

London’s health and care vision supporting documentation **February 2019**

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Appendix 1: Summary of engagement to date

As part of the development of London's vision professional stakeholder engagement has been undertaken to define priorities and create the right conditions for local transformational success.

Engagement has taken place in a range of forums across partners with around **300 stakeholders engaged** to date. Specific workshops have been held with health and care leaders including:

Strategic Partnership Board members	London clinicians
STP Senior Responsible Officers	Directors of Adult Social Care
London Health Board conference	Directors of Public Health (<i>planned</i>)

SROs have also attended a range of stakeholder meetings to discuss the vision and receive feedback to inform developments, **meetings have included Chief Executives of London Councils, NHS England Sustainability and Transformation Executive, and SPB sub-boards** (including London's Prevention and Workforce Boards).

A decision by the Partnership Steering Group was made to not undertake any specific public engagement at this stage.

During engagement a number of **themes have emerged around common challenges and also potential focus areas** for the Strategic Partnership Board.

Challenges

- Understanding and addressing the **NHS mandate versus local borough mandates** as well as the cultural differences between partners
- **Partnership development** is a long process and can take years to mature
- **Delivering business as usual versus delivering transformation**
- **Funding pressures:** There are tensions between NHS priorities and local authority priorities, particularly in light of local authority funding pressures. Funding pressures have also had a wider impact as local areas have had to refocus and an impact of this has necessarily been to reduce investment in prevention.
- **Barriers to integration** including multiple regulatory bodies, sometimes with conflicting pressures, and the need for payment reform.
- **The role of SPB** and whether it should be advisory versus specific delivery commitments often creating frustration with a lack of action and difficulty getting agreements on timescales for achieving systemic change versus conflict in the delivery of commitments due to subsidiarity being compromised.
- **Workforce:** issues of supply, wage inequalities and cost of living consistently raised.
- The need to **align local planning and health and wellbeing objectives**

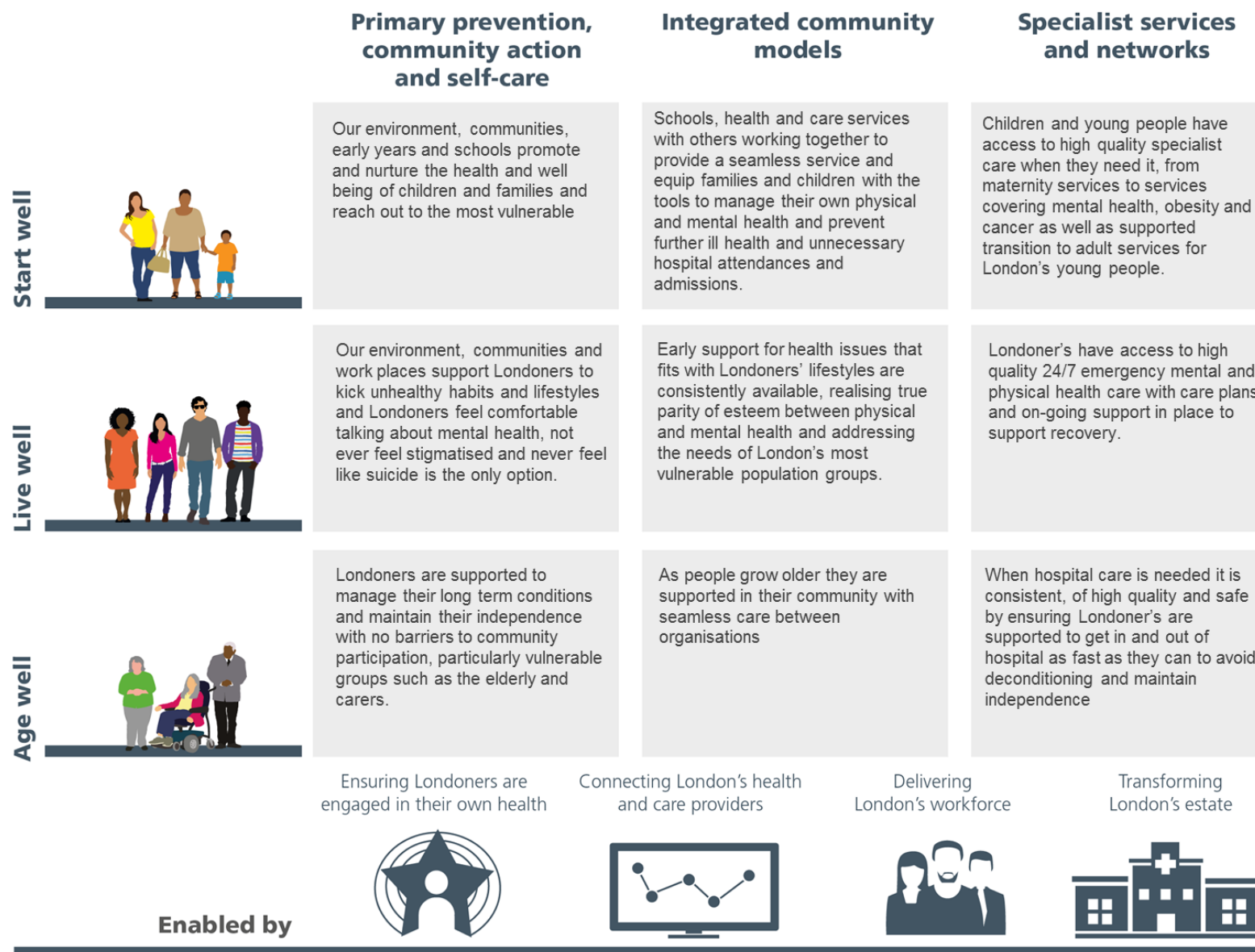
Potential enabling action

- **Supporting integration:** multi-year budgets and planning; place based budgets across health and care; payment and commissioning reform; system based regulation
- **Shared health and care records**
- Integrating **workforce** across health and care, mental health and physical health
- **Data hubs** to support population health management
- Using regulatory levers to influence **wider determinants of health**
- **Harnessing medical innovations**
- Setting **consistent standards of care**
- **Sharing learning and good practice** to facilitate wider adoption
- **SPB champions vision for London and sets clear ambitions** which London's system commits to action with visible leadership
- **Public engagement**
- Promoting an enabling **culture** across health and social care








Priority themes

Start Well	Specific areas of focus: Schools (including school nursing, school readiness) Immunisations Childhood obesity Childhood mental health Smoking cessation Asthma Environment
Live Well	Specific areas of focus: Transition from children to adult services Social prescribing Mental Health (Digital Tools, Good Thinking, Thrive) Obesity / Healthy lifestyle management / Prescribing access to exercise Environmental / air pollution / green spaces Co-design services through experts by experience Dementia awareness
Age Well	Specific areas of focus: Social isolation Mental Health Obesity / Healthy lifestyle management Self-management Co-ordinated approach to dying well (e.g. target of 80% of people dying at home rather than acute setting) Prevent movement from care home into hospital Assertive outreach (to over 50s)

Appendix 2: Vision statements




Appendix 3: Priorities long list - data: baselines, comparisons, trends and variation












Life course	Potential priorities	Where the priority is identified	Rationale for consideration	Source	Metric	Year	England	London	Trend	Variation across London	CRITERIA				Come up as a theme throughout engagement?	Consider as a SPB / partnership priority?
											Requires action by multiple health and care partners	Variation or Inequalities exist	A big health burden (or opportunity)	Changes requiring regional level action		
Start Well	Tackle escalating childhood obesity; halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. Targeted support to prevent children needing more invasive treatment: By 2022/23, treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health.	HIS, STPs, LHB, BHfL, PHE, LTP, DHSC Prevention Strategy	A third of children leaving primary school are overweight or obese and, on average, consume up to 500 extra calories per day. Children are heavily exposed to television advertising for food and drinks high in salt, fat or sugar; fast food shops are a growing presence on high streets and increasingly cluster around schools. Childhood obesity is one of London's biggest challenges; London's children have the highest rate of childhood obesity of any peer global city and the highest proportion of obese children in all the regions of England. Improvements have not been made in this area and the BHfL review showed that the proportion of children obese in year 6 has increased by nearly 2% since 2014 and the overall proportion of children who are either overweight or obese has now reached 38.5%	Fingertips: NCMP and Childhood obesity profile	Reception: Prevalence of overweight (including obesity)	2017 / 18	22.4%	21.8%		16.1 (13.1% - 29.2%)	Y	Y	Y		Y	Y
				Fingertips: NCMP and Childhood obesity profile	Reception: Prevalence of obesity (including severe obesity)	2017 / 18	9.5%	10.1%		9 (4.9- 13.9)						
				Fingertips: NCMP and Childhood obesity profile	Year 6: Prevalence of overweight (including obesity)	2017 / 18	34.3%	37.7%		22.8 (21.7% - 44.5%)						
	Early years settings and schools nurturing the health and wellbeing of children and families and reaching the most vulnerable and CYP have the support they need to grow into healthy, resilient adults	HIS, BHfL, DHSC Prevention Strategy	Despite progress made against this ambition, the BHfL review recommended it continues to be promoted in line with the Healthy Schools and Healthy Early Years initiatives. There are still areas that need to be addressed, for example pupils eligible for free school meals are almost 20% less likely to have a good level of development at age 5 than those who are not eligible and 1/4 children have tooth decay when they start school.	Fingertips	% of children achieving a good level of development at end of reception (EYFS)	2016/17	70.7%	73.0%		12.5 (66.4% - 78.9%)	Y	Y	N		N	N
				Fingertips	Proportion of five year old children free from dental decay	2017	76.7%	74.3%		25.2 (60.4 - 85.6)						
	Ensuring our environment promotes health, with access to healthy and affordable food, good quality green space and public spaces endorsing daily activity. London's air quality improves , and fewer Londoners are exposed to harmful pollution.	HIS, BHfL, DHSC, LTP, Prevention Strategy	Over 400 London primary schools are in areas with toxic air, with four-fifths of these in the most deprived areas. Some of London's high streets are in the top ten 'unhealthy high streets' in the country due to the availability of fast food outlets, payday lenders and bookmakers. The BHfL review outlined that there is a need for an increased focus on the role of the environment in which we live, work and play on health behaviours and choices	Fingertips	Percentage of 15 years olds physically active for at least one hour per day	2014/15	13.9	11.8	Not available	10.5(21.9- 11.4)	Y	Y	Y		Y	Y
				Fingertips	Fraction of mortality attributable to particulate air pollution	2016	5.3%	6.4%		1.1 (5.8 - 6.9)						
					Density of fast food outlets per 100,000 population	2014	88.2	101.4	Not available	135.4 (63.5 - 198.9)						
	Looking after our children's mental health and well-being (prevention and early intervention to ensure children get to support early and when needed). Mental support health	HIS, STPs, LHB, LTP, DHSC, Prevention Strategy	In London nearly 10% of children aged between 5 and 16 have some form of mental illness and approximately 1 in 6 children report low life satisfaction. The BHfL review noted the current limited focus of aspirations on young people, specifically children and young people's emotional wellbeing and mental health.	Fingertips	Estimated prevalence of mental health disorders in children and young people: %	2015	9.2%	9.30%		3.8 (7-10.8)						







