

MAYOR OF LONDON

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MAYOR'S  
RESPONSE TO  
THE LONDON  
HEALTH  
COMMISSION

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minicom 020 7983 4458

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# FOREWORD

Our health is much more than the absence of disease: if we are feeling good in mind and body we can take on the world and life's challenges.

So, I want London not just to be the most successful city in the world; I want London to be the healthiest city in the world.

That is why I asked Lord Darzi and the London Health Commission to see what more I could be doing as Mayor to fulfil my statutory obligations to tackle health inequalities, and I would like to pay tribute to Lord Darzi for the efforts he has put into the report, and to the support of the London Health Commissioners.

I believe that we are already well on the way to becoming the world's healthiest capital city. Life expectancy has risen over recent decades and we have a terrific urban realm with lots of green space. London's schools and our transport network have also recognised their role in health and are doing great things to make us healthier. We have made terrific strides on air quality and I have committed to doing even more through the ultra-low emission zone.

There has been a vast expansion in walking and cycling; a big and consistent commitment to grassroots sport which has stimulated 250,000 people to take part; and we have been trying to improve eating habits for young people with schemes to encourage schools to grow and cook their own food – and we are seeing the first small reductions in child obesity.

Lord Darzi's Better Health for London report noted areas in which we can put Londoners at the centre of the care they receive. It rightly highlights the amount of surplus NHS land that should be put to use for Londoners. It also made many interesting suggestions for using technology and innovation, where London already has a proud track record of expertise and research.

I said in my initial response to the report that I am not in favour of measures that cross over into bossiness or nannying such as a smoking ban; or of sin taxes whether on alcohol or sugar that would in my view fall most heavily on those who were least able to pay them.

But there is a lot we can agree on and take forward. I am particularly pleased to see a strong focus on improving public health. I shall be working with the London Health Board, local councils, NHS, Public Health England and other partners to discuss how we can progress this.

There are plenty of measures here that will help us to do even better.



Boris Johnson  
Mayor of London

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Boris Johnson. © Andrew Parsons

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# THE MAYOR'S ROLE IN HEALTH

The Mayor of London has statutory duties to encourage improvements in Londoners' health and to promote a reduction in health inequalities. These and other responsibilities of the Mayor are outlined in the [GLA Acts of 1999](#) and [2007](#). The Mayor is supported by his Statutory Health Adviser, the Regional Director of Public Health, who is currently Professor Yvonne Doyle, Director of Public Health England (London).

The Mayor's work has an impact on the health of all Londoners. During this term in office, he's been doing all he can to make the most of his powers in regard to health. The Mayor has done this directly and by working with NHS England, Public Health England, local councils, NHS, businesses, schools, the third sector, and Londoners themselves.

He can also influence other factors that affect health like transport, housing, urban design, economic growth, policing, public safety, the environment, culture and sport. He has a powerful voice with which to communicate with Londoners, business, the voluntary and community sector and other world cities.

In the public health system reforms of 2012, London boroughs were given new duties and extra resources. The Mayor received neither duties nor resources, despite leading a number of functions (such as transport and strategic urban planning) that impact significantly on public health. It is important for Londoners' health that the Mayor works with the boroughs so they can meet their public health duties.

The Mayor has no strategic role in the provision of health services in London.

That means he can concentrate instead on leadership, health inequalities and urban planning.

### **LEADERSHIP**

For the last three years the Mayor has chaired first the London Health Improvement Board and later the London Health Board. This is helping London develop a citywide strategic view of health and health services.

### **HEALTH INEQUALITIES**

As required by the GLA Act, the Mayor published London's first Health Inequalities Strategy in 2010. This strategy outlines what health inequalities are, how different areas can address these and the evidence base for taking action on the wider health determinants. Looking ahead, the GLA will work with Public Health England to regularly publish metrics on health inequalities, and organise discussions with the various organisations involved around this issue.

### **TRANSPORT**

Transport for London (TfL) has published its health action plan, which lays out how its work to encourage walking and cycling will improve health, boost air quality and create happier places. TfL's modelling has shown that if all reasonable journeys were undertaken on foot or by bike then 60 per cent of Londoners would meet their need for physical activity through travel alone. That could save London 60,000 life years and £2.2bn per year.

## URBAN PLANNING

Guidance on spatial planning now includes both health impact assessments and measures to improve public health. The aim of this is to increase people's physical and mental wellbeing. It also means boroughs can use planning to fulfil their public health responsibilities. This issue was discussed at [Fitcities 2013](#), a two-day conference hosted by the Mayor.

## SCHOOLS

Over half of London's schools with some 556,000 children now take part in the Mayor's [Healthy Schools London](#) awards scheme. The scheme aims to make schools more healthy environments and shows how the Mayor is supporting what boroughs are doing locally.

## WORKPLACES

The [London Healthy Workplace Charter](#) encourages a wide range of employers to create healthier workplaces, covering over 139,000 employees. It uses the Mayor's reach and influence to connect with employers across London. The GLA and TfL have both been rated 'excellent' by the scheme.

The Mayor can influence Londoners' health in lots of ways, including:

- appointing Mayoral Ambassadors on HIV (Annie Lennox), TB (Emma Thompson) and breast cancer (Zandra Rhodes) to highlight important health issues
- Communicating with Londoners through [Talk London](#), People's Question Time and State of London debates and discussing issues of concern for London, including health and wellbeing
- hosting the £12m Big Lottery-funded [Well London](#) - a community programme that works in 31 of the most deprived areas in London (for example, in the part of Tottenham affected by the summer 2011 riots)
- working with London Ambulance Service on a joint Christmas campaign about safe alcohol use
- involving the London Fire Brigade in efforts to stop the sale and use of illegal tobacco
- promoting a bid based on diabetes care that was entered into the European Bloomberg Cities competition
- helping create MedCity with the health, academic and research communities
- bringing public leaders together to talk about issues that need a Londonwide response, like hepatitis C and HIV and sexual health prevention services

While this is an impressive start, there is still more that can be done to improve the health and wellbeing of Londoners. Working in partnership is vital: our ambition is limited only by our ability to work effectively together, and we are continually exploring new opportunities. The London Health Commission is an important part of that exploration.



Lunchtime at Colham Manor Primary School, Hillingdon. © Healthy Schools London

# LHC ASPIRATIONS AND THE MAYOR'S RESPONSE

The London Health Commission sums up its findings and recommendations in ten aspirations for health and healthcare in London. The mayor welcomes this approach and is already working towards those which do not relate specifically to NHS services.

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

The 2011 GLA Economics report [Early years interventions to address health inequalities in London](#) shows the high returns on investment such an approach yields – for people and for society. The Mayor's [Health Inequalities Strategy](#) (published in 2010, with a forthcoming delivery plan for 2015-2018) looks at ways to improve children's physical health and emotional wellbeing.

Over 1,280 schools have joined the Mayor's Healthy Schools London scheme that celebrates schools making a real difference for their students. [The London Schools Excellence Fund](#) (LSEF) helps to improve teaching by addressing the gaps in provision identified in the Mayor's Education Inquiry. These activities give students a better chance of gaining higher qualifications and greater opportunities in life. The Mayor is also funding a new £500,000 programme through the LSEF. [London Fostering Achievement](#) aims to raise the aspirations and achievements of children living with foster families.

[The London Schools Atlas](#) provides a complete picture of London schools, patterns of attendance and potential demand for school places. [Safe Spaces through Planning](#) is part of the Mayor's plans for London to be a child-friendly

city with accessible, and safe play spaces.

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

One reason London was awarded the 2012 Olympic and Paralympic Games was that we promised to get more people involved in sport and physical activity - by making sure that the Games created a genuine grassroots sporting legacy for Londoners.

[The Mayor's Sports Legacy Programme](#) is supporting London's promise by investing £22.5m in projects across every London borough to give Londoners thousands of opportunities to get into sport. Since the Olympics, more than 250,000 people have taken up a new physical activity.

Projects include the Sports Participation Fund, Sports Facilities Fund, FreeSport and Make a Splash (mobile swimming pools). The range of activities funded includes everything from BMX to dance, yoga and lots of team sports.

The Mayor also expects London's parks and green spaces should be accessible to all. By 2020, the Mayor's ULEZ will make a huge difference to the air Londoners breathe.

[The London Food Board](#) has a stellar line up of food experts who are setting new standards for catering, and making sure that Londoners have access to fresh, high quality food.

[The Good Food for London](#) project offers training to over 1,000 catering and procurement staff in education and

social care to supply healthy, nutritious and sustainable food in the public sector. Between 2009 and 2012, Capital Growth supported 2,012 new community food growing spaces in London. Community groups (including schools) received in-kind support, like training, networking events and competitions, discounts on equipment, and support with grow-to-sell. Capital Growth re-launched in 2013 as [London's food growing network](#), helping Londoners grow their own food - whether at home, on an allotment, or as part of a community group.

Their new campaign [Growing a Million Meals for London](#) encourages people to grow more food to be given away to Londoners. Good Food on the Public Plate increases the amount of sustainable food in London's public sector. This has led to an extra £285,000 of sustainable food being bought in London each year. Business development managers in London wholesale markets are increasing the amount of healthy sustainable food supplied to London. This is to the benefit of producers, wholesalers and customers alike.

The board will continue to work in partnership with statutory, voluntary and private sectors to make London's food system healthier and more sustainable.

### **3. Make work a healthy place to be in London**

Work is an important part of most of our lives. Overwhelmingly, work is good for health. It provides income to meet our basic needs for housing, food and travel. It also boosts self-esteem, social connections and makes people feel part

of wider society. There are many ways that employers can positively influence health by promoting healthy behaviour. For example, the GLA pays 20p per mile travel allowance for cycling journeys, has calorie labelling in the café and actively promotes use of the stairs. Other examples are linked to the nature of the work, like having control of your own tasks and schedule, supportive line management and being able to see how you contribute to an organisation's overall goals. The Mayor's Healthy Workplace Charter focuses on the wellbeing of Londoners at work. You will read several examples of its success in this report.

### **4. Help Londoners to kick unhealthy habits**

The Mayor encourages Londoners to take care of their own health, as well as approaches that help them to do so. London now has the lowest incidence of smoking in the UK, and our country's smoking rate is the lowest it's ever been. However smoking is still a leading cause of preventable death and one with a strong health inequalities dimension that causes chronic illness and puts a heavy burden on health and care services.

The Mayor supports stopping smoking services and voluntary initiatives like [Stoptober](#), led by partners that include Public Health England and NHS England.

When it comes to food and transport, the Mayor wants it to be easier for Londoners to make healthy choices. There is a lot of good work already happening at Londonwide, local and national levels, such as [Change4Life](#) and [TfL's Active Travel Plans](#).



Stoptober at City Hall. © Public Health England



Alcohol can be an enjoyable part of socialising in the city. However, too many people are drinking at harmful levels. This means they are risking their own health and sometimes also cause problems with antisocial behaviour. Rates of liver disease are increasing and excessive alcohol is a contributory factor in obesity and other health conditions.

The Mayor has worked closely with the London Ambulance Service on the [Party People](#) campaign to urge people to look after themselves when drinking and make sure they get home safely. The London Health Improvement Board, chaired by the Mayor, developed the Safe Sociable London partnership, which designed an ‘identification and brief advice’ tool to change people’s problem drinking behaviours.

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

Unfortunately, mental ill health is still one of the least understood health problems and stigma stops people from addressing it. It is time for London to face up to mental ill health and the effects that it has on our community. The Mayor’s 2013 report, [London Mental Health: the invisible costs of mental ill health](#), sheds light on the scope and scale of mental ill health in London. It also highlights the wider impacts beyond those on health and social care. This results in around £26bn of economic and social costs to London each year, and affects every area of life.

It is time to treat mental illness in the community through public mental

health: by preventing mental illness and promoting positive wellbeing and resilience. London must continue to provide world class mental health treatment services on a scale and on a par with the quality and availability of physical health services. The GLA encourages current development work on a digital health platform that would give Londoners more information and improve access to services.

Preventative programmes, such as Healthy Schools London and the London Workplace Health Charter, seek to promote positive mental health and have an important role to play in keeping people healthy in body and mind.

### **6. Enable Londoners to do more to look after themselves**

Londoners should feel informed and involved in their own health and care. We need to see improvements in clinical practice that allow Londoners to take control and manage their own health. Many health professionals already recognise the valuable contribution that people make to their own treatment and care and the Mayor and GLA encourage this partnership approach.

