

Our Vision for London



The next steps on our journey to becoming the healthiest global city

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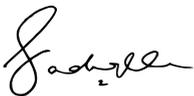
Foreword: Our Shared Vision

London is a major global city that is dynamic and diverse. Like many big cities, London offers a wealth of opportunities for people to lead healthy and happy lives, but it also presents issues and challenges to health. In London, where there are significant and persistent inequalities, these issues and challenges are experienced most by those in our most deprived neighbourhoods and communities. That is why concerted and coordinated efforts are needed across public services and wider society to make the most of opportunities for good health, and to tackle the issues that cause poor health.

Our partnership is made up of the Greater London Authority, Public Health England, London Councils and the National Health Service (NHS) in London. It exists to provide coordinated leadership, a shared ambition to make our capital city the world's healthiest global city and the best global city in which to receive health and care services. We recognise that no single organisation can achieve this alone, and that shared action makes us greater than the sum of our parts. We have formed our partnership in order to address priority issues that require pan London solutions, to support pan London actions that enable more effective and joined up working at the level of the neighbourhood, the borough and the sub-regional system, and to make the most of the very direct social, economic and environmental roles we each play as major anchor organisations in London. Initiatives such as the Thrive LDN mental health movement, child mental health trailblazers, School Superzones, and the London Estates Strategy show just what can be achieved when we work together.

Building on significant work between our organisations over several years, this document sets out our vision for the next phase of our joint working. It reflects the Mayor's Health Inequalities Strategy, London Councils' Pledges to Londoners, the Prevention Green Paper and the NHS Long Term Plan. We share our thinking on ten key areas of focus where we believe partnership action is needed at a pan London level. This includes issues such as air quality, mental health and child obesity, and we set out our ambition for deeper and stronger local collaboration in neighbourhoods, boroughs and sub-regional systems so that services are genuinely integrated, and Londoners can start well, live well and age well. This Vision is not a description of the multitude of actions that are taking place locally, nor a population health plan, rather it sets out the areas where our shared endeavours seek to complement and add value to local action.

We see this as a milestone, a point in our partnership's ongoing journey to improve health and care outcomes for Londoners. We are publishing it now as an important invitation to you – professionals, partner organisations, the community and voluntary sector and members of the public – to discuss and debate it with us. We not only want you to tell us how we can refine, develop and strengthen our proposals, but to help us deliver this vision so that we can work towards ensuring a healthy future for all Londoners.



Sadiq Khan
Mayor of London



Cllr Raymond Puddifoot MBE
London Councils Executive
Member for Health and Care



Sir David Sloman
Regional Director,
NHS London



Prof. Paul Plant
Interim Regional Director,
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1 Our shared ambition is to make London the healthiest global city

This section outlines the unique opportunities and challenges for the health of Londoners that arise in a global city. We state our ambition for London to be the healthiest global city, and the best global city in which to receive health and care services. We reflect on features of a city that contribute to health and wellbeing, our progress to date and the persistent health challenges London continues to face; and the ongoing need for strong partnership to make a real difference for all Londoners.

1.1 London has a unique combination of assets which give our city the potential to be the healthiest global city

Cities play an increasingly important role in the world and in our individual lives. They are already where most people live, and by 2050 almost 70% of the world's population is expected to live in a city¹.

For the 8.9 million people living in London, which is 16% of England's population, the benefits and challenges of an urban environment can interact in complex ways. For residents – and for the additional 2 million commuters, students and visitors who travel into London on an average day² – the urban environment can provide many things that keep people healthy and well. This includes diverse neighbourhoods and communities and opportunities for learning, jobs and income. Unsurpassed in its educational and cultural offer, London is home to excellent universities, four of which rank in the top 50 in the world³; it is recognised as a global capital for arts and culture⁴; and it is the first National Park City with green spaces covering over 47% of the capital⁵ with an ambition to make more than half of the capital green by 2050. However, cities can also be an unhealthy environment. Noise and air pollution make some people feel unsafe; and a busy and sometimes transient place can be stressful and isolating⁶.

London, like all cities, is dynamic and diverse. One in four Londoners is aged under 20, and the working age adult population has grown by 10% over the last decade, which is five times the rate across the rest of England (2%)⁷. We have a growing number of people over 65, forecast to grow by more than 60% by 2040 compared to 41% in the rest of England⁸,

bringing both new opportunities and challenges for our communities and services. Our diversity is our greatest strength. Londoners take pride in being the most multi-lingual city in the world. Londoners are proud of London – 81% of Londoners say they belong to the city, with black, Asian and minority ethnic Londoners reporting the strongest sense of connection, and 75% of people say they belong to their local area.

The economic power of London influences other economies across the globe. However, the story of London is also one of stark inequalities. On average, the poorest 10% of households in London have a weekly income that is almost ten times lower than the richest 10% of households, and households in London's bottom decile are comparably poorer than other regions in England⁹. Deprivation still affects millions of Londoners and has a negative impact on people's ability to lead happy and healthy lives. This must change. If London is to have a bright and sustainable future all of our residents must thrive. The power of a city is in its people, and a population's greatest asset is its health. We want to increase the years of life that people live in good health, and reduce the gap in healthy life expectancy experienced between the richest and the poorest in our city.

Ill health creates barriers for people trying to access the city's many opportunities, to see friends, support their family and feel part of their community. Poor health can make it difficult or impossible to work, and means employers lose good people, talent and creativity. If we do not address the conditions that lead to poor health or take opportunities for prevention and early intervention where we can, then people's need for support becomes more complex

We have a **growing number** of people over 65, forecast to **grow by more than 60%** by 2040, compared to 41% in the rest of England

and enduring. Any opportunity missed is someone's potential unfulfilled.

Health and social care systems are critical to maintaining the health of Londoners, but analysis in 2010 suggested that access to healthcare services may account for as little as 10% of a population's health¹⁰. We cannot just rely on treating people when they become ill. We know that many of our day to day behaviours – such as what we eat and how physically active we are – are important in maintaining our health and wellbeing. These factors are strongly influenced by our physical and social environment, and we know that the health burden of harms like poor diet, tobacco and alcohol fall disproportionately on the most disadvantaged in our communities. Adult Londoners who are employed in routine and manual jobs, and those who have never worked or are long-term unemployed, are more likely to smoke than the national average. Furthermore, alcohol related hospital admissions for Londoners are higher in the most deprived areas.

We also need a shift in emphasis and resources towards understanding and preventing the root causes of ill-health and tackling health inequalities. This means thinking about the places where people are born, live, work and age; how we value diversity and difference in our communities; and the roles that friends, families and communities play. The city as a human-made environment provides a unique opportunity to shape our own future by designing and building places that work for people, supporting good health in a sustainable way. The physical environment – our high streets, our ways of getting around, our homes and institutions and the services they provide – should enable all Londoners to thrive throughout their lives.

Like many cities, London has a directly elected Mayor, with a range of powers that allow him to play a key role in shaping the health of the city. The Mayor's Health Inequalities Strategy says that no Londoner's health should suffer because of who they are or where they live. To support that ambition the Mayor has chosen to put health and wellbeing at heart of wider policy making. This includes Transport for London's (TfL's) Healthy Streets Framework, the London Plan, the implementation and expansion of

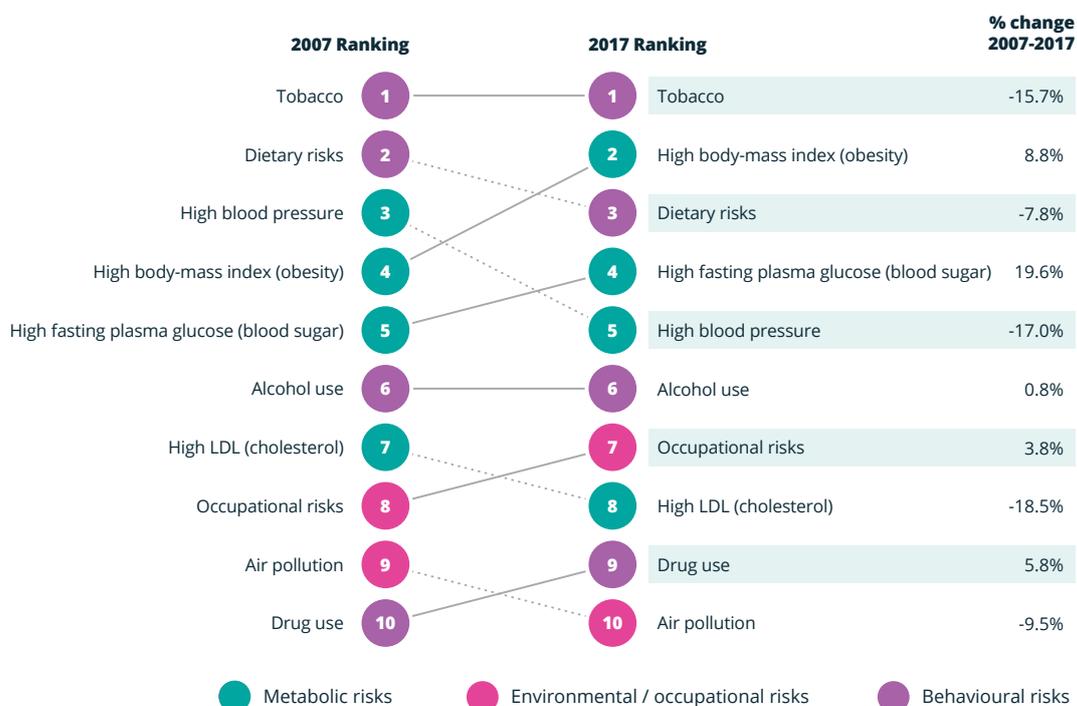
the Ultra Low Emission Zone (ULEZ), and banning unhealthy advertising across the TfL estate. Similarly, while every borough has its own priorities based on the vision of its elected councillors, developed with communities and businesses, and fulfilling its legal duties, London Councils' Pledges to Londoners set out commitments on pan-London priorities that address important determinants of health across the city.

1.2 We have made progress, but significant and complex challenges remain

The Global Burden of Disease analysis gives us a rich understanding of the causes of disability and death in London. Progress has been made in reducing risks associated with tobacco, diet, blood pressure and cholesterol, and there is evidence of improved life expectancy and infant mortality in London. Life expectancy here has improved more than the rest of the country. For males, it has risen from 76.0 years in 2001-03 to 80.5 in 2015-17, whereas for females it has increased from 80.8 to 84.3 years over the same period. Infant mortality has decreased by more than a third¹¹. However, this masks significant and persistent inequalities. There are signs that this progress is beginning to stall in some London boroughs and, despite progress, London lags behind other parts of the country on key public health outcomes, including child obesity and homelessness.

There are significant and sometimes widening health inequalities in London. The cumulative effect of different forms of deprivation is a substantial cause of this, as detailed in the Mayor's Health Inequalities Strategy. This leads to far shorter lives, lived in far poorer health, often with multiple and complex co-morbidities and long-term conditions emerging over a person's life. For example, Londoners in the poorest 10% are likely to have lives that are 4.9 years (women) and 9.3 years (men) shorter than those in the richest 10%¹².

Figure 1: Top 10 causes of disability-adjusted life years in London in 2017 and % change 2007-2017, all ages¹³



Between now and 2035 London will see increases of over 10% in the number of adults with diabetes, impaired mobility, hearing impairments, and personal care needs, compared with 3% or less across England overall. The prevalence of childhood obesity has remained persistently high in London, with 38% of children in year 6 being overweight or obese. Obese children are much more likely to stay obese into adulthood and have poorer health, with the considerable impacts of this epidemic for the individuals themselves, their families, the health and care system and the wider economy. Obesity currently costs the NHS £6.1 billion per year nationally, and wider societal costs are estimated to total £27 billion per year.

Funding pressures faced by local government are significant. London Councils estimates that London boroughs have experienced a reduction in core funding of over £4 billion in real terms since 2010 (a reduction of around 63%). This includes an estimated like-for-like cut in public health spending of more than five percent; it means that children’s services in London faced a shortfall of £100 million in 2018/19, and by 2025 London will have an adult social care funding gap in the region

of over half a billion pounds (£540 million)^{14,15}. This current shortfall in funding for children’s and adult’s social services will inevitably impact on the NHS if not addressed. The number of working age adults with social care needs is expected to rise disproportionately in London compared with England over the next few years. We need to work together in London, and with national teams, to determine how to ensure sustainable resourcing now and for future generations.

Effective action needs to be taken to secure the progress we have made for all Londoners, and to avoid escalating costs and demand that would place an unsustainable burden on local health and care services.

1.3 Transforming the health of Londoners is complex and requires a partnership approach

The combination of challenges described above is not unique to London. It is being faced in most major global cities. The World Health Organisation (WHO)

says that communities, employers and industries are increasingly expecting coordinated government action to tackle the determinants of health and wellbeing, and to avoid duplication and fragmentation¹⁶. In response to the 2014 *Better Health for London report (BHfL)*, the NHS in London, Public Health England, Health Education England, London Councils (representing London's boroughs), local borough partnerships, and the Mayor of London collaborated to pursue shared aspirations for London.

Our partnership is underpinned by a recognition that no single organisation alone can effectively address the opportunities and challenges we face. Shared action makes us greater than the sum of our parts. Our partnership has formed to address priority issues that require pan-London solutions, and to support pan-London actions that enable more effective and joined up working at the level of the neighbourhood, the borough and the sub-regional system. We also work together to make the most of the very direct social, economic and environmental roles we each play as major anchor organisations in London.

