Healthy London Partnership

Title:	Focus of London's Health and Care Strategic Partnership Board
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Strategic Partnership Board

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1. Context and Purpose

1.1. London is a city of 8 million people across 33 local authorities, 32 Clinical Commissioning Groups, 35 trusts (including all acute, mental health and community providers) providing urgent and emergency care across multiple sites. London spends around a fifth of the total NHS budget annually, £2.3 billion on adult social care, £1.7 billion on children's social care (not including the schools budget) and around £650 million on public health commissioning. London is roughly 3 times bigger than the next largest health and social care devolution area.

1.2. London's history illustrates a strong commitment to working as a partnership to identify and address the shared challenges, both locally and regionally. The London Health Commission (2014) and *Better Health for London*: *Next Steps* vision which emerged in March 2015 set the backdrop to the Health and Care Devolution Agreement in December 2015. In turn, the 2015 Agreement set the blueprint for what would later be agreed as part of the Health and Social Care Devolution Memorandum of Understanding (MoU), signed in 2017.

1.3. Separately to the development of the MoU, as well as part of the devolution programme, boroughs and multi-borough partnerships across London have developed their own visions for the future of health and care in their area.

1.4. Political leadership across London has been, and will continue to be, an essential component of generating greater energy and momentum around the big reform issues facing the NHS and local government as well as engaging with residents and delivering consensus around change.

1.5. However, while there is excellent work ongoing across London, health and care in London remains characterised by:

- Significant health inequalities across London, notably in life expectancy between residents across and within boroughs.
- Notable and apparently entrenched poor outcomes in terms of childhood obesity and mental health, including poor access in terms of mental health and mental wellbeing services and GPs.
- A health estate in need of significant capital investment to meet maintenance needs and to deliver the infrastructure required to meet the need of new and emerging joint health and care models.
- Widespread appetite for reforming health and care through the integration of commissioning and of a range of pathways/services, but stubborn obstacles in terms of infrastructure, regulation and payment systems.
- Health and care budgets which are under significant pressure, with the NHS in deficit and many boroughs overspending against annual budgets.
- Despite the history of joint declarations (e.g. *Better Health for London: Next Steps* and the devolution MoU) a clear feeling that Londoners remain unclear about what London's health and social care leadership is aspiring to deliver London wide, for and with them.

1.6. As London moves forward from the signing of the MoU, it is critical to focus energy and momentum on activity which will turn ambition into delivery of reform and improvement for Londoners. This should, in turn, set out how London plans to address and improve on some of the factors listed above.

1.7. This report attempts to set out the basis for a discussion among professional leaders which will shape the development of focused delivery outputs and outcomes.

2. Focus for delivery on 2018/19

2.1. Together, *Better Health for London: Next Steps* and the health and care devolution MoU establish partnership priorities. The Strategic Partnership Board (SPB) has asked for a report that sets out where value can be added through collective action of London's strategic leadership. Self-evidently, this will require some degree of determining where most progress can be gained through London level action.

2.2. Discussion at SPB in recent months has highlighted the need to have a limited number of areas of collective focus, on which progress can be demonstrated. These focus areas are 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.

2.3. Based on discussions at the SPB in recent months, the following have been identified as SPB focus areas where detailed delivery strategies and outcomes and outputs are essential –

- **Estates** and capital receipts
- **Childhood obesity**
- **Transformation funding**, including the potential utilisation of London's wider transformation resources beyond the NHS Transformation Fund
- Enabling local integration including **workforce and digital**

2.4. In addition, during preparation for this report, a number of other areas have been highlighted which have not previously featured prominently in SPB consideration.

2.5. Most significantly **mental health, and particularly mental health provision for children and young people**, has become an area of growing concern and interest. This has, in particular, been given a concerted focus by the London Health Board. There is, therefore, a clear political interest emerging around the mental health agenda which may merit particular consideration.