Information empowers people and helps them to make informed choices that can positively influence their health and wellbeing. The GLA wants patients to be able to see their own medical records and to share them with professionals and others as they see fit – with strong privacy and data protection systems in place to protect them.

The following are three examples in London that look at patient empowerment:

**myRecord.** Lewisham pioneered this pilot of online access to GP records. The project showed a range of benefits, including more accurate medical records, higher rates of patient satisfaction, better GP-patient relationships and a reduction in admin tasks.

**myhealthlondon.** In 2011 the Mayor, with NHS England, launched [myhealthlondon](#) a website with data at GP practice level on 22 outcome standards developed with clinicians.

It gives Londoners a chance to see how their GP practice compares to others and clinicians to compare their work with their peers. This helped to improve standards and reduce variation in final results.

**London Datastore.** The Mayor's [London Datastore](#), hosts a wide variety of data and makes it available to the public and the developer community to use as they wish.

The GLA encourages any work towards providing services as close to home as possible.

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

The GLA supports the view that people should expect to get high quality primary care when and where they need it. The Mayor looks to NHS England, CCGs and others to improve primary care.

From 2011 to 2021 London's population will have risen by a million – the fastest rate of increase ever. We'll have nine million residents before New York, and approach ten million by 2030. Through his role as chair of the London Health Board, the Mayor will champion the case for London to access the healthcare that this fast-growing global capital city requires.

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

The GLA looks to NHS England, commissioners, providers and those in the health and care system with the clinical expertise to provide better services and promote the best clinical outcomes for Londoners. Focusing on quality of care within modernised, fit-for-purpose premises is the basis of providing world class primary care.

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

The GLA welcomes transparent access to data for – and opinions from – Londoners to improve decision-making and to provide focused services. [myhealthlondon](#) is an important first step with regard to GP data. City Hall events, People's Question Time around London, the Talk London community website and London Datastore are a great way to share information and gather views. All of these will shape the future of London's health.

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

The London Health Commission report mentions London's track record in medical innovation, from antiseptics to penicillin and from hormones to DNA. Today, informatics, genomics and personalised medicine are the new frontier. From 2016, the Francis Crick Institute will create a way of speeding up new discoveries from bench to bedside.

London's main assets are a thriving research community, world class universities, a large and diverse population, the presence of global corporations, and top class talent. We can leverage these assets to tackle the huge health challenges we face: better physical health, better mental health, an ageing population, providing healthcare for 21st century living, and a healthier environment.

The Mayor is fully committed to making the most of these assets. That's why he's invested £1.2m in setting up [MedCity](#), in partnership with King's Health Partners, Imperial College Academic Health Science Centre and UCLPartners. MedCity will help to attract life sciences corporations large and small to the 'golden triangle' of London and the greater South East. This will encourage collaboration with the UK academic research base and reinforce specialist infrastructure. The aim is for the region to become one of the leading, interconnected clusters in the world for life science research, development, manufacturing and commercialisation.

The result of this will be new jobs, billions of pounds of investment and the discovery of new treatments to tackle disease, which will help the sector to become an important contributor to London's growth and health.

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# 1. BETTER HEALTH FOR ALL

## HEALTHIER LIFESTYLES FOR LONDONERS

1

All health and care commissioners and providers should innovatively and energetically engage with Londoners on their health and care, share as much information as possible, and involve people in the future of services.

The GLA welcomes the London Health Commission's encouragement to work with Londoners to create the best possible health service for our city. The LHC report itself is very much an example of this way of working: gathering the views of 100,000 Londoners has given us a huge amount of knowledge.

London cannot hope to become the healthiest city in the world – from its current global position at number seven – without collaborating in all sorts of ways, in detail and on a grand scale. We look to the lead of local councils, NHS England and CCGs to take forward this work, in partnership with the voluntary sector and Healthwatch. The GLA is committed to do all that it can to support this work.

Of course, London has already achieved much through working together. For example, the 2012 Olympics and Paralympics left a huge legacy of volunteering and sports participation, alongside a partnership of public and private sectors. All of these elements have helped to improve London's health and fitness habits since that glorious summer. But we can do better, and the further recommendations in this section set out a number of new ideas.

## SMOKING AND TOBACCO

2

The Mayor, Royal Parks, City of London and London boroughs should use their respective powers to make more public spaces smoke free, including Trafalgar Square, Parliament Square, and parks and green spaces.

Smoking remains a leading cause of illness and premature death in London. Local councils have primary responsibility for reducing smoking rates - and indeed they also get funding they can use to prioritise schemes that help people stop smoking. The GLA encourages them to do all that they can to help people to do so. National campaigns also play their part. The most important thing is information, and making it easier for people to find the best way to stop smoking for them personally and to stick to it.

The Mayor's position on the matter of smoking in public spaces is well reported. He believes that people should be able to get on with their lives without interference - as long as they do not break the law and do not harm anybody else. He therefore takes the view that banning smoking in public parks and other wide open spaces would be taking state regulatory controls further than is justified by the current evidence.

Also, a total ban on smoking in open spaces could in fact widen health inequalities by limiting smokers' and their children's access to exercise.

Nudging measures are already being taken in some areas - for example, signs reminding people not to smoke near children's play areas in parks. These are sensible and important.

### 3

The Mayor should launch a fresh crackdown on the trafficking in and selling of illegal tobacco.

The GLA, through its health team, supports a locally-led crackdown on illegal tobacco. We actively encourage a Londonwide approach to tackling the issue, led by local Directors of Public Health (DPHs) with support from Public Health England (London). This makes sense for many reasons: to protect children from starting to smoke, to reduce fire risks (many illegal cigarettes do not have the safety features that stop them burning if dropped or left alone), to reduce losses to the Treasury and to make sure that fewer lives are ruined by, and lost to, tobacco.

The main efforts of this work must be in boroughs through their trading standards powers. However, to be effective, a Londonwide approach is needed, with boroughs coordinating their work so that traders in illicit tobacco can't just move from one borough to another. The GLA recognises that the Mayor's power to convene is important in bringing together trading standards, HMRC, London Fire Brigade (LFB), Border Forces and Public Health England.

The GLA health team is already involved in this work, including a multi-organisational workshop hosted by London Fire Brigade in July 2014 and the resulting meetings of the Tobacco Steering Group, chaired by the DPH of Tower Hamlets.

## FOOD

### 4

London boroughs should introduce mandatory traffic light labelling and nutritional information on menus in all restaurant and food outlet chains in London, by using their byelaw and licensing powers.

It is a matter of great concern that Londoners are now more obese than inhabitants of most other global cities, with 57 per cent of adults classified as obese or overweight. Other world cities, like New York, are taking legal action to tackle poor nutrition and obesity.

The Mayor is already doing what he can to help. However, other major cities around the world have more powers to take action. For example, in New York the Mayor was able to introduce calorie labelling in restaurants. The Mayor of London lacks such powers. We nevertheless encourage calorie labelling to be seen as good practice so that Londoners can make informed choices. The government's Public Health

Responsibility Deal is encouraging businesses that sell food 'out of home settings' - including restaurants, cafes, takeaways, pubs, and staff restaurants - to provide calorie information on menus and menu boards.

A number of people have asked about putting 'traffic light' information on products in supermarkets. This is an issue that goes to national and European levels of government. However, a number of food retailers are already labelling their products with calorie counts and the sort of nutritional information that helps people to understand if they're eating sensibly or not. The GLA encourages more manufacturers and supermarkets to do this.

London's obesity crisis could be reduced significantly if more people knew what highly processed and highly calorific food can do to health. Providing more accessible information is important. At City Hall for example, the café offers a wide range of healthy options, as well as information on calorie content. Many large restaurant chains now provide calorie information on their menus. However, more can be done to help people make informed choices about what they eat and make London's food environment healthier for everyone.

Every day, Londoners have opportunities to improve their health. Knowing about healthy food - and eating sensibly as a result - is an important part of that. The London Food Board, Healthy Schools London and the Mayor's London Healthy Workplace Health all play an important

role in improving Londoners' food choices.

Getting young people interested in food early in life is important. During the London Health Commission's evidence-hearing session at St Matthew's Academy School the commission heard the passionate voices of young people wanting to learn more about their food - how and where to buy it, keep it and cook it. Through the Mayor's Healthy Schools London initiative over half of London's schools have signed up to providing only food and drink that meets nationally agreed nutritional standards.

The [School Food Plan](#) aims to improve the standards of school meals and give children the knowledge and skills that they need to feed themselves well. All schoolchildren now receive cookery lessons up to the age of 14. The best schools are already weaving into their lessons growing food, cooking and even keeping animals. The GLA encourages more schools to adopt this approach.

A combined regional and local approach is needed to deal with this complex issue. The work of local councils is vital. Local councils are best placed to know their local issues and how to respond and should explore all powers available to them, as employers, contractors and as local government, to improve their food environment. A lot of good work is already underway in many areas. The GLA is proud to be a partner with Croydon and Lambeth. These two 'flagship boroughs' are on the back of the national School Food Plan taking a



‘whole-system’ approach to improving the food environment – working with schools, employers, the voluntary sector and the retail sector.

## ALCOHOL

5

London boroughs afflicted by problem drinking should be supported if they choose to pilot a minimum 50p price/unit for alcohol through their byelaw and licensing powers.

As a city, we must tackle the very serious health and social problems caused by harmful levels of drinking. The scale of the problem is huge: an estimated 280,000 Londoners are dependent on alcohol. A further 410,000 are drinking at levels that put their health at risk. This all leads to around 1,800 deaths a year and puts a huge burden on our health services. It also has major impacts on crime, antisocial behaviour and young people.

The Mayor has been a strong advocate of reducing this toll on London, in particular where he has powers to tackle crime and antisocial drinking. One of his very first actions when he took office in 2008 was to ban the consumption of alcohol on public transport, a move widely supported by the travelling public.

The LHC recommendation calls for local councils to consider piloting the introduction of a minimum price per unit of alcohol. The Mayor doesn’t support this. He believes there are many ways to tackle alcohol-related problems without

affecting those who drink responsibly. Such measures include improving licensing and reducing alcohol-related crime. Local councils are best placed to know their particular issues and respond to them.

The Mayor’s Office for Policing and Crime (MOPAC) has taken steps to reduce alcohol-related offending and the associated burdens it places on health, notably through the Alcohol Abstinence Monitoring Requirement (AAMR). This is now being piloted in four south London boroughs. This innovative approach requires offenders whose offending is alcohol-related (dependent drinkers are screened out and not offered an AAMR) to abstain for a set period. Early results are positive.

### Case study

#### London health story: **The Party People Festive Campaign**

The Party People campaign developed from the GLA and London Ambulance Service’s (LAS) close working relationship. Both wanted to reduce the impact of alcohol-related incidents in the run-up the festive period when excessive drinking puts more pressure on the ambulance service. Further support was provided by the London Drug and Alcohol Policy Forum and the City of London. Other boroughs and agencies also used the campaign materials and messages.

The campaign was mainly targeted at those involved in organising and running festive parties. The materials deliberately avoided telling people not to drink.

Instead, it offered information about safer travelling (using licensed taxis, checking train times) as well as some general advice around alcohol (using alcohol identification and brief advice scratch-cards and Change4Life materials). The aim was to reduce alcohol-related calls to the London Ambulance Service over the Christmas period. Early signs are that calls were down, and we intend to build upon this success in the festive season 2015.



There are a number of agencies across London that wish to reduce alcohol-related harm here. For example, most councils have identified alcohol within their Joint Strategic Needs Assessment. Public Health England, the Safe, Sociable London Partnership and others are collaborating to support and coordinate activities. However, a stronger, Londonwide, strategic approach can help such interventions to be even more effective.

There's also a strong case to be made for improving the services for people who have both mental health and alcohol problems. When looking at what could make an impact at a whole population level, we believe there's a compelling case to make early [Identification and Brief Advice](#) (IBA) available for alcohol misuse. IBA is a form of screening tool in which people are targeted with information and support materials when they're most likely to act upon it. For example, many A&Es have staff trained in the use of IBA, who advise people who've been admitted to hospital for alcohol-related reasons.

