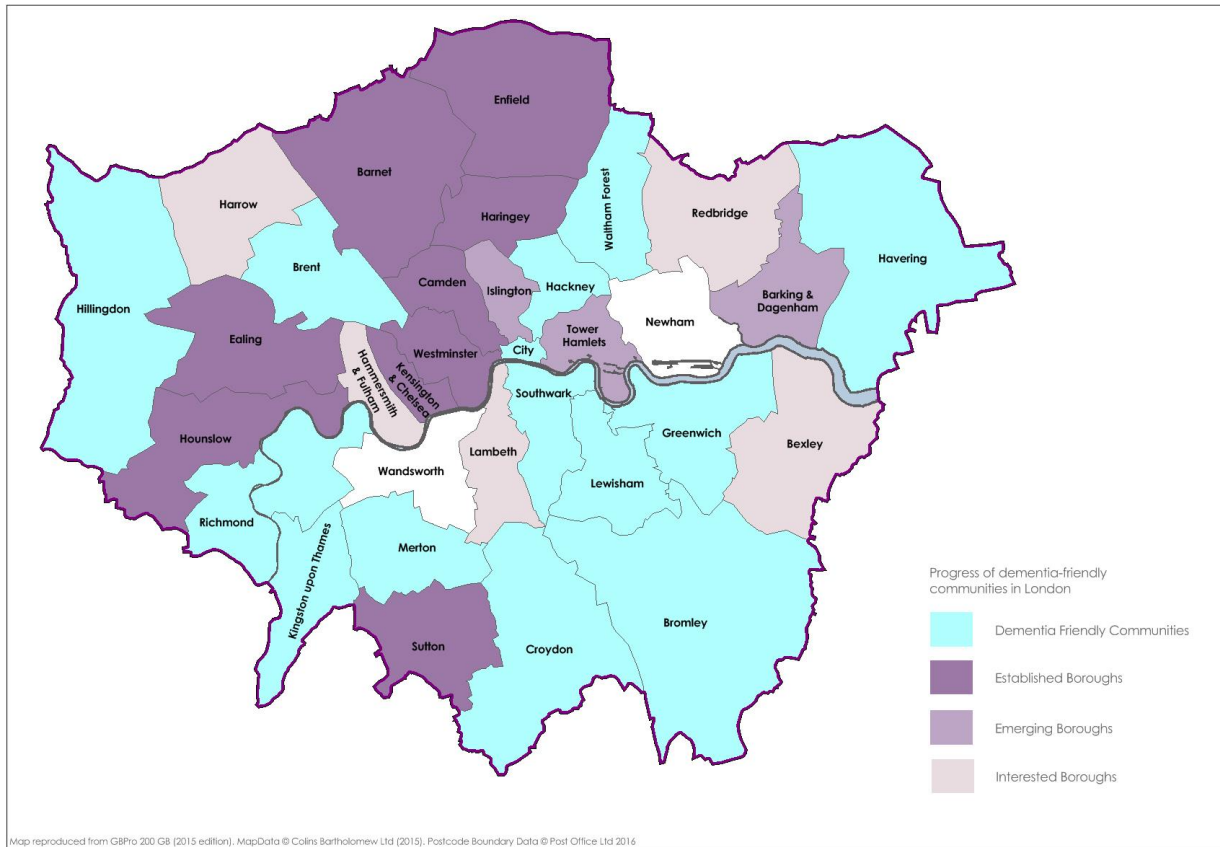
- **500,000 Dementia Friends in London**

According to Alzheimer's Society's data, there are currently 158,258 Dementia Friends in London and 765 active Dementia Friends Champions.

- **All London boroughs working to become dementia-friendly**

There are currently 13 London boroughs with groups registered on the Alzheimer's Society's recognition process for Dementia Friendly Communities.

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- **Meaningful involvement of people living with dementia**

People living with dementia are actively working on Dementia Friendly London by joining the People's Panel and supporting outreach work. We are just recruiting from those at the Summit and active groups of people living with dementia in London.