	teams in schools and colleges to be rolled out to between one-fifth and a quarter of the country by the end of 2023.		There is growing visibility and concern about areas of longstanding unmet health need in young people's mental health services. Children and young people with mental health problems are more likely to experience increased disruption to their education, via time off school and exclusions, than children with no mental health problems. Young people with mental health problems are more likely to experience problems in their future employment, with various longitudinal studies suggesting long-term impact on economic activity such as receipt of welfare benefits, income, and continuous employment.		population aged 5-16					Y	Y	Y		Y	Y
				Fingertips	Mental Wellbeing in 15 year olds	2014/15	48.60%	46.8%	Not available	Not available					
				Fingertips	Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction	2014/15	63.8%	59.9%	Not available	15 (50.4 - 65.4)					
				Fingertips	% of school pupils with social, emotional and mental health needs	2018	2.4%	2.4%	↓	2.38 (1.24 - 3.62)					
	Increasing screening and immunisation uptake in London.	PHE (London region); LTP	London was the region with the lowest immunisation coverage rates in 2017- 18 for all vaccinations and London is below average on three of the main KPIs related to bowel, breast and cervical screening coverage in the country. We will expect CCGs to ensure that all screening and vaccination programmes are designed to support a narrowing of health inequalities.	Fingertips	2.20ix - Infectious Diseases in Pregnancy Screening - Hepatitis B Coverage	2016/17	99.6	99.9	Not available	Not available					
				Fingertips	2.20xi - Newborn Blood Spot Screening - Coverage	2016/17	96.5	96.2	Not available	Not available					
				Fingertips	2.20xii - Newborn Hearing Screening - Coverage	2016/17	98.4	98	Not available	Not available					
				Fingertips	2.20xiii - Newborn and Infant Physical Examination Screening - Coverage	2016/17	93.5	90.7	Not available	Not available	Y	N	N		
				Fingertips	Population vaccination coverage - PPV	2017/18	69.5	64.4	↑	26 (48.2 - 74.2)					
				Fingertips	3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2017/18	91.2	85.1	↓	18.5 (72.9 - 91.4)					
				Fingertips	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	2017/18	91.2	88.1	↑	14 (79.5 - 93.5)					
	Improved children and young people's mental health specialist services (CAMHS) - reduce waiting times and LOS in specialist services and end acute out of area placements and including	STPs, LTP	Young people have told us that the most urgent thing the NHS needs to improve for CYP is increasing MH services to achieve accessible and comprehensive care. Currently in London we have longer average lengths of stay and poor access to specialist services, both below the national average. Between the ages of 16-18, young people	London MH dashboard	CAMHS contacts per 100,000 population (ex T&P Trust)	2017/18	20021	24220.5	↑	22803 (9361 - 32164)	Y	Y	Y		
				London MH dashboard	% of CYP with an eating disorder waiting less	18/19 Q1	81.60%	86.30%	↑	26 (62.5% - 88.5%)					

	transition - selectively move to a 0 - 25 service for mental health		are more susceptible to mental illness, undergoing physiological change and making important transitions in their lives. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services.		than 4 weeks for a routine appointment											Y	Y
				London MH dashboard	CAMHS referral acceptance rate (ex T&P Trust)	2017/18	76.70%	71.10%	↓	67 (32% - 95%)							
	Redesigning health services for children and young people (e.g. paediatric critical care and surgical services and children with cancer). Selectively move to a 0 - 25 service for physical health.	STPs, LTP	Survival rates for children with cancer have doubled over the past 40 years, but because mortality has fallen for other conditions, cancer is now the biggest cause of premature death among children and young people aged 5-14 years. Emergency admissions to hospital during an asthma attack are increasing in London with wide variations across London boroughs (Croydon with the highest rates) - the rates of children with asthma care plans are fewer in London than the rest of the country.	ONS	Mortality from all cancers - Age specific deprivation standardised mortality rates (0-18 yrs)	2014-16	33.4	28.7	↓	Not available	N			N		N	N
				Fingertips	Admissions for asthma for young people aged 10 to 18 (Persons, 10-18 yrs)	2016/17	137.6	153.9	↑	250 (311.6-61.4)	Y	Y	Y			Y	Y
				NHS Outcomes Framework - Indicator 2.3	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	2016	76.1	59.1	Not available	Not available	N			N		N	N
Live well	Learning Disability and/or Autism - annual health checks in primary care; meet new standards; designated key workers; supported internships.	STPs, LTP	Over 1.2 million people in England have a learning disability and face significant health inequalities compared with the rest of the population. Autism is a lifelong condition and a part of daily life for around 600,000 people in England. It is estimated that 20-30% of people with a learning disability also have autism. Despite suffering greater ill-health, people with a learning disability, autism or both often experience poorer access to healthcare. In 2017, the Learning Disabilities Mortality Review Programme (LeDeR) found that 31% of deaths in people with a learning disability were due to respiratory conditions and 18% were due to diseases of the circulatory system. Children and young people with suspected autism wait too long before being provided with a diagnostic assessment	Fingertips	The percentage of patients with learning disabilities, as recorded on practice disease registers.	2016/17	0.05	0.04	Not available	0.3 (0.2-0.5)							
				Fingertips	Children with Moderate Learning Difficulties known to schools	2018	28.9	18.7	↑	28.9 (32.7-3.8)							
				Fingertips	Children with Severe Learning Difficulties known to schools	2018	3.74	2.96	↓	6.62 (6.62-0)	Y	Y	N			N	N
				Fingertips	Children with Autism known to schools	2018	13.7	15	↑	24.1 (27-2.9)							
				Fingertips	Children with learning disabilities known to schools	2018	33.9	23	↑	33.9 (37.7-3.8)							
				Fingertips	Proportion (%) of eligible adults with a learning disability having a GP health check	2016/17	48.9	48.4	↓	30.5 (35.2 - 65.7)							

				Fingertips	Adults (18 and older) with learning disability getting long term support from Local Authorities	2015/16	3.33	2.77		1.81 (3.77-1.96)						
				Fingertips	Percentage of physically active adults	2016/17	66	64.6		20.7 (53.3 - 74)						
	Planning system is used to create healthier neighbourhoods, and the Healthy Streets Approach is adopted	HIS	A move towards healthier high streets is not just about healthy food choices but also creating healthy, thriving environments, particularly targeting payday lenders, bookmakers, tanning salons and reducing vacant premises. The Royal Society of Public Health (RSPH) has developed the 'Richter Scale of Health' to evaluate high streets across the country. Each business was scored on whether it encouraged healthy lifestyle choices, promoted social interaction, mental wellbeing and greater access to health services. London rankings showed the borough of Haringey boasted both the most unhealthy and healthy street in London	Fingertips	Density of fast food outlets per 100,000 population	2014	88.2	101.4	Not available	135.4 (63.5 - 198.9)	N	Y	N		N	N
				CCG IAF	Low birth weight of term babies	2016	2.79%	3.01%	Not available	3.99 (5.77-1.78)						
				ONS	Infant mortality rate	2016	3.9	3.3		3.1 (1.7 - 5.2)						
				ONS	Neonatal mortality rate	2014-16	2.74	2.2		2.92 (1.2-4.12)						
	Maternity and neonatal services - introduce care bundle including pre-term; evidence based feeding programmes; expand neo-natal critical care services; halving maternity-related deaths by 2025.	LTP, STPs	Having a baby is now safer than 10 years ago. Since 2010, despite increases in some risk factors such as age and comorbidities of mothers, there has been an 18.8% reduction in stillbirths, a 5.8% reduction in neonatal mortality and an 8% reduction in maternal mortality. Maternal mortality occurs in less than 1 in 10,000 pregnancies. But we can do even better. Significant regional variation in extended perinatal mortality still exists. Of the term babies who died in 2016, different care might have led to a different outcome for 71%73. Women from the poorest backgrounds and mothers from Black, Asian and Minority Ethnic (BAME) groups are at higher risk of their baby dying in the womb or soon after birth. Approximately 700-900 pregnancies a year are affected by neural tube defects. As foetal and neonatal care has developed, pre-term birth is more common and the survival rate of sick newborn babies is continuing to improve. Neonatal critical care capacity needs to keep pace with these advances to improve short and long-term outcomes for these children. London's birth rate has increased by 3% since 2016/17. In 2017/18 there was an 11% increase in caesareans and 19% increase in surgical inductions. Babies born in Tower Hamlets are 2.5x more likely to be born with a low birth weight than those born in Richmond upon Thames and 41% of London's pregnant women are either overweight or obese.	ONS	Stillbirth rate	2014-16	4.5	4.9		3(3.4-6.4)	Y	Y	N		N	N
	Address the rising levels of tuberculosis in London	PHE (London region), HIS	London accounts for 40% of TB cases in England and has the highest TB rates of any European capital city (we are referred to as the TB capital of Western Europe). TB rates are more than 4x higher in deprived areas than less deprived ones. The Mayor is taking political accountability for TB control and leading a pan-London response to TB, it has been recognised that this should be viewed as a key indicator for the success or failure of the Mayor's Health Inequalities Strategy.	Fingertips	TB Incidence	2015/17	9.9 per 100,000	24.3 per 100,000		Not available					Y	Y
	Driving improvements in sexual health across London	PHE (London region),	London has highest rate of STIs in the UK and the chance of contracting an STI in London is considerably higher than any	Fingertips	Syphilis diagnostic rate / 100,000	2017	12.5 per 100,000	38.7 per 100,00		3.9 - 154.1						

		HIS	other UK city. Access to services have reduced and therefore transmission and demand has increased across London.	Fingertips	New STI diagnoses (exc chlamydia aged <25) / 100,000	2017	794 per 100,000	1547 per 100,000	↓	616-2707	Y	Y	Y		Y - HIV	Y - HIV
				Fingertips	HIV testing coverage, total (%)	2017	65.70%	72.30%	↑	64.7-85.4						
				Fingertips	HIV late diagnosis (%) (PHOF indicator 3.04)	2015 - 17	41.10%	35.20%	→	17.7-68.6						
				Fingertips	Gonorrhoea diagnostic rate / 100,000	2017	78.8 per 100,00	228.4 per 100,000	↑	53.3-654.4						
				Fingertips	Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02)	2017	1882 per 100,000	2199 per 100,00	↓	939-4463						
				Fingertips	New HIV diagnosis rate / 100,000 aged 15+	2017	8.7 per 100,000	21.7 per 100,000	↓	6.4-44.6						
				Fingertips	HIV diagnosed prevalence rate / 1,000 aged 15-59	2017	2.32 per 1000	5.69 per 1000	↑	2.08 - 17.60						
				Fingertips	First time offenders	2017	166.4	215.3	↓	310.5 (117.3 - 427.8)						
	Violence reduction and tackling London's knife crime epidemic. . London's communities feel safe, and are united against all forms of hatred	Mayor priority, HIS	The proportion of murders involving a knife has jumped from 30% to 40% and in mid-September the capital saw its 100th homicide during 2018. Nearly half of victims injured in knife crime are under 25. There has been a significant focus on this from the Mayor resulting in the establishment of the Violence Reduction Unit (Oct 2018) to take a public health approach to tackling serious violence in London.	Fingertips	1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2014/15 - 16/17	42.9	43.3	↑	42.3 (21.5 - 63.8)	Y	Y	Y		Y - Knife crime	Y - Knife crime
	Ensure all Londoners share in a city with the best mental health in the world. For Londoners to feel comfortable talking about mental health not ever feel stigmatised and action is taken across London to prevent suicide. Continue to deliver a 10% reduction in suicide rates by 2020/21. Parity of esteem between physical and mental health with access to the right mental health support, and early, to prevent crisis.	HIS, STPs, LHB, PHE (London region), LTP	Since 2015, the suicide rate has reduced from 10.1 to 9.2 per 100,000 of the population, but certain groups of people remain at heightened risk. Suicide is more common in men than women, though male suicide rates are now at their lowest rates in over 30 years, and considerably lower than many other comparable countries. Suicide is the cause of death of twelve Londoners every week. Poor mental health is still not talked about and 90% of Londoner's say that it has a negative effect on their lives. BHfL review has reiterated the narrow focus of the existing mental health aspiration and to ensure any new aspiration is broadened to reflect the need to promote positive wellbeing and early access to support. People with a serious mental illness are 3x more likely to die prematurely than the general population. Just 1/4 of people with mental health issues receive treatment compared to over 3/4 of people with heart disease. BHfL review has reiterated the narrow focus of the existing mental health	ONS	Suicide: age-standardised rate per 100,000 population (3 year average)	2017	9.6	8.6	↓	7.3 (6.1 - 13.4)						
				Fingertips	Suicide: age-standardised rate per 100,000 population (3 year average) (Male)	2015-17	14.7 per 100,000	13.1 per 100,000	↓	12.8 (9.3 - 22.1)	Y	Y	Y		Y	Y
				Fingertips	Self-reported wellbeing - people with a high anxiety score	2016/17	19.9%	20.8%	↑	9.1 (16.2 - 25.3)						