2.6. Other identified areas from initial analysis and discussion are social prescribing and homeless health which feature in the draft Health Inequalities Strategy.

2.7. The principles and process for determining these potential further areas of focus are detailed in appendix 1.

2.8. Detailed rationale to supplement the analysis to determine potential focus areas is detailed in appendix 2.

2.9. Subject to discussion at SPB, it is suggested, in due course, that dialogue about delivery focus areas occur at the London Health Board. Prior to taking any such report to the London Health Board, views would be sought from a range of professional networks, including STP SROs, CCG Accountable Officers, Chief Executives, Directors of Adult Social Care, Directors of Public Health, Directors of Children's Services, the Clinical Senate, NHS England and Improvement in London.

3. Recommendation

3.1. SPB is asked to:

3.1.1. Consider the areas outlined in this report as the basis for bringing a detailed report on outcomes and outputs over the next few months.

3.1.2. Agree that the more detailed report include a proposed delivery strategy.

3.1.3. Agree the suggested stakeholder groups for further development.

3.1.4. Agree SPB lead sponsors for each focus area.

Appendix 1: Principle and process for determining priorities

Draft principles for determining further priorities are proposed as follows:

- There is an identified health and care challenge or opportunity in London to be addressed.
- Area requires collaboration across health and care partners to deliver
- There is a clear benefit to, and support for, pan-London action to enable or augment local and/or sub-regional delivery. It is expected that pan-London action would be driven through London's collaborative health and care governance and delivery vehicles.
- There are both political and operational dimensions to delivery

A number of inputs have been subject to wide system engagement previously. It is therefore proposed that these inform the process of determining priorities and applying principles. These include:

- Existing SPB and LHB work plans - Current partnership delivery priorities were determined, in part, to ensure the effective implementation of devolution; the majority of commitments contained within the Devolution MoU are therefore part of the existing workplan.
- Health and Care transformation priorities ('gap analysis') - This review of London's existing health and care commitments and the work underway to deliver them is near completion. This aims to inform a strategic discussion around London's priorities (including potential gaps) and whether the limited transformation resource is appropriately directed.
- Better Health for London: Review of progress - The BHfL aspirations have been ratified by all partners but progress is now being reviewed to ensure that London's strategic transformation efforts are holistic, drawing on all available evidence. The findings and recommendations of the progress review are due to be published in October 2018.
- Mayor's Health Inequalities Strategy - The Strategy will outline priorities for health to be considered in all his work, taking forward the London health and care devolution agreement, and promoting social integration. The Strategy is due to be published in the coming months and will therefore require proposed priorities to be iterated as the strategy is finalised.

Appendix 2: Detailed rationale for potential priorities

Childhood Obesity	
Challenge/opportunity	Childhood obesity is a significant health challenge for London. London has a higher rate of childhood obesity than any peer global city or region in England. Around 1 in 10 children in reception (aged 4-5 years) and over 1 in 5 children in year 6 (aged 10-11) are classified as obese in London. This means there were around 22,000 obese 4-5 year olds and 33,000 obese 10-11 year olds in London in 2016. From 2013/4 to 2016/17, the prevalence of obesity in reception has reduced but has increased for children in Year 6. Obesity disproportionately affects London's poorest and minority communities, with the highest prevalence in poor areas and amongst Black African children. There is no single intervention that will reduce childhood obesity independently, instead evidence supports the idea that the biggest gains can be found be taking a whole system approach to obesity.
Relationship to SPB/LHB	Childhood obesity has been identified as a collective priority by the SPB in 2018 and the most pressing priority related to prevention.
Relationship to BHfL aspirations, HIS and gap analysis	The BHfL review showed that the measures associated with the aspiration to '*Give all London's children a happy and healthy start to life*' have improved in some areas but worsened for childhood obesity. The report recommends that partners make childhood obesity a key priority and consider whether the ambition should be updated to reflect the need to reduce the variation between boroughs, and reductions in obesity in all age groups. The HIS contains a commitment to work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity. The gap analysis has showed that relatively limited progress has been made in delivering detailed commitments for childhood obesity and wider prevention commitments, typically due to limited resourcing or political appetite.
Need for collaboration	To make sustained progress, providers and commissioners across health and care and wider sectors will need to work together, making best use of the powers within health and care and moving away from a "siloed" approach of targeting individual risk factors or interventions to considering many influences simultaneously.
Multi-level action	Young Londoners cross borough boundaries every day, and no London borough has seen a reduction in Year 6 obesity rates. Collaboration is therefore required to tackle childhood obesity across London, alongside more local approaches that best meet the needs of individual communities and use local assets effectively. Actions need to be reinforced at every level and amplified through sustained and consistent approaches.
Political and operational dimensions	In 2017, 86% of Londoners felt tackling childhood obesity should be a top or high priority. This demonstrates the strong political mandate to act. The Mayor of London has prioritised childhood obesity through a Childhood Obesity Taskforce, proposals to ban adverts of unhealthy products within TfL and restrictions on new fast food outlets within 400m of school as part of the London Plan. Many London Boroughs are focusing on childhood obesity,