The People's Panel will:

- Guide and advise on implementing of the dementia friendly London plan
- Review and prioritising action plans – do the actions agreed by sector leads meet your priorities?
- Help make the Greater London Authority more dementia friendly
- Contributing to the planned Dementia Friendly London Awards – celebrate dementia-friendly action
- Have opportunities to represent the work of Dementia Friendly London at events
- Meeting on a quarterly basis with opportunities to get involved in other opportunities in between

6. Governance and sector-led progress

6.1 Oversight and inspiration from the Executive Board drawn from members of the Summit speakers' panel:

- Staynton Brown, Director of Diversity and Inclusion, Transport for London
- Dr Vin Diwakar, Regional Medical Director, NHS England (London)

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- Bernie Flaherty, Bi Borough Executive Director for Adult Social Care and Health and London ADASS Dementia Lead
- Superintendent Mark Lawrence, Metropolitan Police
- Eddie Curzon, Director, London and Thames Valley, Confederation of British Industry
- Linda O'Sullivan, Head of Region (London and South East), Alzheimer's Society
- Governance and sector-led plans
- Gus Wilson, GLA, London Health Board Secretariat

Work is already underway in the organisations/ sectors:

Greater London Authority

- Mayor has appointed a Dementia Champion for the GLA and GLA family
- Raising awareness with staff through Dementia Friends sessions, face-to-face and online
- Audit of the building with people living with dementia to improve signage and wayfinding
- All front of house and security staff have become Dementia Friends
- Working with various departments including Intelligence, Housing, Planning, Health and Diversity and Inclusion to see where they can take action on behalf of people living with dementia.
- Investigating opportunities around the 2019 London Marathon where Alzheimer's Society is the charity partner.
- All the Team London volunteers supporting the 2020 Euro Championship will be Dementia Friends
- Working with Assembly Members to understand how dementia affects residents and supporting action following the publication of the [Health Committee's investigation into Early Onset Dementia](#).

Transport

- Working with Transport for London (TfL) on accessibility, raising staff awareness and consulting people with dementia
- TfL new e-learning Dementia Friends package launching in December 2018 fronted by CEO Mike Brown
- Working with bus companies to raise awareness with drivers
- Working with Council officers, Dial-A-Ride and other organisations to solve problems

Emergency Services Group

- Continuing work with Pan-London Dementia Action Alliance members London Fire Brigade and Metropolitan Police and the London Ambulance Service Foundation Trust
- Implementing the Herbert Protocol
- Investigating a dementia-friendly emergency pathway

Health and Social Care

- Working with NHS England London and the Dementia Clinical Network to standardise and decrease the time taken to receive a diagnosis of dementia from presentation at Memory Service

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- Increasing knowledge and awareness of GPs and making doctors' surgeries more accessible.
- Dementia Friends programmes in several hospitals.
- Promoting social prescribing, where patients are signposted to community groups and activities.

Housing

- Reviewing planning guidelines at City Hall with the London Planning team
- Dementia Friendly London Housing Group formed by a housing association and a commercial property company to come up with asks for London
- Members meeting to discuss what Dementia Friendly Housing in London means – e.g. minimum standards for void* properties. *(people with dementia raise)

Arts, Culture and Leisure

- Working with Mayoral partner organisations including Museum of London.
- Working with previous partners (for example, GLL and football clubs like Arsenal and Tottenham Hotspur) on leisure and forging new relationships.
- Creating an arts sector group to use networks to encourage organisations to make small changes to make a big difference

Sharing best practice, networks and communications

- 6.2 [Dementia Friendly London](#) is supported by the Pan-London Dementia Action Alliance, with regional members working together to make London dementia-friendly. Members include NHS England London, Transport for London, London Fire Brigade, Metropolitan Police, London Ambulance Service, Notting Hill Genesis, Royal Academy, the Health Innovation Network, British Museum, Age UK London and Skills for Care.

7. International Interest

- 7.1 The International Team at Alzheimer's Society is investigating a twinning project with Tokyo. There is also World Health Organisation interest on how we monitor and evaluate this project.

8. Next steps

- 8.1 Next planned update to the board will be in six months.
- Summit/ awards September 2019
 - Comms and PR plan plus Comms group
 - Key milestones from key sectors.

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Date of meeting:	18 December 2018
Agenda item:	6b
Title:	London ADASS dementia work programme
Presented by:	Bernie Flaherty, Director of Adult Social Services, Bi-Borough and ADASS London Dementia Lead
Author:	Tristan Brice, London ADASS Programme Manager
Cleared by	Bernie Flaherty
Status:	Discussion
Classification	Public

1. Purpose of this paper

- 1.1 This paper updates the London Health Board (LHB) on the London Association of Directors of Social Services (ADASS) dementia work programme.
- 1.2 Board members are invited to:
 - Note the update and consider the challenges listed in section 4.2 and how they can use their leadership to unlock further progress.

2. Recommendations

- 2.1 The London Health Board is asked to support:
 - Increasing the number of dementia friends across London
 - Enhancing the personalisation of care of those with dementia.