			aspiration and to ensure any new aspiration could be broadened to reflect a need to promote positive wellbeing and early access to support.	NHSOF	Employment rate of people with mental illness	2017	0.433	38.5%		Not available						
	Tackle entrenched worklessness, more working Londoners have health-promoting, well paid and secure jobs	HIS, LTP	The percentage of unemployment compared to the working age population in 2017 was 5.3% a non-significant reduction from 2016. The rate in London is significantly higher than England which was 4.4%.	Fingertips	Long term claimants of Jobseeker's Allowance	2017	3.5 per 1000	3.9 per 1000		5.2 (1.4-6.6)						
				Fingertips	Working days lost due to sickness absence	2017	Not available	13.9m		Not available	Y	Y	Y		Y	
				Fingertips	Unemployment	2017	4.4	5.3		4.5 (3.6-8.1)						
	Our environment, communities and work place will play an active role in positive physical and mental health and wellbeing of Londoners specifically targeting smoking, obesity, alcohol, gambling and drug misuse	HIS, BHfL, DHSC Prevention Strategy, LTP	The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England. The top five are: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use. More than 1/5 of all deaths in young men aged between 16 and 24 are alcohol related. BHfL report outlined that current ambition needs to reflect the need to reduce health inequalities, and to consider the inclusion of an indicator for other unhealthy habits such as gambling or alcohol.	Fingertips	PHOF 2.14 Smoking prevalence in adults (Annual Population Survey)	2017	17.1&%	14.6%		12.4 (9.0 - 21.4%)						
				Fingertips	Hypertension: QOF prevalence (all ages)	2017/18	13.9%	11.0%		7.5-13.8						
				Fingertips	Percentage of adults (aged 18+) classified as overweight or obese	2016/17	61.3%	55.2%		38.5 - 64.6						
				Fingertips	Percentage of dependent drinkers	2015/16	1.4%	1.4%	Not available	0.85-2.02	Y	Y	Y		Y	Y
				Fingertips	Percentage of adults drinking over 14 units of alcohol a week	2011 - 2014	25.7%	21.6%	Not available	8.1-43.9						
				Fingertips	Proportion of dependent drinkers not in treatment (%)	2016/17	81.7%	80.7%		67.2-90						
				Fingertips	Admission episodes for alcoholic liver disease condition (Broad) (Persons)	2016/17	117.6 per 100,000	112.4 per 100,000		55.5-265.7						
	Smoking cessation - offered to all admitted patients by 2023/24 including adapted programme for pregnant women and those with SEMI	LTP, STPs, DHSC Prevention Strategy	Around 6.1 million people in England still smoke. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year ²⁴ . Current estimates are that nearly a quarter of women in the UK smoke during pregnancy. The BHfL ambition to reduce smoking rates in adults to 13% has not been met; however, the proportion of adults in London who smoke has fallen from 17.1% to 14.6% from 2013 to 2017. The average cost per quitter is still high sitting at £550 in London when looking at total NHS Stop Smoking Service spend and programme success rates.	Fingertips	Smoking Prevalence in adults: Current smokers - 2017	2018	14.60%	14.90%		9-25.7	Y	Y	N		N	N
	Our environment, communities and work place meet the needs of	HIS, LTP	London's health inequalities are stark. People in low income households are 2-3x more likely to develop mental health	Fingertips	0.1i - Healthy life expectancy	2014-16	63.9	64.4		(55.6 - 70.0)						

	London's diverse communities to reduce inequalities. The impact of poverty and income inequality on health is reduced and housing availability, quality and affordability improves in London		problems than those in the highest income households. 58% of people in poverty in London are in working families. There is a 25% gap in the employment rate between those with a long-term health condition and the general population.		at birth (Female) - refer to variation across London column					Y	Y	Y		Y	Y
				Fingertips	0.1i - Healthy life expectancy at birth (Male) - refer to variation across London column	2014-16	63.3	63.5		(58.2 - 69.9)					
	Londoners will feel supported and empowered to look after themselves and others with self-care and social prescribing becoming the norm. There are more opportunities for all Londoners to take part in community life and people will get more control over their own health and more personalised care (including personalised health budgets)	HIS, STPs, BHfL, LTP, DHSC Prevention Strategy	More than 75% of people with an LTC said that if they had guidance and support from a professional or peer they would feel far more confident about taking care of their own health. Self-care can reduce hospital admissions by 25-30%, saving up to £430 million a year by 2020/21 for London. BHfL review outlined the need to promote social prescribing efforts in London, and to consider further ways in which the system can enable Londoners to do more to look after themselves.	NHSOF	% of people who feel supported to manage their condition	2015/16	64%	59%		15 (51.0% - 66.0%)	Y	Y	Y	Y	Y
	Homeless health and rough sleeping in London are addressed	HIS, DHSC Prevention Strategy, LTP	The average life expectancy for rough sleepers is just 47 years. The number of people sleeping rough in London doubled between 2011 and 2016 and now comes to a total of approximately 7500 people sleeping out. Homeless health has not been identified within the LHB or SPB work plans. 31% of people affected by homelessness have complex needs, and additional financial, interpersonal and emotional needs that make engagement with mainstream services difficult. 50% of people sleeping rough have mental health needs, but many parts of the country with large numbers of rough sleepers do not have specialist mental health support and access to mainstream services is challenging. Up to £30m will be invested to meet the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.	Fingertips	Statutory homelessness - households in temporary accommodation	2017/18	3.4	14.9		30.8 (1.9-40.1)	Y	Y	Y	Y	Y
				Fingertips	The number of households that have presented themselves to their local authority but under homelessness legislation have been deemed to be not in priority need	2017/18	0.8	1		2.7 (0.1-2.8)					
	Boost out of hospital care - Creation of fully integrated community-based health care through neighbourhood GP practices, NHS 111, improved Quality Outcomes Framework, High quality community based care will become the norm and available where most people use and access services, in their communities and close to their home.	LTP, STPs	Average cost of an inpatient treatment is £3,500 but there is 20% variation between the most expensive trusts (£3,850) and the least expensive (£3,150). Admissions via major A&E departments has risen by 65% over the past 10 years, this coupled with evidence of improved clinical outcomes for patients treated in community-based settings as well as significantly higher patient satisfaction shows the need for better access to community based care across London.	NHS Outcomes Framework indicator 4.4.	% of GP patient survey respondents reporting a 'very good' or 'fairly good' experience of making an appointment	Jan-Mar 2018	68.8	66.4		Not available					
				NHS Outcomes Framework indicator 3.6.	The proportion of older people (aged 65 and over) discharged from acute or community	2016/17	82.5	85.5							

					hospitals to their own home or to a residential or nursing care home					Y	Y	Y		Y	Y
				NHS Outcomes Framework - Indicator 3a	Emergency admissions for acute conditions that should not usually require hospital admission	2016	333	251.6	↑	Not available					
	Reduce pressure on emergency services - community crisis response; Enhanced health in care homes; CAS; direct booking; UTCs; SDEC; acute frailty; hospital flow,	LTP, STPs	The emergency care system is under pressure. People resident in care homes account for 185,000 emergency admissions each year and 1.46 million emergency bed days, with 35-40% of emergency admissions potentially avoidable. Average cost of an inpatient treatment is £3,500 but there is 20% variation between the most expensive trusts (£3,850) and the least expensive (£3,150)	NHS England	4 hour standard performance	2018/19	86%	88%	↓		Y	Y	N	N	N
	Outpatient appointments being delivered in an alternative, more convenient way - 1/3 reduction in face to face appointments by 2023/24	LTP, STPs	London's total outpatient attendance is costing the system approximately £2 billion, the majority of London's acute trusts have DNA rates above the national average and hospital cancellations have increased by 15%. Virtual visits via telephone and email increased from under 5 million in 2008 to over 10 million in 2013, while face-to-face visits remained largely the same	Provider Level Analysis 2016-17 to 2017-18	Average DNA rate across Trusts	2017	9%	11%	Not available	9 (2%-11%)	N	Y	Y	Y	N
				Provider Level Analysis 2016-17 to 2017-18	Ratio of first attendance to follow up	2017	2.2	2.2	Not available	2.5 (1.3 - 3.8)					
Age well	Integration - Health and care services to be more joined up and seamless to meet the needs of an increasingly complex population. Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere	STPs, Devolution MOU, LTP, STPs, DHSC Prevention Strategy	People are now living far longer, but extra years of life are not always spent in good health. They are more likely to live with multiple long-term conditions, or live into old age with frailty or dementia, so that on average older men now spend 2.4 years and women spend three years with 'substantial' care needs. One in six people over the age of 80 has dementia and 70% of people in care homes have dementia or severe memory problems. There will be over one million people with dementia in the UK by 2025, and there are over 40,000 people in the UK under 65 living with dementia today. Health and care integration is national policy to address fragmentation and ensure services are co-ordinated around the needs of patients rather than based on professional and institutional boundaries. The Devolution MoU outlines a number of enablers to support the integration of health and care services which will enable organisations to proactively support Londoners by reacting and intervening earlier, support health and care services to work better together and incentivise greater collaboration between organisations of different types and at different geographic levels. The BHFL review outlined the need to focus on the integration of health and social care going forward.	Unify2 Data Collection - MSitDT	Number of Delayed Days during the reporting period: DTOC beds: Acute	Mar-18	22	8.0		17 (1-18)					
				Unify2 Data Collection - MSitDT	Number of Delayed Days during the reporting period: Delayed beds: Acute	Mar-18	673	256.0		355 (97 - 452)					
				NHS Outcomes Framework - Indicator 2.7	Health-related quality of life for people with three or more long-term conditions	2015/16	0.46	0.454	↑	Not available	Y	Y	Y	Y	Y
	Short waits for planned care - Continue to provide patients with choice for quick elective care, including independent sector	STPs, LTP	Around 1.5 million patients are referred for elective consultant-led treatment each month. Referrals have been rising annually by an average of 4% per year. Since 2005/6 total outpatient appointments have nearly doubled from 60.6m to 118.6m. The NHS needs to manage this demand effectively to ensure the best possible outcomes for	NHSEL	Monthly Referral to Treatment (RTT) waiting times for completed admitted	Mar-18	9.58	9.3	↓	7.9 (5.6-13.5)					

