



BETTER HEALTH FOR LONDON: NEXT STEPS

SUPPORTED BY
MAYOR OF LONDON

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Foreword



I set up the London Health Commission with Lord Darzi to examine how we can improve health and healthcare for Londoners. Lord Darzi's *Better Health for London* report and other

developments such as NHS England's *Five Year Forward View* have identified key areas where joint action is needed. For my part, I will be chairing the London Health Board and will continue to use my powers to support Londoners to lead healthier lives. This includes investing in more cycling and sport, creating jobs and growth, healthy schools and workplaces. The great majority of health and healthcare is delivered locally and there is already a wealth of great things happening that we can learn from and adapt and adopt more widely. Therefore, all the members of the London Health Board have been involved in creating and are co-signatories to this Plan.

London is a great world city with a dazzling array of assets. It is a dynamic, vibrant, rapidly growing city that is home to 8.6 million people. Within London we have the creativity, energy and commitment to working together to meet the challenges that face our city.

We are already well on the way to becoming the world's healthiest capital city. Life expectancy has increased at a faster pace in London than in any other English region or Wales since records began. We have a terrific urban realm of vibrant, safe, attractive, green town centres and streets bustling with life and business.

London's schools, transport network and employers have recognised their role in health and are doing great things to make us healthier.

Collaborative working at local level is well underway and our GPs and healthcare workers, social care and public health teams are working hard to deliver high quality care. London also benefits from many world beating centres of excellence in treatment, research and training. Our life science, digital and technology sectors already generate £2.6 billion for the London economy and are growing rapidly. In partnership with the Academic Health Science Centres, the Greater London Authority has invested £1.2 million in MedCity to attract life sciences corporations small and large to London. In this way we will create jobs, attract billions of pounds of investment and help to spur the discovery of new treatments to tackle disease, propelling the sector to become an important contributor to London's growth and health.

As the London Health Commission and *Five Year Forward View* found, there are significant challenges and opportunities to improve health and wellbeing outcomes for Londoners. We are committed to working together at all levels to make the best use of our assets and resources. The partners of the London Health Board have decided to use the London Health Commission's ten aspirations for Londoners' health as a set of shared goals for London. *Better Health for London: Next Steps* sets our shared ambition and gives us a way to measure our collective progress towards our shared goals.

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The journey to *Better Health for London: Next Steps*

Over recent years, huge strides have been made in addressing some of London's greatest health and healthcare challenges. However, Londoners still find that healthy choices are not always the easiest choices, and the healthcare system often falls short of delivering services that meet the wants and needs of the population.

In December 2013, the Mayor of London launched an independent London Health Commission (LHC) to examine how health and healthcare could be improved for the benefit of Londoners. This began a year-long journey to not only develop recommendations but also to start a different conversation with Londoners and organisations that influence health in London. To do this, the LHC aimed to:

1. Start with Londoners:

An unprecedented amount of engagement took place during the course of the LHC. Over the year, more than 9000 Londoners were involved in over 50 events, including roadshows, evidence hearing sessions and focus groups. The GLA's Talk London online community were polled for their views, and detailed research was undertaken with over 5000 Londoners across every borough to understand their attitudes and behaviours around health, care and the LHC's proposals.

2. Encourage collaboration between the organisations that influence health

The LHC had diverse and broad representation including Local Government, NHS England, Public Health England, London's healthcare commissioners and providers, patient representatives, the voluntary sector and industry. The five Expert Groups started conversations between diverse partners that are now leading to innovative actions.

3. Focus not only on what needs to change but how to go about it

Over a third of the LHC recommendations directly address issues such as funding, workforce, information sharing, estates and leadership. Others describe not only what should be done but the way in which it could happen. Organisations are already using these recommendations as a guide to bring about lasting changes to health and healthcare in our city.

The LHC's *Better Health for London* report was published on 15 October 2014 and commenced a new phase in the journey to delivering better health for Londoners. Whilst the report was addressed to the Mayor, the LHC recognised that the local level – including London boroughs and Clinical Commissioning Groups – is where considerable action will take place to understand the needs of the population and tailor efforts to improve health and care in London.

The Mayor invited the delivery partners named in the report to submit their responses to *Better Health for London* and many of these responses are reflected in this document.

London aspires to be the world's healthiest major global city

For health, London is 'average' - ranked number seven out of 14 comparable cities around the world. By Londoners and London's organisations working together, London can do better, and become the world's healthiest major global city.

Major global cities

Comparator global cities	Rank among comparator global cities	Rank overall (out of 129 cities)	Health Index	Education Index	Wealth Index	Life expectancy
Hong Kong	1	1	0.88	0.66	0.77	82.5
Tokyo	2	3	0.86	0.76	0.74	82.4
Singapore	3	4	0.86	0.64	0.78	80.7
Madrid	4	7	0.82	0.75	0.75	-
Paris	5	8	0.82	0.73	0.78	82.3
Sydney	6	10	0.81	0.89	0.75	81.9
London	7	12	0.79	0.71	0.77	80.6
Toronto	8	13	0.79	0.79	0.76	82.6
San Francisco	9	14	0.78	0.80	0.79	81.3
New York	10	15	0.78	0.66	0.73	80.9
Shanghai	11	40	0.62	0.53	0.67	-
São Paulo	12	71	0.58	0.58	0.67	-
Mumbai	13	87	0.54	0.44	0.56	-
Johannesburg	14	122	0.30	0.62	0.62	51.0

Source: London School of Economics. 2011. Full report available online at: <http://secities.net/media/objects/articles/measuring-metropolitan-wellbeing/en-gb/> (last accessed 3 October 2014)

Working together

Working together will be crucial to achieve the aspiration to make London the world's healthiest major global city.

A city-wide approach

Local action must be the default focus as we recognise that the majority of activities that influence health and healthcare happen locally. However, there will be times when it is advantageous to work collaboratively, for example to ensure consistency across a wider geography or achieve economies of scale.

Collaborating for London

Over the last year, we have seen many examples of collaboration in action:

- Boroughs coming together and collaborating on a HIV prevention strategy and in the commissioning of sexual health services.
- AHSNs working together to support the development of MedCity.
- The Healthy Workplace Charter bringing together the Greater London Authority (GLA), Public Health England and 44 employers from all sectors in London to improve the health of employees.
- Local Government and the NHS working at borough level to better integrate care and support for local people.
- NHS England London and London's Clinical Commissioning Groups (CCGs) jointly setting and agreeing priorities for transformation, with pan-London activities supporting local action where this has the potential to add value.

These and other examples provide great hope that together we can deliver significant health and healthcare improvements in London.

Fostering further partnerships

Reflecting this partnership, *Better Health for London: Next Steps* has been developed with London Councils, the GLA, London CCGs and the London regional teams of Public Health England and NHS England.

It includes activities that are already underway across these organisations and wider delivery partners to realise the vision detailed in the LHC's *Better Health for London* report. It also includes commitments by our delivery partners to achieve the improvements that Londoners deserve. Efforts this year will set the stage for the pace and scale of health transformation in our city.

Creating a shared vision for London

Many of the organisational responses to *Better Health for London* confirmed their support for the vision outlined in the report, and recognised the importance of a collective vision that Londoners and London's organisations can use as a platform for delivery.

Better Health for London: Next Steps describes actions and activities around 10 high level aspirations set out in the *Better Health for London* report. Many of these deliver on discrete recommendations of *Better Health for London*, but other actions go further.

We welcome continued engagement with Londoners as we refine this vision for London and work together to realise it.

We have 10 key aspirations for our city

The London Health Commission set an overarching goal: make London the world's healthiest major global city.

In order to support and deliver this, the LHC developed 10 key aspirations clearly outlining what needs to be achieved to improve the lives of Londoners. As it is important to track progress, every aspiration has been developed with a metric in mind to benchmark where we are now and measure how we are improving each year.

It is worth bearing in mind that the aspirations represent only the tip of the iceberg in terms of activity that sits underneath them and the metrics used are just one way to measure progress.

These measures are constrained by the data currently collected to determine progress. A new vision for health may, in the future, need new measures of success that more appropriately reflect what matters most to Londoners.

Collective action will be needed – by Londoners and London's organisations – to achieve each of these aspirations. They therefore represent a shared vision for what we want to achieve in London, and an invitation to Londoners and other partners to join efforts to deliver lasting health improvement.



Give all London's children a healthy, happy start to life



Get London fitter with better food, more exercise and healthier living



Make work a healthy place to be in London



Help Londoners to kick unhealthy habits



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Enable Londoners to do more to look after themselves



Ensure that every Londoner is able to see a GP when they need to and at a time that suits them



Create the best health and care services of any world city, throughout London and on every day



Fully engage and involve Londoners in the future health of their city



Put London at the centre of the global revolution in digital health

Closing the health gap

Inequalities continue to exist throughout health and healthcare in London – and contribute to poor outcomes in each of the 10 aspirations for London.

These inequalities occur due to differences in the population, in wider determinants such as wealth and environment, in individual behaviours and the nature of – and the way people access – health services.

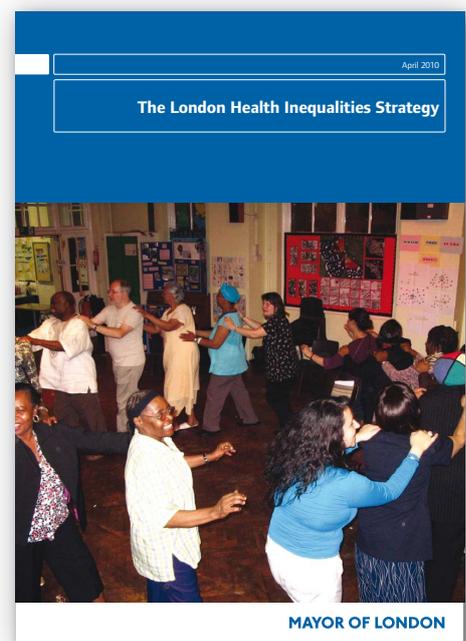
Health inequalities are complex and multi-faceted. No single organisation can tackle health inequalities alone. Tackling health inequalities requires constant awareness and actions by a number of different partners, through different environmental settings and working with different population groups. The whole system needs to work together in concert. Efforts to progress each aspiration must keep health inequalities in mind, to ensure that all Londoners benefit, rather than just improving health for specific groups within the population. By focusing on ambitions that require action on inequalities to see real change, progress on inequalities can be maintained across London.

The 2007 GLA Act gave the Mayor a statutory duty and power to lead on health inequalities in London. The first Mayor's London Health Inequalities Strategy was published in 2010 as a framework for partnership action to reduce health inequalities over the next 20 years. The delivery plan for 2015-18 will be published in Spring 2015, linking with this report through an indicator set for inequalities that relate to the 10 aspirations and associated ambitions.