[The Safe Sociable London Partnership](#), which is supported by boroughs, Public Health England and the GLA has been helping boroughs with their licensing work. The Safe Sociable London Partnership, which is supported by Public Health England and the GLA, has been supporting boroughs with their alcohol and licensing work. This has included looking at conditions restricting cheap alcohol sales and promoting the local use of IBA. These are evidence-based and backed by NICE and the World Health Organisation. They have the potential to reach significant numbers and reduce people's drinking to safer levels. This focus on supporting local action reflects the fact that local councils and local health authorities have the legal powers and resources to make things happen.

## 6

The GLA and London boroughs should include 'sin taxes' in their review of how London might manage devolved taxation powers, and if appropriate, make a case to central Government.

The Mayor's view is that 'sin taxes' are regressive and would risk hitting people on low incomes hardest. As such he does not support this recommendation. The GLA will continue to work with the boroughs to make the case for London taking greater control of its taxes including through the work of the London Finance Commission.

## WALKING

7

The Mayor should invest 20% of his TfL advertising budget to encourage more Londoners to walk 10,000 steps a day, and TfL should change signage to encourage people to walk up stairs and escalators.

## EXERCISE INITIATIVES FROM EMPLOYERS

8

The NHS, Public Health England, and TfL should work together to create a platform to enable employers to incentivise their employees to walk to work through the Oyster or a contactless scheme.

Since the Olympics, an impressive 250,000 Londoners have taken up various sorts of physical exercise. The Mayor welcomes any proposals that get people moving. Walking to work or school, and getting out to one of London's many green spaces all have huge health benefits, and are cost-free too.

Encouraging Londoners to walk 10,000 steps a day is certainly an interesting proposal and the GLA will work with TfL to explore this. TfL's own modelling has shown that if all reasonable journeys were undertaken on foot or by bike then 60 per cent of Londoners would meet their need for physical activity through travel alone. That could save London 60,000 life years and £2.2bn per year.

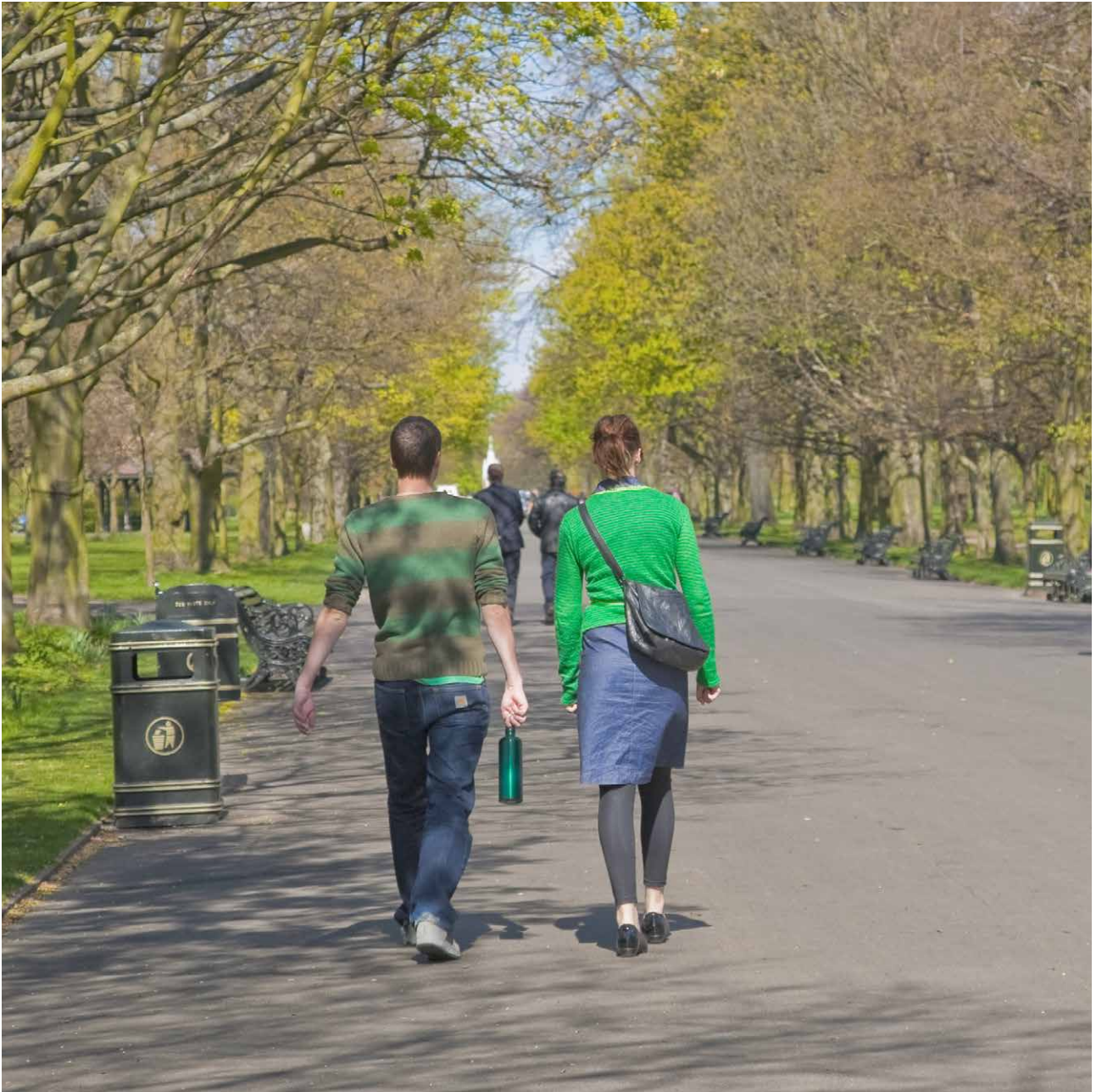
TfL supports a wide range of walking initiatives across London, including the [Strategic Walk Network](#) of seven walking routes across London. These incorporate a 40-mile stretch along the Thames that was completed in 2012. TfL also supports local projects to improve the urban realm.

[Legible London](#) is an easy-to-use signage system that was designed by TfL after working with disability groups. It presents information in a range of ways, including maps and directional information. Legible London is already working successfully across the capital, with more than 1,300 signs - half in central London and the rest appearing in nearly every London borough. Each sign has an easy-to-read map that is oriented to the user's point of view, and includes five and 15-minute walking distances and 3D drawings of local buildings. TfL's research shows that the signs are encouraging more people to walk and that nine out of ten people want more Legible London signs introduced. TfL is now working with boroughs, Business Improvement Districts and other organisations to expand the scheme.

## ACTIVE TRAVEL – THE ROLE OF EMPLOYERS

The Mayor is keen to see London's employers helping to get people more active. GLA staff can join a stair-walking challenge, be paid 20p per mile allowance for cycling to meetings, take advantage of the bike purchase scheme and meet colleagues on a weekly lunchtime walk over the river Thames.

Transport for London has reviewed the commission's proposal and is looking at how to get messages to travellers when their journeys are disrupted, to let them



Walking park. © GLA, Tom Simpson

know about alternative walking routes. This includes times that the different options would take, especially in outer London where we can make the biggest impact.

TfL's Business Engagement Team works with London employers to encourage active travel - cycling and walking to and from work and for work purposes. To kick-start cycling in workplaces, any employer with five or more staff can access free cycle stands and safety products through the [Cycling Workplaces scheme](#).

Several schemes have been piloted to test the effectiveness of workplace walking. These have included workplace-led walks (delivered in January and May 2014) and a walking challenge in September 2014 called [Steptember](#), which was created in partnership with the charity Scope. To date, the walking challenge has had the most significant results and is something that we will continue to pilot in 2015.

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## Case study

### London health story: Parcelforce, Ealing

The company has approximately 200 employees and has introduced 24 cycle parking spaces for employees to make the idea of cycling to work feel seamless and easy to manage.

The response has been very positive, as Rob Crosbie, Operations Team Manager, points out:

“The staff are happy with the quality of racks and the security they offer. There has been an increase in cycle usage, freeing up parking spaces and increasing the morale of staff. The supplied racks are a big improvement on our previous facility. We would definitely encourage other businesses to make use of this initiative.”

The Cycle stands can be ordered for free from TfL website <https://www.tfl.gov.uk/businessandpartners/22897.aspx>.

Parcelforce also booked a London by Bike seminar, organised by TfL, and cycle safety checks for staff who were considering riding their bikes to work. “We wanted to give everyone in the building an opportunity to ensure that their cycles were safe to use and to have information on cycling safely in London,” said Rob.

“We wanted to give staff and tenants advice on cycling safely in London. We had really positive feedback from those who took part,” said Sheila Kenny, Facilities and Office Manager. “The seminar was really informative with lots of tips and advice. I now feel more confident about cycling on roads,” added Victoria Kent, Admin Assistant.

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## 9

The Mayor should encourage all employers to promote the health of Londoners through workplace health initiatives. The NHS should lead the way by introducing wellbeing programmes, including having a mental health first aider for every NHS organisation.

## INCOME

Income is an important determinant of health. Because health inequalities are closely linked to poverty this also has a positive effect on health inequalities. Payment of the London Living wage improves psychological wellbeing, increases life-expectancy, reduces depression and decreases alcohol consumption.

A wage that makes living in this city viable is most important. In November 2014 the Mayor increased the [London Living Wage](#) (LLW) from £8.80 to £9.15 per hour. The number of accredited companies that are paying this rate has doubled over the past 12 months to over 400 (this compares with just 12 in 2008).

However, in 2013, more than one in five employed Londoners was still earning less than the LLW per hour. That's why the Mayor wants more businesses to sign up to the scheme – particularly in the hospitality and retail sectors, both of which are vital to our city's economic success and vibrant atmosphere. We know that a living wage boosts morale as well as actual wealth to a measurable degree, increasing employees' wellbeing and chances of living healthily. Employers

benefit too, through staff being more loyal and committed to their jobs.

## THE ROLE OF EMPLOYERS IN HEALTH AND WELLBEING

The 2012 GLA report, [London's Business Case for Employee Health and Wellbeing](#) found that an average London firm of 250 employees loses around £4,800 per week (or around £250,000 a year) due to sickness absence. It also found evidence to support the cost-effectiveness to employers of introducing structured wellbeing schemes in the workplace. These result in a positive return on investment due to lower sickness rates, higher morale and reduced staff turnover.

[The Healthy Workplace Charter](#), launched by the Mayor in 2012, is a structured, evidence-based scheme that can help to improve wellbeing and productivity in the workplace. It assesses workplace performance in areas like corporate support, health and safety, attendance management, physical activity, healthy eating, stopping smoking, substance misuse, and mental health and wellbeing. Employers are encouraged to work towards three levels against each standard: commitment, achievement and excellence, with a London borough workplace health lead available to provide support and advice. Applications to the scheme are verified independently.

Reported benefits of signing up to the charter include greater productivity levels, lower staff turnover and less absenteeism.

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## Case study

### London health story: The Greater London Authority

The GLA was awarded the ‘excellence’ accreditation as an employer in November 2014 and TfL was awarded excellence in 2013. Activities and services that we’ve introduced include:

- an employee-led wellbeing network that organises health activities for staff. These include lunchtime walks, expert talks on nutrition, health conditions and so on, exercise classes (including Zumba, yoga and tai chi), an annual health fair and a range of campaigns, such as our eight-week wellbeing challenge launched by the Mayor to encourage staff to make personal wellbeing pledges
- wellbeing intranet portal with a wide range of resources for staff on healthy eating, physical activity, mental health awareness, smoking cessation, reducing alcohol intake and so on
- an employee assistance programme for staff and their families, with help and guidance on a range of life management issues, access to health professionals (nurses, midwives and pharmacists) for information and support, a 24/7 helpline, and short term face-to-face counselling
- a health check programme: all members of staff receive a comprehensive health ‘MOT’ at least every three years – more frequently for older staff.