		patients and the most efficient use of resources		pathways - Average (median) waiting time (in weeks)						N	Y	N		N	N
				Monthly Referral to Treatment (RTT) waiting times for incomplete pathways.	Mar-18	87.20%	87%	↓	11.8 (82.8% - 94.6%)						
	Address social isolation ensuring no Londoner faces barriers to participation. Continue to identify and support carers , particularly those from vulnerable communities addressing social isolation.	HIS, DHSC Prevention Strategy, LTP	Londoners are more likely to experience social isolation than people in other parts of the UK. Many Londoners, young and old, regularly feel lonely or unsupported, with many reporting that they have no one they could rely on if they had a serious problem	Fingertips	2017-18	46.0%	41%	↑	17.1 (51.4-34.3)	Y	Y	Y		Y	Y
	High quality end of life care and support Londoner's to die in their place of choice	STPS, LTP	In the UK only 1% of cancer patients express a preference to die in hospital, more than a third end up there. Overall, only 20% of patients die at home, the rest dying in a hospital, hospice or residential care. Approximately 1% of the UK's population die each year, and within that population the majority of deaths can be predicted. Evidence has found that early identification of patients who are likely to die within the next 12 months often enables well-coordinated, pro-active quality care, and allows healthcare professionals to focus on better meeting patients' needs	Fingertips	2016	47%	53%	↓	15.8 (47.3 - 63.1)	N	Y	N		N	N
	Adult MH services - Renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years. Specifically in Emergency mental health support and inpatient care.	STPS, LTP	Investment in mental health services varies across London by CCG. Access to inpatient services and emergency mental health is inconsistent; often patients continue to face long waits for inpatient services.	London MH dashboard	Jul-18	Not available	127.7%	↑	126 (89.6 - 216)	Y	Y	Y		Y	Y
				London MH dashboard	Sep-18	76.8%	77.80%	↑	(62.5% - 88.9%)						
				NHSEL	Oct-18	77.01%	77.34%	→	60 (40% - 100%)						
				NHSEL	Oct-18	68.18%	71.42%	→	28.74 (61.4% - 90.14%)						
				NHSEL	Oct-18	4.43%	4.24%	→	2.32 (3.29% - 5.61%)						
	Better care for major health conditions - cancer, cardiovascular,	STPs, LTP	The latest Global Burden of Disease study shows that the top five causes of early death for the people of England are: heart disease	Fingertips	Jul-05	72.00%	65.70%	↓	21 (53.8 - 74.8)	N	Y	Y			

	stroke care and respiratory and mental health		and stroke, cancer, respiratory conditions, dementias, and self-harm.		cervical													Y	Y
				Fingertips	Females, 50-70, screened for breast cancer in last 36 months	2017/18	72.10%	65.90%	↑	23.8 (53 - 76.8)									
				Fingertips	Persons, 60-74, screened for bowel cancer in last 30 months	2017/18	59.60%	50.30%	↑	19 (40.4 - 59.4)									
	Hospital care is needed that will be consistent, high quality and safe functioning to the best clinical pathways, with a specific focus in clinical priority areas: cancer, cardiovascular, stroke care and respiratory and mental health. Prevention of heart attacks.	STPs, LTP		NHSOF	Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2015-17	45.9	44.9	↓	47.6 (22.4 - 70)									
				NHSOF	Under 75 mortality rate from respiratory disease considered preventable	2015-17	18.9	16.2	↓	24.5(7.5-32)	Y	Y	Y					Y	Y
				NHSOF	Under 75 mortality rate from cancer considered preventable (Persons)	2015-17	78.0	71.6	↓	38.5 (56.8 - 95.3)									
Enablers	Estates - reduce the amount of non-clinical space, reduce the NHS' carbon footprint, improve the management of estate and modernise and standardise the ambulance fleet	STPs, Devolution MOU, LTP	Much of the NHS estate consists of world-leading facilities that enable the NHS to deliver outstanding care for patients. But some of our estate is old, in parts significantly older than the NHS itself, and would not meet the demands of a modern health service even if upgraded. 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. The MoU offers London the opportunity to make decisions regarding the disposal of NHS assets and use of capital receipts within the London system, by delegating capital business case approvals and spending decisions to be administered within the forum of the London Estates Board. A key task of the London Estates Board is to ensure clarity on Capital availability, expectations of release and a pipeline for capital investment. This will be linked to a capital plan for London that is built up from robust local and sub-regional estates strategies. The BHfL review states that an addition of a process indicator to measure progress on primary care estates should be considered.								Y	Y	Y	Y				Y	Y

	<p>Workforce; staff retention, training, leadership, reshaping NHS roles to reflect future needs and priorities & expanding the number of nurses, midwives, AHPs, volunteers and other staff. Growing the medical workforce and driving international recruitment. Support our current NHS staff, enabling productive working and focussing on leadership and talent management</p>	STPs, LTP, Devolution MOU, DHSC Prevention Strategy	<p>The NHS is the biggest employer in Europe and the world's largest employer of highly skilled professionals. 1.3 million people across the health service in England are devoting their working lives to caring for others. That is one in every 25 working age adults, three quarters of whom are women. Working in the NHS demands the highest levels of skill and compassion, and the NHS attracts some of the very best people from home and abroad. But, over the past decade, workforce growth has not kept up with need, and the way staff have been supported to work has not kept up with the changing requirements of patients.</p> <p>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. Workforce is part of the SPB workplan and was a key part of the devolution MoU. The importance of workforce as an enabler to delivering BHfL was outlined in the review</p>							Y	Y	Y	Y	Y	Y
	<p>Regulation / payments; supporting service improvement and transformation across systems and within providers.</p>	STPs, LTP, BHfL, Devolution MOU	<p>Regulation is important to ensure that health and care services are safe, high quality and sustainable. More streamlined guidance, rules and regulations makes it much easier for organisations to work better together. Typically, if patients with chronic conditions are managed in the community rather than in hospitals, the payment for care moves from the hospital to the primary or community care provider. This means that sometimes organisations are penalised for working better together. London's Devolution MOU outlines the development of an approach to regulation and oversight that meets the needs of London. This will include the ability for joined up delivery systems to be regulated as a whole.</p>							Y	Y	Y	Y	Y	Y
	<p>Transformation Funding</p>	Devolution MOU	<p>The Devolution MoU enables London to take decisions on the application of NHS transformation funding within London. NHSE has agreed to delegate these decisions to an NHSE London Region representative to be exercised within the forum of the SPB. This was intended to ensure that decisions are taken collectively and that London is able to focus investment on its unique challenges and opportunities. Following the Autumn Statement and publication of the NHS LTP discussions with national colleagues to establish London's fair share of transformation funding for 2019/20 and beyond will continue.</p>							Y	Y	Y	Y	Y	Y
	<p>Efficiency, Productivity and Transformation to reduce variation in practice and outcomes and increase efficiencies</p>	STPs, LTP	<p>The Carter review estimates unwarranted variation is worth £5bn in terms of efficiency opportunity – a potential contribution of at least 9% on the £55.6bn spent by our acute hospitals. In a sample of 22 trusts covering approximately 16% of NHS spending it revealed that in one year the trusts used 30,000 suppliers, 20,000 different product brands, more than 400,000 manufacturer product codes with more than 7,000 people are able to place orders.</p>							N	Y	Y	Y	N	N

	Research and Innovation: Improvements in uptake and spread of innovations, increased numbers of people participating in research and expansion of genomic testing.	LTP, DHSC Prevention Strategy	'Research-active' hospitals have lower mortality rates, with benefits not limited to those patients who participate in research. London has had an increase of 8,647 jobs within the life science sector however we are not on track to meet the ambitious BHfL target of 50,000 new jobs by 2020. The King's Fund cities report (2018) stated that London currently has weak mechanisms for spreading and scaling up successful innovations across London and greater focus is needed on its unrivalled assets.								N		Y	Y	Y	N
	Digital and Technology: High quality digital, data and technology through the lenses of individuals, frontline staff, health and care systems supporting health & care professionals and empowering people. Digitally-enabled primary and outpatient care will go mainstream across the NHS	STPs, LTP, BHfL, Devolution MOU	Virtually every aspect of modern life has been, and will continue to be, radically reshaped by innovation and technology – and healthcare is no exception. Sustained advances in computing and the democratisation of information are driving choice and control throughout our daily lives, giving us heightened expectations around digital services. Technology is continually opening up new possibilities for prevention, care and treatment. Sharing information for people's individual care can be lifesaving by quickly providing staff with the details they need, from patient histories to previous test results and care plans. Sharing health and care information is widely seen as a critical enabler to support joined up health and care. The 'One London' LHRCE bid, was one of three successful bids nationally which 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 importance of digital as enabler to delivering BHfL was outlined in the review.								Y	Y	Y	Y	Y	Y
	Raising revenue		Use London's assets to secure resources and funding to support priorities to improve Londoners' health.								Y		Y	Y	Y	Y
	Procurement	LTP	The current rules lead to wasted procurement costs and fragmented provision, particularly across the GP/urgent care/community health service workforce.								N	Y	Y	Y	N	N

Appendix 4: Global cities research

To inform London priority areas research has begun to look at how London compares to other global cities across population health and condition specific measures. The table below shows initial desktop research, there are difficulties in sourcing comparable datasets from different global cities and support is being sought from PHE to progress this further. Other databases such as those from the World Council and the UN will also be used to assess more broadly how healthy London is as a city compared to others.