Work to reduce health inequalities is already embedded in delivery organisations across the health system. The GLA, NHS England, Public Health England, CCGs, Local Authorities and Health and Wellbeing Boards consider addressing health inequalities as a statutory duty or function. The voluntary and community sector and organisations such as Healthwatch consider health inequalities as a critical function, although on a non-statutory basis.

The independent Health Impact Assessment of the *Better Health for London* report showed an overall positive potential impact on health inequalities. The delivery system needs to ensure that these potential benefits are realised during implementation of the vision for a healthier London.

The London Health Inequalities Strategy





1. Give all London's children a healthy, happy start to life

Major strides have been made in providing the best start in life for London's children.

However, London still lags behind other national and global cities in many child health-related areas, ranging from mortality and serious illness to mental health, common diseases such as asthma and public health issues like obesity.

The foundations of good health and wellbeing, educational attainment and economic prosperity are laid down in the first five years of life. There is potential to improve the outcomes for children by focusing on school readiness. With the transfer of responsibility of public health commissioning for 0-5 year olds to local authorities, it is an ideal time to concentrate effort in this area which is important to London's future and of concern to all parents.

When compared to other major cities in the world, London has the greatest proportion of children, who are not a healthy weight. Worryingly, there is a strong correlation between obesity in children, and this continuing as adult obesity. The most significant rise in unhealthy weight occurs during the primary school years, emphasising the importance of family and school-based interventions, such as the Healthy Schools Programme.

Many Health and Wellbeing Boards and boroughs have identified childhood obesity as a challenge but recognise that their actions alone are unlikely to have the desired impact. It is critical that these actions be strengthened and supported across the health and care system and by other industries and sectors.

London has world-leading tertiary centres of excellence and some excellent examples of primary and secondary care, as well as impressive school and community based care. And yet children suffer and sometimes die in the gaps between services. Poor outcomes for children and young people are delivered across a health system which has extensive fragmentation in the delivery of services across tiers and across providers.

Transformation is needed to rebuild healthcare around London's children and young people. Population-based networks could help coordinate care across geographies, integrating across public health and primary and secondary care. Inpatient care should be provided by sites able to provide the highest quality care, concentrated in centres of excellence for paediatrics. Mental health services, as important as for physical health, should integrate better with other child health services.

Any system of care must be relevant and easily navigated by children and young people, their families and the health professionals delivering their care.

School readiness: The percentage of children achieving a good level of development at the end of Reception



Source: Department for Education, 2013/14

We aim to ensure that all children are school-ready by age 5, achieve a 10% reduction in the proportion of children obese by Year 6 and reverse the trend in those who are overweight.

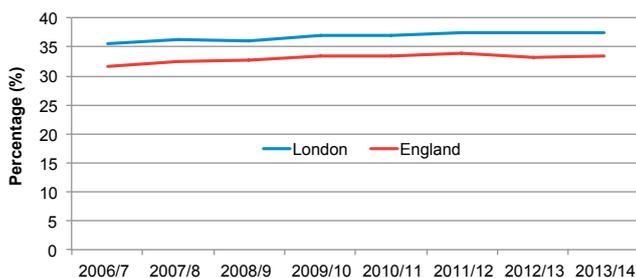
By local actions:

- Focusing on early intervention with specific activities that are aimed at pregnant mothers, families and the under 5's and making sure efforts are coordinated.
- Working with schools to encourage school-based health and wellbeing interventions, recognising that this is where children spend a lot of their time.
- Using appropriate social marketing messages to encourage local families to change habits and swap healthy for unhealthy food, aligning with national campaigns from Public Health England.
- Ensuring all local partners are contributing to collective endeavour as well as all elements of borough activity e.g. aligning activities of leisure, transport and planning organisations.
- CCGs, public health and local authorities working together to develop more effective interfaces between health and care providers.

That are supported city-wide:

- The GLA continuing to support schools with the Healthy Schools London programme and the Schools Food Plan.
- The GLA exploring the opportunities to further promote a healthy food environment through the Lighter London programme and the London Plan.
- Public Health England further developing datasets for children and young people and exploring school-based data.
- Public Health England undertaking modelling work to assess the future trajectories for childhood obesity.
- NHS England London and London CCGs jointly developing a strategy for the future delivery of health and healthcare for children and young people in London, in partnership with local authorities. This will encompass health promotion and disease prevention, a new model of integrated care based on the needs of children and young people and guidance on effective communication with children and young people using new media to access services effectively.

Percentage of children overweight and obese in Year 6 over time



Source: National Child Measurement Programme

Building on existing good practice:

The **Lambeth Early Action Partnership (LEAP)** has attracted £36m in Big Lottery funds to improve the lives of children born in the four most deprived wards over the next 10 years. The LEAP aims to radically change the way agencies and services work with parents, children, families and communities in order to improve child development, diet and nutrition.

Hillingdon has developed a **whole-system strategy** that includes pre-birth and early years assessments, intervention at age 2 years, collecting detailed data on children's weights, healthy schools' activities and system-wide leadership.

The **Our Place** programme in Queen's Park is developing an integrated early years service to build Queen's Park Children's Centre into a whole systems hub. This will serve the comprehensive needs of 0-4 year olds and their families.

A number of London boroughs have initiated **MEND** programmes (**Mind Exercise Nutrition Do-it!**). In Ealing, a MEND programme focuses on families with children aged 0-5 years at children's centres across the borough. Feedback from families has been extremely positive.

Fulham FC Foundation run a **Health Champions** programme in secondary schools working on healthy eating and decision making for young people.

In 2014, the Mayor announced support for Lambeth and Croydon to undertake major programmes to tackle child obesity through better diets and food education. The **Lighter London** programme will bring together a coalition of agencies – including the GLA, Department for Education, the Department of Health and major retailers – to tackle obesity issues in a coordinated way. The programme will demonstrate the transformational impact on health and attainment achievable through improving food across the whole environment, using schools as a catalyst to drive this change.



2. Get London fitter with better food, more exercise and healthier living

Londoners live in one of the greenest capital cities in the world.

And yet, 57% of adult Londoners are overweight, many have an unhealthy diet and over 1.8 million are not physically active enough for good health. Being inactive is the fourth biggest cause of early death and illness in London.

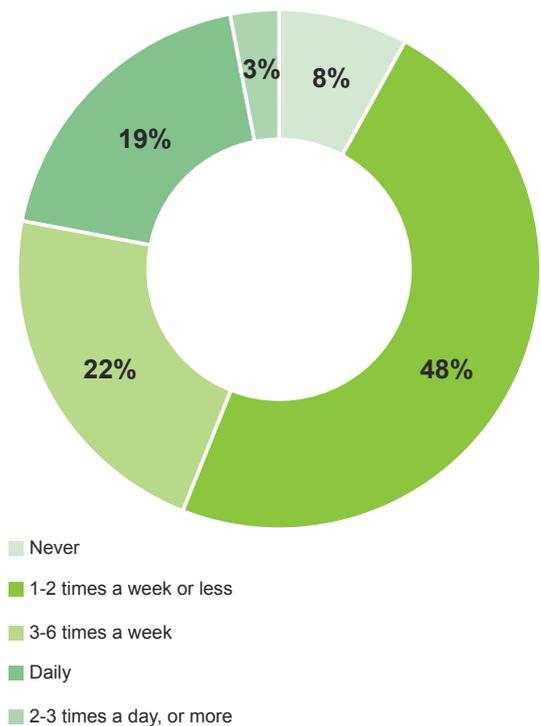
One way of getting people active is to make it more convenient to travel by foot and cycle, and in doing so making London a more enjoyable, attractive place to live.

Stakeholders have already started working together to take practical action locally and across the city. These efforts could be strengthened if London shows collective leadership and ambition.

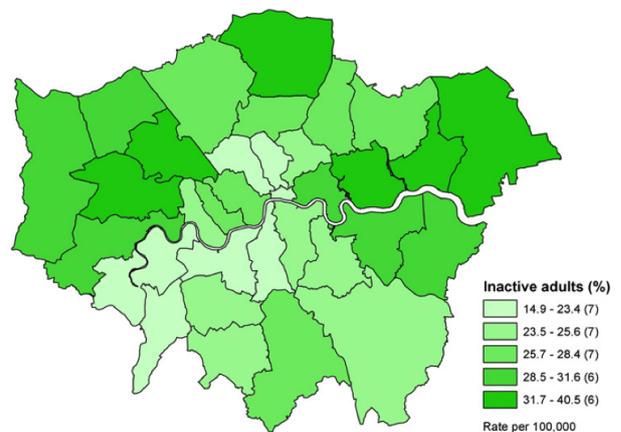
Whilst telling Londoners what to do does not work, supporting them does. This could happen by increasing the availability of healthy affordable food, or giving Londoners the right information at the right time so that healthy choices are as easy as possible. Making it easier for Londoners to have a healthy diet in a positive way would help individuals and families rebalance their existing diet, without any hardship.

Other cities such as Copenhagen do this and at the same time improve the quality of food available and the role of food in city life.

Poll of 4000 Londoners: How often, if at all, do you eat foods or drinks high in sugar, such as sweets, chocolate, biscuits or fizzy drinks?



Percentage of inactive adults by borough



Source: London Health Commission attitudinal research, 2014

Source: Active People Survey, Sport England, 2013

We aim to help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels.

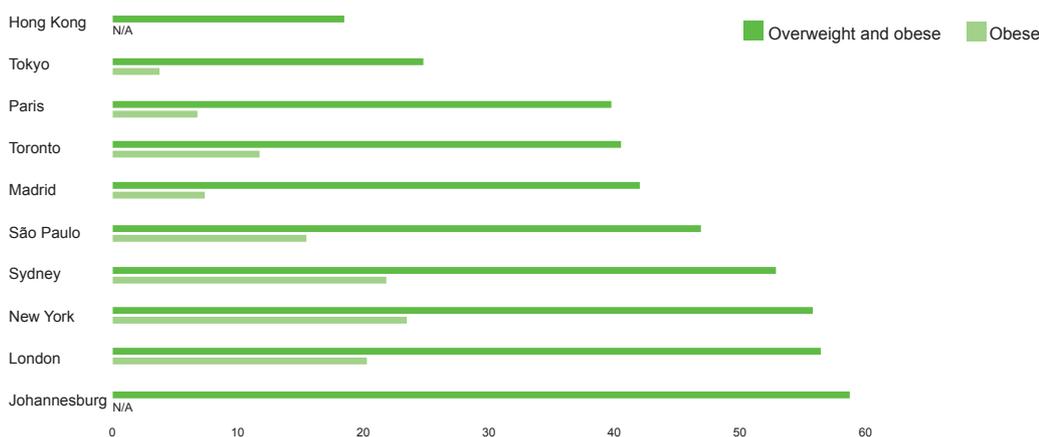
By local actions:

- Starting in early years, putting in place programmes that make physical activity normal and fun.
- Local authorities playing a leadership role ensuring local partners (e.g. leisure, transport and planning) are collaborating to promote physical activity, active travel and access to green spaces.
- Boroughs influencing what food is available to their residents in local high streets, working with local businesses to change what is offered.
- Working with local communities, recognising the cultural role of food but emphasising that swapping to a healthy diet is desirable and achievable.
- Amplifying the successful social marketing campaigns Public Health England run that emphasise choice and swapping to healthier alternatives.
- Using NHS Health Checks to help at-risk individuals adopt healthy diets and other habits.
- Implementing NHS England and Public Health England’s national diabetes prevention programme and other evidence-based actions, tailoring them to the local environment.