3. Context

- 3.1 National Sector Led Improvement (SLI) for Care and Health
The Care and Health Improvement Programme (CHIP), the Local Government Association (LGA) and ADASS work together to provide support to the nine English ADASS regions through:
 - Department of Health and Social Care funding to support delivery of a SLI approach at regional level which includes: regional and specialist Care and Health Improvement Advisers, delivery of regional SLI improvement Programmes, regional and national networking on SLI and bespoke support to address resilience and support integration via a cadre of trusted professionals;
 - Commissioning national good practice, insight, research and data analysis;
 - Gathering and sharing good practice, innovation, insight and intelligence to support regional improvement and national policy development;
 - Provision of peer challenge processes;
 - Close working with strategic partners to mobilise social care professionals and support resilience in adult social care;

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- Collection and dissemination of soft intelligence and insight through the ADASS regions, a network of Professional Advisers, CHIAs and regional expert practitioners; and
- Enabling collective sector experience to influence and inform national policy development.

- 3.2 ADASS is the Association of Directors of Adult Social Services in England. ADASS is a charity which aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy. The membership is drawn from serving directors of adult social care who are employed by local authorities. Associate members are past directors and our wider membership includes deputy and assistant directors.

ADASS is comprised of nine regions:

- East Midlands
- Eastern
- London
- North East
- North Western
- South Eastern
- South West
- West Midlands
- Yorkshire and Humber

- 3.3 Regional ADASS Branches, Improvement Boards and associated Programmes are an essential element of the SLI system, providing constructive challenge where necessary and peer support and challenge to improve.

- 3.4 Each region has:
- A single SLI programme based on regional and national priorities;
 - Shared approaches to assessing risks within Adult Social Care (ASC);
 - Improved visibility, transparency and ways to share and compare performance;
 - A Peer Review Programme in place which supports improvement by proving a safe environment for constructive challenge; and
 - Networks/groups which support agreed SLI activity at regional and local level.

- 3.5 LondonADASS - the main aim of LondonADASS is to improve social care across London and to identify ways of doing this more cost-effectively. We do this by working with staff in Adult Social Services across London and with other bodies, such as NHS England, which are involved with the health and wellbeing of Londoners. We encourage collaboration through a number of networks and projects focussed on particular topics.

- 3.6 LondonADASS has six key priorities which include:
- Supporting further integration through devolved arrangements;
 - Financial sustainability of social care;
 - Supporting improvements in quality and safeguarding;
 - Supporting development of the workforce;

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- Housing; and
- Transforming Care.

3.7 The LondonADASS dementia work programme cuts across the six LondonADASS priorities.

4. London Dementia Diagnosis Rates – October 2018

<http://www.londonscn.nhs.uk/wp-content/uploads/2018/02/Dementia-Diagnosis-Rates-October-2018-table.pdf>

4.1 Achieving timely diagnosis of dementia is a national priority, identified in the National Dementia Strategy and championed by the Government. The London dementia diagnosis rate is currently 70.9%, which means it is predicted that there are approximately 20 thousand people in London who have dementia but no diagnosis (65+ years). There is a variation in diagnosis rates across London from 61.4% - 90.4%.

	Recorded	Estimated	Diagnosis rate (%)	Diagnosis required to meet ambition	Diagnosis required to reach 100%
Barking & Dagenham	757	1193	63.5%	39	436
Barnet	2805	3805	73.7%	n/a	1000
Bexley	1696	2710	62.6%	111	1014
Brent	1857	2487	74.7%	n/a	630
Bromley	2946	4130	71.3%	n/a	1184
Camden	1407	1557	90.4%	n/a	150
City of London	930	1335	69.7%	n/a	405
Croydon	2328	3429	67.9%	n/a	1101
Ealing	2203	2924	75.3%	n/a	721
Enfield	2032	2617	77.6%	n/a	585
Hounslow	1460	2082	70.1%	n/a	622
Greenwich	1120	1816	61.7%	91	696
Hammersmith & Fulham	868	1269	68.4%	n/a	401
Haringey	1238	1836	67.4%	n/a	598
Harrow	1670	2552	65.4%	32	882
Havering	2145	3452	62.1%	157	1307
Hillingdon	1860	2743	67.8%	n/a	883
Islington	1147	1268	90.5%	n/a	121
Kingston	1072	1745	61.4%	92	673
Lambeth	1446	1904	75.9%	n/a	458
Lewisham	1468	1946	75.4%	n/a	478
Newham	1015	1469	69.1%	n/a	454
Redbridge	1596	2449	65.2%	37	853
Richmond	1343	1981	67.8%	n/a	638
Southwark	1045	1529	68.3%	n/a	484
Merton	1281	1734	73.9%	n/a	453
Sutton	1323	1825	72.5%	n/a	502

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Tower Hamlets	908	1113	81.6%	n/a	205
Waltham Forest	1320	1887	70.0%	n/a	567
Wandsworth	1680	2154	78.0%	n/a	474
West London	1252	1764	71.0%	n/a	512
Westminster (Central London)	1065	1431	74.4%	n/a	366
London	48283	68136	70.9%	n/a	19853

5. London ADASS Dementia work programme

5.1 Key elements of the LondonADASS work programme include:

- Increasing the number of dementia friends across London
- Enhancing the personalisation of care of those with dementia.