	Metric	London	Tokyo	Madrid	Paris	Sao Paulo	Hong Kong	Sydney	Toronto	New York	Johannesburg
Demographics	Demographics										
	City Population (millions)	8.8	13.5	3.2	2.6	11.8	7.4	5.1	2.3	8.6	4.9
	% pop >65	0.11	20.4	20.4	13.6	14.9	17	13.7	19	12.1	4.1
	% foreign born	35.8	3	21	24.9		7.4	40.1	51.2	29.7	8%
Life Course											
Start well	Children and Young People										
	Infant mortality rate (per 1000 live births)	3.3		0.81	3.3	10.74 (Sao Paulo)	1.6	1.9	6	4.1	
	% obese children (note differing methodologies)	23	13.35							13.5	
	% children overweight or obese (note differing methodologies)	38		17.4 (average M)	18		17.6-19.9	24.5		29.9	
Live well	Outdoor air pollution (PM 2.5) Annual mean, ug/m3	15	15	10	18	19	8	8	9	41.0	
	Inequalities										
	Life expectancy at birth (male)	80.5	81.07	81.77	81.5	73	81.9	83.1	80.7	78.1	61.7
	Life expectancy at birth (female)	84.3	87.26	87.08	86.4	71	87.6	87.4	85.4	83.3	64.3
	Income inequality (Gini coefficient)	0.44	0.39	0.44	0.38		0.5	0.39	0.4	0.5	0.7
	Sexual Health										
	Estimated people living with HIV (as % pop in row 3)	0.44			1	0.7				1.1	13.3
	Mental Health										
	Major depressive order (both sexes, all ages) - DALYS per 100,000	542.94	462			511.66				603.64	
	Anxiety disorder (both sexes, all ages)	409.84	323.15			604.25				618.24	
	Suicide rate per 100,000	8.6					12	7.1		6.3	
	Lifestyle factors										
	Heavy drinking (note very variably defined most commonly 4-5 drinks on 1 occasion)	16	3.1				18.7	28.8	14.1	17.3	
	5 or more fruit/veg per day	56.7					21		40.7	13.3	
Age well	City Prosperity Index										
	Overall (6 domains)	69.95	69.24	70.68	74.69	69.72	56.83	74.92	75.57	66.38	36.28
	QoL domain	92.46	95.21	91.95	91.62	71.21	87.59	94.68	92.22	84.99	52.07
	Health subdomain	88.12	96.06	92.67	92.67	65.07	79.87	90.72	87.41	82	20.73
	Screening										
	Breast cancer	69.3						44.8-50.5	55	80.3	
	Cervical screening (note different time periods)	64.7					49	54.5-69.2	57.3	84.5	
	Key risk factors CVD										
	% obese/overweight adults	62		36.4(F)-52.9 (M)			20.7	46.2	51	58	
	%obese adults (BMI>30)	23					3.7	13.9	15.6	23.7	
Age well	% population who smoke	14.6		27.5-29.2			29	12.7	15.3	13.3	
	High blood pressure	19						23.7		28	
	Diabetes prevalence	6.5		7.4			8.33	8	10	16	
	Cardiovascular disease										
	Stroke hospitalisations per 100,000	149						400-433		319	
	Ischemic heart disease, both sexes, all ages, 2017, DALYs per 100,000	1145.81	1276.43			1970.03				2556	
	Ischemic stroke, both sexes, all ages, 2017, DALYs per 100,000	281.35	743			417.8				446.39	
	Cancer										
	Breast cancer, both sexes, all ages, 2017, DALYs per 100,000	327.23	263.74			310.24				371	
	Pancreatic cancer, both sexes, all ages, 2017, DALYs per 100,000	189.12	354			163.62				282.87	
Age well	Lung cancer, both sexes, all ages, 2017, DALYs per 100,000	171.32	142.19			157.75				198	
	Respiratory disease										
Age well	Asthma, both sexes, all ages, 2017, DALYs per 100,000	390	189.32			185.52				301.01	

Appendix 5: Draft London priorities and shared commitments

Life course	Priority areas <i>(potential)</i>	London shared commitments <i>(potential)</i>	Dashboard metrics <i>(potential)</i>
Start well	Childhood obesity	Achieve a X% reduction in proportion of children who are obese and reduce the variation of obesity levels across London boroughs	Reception: Prevalence of overweight (including obesity) Year 6: Prevalence of overweight (including obesity) <i>*Metrics will look at reduction in prevalence as well as variation across London</i>
	Children's mental health	London becomes a child friendly city and achieves a X% increase in children reaching a good level of development cognitively, socially and emotionally and when needed effective children and adolescent mental health services are available 24/7	Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction % of CYP with an eating disorder waiting less than 4 weeks for a routine appointment % of children achieving a good level of development at end of reception (EYFS)
Live well	Reducing inequalities and preventing ill-health	London's public spaces are healthy environments, we lead the way nationally in reducing unhealthy habits and we reduce the gap in healthy life expectancy between the general population and London's most vulnerable population groups	Reduction in type 2 diabetes - <i>Metric will look at reduction in prevalence as well as variation across London</i> Drinking - % reduction in hospital admissions Gambling - % reduction of gambling premises in London's high streets % of adults walking for travel at least three times a week Healthy High Street indicator Reduction in air pollution Reduction in homelessness and rough sleepers Reduce the gap in life expectancy between adults with SMI and the rest of the population by 5%. TB / Hep C incidence and variation across London Children with Severe Learning Difficulties known to schools Proportion (%) of eligible adults with a learning disability having a GP health check
	Asthma	X% of Londoner's with asthma have access to an asthma management plan and all STPs take a networked, multidisciplinary approach to care	Asthma care plans in place Admissions for asthma for young people aged 10 to 18 (Persons, 10-18 yrs).

	Sexual health	Work towards London having zero new HIV infections, zero preventable deaths and zero stigma by 2023	HIV late diagnosis (%) New HIV diagnosis rate / 100,000 aged 15+
	Violence reduction	By taking a public health approach to violence reduction we reduce the impact violent crime has on our health and care system and work towards a X% reduction in homicides and serious knife-related injuries	Reduction in knife crime deaths Reduction in hospital admissions for violence
	Mental Health	London is a city that promotes positive wellbeing, achieves a X% improvement in timely access to MH services and makes progress towards zero suicides.	Suicide: age-standardised rate per 100,000 population LAS calls relating to MH MH services: IAPT and EIP access and waiting times s136 detentions under the MHA
Age Well	High quality specialist care (respiratory/ cancer / cardiovascular / stroke)	We work towards having the lowest death rates in the country for the top killers but when Londoners are at the end of their life we work together to ensure they die in their preferred place.	Increase in cancer screening rates Mortality rate from causes considered preventable <i>*Both metrics will look at variation across London</i> All Londoners at the end of their life die according to their care plan
	Personalised, seamless health and care services that promotes independence	Achieve an X% increase in Londoners that are supported to stay well and live at home for as long as possible and ensure all Londoner's benefit from health and care as a joined up system	% of people who feel supported to manage their condition Full coverage of integrated care networks across London, including multi-disciplinary health and care teams Social prescribing in all London boroughs by 20XX Increase of XX% of digital outpatient appointments by 20XX Social Isolation: Increase in the % of adult social care users who have as much social contact as they would like DTCOC

Appendix 6: Developing potential commitments and bold action

			Existing Mayoral and NHS LTP commitments are outlined. Green rows show either new, firmer or more time-bound commitments that originate from other plans	Partner with leading role (1) and partner playing a supporting role (2)											
Life course	Priority areas (potential)	London popn. health commitments (potential)	Potential actions by partners to help meet the popn. health commitment - Commitments to action	STPS	CCGS	NHSEL	Trusts	Primary Care	Boroughs	DPH network	Schools	PHE	GLA	HEE	Other
Start well	Childhood obesity	Achieve a X% reduction in proportion of children who are obese and reduce the variation of obesity levels across London boroughs	Existing Mayor Commitments - Convene London's Child Obesity Taskforce to lead on city-wide action to reduce childhood obesity and related inequalities. • Consult on restricting new fast food takeaways from being placed within 400 metres walk of an existing or proposed primary or secondary school, through proposals in the draft London Plan • Consult on a proposed ban on advertising of unhealthy food and drink, across the TfL out of home advertising estate, as outlined in the (draft) London Food Strategy • Introduce a network of water fountains, refill cafes and restaurants to improve access to water, as outlined in the London Environment Strategy • Work through TfL and with the London boroughs to use the Healthy Streets Approach to make the streets around schools safer and more appealing places to walk, cycle and scoot, building on Healthy Schools London and the proposals set out in the draft London Plan - Use the Sport Unites community sports programme, launched in 2018, to promote opportunities for young people to participate in sport and physical activity.						1				1		2
			NHS LTP - By 2022/23, treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health	1			2	2							
			X% of crèches, children's centres and nurseries in London to be signed up to the Healthy Early Year's Programme in order to maximise good child nutrition and physical activity by end of 20XX						1	2			2		2
			With support from health and care leaders in London establish a pan-London movement like thrive for childhood obesity and campaign actions such as reducing portion sizes	2		2			2	2		2	1		
			All London primary schools sign up to a 'mile a day' by 20XX and meet national nutritional guidelines						2		1		2		
			100% of primary schools in London will become water-only schools by 20XX and all primary schools to meet national nutritional guidelines by 20XX						2		1		2		
			Every young Londoner will benefit from fast food exclusion zones implemented in X% of boroughs by 20XX						1	2			2		
			All unhealthy food and drink advertising prohibited on TfL and NHS estate			2	1	1					1		1
			XX% of London boroughs pilot health 'super' zones within 400m of every primary school by 20XX						1				2		
			Ensure the London devolution commitment and all boroughs explore opportunities to use fiscal levers to address childhood obesity (e.g. business rate incentives / reliefs to rebalance high street)						1				2		
			London STPs commit to reviewing joint weight management pathways across primary/community care and local authorities to consider and address the variation of support across boroughs and across London	1				2	2						
			All of London's acute and mental health trusts conform to national food and drink guidelines by the end of 20XX. All London Trusts commit to the removal of high sugar products, including sugar sweetened drinks being sold/offered on premises.			2	1								

	Children's mental health	London becomes a child friendly city and achieves a X% increase in children reaching a good level of development cognitively, socially and emotionally and when needed effective children and adolescent mental health services are available 24/7	Existing Mayor Commitment - Undertake a staged approach to evaluation of the Thrive LDN programme <ul style="list-style-type: none">• Establish six Thrive LDN hubs with Local Authorities in 2019/2020.• Support projects and activities through the Young Londoners Fund, which address mental ill health and promote mental wellbeing among young people• Work with Team London and v.Inspired to develop Young London Inspired - a social action programme for young people at risk of developing poor mental health. Fifteen large and medium grants have already been awarded with further small projects funded through 2018/19• Fund a cohort of youth mental health first aid instructors in every London borough to deliver training in state schools, working with Healthy Schools London, to ensure that every London state school has access to a Youth Mental Health First Aid trainer by 2021• Partner with the Mental Health Foundation to deliver three 'Thriving Community' prevention pilots in 2019/20 -Embed mental health and related inequalities in all City Hall strategies and programmes						2		2		1		2	
			Existing Mayor Commitment - Make City Hall a more Baby Friendly City: <ul style="list-style-type: none">-Enabling London's Kitchen Café to be baby friendly and ensuring employees of City Hall are supported to express and store breast milk at work, by 2020-Convene partners to produce an action plan by 2020 for making London a 'Baby Friendly' city, including drawing on the UNICEF Baby-Friendly Initiative-Continue to promote flexible working and family-friendly policies to more employers through the London Healthy Workplace Charter, by including it as an 'achievement' level standard.-Support the launch of the NHS Child Health Digital Hub and the eRedbook-Support London boroughs by convening best practice learning and sharing events in 2019 to consider parenting programmes that support better integrated approaches to child health-Launch the Healthy Early Years London programme in 2018 and recruit 2150 schools (80%) to the Healthy Schools London programme by 2020 with 60% of recruited schools achieving a Healthy Schools London award-Use provisions in the draft London Plan to encourage planners and developers to design and locate London's schools and early years provision in a way that supports child health;-Work with TfL and the London boroughs to reduce children's exposure to poor air quality, including by tackling pollution from transport in local air quality hotspots and at sensitive locations-Work with London partners to explore the opportunities offered by Health and Care devolution to; a. improve the food and drink environment in schools, including use of the sugar levy money b. develop healthier environments in and around schools, including piloting the development of healthy zones around schools					2	2	2		1		2		
			NHS LTP - 70,000 more children and young people will access treatment each year by 2020/21 <ul style="list-style-type: none">-New commitment that funding for children and young people's (CYP) mental health services will grow faster than both overall NHS funding and total mental health spending-Extend current service models to create a comprehensive offer for 0-25 year olds-By 2023/24, at least an additional 345,000 CYP aged 0-25 will be able to access support-Over the coming decade ensure that 100% of CYP can access specialist care when needed-Deliver new waiting time standards for eating disorder services by 2020/21 and extra investment to maintain delivery of the standard-Expand timely, age-appropriate crisis services for CYP-Over the next five years fund new Mental Health Support Teams in schools and colleges rolled out to between one-fifth and a quarter of the country by the end of 2023.-Develop new services for children who have complex needs that are not currently being met	1		1					2				2	
			0 - 25 year services are in place across three service types by 20XX	1			2									
			London has an accelerated trajectory of schools with mental health support teams (Trailblazers) with XX% of schools having this service by 20XX			1						1		2		2
			Ofsted to include criteria for healthy food / activity / mental health and wellbeing support as part of all assessments in all London early years, pre-school and schools									2				1
			Every London MH Trust eliminates all inappropriate under-18 placements in adult beds and out of area placements by 20XX			2	1									
			Local authorities will demonstrate their progress in supporting breastfeeding by collecting validated data from their provider.							1						
			Every London child to benefit from the Smile London programme which promotes healthy eating, daily tooth brushing and access to NHS dental services. This includes supervised tooth brushing in nurseries and schools for 55,000 children across the 5 most deprived wards in each London Borough.	1					2			2	2	2		