That are supported city-wide:

- Helping Londoners to get active at work by roll-out of the Healthy Workplace Charter.
- Transport for London encouraging Londoners to take active travel, by promoting walking between bus and/or tube stops and helping to make cycling safer (e.g. through the superhighways scheme; safer HGVs).
- The London Food Board supporting a healthier food environment by piloting healthy ‘Flagship’ boroughs in Lambeth and Croydon through the Lighter London programme.
- Public Health England investigating traffic lighting of menus in restaurants and food outlets to support boroughs that wish to implement this.
- The GLA ensuring increased physical activity is a central objective in the London Plan.
- NHS organisations in London establishing a prevention transformation programme in partnership with the GLA, local authorities and Public Health England. This will work to embed health promotion and prevention throughout health and care services, and develop new partnerships between the public, third and business sectors to promote health in innovative settings across London.

Percentage of obese and overweight adults in 10 world cities



Note: In Hong Kong and Tokyo, obesity is classed as BMI >= 25 instead of 30, therefore separate overweight/obesity measures are difficult to obtain
 Source: London Health Commission global comparisons, 2014

Building on existing good practice:

Public Health England conduct major social marketing campaigns including **Change 4 Life**, **sugar swaps** and **get going every day**.



Transport for London (TfL) published the world's first **Transport Action Plan** for health in 2014. This sets out how TfL plans to embed health considerations into policy and practice.

Waltham Forest is one of three Outer London boroughs to win £30 million from the Mayor of London's **mini Hollands** scheme to create safer, quieter and more attractive streets to encourage cycling and walking, especially for local trips.



The **Well London** programme has now been rolled out to 10 more areas within 9 London boroughs. Well London aims to deliver engaging health and wellbeing programmes that improve the health outcomes of communities. These programmes maximise the use of existing local assets and are tailored to meet the needs of local communities.

Many boroughs are promoting active travel campaigns locally, such as Hackney's **Smarter Travel Neighbourhoods**.



3. Make work a healthy place to be in London

London could gain talent, productivity and investment in staff by improving employee health and wellbeing.

On average, Londoners spend 37% of their waking hours at work. Work can play a key role in keeping Londoners in good physical and mental health but currently the potential benefits are not being realised. Instead, London employers lose 6.63 million working days each year due to stress, anxiety or depression. Getting firms to do more to support their employees' health is therefore good for business, good for the London economy and good for Londoners.

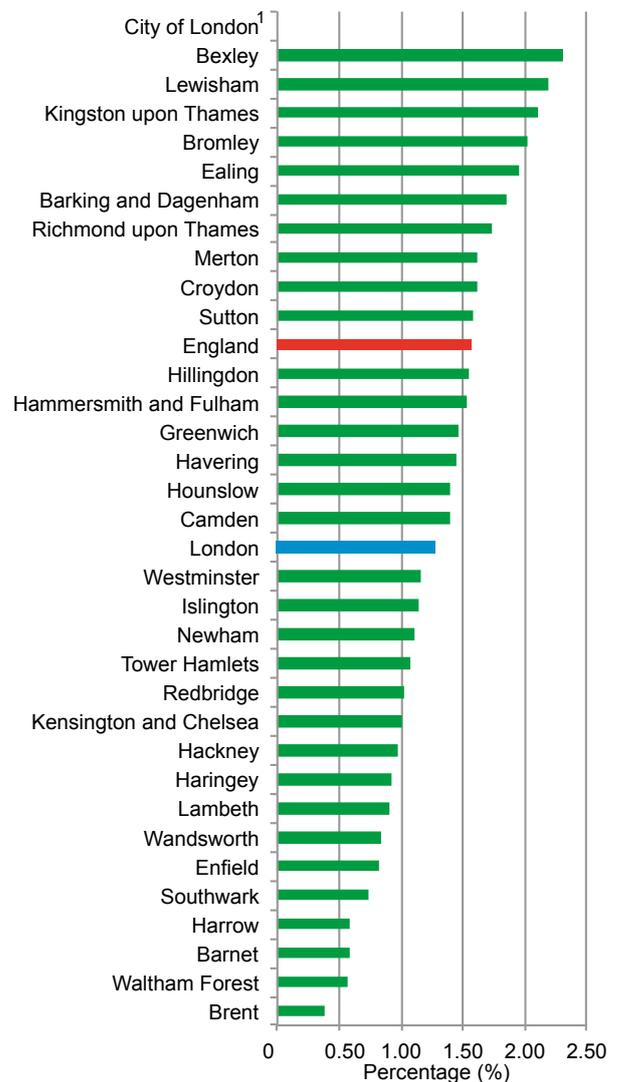
Action is being taken by the public and private sector but more could be done by collective championing, encouragement and support.

44 organisations – as diverse as Guy's & St Thomas' NHS Foundation Trust, many borough councils, Foster Communications and Novotel (Greenwich) – have adopted the GLA Healthy Workplace Charter, covering 139,000 employees. Other actions are being taken by City firms and a wider set of employers, demonstrating the positive impact on their business and employees.

The NHS is the largest employer in London, so represents an enormous opportunity to significantly impact on workplace health, by becoming an exemplar for health promotion for its staff.

London can also be a challenging place to work due to the high cost of living. Low income contributes to employee ill-health through stress, poor diet and other factors. As a city, we need to ensure that people are supported to start, get back to and stay in work in London where possible. This means considering factors both within and outside the workplace, from the London Living Wage to affordable housing.

The percentage of work days lost due to sickness absence by borough



¹ City of London figure is 14.8%. However, demographics are significantly different to other boroughs
Source: Labour Force Survey, ONS, 2010-12

We aim to gain one million working days in London through an improvement in health and a reduction in sickness absence.

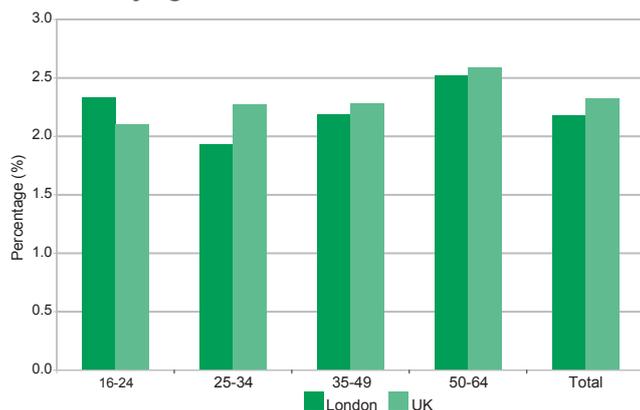
By actions locally:

- Boroughs and NHS organisations showing leadership by improving workplace health and wellbeing for health and care employees. This may include becoming accredited London Healthy Workplaces, building on the fact that currently nearly all boroughs are signed up or have aspirations to do so.
- Promoting the London Healthy Workplace Charter locally, effectively managing and supporting employers to achieve the Charter standards. These include corporate support for wellbeing, health and safety, attendance management, alcohol misuse, healthy eating, physical activity, obesity, mental health and smoking cessation.
- Local NHS organisations working with Londoners to help them return to or stay in work. For example, working with employers to promote working opportunities for people with mental health conditions and expanding volunteering schemes.

That are supported city-wide:

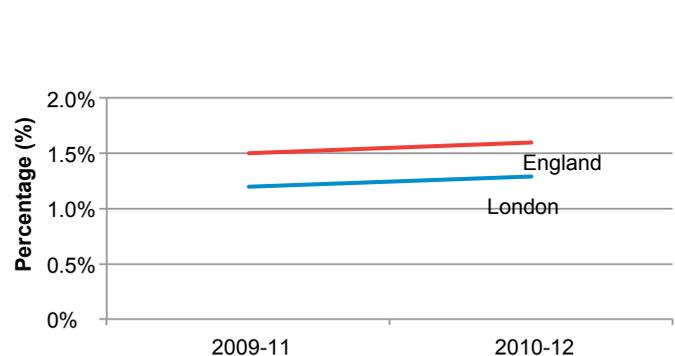
- The GLA expanding and promoting the London Healthy Workplace Charter programme to increase the number of employers using good practice and the number of employees engaging in healthier behaviours.
- The GLA undertaking specific efforts within the London Healthy Workplace Charter to target employers with a proportion of employees at higher risk of poor health, for example those in lower paid work.
- NHS organisations in London developing and distilling best practice for workplace health and wellbeing and monitoring employee health.
- NHS England developing and supporting new workplace incentives to promote employee health and cut sickness-related unemployment.

The percentage of work days lost due to sickness absence, by age (2010-12)



Source: Labour Force Survey, ONS, 2010-12

The percentage of work days lost due to sickness absence over time



Source: Labour Force Survey, ONS, 2010-12

Building on existing good practice:

The City of London Health and Wellbeing Board has set up the **Business Healthy Circle** to create an active network for employers and others interested in workplace health. It is particularly focused on the health of workers in the City and the resulting sustainability of business in the City. Activities include masterclasses and schemes such as the GLA's Healthy Workplace Charter.

Transport for London's Business Engagement Team works with London employers to encourage cycling and walking to and from work, and for work purposes. Any employer with five or more staff can access free cycle stands and safety products through the **Cycling Workplaces Scheme**. The GLA also offers staff a 20p mileage allowance for cycling to meetings.

In Barnet, employment coaches provide **motivational and psychological wellbeing support** within Job Centre Plus for people experiencing a relatively low level of mental health distress and/ or physical health issues. This follows a successful pilot where 37% of people supported moved into work.

Barts Health's **Get Active** programme enlists staff in improving their own health by being more active. This includes active travel, walking more in work time and participating in physical activity events. In June 2014, 180 staff made pledges to get more active, ranging from walking at lunchtime to learning to swim. Barts Health holds an annual family sports day, attracting over 400 members of staff and their families.

Over 400 employers have signed up to the **London Living Wage** (£9.15/hour). This number has doubled since November 2013 and efforts to increase adoption continue.