	recognising that political commitment is required to influence regulatory and wider levers. At an operational level, co-ordinated action will need to involve DPHs, borough CEs, CCG COs, STP prevention leads, PHE and others.
Mental health	
Challenge/opportunity	Mental illness is particularly high in London compared to the rest of Britain. One in four Londoners will experience mental ill health in any one year and more than 100,000 of those affected will be children. Mental health is both a cause and consequence of inequality, and certain communities in London are disproportionately at risk of poor mental health. Every day two people in London take their own lives. There were 29 deaths by suicide among 10- to 19-year-olds in 2015-16, compared with 14 in 2013-14 – an increase of 107%. As well as the impact on people's lives the economic and social costs of mental ill health in London are around £26 billion annually.
Relationship to SPB/LHB	Mental Health has been a growing focus for partnership working in London with the formation of the London Mental Health Transformation and Delivery board which brings partners across health, care and the justice system together. Mental Health is also a firm priority for the London Health Board resulting in the launch of the Thrive LDN movement last year.
Relationship to BHfL aspirations, HIS and gap analysis	The gap analysis and BHfL analysis both recognised that in mental health, activity has occurred across the spectrum from raising awareness and early intervention through to improving crisis care, including some efforts to 'care for the most mentally ill so they live longer, healthier lives'. The BHfL review has identified mental health as an area where commitments and delivery need to be strengthened. Child and adolescent mental health was highlighted as an emerging priority for the system, and this, as well as public mental health, is not captured in the current aspirations, which is fairly narrow in respect to mental health.
Need for collaboration	There are significant interdependencies between partners in improving mental health and care from prevention to treating crisis; collaboration and joint working will be key to addressing the challenges.
Multi-level action	Subsidiarity is an operating principle of the Mental Health Transformation and Delivery Board and existing programmes of work ensuring action at a local and sub-regional level is augmented by any city-wide action.
Political and operational dimensions	Addressing London's mental health challenges will require operational and lived expertise across the health and care system and wider partners such as London's police forces, as well as political drive to support change in reducing stigma across the capital through to developing centres of excellence for those in crisis.

Four sub-areas have been highlighted given specific associated opportunities:

MENTAL HEALTH PREVENTION AND RESILIENCE

Londoners' life satisfaction and feelings of self-worth are lower than the national average, nine out of 10 people with mental health problems experience stigma and discrimination and more than one Londoner a day chooses to end their life.

A recommendation from the *Better Health for London: Review of Progress* is to strengthen London's aspirations by including public mental health and supporting the emotional wellbeing needs of children and young people.

Reinforcing the approach through Thrive LDN to take city-wide action to tackle stigma and improve mental health awareness and resilience to augment local action has been highlighted as a priority.