In a complex and adaptive system like London, it has been challenging to deliver improvements in all areas, and to deliver change at scale. There are good examples, such as the Great Weight Debate and Thrive LDN, where citizens have been engaged and encouraged to share their views on health priorities and the action to be taken. The review of *Better Health for London* demonstrated that through partnership working at all levels of the system progress has been made:

- The proportion of children who are school ready at age five has improved significantly, but progress on childhood obesity has been much more challenging to achieve

Our partnership is underpinned by a recognition that no single organisation alone can effectively address the opportunities and challenges we face

- The under 75 mortality rates for cardiovascular disease and cancer have declined and remained stable for respiratory disease
- Initiatives such as Stop Smoking London have been launched to support Londoners. Smoking rates have fallen to 13.9% in London (2018)
- London wide initiatives such as the Healthy Workplace Charter have helped to support prevention efforts, and three million working days have been gained through a reduction in sickness absence since the BHfL baseline (2012)
- A wide range of programme activity has occurred in relation to Londoners' mental health, from raising awareness and reducing stigma, through to early intervention and improving crisis care. However, there is more to do to address the mental health and emotional wellbeing of children and young people
- We have delivered programmes which empower Londoners to take care of themselves, including Good Thinking and Sexual Health London. Recent efforts have also focused on expanding social prescribing to tackle health inequalities and increase the proportion of Londoners who feel supported to manage their long term conditions
- Digitalhealth.London has linked digital health innovators with health and care organisations, and the OneLondon collaborative was established to help develop a Local Health and Care Record Exemplar (LHCRE) programme. We are building a system where people can create and access health and care information about themselves, and where teams of registered professionals can access accurate information, drawn from all of the relevant care providers, to provide safe, effective and efficient care. The OneLondon programme is recognised as one of the first five exemplar sites in the country
- London was the first region nationally to offer extended General Practitioner (GP) access in all of its local areas: 8am – 8pm GP access is now available in every London borough. Further work needs to focus on ensuring the quality of core GP services, reducing variation, and improving the primary care estate so that it is able to support London's emerging Primary Care Networks to deliver a wider range of community based services

Figure 2: Summary of achievements and persistent challenges in delivering the Better Health for London (BHfL) aspirations

Achievements against the BHfL aspirations	Persistent challenges in delivering BHfL aspirations
 <p>10% increase of London’s children achieving a good level of development by the end of reception. This means that over 13,000 more children are school ready by age five</p>	<p>The proportion of children who are obese in Year 6 has increased by 2% since 2014, and the overall proportion of children who are overweight or obese has now reached 38%</p> 
 <p>Smoking prevalence in London adults has seen a 3.3 percentage point reduction since 2014 (17.2% in 2014 to 13.9% in 2018). This is equivalent to 124,000 fewer smokers</p>	<p>The proportion of adults who are physically active in London is 65%, which is a lower than in 2015/16</p> 
 <p>The working days lost in London due to sickness absence has decreased by 3 million days</p>	<p>The mortality among adults with severe and enduring mental illness in London is significantly higher than the national average</p> 
 <p>Extended 8am-8pm GP access is available in all London boroughs, resulting in an additional 100,000 appointments being available each month</p>	<p>74.5% of Londoners are satisfied with their GP’s opening hours, which is lower than the national average</p> 
 <p>The mortality rate for causes considered preventable has declined in London, and at a slightly greater rate than nationally</p>	<p>There is a 10% gap in mortality following emergency admission to hospital between those admitted on a weekday and those admitted at weekends</p> 
 <p>60% of Londoners feel that health related services engage Londoners in service design</p>	<p>The proportion of Londoners who feel supported to manage their long term condition is 59%. London’s ambition to be in the top quartile nationally has not been met</p> 

Public Health England (2018) *Better Health for London: Review of Progress*

To help guide the next stage of our work together we are setting out a refreshed, shared Vision for London. This is underpinned by our respective and collective responsibilities to make a difference to the health of Londoners, the health and care services in London, and to the way we collaborate. The document is focused on actions that need partnership and coordination at a regional level. It is not intended to cover every aspect of health improvement in London, or to act as a description of all actions that are taking place locally. We are publishing the document to enable discussion and engagement about how we

accelerate health improvement, but the document is not itself a population health plan.

Our Vision for London is the start of an important conversation about the way our partnership can make the greatest improvements to the health of Londoners and make London the world’s healthiest global city. It provides purpose, a sense of urgency and direction, but it cannot yet provide all of the answers. In the next section we set out the approach to further strengthen and deepen our collaboration to improve the health of Londoners.

2 Our approach will focus on people, places and the emergence of population health systems

In the last section we set out our ambition for London to become the healthiest global city, highlighting the need for a partnership approach to make the most of London's array of assets and tackle inequalities to improve the lives of all Londoners.

In this section we outline the approach we will take as a partnership to deliver progress towards our ambition. The section introduces the concepts that will frame, guide and focus our actions together, and it describes some of the principles, processes and people that have been involved in establishing the actions we now plan to take. These ideas and actions will be explored in more detail in the rest of the document.

We want to make London a place where everyone can thrive, and people feel able to improve or manage their health in the context of other aspects of their lives. We know that Londoners do not expect this to be done to them but want to be involved in the improvement of their health, services and communities. Traditionally under represented groups must be given the opportunities to voice their views and be heard. Such targeted engagement was conducted by Thrive LDN, which highlighted that people want the following things¹⁷:

Help us as
residents to take on different roles from supporters of initiatives, to health champions and promoters of change

Support us to work in our communities to engage people at risk of isolation and to build intergenerational and inter-cultural relationships

Inform us about existing initiatives and **help us to learn from others**

Adopt a more holistic and positive approach to mental health, tackling the stresses that cause people to get ill – like poverty and violence – as well as the symptoms



2.1 We will work with Londoners to develop more holistic support throughout a person's life

As core values underpinning our approach, our partnership will continue to work in ways which are:

- **Citizen-focused** – focusing on what is important to Londoners not our organisations
- **Collaborative** – we will work together across organisational boundaries, listening to different partners' perspectives, skills and experience
- **Co-produced** – Londoners know their lives best. We will work with citizens to design improved interventions
- **Evidence-based** – we will collect, and be informed by, evidence at all stages of intervention whether design or deployment
- **Open** – it is in everyone's interests if we are transparent about what has and hasn't worked. This will help other professionals learn from each other, preventing duplication and hopefully improving outcomes

Our approach will focus on the support people need throughout their lives. We want all Londoners to:



Start well



Live well



Age well

London is very diverse, and Londoners have a wide range of health needs. Some people may have infrequent or episodic need, whereas other people live with multiple risk factors and health conditions requiring ongoing support and sometimes specialist services. We know that risk factors and disease are linked to the inequalities present in the city, and that too often the 'inverse care law' is evident, meaning that people who live in more deprived areas have fewer health resources available to them¹⁸. Supporting all Londoners to start well, live well and age well requires commitment to address these various needs and situations. Therefore, we must think about our life stages in the context of the neighbourhoods we live in, the services we rely upon, and the communities we are part of. This means we need to work together to ensure London as a global city that:

- Nurtures the people, places and partnerships that support wellbeing and health
- Fosters and develops integrated community-based services that are accessible, proactive and coordinated
- Supports and sustains high quality specialist services and networks that are available to people with acute and complex needs

Figure 3 illustrates the framework to combine a life-course approach with a commitment to local asset-based local approaches, integration of community-based services, and the maintenance of high quality specialist services. The framework illustrates the scope of approaches we could be taking and highlights the foundations needed to enable better health and better health and care services. These are explored further in the sections below.

Figure 3: Providing support across the whole life-course

	People, places and partnerships to support wellbeing and self-care	Integration to provide joined-up community based services	Collaboration to sustain high quality specialist networks
 Start well	Our environment, schools and communities promote and nurture the health and wellbeing of all children and families	Schools and health and care services work together to provide a seamless service and give families and children tools to manage their own health	Children and young people have access to high quality specialist care, with safe and supported transitions to adult services
 Live well	Our environments and local communities help us avoid unhealthy habits and eliminate homelessness and any stigma surrounding mental health	Early support for health issues is consistently available and there is true parity of esteem between physical and mental health	Londoners have access to high quality 24/7 emergency mental and physical health, alongside world-class planned and specialist care services
 Age well	Londoners are supported to manage their long term conditions and maintain independence in their community	As people grow older they are supported in their community with seamless care between organisations	Hospital care is consistent, of high quality and safe and ensures Londoners can get in and out of hospital as fast as they can

Enabled by: Ensuring Londoners are engaged in their own health Digitally connecting London's health and care providers Developing London's workforce Transforming London's estate

2.2 We will focus on people, places and integration to improve health for all local populations

As the engagement from Thrive LDN shows, Londoners want to be involved in developing improvements to their care. An assets based approach to population health improvement recognises and builds on the combination of human, social and physical capital that exists within communities. An assets based approach can complement traditional public service models and enhance a person's health despite systemic inequalities¹⁹. London is a unique city made up of communities with a varied abundance of human,

social and physical capital. The integration of these assets can generate health at different population levels, from the individual and their immediate community, to local neighbourhoods and up to the whole London population.

To do this we need to think beyond the constraints of how services are currently funded and organised, so that the various needs of Londoners shape the way we collaborate across our public services and in our communities. We have a shared belief that we need a radical shift towards more holistic and integrated working. At the most limited this means much closer integration between health and care services, and at its more expansive this means much stronger joint

working between local authority services, the local NHS and civil society so that the full range of assets in communities can positively impact wellbeing and health. Through a more deeply connected way of working we can more effectively tackle the things that have the greatest influence on our health and wellbeing, including housing, education, transport, leisure services and employment, as well as the delivery of health and care services.

There is no “one size fits all” solution, but we should work together using common approaches to deliver consistently high standards of health and care across the capital. Different areas will move at different speeds, depending on local circumstances, but we will all be moving in the same direction. And, although integration in local services happens at the local level, collaboration is needed at all population levels to make it the norm across London. There are things that are easier for local partnerships to achieve if action is coordinated with other areas facing similar challenges, and there are some things that only regional bodies can do to create the conditions for successful local integration. Without actively creating the conditions for joint working at local level we risk making it harder for places to establish a population health approach.

Our partnership needs to unlock opportunities for better population health, working at the level of the neighbourhood, the borough, the sub-regional system and the pan-London level. But this will not be easy. London has some significant barriers to overcome if we are to make systematic improvements. These include key workforce shortages, major financial issues in some of our health providers, continued budget pressures faced by local authorities and a historic divide between health and care underpinned by legislation that can make joint working difficult. However, together we have a real commitment to transform the way partners collaborate so that London is a healthier place to live and to receive care. We want to build on the progress already achieved in many of our boroughs and support all Londoners to benefit from this type of joint working. Section 3.1 outlines in greater detail what we are planning to do, and section 4.1 illustrates how we will take action to support this type of working across all areas of London.

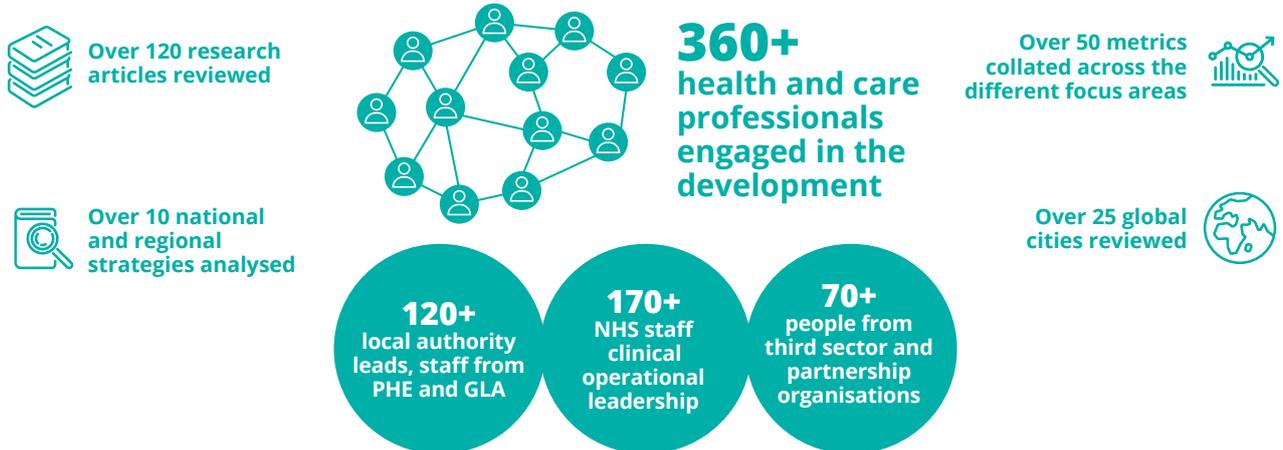
Professional expert panels have developed evidence compendiums bringing together **data analysis, research and case studies** from other global cities to support each priority

2.3 We will focus on ten specific issues as priorities for citywide partnership action

There are some issues that demand collective action at a pan-London level to improve health outcomes, either because they cut across our local neighbourhood and borough boundaries – for example with air quality – or because there are significant scope or scale benefits that emerge from acting collectively. Within our partnership we have identified ten areas of focus for pan-London action, having sought advice and evidence from more than three hundred experts. While these ten areas are not the only things that we will work on together, they do represent a focus for collective action. This is because we think that these are the issues that Londoners care about, and where members of the partnership have shared priorities, local and regional levers for change, a history or willingness for collaboration, and a real opportunity to make a difference.

Throughout the process, we have drawn from the experience and expertise of London’s directors of children’s services, directors of adult services, directors of public health, alongside clinical leaders from across the capital. Expert panels, drawn from the NHS, local government and community organisations, have developed evidence compendiums bringing together data analysis, research and case studies from other global cities to support each priority. Section 4.2 explores these issues in more detail, highlighting some of the impressive work already happening, and indicating specific actions that we will take next to make further progress.

Figure 4: Identifying areas to prioritise for citywide action



Areas of focus for pan-London collaboration

1. Reduce childhood obesity
2. Improve the emotional wellbeing of children and young Londoners
3. Improve mental health and progress towards zero suicides
4. Improve air quality
5. Improve tobacco control and reduce smoking
6. Reduce the prevalence and impact of violence
7. Improve the health of homeless people
8. Improve services and prevention for Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs)
9. Support Londoners with dementia to live well
10. Improve care and support at the end of life

To note: these pan-London actions will sit alongside and are complementary to action at the level of the neighbourhood, the borough and the sub-regional system.

The principles and approaches outlined in this section are explored in more detail in the subsequent sections. Because these are broad principles that frame the actions across our partnership, these

approaches are shared by London's five Sustainability and Transformation Partnerships, and they inform the population health plans that are being developed in each of those areas.