4. Help Londoners kick unhealthy habits

Significant efforts have been undertaken in recent years to address London's alcohol and smoking challenges.

However, there are still 8400 smoking-related deaths per year in London and 'high-risk' drinking causes over 20,000 hospital admissions. These unhealthy habits shorten the life of too many Londoners and put a significant strain on London's healthcare services.

All boroughs have targeted programmes to address smoking and local Directors of Public Health have led these efforts, supported by Public Health England. Strategic Clinical Networks have also prioritised action on smoking.

There are important reasons to further these actions. With over 17% of Londoners still smoking and 67 children taking up the habit each day, the health consequences of smoking are set to continue. Differences in smoking rates are a large contributor to the health inequalities seen between boroughs, different socioeconomic groups and those with and without mental ill-health. Smoking remains the leading cause of premature mortality in London.

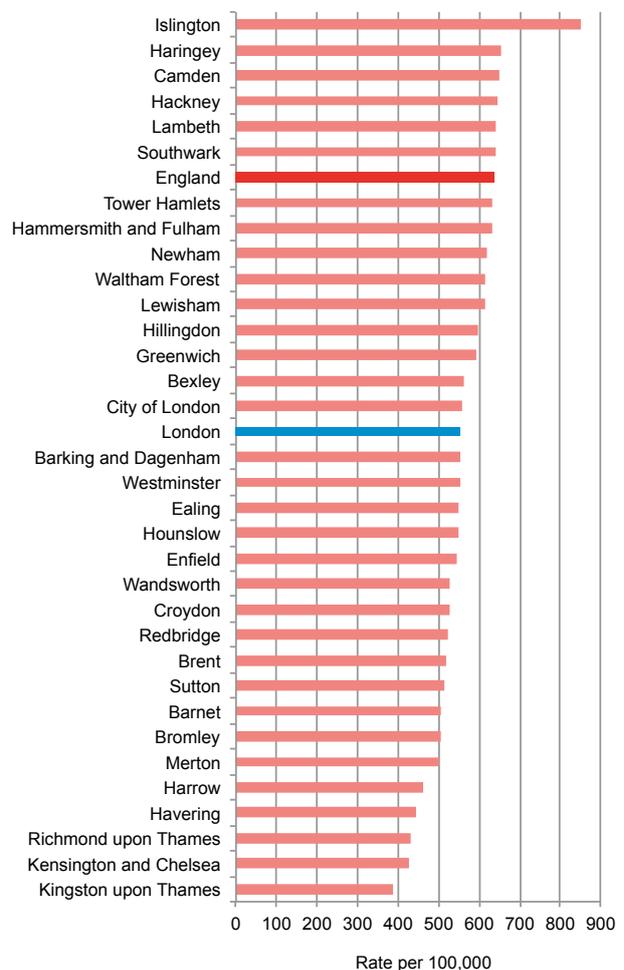
Illegal tobacco is a particular problem for London's children, as it makes it easier and cheaper to start and continue to smoke.

Efforts from other global cities clearly show that radical public health actions can dramatically reduce smoking rates, improving health and saving lives.

Binge and 'high-risk' drinking also remain a problem in certain parts of London and alcohol-related hospital admissions and liver disease are rising.

For London to be the healthiest global city, we need to support Londoners to stop and avoid starting unhealthy habits. This means providing support in a relevant and timely manner.

Alcohol admissions by borough



Source: LAPE, Public Health England, 2012/13

We aim to reduce smoking rates in adults to 13% - in line with the lowest major global city - and reduce the impact of other unhealthy habits.

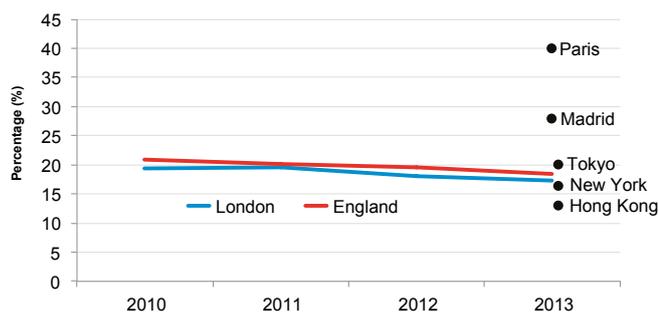
By actions locally:

- Boroughs helping to ensure that young people do not start smoking, smokers are helped to quit through smoking cessation services, and the illegal tobacco trade is curbed. Boroughs working to target these actions at the most deprived and at those with severe mental ill-health.
- The NHS Making Every Contact Count to help people quit and focusing efforts on pregnant mothers, the most deprived and those with severe mental health problems.
- GPs, hospitals and pharmacies routinely offering brief advice and interventions on alcohol and smoking.
- Boroughs showing leadership by taking actions on alcohol and commissioning high quality alcohol services.
- Licensing committees actively considering health risks in their decision making and in statements of licensing policy.
- Boroughs considering piloting minimum unit pricing for alcohol through licensing levers.
- Hospitals routinely sharing alcohol related violence data to inform local partners' actions.

That are supported city-wide:

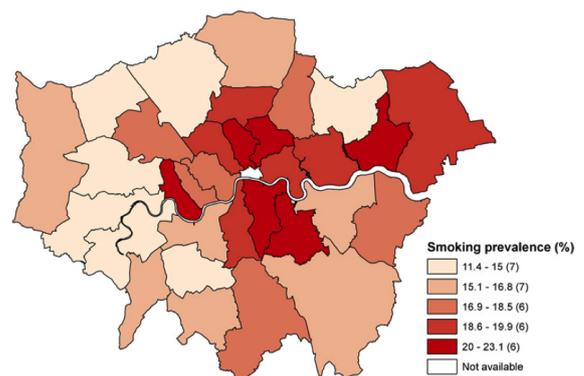
- Strengthening strategic alliances on illegal tobacco by bringing together organisations such as the London Fire Brigade, Metropolitan Police, HMRC and trading standards. Developing pan-London approaches for illegal tobacco to determine where collaboration could have the greatest impact in ensuring that children are protected and revenues are not lost from this trade.
- Helping Londoners in the workplace to quit through the GLA's Healthy Workplace Charter and other smoking cessation tools.
- The NHS championing work on Making Every Contact Count through the Strategic Clinical Network.
- The NHS and MOPAC supporting local sharing of alcohol related violence data and ensuring this information is collated at a London level and considered by strategic health and crime partners.
- NHS organisations in London establishing a prevention transformation programme that includes impact assessment and evaluation of interventions on smoking, obesity and alcohol.

International smoking prevalence comparison



Source: Integrated Household Survey, 2013 London Health Commission global comparisons, 2014

Smoking prevalence by borough



Source: Integrated Household Survey, 2013

Building on existing good practice:

Croydon and Newham are taking part in the **Home Office Local Alcohol Action Area** pilots, a 15 month project which aims to reduce the impact of alcohol areas with high alcohol-related harm.

The Borough of Croydon is examining how a **digital service** can best help people quit. The result of that work is likely to be a digital product built on the scientific foundations of behaviour change psychology.

City of London and Islington have introduced a **late night levy for alcohol** to curb binge drinking.

Public Health England are conducting **major social marketing campaigns** aimed at reducing tobacco use.



Public Health England London are undertaking a **Public Health and Licensing Survey**. Responses so far indicate 16 boroughs are very well engaged with the licensing processes; 11 are using health data to make representations, 10 would like to do more.

The **South East London Illegal Tobacco Alliance** - involving public health, trading standards, environmental health, Customs & Excise – has led to successful seizures of illegal tobacco products and prosecutions.

The City of Westminster is working to **curb shisha** use following increased trade and toxic poisonings.

South London and the Maudsley and Kings College Hospital are now **100% smoke free** for patients, visitors, staff and students.



5. Care for the most mentally ill in London so they live longer, healthier lives

More than a million Londoners will experience mental ill-health this year.

Mental ill-health is under-diagnosed and under-treated. Just a quarter of people with mental health problems receive treatment compared to 92% of people with diabetes.

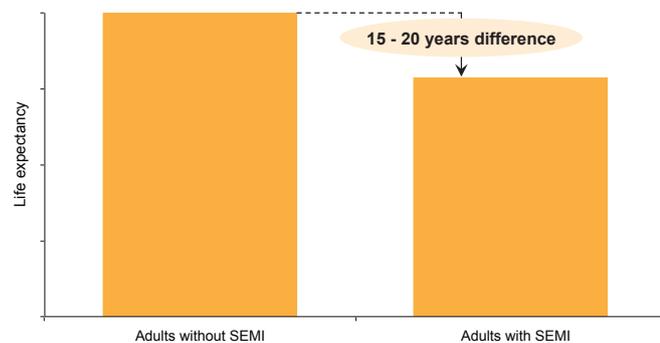
London has poor rates of access to crucial services, with the lowest rates of recovery and improvement in England. Early Intervention in Psychosis services have waiting times of a year or more, so people hit crisis point long before they receive treatment. When those with mental ill-health are in crisis, only 14% report getting the support they need.

The physical health of people with mental illness is often poor. As a result, people with severe and enduring mental illness (SEMI) die 15-20 years earlier than those without.

This causes a significant loss of life and healthy years. It also carries a broader economic cost to our city. Research carried out by the GLA in 2013 estimated the cost to London of treating mental illness as roughly £26 billion per year.

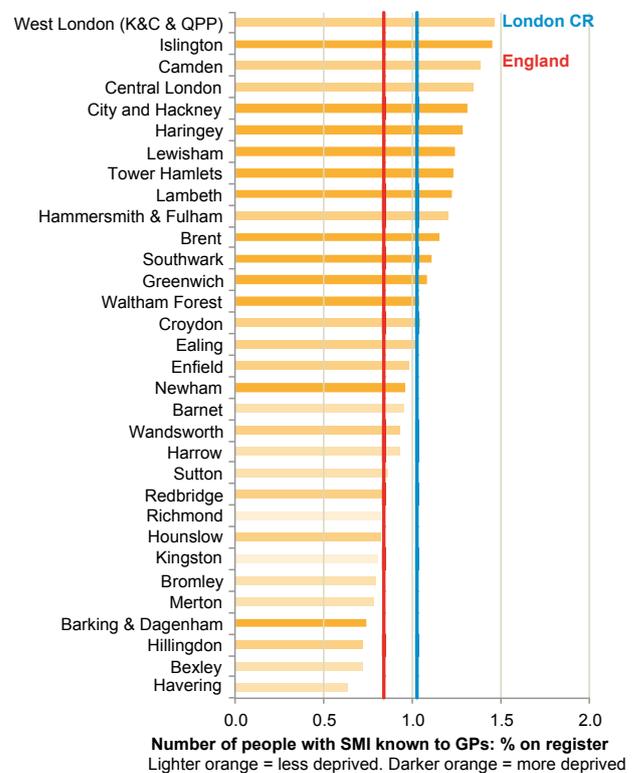
We need to help Londoners stay emotionally and mentally well at all ages. When care is required, treatment needs to be of the whole person, meeting their mental and physical health needs.