Furthermore, supporting Londoners through digital tools can reduce mental illness and the burden on services. The digital Good Thinking tool will help prevent thousands of Londoners from developing common mental health problems, helping them to manage and improve their overall health.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Half of all mental illness in adults starts before a child reaches the age of 14, and three-quarters of lifetime mental health disorders have their first onset before 18 years of age.

In London, one in ten children and young people aged 5-16 have a diagnosable mental health disorder. Between one in 12 and one in 15 deliberately self-harm with admissions increasing by 68% in 10 years.

Focussing on children is a particularly effective means of preventing or reducing the impact of mental health problems in later years. The economic returns of early childhood intervention programmes exceed their costs by an average ratio of 1:6.

Given the identified poor outcomes and requirement for coordinated delivery across health and local government, Child and Adolescent Mental Health has been identified as a potential priority.

MENTAL HEALTH CRISIS CARE

Better Health for London recognised the disparity of individuals with mental health conditions receiving responsive urgent and emergency care compared to those with physical health conditions, with only 14% of people feeling they had the support they needed in a mental health crisis.

This is a particular challenge in the city as Londoners are three times more likely to be sectioned under the Mental Health Act than the rest of England. Furthermore, over 75% of s136 detentions occur out of hours yet the majority of sites do not have dedicated 24/7 staffing leading to almost two thirds of those detained not feeling safe once they arrive at a 'place of safety'.

Better Health for London recommended that a pan-London multi-agency model of care for those in mental health crisis be developed. This was subsequently developed and endorsed by all partners across health and care and launched by the Mayor of London in December 2016.

Prioritising this to maintain city-wide support for the model of care agreed would augment local collaboration and implementation action to develop centres of excellence with specialist, dedicated staffing and make tangible improvements in outcomes for one of London's most vulnerable groups of patients.

SEVERE AND ENDURING MENTAL ILLNESS

People with mental illness typically also have poorer physical health than the general population and life expectancy for people with severe and enduring mental illness (SMI) is 10-15 years lower than for the general population.

The *Better Health for London: Review of Progress* demonstrated that excess mortality for adults with SMI is still significantly higher than England. A continued focus on ensuring the SMI population have access to timely physical health checks and interventions is therefore needed.

Social prescribing	
Challenge/opportunity	20% of patients visit their GP for social rather than medical problems. 80% of GPs report that dealing with non-health queries results in reduced time to treat health issues and 46% reported this increased costs to the practice and NHS. Social prescribing can be an effective way to signpost and improve public awareness of the range of services offered locally to people with chronic conditions or those most at risk of developing health problems. There is also compelling evidence that people want self-care, digital access to self-care and would feel far confident to actively self-care if they had guidance and support from a professional or peer. With growing demand from an ageing population and increasing prevalence of long term conditions there is a need for more sustainable solutions and social prescribing presents an opportunity.
Relationship to SPB/LHB	Partners participated in a social prescribing workshop in February 2018 where the significant opportunity was recognised to improve health outcomes and financial sustainability of health and care in London through social prescribing.
Relationship to BHfL aspirations, HIS and gap analysis	BHfL contained an aspiration to *Enable Londoners to do more to look after themselves* recognising the challenges that exist. The review of BHfL aspirations recommends efforts to promote social prescribing and consider further ways for the system can support Londoners to do more to look after themselves.
Need for collaboration	This is an issue which crosses health and care and requires action at every level of the system with local prioritisation and identification of services. It will also require collaboration and partnerships between health and care and local voluntary and community sectors.
Multi-level action	Local action reinforced by city-level approaches, frameworks and investment could accelerate implementation. London can lead the way through a combination of building the research evidence along with implementing, testing and evaluating person and community centred approaches.
Political and operational dimensions	Operational expertise together with political championing could support widespread adoption of social prescribing.
Homeless Health	
Challenge/opportunity	The numbers of people sleeping rough in London has increased significantly, currently over 8000. Approximately half of these people are non-UK citizens who often have limited options to secure accommodation. Furthermore, the London Assembly estimates that as many as 13 times more people are homeless