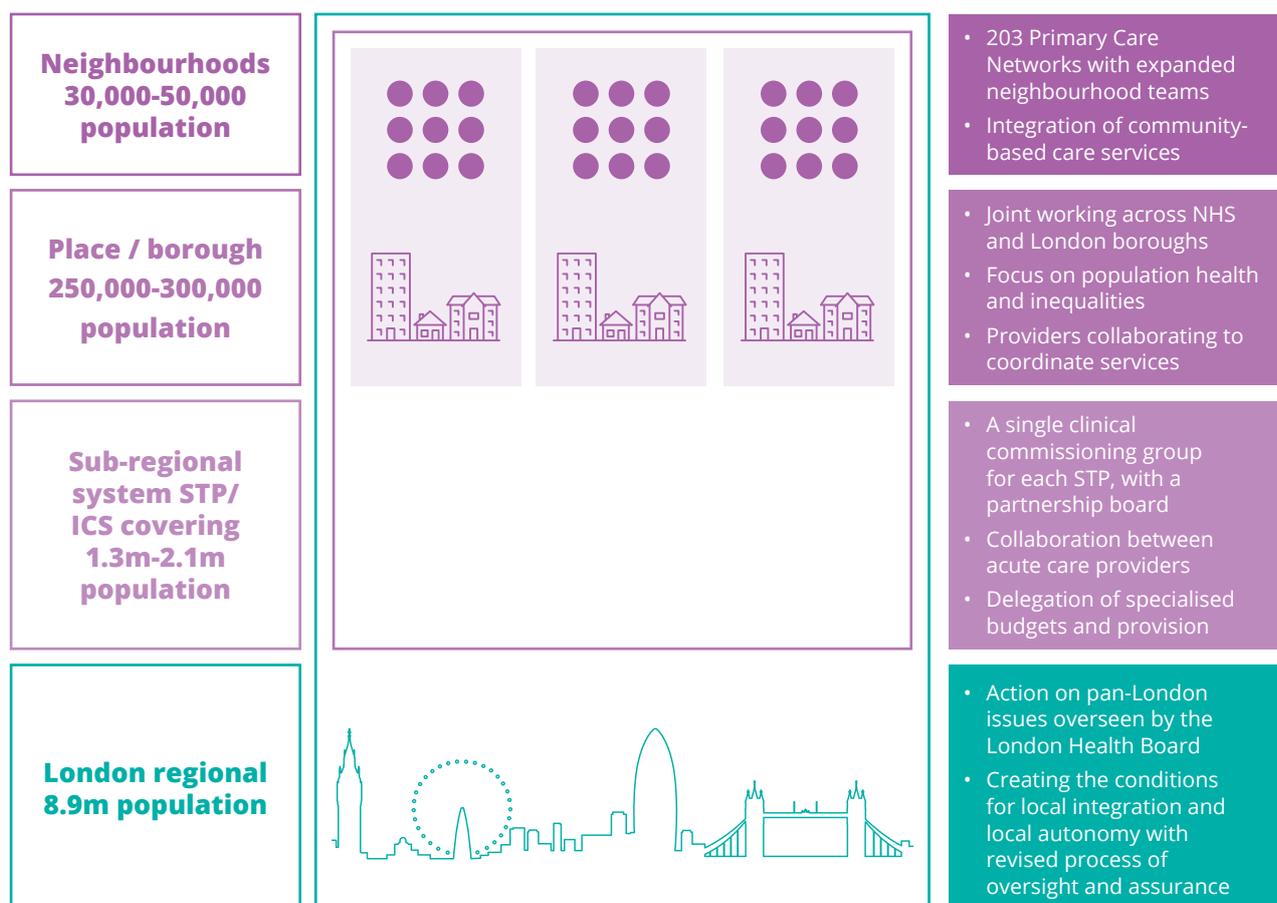
3 Our next steps to make joint working and integration a reality in London

This section explores in more detail our vision for the development of place-based, preventative and joined up approaches to health and care. As well as working at a pan-London level, a key part of this is the development of Integrated Care Systems (ICSs) in each of our five Sustainability and Transformation Partnership areas: North West, North Central, North East, South East and South West. London has organised health and care service development on a sub-regional basis for many years and these five sub-regional systems reflect the way that Londoners use the major hospitals and the city's radial transport networks. The move to ICSs will see NHS organisations increasingly working in partnership with local councils and others to take collective responsibility for the health of the populations they

serve rather than focusing only on the treatment and care they deliver. Our ambition is to see these arrangements fully established across London, with ICSs having in place inter-connected decision making and service provision at three important levels: neighbourhoods, boroughs and the sub-regional systems. This is illustrated in Figure 5, and we think this approach will help services to be planned in a more coordinated and integrated way to meet population needs, with joined up primary, community and social care acting as a foundation.

The section then explores the ten areas of focus for citywide action, setting out the proposed measures that we will track and improve.

Figure 5: Illustrating joint working and integration at different levels of our system



3.1 Accelerating integrated working to deliver a new approach to population health improvement

3.1.1 Supporting joint working and integration in neighbourhoods

In London, the building blocks of integrated care will be the boroughs and the neighbourhoods within them. We want to improve the collaboration between staff working for different organisations, and with voluntary and community services (VCS) partners, to ensure people receive coordinated support in the best setting for them, which is often in the community. This will involve a variety of community based services, such as social prescribing, debt and housing support, smoking cessation, education and local authority community services. This is particularly important for people who have a range of complex health and care needs and for whom access to local community assets and civil society networks may be limited.

To support this integration, each neighbourhood will be served by a Primary Care Network (PCN). There are more than 7,000 GPs working in London, across 1,200 GP practices. PCNs are new collaborations that are built around groups of general practices working together with a range of other local services, including pharmacies, social care and the community and voluntary sector. PCNs will be supported to offer more personalised and coordinated health and care to their local populations, including the more systematic use of social prescribing. By working together, GP practices will find it easier to continue to offer extended hours, which in London has created more than 100,000 extra appointments each month. And there will be more options for residents who need support but do not necessarily need to see a GP by employing

There are **more than 7,000 GPs** working in London, across **1,200 GP practices**

Primary Care Networks will typically serve **populations of at least 30,000 but more often closer to 50,000**. They will be small enough to be local, but large enough to support **integrated multi-disciplinary teams of professionals**

other professionals such as clinical pharmacists and nurse practitioners. Londoners will be able to access diagnostic services such as ultrasounds closer to home, and as health information is joined up across multi-disciplinary health and care teams, people with complex needs will receive a more proactive and coordinated help without having to repeat their story to lots of different professionals.

PCNs will typically serve populations of at least 30,000 but more often closer to 50,000 so they will be small enough to be local, but large enough to support integrated multi-disciplinary teams of professionals. At present, there are plans for 203 PCNs to be established in London. Through additional funding allocated in the NHS Long Term Plan, the NHS will invest an additional £400 million in primary care in London over the next five years. Each PCN will have a Clinical Director who will ultimately join the broader leadership team for borough level health and care partnerships.

Establishing more collaborative ways of working is key to ensuring that we can restore joy in general practice, offer more to Londoners by broadening the skills and roles in our workforce, reduce the isolation of professionals and practices, and make more intelligent use of technology and information to provide a joined up health and care system.

3.1.2 Supporting joint working and integration in boroughs

At borough level our collective ambition is that providers of care services come together in integrated care partnerships to join up care and remove the historic barriers between care settings and organisations. Our intention is that integrated care partnerships include providers from primary care, community care, mental health, social care and the voluntary sector. Some of our boroughs already have these partnerships in place and will seek to formalise them through contractual arrangements, using mechanisms such as alliance contracts or Section 75 agreements. Others will create less formal partnerships, underpinned by a Memorandum of Understanding, with a clear commitment to work together to improve population health. In time (and subject to legislation), some of our providers may wish to join together as Integrated Care Trusts.

In South East London, Local Care Partnerships (LCPs) have been set up in each borough, including 'One Bromley' and 'Lambeth Together'. Each LCP has representation from acute, community, mental health, social and primary care professions, as well as the voluntary sector. Lambeth Together has enabled provider collaboration such as the Lambeth Living Well Collaboration, which supports multi-agency working on mental health across the borough.

At borough level our **collective ambition** is that providers of **care services come together in integrated care partnerships** to join up care and remove the historic barriers between care settings and organisations

In North East London, 'Tower Hamlets Together' is a partnership of health and care organisations where the council and CCG have established a Joint Commissioning Executive with pooled budget and there is a provider alliance arrangement for delivery of community services that involves social services, GPs, acute trusts and the community and voluntary sector.

In South West London the 'One Croydon' alliance operates a partnership between the local NHS, Croydon Council and Age UK Croydon. Providers work together in confidential multi-agency huddles between GPs, social workers, pharmacists and other healthcare professionals, to discuss care plans for over 65s and to determine the most appropriate interventions. As a result, Croydon has seen unplanned admissions for the over-65 group fall by 15% against a rising trend.

These examples illustrate the work across London to explore models of health and care integration. We expect a limited number of models to emerge across London that are then tailored to suit local circumstances, ensuring that we have a clear and transparent way of working together whilst making sure arrangements make sense for local stakeholders.

We will continue to support these local approaches, with an expectation that health and social care budgets can be more aligned or blended, where councils and CCGs agree this makes sense. Learning from examples across London, and the rest of the country, there are four major models that have been shown to work individually or in combination. Our ambition is for local partners in all of London's boroughs to consider and establish:

- Voluntary budget pooling between a council and CCG for some or all of their responsibilities
- Individual service user budget pooling through personal health and social care budgets
- Oversight of a pooled budget and a joint-commissioning team for all adult health and care services, by the NHS and at the request of the local authority
- The joint-appointment at the borough level of a Strategic Director for local health and care

commissioning budgets, accountable to the Council chief executive and the ICS Accountable Officer (e.g. the Lambeth model)

- Integrated leadership models across providers and commissioners, learning from the model in Croydon – of joint-appointments across the CCG and acute provider – and from the Salford and City of Manchester models where council staff are directly deployed within the Local Care Organisations

In addition, the leadership in each borough, at the political and executive level, will have a central role in the strategic direction of health and care services and will be engaged in decision-making at all key points. This will mean health and care partners setting specific priorities together regarding health inequalities and population health.

3.1.3 Supporting joint working and integration within sub-regional systems

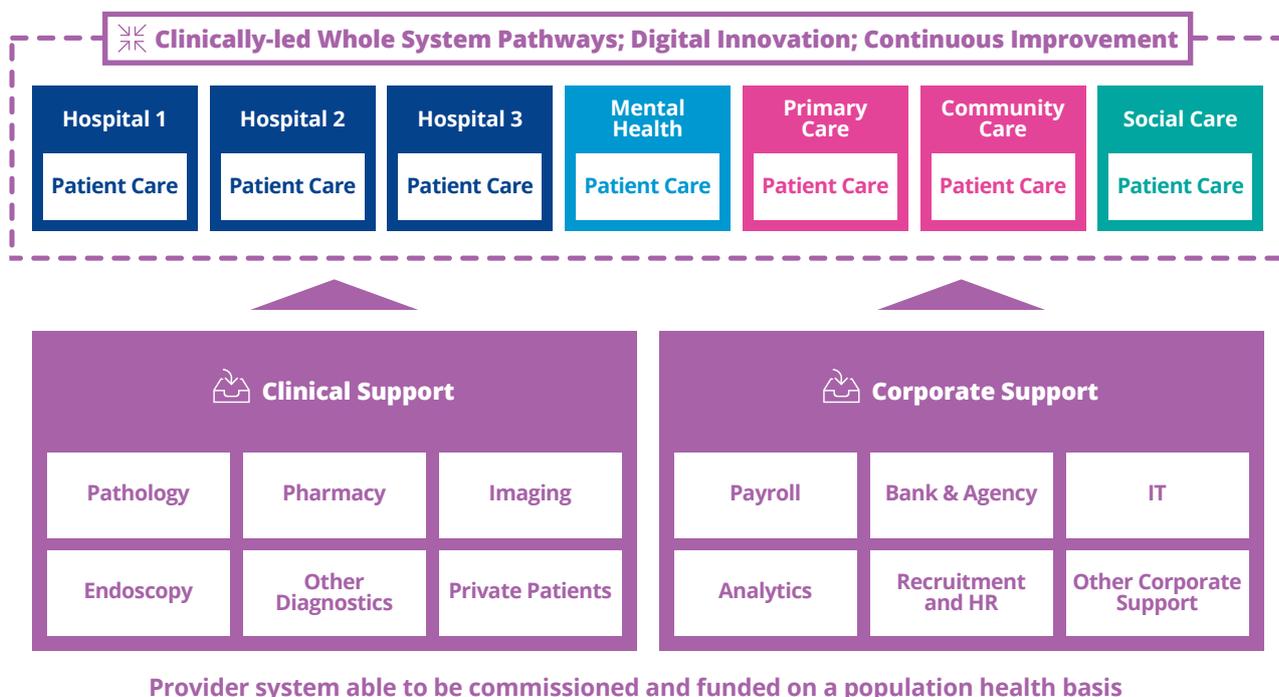
London has some of the best academic health science centres, and the greatest concentration of specialised services, in the world. There are 36 provider trusts in London, with 19 acute hospitals, 10 mental health trusts, 6 community trusts and the London Ambulance Service. These organisations already operate to provide vital local services, and many of them provide more specialist services at sub-regional level, such as major trauma and stroke services. These services are necessarily planned across larger geographical areas, and ICSs will have a responsibility to work out how services are best arranged to meet the needs of the wider population being served.

All trusts will be expected to collaborate to support innovation, productivity, specialisation and consolidation. This will be important to ensure

There are **36 provider trusts in London**, with **19 acute hospitals**, **10 mental health trusts**, **six community trusts** and the **London Ambulance Service**

continuous improvement and the reduction of unwarranted clinical variation; to deliver the highest safety, experience and effectiveness of treatment; and to safeguard the resources needed to sustain such services now and for future generations. We have seen important examples of clinical service consolidation in London, for example through the reconfiguration of stroke services and the creation of a single South West London Elective Orthopaedic Centre (SWLEOC). As a result of the changes to London's stroke services there have been significantly fewer deaths and shorter hospital stays²⁰. And for SWLEOC, in place of four separate units that individually were struggling to meet patient expectations around access, the development established the largest hip and knee replacement centre in the United Kingdom (UK), performing 5200 procedures every year with comparably high performance on access and length of stay²¹. Similar consolidation has been undertaken in clinical support services, such as pathology, and there are trusts that have progressed significant collaborations around corporate support services, such as payroll, human resources and information technology services.