5.2 Increasing the number of dementia friends across London:

A Dementia Friend is someone who has learnt more about what it is like to live with dementia and the small things that can help those with the condition. They then turn that understanding into positive action. From telling friends about Dementia Friends to visiting someone you know living with dementia, every action counts.

5.3 This element has two components:

- A call to action to Health and Wellbeing Boards (HWBs) to become dementia friends by end April 2019– at present 94% of boards have agreed to support this initiative.
- The expectation that all members of the dementia commissioners network become dementia friends by the next network meeting (17/01/2019). The dementia commissioners network brings together commissioners of dementia services in Local Authorities and Clinical Commissioning Groups (CCGs). The key aims of the network are to:
 - Evaluate Memory Service Provision across London;
 - Explore approaches to post diagnostic support services;
 - Explore use of NICE guidance within commissioning cycles;
 - Promote Dementia Action Alliances;
 - Share best practice and provide real life examples of innovative dementia commissioning where services have been redesigned; and
 - Support a pathway approach to commissioning across both health and social care.

5.4 The Dementia annual conference is scheduled for 2 May (afternoon). It is anticipated that 50% of delegates will have a diagnosis of dementia or have a caring role.

5.5 The conference will focus on increasing awareness of dementia across the generations. Nearly a third of young people know someone with dementia. As the population ages and the number of people living with dementia increases, more and more young people are likely to be affected through family and friends. In collaboration with the Alzheimer's Society, LondonADASS wants to create a

LONDON HEALTH BOARD

dementia friendly generation; supporting young people to understand dementia today and empowering them as they reach adulthood.

- 5.6 Educating young people about dementia can help reduce stigma and increase understanding. Changing attitudes and building knowledge can help to reduce the loneliness and social isolation that many people with dementia experience.
- 5.7 By educating young people about dementia, they can learn about protecting their own health and the importance of a healthy lifestyle including diet, exercise and alcohol abuse – all of which have been shown to be risk factors for dementia. Through learning, young people will become more aware of the importance of care roles, ethical issues, and issues connected with an ageing population. It will also encourage them to become active and responsible citizens.
- 5.8 The conference will explore innovative ways of increasing awareness of dementia with a focus on digital solutions.
- 5.9 Developing a digital resource to promote a personalised approach for those with dementia Personalised care and support planning (PCSP) is a systematic process based around 'better conversations' between the person and their health and social care practitioners. The overall aim is to identify what is most important to each person for them to achieve a good life and ensure that the support they receive is designed and coordinated around their desired outcomes.
- 5.10 Personalised care and support planning is a 'meeting of experts'. It brings together those with lived experience and those with technical expertise to identify all the issues, develop solutions and initiate actions. This may be carried out by the individual and/or the statutory or voluntary community services. Essentially, PCSP builds on the person's assets and resources, ensuring they are in the driving seat of decision making.
- 5.11 In order to enable championing a personalised approach, LondonASASS is:
 - Working with a specialist IT company to mock up a virtual case called Martha. For Martha's characteristics – see Appendix A;
 - Exploring developing a second virtual male character – Arthur; and
 - Launching both Martha and Arthur at our digital event on the 13 February 2019.
- 5.12 Challenges to delivering these outcomes:
 - Assumptions, about what is possible and right for people with dementia, which may restrict choice and limit the scope for living as good a life as possible.
 - The need to raise awareness and offer training to a workforce which operates across many and very different agencies in the statutory and independent sectors, and which is made up of a wide range of knowledge and skills.
 - The state of the public-sector finances and the impact on social care, which will need to play a full role in finding savings.
 - The need to maintain and improve integrated arrangements with NHS partners for commissioning and delivery, at a time when these partners are undergoing significant structural change.