	but 'hidden' than are visibly sleeping rough. Homeless people experience some of the poorest health, the average age of death of someone who is homeless is 47. They often have difficulty in accessing primary care when they need it. They are significant users of mental health and acute care and often have longer length of stay and delayed transfers of care. They have four times the average usage of hospital services and eight times the usage of inpatient services. It is estimated that for each homeless person, there is an annual public sector cost of an additional £20k, rising to £40k after two years. Addressing prevention and delivering services in a more effective, planned way results in better outcomes and financial savings.
Relationship to SPB/LHB	Homeless health has not been identified within the LHB or SPB workplans. However, mental health has been a growing focus for partnership working in London and there is a particularly high prevalence of mental ill health among the homeless population.
Relationship to BHfL aspirations, HIS and gap analysis	Action to support homeless health is crucial to deliver the aspiration to '*Care for the most mentally ill in London so they live longer, healthier lives*'. GP access is also a particular issue amongst the homeless population, with implications for the aspiration to 'ensure that every Londoner is able to see a GP when they need to and at a time that suits them'. A key objective within the HIS is to ensure that homelessness and rough sleeping in London is tackled.
Need for collaboration	This is an issue which crosses health and care and requires collaboration with the voluntary sector.
Multi-level action	People who are homeless often move frequently across borough and sub-regional boundaries. For example, 54% of UCLH patients who were homeless and needing step down care were found not to have any NCL connection. It is likely that a pooled delivery and resourcing model would be needed to address the boundary and charging issues that increase the likelihood of people who are homeless being left with inadequate care and support.
Political and operational dimensions	Operational collaboration would need to involve partners from all CCGs and local authorities, including adult social care, public health and housing functions. There is a strong case for political advocacy, support and lobbying, particularly given the high proportion of homeless Londoners who have no recourse to public funds.
Enabling health and care integration London has made significant progress in the aspirations to *Ensure every Londoner is able to see a GP when they need to and at a time that suits them* and to *Create the best health and care services of any world city, throughout London and on every day.* Support through enabling action is particularly needed to further develop primary and community models of care and integrated health and care services. Three enabling areas have been identified through the work of the partnership. These include:	
Estates	
Challenge/opportunity	The NHS is one of the largest owners of land and buildings in London, with the physical footprint of hospitals occupying an area three times the size of Hyde Park. The book value of the estates is more than £11 billion, with around 70% belonging to acute

	hospital trusts. If the NHS were to better use its own property, there would be an opportunity to deliver better care and provide better estates. London's growing and ageing population is also placing increased pressure on the existing estate and how care is provided. A significant proportion of the acute, primary and community estate is ageing and faces considerable quality and backlog maintenance issues. It is also estimated that NHS assets may be under-utilised by around 15%. If the NHS were to make better use of the estate it could support delivery of new models of care but also provide a major opportunity for London more broadly - by helping to support the need for new homes, new school places and other community needs.
Relationship to SPB/LHB	A significant area of partnership focus over recent years has been on estates and estates is a key area of the devolution MoU. Estates is part of the SPB and LHB work plans and the London Estates Board (LEB) is a sub-Board of the SPB. Operational governance and delivery is now in place across London through the LEB and London Estates Delivery Unit. Each London STP is now finalising their estates strategies, with a London Estates Strategy and capital plan due to be published early Autumn. This has laid the groundwork for London partners to make significant progress against the health and care estates challenge.
Relationship to BHfL aspirations, HIS and gap analysis	The BHfL analysis has recommended the addition of a process indicator to measure progress on primary care estates, and to consider the broadening of the aspiration that *'Primary care is delivered in modern purpose built/designed facilities'* into an enabling aspiration on estates. This may need to be linked to a wider ambition of delivering a holistic primary and community care strategy. Estates is not identified as a specific priority within the HIS. However, housing is noted as a determinant of health and the estates work is intended to deliver health and wider public-sector outcomes, including affordable housing units. Estates has a dedicated programme of work across London and therefore has not been highlighted as a delivery gap by the partnership.
Need for collaboration	There are significant interdependencies between improving primary, community and social care which are critical to addressing demand for acute services, thus allowing transformation. Greater collaboration and joint working across London at a sub-regional and local level is needed to support the delivery of this vision. Equally, working better with national partners will be important to ensure alignment as appropriate. The estates work is demonstrating the value of taking a 'one public sector estate' approach to ensure sustainable solutions.
Multi-level action	Estates work is closely linked to local service provision, planning and housing considerations. As such, the London estates work is predicated on strong local relationships and robust local and STP estate plans. Subsidiarity is a key operating principle of the LEB and LEDU, with decisions taken at the lowest appropriate level, subject to robust governance mechanisms, and only taken at the LEB when needed.
Political and	Addressing London's estate challenges will require significant