Figure 6: Illustrating joint working and collaboration between providers of services



Proposals to make significant changes to clinical services will take into account the Mayor’s ‘six tests’. These tests will ensure that system leaders have: considered the impact of changes on health inequalities; demonstrated that bed numbers are credible and take into account demographic change; identified sufficient capital and revenue funding; taken into account the financial impacts of new pathways on social care services; demonstrated widespread clinical support; and demonstrated widespread, ongoing and iterative public engagement²².

In addition, some population health system management functions can also be better organised on a bigger scale, for example by removing duplication, streamlining activities and developing more sophisticated approaches to data, service planning and system intelligence. This has the potential to support more effective management of clinical and financial risk; and to streamline processes so that teams can free up time to focus on the core job of improving services for

Londoners, and free up resources for reinvestment in frontline care. To realise these benefits the NHS commissioning landscape will need to change, with CCGs consolidating to cover a larger geographical area. By April 2021, we expect that a single CCG will be established for each of the five sub-regional integrated care systems. Within this, delegation models to borough partnerships are being developed. Our ambition is to delegate to place wherever this benefits local people, service users and carers, and where it will best deliver neighbourhood and borough priorities whilst satisfying residents’ entitlements through the NHS Constitution and Mandate. The consolidated CCGs will also be able to take strategic commissioning decisions for services best delivered across a multi-borough area such as acute and specialist provision.

Each sub-regional integrated care system will form an ICS partnership board. This will be where key stakeholders come together and take decisions on improving the health and care for the local

population. These boards will need to determine collective priorities, drive transformation, support improvement, and take action to reduce health inequalities. As such, they will be empowered to make decisions on investments such as capital and re-investment of savings made from integration across the system. The partnership board will together manage system financial risk so that the system operates within its overall funding allocation. We also expect sub-regional system partners to agree how functions such as back office services, digital infrastructure, workforce and business intelligence are best managed across the wider system, with the intention to reduce duplicative overhead costs so that they can be committed to fund frontline health and care services.

3.1.4 Supporting joint working and integration through citywide partnership

At a regional level, there is a clear commitment to work closely across our partnership to provide transformation and improvement support. Success will rely on forging close working with and between local partners, supporting the development of sub-regional ICSs, and enabling providers and commissioners to take on increased responsibility for making collaborative decisions for their population.

For regional partners in London, the vision is for as many activities as possible to be taken by sub-regional systems and boroughs, rather than the regional office. For example, NHS London currently commissions specialised services, but many of these services – such as inpatient mental health and radiotherapy – are part of pathways that are already commissioned by CCGs in London. We want to support the delegation of these functions so that local commissioners and providers are able to play a leading role in planning how such services are delivered.

There are also some big issues that we need to tackle jointly at a citywide level. Strong collaboration will be needed to create the right conditions for local joint

working, for example by establishing effective and shared mechanisms for oversight and support. There are also opportunities to take a more coordinated leadership and delivery approach for vital enablers of integration such as: the development of new primary and community-based estate; the creation of better data systems to support the availability of joined up information and the digital transformation of services; and the coordination of action to attract, train and retain our vital workforce. In addition, our partnership has identified areas of focus for citywide action, including issues such as the reduction of violence, the reduction of suicides, and the improvement of care for people who are homeless.

We already have important examples of this type of citywide collaboration:

- The London HIV Prevention Programme (LHPP) is a London-wide initiative funded by local authorities to promote prevention choices for Londoners. The LHPP works with partners to deliver sexual health promotion outreach to men who have sex with men, and a free condom distribution scheme across more than sixty venues in the capital. LHPP's Do It London campaign has helped to increase awareness of HIV, safer sexual behaviours and drive up rates and the frequency of HIV testing
- Good Thinking is a pan-London initiative – driven by local government, the NHS and Public Health England – to provide a digital mental wellbeing service. It has provided more than 300,000 Londoners with self-care support to tackle sleep, anxiety, stress and depression. This powerfully demonstrates multi-agency collaboration to meet local need, innovation to use new channels to reach people we have not traditionally reached, and an ability to influence the wider national policy agenda through the approach taken to the Every Mind Matters campaign

Through the London Health Board, elected leaders, health and care leads, and public health experts will continue to work together to drive improvement in health outcomes, health inequalities and health

services. The Board has a key role in facilitating partnership working between NHS bodies and local authorities, and it can identify and help address new opportunities and challenges as and when they arise.

3.2 Continuing to make progress in addressing ten issues requiring specific citywide action

Important and innovative work is happening across London to make our city a healthier global city. But more needs to be done, and this Vision is the beginning of a conversation to refine and focus the key actions that we now need to take as a partnership to move us closer to London becoming the healthiest global city.

London is learning from the approach of other global cities on how to measure and track improvements in the health of its citizens, and changes in the inequalities within the city. For example, *Take Care New York 2020* is New York City's blueprint for improving the health and lives of its citizens²³. The City's Health Department, in collaboration with various partners, has created top priorities for each of its communities. Progress against these goals is reviewed annually.

The table below summarises some of the proposed measures that we want to track and improve for Londoners, taking citywide action. More granular and specific detail on each of these issues provided in Section 2.

Table 1: Outcomes that we will track to determine the difference we are making for Londoners

Area of focus	The outcomes we think we should track
Overall population health improvement	<ul style="list-style-type: none"> • Average healthy life expectancy for London • The slope index of inequality (SII)
Reduce childhood obesity	<ul style="list-style-type: none"> • Reception: Prevalence of overweight including obesity • Reception: Prevalence of severe obesity • Year 6: Prevalence of overweight • Year 6: Prevalence of obesity (including severe obesity) • Reception: Inequality in the prevalence of obesity (including severe obesity) • Proportion of five year olds free from dental decay
Improve the emotional wellbeing of children and young Londoners	<ul style="list-style-type: none"> • School readiness: the percentage of children achieving a good level of development at the end of reception • Number of schools with Healthy Schools London awards • Number of early years settings with Healthy Early Years awards • NHS Children and Young People Mental Health access
Improve mental health and progress towards zero suicides	<ul style="list-style-type: none"> • Suicide: age-standardised rate per 100,000 population (three year average) • Adults in contact with secondary mental health services who live in stable and appropriate accommodation • Referrals Moving to Recovery for the Improving Access to Psychological Therapies pathway • Rates of detention under the Mental Health Act

Area of focus	The outcomes we think we should track
Improve air quality	<ul style="list-style-type: none"> • Percentage of London roads compliant with EU limit levels for Nitrogen Dioxide (NO₂) • Meeting World Health Organisation (WHO) limits for PM_{2.5} concentrations by 2030 • Hospital admissions for asthma (under 19 years) • Percentage of Londoners who report doing 20 minutes of walking or cycling on the previous day
Improve tobacco control and reduce smoking	<ul style="list-style-type: none"> • Smoking prevalence • The difference in smoking rates of London vs national • Smoking rates in pregnancy at the time of delivery • Smoking rates among people working in routine and manual occupations • Smoking rates in people with a serious mental illness
Reduce the prevalence and impact of violence	<ul style="list-style-type: none"> • Violent crime (including sexual violence) • Hospital admissions for violence
Improve the health of homeless people	<ul style="list-style-type: none"> • Number of people sleeping rough on the street • Statutory homelessness rate (per 1,000 households) • Deaths of homeless people (experimental statistics)
Improve services and prevention for HIV and other STIs	<ul style="list-style-type: none"> • HIV testing coverage • HIV late diagnosis proportion • New HIV diagnosis rate /100,000 (15 year old plus) • Syphilis diagnostic rate /100,000 • New STI diagnoses (excl. chlamydia aged <25) /100,000 • Gonorrhoea diagnostic rate /100,000
Support Londoners with dementia to live well	<ul style="list-style-type: none"> • Dementia: Recorded prevalence (aged 65 years and over) • Deaths in usual place of residence: People with dementia (aged 65 years and over) • Dementia: Residential care and nursing home bed capacity (aged 65 years and over) • Place of death – hospital: People with dementia (aged 65 years and over)
Improve care and support at the end of life	<ul style="list-style-type: none"> • Percentage of deaths that occur in hospital (all ages) • Percentage of people who have died that have a Coordinate My Care record • Percentage of population on palliative care register

We will continue to explore whether there are other outcomes measures, designed by Londoners, which could be used to track progress to see whether our commitments are making a difference.

4 Our more detailed plans for action

The previous sections of this Vision have described how we intend to shift our approach to health and wellbeing for London so that it is more asset-based, proactive, and preventative. Delivering this change requires a shift towards more integrated working across the NHS and local government at neighbourhood, borough and system level. As described in the framework in Figure 3, such a shift requires action on the things that enable new ways of working, covering workforce, the estate, the digital infrastructure and system leadership. This section of the document looks in more detail at the actions we plan to undertake to address these issues. It then explores in turn the ten areas of focus for pan-London action to highlight the granular and specific actions that are already in progress, and our plans to go further. These pan-London actions complement, and will sit alongside, actions at the level of the neighbourhood, the borough and the sub-regional system.

4.1 Accelerating integrated working to deliver a new approach to population health improvement

There is strong agreement that widespread transformation in complex systems requires substantial leadership, local relationships, and local design to improve services on the ground. These are things that cannot be simply described and dictated at a regional level. However, as a regional partnership we also think that local action is more likely to happen if we take shared responsibility for creating the right conditions for collaboration and integration to happen. This enabling action needs to be felt within neighbourhoods, boroughs and sub-regional systems.

4.1.1 Creating the conditions for improvement: taking action to attract, train and retain the workforce that we need to transform services

An appropriately skilled and resourced workforce is key to enable the change in the model of care, and to ensure that core services are sustainable. We need to support recruitment and retention of health and care staff, specifically focussing on shortage occupations.

The London Workforce Board – which is made up of partners from across health, local government and employer organisations – is proposing six key commitments which will be championed by the board and its member organisations. These priorities will ultimately be aligned with the NHS People Plan and the local workforce plans in each of the five London Sustainability and Transformation Partnerships (STPs).

- **Support the recruitment and retention of health and care staff in the capital through the schemes such as CapitalNurse.** While there are more than 51,000 nurses in London, we have a nursing vacancy rate of 13.5%, which is higher than the rest of the country. Through CapitalNurse we have the vision to get nursing right for London; highlighting the benefits of nursing in the capital, developing career pathways in collaboration with our higher education institutions (HEIs); and creating nurse-friendly employment opportunities. By 2024 we want to grow London's nursing workforce by more than 8,000, and by 2028 reduce London's nursing vacancy rate by 5%. This ensures London has the right number of nurses, with the right skills, in the right place, working to deliver excellent care wherever it is needed
- **Mitigate the impact of the cost of living on the recruitment and retention of health and care and staff.** The cost of living in London impacts on the recruitment and retention of health and care staff. For example, 40% of London nurses say that the cost of housing means they expect to leave the capital in the next five years²⁴. Our commitment is to review the impact of the cost of living, specifically transport and housing, on recruitment and retention rates, and the options for mitigating this. This will be followed by a series of cost of living pilots across London which will be evaluated before support is provided to roll these out across the capital, and it complements existing work to support employers to meet London's Good Work Standard²⁵

By 2024 we want to grow London's nursing workforce by over 8,000

- **Support the development of a multi-disciplinary workforce within primary care.** Although GP numbers have increased there is a reduction in the overall participation rate (the ratio of full time equivalent numbers to headcount) and the nursing workforce is an ageing workforce. In order to create capacity to ensure that patients get the right care at the right time, it is necessary to recruit and develop a multi-disciplinary workforce. The introduction of the new GP contract includes funding for practices to form Primary Care Networks (PCNs) and recruit more health professionals including additional clinical pharmacists, physician associates, first contact physiotherapists, community paramedics and social prescribing link workers. By 2023/24 we want to grow the general practice clinical workforce by an additional 3,000 (>30%) health professionals. Progress will be monitored using the quarterly GP workforce census
- **Build a workforce that is grown from the ground up in order to create a culture of integrated health and care that encompasses the local London communities.** Within five years all London trusts and STPs will have produced and be delivering a strategy for developing healthcare professionals in their local community. Strong and sustainable local employment pathways will need additional recruitment into social care, with progression routes both within social care and into health. Recognising the connection between health and care progression routes would help develop a positive pathway, clearer for residents and supporting both recruitment and retention
- **Commit to employing a workforce that reflects the city's diversity and fosters inclusivity of cultures.** The London Workforce Board will support partners and employers in achieving best practice in equality and diversity so that the health and care workforce is reflective of London's rich diversity. Opportunities to learn, develop and work in health and care will be open to all, the experience of working in health and care will be a positive one and particular support will be provided to individuals in underrepresented groups. Progress in achieving these aims will be monitored using measures appropriate to the sector, acknowledging the multitude of employers and employment methods
- **Ensure the health and wellbeing of our workforce so they can feel valued, and be happy.** Workforce shortages, rising patient demand, and workplace bullying and harassment are putting health and care staff under extreme pressures, which is inevitably affecting patient care and the mental health of the workforce. We have a clear duty to care for our workforce. Over the next three to five years we commit to supporting organisations and systems to develop staff health and wellbeing improvement strategies that recruit and retain a healthy and happy workforce that is built around a culture of care. We'll continue to measure this through staff surveys, monitoring staff sickness and benchmarking the 'Freedom to Speak Up' marker for organisational health

4.1.2 Creating the conditions for improvement: reimagining the health and care estate and rethinking how we develop them together

Decent, affordable homes are a key determinant of health, and our neighbourhoods are places that shape people's health and wellbeing. They are places where people come together to meet, to work, and to make use of the community assets available to them. It is here where much of the informal care exists, which supports most people most of the time. And it is also where some of our most important health and care services are located.

By 2023/24 we want to **grow the general practice clinical workforce** by an additional **3,000 (>30%)** health professionals

At the heart of this vision is a shift towards more integrated local working at the neighbourhood and borough level. This requires us to reimagine the primary and community care model, so that the people, places and processes work together to help Londoners to stay healthy, to connect with activities and groups within the community, and to access high quality clinical services when they need them. This is a better model for people who use those services, but it is also a model that makes local care systems a more rewarding place to work, ensuring that teams have the facilities, infrastructure and relationships needed to do the job well.