Difference in life expectancy for adults with and without severe and enduring mental illness



Source: London Wahlbeck et al (2011), BrJ Psychiatry; Mordentoft et al (2013), PloS ONE; Saha et al (2007), Arch Gen Psychiatry

GP-recorded prevalence of severe mental illness (SMI) in London CCGs by deprivation, compared to London Commissioning Region (CR) and England



Source: Quality and Outcomes Framework, 2012-13

We aim to reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%.

By actions locally:

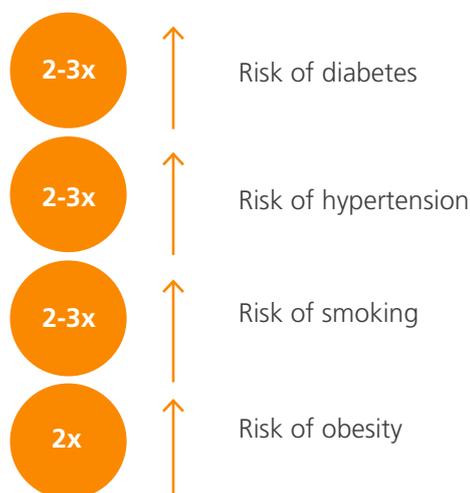
- Local schools and workplaces promoting wellbeing through programmes such as Healthy Schools London.
- CCGs assessing local needs and expectations of populations and current 'blockers' to improvement.
- Providers transforming crisis care delivery, in line with agreed pan-London models of care.
- Increasing clinical capacity, capability and awareness of mental health in primary care so that more Londoners are diagnosed and treated quickly.
- CCGs and boroughs ensuring digital mental health services meet local needs, through effective local signposting.
- Boroughs examining opportunities for locally-tailored reablement for those with mental ill-health, supporting employment opportunities and help accessing local services.

That are supported city-wide:

- NHS England London and CCGs, in partnership with Public Health England, examining effective interventions to promote resilience in young people.
- Healthy Schools London and the London Healthy Workplace Charter continuing to help keep people healthy in body and mind.
- The Office of London CCGs, Public Health England and local authorities launching a pilot digital mental wellbeing service to provide anonymous online support to Londoners so that they can self-manage their mental wellbeing. All London's CCGs and over 70% of London's boroughs have committed to implementation.
- London's 32 CCGs and NHS England London commencing a mental health transformation programme in partnership with local authorities. This will develop a new model of care for those in crisis, including the development of consistent whole system outcome measures; improve access to perinatal mental health services; and identify interventions likely to have the greatest impact on life expectancy for those with SEMI.

Physical health of people with psychosis

Compared with the general population, people with schizophrenia experience:



Source: Campion & Strathdee (2013) Reducing premature mortality

Building on existing good practice:

The **Lambeth Living Well** collaborative is a platform for partners in health, social care and wellbeing to improve outcomes for people with severe and enduring mental health problems. The aim is to move from a crisis-focused system to one that is focused on early intervention and reablement. The Living Well Partnership & Information Hub provides one-to-one support focused on employment, community connections, social inclusion, training opportunities and support accessing local services.

The Barnet Job Centre Plus teams have identified mental health problems as the biggest barrier to employment. The **Individual Placement and Support** service focuses on people with severe and enduring mental health issues. Evidence-based support is provided by employment specialists working within local community mental health teams. The service aims to move people back into work quickly and provides 'in-work' support.

Through the **Working Capital** pilot programme Central London Forward partners, working with local NHS services, will introduce a new holistic assessment of an individual's barriers to employment to better sequence and target public services. The target cohort is long-term claimants with a particular focus on low-level mental health needs.

In February 2013 the British Transport Police (BTP) and NHS in London launched a **street triage** pilot scheme bringing together Psychiatric Nurses to work alongside Public Protection officers and staff. This scheme aims to apply a multi-agency approach to the vulnerable people who come to the BTP's notice on the railway network, often in suicidal circumstances. All cases over the preceding 24 hours are jointly assessed, and a plan is developed to reduce the risk of harm and to engage relevant care pathways. NHS staff provide phone information and advice to officers on the ground, so that more informed decisions can be made in the best interests of the individual.



6. Enable Londoners to do more to look after themselves

Londoners want more control over their health but often are not supported to manage their own health.

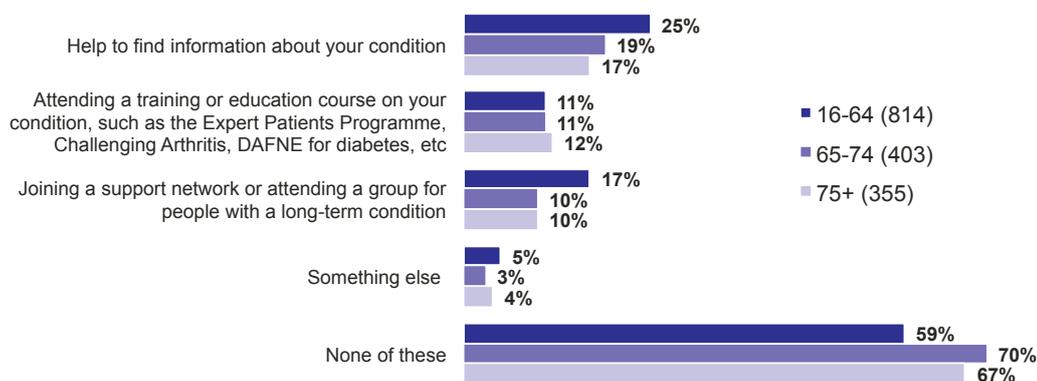
Among all areas in England, the proportion of people feeling supported to manage their long-term condition is currently lowest in London. The health and care system needs to do more to support Londoners to look after their own health.

This means giving people the information they need to manage their own health – from access to their health records to education about their long-term condition. Efforts to improve patient access to health records have proved challenging in recent years, but the road has now been set for all patients to have online access to their GP records this year. The ability to ‘write’ into these records by 2018 will mean that their own preferences and data from other sources, like wearable devices, could be included.

If we are serious about Londoners having more control, this means transferring power to Londoners so that they can decide on their own health and care. This may be through Personal Health Budgets, which are now more widely available in local authorities. The roll out of Integrated Personal Commissioning (IPC) offers an additional opportunity to develop work on care design, planning and control, through digital innovation.

The health and care system also needs to understand how best to support individual Londoners, by ensuring that people can participate in their own care and treatment.

Have you discussed or been offered any of the following things in the last 12 months (even if you decided not to take them up)?



We aim to increase the proportion of people who feel supported to manage their long-term condition to the top quartile nationally.

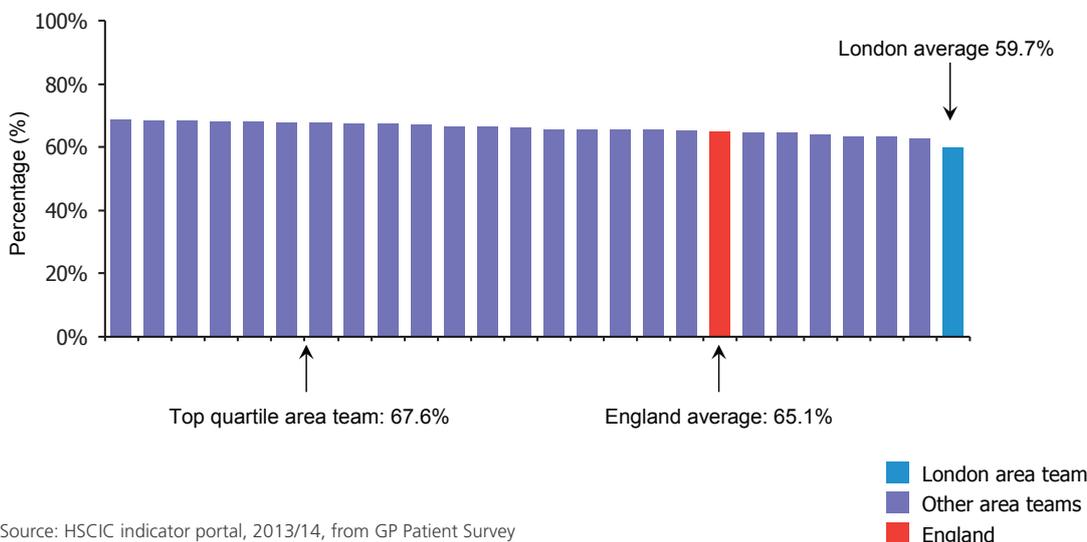
By actions locally:

- All London CCGs providing personal health budgets, aiming to increase take up among those with mental ill-health and children with complex needs.
- 85% of CCGs rolling out patient-related outcome measures (PROMs) for a specific segment of the population.
- Commissioners trialling and testing new payment models linked to PROMs.
- Continuing local efforts to enable patients to access and 'write' into their records. This aims to give patients control of their data and the ability to use this to direct their care.
- Ensuring that patients are engaged through information and that their voice is heard and acted upon.

That are supported city-wide:

- Ensuring that evidence and good practice from national NHS initiatives like Pioneers, IPC and Personal Health Budgets are captured and spread for wider benefit.
- NHS organisations in London developing a funding and payments transformation programme. This programme will develop a PROMs tool kit to support local CCG roll out. The programme will also develop PROMs and new provider payment models that more closely link payments to what matters to patients.
- Supporting CCGs to deliver patient access to health records and work to ensure that information systems of different organisations and different geographies of London are able to share essential data.
- Developing new service and quality standards for GPs in London tailored to the different population groups they serve.
- London-wide LMCs supporting GPs to develop engagement with their patients.

Directly standardised percentage of people who feel supported to manage their long-term condition



Source: HSCIC indicator portal, 2013/14, from GP Patient Survey

Building on existing good practice:

Harrow Council developed the online social care market place **shop4support** three years ago. This offers choice and control over the services that users receive. Harrow developed **My Community ePurse** to enable a shift from commissioning to easy, direct purchasing between a service user and provider. Harrow now has the highest percentage of cash personal budgets in the country.

Launched in 2012, **Coordinate My Care** is a clinical service that shares information between healthcare providers for the benefit of patients in their last year of life. Together, the patient and clinician design a personalised care plan which is shared with the right organisations when needed.

Through **MyHealthLocker**, patients of the South London and Maudsley NHS Foundation Trust have control over their health information. Through this, they can access their care plan, monitor how they are feeling, access resources and tips on staying well and managing health and wellbeing. This award-winning programme will be extended for all patients with long-term conditions.