Live well	Reducing inequalities and preventing ill-health	London's public spaces are healthy environments, we lead the way nationally in reducing unhealthy habits and we reduce the gap in healthy life expectancy between the general population and London's most vulnerable population groups	Existing Mayor Commitment -Air Quality: Help address the health inequalities relating to poor air quality, with progress fastest in the most polluted areas and in places where there are most people who are particularly vulnerable to the effects of air pollution. Actions set out in the London Environment Strategy and the Mayor's Transport Strategy, include: o Publishing air quality audits for 50 primary schools located in the most polluted areas of London in 2018, and use the recommendations to provide guidance to other schools on measures to reduce exposure o Investing £250,000 to pilot air quality audits in nurseries in London's most polluted areas o Introducing the world's first Ultra-Low Emissions Zone (ULEZ) -Strengthen provisions to mitigate potential negative impacts and maximise positive impacts of the planning process on health and health inequalities o Encourage London boroughs to include priorities and actions relating to health inequalities and the built environment in their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies o Support London boroughs to manage clusters of retail and associated uses having regard to their positive and negative impacts on mental and physical health and wellbeing - London to be the world's first National Park City, where more than half of its area is green, where the natural environment is protected, and where the network of green infrastructure is managed to benefit all Londoners - The Mayor, through TfL and the boroughs, and working with stakeholders, will seek to make London's transport network zero emission by 2050, contributing towards the creation of a zero carbon city, and also to deliver further improvements in air quality						2	2	2		1		2
			Existing Mayor Commitment - All Londoners achieve at least the minimum level of daily activity needed to maintain good health -Work through TfL and support London boroughs to increase street greening as part of the Healthy Streets Approach to improving health • Work towards the aim, set out in the London Environment Strategy, for more than half of London's area to be green and London's tree canopy cover to increase by 10 per cent by 2050, helping to reduce the exposure of Londoners to climate change impacts such as flooding and overheating. • Use proposals in the draft London Plan to protect London's network of green and open spaces, and support the creation of new public spaces, especially in areas where there is a shortage -Target the Sport Unites programme on inactive and vulnerable Londoners participation in physical activity and sport, including commitments in the draft Sports Strategy to: Invest in ground-breaking pilots that test innovative methods of engaging inactive people, provide affordable opportunities to participate in sports and exercise programmes & invest in organisations that bring different people together and help those with mental health difficulties						1	2	2		1		2
			Existing Mayor Commitment - Steps are taken to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling Use existing programmes such as the London Healthy Workforce Charter to support and encourage working Londoners to live healthier lives • Work with London partners to deliver the London Health and Care Devolution commitments to establish a pan London illegal tobacco and counterfeit alcohol team in 2018/19 in close partnership with boroughs, the Metropolitan Police, and HM Revenue and Customs (HMRC). London will also explore opportunities for long term sustainability funding through social finance funding opportunities • Work with London boroughs on the sector led improvement review of alcohol harm and support the development of programmes to address the areas of improvement identified through the process• Convene an event to showcase best practice approaches to reducing alcohol related harms especially amongst the most vulnerable Londoners • Support work on addressing drug use and problem drinking in London, including through working with MOPAC to:o Integrate action to address health inequalities associated with drug and alcohol use into the work focused on reducing crime associated with these issueso Review how drug services in the criminal justice system work, how they deliver better outcomes for individuals and communities, and how they could work better with health agencies • Explore opportunities for including substance abuse in the new PSHE curriculum • Work with local authorities, treatment providers and the homeless sector to address the problem of drug-related deaths. This would include increased dissemination of naloxone and better pathways to physical healthcare, such as for the treatment of blood borne viruses. Consider a campaign/messages to support increased numbers of individuals getting into drug treatment to reduce their risk of drug related death • Develop briefings with partners to support services such as housing, social care and NHS to use the pathways that support individuals into drug and alcohol treatment -Work with PHE, NHSE and the London boroughs to ensure that, in cases where acute drug harms are increased, key messages are delivered widely to the full range of appropriate stakeholders, to reduce the risk to individuals in London • Work with London partners to explore the opportunities offered by London Health and Care Devolution MoU to tackle the problem of Fixed Odds Betting Terminals which risk leading to unhealthy behaviour for vulnerable people and reduce the harm caused by gambling by supporting local boroughs in their review of their licencing statements in Jan 2019						1	2		2	1		2

		<p>Existing Mayor Commitment - All Londoners have access to healthy food</p> <p>-Help to make it easier for the all Londoners, particularly the poorest to eat better. As outlined in the draft London Food Strategy the Mayor and the London Food Board will encourage partners to act, including through:</p> <ul style="list-style-type: none"> o Joining the Sustainable Food Cities network o Following Public Health England guidance on catering standards o Signing Sustain's Local Government Declaration on Sugar Reduction and Healthier Food o Encouraging London boroughs to develop Good Food Retail Plans, sign up to the Local Government Declaration on Sugar Reduction and Healthier Food and lead a Sugar Smart campaign to help people eat more healthily and make food in their area better for businesses and residents. o Gaining accreditation under the London Healthy Workplace Charter or the Soil Association's Food for Life programme • Work with London partners to explore the opportunities offered by London Health and Care Devolution MoU to reduce the impact of unhealthy food and drink adverts across London, including consulting on a proposed ban on unhealthy food and drink advertising across the TfL estate, as per the draft Food Strategy, and work with London boroughs and the Association of Directors of Public Heath to reduce the volume of adverts through the Local Government Declaration on Sugar Reduction and Healthier Food • Promote the Healthier Catering Commitment to existing hot food takeaways, to support them to improve the healthiness of their food, building on the 700-plus businesses already signed up to the scheme in London 						1	2		2	1		2
		<p>Existing Mayor Commitments - Develop a work programme on Economic Fairness (and a set of indicators). Actions set out in the draft Economic Development and Equality, Diversity and Inclusion strategies, include work to:</p> <ul style="list-style-type: none"> o Explore the impact of Universal Credit on families o Improve access to affordable quality early years care and childcare • Develop a work programme on food with a focus on food poverty and food insecurity. Actions set out in the draft Food Strategy, include: o Fund the development of food poverty action plans by London boroughs o Improve provision of holiday food for children from low-income families, through the Mayor's Fund for London scheme Kitchen Social, which will engage 50,000 children and young people in London by 2020 o Undertake research to support the development of long-term solutions to the causes and impacts of food insecurity • Take action on fuel poverty and its impact on vulnerable Londoners. Actions set out in the Fuel Poverty Action Plan, include: o Increasing the energy efficiency of London's homes so they are better insulated and use less energy. Ensuring Londoners in fuel poverty are able to access fairer energy tariffs o Urging and working with clinical commissioners and Health and Wellbeing Boards to implement national public health guidelines on excess winter deaths and cold homes and in improving discharge procedures to address housing conditions 						2				1		2
		<p>Existing Mayor Commitments - Act to address homelessness and rough sleeping as a cause of health inequality</p> <p>Through actions outlined in the London Housing Strategy and the Rough Sleeping Plan of Action including:</p> <ul style="list-style-type: none"> o Investing in accommodation for those facing or experiencing homelessness and working with London boroughs to support their efforts to secure private rented sector accommodation for homeless households o Providing pan-London leadership for, and coordinate efforts of those involved in tackling rough sleeping, including the 'No Nights Sleeping Rough' taskforce, the work with London boroughs to ensure cold weather shelters are open whenever night-time temperatures fall below zero, and the investment of up to £1 million to stimulate new and innovative approaches to tackling rough sleeping through a Rough Sleeping Innovation Fund o Investing in a new two-year pilot service to help rough sleepers with mental health support needs o Trialling a small-scale hospital homelessness and immigration support service, to provide immigration advise homeless people who are non- EEA nationals <p>Work with the TB Control Board and implement wider policies to improve housing, reduce rough sleeping and empower Londoners to stop the disease spreading.</p>										1		2
		<p>Existing Mayor Commitments - Continue to promote and deliver the London Healthy Workplace Charter (LHWC)</p> <p>LWC- aiming to achieve 1000 employer signs up and 750,000 employees benefiting by 2020</p> <ul style="list-style-type: none"> • Informed by work commissioned on the low paid sector and SMEs in 2018, develop approaches to improve engagement with these sectors. Commission work in 2018/19 to review and refresh the LHWC standards and operating model to incorporate new evidence and align with the Mayor's forthcoming Good Work Standard • Work to improve the quality of London jobs, including wide adoption of the London Living Wage (LLW), actions include: o Launch and encourage employers to sign up to the Mayor's Good Work Standard (GWS) o Promote the LLW, including through the GWS o Ensure GLA group employees are paid the LLW, and continue to ensure LLW contract terms are included across all appropriate GLA Group contracts o Continue to work with the LLW commission to ensure the LLW rate reflects the real costs of living in London o Use procurement through the GLA Group's responsible procurement policy to encourage employers in our supply chain to sign up to initiatives such as the GWS and LLW • Support local activity by London boroughs and the NHS through the devolved work and health programme, to develop and implement evidence-based programmes to support people into apprenticeships and work 						2				1		2

