

# Global City Comparisons

## Overview

# Global City Comparisons

- London's residents are relatively **young and diverse** but face some health & wellbeing challenges: **childhood obesity** is a particular problem
- A healthy city has a clear, **city-wide strategy** for health, championed by **leadership** that **engages the local population**
- **Programmes to reduce inequalities** by targeting excluded/at risk groups are most successful when they have an **influential sponsor** and **stimulate community engagement**, either by coordinating partnerships between various community-based agencies and/or rewarding volunteers for getting involved
- **Childhood obesity is a common concern** across global cities: where it is currently low compared to London, it is increasing; only New York has seen a decrease and has similar childhood obesity levels to London today. A variety of initiatives to **improve nutrition & encourage physical exercise**, in children and adults, provide some inspiration: e.g. urban planning to make it easier to walk or cycle and taxing unhealthy foods
- **Patient-centred care paths** improve outcomes for the elderly, patients with long term conditions and those with mental health issues. The international case studies consistently highlight the critical success factors for integrated care: **a co-located multidisciplinary** team of relevant healthcare professionals, one shared & accessible comprehensive **patient record**, and **one point of access** for the patient
- For many of the health issues facing London, there is a "**menu**" of **options** that have been implemented in other cities: selecting the right programmes for London will be key; in many cases a multi-angled approach will be necessary to be effective.

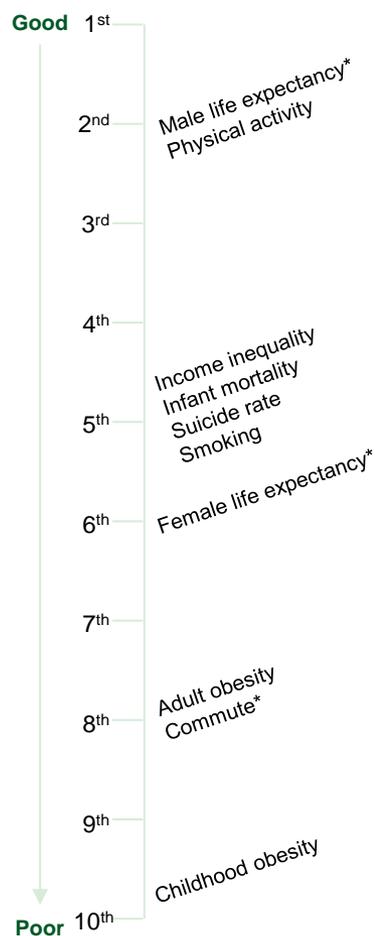
- **Metrics: London in relation to other global cities**
  - Global city narratives: in depth research
  - International case studies: insights for London
  - City summaries
  - Appendix: Metrics – dates, definitions and sources

# Global City Metrics

- City-level metrics were collected for **10 global cities**, including London
- Comparison cities were selected for **geographical coverage** (i.e. at least 1 city/continent), **economic status** (ie highest GDP/continent), and/or having **successful health & wellbeing initiatives** (e.g. Toronto, Madrid)
- Each city was profiled **demographically** (population size, population over 65 years old, foreign-born population) and compared on a number of **health metrics** (life expectancy, infant mortality), **environmental factors** (e.g. commuting time), **lifestyle factors** (smoking, drinking, exercise) and **outcomes** (obesity, suicides)
- A number of healthcare metrics have limited availability across the ten cities, due to lack of measurement at a city-level, or differing definitions which did not allow for comparability (see page 12)
  - For example, Asian cities don't measure fruit & veg consumption in terms of "5-a-Day"
  - Details of definitions and source data are in the Appendix

# London by numbers: comparison with other global cities

London's ranking against 10 global cities:



\*only a small difference to other cities

## London has a young, diverse population

- London has a relatively **young** population: only São Paulo and Johannesburg have a smaller proportion of their population under 65
  - there is an opportunity to see how other cities are tackling an ageing population
- London has a **diverse** population: only Toronto has a higher proportion of foreign born citizens
  - strategies must consider the best ways to reach immigrants, implications on locations, language etc.
- London, along with other global cities, has significant income **inequality**, which is linked to health inequality
  - initiatives to improve deprived areas and help hard to reach groups will impact health

## Key concerns for London: obesity and air pollution

- London has the **highest level of childhood obesity** and third highest percentage of obese adults
  - early indications suggest that New York programmes are reducing childhood obesity

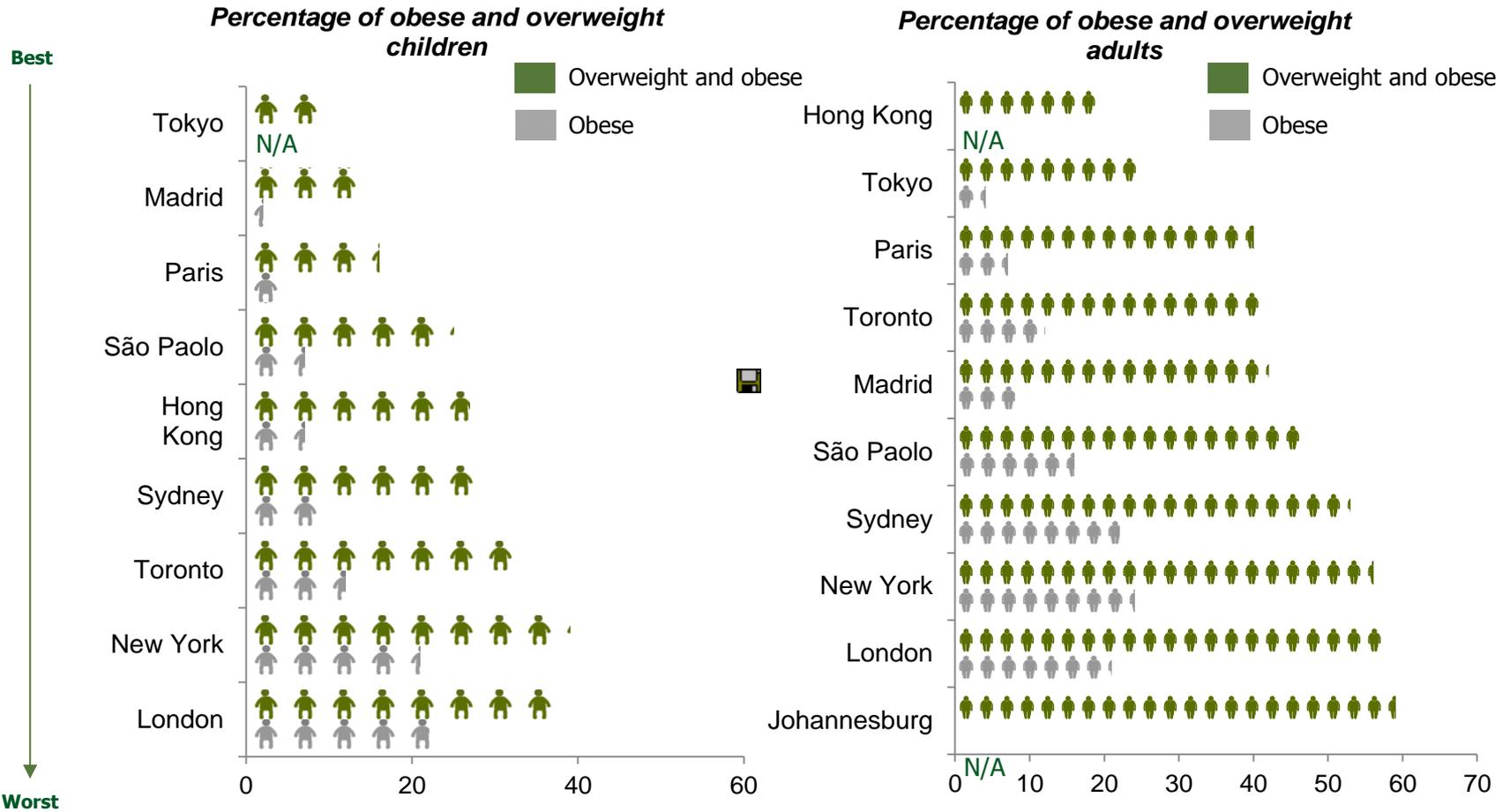
## Healthcare outcomes could be stronger