London has some of the world's most advanced facilities, but it also has some of the worst GP and hospital buildings in Britain. Some primary care buildings are so dilapidated and inaccessible that they have been deemed beyond repair: a third of London's primary care infrastructure needs to be replaced. Our ambition is not only to fix the roof in challenging times, but to transform the health and care estate, so that it works more effectively for communities, for service users and for staff. Overall, we estimate £8 billion of new investment is required over the next 10 years²⁶.

Reshaping the care model will only happen if we transform the buildings and infrastructure that supports it. More of the same is not the answer: in the future we will need more neighbourhood-based care hubs, not simply large medical centres. We need places where professionals can work together collaboratively, where different public services can work side by side, and where residents can make use of the space as an asset in their community. And because such hubs sit at the heart of neighbourhoods, these places are not just about the provision of public services, they can also be developments that support new residential spaces, with an emphasis on affordable housing and key workers. These need to be community-led developments, rather than centrally specified and overly prescribed buildings, and local elected leaders and local government have a central role in shaping the emergence of this infrastructure, in partnership with the NHS, so that residents have access to 21st Century community assets.

Overall, we estimate **£8 billion of new investment is required** over the next 10 years

The Greater London Authority (GLA) and local authorities have a range of powers, capabilities, experience, local relationships and regeneration plans that can, in partnership with the NHS, completely transform our approach to the development of health and care facilities. Examples of this type of working are already available, such as in Lewisham, where the council and CCG have been working alongside the GLA, the Local Government Association (LGA) and the Cabinet Office – through the One Public Estates programme – to develop neighbourhood care hubs in each of its four neighbourhood areas. This work was identified as a devolution pilot with the aim of establishing a Community Based Care model which emphasises connections across communities and better integration of health and care services.

Likewise, in Newham, a joint venture has been established between the council and the local NHS Trust, with the support of the CCG and primary care partners, with the aim of creating state-of-the-art facilities that combine traditional GP surgeries with advanced medical, community, social care and mental health support, and reducing journey times for many service users and patients.

These partnerships are possible, but we have heard that progress is often very difficult, and that additional support is needed to make this easier. We want local partnerships to be able to create new neighbourhood care hubs. If there was one in each locality that would require approximately 80 developments across the city, which would be the most ambitious redevelopment of health and care infrastructure since the establishment of the NHS. Over the next five years we would want to

demonstrate what is possible by working with at least ten areas. Achieving this will radically upgrade and transform the way that services work for local populations, but it will require regional action to create the conditions within which local partnerships find it easier to make progress.

To make that happen, the London Estates Board and the London Estates Delivery Unit will begin work to explore the range of potential options available to enable the establishment of local community estates partnerships. In particular, we will explore how existing freedoms – such as the transfer of assets from NHS Property Services, the repurposing of surplus land, and

the ability for local authorities to borrow to invest in public infrastructure – could be applied to accelerate the development of new community hub facilities. We will also explore other practical challenges, such as streamlining and simplifying the way practices are reimbursed for their premises. Our intention is then to include in our investment pipeline the neighbourhood care hubs to be delivered over the next five years. Alongside this work we will also establish a task and finish project to identify the opportunities and barriers to implementing STP estate plans at a neighbourhood level, proposing solutions that help develop the local capability and capacity needed for the transformation of local services.

Lewisham

- Lewisham Health and Care Partners, are working with the GLA, LGA and the Cabinet Office to enable the development of four Neighbourhood Care Hubs across the borough. These aim to supplement and not duplicate other care services, emphasising co-location or collaboration with other voluntary sector support services.
- The hubs aim to be recognised as centres which do as much to promote health, wellbeing and self-care as to provide appropriate care for those with ill-health.
- It is envisaged that the Neighbourhood Care Hubs will house integrated health and care teams, such as the Neighbourhood Community Teams and the community mental health teams; provide touch down space for other local services, including the voluntary sector; act as a base for local social enterprises; support residents with help and advice for accessing digital services and making choices; offer bookable space for shared use; and provide urgent care and GP extended access services for the community.

Newham:

- Health and Care Space Newham (HCSN) is a joint venture partnership between Newham Council and East London NHS Foundation Trust (ELFT) to own and build integrated health and care facilities. It is the first such partnership between a local authority and an NHS FT in the country; and it is the delivery vehicle for a wider strategic partnership that includes NHS Newham CCG and the GP federation Newham Health Collaborative. HCSN is a £200m venture, underpinned by a business case which outlines the operation of the partnership over the next 60 years.
- The vision is to develop state-of-the-art facilities that combine traditional GP surgeries with advanced medical, community, social care and mental health support reducing journey times for many service users and patients. The venture will also build new homes to make working in the area more attractive to healthcare professionals who already work in Newham and encourage others to apply for vacancies. Around 250 affordable homes will be built as a result of the venture and will be allocated as a priority to key workers in the health and care sector.

4.1.3 Creating the conditions for improvement: making the most of opportunities created by digital transformation, while bringing the public with us

Our aspirations to create 21st Century public services should not be limited to the development of physical premises. Healthcare lags other industries in digital maturity, and enhanced digital capabilities will be essential if we are to: improve the experience of care; empower people in managing their own health and wellbeing; improve the experience of staff by reducing workload, offering more flexible working and strengthening teamwork; and deliver high value healthcare that improves the wellbeing of our population and reduces health inequalities. To do this we need to unlock the value of information so that we can understand what is really happening for an individual, see and act on patterns across the population, and keep learning about what works. The marker of success in this vision is the emergence of a learning health and care system that uses information to achieve better and more equitable outcomes for Londoners, whilst delivering affordability by driving out duplication and unnecessary costs. Shifting our approach will require collective action, public involvement, and a focus on user-centred design. It will enable more personalised, proactive and preventative services that are more convenient, more effective and more intelligent.

Most Londoners believe that information about their health is already shared between the professionals responsible for providing their care and are surprised to know that, at present, we are unable to connect their records between organisations⁴⁸. The reality is that the joining up of information in existing health and care systems is inconsistent, cumbersome, and fails to actively support patient care pathways or clinical workflows. It is still common for information to be exchanged via post, fax, telephone and email. This impacts on the quality of care provision – reducing the efficacy and safety of care, and resulting in a poor experience for patients and carers.

In the same way that the postal service has developed a reliable approach to delivering mail to different addresses by using a system of postcodes, we need a secure and reliable way to move information between service users, professionals and organisations. This will require us to develop digital infrastructure that enables the exchange of information in a timely way – just as the Post Office has done for letters and parcels. However, to provide population level improvements, improve health and care services, and develop new or more targeted treatments, simply joining up information is not enough. We need to be able to bring together the data from large numbers of people to provide new insights and understanding. This means having all of the relevant information in one place, organised with standard references so that it is easy to find – a little like a research library. This information needs to be held securely and only available to those who have legitimate reason to use it. It should also maintain people's privacy by, for example, making the data anonymous so that it is impossible to identify whose information it is.

Collectively, we will have to invest significantly in the technology and organisational change necessary to allow health and care services to make better use of powerful emerging techniques made possible through the revolutions in genomics and data analytics. Fundamentally, this is an issue of operational redesign and standards setting, and it requires ownership by the most senior leadership in each organisation: it is not an Information Technology issue. If we get it right, the opportunities promised by digital transformation are great, and they shape our aspirations for London.

Healthcare lags other industries in digital maturity, and **enhanced digital capabilities will be essential** if we are to improve

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- We want Londoners to feel confident about finding the right support to help themselves, and to engage in a different type of conversation with the care professionals who support them. That is why it is so important to continue to develop and adopt digital support tools such as Good Thinking and Coordinate My Care (CMC), both of which are available for free to all Londoners
 - We want Londoners to feel confident about accessing services in different ways - not necessarily requiring people to take time off work, or travel to their local clinic, but instead having the choice to have conversations with clinicians over the phone, online or using video calls
 - We want Londoners to feel confident that when they receive care their clinical teams have the right information at the right time to make the best decision; and that this is collected, stored and used in a secure way and in a way that safeguards privacy appropriately. That is why we are building on existing local programmes, such as the East London Patient Record (eLPR), to make sure that all general practices, community services, hospital services and mental health services in London can connect together to see relevant information about a person in their care. This is a core part of the first phase of the OneLondon LHCRE programme
 - We want Londoners to feel confident that professionals in different organisations are supported to share information and to work together to resolve issues without always having to refer someone for an additional appointment, resulting in additional delay and stress for the patient. New tools, such as the Referral Assessment Service and the e-Referral Service Advice and Guidance, are supporting GPs and hospital doctors to work together to resolve issues and make sure any referrals to outpatients are necessary and make best use of everyone's time. It is now possible for a GP to describe a person's symptoms and get a response from a hospital-based specialist within 48 hours. This not only fosters collaboration and problem-solving between clinicians, it also reduces some of the stress and inconvenience for people having to go to an outpatient appointment. It should also make a significant contribution to reducing the number of journeys required for healthcare, with a reduction in the harmful emissions that such travel generates
 - We want Londoners to feel confident that professionals are using health and care information intelligently so that they can spot potential issues and offer early support, rather than waiting for symptoms to develop and progress. This will be vital if we are to deliver the stage shift in cancer diagnosis, so that at least three-quarters of the Londoners who receive a cancer diagnosis are diagnosed at an early stage and treatment can be started earlier. Similar methods will also be important in providing more tailored support to reduce the impact of heart disease, diabetes, kidney disease, stroke and dementia – which we know drive much of the ill health people in London experience. The information revolution means we now have much more intelligence on which to base targeted offers of support, and Londoners should feel confident that we are using this intelligence to provide the most effective care at the earliest point
 - We want Londoners to feel confident that local services are planned and organised in a way that thinks about user-based design and considers the real needs of the local population, based on actual data. And to be confident that we are supporting research into the causes and treatments of illness, participating in the creation of new knowledge and treatments that will make a big difference to them, their families, and millions of other people in London and across the world

This will only be possible if Londoners understand why and how their health and care information is used, trust that it will be used appropriately and in line with their expectations, and are supportive of our ambitions. There are a multitude of factors that have confused debate about uses of health and care information in the past and the scope for misunderstanding and cynicism is therefore understandably high. We must address this risk by avoiding past mistakes. The most important factor will be to create a wider understanding and confidence amongst the public and care professionals. To create and sustain legitimacy and trustworthiness we must have a different type of conversation with Londoners about people's expectations, and we must ensure public services operate in line with these expectations.

Steps for further progress:

- We will continue to develop and integrate digital support tools so that they are easier to access and use
- We will continue to build on previous engagement with Londoners, using discussion and deliberation to explore and understand people's expectations of the use of health and care information
- We will continue the journey set out in our 'Smarter London Together' roadmap to transform London into the smartest city in the world, with coordinated efforts to promote MedTech innovation to improve treatments in the NHS and social care
- We will continue to develop the Local Health and Care Record infrastructure – in line with public expectations – so that it becomes a more sophisticated data service platform to support patients to access their own information, for

clinical services to provide more proactive and anticipatory care, and to act as a source of depersonalised information for population health intelligence and public health research

- We will explore the future models of funding that are required to create and sustain digital support tools, like Good Thinking, CMC, or other personal health and care records, so that all Londoners are able to access effective digital support

Our plans are ambitious and challenging, but they are essential if London is to become the healthiest global city now, for all, and for future generations. Strategic leadership will continue to be provided by the Chief Digital Officer of the Greater London Authority and the Regional Director of the NHS in London, with appropriate collaboration and governance to make sure we make a difference. To guide our efforts our partnership will develop a Data Strategy and Digital Declaration for London's health and care partners.

To create and sustain **legitimacy** and **trustworthiness** we must have a different type of conversation with Londoners about people's expectations, and we must **ensure public services operate in line with these expectations**

Early detection of Acute Kidney Injury has been cut from hours to minutes, **reducing the cost of care** from £11,772 to £9,761 for a hospital admission

This will describe how we bring together academic, public service and technology partners to act collectively so that we can get the maximum benefit for Londoners from the assets that we have in the capital, and will build on the existing progress that has been made through the Local Health and Care Record Exemplar, the Digital Innovation Hubs and the London Office for Technology and Innovation.

Early detection of Acute Kidney Injury

Detection of one of the biggest killers in the NHS has been cut from hours to minutes at the Royal Free Hospital in London thanks to the introduction of a new digital alerting tool which has been developed by technology experts at DeepMind Health in collaboration with clinicians at the Royal Free London NHS Foundation Trust to help identify patients at risk of acute kidney injury (AKI).

According to the evaluation led by University College London, and published in Nature Digital Medicine, the app improved the quality of care for

patients by speeding up detection and preventing missed cases. Clinicians were able to respond to urgent AKI cases in 14 minutes or less - a process which, using existing systems, might otherwise have taken many hours as clinicians would previously have had to trawl through paper, pager alerts and multiple desktop systems.

This has improved the experience of clinicians responsible for treating AKI, and reduced the cost of care to the NHS - from £11,772 to £9,761 for a hospital admission for a patient with AKI. Clinicians involved in the evaluation said the new technology 'has definitely saved people's lives', and 'it must save at least a couple of hours in a day'.

4.1.4 Creating the conditions for improvement: establishing the right type of partnership working and collective oversight

The opportunities and structures for leaders to participate in making decisions are undoubtedly important within any partnership: they determine the ability for different perspectives to be shared and understood, for relationships and trust to develop, and they act as the mechanisms through which partners can hold themselves and each other to account for making progress.

As a regional partnership – of the GLA, London boroughs, and the NHS – our approach to joint working must respect the different histories, statutory bases, and lines of democratic accountability inherent within each member. Whilst recognising these differences, we need to find effective ways of working together to transform outcomes for Londoners. At all levels of the system this includes creating ways to foster a consideration of ‘health in all policies’, to engender collaboration in decision-making and to support shared oversight of joint working, whilst also enabling clear delivery through executive structures.

At a regional level the leadership of our partnership is enabled by and through the London Health Board. It provides strategic direction and oversight of progress against our collective commitments by bringing together the most senior accountable officers for the NHS in London with representative political and executive leaders from local government, and the GLA. The board meets in public and is chaired by the Mayor of London, with the role of making the most of opportunities for partnership so that we make London the healthiest global city. We will explore how to strengthen our partnership mechanisms for executive leadership, working into

the London Health Board. This could include a range of mechanisms, such as more direct involvement of local government representatives in the NHS regional executive structures, the inclusion of NHS representatives within the collaborative structures of London Councils, and a refresh of the Healthy London Partnership governance arrangements.