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Appendix A: Pen picture - Martha

Age: 64 **Date of birth** 14/02/1954 Female

Current medications: - Metformin 500mg tds, Sertraline 100mg daily

Past Medical History

- Type 2 diabetes
- Suffers bouts of depression

Personal history

Born and raised: London
Education level: Secondary school (O levels)
Marital status: Widowed (six months ago)
Current occupation: Secretary (part-time, three days a week, 21 hours)

Family history

Mother had diabetes. Brother and sister have diabetes. Mother had dementia

Social history

- Three grown up children – one lives in London with two children (divorced two years ago);
- One lives in Glasgow and the other lives in Cornwall;
- Seven grandchildren (between ages 4 – 16);
- Married 37 years and husband died six months ago following battle with Parkinson's Disease. Gave up work (was full time) for three years to act as main carer to her husband;
- Went back to work part-time three months ago. Been forgetting things at work recently and manager has been hinting that may be in Martha's interest to take retirement;
- Really appreciates social engagement from work;
- Looks after two of her grandchildren every Friday (girl 4 years of age and boy 14). Grandchildren have started to notice that Martha is getting their names mixed up but feel it is her playing with them;
- Hasn't seen GP since husband died – previous GP appointments were for the husband needs;
- Hasn't had blood tests or BP check at GP for 2 years – was too busy when carer for husband and hasn't been back since; and
- Used to enjoy line dancing with friends but gave it up when husband was ill and she was carer. Rarely sees friends now – they found it difficult when she couldn't leave her husband home alone and he couldn't come out with them.

Ambition of the personalised approach: Build a system and empower and enables Martha to live as independently as possible.

LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	7a
Title:	Thrive LDN update
Presented by:	Philip Glanville, Mayor of LB Hackney
Author:	Dan Barrett, Deputy Lead, Thrive LDN
Cleared by	Una Carney, Senior Lead, Thrive LDN and Head of Partnership Communications and Engagement, Healthy London Partnership
Status:	For noting
Classification	Public

1. Purpose of this paper

- 1.1 To provide London Health Board members with a high-level update on Thrive LDN since the last meeting and highlight key upcoming activities.

2. Recommendations

- 2.1 Board Members are invited to note this paper.

3. Context

- 3.1 Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. Thrive LDN is supported by the Mayor of London, wider London partners and reports to the London Health Board.
- 3.2 At the last Board meeting, Thrive LDN's 2018 Are we OK London? campaign and culture festival plan was noted by members. Phil Glanville, Mayor of Hackney, has been appointed as the political lead for Thrive LDN since the last Board meeting and this will be his first meeting.

4. Thrive LDN update

- 4.1 Thrive LDN highlights since the last meeting:

- The 2018 **Are we OK London?** campaign came to a close on the 21 October. The campaign ended with a culture festival delivered with young Londoners and community organisations. Highlights include:
 - The Fandangoe Kid worked with students from Hendon School to create an artwork about their experiences of mental health. The artwork was installed at Hendon Football Club.
 - The Mayor's Peer Outreach Team led on a mental health film festival and showcase event at City Hall. The entire event was led and delivered by young Londoners.
 - In partnership with Brixton Reel we delivered a series of events for Londoners at greater risk of poor mental health, including the Too Black

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Too Queer in Hackney, which showcased films and performances from Black LGBTQ+ Londoners.

- The **campaign and culture festival** has seen Thrive LDN's online audience grow by over 19% and active engagements with Thrive LDN increase by 222%. During the week of World Mental Health Day on 10 Oct our online audience exceeded 6m and The Fandango Kid artwork was featured on BBC Breakfast. *The 2018 Are we OK London? campaign and culture festival finding report* is attached (Appendix A).
- **Youth Mental Health First Aid (MHFA)** Instructor training has begun. Six of nine cohorts have been advertised so far and all are fully booked. Instructor training will run until March 2019. Youth MHFA training in London schools will begin in January 2019.
- The final 2018 round of grant applications for the **Young London Inspired programme** closed on 12 November.

5. Year ahead

- 5.1 Thrive LDN has arranged a stakeholder and champions summit for 6 December. The summit will bring together health and care partners, politicians, local councils, charities, Londoners and many more to discuss the progress being made towards our shared goal of improving the mental health and wellbeing of all Londoners. The summit will see the launch of the *Londoners said: an analysis of the Thrive LDN community conversations* report.
- 5.2 The multi-agency Suicide Prevention Information Sharing Hub and Suicide Prevention training package for the education sector will be launched in January 2019.
- 5.3 The Thrive Together (faith and mental health) campaign will be launched in February 2019. The campaign will include a series of events delivered with different faith communities in London.
- 5.4 We are working with Discover Story Centre on the second phase of our pilot project to test the effectiveness storytelling to increase family conversations about mental health and awareness of mental health from an early age. The findings report will be published in March 2019.
- 5.5 The Right to Thrive research findings on how intersectional discrimination affects Londoners' mental health and wellbeing will be published in March 2019.