Positive results from our work on wellbeing include:

- a further cut in sickness absence. Sickness decreased from an average of 5.9 days per person per year in 2012 to 3.39 days in 2013/2014. This has now reduced to 2.74 average days for 2014/15 (first quarter). We estimate this has generated a saving on our wages bill of about £300,000
  - a reduction in absence days taken for stress, depression, and mental health issues
  - promotion of health checks resulted in an impressive increase in uptake - from 34 per cent of eligible staff in 20012/13 to 60 per cent in 2013/14
  - over 200 staff attended our health fair in March 2014, and 150 took part in the eight-week Wellbeing Challenge in May/June the same year, launched by the Mayor to encourage staff to make personal wellbeing pledges
  - the eight-week Wellbeing Challenge has received great feedback with 91 per cent of staff saying it had been a successful initiative and 78 per cent that it had ‘encouraged me to improve my wellbeing’ or ‘influenced me to make a positive lifestyle change’
  - our 2013 staff survey saw improvements in wellbeing indicators, with 72 per cent of staff believing the GLA is committed to staff wellbeing, up ten per cent from 2011. By comparison, a 2014 poll by Investors in People (IIP) found that 54 per cent of British full-time employees felt their employer didn’t care about their health and wellbeing.
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Cycling. © GLA, Tom Simpson



The Mayor is committed to extending the reach of the London Healthy Workplace Charter and to promoting the value of healthy workplaces to London's employers. The London Healthy Workplace Charter has been adopted successfully by 27 London boroughs investing resources to date, and 44 employers have received an award for their engagement with the health of their employees. The scheme now reaches over 139,000 employees in London.

## THE ROLE OF EMPLOYERS IN MENTAL WELLBEING

We know from the ONS Labour Force Survey (LFS) that a third (38 per cent, in fact) of sickness absence days is due to stress, anxiety and depression. This means that these conditions are more common causes of missed work than musculoskeletal disorders like bad backs (around 28 per cent of absence days) or infectious diseases (one per cent).

The [GLA London Mental Health](#) report highlighted that these absence from work figures in London for stress, anxiety and depression amount to the loss of around 6.63m working days in our city each year. This translates to a loss of £920m a year to the city's businesses, and a further £1.9bn is lost to reduced productivity. In total, London business and industry loses an astonishing £10.4bn each year as a result of poor mental health.

The [Time to Change](#) campaign draws attention to the fact that one in four people will experience a mental health problem in any given year. Given the

emotional, practical and economic toll of mental ill health, we must ensure that mental health and wellbeing are addressed in a work setting as much as physical health. The Mayor will work with Public Health England to develop a Londonwide scheme to promote this in this Mayoral term.

Many employers are already actively promoting the mental wellbeing of their people. For example, the GLA and TfL have received an excellence rating in the Healthy Workplace Charter as employers, and many boroughs are also doing superb work in this field. However, there is room for more action in the health service itself.

The GLA has already hosted staff training sessions in [Mental Health First Aid](#), both the full course and the 'Lite' version, and has since worked with expert trainers to develop bespoke courses in Mindfulness-based stress reduction. In February 2014 we adopted a Wellbeing Framework which sets out the GLA's commitment to employee health and wellbeing. The framework covers the range of support available to members of staff, health promotion initiatives and communicating and training on wellbeing.

Mental First Aid is one of a range of resources available to employers who want to support their staff. The GLA would encourage NHS trusts and employers of all sizes across London to take a look at Mental First Aid and other resources as part of their approach to staff health and wellbeing.

## COMMUNITY-WIDE SPORTING EVENTS

10

London boroughs, the GLA and the NHS should work together to organise an annual Mayor's 'Imagine Healthy London' Day in London's parks, centred on an 'All-Borough Sports Festival' with health professionals offering health checks, and exercise and healthy eating workshops.

One of the main reasons that London was awarded the 2012 Olympic and Paralympic Games was that we promised to get more people involved in sport and physical activity by delivering a genuine grassroots sporting legacy for London.

[The Mayor's Sports Legacy Programme](#) is supporting London's promise by investing £22.5m in projects across every London borough and creating hundreds of thousands of ways for Londoners to get into sport.

[Mayor's Sports Legacy Programme](#) aims to address the issue of inactivity across London, investing across London's boroughs in projects that range from BMX to dance to rugby. The programme includes:

**The Sports Participation Fund** invests in grassroots sports organisations to get more Londoners playing sport, more often. So far the programme has funded grassroots sports organisations across every London borough to the tune of £5.5m to run hundreds of projects – from BMX to dance to rugby. Over 250,000 people have benefited, with more

than ten per cent of them having been previously 'inactive'.

**The Sports Facilities Fund** is used to invest in local sports clubs to build new, or refurbish existing, sports facilities. Over £7m has been invested across every London borough to fund 77 projects. These facilities have created capacity for an extra 51,000 users each week.

**The Mayor's Skills Fund** has trained over 13,000 people as coaches or officials in a range of sports across London, as well as supporting local sports clubs and other grassroots and community sports organisations. At least 200,000 volunteer hours have been pledged to community sports in London, and more than 100 disabled Londoners have been helped into jobs in the sports and leisure industry.

**FreeSport**, in Association with Coca-Cola Zero ParkLives, allows sports clubs, youth groups and community organisations to apply for grants of up to £1,500 to run free sport activities for Londoners of all ages and abilities. This is to encourage more people to try sports and to help local clubs provide a grassroots sporting legacy across London. The programme helps around 15,000 Londoners each year, with more than two thirds of these receiving over six hours of free sessions from qualified coaches. It targets groups who traditionally haven't taken part in sport regularly (women, people with disabilities, black, Asian and minority ethnic groups, and inactive people). It also funds organisations that don't usually engage with sporting activities so they can trial sporting programmes (like Age UK and refugee

groups) and fund a range of activities from the traditional (for example, football) to more modern (such as dance) across every London borough.

**Make a Splash** brings mobile swimming pools to locations across London for 12 weeks at a time to get people taking part in sport and physical activity as. Pools are located where they're most needed and there are both school and community programmes, with family fun sessions and aqua fitness.

Make a Splash works with the Amateur Swimming Association, Total Swimming and Thames Water, and has been running for three years. So far the programme has brought temporary pools to 19 venues across London, with eight more to come over the next two years. The scheme has helped more than 19,000 Londoners learn to swim. The programme is having a long-term impact on those taking part, with 70 per cent still swimming in a pool regularly six months after learning to swim.

An 'Imagine Healthy London' day could help attract and engage previously inactive people in sport or physical activity. We hope this would encourage people to become and stay active. Any 'All-Borough Sports Festival' would need to complement the existing, very successful, London Youth Games.

The GLA supports a local approach, and these suggestions from the London Health Commission could certainly build on a number of events that are already happening here under the aegis of local councils as well as the GLA. Boroughs should consider investing locally in such a scheme if the evidence supports it.

## THE ROLE OF FOOTBALL CLUBS

### 11

London's professional football clubs should promote health in stadiums and local communities through club incentives and competition.

London's football clubs already do much to work with young Londoners and communities across the capital to get them engaged in football, sports and healthier lifestyles. The GLA encourages them to build upon this still further, especially given the exciting engagement with young Londoners and the impressive results.

As well as work done by individual clubs, the GLA has supported London United - a cooperative consisting of the community trusts of the 14 Professional Football clubs in London - as part of London's contribution to England's bid to host the 2018 world cup.

London United was established by clubs to address important social challenges facing the capital, including health, disability, crime, education and community cohesion. Together, the trusts have over 20 years' experience and use a combined investment of £20m per annum to engage 65,000 young people in football every week.

The GLA welcomes proposals that can help in the fight against obesity. The current increase of healthy food options offered at a number of stadia is a good example of this. The Mayor has welcomed Chelsea Football Club's commitment to pay all staff working in London the London



The Mayor and Lord Darzi playing football. © Graham Laddao

Living Wage and encourages other London clubs to follow suit.

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### Case study

**Tottenham Hotspur's Foundation (THF)** offers a variety of themed programmes which help to provide over 6,500 hours of free activities each year. It has a broad reach, working with more than 1,500 young people every week across Haringey, Enfield, Waltham Forest, Barnet, Harlow and the District Council of Epping Forest.

One example is THF's 'Active Women' project, which gives women in disadvantaged communities the opportunity to take part in a physical activity and education programme across north London. Through participation in sporting activities, volunteering, mentoring, leadership and education, women are empowered to lead healthy, active lifestyles.

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### Case study

The award-winning work of **Charlton Athletic Community Trust (CACT)** includes their 'Kick The Habit' initiative. This project makes the most of CACT's strong presence in the local community and involves first team players in a multi-faceted campaign to quit smoking. This includes a mobile unit and a team of advisers to support residents of the Royal Borough of Greenwich to stop smoking. Since September 2014, around 490 people visited the mobile unit and the

advisers have been in contact with over 3,118 Greenwich residents.

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### Case study

**Inclusive United**, London United's flagship partnership project with Interactive, aims to get more disabled people playing football. Three out of four disabled Londoners do not take part in sport or regular physical activity. Interactive wants to change this by campaigning for disability equality in sport.

Inclusive United was to recruit over 3,000 disabled footballers within its first three years: those with a visual impairment, physical or learning disability, cerebral palsy, wheelchair users and many others as well. The legacy of the programme will be the creation of more than 60 new teams, linked into their local community and affiliated with their County FA.

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## AIR QUALITY

12

The Mayor should accelerate planned initiatives on air quality in London to help save lives and improve the quality of life for all Londoners.

### Improving London's air quality

London led the way in improving air quality with its 20th century Clean Air Acts. With our Low Emission Zone, the world's largest fleet of hybrid buses, and

'air quality neutral' requirements in the planning system we are leading again.

The Mayor has recently finished consulting on his proposals for the world's first [Ultra Low Emission Zone](#) (ULEZ). This is a game changer for London. It would halve nitrogen oxide (Nox) emissions, reduce particulate matter (PM) from vehicle exhausts, and bring benefits beyond central London.

We realise that many stakeholders would like the benefits of the ULEZ bought forward. However, the Mayor has to balance improving vehicle emissions to improve the health of Londoners with ensuring that the scheme is affordable and fair for businesses and individuals. He believes that a five year notice period before introducing the ULEZ in 2020 is the best way to do this.

That doesn't mean that action isn't already being taken now to improve air quality. Since he was elected the Mayor has tightened the Low Emission Zone, cleaned up the bus fleet, retrofitted more than 400,000 homes and retired more than 6,000 of the oldest, most polluting taxis. This has reduced emissions of NOx by 20 per cent and of particulate matter (PM10 and PM2.5) by 15 per cent. The number of Londoners living in areas that exceed EU legal limits has been halved. However as the London Health Commission report rightly points out, air pollution still claims around 4,300 lives a year in London.

This is why the Mayor recognises that more needs to be done and why he has proposed the ULEZ. Importantly, as part of the ULEZ proposals by 2020 all 3,300 buses in central London will be either

hybrid or zero emission at tailpipe (that is, electric). From 2018 all new taxis will have to be zero emission capable and the Mayor has proposed a tighter ten-year age limit for diesel taxis as well. The Mayor recently allocated an extra £330m in TfL's Business Plan, underlining his commitment to further improving the bus and taxi fleets.

### **Understanding air pollution in London**

Thanks to the Clean Air Act and other improvements, most of the large-scale industrial sources of pollution are no longer with us and most household heating is now powered by gas rather than by coal.

Today the biggest source of particulates and NOx emissions is vehicle emissions: in particular from large, older diesel vehicles. This contrasts with New York, where their oil-based heating systems previously led to high rates of particulate pollution which had to be dealt with by retrofitting new, cleaner heating systems. However, New York has mainly petrol-powered cars, while in Europe there has been the use of more polluting diesel fuel has boomed as a result of government incentives designed to reduce CO<sub>2</sub> emissions. This means that the road transport sector is responsible for around 60 per cent of London's pollutant emissions.

By focusing on all emissions sources, but particularly reducing traffic pollution, we want to improve the health and quality of life of everyone visiting, working in or living in London. The Mayor's Air Quality Strategy, published in December 2010, has more information about the link between particulate matter, nitrogen dioxide (NO<sub>2</sub>) and health.

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## Case study

### Spotlight on the Low Emission Zone

The Low Emission Zone (LEZ), introduced in 2008, operates to encourage the most polluting heavy diesel vehicles driving in London to become cleaner. The LEZ covers most of Greater London and operates 24 hours a day, 365 days of the year. It focuses on lorries and coaches registered before October 2006 and vans and other vehicles registered before 2002. It doesn't cover cars or motorcycles.

Despite significant improvements in recent years, London's air pollution is still a concern. So, in January 2012, the LEZ emissions standards became more stringent and 150,000 vehicles had to take action to reduce their emissions.

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# 2. BETTER HEALTH FOR LONDON'S CHILDREN

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**13**

Health and care commissioners should jointly develop a new model to improve support for parents of vulnerable children under three.

Actions that improve the health of London's children contribute positively to our city's social and economic health outcomes, both immediately and long-term. Collaboration in this area between local councils, NHS England (London) and CCGs, along with Public Health England is vital to improving children's health.