Partner organisations are working to establish integrated systems leadership at a sub-regional level, covering each of the five STP footprints, by April 2021. These will each be supported by the creation of a partnership board (with an independent chair) and an executive board at the STP-level. These new arrangements must engender stronger collaboration between health and social care commissioners, and with providers, taking into account the democratic and institutional realities inherent in place-based leadership. These new structures are expected to oversee a movement towards place-based budgets in each borough, and to seek devolution of some NHS responsibilities from the regional level – such as with the devolution of responsibility for some specialised commissioning budgets. As these structures are established the regional NHS will work with ICS leaders to co-design system-wide objectives. ICS boards will be accountable for their performance against these objectives.

Local authorities and the NHS are committed to developing local proposals for integrating health and care in each borough. Over the next five years our ambition is for every borough to have developed place-based leadership arrangements with shared accountability and pooled budgets for specific groups of patients or people with similar needs. The specific form and scope of these arrangements, and the pace with which they will be implemented, will be determined locally with areas moving towards deeper integration and risk sharing at the pace of trust.

Lambeth

Lambeth has created a collaborative health and care partnership called *Lambeth Together*. The aim of the partnership is to improve health and wellbeing and reduce health inequalities for people in Lambeth. To enable this, statutory, voluntary and community stakeholders and partners have come together to create an environment where collaboration and integration is the way that things are done in Lambeth. This includes formalised integrated leadership arrangements across NHS and council commissioning, for example through the joint-appointment to the role of Strategic Director: Integrated Health and Care.

Lambeth Together is underpinned by a number of *delivery alliances*. The alliances enable groups of providers to come together to look at the range of services that they provide and see how they can work better together to improve outcomes in terms of population health, user experience, worker experience and better value for money.

The most advanced of these delivery alliance is the ground-breaking *Lambeth Living Well Network Alliance (LWNA)*. The LWNA has a range

of functions to support those adults who are experiencing mental distress or at risk of experiencing mental illness and distress. The services include employment and housing support. Partners work together through a formal 7-10 year alliance contract worth £67m per annum which has been in place since July 2018, demonstrating a commitment to integrated commissioning between health and social care, collaborative commissioner-provider working and a co-productive approach.

Building on the experience and lessons learnt from adult mental health, the next delivery alliance will be for *Neighbourhood Based Care and Wellbeing* – aligning neighbourhood developments across different parts of the health and care system including PCNs, neighbourhood nursing, neighbourhood home care provision and VCS developments. The neighbourhoods are based on populations of approximately 30- 50,000 in geographical areas.

Integration in Lambeth sits within the broader South East London System of Systems approach developed across South East London partners as part of the development of their wider ICS arrangements.

4.2 Continuing to make progress in addressing ten issues requiring specific citywide action

This section looks in more detail at the ten focus areas for action. The following summaries highlight the outcome commitment we think would be important to make a difference to, the challenge we face in doing that, the things we are already doing, the things we are considering doing next, and the wider mix of measures that will help to tell us if we are making an impact.

 <p>Reduce childhood obesity</p>	 <p>Improve the emotional wellbeing of children and young Londoners</p>
 <p>Improve mental health and progress towards zero suicides</p>	 <p>Improve air quality</p>
 <p>Improve tobacco control and reduce smoking</p>	 <p>Reduce the prevalence and impact of violence</p>
 <p>Improve the health of homeless people</p>	 <p>Improve services and prevention for HIV and other STIs</p>
 <p>Support Londoners with dementia to live well</p>	 <p>Improve care and support at the end of life</p>

London Vision

Reduce childhood obesity



Our ambition: every young Londoner is supported to maintain a healthy weight

Our commitment: we will achieve a 10% reduction in the proportion of children in reception (age four or five) who are overweight by 2023/24, delivered through bold citywide actions and targeted support for those most at risk

The challenge we face...

Around one in five (22%) of London's 4–5 year olds are an unhealthy weight, and by the time they leave primary school aged 10–11 years old the proportion affected rises to two in five (38%). This is the highest level of any region in England, and in some London boroughs up to 50% of children are affected as they head into secondary school^{25,27,28,31}

Over
20%

of children in Reception are overweight or obese



Londoners have higher rates of unhealthy weight versus other global cities



Obesity drives health problems such as dental cavities, fatty liver disease and Type 2 diabetes

Almost
40%

of children in Year 6 are overweight or obese

Children who grow up in London's most deprived areas are affected the most



As an adult, there is increased risk of cardiovascular disease, cancer & musculoskeletal disorders

Our actions so far...

- Supporting the Healthier Catering Commitment, a scheme promoted by local authorities to **help caterers and food businesses make simple, healthy improvements** to their food
- Collaborating with health and social care partners, including GLA, to School Superzones across the capital. These are **zones around schools, around a 5-10 minute walk, to create healthier and safer places** for London's children and young people to live, learn and play
- Rolling out Play Streets, a resident-led initiative supported by councils in several boroughs. This enables **temporary road closures for a few hours once a month so that children can play** in the road
- Implementing the Transport for London (TfL) Healthy Streets Approach which focuses on **creating streets that are healthy places for people of all ages to walk, cycle, play and spend time**. The Mayor's Transport Strategy includes a target for all Londoners to achieve 20 minutes of active travel each day by 2041
- **Restricting the advertising of unhealthy food** across the TfL estate
- Establishing London's Child Obesity Taskforce, convened with an ambitious goal to **halve the percentage of London's children who are overweight** at the start of primary school and obese at the end of primary school by 2030, and to reduce the gap between child obesity rates in the richest and poorest areas in London. They have published *Every Child a Healthy Weight: Ten Ambitions for London* which sets out an ambitious call to action for partners to act through a whole system approach⁴⁹

Our next steps...

- We will work with school leaders in London with the ambition for all schools to be able to become water-only schools, building on other actions in London to make NHS premises healthier
- We will develop specific proposals on ways that local communities can offer integrated, meaningful support to families from the most disadvantaged backgrounds to maximise the impact of the National Child Measurement Programme process
- We will offer children and families targeted support packages and access to weight management services. Including NHS services treating children for severe complications related to their obesity (e.g. diabetes, sleep apnoea, poor mental health) to prevent needing more invasive treatment
- We will support London's Child Obesity Taskforce in hosting the first global summit on child obesity in September 2020. To collaborate with other global cities to share and learn
- We will establish a London Childhood Obesity Delivery Board to consider and respond to the recommendations of London's Child Obesity Taskforce as part of the development of a whole systems child obesity plan, as outlined in London's first Child Obesity Taskforce action plan
- We will refine the incentives for hospitals to encourage healthier food options to be available and to limit the proportion, placement and promotion of foods high in fat, salt and sugar



London Vision

Improve the emotional wellbeing of children and young Londoners



Our ambition: every London child reaches a good level of cognitive, social and emotional development with effective child and adolescent mental health services available to all young people whenever they need them.

Our commitment: we will ensure access to high quality mental health support for all children in the places they need it, starting with 41 Mental Health Support Teams in schools, maximising the contribution of the Mayor's/GLA's Healthy Schools London Programme and Healthy Early Years London Programme, and extending the use of digital support technologies.

The challenge we face...

Young Londoners experience worryingly high levels of poor mental health and frequently face challenges when trying to get help. Poor mental health is a cause of inequality and disadvantage, as well as one of its consequences. We need to design solutions with young people^{50,51,52,53,54,55}

1/2

of all mental health problems manifest by age 14 and 75% by age 24

13%

of 15-18 year olds have a mental health disorder

123

schools are an effective setting to offer interventions for low levels of mental health need

35%

of young Londoners surveyed would feel most comfortable getting support online

30.5%

Although treatment access rates for children and young people have improved, they are still just 30.5%

Poverty, neglect, ethnicity, domestic violence, being a looked after child, being from the LGBTQ+ community and many other inequalities can all lead to poor mental health

Our actions so far...

- **Investing in children and young people's mental health services to achieve the national access target** of meeting the needs of at least 35% of children with a mental health conditions by 20/21, and contributing the national target of an additional 345,000 young people aged 0-25 by 2023/24
- **Investing £31m in mental health support teams** in schools, aiming for 41 teams in place across London by 2024 with teams in each STP area
- Promoting the GLA's Healthy Early Years and Healthy Schools London programmes to **support early years settings and schools to support the emotional wellbeing of children** and families
- **Training a mental health first aider for every London state-funded school and college** by March 2021 – funded by the Mayor
- Convening the **annual young Londoner-led mental health event** led by The Mayor's Peer Outreach Team and Thrive LDN
- Offering grants to **increase social action in young Londoners at greater risk of poor mental health**, through Young London Inspired - a joint Thrive LDN and Team London programme
- Sharing learning from the Young London Inspired programme to **encourage volunteering as a route to improving wellbeing** for young people at risk of mental ill health

Our next steps...

- By the end of 2020/21, there will be 41 Mental Health Support Teams operational in London, delivering evidence-based interventions for children and young people with mild-moderate mental health conditions. This represents an investment in excess of £25M. We are working with local areas to expand further, aiming to meet the NHS Long Term Plan ambition of 25% coverage by 2023. This supports our London ambition to ensure that all children and young people in London are able to access appropriate mental health support when they need it.
- Schools and colleges will have the opportunity to receive evidence-based training delivered by the Anna Freud Centre through the Schools Link Programme, so that children are able to receive the help they need at an earlier stage. We will work with CCGs and Local Authorities to ensure that all education settings are aware of this programme and encourage the highest possible engagement
- We will also establish a dedicated programme to work with schools, children's centres, early years education providers and local integrated care systems, with the aim of increasing participation
- in the GLA's Healthy Schools London and Healthy Early Years London programmes, and promoting mental health first aid training, suicide prevention training, and access to digital support technologies
- We will extend the Good Thinking digital wellbeing service so that it meets the needs of young Londoners aged under 18



London Vision

Improve mental health and progress towards zero suicides



Our ambition: London is a city where everyone's mental health and wellbeing is supported; working towards becoming a Zero Suicide city

Our commitment: we will ensure that all Londoners have access to mental health care, support and treatment, especially those experiencing health inequalities

The challenge we face...

Two million Londoners experience mental ill health every year. The impact of mental illness is not equal, with poverty and deprivation acting as key drivers of poor mental health. Austerity has impacted financial and housing security and public services; essential to protect from mental illness and for recovery

2 million

Londoners experience mental ill health every year

Up to
140

Londoners per 100,000 were detained under the Mental Health Act in 2017/18

12

Londoners die each week from suicide

That's
13

people on the average bus and more than **100** on the average tube

The Mayor of London's Health Inequalities Strategy included plans to tackle income inequality, a significant factor in, and consequence of, mental illness

Stigma and health inequalities, including the mortality gap of

10-20 years,

remain a significant cause of concern

Our actions so far...

- **Promoting open conversations about mental health and wellbeing** through Thrive LDN's 'Are you OK London?' campaign
- Promoting the London Healthy Workplace Award to **encourage employers to promote and support mental health and wellbeing**
- Innovating to **develop Good Thinking, a digital mental health and wellbeing service** for adults
- **Offering small grants (through Team London) to voluntary and community sector organisations** working to support people affected by loneliness and social isolation through social prescribing
- Increasing **access to psychological therapy close to home**, and perinatal mental health care
- **Achieving waiting time targets for urgent mental health services:** 24/7 community-based crisis response for adults and older adults, and all-age mental health liaison service for all London's emergency departments
- Ensuring **people living with severe mental illness have a physical health check** and that action is taken based on the findings
- Increasing **access to a range of alternatives to traditional crisis care**, such as Crisis Cafes
- **Delivering a pan-London s136 model of care with the NHS, police, local authorities and voluntary sector** that supports people in crisis
- Developing **local multi-agency suicide reduction plans**, led by Public Health teams in Local Authorities
- **Reducing suicide remains an NHS priority** with clear commitments to post suicide-support services and reducing inpatient suicides
- Encouraging all staff in the NHS, and in wider public services to **undertake suicide prevention training**

Our next steps...

- We will focus on interventions in schools, colleges, workplaces, and building social connectedness in communities for those in older age. For example, Thrive LDN is working with Papyrus in schools and colleges to engage with, and support, the work of London's Universities to improve student mental health
- We will simplify access to support and services through digital routes, such as Good Thinking, using digital tools that support efficient person-centred decision making, digital communication/information sharing with professionals and between services and once people are in services, they are offered digital enabled therapies and tools to support their recovery
- We will build on our ambition to be a Zero Suicide city, by changing social attitudes and behaviour, and by deepening our understanding on how and where to intervene
- The Mayor is leading a public-facing campaign with Thrive LDN for 100,000 Londoners to complete the free 20 minute Zero Suicide Alliance training. Thrive LDN will continue to develop an interagency real-time Suicide Information Hub to deploy system-wide intelligence across London on suspected and completed suicides
- The NHS, Local Authorities, and the Metropolitan Police Service will help London's employers by running internal campaigns to encourage employees to complete Zero Suicide Alliance training and, where appropriate, more intensive training e.g. for NHS emergency departments staff
- We will promote social connectedness to prevent suicide in later life through social prescribing



London Vision

Improve air quality



Our ambition: every Londoner breathes safe air

Our commitment: we work together to reach legal concentration limits of Nitrogen Dioxide (NO₂) and working towards WHO limits for particulate matter_{2.5} concentrations by 2030.

The challenge we face...