6. Next steps

- 6.1 The next planned update is March 2019. The update will include reporting on Q4 activity, the Right to Thrive research findings and a refreshed 2019-21 Thrive LDN Strategy.

Appendix A

'Londoners said': an analysis of the Thrive LDN community conversations

<https://www.thriveldn.co.uk/wp-content/uploads/2018/12/Londoners-said.pdf>

LONDON HEALTH BOARD

Date of meeting:	18 December 2018
Agenda item:	7b
Title:	LHB Conference: summary and evaluation
Presented by:	Una Carney, Head of Partnership Communications and Engagement, Healthy London Partnership
Author:	Una Carney, Head of Partnership Communications and Engagement, Healthy London Partnership
Cleared by	Tom Coffey, Mayoral Health Advisor/ Nick Bowes, Mayoral Director, Policy
Status:	For noting
Classification	Public

1. Purpose of this paper

- 1.1 This paper is a high-level report and evaluation of the London Health Board Conference, held on Thursday, 25 October 2018 at City Hall.

2. Recommendations

- 2.1 Board members are invited to:
- Note the feedback from delegates to help inform future LHB events/conferences
 - Note the breakdown of delegates – namely the positive spread of representation from across LHB partner organisations

3. Context

- 3.1 On Thursday, 25 October 2018, the Mayor of London and over 200 of London's health, care and borough leaders came together for the 2018 London Health Board Conference, held at City Hall. This paper is high-level evaluation of the conference.
- 3.2 If members have not yet seen the opening film, this can be viewed online at the HLP website here: <https://www.healthy london.org/working-together-to-make-london-healthy/>. Additionally, the London Health Board Conference was webcast live on the Greater London Authority's (GLA) website and can be watched back via the [GLA's media centre](#).

4. LHB Conference: report back and evaluation

- 4.1 A full high-level report and evaluation is linked in appendix A.

LONDON HEALTH BOARD

- 4.2 **Attendance:** Attendance at the LHB Conference was around 230 (based on head count in the chamber); there were 184 attendees signed in on registration desk however this number does not account for all Market Place individuals, late comers, GLA staff, and additional non-registered attendees throughout the afternoon.
- 4.3 **Delegate feedback:** This has been positive overall, both through the formal feedback form (on-line) and verbally to the programme team (off-line).
- The opening film was very well received across all feedback.
 - Those who arrived in time to visit the Market Place were positive about its inclusion. Additionally, Partners who supported the Market Place found it useful.
 - In terms of the things delegates found most useful from the conference:
 - 'Bringing partners together in one place' and having 'lots of leaders in the room' was highlighted by many delegates
 - The involvement of the Mayor and NHS CEO was especially highlighted by more senior delegates
 - In terms of improving future events:
 - Some delegates suggested fewer panel members to allow more chance for interaction from the floor/increased number of questions
 - There were suggestions and requests to have more dynamic, improvised discussions and debates rather than setting questions in advance
 - Some delegates suggested a focus on specific topics – either through shorter topic specific panels or by way of breakout opportunities

5. Next steps

- 5.1 Members are invited to note the feedback from delegates who attended, and members may also wish to discuss their evaluation of the conference in order to help inform the programme/agenda for future events.

Appendices:

Appendix A - LHB conference: report back and evaluation.



Item 7b, Appendix A

London Health Board Conference: Round up and evaluation

Provided by Healthy London Partnership

Supported by and delivering for:



SUPPORTED BY
MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

LHB conference: report back and evaluation

General round-up

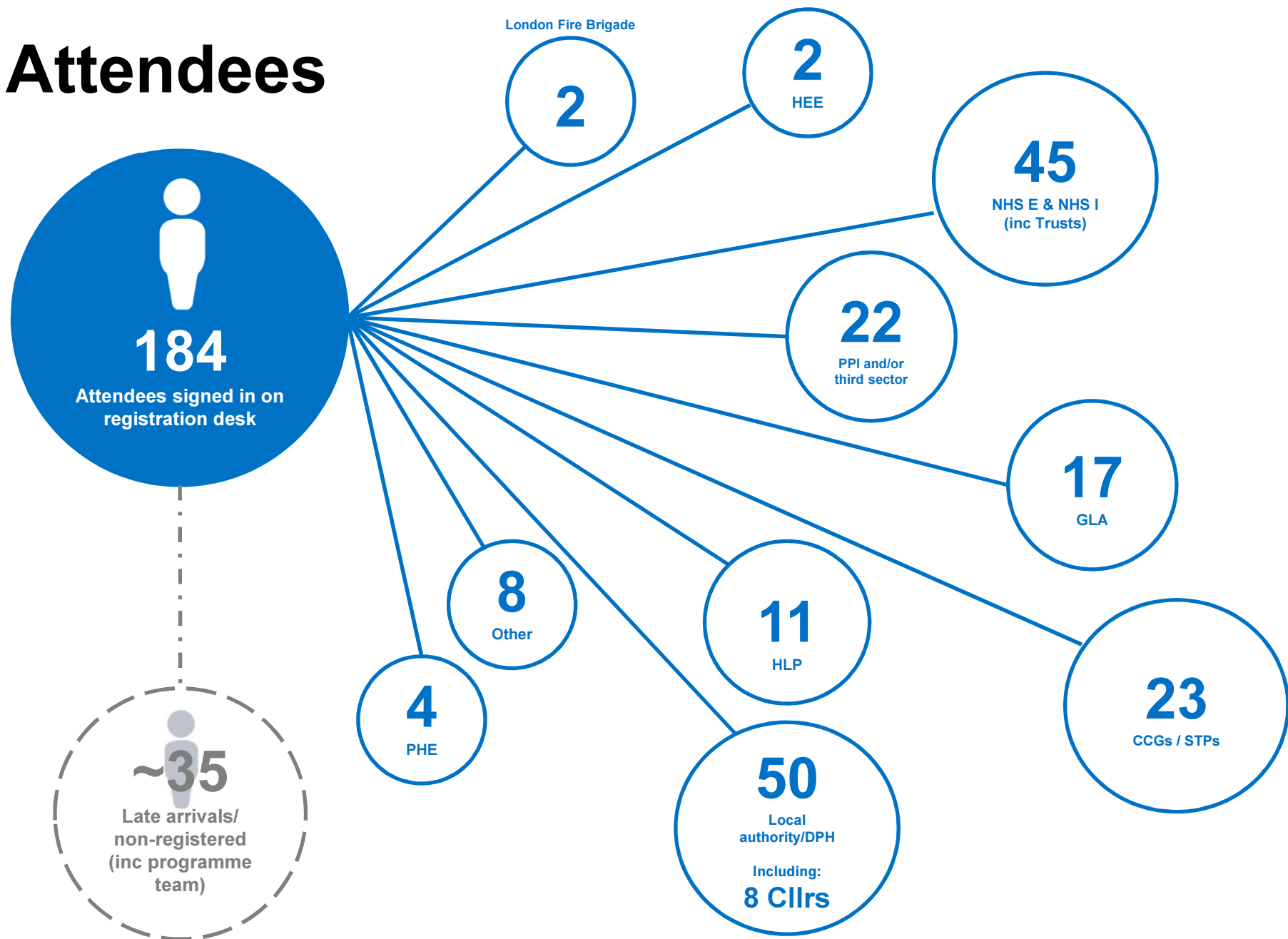
- On Thursday, 25 October 2018, the Mayor of London and over 200 of London's health, care and borough leaders came together for the 2018 London Health Board Conference, held at City Hall.
- As part of the conference programme, delegates spent the afternoon discussing the challenges ahead and the importance of collaboration between health services, local authorities, voluntary partners and local communities to share learning, pool resources and build on good practice in order to transform the way Londoners receive care.
- The conference keynote address was delivered by Simon Stevens, Chief Executive, NHS England, who welcomed the work of the London Health Board and emphasised the importance of working collaboratively to address London's health inequalities.
- Opening the conference was a new film, [*'Working together to make London the healthiest city'*](#), which showcases the latest health innovation in London through a number of initiatives and interventions happening at a local and London level.
- The London Health Board Conference was webcast live via the Greater London Authority's website and can be watched back [here](#) (for up to 3 months).