operational dimensions	operational expertise, including planning, development and financing. Estates plans are closely related to health and care service delivery plans (including the future location of services). This has significant implications for all SPB members and also political leaders. Significant capital investment is also likely to be needed to address backlog maintenance issues refurbishment and rebuilding estate along with delivery of new models of care. Whilst the scale and sources of investment vary, the overall quantum is estimated to be around £4bn after sale / receipts. As such, there is also a significant political dimension to estates issues, as London will need to advocate for the required investment and any further required devolution.
Workforce	
Challenge/opportunity	Workforce poses one of the greatest challenges to the sustainability of health and care in London. Our key challenges include retention and recruitment, exacerbated by the costs of living and working in London. The health and social care workforce is often siloed, despite the push for more integrated working and joint roles. Pay and other differences between health and care staff often result in inter-relating challenges. In North East London in 2017, more than 1 in 6 registered social care roles lie vacant.
Relationship to SPB/LHB	Workforce is part of the SPB workplan and was a key part of the devolution MoU. The new London Workforce Board (LWB) reports to the SPB.
Relationship to BHfL aspirations, HIS and gap analysis	The BHfL review has recommended that partners "consider how BHfL can support and enable the workforce programme in London", recognising that workforce was not explicitly captured in the original BHfL aspirations. The gap analysis identified that the priorities around integrating the workforce have not yet been determined. Workforce is not explicitly mentioned within the HIS.
Need for collaboration	The London Workforce Board brings together health and care partners, recognising the need to take a more collaborative approach. Interviews with Local Authority stakeholders revealed that all have identified lack of collaboration as a key challenge. Issues around retention and recruitment in London are due partly to the inter-relationship between health and care and the multitude of provider and training and development organisations.
Multi-level action	Workforce planning links closely to service provision needs across health and social care. Action is therefore required at the level of individual providers, boroughs and across STPs. The devolution work has identified that some issues can only be resolved by action at a regional or national level.
Political and operational dimensions	Long term workforce planning, development and financial investment is needed across operational partners from across health, social care, education and beyond. Some issues will require high profile campaigns (e.g. Capital Nurse) or political influence and advocacy (e.g. impact of Brexit; London weighting).
Digital	
Challenge/opportunity	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. The public often already assume those providing their care – e.g. their GP practice, hospital and social care staff – can see their records, which is generally not yet the case. Sharing health and care information is widely seen as a critical enabler to support joined up health and care. Partnership working recently enabled the successful 'One London' Local Health and Care Record Exemplar (LHCRE) bid. This will bring resource to London to make a step-change in this information sharing.
Relationship to SPB/LHB	The London Digital Board is a sub-Board of the SPB and the LHCRE bid was submitted by health and care partners and endorsed by the SPB.
Relationship to BHfL aspirations, HIS and gap analysis	This programme of work is consistent with the aspiration to '*Put London at the centre of the global revolution in digital health*'. The BHfL review recommends the consideration of new process measures to monitor this aspiration, and to consider the repositioning of this aspiration as an enabler to achieving better health and care. The HIS describes some specific relevant interventions including the child health digital hub and new electronic Red Book.
Need for collaboration and multi-level action	Connecting health and care information is necessarily a collective endeavour. The £7.5m investment through the One London LHCRE 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.
Political and operational dimensions	Political advocacy and support will be needed to ensure that Londoners are aware of these opportunities.