NHS Lambeth CCG have been working with LETBs to roll out the **Healthy Living Pharmacy (HLP)** programme for the last three years. The programme has successfully trained 96 pharmacy staff to become Healthy Living Champions. The Champions offer support on a range of areas including alcohol brief interventions, health promotion and generic health advice. The programme sets an accreditation standard for the pharmacies. HLP has given the CCG a greater flexibility to commission additional locally-based services that offer accessibility for the Lambeth population.

In 2014 the Health Innovation Network (South London AHSN) and London Diabetes Strategic Clinical Network launched an interactive tool kit to support commissioners and providers to deliver excellent structured education for people with type 2 Diabetes. This builds on good practice in Lambeth, Southwark, Bexley and Croydon on increasing uptake of this **tool to support self-management**.



7. Ensure that every Londoner is able to see a GP when they need to and at a time that suits them

Under unprecedented pressure, some primary care services need help to meet the needs of Londoners.

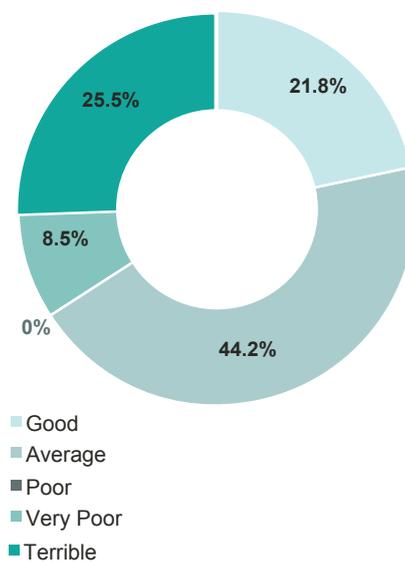
There is no denying that London's GPs are under a great deal of pressure, with increasing demand from a growing population with more long-term conditions, often dilapidated premises and greater patient expectations.

Unfortunately patients are experiencing many of these strains on the system. When rated on overall patient satisfaction almost two-thirds of London's practices perform worse than the England average. Over a third of London's GP practices do not comply with the Disability Discrimination Act.

Access to London GP surgeries is a particular problem. Access is variable, and Londoners find that it is not always easy to get an appointment that is convenient.

That is why investing in London primary care is essential especially as, for the majority of Londoners, their GP is their main interaction with the NHS. Enabling Londoners to access convenient and consistent urgent care as an alternative to A&E is important for both the patient and the system as a whole.

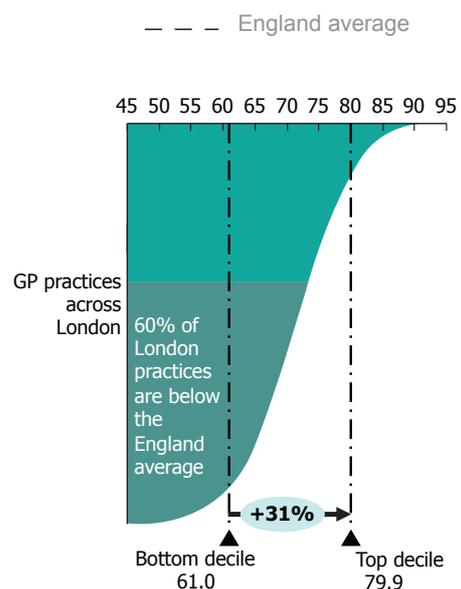
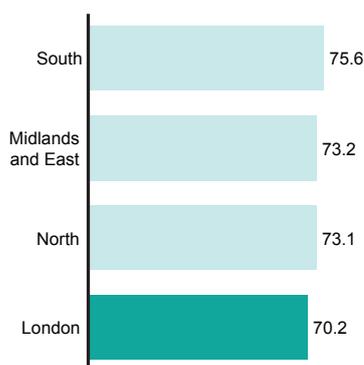
Proportion of GP premises that are not disability accessible compliant



Source: NHS North West London Shaping a Healthier Future

Aggregate patient access score¹

% average (weighted by practice), 2012/13



¹ Composite metric based on 4 indicators: ease at getting through by phone, satisfaction with opening hours, ability to get an appointment or speak to someone, ability to see preferred GP

Source: GP patient survey 2012/13

We aim to transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built or designed facilities.

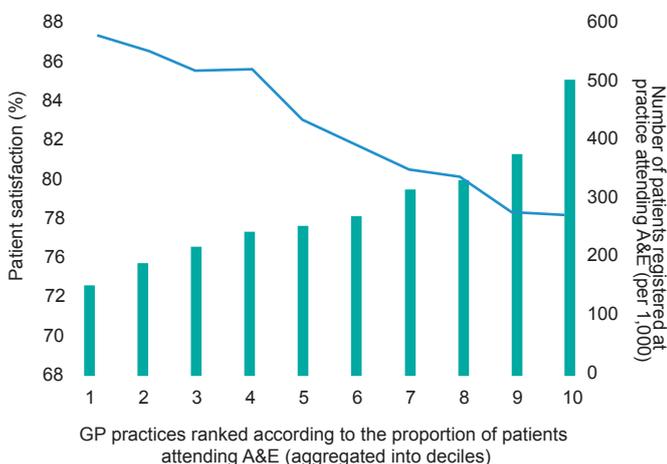
By actions locally:

- The £50 million Prime Minister’s Challenge Fund is helping to improve access to general practice and stimulate innovative ways of providing primary care services at a local level.
- Ensuring that all GP premises are fit for purpose, building on existing efforts to refurbish or rebuild GP sites in Kingston, West Norwood and North Brixton.
- Accelerating local efforts to broaden how patients can access their GP teams.
- Continue to innovate locally on new models of primary care that integrate more closely with secondary and tertiary care.

That are supported city-wide:

- NHS England London and London’s CCGs are instigating a Primary Care Transformation programme. Supporting local efforts, its aim is to make primary care more accessible, proactive and coordinated across the capital. This will support the delivery of:
 - Rapid access to those who want it, with the ability to speak to a GP the same day.
 - Continuity of care, with the ability to see a familiar clinician and book to see them in advance.
 - Multiple ways of accessing GP teams, including phone consultations, email, online booking and repeat prescription requests.
 - Convenient opening hours, including evening and Saturday morning opening.
 - Interoperable systems, so that healthcare providers involved in primary care can access relevant patient information.
- NHS England London and London’s CCGs are also launching a Workforce transformation programme that will examine how to improve the recruitment and retention of primary care staff.

Poor satisfaction with GP services correlates with increased use of A&E



Source: London Health Commission, 2014

Building on existing good practice:

The Jubilee Street practice in Tower Hamlets operates a **telephone consultation system**. All patients who call the practice for an appointment are called back by a GP within an hour. A consultation takes place on the phone and the patient and GP decide together whether the patient needs to be seen at the practice, whether self-care is appropriate or whether they need to use an alternative service, such as a community nurse or pharmacist.

The ability for all patients to speak to a GP within an hour makes this more convenient for patients. This system also makes the delivery of patient care more efficient, as GPs are able to treat around 40% more patients in a given time period. The time they save allows those who require more time to be booked in to see the right clinician for the right amount of time.

Camden CCG have started to offer patients appointments in their local area from **8am to 8pm** as part of the Prime Minister's Challenge Fund. Patients can get an appointment at a local practice and the GP can see their medical records once the patient has given consent. This provides better continuity of care and reduces the need for a patient to repeat their medical history.

The Brocklebank Group Practice in Wandsworth offers patients the option of emailing their practice for non-urgent medical advice. This means that patients can contact the practice electronically at any time of day or night and get a response from the practice within 24 hours. Patients can register to use other **online services** such as appointment booking, repeat prescription requests and viewing their summary medical history.



8. Create the best health and care services of any world city, throughout London and on every day

London has some of the best health and care services in the world but they don't always meet the needs and expectations of Londoners.

Successful efforts to transform stroke care demonstrate the ability of London's health and care system to collaborate and commit to improved health outcomes.

But we also know that sometimes health and care services fall short of what patients expect and deserve. This is seen in the variability of outcomes for patients admitted to hospital as an emergency. If mortality rates at the weekend were the same as during the week, as many as 500 lives could be saved.

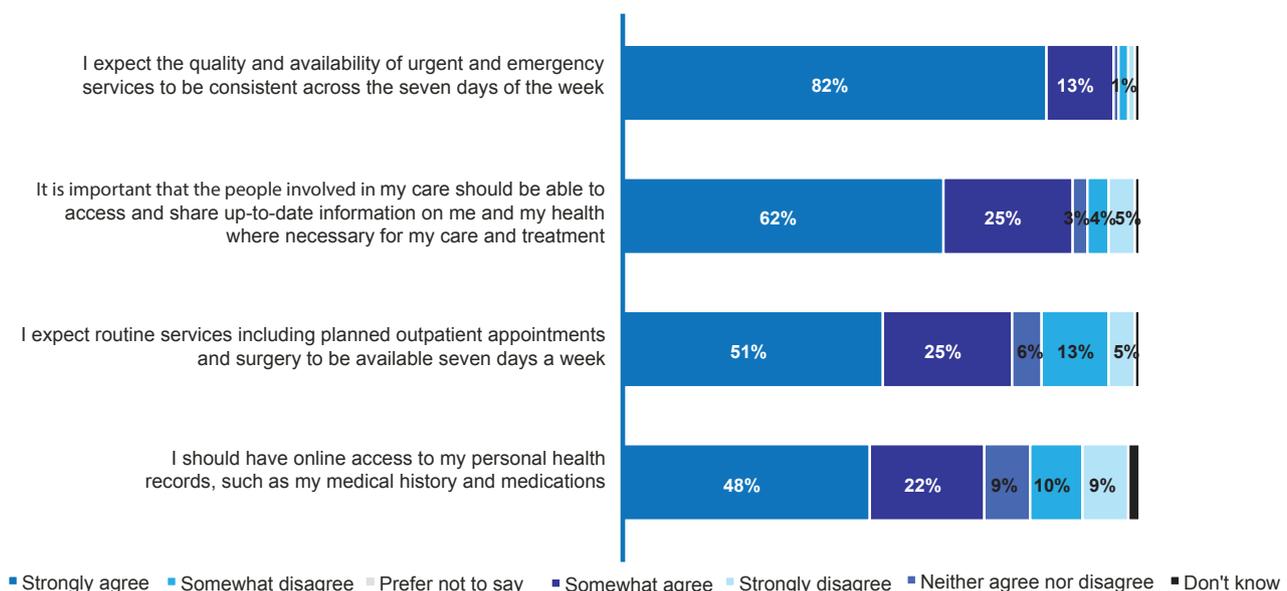
To improve outcomes, we must also improve our specialist services. For example, while fewer, better units now treat rarer cancers, there is not enough cancer specialisation to make the most of advances in treatment.