We know from the work of Professor Sir Michael Marmot and others that the quality of life for a child in his or her first few years is an accurate predictor of their later wellbeing. A child's early development score at 22 months will tell us about their educational success at the age of 26. This is in turn related to long-term health outcomes.

We also know that:

- roughly half of the gradient in socio-economic mortality in later life can be explained by early life experience, including its influence on adult smoking rates
- adverse experiences in the early years, such as excess exposure to alcohol and cocaine use pre-birth and neglect during the early years, lead to poor development, which in turn affects later life chances
- one in four children is overweight or obese when they start school, which puts them at greater risk of cardiovascular disease and diabetes in later life

The first few years of life are crucial for setting children in the right direction. Knowing this and supporting parents at this early stage of their child's development means that child poverty can be tackled effectively, with long-term benefits for families, wider society and London's economy.

East London has much higher levels of child poverty, obesity and unemployment than other areas of London. That's why we've set ourselves a goal of 'convergence' between the Olympic boroughs of east London and the traditionally more affluent western parts of the city. The idea is that children growing up in east London should have the same life chances as they would anywhere else. The bedrock of infrastructure is fast being created - and directly as a result of the Olympics. This convergence work is being led by the boroughs and the London Legacy Development Corporation.

It makes absolute sense that early interventions are one of the best ways to combat early school-leaving, unemployment, teenage pregnancy and criminal behaviour, as well as many other behaviours and outcomes. Supporting parents in their children's early years is a crucial part of this too.

Excellent work is being done not just in London, but also in other major cities like Manchester and Nottingham, where much of their work is citywide and in partnership across organisations. We hope to learn from their results and any evidence that may be of use to parallel projects in the capital.

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## 14

The Mayor should use the 'London Plan' planning guidance to support local authorities in protecting London's children from junk food through tighter controls within 400 metres of schools and to promote access to healthier alternatives.

The GLA provides planning policy and support to local councils to manage over-concentration of particular uses of retail sites, such as hot food takeaways and betting shops. Policy 4.8 of the Mayor's [Further Alterations to the London Plan \(FALP\)](#), introduced in 2014, now supports boroughs to bring forward changes in their local plans to restrict permission for new hot food takeaways. The [Town Centres Supplementary Planning Guidance \(SPG\)](#) also supports boroughs to manage the over-concentration of hot food takeaways. The GLA and local councils work with the London Food Board on these matters.

There is already a serious over-concentration of hot food takeaways near many schools in London, and the GLA would support local councils to take measures to restrict new takeaways near schools. But there's no doubt that many are here to stay as part of the variety of London's high streets. It is therefore important to work with these outlets to make them healthier – for example, reducing salt, fat and sugar content in ways that benefit the businesses and the customers. The GLA Food Team is working directly with major catering suppliers to takeaway businesses in London to make food supplies healthier,

and the GLA [Takeaways Toolkit](#) offers detailed guidance for boroughs.

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### Case study

#### London health story: takeaways and planning permission

The London Borough of Barking and Dagenham adopted the Supplementary Planning Document (SPD) [Saturation Point - Addressing the Health Impact of Hot Food Takeaways](#) in July 2010. The council successfully used the SPD to dismiss an appeal against their decision to refuse planning permission for a new hot food takeaway within 400 metres of Parsloes Primary School in 2011.

Newham, Tower Hamlets and Waltham Forest have also had some success at appeal with their policies addressing the proliferation of hot food takeaways.

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### Case study

#### London health story: Takeaways Toolkit

The Cities Institute at London Metropolitan University has developed a toolkit to support public health officers who are working to encourage healthier catering amongst fast food takeaways in low income communities.

The Takeaways Toolkit adopts a business perspective and recommends strategies for working with businesses, and healthier changes they can make that don't lead

to increased costs. In fact some of the changes suggested, like offering salad instead of chips, have actually led to increased profits for some businesses.

The toolkit includes a number of case studies and video clips of businesses like TastyBuds, a Caribbean outlet in Tottenham. You can download these at [www.vimeo.com/108575962](http://www.vimeo.com/108575962).

For a copy of the toolkit, go to [http://www.ifsip.org/Takeaways\\_in\\_Deprived\\_Areas\\_Toolkit.html](http://www.ifsip.org/Takeaways_in_Deprived_Areas_Toolkit.html)

The toolkit is based on best practice from across the UK, funded by the Economic and Social Science Research Council. It was created in partnership with the GLA Food Team, the Chartered Institute of Environmental Health and the Association of London Environmental Health Managers and officers using the Healthier Catering Commitment initiative in London.



There are other ways in which boroughs can improve the food environment for their children. In the east of London, the six 'Growth Boroughs', which together hosted the 2012 Games, are working together to tackle childhood obesity.

They are jointly working on four aims for their boroughs: to sign up all their schools to the Healthy Schools London programme, to encourage employers to take up the London Workplace Health Charter, to encourage walking as transport and reduce the number of sugary drinks consumed. Through their influence as employers and contractors of services, they are making changes

that will bring about real health gain for their school children, employees and residents.

A combined regional and local approach is required to tackle this complex issue and boroughs need to explore all powers available to them as employers, contractors and as local government to improve their food environment.

The GLA is proud to be a partner with Croydon and Lambeth. These two flagship boroughs are on the back of the national [School Food Plan](#) taking a whole-system approach to improving the food environment – working with schools, employers, the voluntary sector and the retail sector.

## 15

Local authorities, the GLA and Public Health England should work with Ofsted to ensure more data is published on school health and wellbeing.

Schools play a crucial part in the physical health and mental wellbeing of their pupils where they can help build resilience and equip children with skills, knowledge and confidence. We have seen excellent results from the Mayor's Healthy Schools London programme, TfL's [TfL's STARS \(Sustainable Travel: Active Responsible Safe\)](#) school travel plan accreditation scheme and hosting the School Food Plan team.

Further, the evidence concerning the link between a child's good health and his or her ability to achieve at school is growing. Public Health England recently published

a summary of the main evidence for a link between health and wellbeing and educational attainment.

The Healthy Schools London scheme rewards schools that create a healthy environment for their children, and we are seeing an impact: annual childhood obesity is reducing again in our capital for the first time since measurements began in 2006. [Lighter London](#) is part-way through a five-year pilot to improve health and attainment for children. You will see, from the story about Robinsfield Infant School below, how impressive the outcome can be.

The GLA sees the value of accurate data being made available to help schools and will work with Public Health England to explore this proposal. The GLA's School Food Plan and Healthy Schools London teams are working alongside Public Health England and Ofsted on the revised Ofsted Inspection framework. This is currently in consultation phase, after which the GLA will respond, and the new framework will be introduced in September 2015.

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## Case study

### London health story: Robinsfield Infant School

Robinsfield in Westminster was awarded the Healthy Schools London Gold Award for its use of data to change the lives of students.

In March 2013, the Robinsfield School team decided that with high levels of child obesity, low levels of physical activity

and the prevalence of dental caries, the school needed to increase children's physical activity levels and improve children's dental health. After a project which ran from September 2013 to July 2014, the school had achieved great results.

To increase physical activity levels, the school set up a pupil questionnaire to identify barriers and interests, expanded the range of after school and lunchtime sport and activity clubs and promoted active travel. By July 2014, there had been a 48 per cent increase in children taking part in after school sports clubs, while lunchtime physical activity clubs had been boosted 83 per cent. There was also a 33 per cent increase in students walking to school and a 43 per cent drop in car journeys to and from school.

To improve dental health, the school gave parents dental health packs, advice and workshops. Dental health and food education was added to the curriculum, and the school also ran focus groups with children. In May 2014, some 90 per cent (53 out of 59) children reported brushing their teeth twice daily or more, whereas in October 2013 only 21 out of 59 had reported this. There was also a reported 48-50 per cent drop in drinking fizzy drinks and squash, a 23 per cent reduction in fruit juice and a 340 per cent increase in preference for drinking water. Dentist visits increased from 28 per cent (October 2013) to 75 per cent (October 2014).

The school team noticed significant differences in pupils' outlook and quality of life, and the Robinsfield Infant School continues to use data with this level of rigour and structure to introduce



Cycling club: Rockmount Primary School, Croydon. © GLA, Tom Simpson

measurable, visible, and tangible differences to children's lives.

## 16

Health commissioners and providers should launch a process to address the variation in quality of care for children and to propose actions to improve outcomes.

More coordinated and consistent care for children is a priority and requires the collaboration of a wide range of organisations at local, London and national levels. This includes NHS England (London), CCGs, local councils, local education and training boards and the GLA, along with schools and the many experts from the voluntary sector.

We must be ambitious about the tremendous capabilities of London's hospitals, which have the expertise and professionalism to be the best in the world, and we must ensure that quality of care for children is no exception to that.

**Much of our care for children in London is world class, and the challenge is to ensure that our medical experts share this excellent practice across the capital. At present, there are wide variations in quality and outcomes, which is not acceptable. The NHS and all partners need to collaborate to deliver consistently excellent services for all of London's children.**

## Case study

### London health story: Connecting Care for Children

**Connecting Care for Children** brings the Imperial child health general practice hubs (each a group of two or three general practices within inner north west London) together with paediatric consultants from St Mary's Hospital to work together in providing care to practice populations of around 4,000 children.

The model has three main parts:

1. **Specialist outreach**, with specialists from the hospital working alongside the GPs in the surgery, seeing patients and discussing cases
2. **Open access**, with GPs being able to access specialist advice by email or through a telephone hotline
3. **Patient and public engagement**, which is built around practice champions who work with the team to co-design services. These practice champions are patients, parents, and young people who have interest in the creating services that people need. "We find this brings an enormous change to the quality of care that people receive," says Mando Watson, consultant general paediatrician.

The general practice child health hubs are part of the wider Connecting Care for Children programme that runs in west London, central London and Hammersmith and Fulham CCGs.

Mando Watson has found from the project that, “When you create the right circumstances and bring down some of the barriers, people are very open about what they feel that the problems are in receiving their healthcare. It has given us the chance to adapt what we do to truly meet the needs of the patient.”

The scheme has been a notable success, although Mando also notes that, “The biggest challenge has been the degree to which we have had to engage stakeholders. The breadth of stakeholders is enormous, and every time you turn a corner, there’s more to be done. I would say that we have 500 stakeholders, and it’s a continuing process!”





# 3. BETTER CARE

**IMPROVING COMMISSIONING**

**17**

Health and care commissioners should commission holistic, integrated physical, mental and social care services for population groups with similar needs, with clearly defined outcomes developed by listening to people who use services.

**18**

Health and social care professionals should partner with people who use services to ensure that their voice is heard in designing and implementing improvements to care.

**19**

Health and care commissioners and the voluntary sector should promote the implementation of shared decision making, care and support planning, education for self-management, personal health budgets, and access to health records so that London becomes an exemplar in improving people's participation in their own care and treatment.

**20**

Health Education England, NHS England, and professional regulators should work together with the voluntary sector to develop education programmes for self-management of long-term conditions, which would enable more peer support and empower programme graduates to self-prescribe their own medication for their own condition.

**27**

Health commissioners should improve specialist care by accelerating efforts to create centres of excellence for cancer and cardiovascular services, launching a new programme to review elective orthopaedic services, and ensuring London Quality Standards are implemented.

It is important that we all take responsibility for and manage our own health and wellbeing as much as we can. We've seen in previous sections how we're trying to make it easier for Londoners to make healthier choices, whether in terms of food, travel or lifestyle.

Fortunately most of us are healthy most of the time and have only occasional need to access health services. However, some people need to use health and care services in order to live their everyday lives. The GLA expects that

every Londoner should have access to high quality care wherever and whenever they need it. The NHS England [Five Year Forward View](#) highlights that the future will see far more primary care delivered locally, but with some services offered in specialist centres. [Better Health for London](#) also calls for some services to be provided at scale, in centres of excellence that have the very best equipment and expertise. We've seen this put into practice with stroke and major trauma services.

The London Health Commission has identified the need for a dynamic, flexible system that responds to the huge range of Londoners' health needs. Its recommendations in this area warrant serious consideration by clinical commissioning groups, local councils, NHS England and the NHS trusts.