		<p>NHS LTP - By 2023/24, all smokers admitted to hospital will be offered NHS-funded smoking cessation</p> <ul style="list-style-type: none">- All expectant mothers and partners who smoke to be offered smoking cessation-Commitment to fund a doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option to widen patient choice and target inequality- Test an NHS programme supporting very low calorie diets for obese people with type 2 diabetes <p>Access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+</p> <ul style="list-style-type: none">-Next version of hospital food standards will be published in 2019, strengthening requirements-Together with the professional bodies and universities ensure nutrition has a greater place in professional education training-Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish specialist Alcohol Care Teams-The NHS will cut business mileages and fleet air pollutant emissions by 20% by 2023/24 <p>STPs have an agreed approach to smoking cessation across primary and secondary care for those with SMI</p>	1		1	2							
		<p>NHS LTP - From April 2019, more accurate assessment of need for community health and mental health services, as well as ensuring the allocations formulae are more responsive to the greatest health inequalities and unmet need; no area will be more than 5% below its new target funding share effective from April 2019, with additional funding growth going to areas between 5% and 2.5%below their target share.</p> <ul style="list-style-type: none">-The NHS will set out specific, measurable goals for narrowing inequalities, through the service improvements set out in the LTP-All local health systems to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29-By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife-By 2023/24, an additional 110,000 people per year with a severe mental health problem to receive a physical health check- Over the next five years, investment to ensure that children with learning disabilities have their needs met, general screening services and supported by easily accessible, on-going care -Investment of up to £30 million extra on meeting the specialist mental health needs of rough sleepers-Encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient's care, and set out guidelines for their use- Up to 100,000 carers will benefit from 'contingency planning' conversations and have their plans included in Summary Care Records-Investment in expanding NHS specialist clinics to help more people with serious gambling problems	1		1								
		London commits to X% of transformation funding being directed to prevention / public health			1								
		London boroughs to penalise businesses that break tobacco laws and introduce a tobacco licensing scheme for retailers					1	2					
		All London STPs commit to taking an asset based approach to population health, involving not only local authorities and health but also the police, fire and rescue services, housing agencies, the Department for Work and Pensions and the voluntary sector	1				2	2	2	2	2		2
		Local authorities to support 'meanwhile use' of shops by making records on vacant commercial properties publically accessible					1	2					
		All London boroughs pursue subsidised rates for environmentally friendly businesses by 20XX.					1						
		All London boroughs commit to ensuring health impacts are considered in all licensing decisions and ensure health-related objectives are included in all applications					1	2					
		All London boroughs pursue the licensing the sale of food, enabling local authorities to impose conditions on fast food sellers					1						
		Further implement the ultra-low emissions 'electric streets' scheme, increasing the number of electric streets by XX% with a focus on areas around London schools. Commit to a % of pollution tax to be invested in child health					2				1		
		London boroughs commit to 'positive licensing schemes' to build more proactive relationships with retailers, promoting good practice and making it easier for local authorities to stop retailers from selling tobacco if they find evidence of underage or illicit tobacco sales on the premises					1						
		Public campaign supported by Mayor of London / health and care leaders to pursue a minimum unit pricing for alcohol (e.g. Scotland approach)			2		2	2		2	1		
		Boroughs commit to Hep. C peer programmes that are commissioned as an integral part of contracts for substance misuse services					1						
		Each STP commits to X number of pilots in community pharmacy settings, prisons and sexual health clinics that offer Hep. C testing in order to reach hard to access groups.	1			2							

			An annual universal London testing week to be introduced in all London GP practices	1		1		1							
			Classify TB as a specialist commissioning area and explore London taking a city-wide view and commissioning TB services at a London level to improve services			1				2					
	Asthma	X% of Londoner's with asthma have access to an asthma management plan and all STPs take a networked, multidisciplinary approach to care	NHS LTP - Over next five years the NHS will ramp up support for people to manage their own health starting with asthma	1		2									
			Establishment of asthma networks in each STP to support implementation of pan-London CYP asthma standards	1	2										
			The three elements of basic asthma care are implemented and XX% of the population has them in place.	1											
			Digital health passport is rolled out and XX% of people with asthma are using it	1	2										
	Sexual health	Work towards London having zero new HIV infections, zero preventable deaths and zero stigma by 2023	Existing Mayor Commitment - Work with the other signatories to London Fast Track Cities to develop and deliver an effective approach to challenge the stigma associated with HIV and support collaborative work on HIV prevention and treatment in London. <ul style="list-style-type: none"> Continue to promote the Do It London programme and campaign Continue to support the work of the London TB Control Board to address the increasingly complex issues associated with TB in London, including using the -London Housing Strategy to provide a range of services to help rough sleepers come off the streets, and showing support for World TB Day and other initiatives. -London to host first Fast-Track Cities international conference in 2019 to share learnings and lead the way globally to achieve UN commitments									2	1		2
			All London acute trusts ensure routine opt-out HIV testing is introduced for all patients				1								
			Mayor and health and care leaders to call on the government to roll out drugs for pre-exposure prophylaxis (PrEP) on the NHS (like NHS Scotland)			2		2				2	1		
	Violence reduction	By taking a public health approach to violence reduction we reduce the impact violent crime has on our health and care system and work towards a X% reduction in homicides and serious knife-related injuries	Existing Mayor Commitment - Deliver the new £45 million Young Londoners Fund to support projects aimed at supporting children and young people (aged 10-21) who are either at risk of exclusion or involvement in criminal activity or have been involved in criminal activity to reach their potential. The first awards will be from September 2018 for two years and a second round for applications will open in 2019 <ul style="list-style-type: none"> Through the Young Londoners Fund, the Stepping Stones programme will be scaled-up to support 15 new London schools to improve the transition from primary to secondary school Co-fund (with the European Social Fund) the Care Leavers into Work programme to support 16-24-year-old care leavers into sustained employment (as part of the Youth Innovation Fund) Work with the Association of London Directors of Children's Services and London Councils to help improve outcomes of children in care and care leavers by helping to support the Department for Education Care Leavers Covenant Work with health services both in police custody and in the community to improve the integration of public health and policing <ul style="list-style-type: none"> Implement the Stepping Stones programme – a school-led programme for pupils from deprived and disadvantaged backgrounds who are most at risk of disengaging with the education system and therefore susceptible to being drawn into criminal activity Review how drug services in the criminal justice system can work better with health agencies Explore how information sharing to tackle violence can support local licensing frameworks and pathways to treatment for the most vulnerable -Implementing the Mayor's Knife Crime Strategy, specific health & care related actions include youth support to victims of knife and gang crime in London Major Trauma Centres, toolkit with information and advice on what to do in the aftermath of a knife crime, aimed to help front line workers such as teachers and doctors, continuing to fund local services in London Boroughs through the LCPF to support interventions to reduce serious youth offending and knife crime, work in partnership with the NHS and Local Authorities to continue with the Information Sharing to Tackle Violence (ISTV) programme, Providing seed funding to community groups and anti-knife crime initiatives in priority areas in London; developing a media campaign targeted towards young people and their parents.						2	2			1		2
			Through devolution Mayor and health and care leaders push for greater regulatory powers to further regulate the sale of knives and campaign for tougher action on high street shops that are breaking the law by selling knives to young people			2			2	2			1		
			NHS Trusts and Police to work together to improve information sharing, highlighting where high-profile policing can be most effective in preventing injuries through sharing data on location, time, patient demographic etc.			2	1								1

			Health and care leaders in partnership with the Mayor to launch campaign to get the legislation around knife crime changed so people would be more likely to get a mandatory sentence (similar to Scotland).			2			2	2			1		
Mental Health	London is a city that promotes positive wellbeing, achieves a X% improvement in timely access to MH services and makes progress towards zero suicides.	Existing Mayor Commitments - -Policing programmes, such as investment in embedding mental health support into policing across London, and support statutory services to implement and evaluate a new Pan-London model of care for people subject to Section 136 of the Mental Health Act -Fund phase two of the Time to Thrive project in 2019/20 to improve understanding of the impact of discrimination on a person's mental health, building on the 2017/18 phase one report • Sign the Time to Change employer pledge for City Hall in 2018/19, and encourage employers and partner organisations to do likewise • Promote the 'This is Me' campaign with the Lord Mayor's Appeal to address mental health stigma and discrimination at work -Help businesses promote good mental health in the workplace, through the London Healthy Workplace Charter, which includes a mental health standard, and through encouraging the development of good quality jobs through the Good Work Standard. • Roll out training in mental health first aid informed approaches to GLA staff during 2018/19 and support other parts of the GLA group to build on mental health training and awareness work they have already done • Champion effective schemes to recruit and retain people with mental ill-health, through the London Work and Health programme, devolved in 2017. This will include work with London partners to deliver the London health and care devolution commitment to develop an enhanced model of support for people who are affected by mental health who need extra support to get into and to stay in employment -Support suicide prevention work, in particular through his roles in TfL, the Metropolitan Police and London Fire Brigade, and in partnership with Network Rail and the British Transport Police • Support, through Thrive LDN, a number of pan-London projects funded by NHS England and developed by Thrive LDN's Suicide Prevention Group, which aim to help reduce suicides across the capital: o Development of a pan-London, multi-agency data collection hub that shares timely information about suspected suicides, to support local suicide prevention planning, prevention and support for the bereaved o Development of suicide prevention training and promotion of resources within the education sector o Development of information to disseminate to front line professionals, assisting in the reduction of medication as a means of suicide • Support partnership work to develop a pan-London suicide prevention plan, reflecting the wide range of activities partners are leading on in London	1					2	2			1		2	
		NHS LTP - At least 1.5 million people to access care each year by 2020/21 - Further expansion by 2023/24 so an additional 380,000 adults and older adults access - Set clear standards for patients requiring access to community mental health treatment and roll them out across the NHS over the next decade - New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses - By 2023/24, new models of care will give 370,000 adults and older adults greater choice and control over their care, and support them to live well in their communities. - 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21 - All hospitals will have an all-age mental health liaison service in A&E and inpatient wards by 2020/21, 50% meeting the Core 24 standard, increasing to 70% by 2023/24, and 100% thereafter -Single point of access for those in crisis through NHS 111 and timely, universal mental health crisis care for everyone – specialist and community – including post-crisis support. - Increase alternative forms of provision for those in crisis including sanctuaries, safe havens, crisis cafes, crisis houses and acute day care services. -Specific waiting time targets for emergency mental health services will take effect from 2020. - Ambulance staff will be trained and equipped to respond effectively to people in a crisis -Eliminate inappropriate out of area placements for non-specialist acute care by 2021 and reduce length of stay -Capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care - New Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients - Suicide bereavement support for families and staff across the country -A new universal smoking cessation offer will also be available for long-term users of specialist mental health, and in learning disability services -2023/24, an additional 110,000 people per year with a severe mental health problem to receive a physical health check	1		1										
		All Londoner's living with SMI who smoke get access to specialist smoking cessation services	1												
		Londoners have a single point of access to IAPT services wherever they live and provides digital IAPT access offer	1												
		Mayor and London's health and care leaders publically back the parliamentary debate on mandatory MHFA in workplaces. London leads the way nationally by committing to a XX% increase in London businesses/organisations offering mental health first aid by 20XX.			2			2					1		2