It is also clear that the health system is not serving specific vulnerable groups as well as it could. While it is right that the population segmentation approach be tailored locally, some groups can only be served by city-wide focus. Health services for the homeless are one such example.

NHS organisations in London have recognised the need to create headroom for transformation. NHS England London and all 32 CCGs in London have jointly agreed to 13 priority programmes for transformation. This is collaboration in action, with joint development of programme priorities and scopes and identifying the ways in which pan-London action can complement local and sub-regional transformation efforts.

Transformation of patient care relies on many enabling factors to be successful. London needs a health and care workforce that can deliver personalised and integrated care, health IT systems that allow providers to work together and share information, payment mechanisms that support collaboration and efficient use of NHS resources, such as estates. Seven of the 13 priority programmes specifically focus on these enablers.

Patient expectations of health services



We aim to work towards having the lowest death rates for the top three killers, and to close the gap in care between those admitted to hospital on weekdays and at weekends.

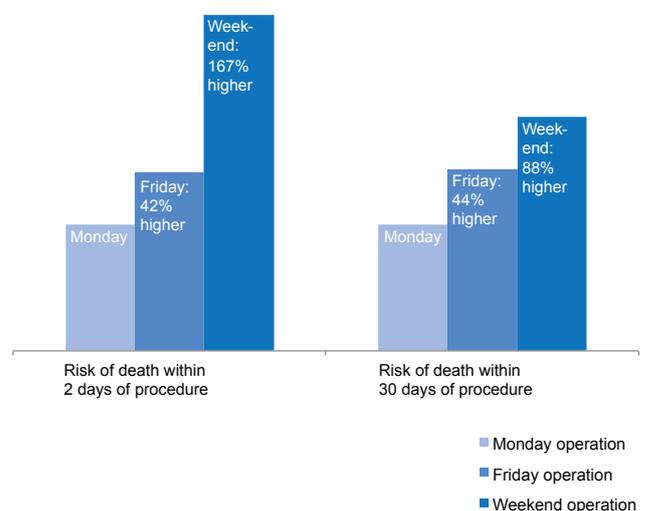
By actions locally:

- All London CCGs committing resources to local transformation efforts, recognising the need to create headroom for significant change in the way services are designed and delivered.
- Local providers, Health and Wellbeing Boards, CCGs and SPGs examining how services for specific population segments can be tailored, based on local needs.
- Ongoing pilots of new models of care and innovative payment mechanisms (including vanguard sites).
- CCGs working with local providers and Health and Wellbeing Boards to establish urgent and emergency care networks.
- CCGs, NHS England, Public Health England and local authorities working together to develop prevention efforts, increase awareness of the signs and symptoms of early stage cancer and improve screening uptake with targeted approaches tailored to the needs of local population groups.
- Local and sub-regional efforts to share appropriate patient information via interoperable information systems.
- Strengthening links between London AHSNs, NHS England London and CCGs so that innovation can be accelerated.

That are supported city-wide:

- NHS England London and London's CCGs jointly launching transformation programmes on urgent & emergency care that will establish care networks and ensure highest quality and safe NHS 111 services.
- Launching similar transformation programmes to focus on cancer and homeless health services.
- Launching specific programmes to examine interoperability (achieving real time information sharing and matched patient data); funding and payments (promoting and supporting pilots of innovative payment mechanisms); estates and workforce (examining education and training funding and a workforce fit to deliver new models of care).
- London's three Academic Health Science Networks collaborating to deliver a unified 'gateway' to the NHS for clinical trials, to ensure that patients rapidly benefit from innovation.

Patients treated for elective procedures at the end of the week and at the weekend have higher mortality rates



Source: Paul Aylin, BMJ 2013; G.P Findlay. NCEPOD, 2011

Building on existing good practice:

In South West London a **specialist elective orthopaedic centre** has been set up, improving outcomes and waiting times for patients.

By consolidating existing providers of cardiovascular procedures into specialised centres of excellence, **Bart's Health Centre** is due to have the largest cardiovascular surgery centre in England, saving hundreds of lives each year.

In order to improve cancer services, two **integrated cancer systems** have been established, with rarer cancer services consolidated into specialist centres.

In Lambeth and Southwark the **Guy's and St Thomas' @home** and **Enhanced Rapid Response** teams take referrals seven days a week for people with functional or complex nursing needs.

These services prevent hospital admissions and speed up discharge.

The **Guy's and St Thomas' Trust Amputee Rehabilitation Unit** based in a community facility in Kennington provides rehabilitation therapy six days a week.

This model is achieving improved outcomes for amputees who are able to return home more quickly.



9. Fully engage and involve Londoners in the future health of their city

Londoners want to engage with their health and care.

There is broad and positive consensus that the health and social care system belongs to everyone. Yet that feeling of ownership often does not translate into a sense of involvement in health decisions and actions.

This is because health services have evolved around what providers can offer, rather than around what the needs of Londoners are. The result is a mismatch between citizen needs, health and care structures and healthcare delivery organisations.

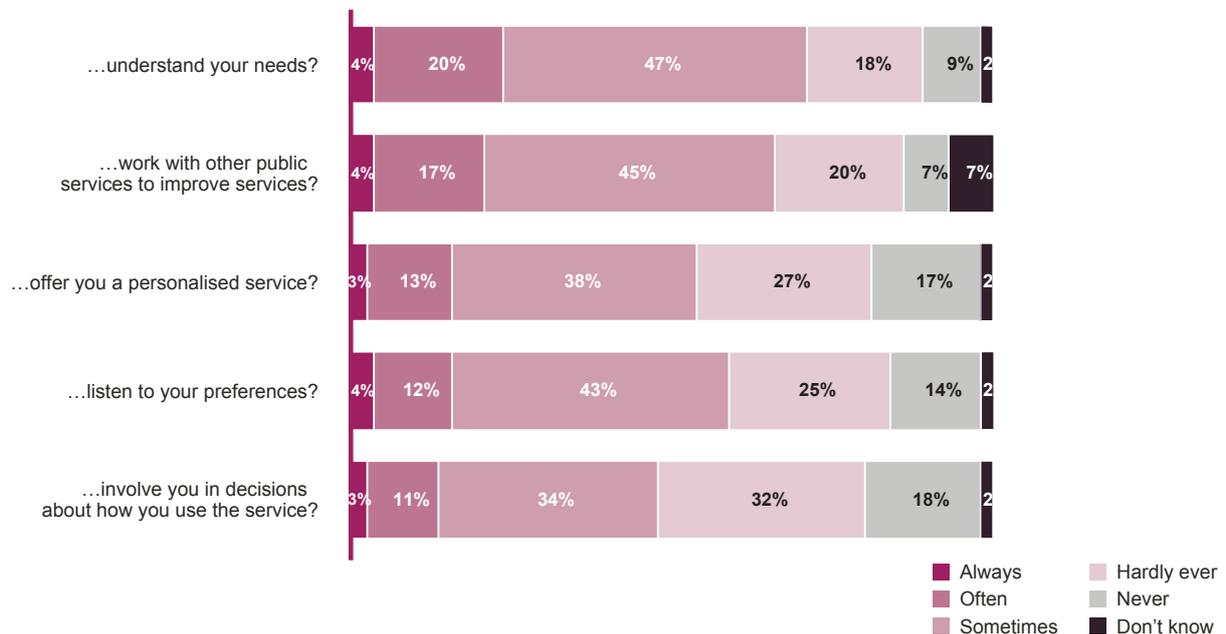
Engaging and involving Londoners will be critical to shaping future health services – both within the NHS and wider services that affect health, such as housing, transport and education. It will also be essential if we are going to tackle unhealthy habits. Greater participation in the health and care system will make significant impact on the prevention agenda.

The LHC extensively consulted Londoners about making our city and its people healthier. This process emphasised that Londoners want to contribute to decisions about the environment and services that influence their health.

Equally the NHS, boroughs, GLA and Public Health England are open to engaging with Londoners to ensure that their health and care needs are being met and that planning decisions carefully consider the citizen voice. Developing strong partner relationships with carers, volunteers and third sector organisations will be critical to successful and meaningful engagement.

Public services in England do not always make best use of people in the design process

How often, if at all, do you think organisations that deliver public services...



Source: The Collaborative Citizen (2014)

We aim to see 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design.

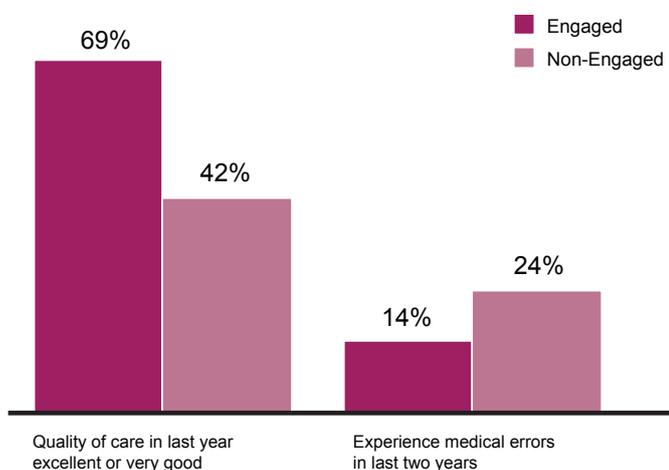
By actions locally:

- Local authorities consulting local citizens on the design of policies that directly or indirectly impact health.
- Local NHS organisations ensuring patient representation on local transformation groups so that the citizen voice informs transformation efforts.
- Proactively engaging local populations in conversations about productivity, health spending and supporting citizens to stay as healthy as possible for as long as possible.
- Local authorities, CCGs, NHS England London and Health and Wellbeing Boards considering how to broaden engagement in discussions about planning and service design, so that diverse London groups can get their voices heard.
- CCGs tailoring offerings on the MyHealthLondon website to the needs of the local population.
- Co-developing relevant health and health service outcome measures that matter to local populations.