As has been previously made clear, the Mayor has no statutory role in providing health or care services. It is for NHS England (London), London's clinical community, regulators and workforce training organisations and the commissioners of services to work together to examine in detail how they can make these proposals work. Where appropriate, they must put in place plans at local, multi-borough and London level to deliver tangible improvements in health and care for Londoners. The London Health Board, chaired by the Mayor, will provide Londonwide oversight and strategic leadership (see recommendation 64).

## PRIMARY CARE

**21**

The Department of Health and NHS England should launch a five-year £1 billion investment programme in GP premises so that all Londoners are able to access care in modern purpose-built/designed facilities.

**22**

Health commissioners should increase the proportion of total London NHS spending dedicated to GPs and primary and community services and facilities.

**23**

Commissioners should set ambitious new service and quality standards for GPs in London, tailored to the different population groups of patients they serve.

**24**

NHS England and CCGs should promote and support GPs working in networks to reduce professional isolation, to provide a wider range of services and to provide more appointments at more convenient times.

25

NHS England and CCGs should allow patients to move freely within GP networks, so those registered with one GP practice are able to access services from other practices within the same network.

26

NHS England and CCGs should put in place arrangements to allow existing or new providers to set up new GP services in areas of persistent poor provision in London.

Family doctors, dentists, pharmacists and opticians are the backbone of our healthcare system. Londoners should be able to access the world class healthcare that they deserve when and where they need it. This in turn will help to stop the need for care at later stages of illness. As a city, we need to examine how we can support primary care and treat more people closer to home. NHS England and CCGs should collaborate to improve GP services - including their premises, nearly a third of which (as the LHC reports) have no disabled access, for example.

Developing primary care to suit the diverse needs of Londoners is a priority, and the national NHS bodies should give more responsibility to London-based health and care organisations which know best the needs of Londoners.

Efforts need to be focused to ensure that all Londoners can register with an excellent GP practice and that any new changes will reduce health inequalities and provide care to those most in

need. Clinicians can also make use of comparative data to help them develop their services, improving overall quality and ensuring that services are reaching everyone who can benefit from them. This can support them meet their duties around health inequalities as set out in the 2012 Health and Social Care Act.

It is right that Londoners should know the standard of care that they should expect from GPs and other health professionals. Publishing data in an accessible format can help to improve standards, and the Mayor is supportive of any further collaboration in this area between NHS England (London) and CCGs, in partnership with London LMCs and GPs. The GLA made a promising start in this area when the Mayor launched [myhealthlondon](#) in 2011.

There is more that could be done in this area and the GLA welcomes the development of new standards with further comparative data being published. There is already a great deal on the [London Datastore](#).

## MENTAL HEALTH

28

Health and care commissioners should ensure that all Londoners have access to digital mental health support, in the languages that they speak, and using the latest technology.

As the Mayor set out in his Mental Health Report (2013), the Health Inequalities Strategy (2010) and in his 2020 Vision, we must do everything we can to help Londoners to maintain good mental health.

We also need to be able to recognise and address symptoms of poor mental health while people still feel that they are manageable problems. This requires continued collaboration between NHS England, CCGs, and other service providers, sharing knowledge in this constantly developing field of healthcare and scientific understanding.

Mental ill health is the single largest source of disease burden upon our city - more than cancer and cardiovascular disease - and the costs extend well beyond health and social care.

In any given year, an estimated one in four individuals will experience a diagnosable mental health condition. A third of these people will experience two or more conditions at once. Countless others experience symptoms that are below the clinical threshold. London has the largest proportion of the UK population reporting high levels of anxiety. Life satisfaction and feelings of

worthwhileness are also particularly low in London compared with the wider UK.

Helping Londoners to seek support for their mental health at an earlier stage will mean they can live happy and more productive lives. It will also reduce the burden on health and social services, manage mental ill health in a more cost-effective way, and prevent countless cases of diagnosable mental ill health in the city each year.

For those who are already suffering, we must ensure that they have the best possible treatment pathway. For a number of people, access to digital tools may well be exactly what they need to function more easily on a daily basis. We must also ensure that any digital mental health service is soundly supported by the best possible evidence base. It needs to be developed so that marginalised populations, who often experience the greatest need, can access this service. As the Mayor set out in his Mental Health Report (2013), the Health Inequalities Strategy (2010) and in his 2020 Vision, we must do everything we can to help Londoners to maintain good mental health.

However the Mayor does not agree that this should be done through increased translations as the recommendation states. One of the failures of public services in London over the last few decades is that the multicultural agenda refused to promote the English language. Many Londoners and women in particular were not able to write or communicate properly in English. In contrast, this Mayoralty has cut translation services for the specific aim of engaging all Londoners in the economy of our country,

as active citizens and speaking our language.

What we do need to focus on is the ability to recognise and address symptoms of poor mental health while people still feel that they are manageable problems. This requires continued collaboration between NHS England, CCGs, and other service providers, sharing knowledge in this constantly developing field of healthcare and scientific understanding.



### Case study

#### London health story: Big White Wall

**Big White Wall** is an online early intervention service for people in psychological distress. The service uses social networking principles, along with a choice of clinically informed interventions, to improve mental wellbeing. It can be accessed 24/7 and staff ensure the full engagement, safety and anonymity of all members.

It is a community of people who are experiencing common mental health problems who are supported to self-manage their own mental health. Members have the ability to talk freely, whilst remaining completely anonymous.

Big White Wall has won multiple awards for its services, and its LiveTherapy service is CQC (Care Quality Commission) registered.



NHS England should strengthen the role of mental health in primary care, with a particular focus on timely access to psychological therapies and early intervention services, and on improving the capacity and capability of GPs to care for people with mental illnesses.

We must continue to work towards addressing London's mental health challenges with health promotion and prevention of illness in the first place. GPs are often hugely important in this work. However they must be supported by a broader, connected system with NHSE and CCGs, working with GPs, Local Medical Committees (LMCs), mental health trusts, Health Education England, LETBs and other mental health services. Together, we must ensure that mental illness is given as much prominence in the healthcare system as physical illness.

It is particularly important that we support young Londoners to manage their own mental health independently as much as possible. Half of lifetime mental illness starts by the age of 14, and 75 per cent by the mid-20s. An understanding of the illness at a young age, and developing skills to deal with it, will help to ensure that, for many, this need not become a lifetime affliction.

## 30

Health and care commissioners should develop a pan-London multi-agency (including the police and ambulance service) case for change and model of care for child and adult mental health patients in crisis.

Police officers and the London Ambulance staff are often the first responders when helping those in mental health crisis. More coordination of crisis responses between London Ambulance Service, Metropolitan Police, CCGs, local councils and mental health trusts, is necessary to make sure there is consistent mental health provision across London.

This recommendation requires a collaborative approach from all of these organisations to improve patients' experiences and increase the efficiency of blue light services in London.

## HOMELESSNESS AND ROUGH SLEEPING

## 31

Health and care commissioners should develop a pan-London, multi-agency approach to healthcare for the homeless and rough sleepers, with dedicated integrated care teams, and commissioned across the capital by a single lead commissioner

Homelessness is a complex issue that troubles every big city in the world. In 2013/14 some 6,508 people were seen sleeping rough in London - more than double the 2007/08 figure.

With London's population growing at the fastest rate ever and expected to reach ten million by 2030, the pressure on the capital's homes is growing. Many more homes are needed in London. That is why the GLA is investing £1.8bn in new affordable homes and releasing publically-owned land to build more homes and create new neighbourhoods for Londoners. The GLA would welcome unused NHS estate being freed up for public use, including new health and care provision, housing and schools. The London Housing Strategy sets out our plans for strategic housing and regeneration in the capital.

Along with a shortage of housing, homelessness can be the result of debt and unemployment, poor physical and/or mental health (including drug and alcohol dependency) and social exclusion. So the ill health of homeless people is not just down to the healthcare they get, but often a contributory factor in their homelessness. Wider work to address health inequalities is therefore vital to tackle homelessness effectively. Improving access to housing and employment, preventing drug and alcohol dependency and reducing social exclusion all offer great potential for a long-term reduction in the health inequalities experienced by this population.

While local councils have clear statutory responsibilities for tackling homelessness, the GLA works with them and other partners to lead, coordinate and fund efforts to tackle rough sleeping - one particularly acute manifestation of homelessness. It does so through the Mayor's Rough Sleeping Group and by commissioning Londonwide services for

rough sleepers. This group and these services are committed to helping people leave and stay off the streets. Once in accommodation, people are better placed to access effective healthcare, and this in turn can help them to stay off the streets.

A great number of rough sleepers need support in healthcare matters that are related to alcohol, drugs and/or mental health, as well as their physical health. Many impressive services offer this sort of support for homeless people. For example, Veterans Aid, which is supported by the Mayor, has dedicated case workers who help ex-military personnel with problems, helping them get the care they need to sustain independent lives.

Specialist primary healthcare services can also help enormously. Excellent examples include the Department of Health-funded hospital discharge service for rough sleepers, GP surgeries for homeless people, and Groundswell (see our case study below). However, it is important to recognise that not all homeless people need specialist services. They may only be homeless for a short time, or may need to return to their countries of origin, where they may have better access to services than in the UK.

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### Case study

#### London health story: Groundswell Homeless Health Peer Advocacy (HHPA) service

This service, created by the homelessness charity [Groundswell](#) in

2010 with support from the NHS London Innovation Fund, helps homeless people to access healthcare. It is now funded by the Greater London Authority and local CCGs, and has expanded across six London boroughs - Westminster, Hammersmith & Fulham, Kensington & Chelsea, Hackney, Lambeth and Camden - with additional Londonwide projects.

The HHPA service offers practical support to homeless people – like going to appointments with them - to enable them to address their health needs. The result is that people are having health issues diagnosed earlier, sustaining treatment, and reducing their use of A&E, missed appointments and unplanned admissions to hospital. As well as better health, this has cut NHS costs by 42 per cent.

Peers also build the skills and confidence of clients to access healthcare independently. All volunteer peers have personal experience of homelessness, and their ability to engage with people often considered 'hard to reach' is an important part of the project's success.

HHPA also reduces the general barriers that homeless people face by helping to make health services more flexible, responsive and accessible. Peers are able to give health providers an insight into the issues that homeless people experience when trying to get their health needs met. HHPA recently won first prize at the Andy Ludlow Homelessness Awards 2014.

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The GLA encourages other health and care commissioners to build on some of these excellent, innovative examples of





Groundswell Peers. © Groudswell

specialist provision in the city, as well as supporting work to make mainstream services more accessible and responsive to rough sleepers' needs.

We urge health and care commissioners to work with local councils and other providers of rough sleeping services

to give homeless people in London the services they need, to help them get off and stay off the streets, and to prevent rough sleeping. And, in our role in leading and coordinating wide ranging efforts to tackle rough sleeping in London, we're keen to enable and support such collaboration.

# 4. MAXIMISING SCIENCE, DISCOVERY AND INNOVATION TO ENHANCE ECONOMIC GROWTH

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The GLA welcomes the commission's inclusion in its report of an entire chapter on maximising London's science, discovery and innovation sector for economic growth and for the health and wellbeing of Londoners.

The report mentions London's track record in medical innovation - from antiseptics to penicillin and from hormones to DNA. Today, informatics, genomics and personalised medicine are the new frontier. From 2016, the [Francis Crick Institute](#) will create a way to speed up new discoveries from bench to bedside. London's main assets are a thriving research community, world class universities, a large and diverse population, the presences of global corporations, and top class talent. These assets can be used to tackle the biggest health challenges that we face today: better physical health, better mental health, an ageing population, healthcare delivery for 21st century living, and a healthier environment.

It is important that London fully explores and exploits these assets, which is why the GLA has invested £1.2m to establish [MedCity](#) - in partnership with King's Health Partners, Imperial College Academic Health Science Centre and UCL Partners. MedCity wants to attract life sciences corporations large and small to the 'golden triangle' of London and the greater south east. This will enable collaboration with the UK academic research base, and reinforce specialist infrastructure so that the region becomes one of the world's leading clusters for life science research, development, manufacturing and commercialisation.

MedCity will create jobs, attract billions of pounds of investment and help to spur the discovery of new treatments to tackle disease, propelling the sector to become an important contributor to London's growth and health.

The GLA welcomes MedCity's commitment to work with London's AHSNs, AHSCs and many others in bringing to delivery some of the key recommendations in this chapter.

## 32

The Department of Health, the Department of Business, Innovation and Skills, and the National Institute for Health Research should invest in an Institute for Digital Health and Accelerator for London, coordinated by MedCity and the AHSNs.