Appendix 3: Childhood obesity: Case Study and sample narrative

Delivering on our promise to reverse the trend in childhood obesity

London's health, care and political leaders are committed to working together to make London the world's healthiest city. It's time to take stock of how we are doing, acknowledge the progress we are making and most importantly to focus in on the areas where we need to do more. London is not a complacent city; it is a determined, powerful, forward-thinking global metropolis and a place where we do not shy away from tackling the difficult issues facing Londoners.

Almost four years ago, the health and care system set out to achieve a 10% reduction in the proportion of obese 10-11 year olds and to reduce the number of overweight children. The picture today is disappointing. Since 2013/14, the proportion of obese 10-11 year olds has increased from 22.4% to 23.6%. The proportion of children who are either overweight or obese has also risen, now reaching 38.5% in London (2016/17). Not a single London borough is showing a downward trend in the proportion of 10-11year olds who are overweight or obese, and the variation between boroughs is wide.

Let's be clear, childhood obesity is not a playground problem - it's everyone's business. Obese children become obese adults (58.4% of our adult population are overweight or clinically obese). London spends £0.75 - £1.1bn treating obesity-related illnesses in the over 16s, and an additional £0.47 - £0.7bn on treatment of diabetes in the over 17s.Health inequalities across London are particularly worrying with ethnic minorities and deprived communities having higher rates of obese children.

Interestingly, London has experienced a decline in the proportion of children aged 4-5 years who are overweight or obese, and this downward trend is seen in more than half of London's boroughs. In 2016/17, 22.3% of children in this age group were overweight or obese, which was significantly lower than the national average for the first time.

So this signifies hope, but equally raises a key question: what is happening to the health of children when they start school that leads to significant weight gain? We do not have a single answer to this. The problem of over-eating is not solely due to food industry practice or the school timetable, we know that economic inequalities play a part (financial cost of exercise such as swimming lessons, gym and cycling) as does irresponsible advertising to children. There are over 8,000 fast food outlets in London, many close to schools, and this number is increasing by 10% every year.

Research on obesity tells us that the crisis can only be solved by eating less unhealthy food and being more active. Social attitudes need to shift - we know that sugar is regarded as a treat for most Londoners and that being overweight has become normalised. Citywide action should focus on community and environmental changes to make healthier choices easier choices.

What are we doing about it?

Over recent years we have been working to reduce childhood obesity but the latest data shows us we need to do more, work better together and be much bolder. As London's leaders, we have a responsibility to rise to this challenge, so we are undertaking an ambitious set of actions together.

Our vision

To live in a London where everyone takes responsibility for children's weight, where the healthy choice is an easier choice and where our streets and environments promote healthy living.

Our aim

We aim to see a reduction in the proportion of children who are overweight and a 10% reduction in the proportion of children who are obese within the next 3-5 years

Taking the lead and seizing opportunities at every level

There is no single solution, intervention or quick fix. We need to think long term, agree to try a number of things and do our best to ensure fewer children become obese. We must commit to closely monitoring progress and to ensure we are learning and understanding what's working and what's not.

London is in a stronger position to drive improvements now that we have devolved health and care powers. Through devolution we have committed to tackle the obesity crisis by using:

- Our planning systems to better effect
- Monies raised by the national soft drinks levy to support action by schools
- Further devolution could enable us to go even further if we were to have fiscal powers to influence the food environment, such as sugar or saturated fat taxes

Partners' commitments would then be detailed here.