The quality of London's air is dangerous to health and breaches legal limits. Air pollution contributes to thousands of premature deaths each exacerbates poor health^{23,35,36}

2 million

Londoners live in areas that exceed legal limits for air pollution

c.450

Schools were still in areas that exceeded legal limits for NO₂ in 2016



Air pollution affects everyone but children and older people are more at risk

400,000

Children under 18 live in areas that exceed legal limits for air pollution



Children's developing and growing lungs are at greater risk of developing asthma

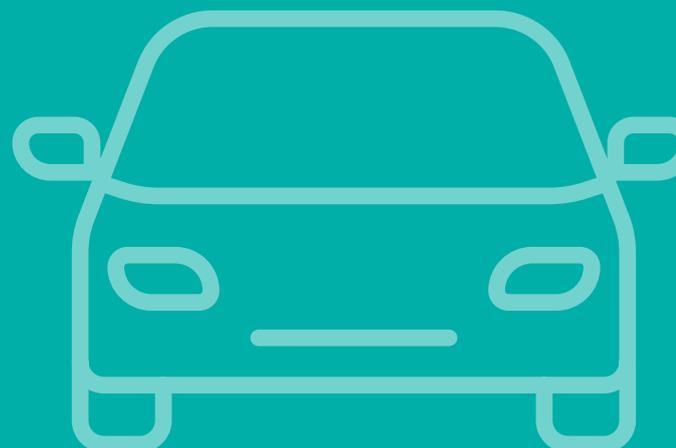
Those living in deprived communities are more likely to be exposed to higher concentrations of pollutants than those in less deprived communities

Our actions so far...

- Delivering the London Environment Strategy and **Mayor's Transport Strategy** commitments to improve air quality and ensure **80% of trips** are made by active or sustainable modes (walking, cycling and public transport) with all Londoners achieving the 20 minutes of active travel each day that they need to stay healthy by 2041
- Local authorities are implementing the **TfL Healthy Streets Approach**, Public Health England (PHE) recommendations and National Institute of Health and Clinical Excellence (NICE) guidance on air pollution
- Supporting all **Londoners to achieve 20 minutes of active travel every day**
- Launching the Ultra Low Emission Zone (ULEZ) in central London, where **vehicles driving in the zone must meet new, tighter emission standards or pay a daily charge** and introducing a number of Liveable and Low Emission Neighbourhoods
- **Cleaning up the bus and taxi fleet**, which now includes over 200 electric buses, 12 twelve Low Emission Bus Zones, and over 2,200 zero emission capable taxis
- **Conducting air quality audits** at 50 of the most polluted primary schools and 20 nurseries and working with schools and workplaces to reduce their contribution to air pollution by switching to walking, cycling and public transport
- **Exploring opportunities for trip consolidation**, including through telemedicine and integration of non-emergency patient transport services
- Promoting the text alerts system to **advise Londoners of pollution episodes and the protective actions** that those with heart and lung disease should take during high pollution episodes
- All health and care partnerships to take a networked, multi-disciplinary approach to asthma care for all ages, including promoting the **#AskAboutAsthma campaign**

Our next steps...

- London boroughs will deliver a major expansion in electric vehicle infrastructure by putting in place 300 rapid charge points by 2020, and 20 in each borough by 2022
- The Ultra Low Emission Zone boundary will be expanded to the North and South Circular Roads in 2021
- The NHS will cut business mileages and fleet air pollutant emissions by 20% by 2023/24. At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2028, and primary heating from coal and oil fuel in NHS sites will be fully phased out. Our plans to reduce outpatient appointments in London by 30% have the potential to avoid up to 50,000,000 miles of journeys. We estimate, that this could lead to a 30,000 kg reduction in traffic-related NOx emissions and a 2,500 kg reduction in traffic-related PM10 emissions each year in London (based on 2015 average fleet emissions). Reducing motor traffic volumes also has benefits in terms of reduced noise and an improved environment



London Vision

Improve tobacco control and reduce smoking



Our ambition: for London to be a smoke free city

Our commitment: we will speed up a reduction in smoking prevalence in London, especially among groups with the greatest health inequalities

The challenge we face...

Smoking remains London's leading cause of premature death, causing the early deaths of over 8,000 people per year. It contributes to four out of the five most common health conditions that kill Londoners^{37,38,39}

13.9% ▼

The number of adults smoking has fallen from 20% in 2011

8,000

Smoking remains London's leading cause of premature death, killing 8,000 people per year



Inequalities remain stark, with people working in manual occupations and/or living with serious mental illness, smoking more than the general population

38.9%

of people living with a serious mental health illness are smokers

£12.6bn

The annual financial cost of smoking to society



Investing £1 in tobacco control intervention could save £2.07 by year five, £3.92 by year 10 and £11.38 over a lifetime

Our actions so far...

- Promoting the **'Stamp IT Out London' illegal tobacco campaign**, which takes place each year
- Ensuring that the **'Stop Smoking London Programme' is available to all Londoners**
- Continuing to deliver **better outcomes for patients through the Screening and brief advice for tobacco and alcohol use** in inpatient settings
Commissioning for Quality and Innovation scheme
- **Sharing best practice from the Smoking in Pregnancy challenge group**, following the learning event in October 2019
- Offering tailored **support from PHE to each STP to understand the scale and costs of local tobacco-related harm**, and the benefits of taking action.

Our next steps...

We will establish a London-wide partnership 'Smoke Free London' with NHS, Local Authorities PHE, voluntary and community sector, GLA, London Councils and academia with the overall aim of further reducing rates of smoking in the capital by:

- We will agree an accelerated reduction aspiration for London
- We will further develop the "Stop Smoking London" programme as an asset for Londoners
- Undertake Pan London action to address illegal tobacco
- We will support the availability of brief intervention training, including Making Every Contact Count to support a consistent approach across organisations
- We will encourage and support the rollout of the Ottawa stop-smoking model to all NHS services, focusing on smoking in pregnancy and smoking cessation support for those in contact with mental health services
- We will ensure a focus on addressing smoking among key 'at risk' groups including people in routine and manual occupations, pregnant women, people with mental health needs including drug and alcohol users, and specific ethnic groups
- We will adopt a rounded approach to addressing tobacco, with work on tobacco linked into the alcohol agenda including the development of Alcohol Care Teams highlighted in the Long Term Plan



London Vision

Reduce the prevalence and impact of violence



Our ambition: every Londoner feels safe, knowing that we have reduced violence in their community

Our commitment: we will work collaboratively with the London Violence Reduction Unit to develop and implement effective ways of reducing violence, including addressing its root causes

The challenge we face...

The number of violent incidents across England and Wales has increased each year since 2014. Whilst London has observed a lower rate of increase than other areas, the number of violent incidents in London is unacceptably high and is one of the Mayor of London's highest priorities^{56,57,58}

200,000

offences of violence including 120 homicides were recorded in London in the 12 months to March 2019



The Royal London Hospital on average admits two people a day with a stabbing injury, having a devastating effect on families and placing avoidable pressure on NHS staff



The VRU unites specialists from health, police, local government, probation and community organisations

28%

of Londoners report feeling that knife crime is a problem in their local area

7%

Violent incidents have increased by 7% in London and by 22% nationally in the 12 months to March 2019



The areas of London most affected by violence are often those with high deprivation

Our commitments so far...

- Working at neighbourhood level and with local Community Safety Partnerships we are continuing to **develop best practice and multi-agency action plans that address violence in local areas**, which can be evaluated and promoted by the Violence Reduction Unit (VRU)
- Embedding case workers in Major Trauma Centres for example St. Giles Caseworkers who **offer support to young people** admitted to the Royal London Hospital as a result of serious violence
- Building on the Information Sharing to Tackle Violence (ISTV) programme, we are continuing to work together to review opportunities to: **identify individual and community risk and preventative factors; build the evidence base, and to share data** with the VRU and its partners
- Supporting the VRU to **develop a movement against violence** that promotes positive messages and activities for London citizens, building stronger and safer communities

Our next steps...

- NHS London will establish a clinical and professional network that provides leadership across the health system and establish a Violence Reduction Academy to support and equip local health systems to develop and implement best-practice evidence-based models across the capital
- NHS London will explore a more integrated trauma model so Londoners affected by violence and trauma can receive more effective, joined up physical and psychological support
- Violence reduction will be factored into JSNAs and into the work of Health and Wellbeing Boards
- Local health and care partnerships will interrogate existing care pathways for opportunities to reduce violence and social risk factors
- We, as a London-wide partnership, will identify promising new or non-traditional models of prevention and early intervention and look to evaluate, share and scale good practice across the capital
- Working with the VRU and other agencies across London, we will develop new models of care for people affected by violence, which will be co-produced with the people they aim to support
- We will support the VRU's work to strengthen London's network of support for those affected violence and trauma. This will include expanding support to parents and families; investing in London's youth workers and developing trauma-awareness among frontline professionals



London Vision

Improve the health of homeless people



Our ambition: no rough sleepers die on the street, no one is discharged from a hospital to the street and there is equal and fair access to healthcare for those who are homeless.

Our commitment: we commit to drive action to improve, grow and innovate services that improve the health of rough sleepers, including expanding the pan-London rough sleeping services funded by the Mayor, building on existing good practice, piloting new models of care and data collection, and developing plans to build more integrated services in London

The challenge we face...

The Homeless in London have some of the worst health and shortest lives of all adults. We need to address the health issues that are both a cause and a consequence of being homeless, alongside often complex social needs. We have to work collectively to design integrated services to improve health and prolong life^{40,41,42}.

44 years

Is the average age of death for those who are homeless



The number of rough sleepers in London has more than doubled in the last 10 years

For every person sleeping rough, there are estimated to be 13x more 'hidden homeless' who are sofa surfing, living in cars or in other precarious circumstances

126

Different nationalities recorded amongst rough sleepers in London, with half born outside the UK

8,855

People were seen sleeping rough in London in 2018/19



People experiencing homelessness use hospital services 4x more than general population

Our actions so far...

- Implementing a **hospital homelessness and immigration support service pilot, and a mental health pilot** across four Mental Health Trusts and 16 London boroughs
- Improving **access to mental health services**, through a specialist team to help coordinate and carry out mental health assessments with people sleeping rough
- Promoting **training developed for GP receptionists and practice managers**, and the dissemination of Groundswell 'my right to access healthcare' cards to promote GP registration
- Providing **peer-led advocacy for rough sleepers to access health services**
- Supporting the implementation of existing homeless health commissioning guidance for London, and the **development of Health & Wellbeing Boards homelessness and rough sleeping strategies**
- Requesting that NICE produces comprehensive guidance to **support homelessness prevention, integrated care and recovery**
- Promoting **guidance on care for homeless people** at the end of their lives
- Continuing to work with Safeguarding Adult Boards to ensure **robust Safeguarding Adult Reviews are undertaken when a person sleeping rough dies** and there is suspicion of abuse or neglect
- The Mayor is **doubling City Hall's rough sleeping budget** in 2019/20 to around £18m

Our next steps...

- We will develop a commissioning plan to establish integrated care pathways for rough sleepers; including specific proposals to enable safe and timely transfers from hospital to intermediate care, step down accommodation, or assessment in a home if required
- We will work with system-wide partners to support rough sleepers to have better access to specialist homelessness NHS mental health support, integrated with existing outreach services, sharing and promoting learning from pilots and best practice
- We will identify key prevention and health improvement opportunities, including health screening and contacts with primary or urgent care, and develop plans to promote these
- We will test ways of including housing status in data collections, quantifying the scale and progress in improving homeless health
- We will deliver a focused London-wide homelessness partnership, providing leadership and strategic oversight for London



London Vision

Improve services and prevention for HIV and other STIs



Our ambition: for London to get to zero by 2030: no new HIV infections, zero preventable deaths and zero stigma

Our commitment: we will broaden partnership working to focus further on tackling health inequality and a wider range of sexually transmitted diseases

The challenge we face...

HIV is an important public health problem in London. In 2017, an estimated 38,600 people were living with HIV in London, representing 38% of all people living with diagnosed or undiagnosed HIV in the UK. Poor sexual and reproductive health, including transmission rates of HIV have major impacts on population mortality, morbidity and wider wellbeing^{43,59}

1,549

Londoners were newly diagnosed with HIV in 2017



Black African people are over twice as likely to be diagnosed late with HIV



Despite considerable progress, HIV is twice as common in London as it is in England

44%

of Londoners living with diagnosed HIV were aged between 35 and 49 years in 2017

14%

of HIV-diagnosed Londoners expressed concern about discrimination in a health care setting in 2017

98%

of HIV-diagnosed residents were receiving anti-retroviral treatment in London in 2017, exceeding the UNAIDS target

Our actions so far...

- Continuing to **build cross sector collaborations through London's Fast Track Cities Initiative (FTCI)** Leadership Group and providing oversight London's action on getting to zero
- Continuing to engage the Department of Health and Social Care in calling for **access to PrEP for all to be funded** to reduce new HIV infections
- Deploying targeted health promotion, including widening testing to **reach those specific cohorts of the population where new HIV infections rates are highest** and regular testing should be encouraged
- Promoting prevention choices for Londoners on a pan-London basis through the **London HIV Prevention Programme**, funded by London boroughs

Our next steps...

- We will continue to be part of the FTCl, and to work towards zero new HIV infections, zero preventable deaths and zero stigma by 2030. We will invest £6m into this initiative over three-years with particular effort to support the 5% of people who live with undiagnosed HIV
- London health, care and government organisations will achieve stigma-free status by 2022 and engage other sectors towards the same aspiration
- We will reduce stigma by positively challenging myths around transmission; promoting the message that HIV is a long-term condition people live with and through effective treatment cannot pass it on
- We will continue to deliver world class health promotion across the city through the London HIV Prevention Programme, funded by London boroughs
- We will use our learning from this HIV work to help diagnose and treat other blood-borne viruses including hepatitis C, and sexually transmitted infections including chlamydia, gonorrhoea and syphilis



DO IT

London Vision

Support Londoners with dementia to live well



Our ambition: London is the world's first dementia friendly capital city by 2022

Our commitment: we will ensure that Londoners receive a timely diagnosis, ongoing support and are able to live well in their community

The challenge we face...

An estimated that 72,000 Londoners are living with dementia, including around 3,700 people living with young onset dementia (onset under 65). If current trends continue, there will be a 40% increase in the people living with this condition by 2025. Diagnosis rates have significantly improved over the last five years from 54% to 73%, however there is significant variation across different parts of London. 18,500 Londoners are still estimated to be living with dementia without a diagnosis^{44,45,46,60}

£2.4bn

is the total cost of dementia to the London economy per year



Dementia diagnosis rates have significantly improved across London from 54% in 2014 to 73% in 2019

73%

Unpaid care accounts for 73% of the total cost of people with dementia living in the community, and 44% of the total cost of the overall dementia population in London

6 weeks

An ambition has been agreed for services to work towards 85% of people to receive a diagnosis and initial care and treatment plan within 6 weeks of referral.