LHB conference: report back and evaluation

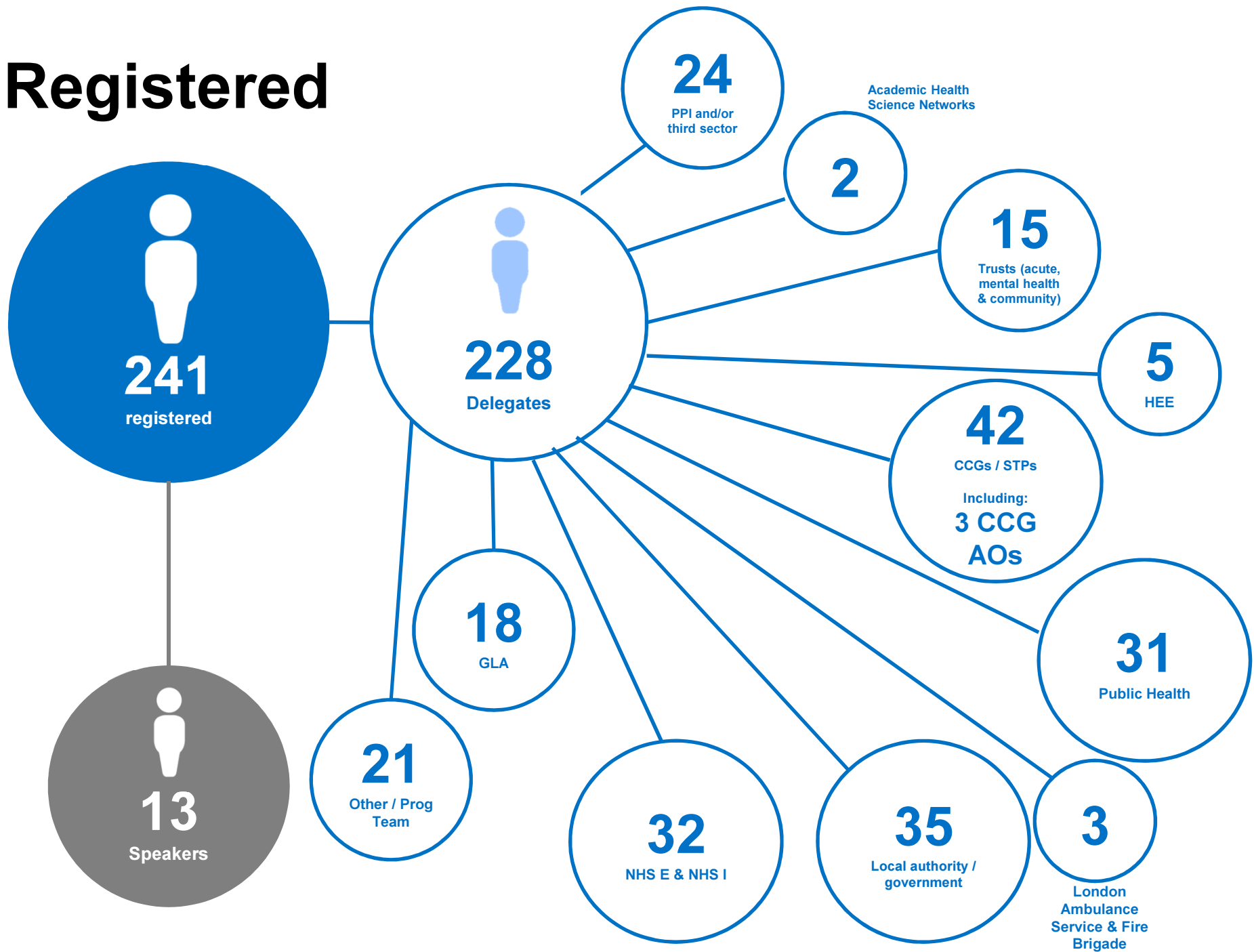
Attendance and impact

- **Attendance:** Attendance at the LHB Conference was around 230 (based on head count in the chamber); there were 184 attendees signed in on registration desk however this number does not account for all Market Place individuals, late comers, GLA staff, and additional non-registered attendees throughout the afternoon.
- **Conference film:** The full video has as 'watch time' of 933 minutes and a 31% audience retention rate for the full duration. There have been just fewer than 3,000 views of the Conference Film teaser on-line which links off to the full video (via YouTube).
- **Social media:** during the conference and the week following
 - there were a total of 283 tweets using #HealthyLDN from 125 contributors, reaching a Twitter audience of potentially over 630,000.
 - there were a total of 309 Tweets using #WeAreLDN from 148 contributors, reaching a Twitter audience of potentially over 4.9m.
 - the 'top tweet' came from the Mayor of London – earning 308 engagements

Attendees



Registered



LHB conference: feedback from attendees

Feedback

- Feedback has on the whole been positive – both through the formal feedback form (on-line) and verbally to the programme team (off-line).
 - The opening film was very well received across all feedback.
 - Those who arrived in time to visit the Market Place were positive about its inclusion. Additionally, partners who supported the Market Place found it useful.
 - In terms of the things delegates found most useful from the conference:
 - ‘Bringing partners together in one place’ and having ‘lots of leaders in the room’ was highlighted by many delegates
 - The involvement of the Mayor and NHS CEO was especially highlighted by more senior delegates
 - In terms of improving future events:
 - Some delegates suggested fewer panel members to allow more chance for interaction from the floor/increased number of questions
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