			Expand Good Thinking digital mental health service so it is in use by XX% of the population with common mental health conditions, adopted in all NHS and local authority organisations and has common brand identification			1			1	2		2	1			
			London's NHS (inc. CCGs and Trusts) as well as local authorities and partner organisations sign up to the Time to Change pledge and Healthy Workplace Charter by March 20XX		1	1	1		1	1		1	1	1		
			STPs to implement and evaluate the all-age pan-London model of care for people subject to Section 136 of the Mental Health Act	1					2				2			
			ThriveLDN to hold citywide mental health arts and culture festival in 20XX, enabling greater sign up of Thrive champions and local thrive networks						2	2			1			
			All London CCGs meet the MH Investment Standard in 20XX		1											
Age Well	High quality specialist care (respiratory/ cancer / cardiovascular / stroke)	We work towards having the lowest death rates in the country for the top killers but when Londoners are at the end of their life we work together to ensure they die in their preferred place.	Existing Mayor Commitments -Launch the Dementia Friendly London initiative, working with Alzheimer's UK and other partners, helping all those living with dementia in London to be empowered and supported to live well. The aim is for London to be a dementia friendly city by 2022										1		2	
			NHS LTP: Cancer -By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75% -Bowel screening – lower starting age from 60 to 50 and make easier for patients to use -Implement HPV primary screening for cervical cancer across England by 2020 -Review of the current cancer screening programmes and diagnostic capacity -By 2022 extend lung health checks - Primary care networks required to improve early diagnosis in neighbourhoods by 2023/24 - In 2020, a new faster diagnosis standard for cancer will begin so that patients receive a definitive diagnosis or ruling out of cancer within 28 days - From 2019, start the roll-out of new Rapid Diagnostic Centres -Capital settlement to be negotiated to invest in new equipment, including CT and MRI scanners, which can deliver faster and safer tests -Speed up the path from innovation to business-as-usual and invest in safer and more precise treatments such as advanced radiotherapy techniques -From 2020/21, to offer more extensive genomic testing to patients who are newly diagnosed with cancers so that by 2023 over 100,000 people a year can access these tests. -By 2021, where appropriate every person diagnosed will have access to personalised care -Introduce stratified follow-up in all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023. - From 2019, innovative quality of life metric to track and respond to the long-term impact of cancer NHS LTP: Cardiovascular -Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years. -Work with partners to improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest. -By 2028, up to 85% of those eligible accessing cardiac rehabilitation NHS LTP: Stroke care -In 2019, pilot a new credentialing programme for mechanical thrombectomy. -By 2020, begin improved post-hospital stroke rehabilitation models, with full roll-out by 2023/24 -By 2022, deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke. - By 2025, have amongst the best performance in Europe for delivering thrombolysis. NHS LTP: Respiratory -From 2019, we will build on the existing NHS RightCare programme to reduce variation in the quality of spirometry testing across the country -More staff in primary care will be trained and accredited to interpret results -Increase the number of patients with COPD who are referred to pulmonary rehabilitation -Do more to support those with respiratory disease to receive and use the right medication -Improve response to pneumonia to relieve the pressure, particularly during winter -Enable more people with heart and lung disease to complete a programme of education and exercise based rehabilitation NHS LTP - With patients, families, local authorities and voluntary sector, the NHS will personalise care to improve end of life care through roll out of training to help staff identify and support relevant patients	1		1										
			Commitment from London STPs to ensure regular training on working with people at the end of life for gatekeepers such as GPs, and primary care staff. Also explore options of using informal carers in pathways rather than only medical professionals	1												
			Pan-London public campaign led by NHS and PHE to improve cancer screening across London harnessed by utilising some of London's assets to spread the message widely (e.g. football clubs and 'be clear on cancer' campaign)			1							1			1
			Commitment from London STPs to increase funding in long-term conditions (e.g. symptom management) to reduce hospital admissions	1												

	Personalised, seamless health and care services that promotes independence	Achieve an X% increase in Londoners that are supported to stay well and live at home for as long as possible and ensure all Londoner's benefit from health and care as a joined up system	<p>Existing Mayor Commitments - Strengthen Londoners' ability to build strong relationships and become active citizens. Actions outlined in the Social Integration Strategy include:</p> <ul style="list-style-type: none"> o Funding and launching a two-year Social Integration Design Lab, a resource co-designed with London boroughs, to support them with plans to embed social integration into the design of local public services, including those related to health o Working with volunteer centres, community and cultural organisations and others to promote employer-supported volunteering, removing the barriers to volunteering for disadvantaged groups, and helping ensure there are a wide range of opportunities for everyone who wants them • Invest in sports projects which target groups at risk of loneliness, isolation and marginalisation, as outlined in the draft Sports Strategy -Work with health and social care services to develop new approaches to digital inclusion that support Londoners' access to care and information, and, through the new London Digital Partnership Board for health and social care, work on improving integration of records across health and social care -Fund a series of 'Learning Labs' in 2018/19 for partners, including the VCS, on what works in developing healthy resilient communities, to promote effective community-led approaches to tackle health inequalities in London • Strengthen the approach to community engagement in City Hall, through the work of his Community Engagement team. He will engage some of London's most vulnerable and excluded populations in the London Health Inequalities Strategy, through the Equality, Diversity and Inclusion Advisory Group and its stakeholder networks <p>The London Family Fund, investing £600,000 over three years in bringing together children and families from different backgrounds. The London Family Fund will support innovative projects that help diverse families build relationships, extend their social networks and act together. It will promote shared experiences for families and prevent lonely experiences of parenthood. The fund will:</p> <ul style="list-style-type: none"> • support projects working with hundreds of London's families to increase social integration • generate major changes for these families including: more diverse social networks, less parental isolation, reduced loneliness and improved child wellbeing outcomes • share and promote best practice in the family services and early years sectors. 	1									1		1
			<p>Existing Mayor Commitments - Social prescribing - Co-produce with partners – including the VCS, the NHS and local authorities - a social prescribing vision for London to be published in 2018/19, outlining the approach to accelerating the adoption of social prescribing across London, and particularly within the most deprived communities by 2028</p> <ul style="list-style-type: none"> • Fund work in 2018/19 to support the development of effective evaluation and outcomes measurement and the further development of sustainable social prescribing models • Fund work in 2018/19 to explore how digital solutions might support the effective roll-out of social prescribing, and how to obtain the more specialist social welfare advice people need but is increasingly difficult to access • Work with key partners to explore how we ensure that more Londoners can access more specialist social welfare advice such as legal or housing that people need but is increasingly difficult to access 			1		2	2				1		1
			<p>NHS LTP - Integrated care</p> <p>By April 2021, ICSs will cover the whole country, growing out of the current network of STPs, ICSs will have a key role in working with Local Authorities at 'place' level</p> <ul style="list-style-type: none"> -Every ICS will need streamlined commissioning arrangements; this will typically involve a single CCG for each ICS area. -Local approaches to blending health and social care budgets where councils and CCGs agree this makes sense will be supported. - CCGs will become leaner, more strategic organisations that support providers to partner with local government and community organisations on population health, service redesign and LTP implementation. - A greater emphasis by the CQC on partnership working and system-wide quality regulation - A new fast-track approach to assessing proposed transactions involving trusts that have been accredited as 'group' leaders. - Funding flows and contract reform will support the move to ICSs – a new Integrated Care Provider (ICP) contract will be made available for use from 2019 - A new ICS accountability and performance framework will consolidate the current amalgam of local accountability arrangements and provide a consistent and comparable set of performance measures - ICSs will agree system-wide objectives with NHS England/NHS Imp 	1		1			1						
			<p>NHS LTP - Personalised Care</p> <ul style="list-style-type: none"> -A systematic approach to engaging patients in decisions about their health and wellbeing will be adopted and support and help will be provided to train staff to have the conversations which help patients make the decisions that are right for them. -Roll out of the NHS Personalised Care model across the country by 2023/24 -Increase range and diversity of support through social prescribing supported by link workers in primary care networks – 1000 link workers in place by 2020/21 and 900,000 people referred to social prescribing schemes -Accelerated roll out of Personal Health Budgets with up to 200,000 people benefitting by 2023/24. -With patients, families, local authorities and voluntary sector, the NHS will personalise care to improve end of life care through roll out of training to help staff identify and support relevant patients 	1		2									2
			All local areas to develop social prescribing pathways, ensuring each locality has a dedicated link worker (or 'community connector') employed by 20XX and GPs/AHP are trained to understand local initiatives	1				2	2						2

			Pan-London implementation of Fire, Safe and Well enhanced models following evaluation of pilot boroughs	1					2					2
			Establish support networks in each CCG aimed to increase and up skill the local voluntary sector to support social prescribing pathways and establish effective long-term partnerships to sustainably support social prescribing		1									1
			Integrated primary care networks are established in all localities by 20XX	2	1			1	1					
			Health and care leaders make the case to fill the social care gap in London			1			1			1		
			Local Authorities share the DTOC risk and benefit						1					
			All of London's larger-scale general practice models adopt new clinical and non-clinical roles that best reflect the needs of their population, making best use of the wider workforce		1			1						
			Parity of pay and T&Cs across health and care organisations			1			1				1	
			Devolved multi-year single health and care budget for London (including transformation funding) and all funding allocated by the region, rather than by national processes.			1			1					
			Councils pool and merge all multi-borough funding on a STP footprint and in exchange they take the local borough health commissioning.						1					

Appendix 7: The London Vision: Communications and engagement proposal

1. Aims

The process of communications engagement should aim to:

- ensure people living and working in London are able to influence the design of the London vision and the approach to public engagement
- support the co-production of a shared vision for London
- feed into the priorities for the Strategic Partnership Board to take forward

2. Proposed approach

London's people are its best assets. It is an innovative, thriving and dynamic place to live and work. We should involve and invite Londoners to help shape our priorities and explore solutions to the challenges ahead.

- We should develop and test with the public:
 - Areas they would wish to see prioritised in London and provide feedback on the areas we have agreed to focus
 - Case studies showing what 'good looks like'
 - What is important to Londoners to inform the appropriate indicators to measure progress could look like for each priority area
- We should build on the engagement work which has already been done in previous programmes: the London STPs, Mayor's HIS, Devolution MoU and Better Health for London (BHfL), the Great Weight Debate, BHfL review, Thrive LDN *Londoners said* Report.
- We should strive to reflect and engage with a representative group of Londoners. As public bodies, we are required by the Equality Act 2010 to take account of the voice and views of groups listed under the act as having 'protected characteristics'.
- We should target and engage the health and care workforce at all levels.
- We should also take account of two additional characteristics that are particularly predominant in London: carers and people experiencing social deprivation.
- We should work closely with London Healthwatch organisations and other networks to gather views and input from the public and ensure that all feedback is recorded and responded to.
- We should engage positively and proactively with local and regional media.

3. Methods

- We should be creative and bold in our approach to Communications and Engagement. We should capitalise on successful methods already underway such as Thrive LDN's *Are we OK London?* Campaign (generating over 400,000 interactions over a three month period), local and national engagement approaches such as for the Long Term Plan, STP/ ICS planning, Public Health England-led campaigns and hyper-local activities. To truly involve Londoners we should, as a minimum, aim to try a multi-faceted approach:
- A cost-efficient way of ensuring mass-engagement is through using Social Media, particularly Twitter and Facebook, considering activities such as 'tweet chats and polls' to enable full public debate on the issues. We will use Platforms such as Instagram to engage with young Londoners.
- Use comms channels and mechanisms of all partner organisations involved with the vision – through re-establishing the Partner Communications Working Group.
- Utilise existing opportunities, schemes and foras to widen engagement e.g. Mental Health First Aid in Schools, Fire safe and well, trailblazers etc.
- Adopt a multi-channel approach to communications and engagement, using different approaches to reach different groups.
- Develop a dedicated section on the Healthy London Partnership website. It should be easy for stakeholders and the public to find all the information about the London vision in one place.
- Develop an online questionnaire that people can engage with through the various channels.
- Use films, animations, memes, infographics to tell our story and to bring our work to life.
- Produce some simple case studies that bring the priorities to life.
- Hold public events, hearing sessions and workshops during the engagement phase.

4. Next steps

1. Discuss and agree the scale and approach to Communications.
2. Once the vision is agreed and finalised, agree a communications strategy to underpin further development and next steps.
3. Discuss level of resourcing. There will be cost implications attached to the engagement activities and collateral, and to ensure that the programme is adequately staffed to carry out appropriate communications and engagement activity. Engagement activity of this scale across the whole of London is likely to cost in the region of £150,000.

4. Discuss and agree timescales. It is recommended that engagement is undertaken for a period of six months as this would allow for genuine and deep engagement with a diverse audience.
5. Further options detailing the type of resourcing required to support a pan-London communications and engagement exercise could be developed for consideration once the scale and timescales are agreed.

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