Two thirds

of London boroughs are doing some kind of dementia friendly activity already

2x

People with dementia stay in hospital twice as long as other older people

Our actions so far...

- Working with the Alzheimer's Society to **launch Dementia Friendly London** and we are working towards:
 - Establishing **2,000 dementia-friendly organisations** – including shops, GP practices and cultural venues including galleries and museums and sports venue – that have considered people with dementia and taken practical action
 - **Recruiting 500,000 Dementia Friends** across the public, private and community sectors – including bus drivers and station staff, NHS staff and housing, and retail sectors
 - Supporting **all London boroughs to become Dementia Friendly Communities** building on the work already underway
- **Placing all people with dementia at the heart of Dementia Friendly London** through a People's Panel of Londoners living with dementia
- **Creating a cross sector executive board** made up of senior leaders across the partnership. This has been established to oversee the Dementia Friendly London strategy
- Establishing an, NHS London-led, mechanism of clinically led support to **improve diagnosis rates**
- Improving integrated working in South West London is being completed; **bringing psychiatrists, neurologists and neuroradiologist together** in a multi-disciplinary meeting
- Agreeing with each STP, **a mechanism to collect memory service waiting time data** and Dementia Clinical Network to streamline pathway, completing a pan-London memory service audit

Our next steps...

- Led by the dementia friendly London executive board, sectors will establish local action plans to achieve cross sector and individual ambitions
- The GLA will lead by example at City Hall where work will be led by the Mayor's Dementia Champion and Chief Officer, Mary Harpley
- London Association of Directors of Adult Social Services and Alzheimer's Society are supporting London's boroughs to become dementia-friendly.
- NHS London will offer Dementia Friends sessions to London regional staff
- NHS London's expert Dementia Clinical Network will bring together memory services and Parkinson's clinics to improve pathways and support joint working



London Vision

Improving care and support at the end of life



Our ambition: every Londoner is able to die at home or in a place of their choice, comfortably, surrounded by people who care for them.

Our commitment: we will ensure that all Londoners in their last year of life have access to personalised care planning and support that enables them to die in their preferred place

The challenge we face...

Londoners are disproportionately dying in hospital. The NHS Long Term Plan supports the need to personalise care and to improve end of life care. People entering their last year of life can be identified and offered personalised care and support planning⁴⁷

89%

of people would prefer to die at home or in a hospice

The overall cost of care is understood to be lower outside of hospital settings

London also has the highest average length of hospital stay for people with a terminal illness compared to other regions in England

6%

There is a considerably higher proportion of hospital deaths in London, which is 6 percentage points higher than the national average

15%

of all emergency hospital admissions in England belong to the 1% of people in their final year of life

The increase in the number of those with long-term health conditions means that people are more likely to require complex care for an extended period of time before their death

Our actions so far...

- Developing a programme of work in all STPs focused on **improving the experience of End of Life Care (EOLC)**
- Supporting health and care staff to **identify people who are likely to be in their last year of life** and offer them personalised care and support planning
- Giving **particular consideration to people likely to have specific needs**, for example those with learning disabilities and people who are homeless
- Supporting the implementation of 'Coordinate my Care' (CMC) for people in their last year of life, ensuring that important **information like wishes and preferences is shared with services** providing urgent or unplanned care
- Developing and supporting CMC in all care settings in London including **monitoring the quality of records** created
- Disseminating a resource developed by the EOLC Clinical Network to support primary care in **achieving the new 2019/20 quality improvement indicators** of the Quality and Outcomes Framework

Our next steps...

- NHS London will continue development and implementation of Coordinate My Care (CMC) through a lead commissioner approach, optimisation of digital enablers and wider clinical engagement education and training
- We will support adherence to the upcoming NICE guidance on EOLC service delivery across London
- The EOLC Clinical Network will complete a project with Newham CCG primary care using an electronic identification search tool and clinical pathways to improve EOLC identification and personalised care and support planning. Learning from this will be spread regionally
- Led by the EOLC Clinical Network; London's hospices, community services and acute Trusts will come together with the aim to create a single medication administration record chart
- The Metropolitan Police, London Ambulance Service, 111 services and the EOLC Clinical Network will create a protocol for responding to expected deaths in the community and associated training materials



5 Our request of you: tell us what you think, and tell us how you would like to be involved

This Vision document is the product of significant stakeholder engagement and collaboration over the past year, including: through Thrive LDN and the Fast Track Cities initiative; through advisory working groups with more than three hundred professionals (from public health, social care and the NHS) and through local discussions on integration within each of the five Strategic Transformation Partnerships. In addition we have attempted to recognise and reflect the ambitions, policies and ideas set out within the Mayor's Health Inequalities Strategy, London Council's Pledges to Londoners, the Prevention Green Paper and the NHS Long Term Plan - each of which has itself been the subject of widespread engagement.

The Vision is an important collaborative document to frame and support our ongoing conversation. We have not attempted to cover every aspect of health improvement in London or describe all actions that are taking place locally. Instead we have focused on issues where pan-London partnership action will add value and accelerate improvement. The Vision is a guide for us to design London wide and local action together.

We hope you will join us as we move from ambition to action:

1. The London Health Board will host a health conference in October to engage leaders of statutory organisations in a conversation about our collective ambition and actions;
2. Each partner organisation will use this Vision as the common basis for discussion with sector stakeholders, using their respective range of existing engagement channels and activities;
3. We invite your specific reflections and comments on any aspect of the Vision, which can be sent to us at the following email address: england.healthyldn@nhs.net

6 Abbreviations

Acronym	Definition
AKI	Acute Kidney Injury
BHfL	Better Health for London
CCG	Clinical Commissioning Group
CMC	Coordinate My Care
EOLC	End of Life Care
FTCI	Fast Track Cities Initiative
GLA	Greater London Authority
GP	General Practitioner
HCSN	Health and Care Space Newham
HIV	Human Immunodeficiency Virus
ICS	Integrated Care System
LCP	Local Care Partnership
LGA	Local Government Association
LHCRE	Local Health and Care Record Exemplar
LWNA	Lambeth Living Well Network Alliance
MECC	Making Every Contact Count
NHS	National Health Service
NICE	National Institute of Health and Clinical Excellence
PCN	Primary Care Network
PHE	Public Health England
STI	Sexually Transmitted Infections
STP	Sustainability and Transformation Partnership
UK	United Kingdom
ULEZ	Ultra Low Emission Zone
VCS	Voluntary and Community Sector
VRU	Violence Reduction Unit
WHO	World Health Organisation

7 Glossary A-Z

A

Active travel

Active travel refers to transport that requires people to be physically active, such as walking and cycling. It also includes scooting, skating and skateboarding. Public transport is usually included too as part of the journey will have been done by active travel.

Acute Kidney Injury (AKI)

Acute kidney injury is a sudden episode of kidney failure or kidney damage that happens within a few hours or a few days. AKI causes a build-up of waste products in your blood and makes it hard for your kidneys to keep the right balance of fluid in your body.

Air quality

Air quality refers to whether levels of air pollutants are relatively high or low. It usually considers pollutants in the UK Air Quality Standards Regulations 2010 (for example, particulate matter, lead, nitrogen dioxide).

Air pollution

Air pollution means substances in the air that harm human health, welfare, plant or animal life. Most pollution in London is caused by road transport and domestic and commercial heating systems.

B

Better Health For London Report

The Mayor of London set up the London Health Commission in September 2013 to review the health of the capital, from the provision of services to what Londoners themselves can do to help make London the healthiest major global city.

C

Child obesity

Child obesity is a condition in which a child has a high amount of body fat. It is measured by comparing a child's Body Mass Index (BMI) with the population average, accounting for the child's age, sex and height.

Clinical Commissioning Groups (CCG)

CCGs commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided.

Co-ordinate My Care (CMC)

Coordinate My Care is an NHS clinical service that was launched in August 2010 to deliver integrated, coordinated and high quality medical care, built around each patient's personal wishes. The urgent care plan is created jointly by the patient and their healthcare professional.

Commissioning for quality and innovation

The Commissioning for quality and innovation framework supports improvements in the quality of services and the creation of new, improved patterns of care.

Cardiovascular disease

Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease.

D**Disability**

Disability is defined in the Equality Act 2010 as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities.

E**Early years settings**

Places that provide childcare for the 0-5 age group, like childminders, crèches, nurseries, children's centres, nursery schools and schools with nurseries.

End of life care

End of life care involves treatment, care and support for people who are nearing the end of their life. It's an important part of palliative care. It's for people who are thought to be in the last year of life, but this timeframe can be difficult to predict.

F**Fast Track Cities Initiative**

The Fast-Track Cities initiative is a global partnership between cities and municipalities around the world and four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris. Launched on World AIDS Day 2014, the network has grown to include more than 300 cities and municipalities that are committed to attain the UNAIDS 90-90-90 targets by 2020: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 90% of all HIV-diagnosed people receiving sustained ART will achieve viral suppression. Achieving zero stigma is the initiative's fourth target.

G

Good Work Standard

This is the Mayor's vision for a new agreement with London's employers to promote fair pay and excellent working conditions. It also covers diversity and inclusion, good work-life balance, health and wellbeing, professional development and lifelong learning, and employee voice and representation at work.

Green spaces

These are areas of vegetated land, like parks, gardens, cemeteries, allotments and sports fields, which may or may not be publicly accessible. Together these spaces help to form London's green infrastructure network.

H

Healthy Schools London (HSL)

This is the Mayor's awards scheme to support and recognise school achievements in student health and wellbeing. HSL promotes four themes: healthy eating, physical activity, emotional health & wellbeing and Personal Social Health Education.

Health and Wellbeing Boards

These were established in 2013 to bring together local health commissioning groups, elected councillors and senior council officers, with the purpose of designing local strategies for improving health and wellbeing through closer working between health and local government.

Healthy life expectancy

This is an estimate of the number of years lived in "Very good" or "Good" general health, based on how individuals perceive their general health.

HIV (human immunodeficiency virus)

HIV is a virus that damages the cells in the immune system and weakens the body's ability to fight everyday infections and disease.

Human papillomavirus (HPV)

This is a viral infection that's passed between people through skin-to-skin contact. There are over 100 varieties of HPV, more than 40 of which are passed through sexual contact and can affect your genitals, mouth, or throat.

I

Illegal tobacco

Tobacco that is smuggled, bootlegged or counterfeit, sold cheaply and tax-free and often linked to large-scale organised crime.

Improving Access to Psychological Therapies

A programme which began in 2008 to improve access for people with anxiety and depression, including OCD, to evidenced based psychological therapies, such as Cognitive Behavioural Therapy (CBT).

L

Lead commissioner

A lead (or coordinating) commissioner arrangement is where commissioning functions are delegated by organisations, within a partnership, to a specific organisation that carries out the commissioning functions.

London's Child Obesity Taskforce

The Taskforce's vision is that every child in London grows up in a community and an environment that supports their health and weight. Its purpose is to bring about a transformation in London so that every child has every chance to grow up eating healthily, drinking plenty of water and being physically active.

London Health Board

This is a non-statutory partnership. It is chaired by the Mayor of London, and involves representatives of London's boroughs, NHS Trusts and Clinical Commissioning Groups, as well as Public Health England and NHS England.

London Plan

This is the Mayor's spatial development strategy for London.

M

Mental ill health

This covers a very wide spectrum of mental health issues. It includes the worries and grief we all experience in everyday life to suicidal depression or complete loss of touch with daily reality.

N

National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body of the Department of Health in the United Kingdom, which publishes guidelines in four areas:

- the use of health technologies within the National Health Service (NHS) (such as the use of new and existing medicines, treatments and procedures)
- clinical practice (guidance on the appropriate treatment and care of people with specific diseases and conditions)
- guidance for public sector workers on health promotion and ill-health avoidance
- guidance for social care services and users

O

Older people

This refers to people over 50. It also recognises that those above retirement age and those over 70 may have special requirements to address.

Overweight

This refers to people with a Body Mass Index (weight in relation to height) which is higher than is considered healthy.

P

Primary care

Primary care provides the first point of contact in the NHS, and includes general practice (GP), community pharmacies, dental, and optometry (eye health) services.

Primary Care Network

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with all general practices being required to be in a network by June 2019, and Clinical Commissioning Groups (CCGs) being required to commit recurrent funding to develop and maintain them.

PrEP

PrEP stands for pre-exposure prophylaxis. It is a drug taken by HIV-negative people before sex that reduces the risk of getting HIV. In England it is available as part of a trial.

Prevention

In the context of a health inequalities strategy, it's the work done to stop people from getting ill. Prevention can be more cost effective and better for reducing health inequalities than treating ill health.

Public Health England (PHE)

Public Health England is an executive agency of the Department of Health and Social Care in the United Kingdom that began operating on 1 April 2013. It works to protect and improve the nation's health and wellbeing, and reduce health inequalities.

S

Substance misuse

This is where a drug or alcohol is used in a way that harms an individual's physical or mental health. Some people will need specialist/medical support to help with recovery.

Sexually Transmitted Infections (STI)

An STI is an infection passed from one person to another person through sexual contact. An infection is when a bacteria, virus, or parasite enters and grows in or on your body. STIs are also called sexually transmitted diseases, or STDs. Some STIs can be cured and some STIs cannot be cured

Sustainability and Transformation Partnership (STP)

In 2016 the NHS and local councils came together in 44 areas covering all of England to develop proposals to improve health and care. They formed new partnerships – known as sustainability and transformation partnerships (STPs) – to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.

U

Ultra Low Emission Zone (ULEZ)

The Ultra Low Emission Zone (ULEZ) replaced the T-Charge on 8 April 2019. It operates 24 hours a day, 7 days a week, every day of the year, within the same area as the Congestion Charge zone.

W

Wellbeing

Wellbeing is a state of being where everyone can realise their potential, cope with the normal stresses of life, work productively and fruitfully and contribute to their community.

World Health Organization (WHO)

The WHO aims to create a better, healthier future for people all over the world. It has offices in over 150 countries. WHO staff work with governments and other partners to ensure the highest attainable level of health for everyone.

Z

Zero-suicide city

This is an idea developed in the USA. It is founded on the belief that suicide deaths can be prevented. Zero suicide relies on a system-wide approach rather than on the heroic efforts of individual practitioners. It requires engaging the wider community, especially suicide attempt survivors, family members, policymakers, and researchers.

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