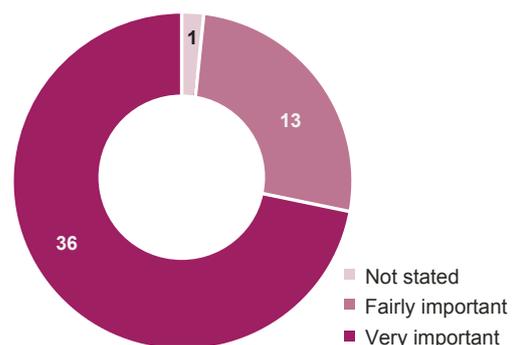
That are supported city-wide:

- The GLA promoting health in all policies and consulting Londoners on design of policies that directly or indirectly impact health.
- The GLA and Public Health England working together to develop an appropriate wellness metric for the city and for individual Londoners.
- The GLA regularly polling Londoners to understand how they influence services and assess progress.
- NHS England London and CCGs ensuring patient representation on the pan-London Transformation Board and developing a patient group to inform all 13 transformation programmes.
- CCGs re-launching the MyHealthLondon website, so that Londoners are informed about services on offer across London.
- NHS England and CCGs undertaking crowd-sourcing of Londoners’ views to inform transformation efforts.
- Undertaking focused pan-London efforts to engage diverse groups of Londoners in discussions about planning and service design, to understand which engagement approaches are most successful.

Benefits of patient engagement: survey data from 11 countries



How important, if at all, is it for people who design health policy and service to involve people in London in the process?



Source: International perspective on patient engagement. Results from the 2011 Commonwealth Fund Survey (Journal of Ambulatory Care Management)

Source: London Health Commission Imagine Healthy London Event. 2014 poll of 50 participants

Building on existing good practice:

The **BIG Lambeth Health Debate** engaged hundreds of local people, generating ideas on innovative ways of working to provide high quality care and reduce inequalities; productivity gains; preventing ill health and supporting people to manage long-term health conditions.

Whilst developing its recommendations, the LHC consulted Londoners on what they thought of their health and what could be improved to help them be healthier. This included 50 **roadshows**, **telephone polling** and even taking over a London bus!



Talk London regularly surveys Londoners about policy issues. The 2014 poll of 3,764 Londoners revealed housing as the main priority. Discussion fora allow the exchange of ideas about how to address these challenges.

Encouraging Londoners to engage with complex health issues, the LHC hosted an **Imagine Healthy London** day-long engagement workshop. Londoners were brought together to discuss, challenge and vote on health issues. The majority of participants advocated the importance of engaging citizens in policy making processes. None said it was unimportant.





10. Put London at the centre of the global revolution in digital health

Already contributing over £2 billion annually to GDP, London has the potential to create even more life science jobs, in line with other global cities.

Creating the right facilities, environment and workforce will be critical if London is to become a world class digital health hub. It already has world class assets – a thriving research community, a diverse and international population, first class universities and world renowned experts.

Leveraged correctly, these assets could help tackle the huge health challenges that we face in London: poor physical health, high levels of mental ill-health and an ageing population.

This starts with patients being able to access their health information, and for relevant information to be shared where necessary to improve patient care.

The NHS is unsurpassed by any other health system in both its depth and breadth of patient and health information. Being able to organise, decipher and use this ‘big data’ has the potential to transform the way that people manage their health and care. It also sends a signal to life science businesses that London and the South East is an attractive place to invest and settle.

Innovative digital technologies have the ability to transform healthcare across the spectrum

Patients	E-pill box reminders which link smartphones and pill boxes to make taking pills easier. It is estimated up to 50% of prescriptions are not taken.
Healthcare professionals	Biometric sensors which can collect clinical data such as BP and pulse remotely back to clinicians enabling interventions before patients become too unwell.
Providers	Smartphone apps which can help change patient behaviour e.g iTriage to promote self care and reduce unnecessary utilisation of services.
Commissioners	Population analytics tools obtain a more granular understanding of patient population

Source: World Health Organization (2003). Adherence to long-term therapies: evidence for action. Geneva: World Health Organization; London Health Commission, 2014

We aim to create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions.

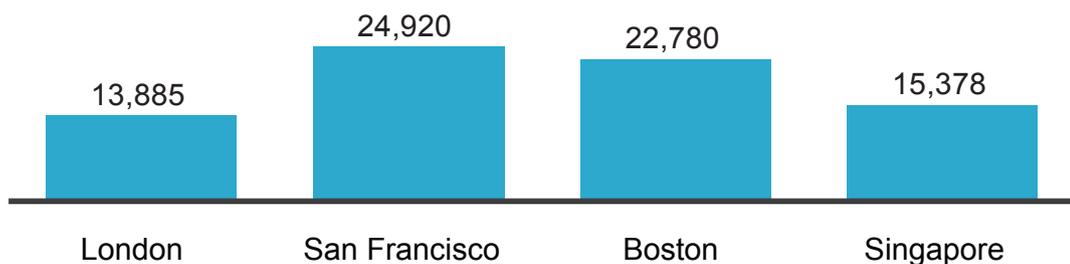
By actions locally:

- MedCity and AHSNs providing platforms for patients to articulate demand for technologies that will help them to manage their conditions, including preventative and disease management solutions.
- MedCity and AHSNs providing a platform for clinicians to learn about and articulate demand for technologies that will support health and social care delivery, research and development and education and training.
- MedCity supporting the development of local small and medium-sized enterprises through the provision of an accelerator programme or service.
- Local providers and commissioners developing tailored health IT solutions so that patients can access their records and important health information can be shared between providers when needed for care.

That are supported city-wide:

- The three London AHSNs and MedCity working together to deliver a Digital Health Institute and Accelerator for London that will enable and support local actions.
- MedCity engaging regulators and industry on developing models for regulation and evaluation of digital health innovations.
- MedCity acting as the 'front door' for industry (large and small) seeking to engage with the London digital health system and market – for evaluation, testing and product development.
- NHS organisations in London launching a business intelligence and interoperability transformation programme that will support local IT solutions by co-developing the appropriate standards for information exchange, consent and identity management. This programme will also deliver on a paperless NHS, through electronic prescribing, results reporting and clinical document sharing.

London's life science jobs as compared with other global hubs



Source: Strength and Opportunity 2013, HM Government Annual Update; Economic Development Board & SPRING Singapore, 2011; May 2013 Bureau of Labor Statistics release

Building on existing good practice:

Recognising the need for integration and coordination in the London life science environment, **MedCity** was established by the Mayor of London in 2014. This followed the **Academic Health Science Networks** (AHSNs) being formed in 2013. The AHSNs and MedCity are working together to deliver a **Digital Health Institute**.

Working to understand why disease develops and how to identify, care for and prevent illnesses (including cancer, heart disease, stroke, infections, neurodegenerative diseases), the **Francis Crick Institute** is due to open in 2015. The Institute brings together health experts and scientists from all disciplines to help improve lives and keep the UK at the forefront of innovation and discovery.

The **Handle my Health** app has enabled people with long term conditions to manage their treatment and medicines via online systems, thereby taking control and responsibility for their conditions and wider health.

North West London is procuring **Patients Know Best** across the sector as a first step to greater interoperability and patient empowerment.

The Health Innovation Network South London are developing **KHP Online** to provide platforms for real-time data sharing between secondary and primary care providers.

Summary of London's ambitions

	Aspiration	Core indicator	Baseline	2020 ambition
1	 <p>Give all London's children a healthy, happy start to life</p>	<p>Children who are school ready at age 5</p> <p>Children who are obese and overweight</p>	<p>62.2%</p> <p>37.6% overweight and obese</p> <p>22.4% obese</p> <p>(2013/14)</p>	<p>Ensure that all children are school-ready by age 5</p> <p>Achieve a 10% reduction in the proportion of children obese by Year 6 and reverse the trend in those who are overweight</p>
2	 <p>Get London fitter with better food, more exercise and healthier living</p>	<p>Adults who are physically active</p>	<p>55.6%</p> <p>(2013)</p>	<p>Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels</p>
3	 <p>Make work a healthy place to be in London</p>	<p>Working days lost due to sickness absence</p>	<p>15.6m</p> <p>(2012)</p>	<p>Gain one million working days in London through an improvement in health and a reduction in sickness absence</p>
4	 <p>Help Londoners to kick unhealthy habits</p>	<p>Adults who currently smoke</p>	<p>17.3%</p> <p>(2013)</p>	<p>Reduce smoking rates in adults to 13% - in line with the lowest major global city and reduce the impact of other unhealthy habits</p>
5	 <p>Care for the most mentally ill in London so they live longer, healthier lives</p>	<p>Gap in life expectancy between adults with severe and enduring mental illness and the rest of the population</p>	<p>15-20 years</p>	<p>Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%</p>

	Aspiration	Core indicator	Baseline	2020 ambition
6	 Enable Londoners to do more to look after themselves	Adults who feel supported to manage their long-term condition	59.7% (2013/14)	Increase the proportion of people who feel supported to manage their long-term condition to the top quartile nationally.
7	 Ensure that every Londoner is able to see a GP when they need to and at a time that suits them	Aggregate patient access score for London's GPs	70.2% (2012/13)	Transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built/designed facilities.
8	 Create the best health and care services of any world city, throughout London and on every day	Under 75 mortality rate from disease considered preventable: - Cardiovascular disease - Cancer - Respiratory disease Gap in mortality in hospital following emergency admission between those admitted to hospital on weekdays and at weekends (excludes stroke and cardiovascular)	50.2 79.6 17.1 (all per 100,000 2011-13) 10% relative difference (0.32% absolute difference) (2011)	Work towards having the lowest death rates for the top three killers. Close the gap in care between those admitted to hospital on weekdays and at weekends.
9	 Fully engage and involve Londoners in the future health of their city	Poll data on how often organisations that deliver health-related services engage Londoners in service design (baseline is the Collaborative Citizen poll, for all public services). Poll to be repeated for health to assess baseline	Average 59.6% answered always, often or sometimes to poll data (2014)	Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design.
10	 Put London at the centre of the global revolution in digital health	New jobs in the digital health sector	13,885 jobs in life sciences (2013)	Create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions.

Governance, accountability and reporting

The LHC emphasised the importance of engaging Londoners in their health and did a great deal to engage people in developing its recommendations and aspirations. We will continue this approach and develop ways to capture and report back annually.

The LHC also brought together the organisations that influence or deliver health and care services and started a conversation on a shared vision for London's health and wellbeing. There is already a lot of effective collaboration happening at local level, between boroughs and across London. There's more we can do to build on the momentum around the 10 aspirations for London and track progress towards becoming the world's healthiest city.

NHS England London and the London Clinical Commissioning Groups are collaborating to form the London Transformation Board. This Board will oversee the delivery of transformation of health and care services that meet the needs of Londoners now and for the future, complementing local governance of local transformation efforts.

These efforts aim to deliver services that empower people to stay healthy, to self-manage their health conditions and access appropriate services when and where they need them.

The Mayor of London will chair a refocused London Health Board which will drive improvements in London's health, care and health inequalities where political engagement at this level can uniquely make a difference.

Better Health for London: Next Steps gives us, as a city, a means to track our progress. As a collective, we will report back annually to Londoners. This will include measures on health inequalities. The Mayor's Health Inequalities Strategy Delivery Plan is being refreshed and both documents will share a core set of indicators to ensure a shared approach.

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