The GLA supports the vision for London to be a global centre of digital health innovation. Digital health can be at the heart of London's healthcare provision and the health and wellbeing of Londoners.

The GLA welcomes the commission's proposals for an institute and an accelerator that will fill the market failure gaps that often cause digital health entrepreneurs to move products, or even their businesses, overseas. The institute and accelerator will be based on a strong three-way relationship between digital health entrepreneurs, clinicians, and payers and regulators.

The GLA welcomes the recognition that MedCity and the AHSNs are the right vehicles to make this proposal happen.

We want all of London's health economy partners, and indeed flourishing tech and digital sector, to pull together to maximise resources. By presenting a joined up vision for London's med tech and digital health sector, we can create tangible, globally recognisable results, and soon.

MedCity and the AHSNs have committed to develop within a year a detailed funded business plan that will map provision of the solutions required to complement rather than duplicate what is already happening.

### 33

London's AHSCs should support and help expand the Health Informatics Collaborative funded by NIHR to improve knowledge sharing for research purposes.

Informatics and big data will have a key role to play in the future of medical sciences and wellbeing. The government announced in the latest [Autumn Statement](#) a £42m investment to establish the Alan Turing Centre in London. The centre will carry out new research into ways of collecting, organising and analysing big data. Coupled with London's other first class institutions like the [Farr Institute](#), it will make a valuable contribution to this space.

### 34

The Department of Health, the Department of Business, Innovation and Skills, and the National Institute for Health Research should invest in an Institute for Dementia Research to bring together expertise in basic sciences, technology and social policy to address the dementia crisis.

The GLA welcomes the commission's spotlight on dementia and the global challenge that it represents for our ageing population. Dementia will affect one billion people worldwide by 2025. In the UK alone, the number of people with dementia is forecast to rise to over one million by 2025. While the overall economic impact of dementia in the UK is £26.3bn, the personal cost on patients and their families and carers is immeasurable. Yet fewer than three per cent of R&D pipeline pharmaceuticals are 'tagged' for dementia, compared with 35 per cent for cancer. For each dementia patient, £30,000 is spent on health and social care, but only £90 on researching a cure.

The World Dementia Council recently spoke of the primary challenges that must be addressed in order to bring new therapies to patients more rapidly. This includes the market failure undermining dementia research and drug development, how long it takes new drugs to reach patients, insufficient collaboration and openness of scientists across the world, and the need for more investment.

The GLA fully supports proposals from the London Health Commission, the scientific community, patient advocates and research charities that a single-site dementia research centre could go some way to address these challenges. It would create a basic shift in dementia research and offer a single point of engagement for the industry and collaborating organisations through the entire drug discovery pipeline – from basic to translational science, to clinical trials and to research. This would help people to live independently and improve health and social care. Furthermore, MedCity estimates that an International Dementia Research Institute would bring £850m GVA in economic benefits and create almost 2,000 over 30 years.

The Mayor has shared these plans with the Chancellor and the Prime Minister's office. The Mayor has asked MedCity to lead a taskforce made up of London and the south east's top neuroscience research centres, pharmaceutical and life science companies and research charities, to look at increasing their collective dementia research infrastructure capacity.

35

London's providers should work with the Health Research Agency and Clinical Research Networks to create a simple and unified gateway for clinical trials in London.

36

Clinical Research Networks should establish a strategic clinical research office to increase late phase research/ novel real world studies in smaller NHS Trusts and GP practices.

MedCity will span everything from research to clinical trials to manufacturing, across biotech, med tech and health tech. Having the whole 'chain' from small spin-offs to massive companies doing research, clinical development and manufacturing here in London and the south east can be as important to our economy as the financial services sector is today.

There are also the unique advantages of the National Health Service, which serves a diverse capital city - a living laboratory in which every human genome type is represented. London is the perfect location for clinical trials and human research.

We welcome the efforts of the Health Research Agency and Clinical Research Networks to share and apply best practice to make London's offer for commercial late-phase clinical trials more attractive. Indeed, much has already been done, and the GLA joins the commission in commending the work of UCL Partners for being designated a Quintiles Prime Site, with world-beating trial set up-times and recruitment success.



University College Hospital. © GLA, Tom Simpson

London must work hard to improve its reputation in med tech to be able to compete with other global centres such as Boston and San Francisco. As a starting point, we should do more to celebrate success. For example, we're actually becoming a leading European centre for quality late stage clinical trials. The GLA will therefore make the following commitments:

1. MedCity and London & Partners, the capital's promotional agency, will work with AHSN partners and CRNs in London to showcase the positive and promote London internationally as a global destination of choice for quality late-phase clinical trials.
2. MedCity to convene the right partners in London to promote the commercial benefits of the harmonisation of systems, as already seen across some London Trusts, and extend the benefits across the city – as well as to primary care.

**39**

AHSNs in the South East should continue to collaborate – specifically on systematic knowledge sharing to improve adoption of innovation – to make South East England a leading region internationally for the adoption of the latest healthcare technologies and innovations.

These recommendations point to the need for greater collaboration and streamlining of activity for the health and wellbeing of Londoners. Additionally, AHSNs need to accelerate the adoption of innovation uptake by health services.

**37**

NHS England should strengthen London's AHSNs by further consolidating and channelling all innovation and improvement programmes through them.

**38**

AHSC/Ns should forge greater links with Commissioners to advise on the use of latest innovations for patient benefit and to support delivery by providers.

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# 5. MAKING IT HAPPEN

**BETTER ACCESS TO MEDICAL INFORMATION AND ONLINE RECORDS**

**40**

NHS England should develop a single London-wide online platform to encourage and inform people about how they can actively participate in discussions and decisions about health, care and services, building on the NHS Citizen initiative and the Imagine Healthy London brand.

**42**

AHSNs, CCGs and NHS England should work together to create matched patient-level data sets and real-time information sharing to improve both care delivery and service planning, with robust safeguards for privacy and confidentiality.

**43**

The National Information Board should designate London as an incubator for innovative health information, providing investment and support.

When designing health and care services, Londoners themselves must be the starting point. We encourage the patient-led approach that runs through the LHC report. The more informed and involved the people of London are in decisions about their own healthcare, the more responsive to Londoners' needs the capital's health and care services will become.

London's health and care system should build upon the work of the [NHS Citizen initiative](#), [Healthwatch](#) and other proven examples of engagement. Local councils, the voluntary sector and NHS partners should continue to work closely together to determine how best to improve upon existing structures.



**Case study**

**London health story: Talk London**

[Talk London](#) is the GLA's online research community. We currently have over 9,250 Londoners from 18 to 85 years old, from all backgrounds and boroughs, discussing a wide range of policy matters.

We have an area on Talk London that is dedicated to discussing how we can improve health services and health in London. Through this, since the launch of the Health Commission, we have engaged over 700 Londoners in discussions, surveys and quick polls on health issues.

The findings from this engagement are reported to the LHC and the GLA Health Team. They are also fed back to Londoners themselves through articles and blog posts with email alerts. We continually re-engage Londoners through our regular email newsletters and reach out to Londoners through social media.



Patients are often very knowledgeable about their conditions, as well as the best care and treatment options for their

individual needs. Building partnerships between patients and clinicians so that both can manage care can only be a good thing for increasing the quality of care. As well as being able to access relevant information, patients need to be empowered and be given the tools to play an active role in their health.

Patients with multiple conditions and care needs often find themselves having to provide their medical history repeatedly. From a professional viewpoint, systems are often complex and don't connect, meaning it can be difficult to get an accurate medical history quickly.

Giving people control of their own electronic medical records would empower them and would help clinicians to provide better care. People are used to banking online with appropriate safeguards and this approach could be transferred to care settings. New ways of accessing services – like Skype consultations - can also help people manage their own conditions and cut down on unnecessary visits.

To understand our own health needs and to ensure that we are given the right care, we must have access to useful information. The GLA certainly supports the case for putting more data into the public domain – particularly when that data has been collected using public funds.

Greater data transparency, creating the opportunity for people to access own their records and, where they choose, to share them (with the appropriate safeguards in place) can only improve Londoners' health. We should recognise the importance of data to inform commissioning decisions and to

improve treatment quality and outcomes for patients. Effective collaboration between AHSNs, CCGs and NHS England and healthcare partners should be accelerated to improve patients' experience of treatment and health outcomes.

There is no doubt that a high quality supply of data drives innovation and that London is at the forefront of the medical data revolution. Since launching the London Datastore we have seen an explosion of creative talent – apps and products that are revolutionising our everyday lives. TfL makes real-time travel information freely available and a profusion of new 'apps' has enabled people to track their journey options in real-time. New data, including health data, will be added to the Datastore as it is published.



### Case study

#### **London health story: London Datastore and The London Schools Atlas**

[The London Schools Atlas](#) is an interactive online map of London that provides a uniquely detailed and comprehensive picture of London schools, current attendance and potential future demand for school places.

The Atlas is part of the Mayor's programme of initiatives aimed at driving up standards in education and ensuring there are enough good places for all children in the city.

Covering primary and secondary provision, including academies and free schools, the London Schools Atlas uses data for the first time to illustrate current patterns of demand for school places at a Londonwide level, rather than within boroughs alone. It also gives projected changes in demand from 2012/13 to 2017/18, giving users an indicative picture of where pressure on places might be in the future.

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The GLA supports the vision for London to be a global centre of digital health innovation. London is already a centre for research excellence. It also makes great sense to be an incubator city for innovative health information, not least because such information must be research-led, evidence-based and can be improved greatly by excellent data analysis.

## TRANSFORMING COMMISSIONING

41

The Mayor should create a Citizens' Health Panel to oversee the engagement and involvement of Londoners, ensuring the capital's existing expertise and community diversity is fully represented.

44

Health and care commissioners should embrace advanced data analytics to better understand care needs and to commission higher quality care.

45

NHS England should fund and trial patient-reported outcomes measures linked to payments to London providers.

46

London CCGs and Strategic Planning Groups should consider developing local initiatives to promote greater equity in financing the health and care system.

47

NHS England should make clear the budget for the London Region of NHS England and for London CCGs for the duration of future spending review periods.

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Breakfast club: Worcesters Primary School, Enfield. © Healthy Schools London

48

NHS England and CCGs should establish a shared transformation budget for investment in strategic change, jointly managed by NHS England (London) and CCGs with investments agreed with sub-regional health economies.

49

NHS England should work with CCGs and local authorities to trial capitated budgets for specific population groups, such as elderly people with long-term conditions.

50

NHS England should lead the trial and development of Personally Controlled Payments in London, starting with a pilot with 12.5% of payments for maternity care controlled directly by individual mothers.

NHS England's [Five Year Forward View](#) calls for the NHS to take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, and between health and social care. It outlines that the future will see far more care provided locally, but with some services in specialist centres that are organised to support people with multiple health conditions, not just single diseases.

The GLA welcomes the London Health Commission's conclusion that a 'one size for all' approach doesn't meet the health needs of Londoners. We agree that care

should be more personal, planned around groups of people with broadly similar needs (for example, those with multiple long term conditions) rather than around groups of specialist professionals with broadly similar skills. People should be treated as individuals, holistically, rather than according to individual health conditions.

NHS England, CCGs, local councils and the voluntary sector, along with service providers, should consider the LHC's recommendations carefully and work together to plan how to meet the health and care needs of London's growing population. They will also need to strengthen collaboration at local, multi-borough, and city-wide levels to achieve this: collective leadership and a real sense of vision are required at all levels. The Mayor, with the London Health Board providing strategic leadership, oversight and political momentum, will support the achievement of this vision.

In developing their proposals Lord Darzi and his team have done much to engage with Londoners. Their approach sets a benchmark for future commissions of this type. Health and care providers should also recognise and build upon what is already happening, through Healthwatch, NHS Citizen and other channels that involve healthcare users. The GLA will consult with partners - including boroughs - on how to take forward the recommendation of a Londonwide Citizens' Panel.

## ESTATES

51

NHS England should reform the rent reimbursement system for GP premises, offer modern facilities for all practices, and require practices to comply with disabled access requirements or accept new facilities.

52

The Department of Health should end the public subsidy for hospital assets no longer used for public good by raising capital charges from 3% (public dividend capital rate) to 8% (market cost of capital) from 2016/17.

53

The Department of Health should agree with HM Treasury that NHS Trusts in London routinely retain 50 per cent of any capital receipts, with the remaining 50 per cent agreed with the TDA and local commissioners. This will give trusts an incentive to dispose of surplus assets.

54

The Trust Development Authority and Monitor should work with the GLA to establish an unused NHS buildings programme in London so that trusts are encouraged to transfer assets for redevelopment and disposal (receipts would revert back to the trusts).

55

Transformation programmes should be able to apply to a joint HM Treasury, Department of Health, and Department for Communities and Local Government committee for permission to transfer assets from the NHS to other parts of the public sector at District Valuer figures.

56

NHS commissioners and providers and local authorities should create Strategic Planning and Capital Boards to ensure that estates planning and a comprehensive asset database are part of wider service planning.

A primary care system that is fit for the 21st century and accessible to all is a core requirement of good healthcare for London. It is for NHS England, NHS England (London) and CCGs to explore this with GPs and other clinicians to determine the appropriate measures to improve London's health and care facilities.

In larger-scale developments it is important for health sector partners to engage in a timely fashion with the planning system, at borough and London level where appropriate. The GLA will support efforts to persuade the government to allocate revenue for London. This will help London's GPs meet the needs of an increasing population and the extra demand this puts on primary care services and facilities.

London is facing a huge land challenge and doesn't have enough land to meet the current and future needs of the population. It is widely acknowledged that the NHS has surplus land that represents the largest public land opportunity in London. These land assets are currently under-used. There is significant scope to transform the way that such estate is used across London. It's estimated that, across the acute, mental health, community care and primary care estate, there is a book value (2012/13) of approximately £1.3bn to £2bn that is currently under-used.

Only a proportion will be realisable rapidly. At least 50-70 per cent would require investment to support moving services to other sites to release buildings and affiliated land. The current NHS estates require investment to upgrade primary care facilities (34 per cent do not meet disability access requirements) with an estimated capital investment of £1bn in the hub and primary care estate over the next 5 years. This is in addition to investment in the backlog of hospital estates work, which is estimated to be in excess of £600m.

The GLA wants to see unused or redundant NHS estate released for sale, redeveloped for improved health and care facilities, or partially sold and redeveloped to include projects of social value, like housing or schools. Included in this should be the permission for NHS Trusts to incorporate affordable housing into redevelopment plans, in close collaboration with local councils.

The need to unlock the potential of unused assets is an urgent one: they must be freed up for the benefit

of Londoners - for example, with new housing, school provision and renewed health and care services. The GLA, Trust Development Authority, Monitor, NHS Property Company and the Department of Health must work together to advance this need for the efficient use of public assets. The creation of a comprehensive asset data base by the NHS is an essential part of this work.

The transfer by the government of the London Homes and Communities Agency and the London Development Agency land assets and resources to the GLA, based at City Hall, demonstrates that the GLA has the capacity and experience to run these public assets. The first stage will be to work with NHS property teams and trusts to build a comprehensive asset register.

The GLA, as London's strategic planning and regeneration authority, working with boroughs can help add value to the NHS and the Department of Health's (DH) estate programme in a way that could yield significant health, housing, education, and community benefits.

The three areas that the GLA should explore with DH and others are:

### **1. Strategic coordination of NHS capital assets across London**

The GLA will work with the boroughs/ CCGs (capital boards) and the DH to identify surplus (or soon to be surplus) NHS assets on the Londonwide database of surplus public assets. Working with the CCGs, NHS Property Company, Monitor and the TDA we could collate land asset information and share data on surplus assets. This activity could also be linked



to the regeneration activity of the GLA and used as useful input to the London Plan

## 2. Amendments to the NHS Estate Code

There are a number of flexibilities that we believe the GLA could help to be achieved within the NHS Estate Code to accelerate land release. This includes the best value link to trusts, gaining planning permission prior to disposal, and the timing and process for the business case approval stages and 'in year' capital rules, which have been specifically identified by some Trusts as a reason for retaining assets.

Additionally, we can use the London Health Commission process analysis to streamline the process of re-investment in healthcare facilities and thereby expedite the necessary changes required in the capital's primary care estate.

## 3. Use the GLA's resources to support the CCG and trusts with their disposal activity.

The GLA could offer trusts/CCGs access to mechanisms that would enable the efficient and effective sale of land. This would include:

- a. Using the London Development Panel for all disposals (large sites, or a portfolio of small sites). NHS Trusts have identified a lack of commercial awareness and expertise within their estates team, with resources primarily focused on the management of the clinical estate.

The panel members offer residential market and development expertise,

including identifying site opportunities and constraints, assessing and achieving best value and potential for joint venture partnerships. For NHS Property Services assets, the GLA is keen to work with the team to establish key principles for sites to be marketed and, where possible, dispose of the site via the LDP.

- b. Planning parameters for sites agreed with local councils to provide the market with certainty and deliver best value, as required by the NHS Estate Code.
- c. Technical assistance aligned to Treasury rules, such as deferring land receipts, staged payments and maximising revenues from different tenures.

## HEALTH AND CARE WORKFORCE

57

Health Education England should ensure that education and training funding continues to support choice, foster excellence, and secure higher quality care.

58

NHS Trusts should be permitted to include affordable housing as part of wider site redevelopment plans, working in partnership with local authorities.

59

Local Education and Training Boards, Health Education England and employers should shift more training to general practice, community and integrated care settings, and explore the creation of new hybrid health and social care roles.

60

The London Leadership Academy and London LETBs should recruit a wider range of NHS and social care professionals to the Darzi Fellowship programme.

London needs an NHS workforce that will meet the needs of Londoners now and in the future. The GLA would encourage Health Education England and all of the education and NHS providers that are responsible for training to give these very sensible proposals serious consideration and act on them.

The GLA is working to create more affordable houses for Londoners through the London Plan and, as mentioned in the response to recommendation 54, redevelopment of unused NHS land could include new affordable homes as well as new health and care services. The GLA does not advocate a policy of 'key worker' priority for affordable housing. Planning powers in this area reside with the boroughs and we encourage them to work with developers and landowners to maximise the number of new homes being built in a way that best meets local needs.

The GLA believes there are many opportunities to plan future workforce needs by exploring the way in which we train our health and care professionals, encouraging closer collaboration and understanding of more complete health and care services for patients. As a result, the health and care workforce would be able to further break down perceived barriers, connect services effectively and establish a shared culture. This in turn would lead to fairer and more consistent outcomes for patients. Health Education England and LETBs, in partnership with SPGs, CCGs and health providers need to collaborate if this is to happen.

The GLA celebrates work towards establishing a diverse workforce that reflects every aspect of London life, and we look forward to seeing the collaboration of the London Leadership Academy, LETBs, CCGs and health and care providers to support the best possible health and care services for London. As a first step, the GLA is working with the NHS London Leadership Academy to explore the leadership capability that is required across NHS professions to take forward recommendations in these areas. The GLA will host an event early in 2015 to begin this work.

## WHAT NEXT?

The Mayor wants London to become the healthiest city in the world. To rise from its current position as seventh healthiest global city, we need to collaborate in all sorts of ways on a grand scale.

So much has already been achieved through working collaboratively at local, multi-borough and city level. The London Health Board has made a good start in bringing together organisations with a responsibility for health in the capital. Local councils are the primary deliverers of public health, with the powers and budget to bring about real changes. They are already doing a lot of excellent work.

The GLA is committed to encouraging further collaboration between Londonbased agencies, which is essential to achieving the ambitions that are laid out in the London Health Commission report. Ensuring that the various agencies combine their expertise effectively is complex, but crucial if we are to secure the success of projects that require expertise from several disciplines.

Moving forward together, we need an ‘action statement’ from the Mayor in his role as Chair of the London Health Board – one that is agreed by the board and sets out what Londoners can expect to see happen and what will change as a result of the commission’s report.

## LEADERSHIP

61

The Mayor should appoint a London Health Commissioner to champion health in the capital, supported by combining the London region of Public Health England and the GLA health teams; the Mayor should request the Department of Health for the Commissioner to receive a significant budget from Public Health England.

62

NHS England should further empower CCGs to work together – with their local authority partners – to improve care across multiple boroughs, by devolving further decision-making powers to strategic planning groups.

63

London should be the most transparent region of England’s health and care system by including representation of people who use services on decisionmaking committees, by holding meetings in public, and publishing meeting documents online.

Once all the bodies named in this report have set out their responses, the Mayor should convene and personally chair a group to prepare a unified delivery plan. This group should then continue to oversee progress in the implementation of the recommendations in this report

### **A London Health Commissioner role**

The GLA welcomes the thinking behind the London Health Commission's proposal to appoint a Commissioner to oversee London's health services, and we can see the value that this would bring to the capital. However, as the recommendation acknowledges, to be effective a London Health Commissioner would need the resources and powers to do the job. That is why the model has worked well in New York. We therefore propose to consult widely on the recommendation to explore the reach and impact of such a role.

### **Working together and devolving powers to the most effective level**

Of course, a great deal of effective collaborative working is already taking place in many places across London. We can do more and we should build on this existing work and strengthen strategic leadership for health in the capital by closer collaboration. The commission and NHS England's Five Year Forward view, together with renewed commitment to partnership approaches, present us with a timely opportunity for joint action.

All of us understand the vital importance of a shift towards public health and illness prevention if we are to reduce the ever-growing demand on NHS services. The GLA is committed to working in partnership with Public Health England to meet this challenge.

Local organisations - in particular, local councils and CCGs - have detailed knowledge of their populations and health economies. The GLA supports local organisations being empowered to deliver services that best meet the needs of their local people.

At Londonwide level, the GLA and London Councils have worked closely together on the London Finance Commission which advocates increased financial freedoms and powers over property taxes for London. In light of recent devolution settlements in Scotland and Manchester, the GLA will continue to work with London Councils to shape a devolution package for London that includes health and public services, housing, skills and employment.

### **Transparency**

The Mayor is committed to increasing transparency across all publicly-funded services. By putting more information into the public domain in an accessible format we encourage democratic scrutiny and provide accountability to Londoners. Information empowers people and helps them to make better informed choices on health and other areas of their lives.

Londoners already have many ways in which to engage with the Mayor and hold him to account. Events include the State of London debate, People's Question Time, and, online, the Ask Boris Twitter

sessions, as well as the Talk London platform.

All the data generated by GLA and much from other partners is published on the London Datastore, launched in 2010. The data is being used by Londoners and developers in many novel ways to benefit Londoners.

In 2011 the Mayor, in partnership with NHS England, launched myhealthlondon, with data on GP standards at individual practice level. Visitors to the website can compare practices and GPs can compare how they perform against each other, which in turn can raise practice standards and improve outcomes for patients. It is important that work at local, multiborough and London levels is open and transparent so that Londoners can see how decisions that affect their health and wellbeing are taken.

### **Convening strategic leadership for health and wellbeing in London**

We can do more together than separately and we should allow ourselves time to reflect, discuss and develop a way forward that is flexible and reaches towards the ambitions that Lord Darzi and his team have outlined.

We have therefore written to all the organisations highlighted by the commission as having a role in taking forward the recommendations to seek their views on the report. Alongside this, the NHS Five Year Forward View and London Health Commission report both reinforce the importance of local leadership to progress the evolution of better health and care services. There is also a strong

case for collaboration and coordination to address some issues at sub-regional and Londonwide levels.

London needs citywide, strategic and political leadership in order to provide the support that is necessary to improve health and care services for Londoners. The London Health Board has made a good start as the vehicle for strategic leadership on health and care issues in London. It is now the right time to renew its operation in light of the London Health Commission's report, the NHS Five Year Forward View and the Greater Manchester Devolution settlement.

**The GLA therefore proposes that a revised London Health Board, chaired by the Mayor, should provide strategic and political leadership for health and care at Londonwide level. This will include oversight of actions flowing from the London Health Commission's report.**

### **Next steps**

If London is to become the world's healthiest capital city, it is clear that we must work together. Leadership and concerted action will be needed at all geographic levels – borough, multiborough, city and national - and across all sectors – public, private and voluntary.

The GLA has significant influence on the wider determinants of health and is already playing a key role. The London mayoralty is uniquely placed to convene and galvanise action.

The Mayor will chair the London Health Board meeting in March 2015. Partners - including London Councils, NHS England, Public Health England and the GLA - with support and in consultation with, stakeholders will together produce an 'action statement'. The first task of the board will then be to consider and approve this statement. This will be the initial step on the journey to fulfilling our collective and ambitious vision for the health of London.



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