- Hong Kong leads the way in health outcomes with the longest life expectancy & lowest infant mortality rate
- Suicide rates, a combination of mental health status and cultural factors, vary a great deal across the cities; London sits in the middle

## There are opportunities to improve the health & wellbeing of Londoners

- 14% of Londoners binge drink, in comparison to 6% in Hong Kong
- 18% of Londoners smoke, in comparison to 13% in Hong Kong
- 57% of Londoners reach the required physical activity level and 21% consume 5 servings of fruit and vegetables per day: it is worth considering what other measures could account for London's obesity problem

# London compared poorly to global cities on overweight/obesity, especially in children



Note: no childhood data or adult obesity data available for Johannesburg  
 In Hong Kong & Tokyo, obesity is classed as BMI ≥ 25 instead of 30, therefore separate overweight/obesity measures are difficult to obtain: % children with BMI ≥ 30 was not available in Tokyo, Adults with BMI ≥ 30 was not available in Hong Kong. We know from data collected in England for the National Child Measurement Programme that levels of childhood obesity increase between the two groups measured (ages 4-5 and 10-11). It is therefore difficult to draw conclusions from data collected for different age groups in different cities.

# Hong Kong has the highest life expectancy and lowest infant mortality rate of the ten global cities analysed

	 City <sup>1</sup> population (M)	 % population >65yrs <sup>1</sup>	 % foreign born <sup>2</sup>	 Income inequality (Gini coefficient <sup>2</sup> )	 Male life expectancy (years) <sup>4</sup>	 Female life expectancy (years) <sup>4</sup>	 Infant mortality (deaths/ 1,000 births) <sup>5</sup>	 One way commute journey time (minutes) <sup>6</sup>
Hong Kong	7.2	14	7	0.50	81	86	1.3	36.0 <sup>m</sup>
Johannesburg	3.8	4	6 <sup>b</sup>	0.63 <sup>f</sup>	54 <sup>g</sup>	57 <sup>g</sup>	48.0 <sup>j</sup>	36.0
<b>London</b>	<b>8.4</b>	<b>11</b>	<b>37</b>	<b>0.44</b>	<b>80</b>	<b>84</b>	<b>4.3</b>	<b>37.0<sup>n</sup></b>
Madrid	3.2	19	3 <sup>c</sup>	0.44	79	85	3.9 <sup>k</sup>	40.0 <sup>o</sup>
New York	8.4	12	37	0.51	78	83	4.7	34.6
Paris	11.8	12	14	0.38	79	85	3.7	33.7 <sup>p</sup>
São Paolo	11.3	7	1	0.61	71 <sup>h</sup>	79 <sup>h</sup>	12.0	42.8
Sydney	4.4	13	34 <sup>d</sup>	0.39	79 <sup>i</sup>	84 <sup>i</sup>	5.5	33.0
Tokyo	13.2	20 <sup>a</sup>	3 <sup>e</sup>	0.38	80	86	2.7 <sup>l</sup>	34.5
Toronto	2.6	14	49	0.40	80	85	6.1	33.0 <sup>q</sup>

1: Relevant population = population served by city-level health authority, eg GLA for London, Ile-de-France for Paris, New York City; all data 2011-2013 except a: 2009

2: All data 2011-2013 except b: 2007; c: 2009; d: 2006; e: 2010

3: Gini coefficient of 0 means total equality; higher coefficient means more inequality; all data 2011-2012 except f: 2009

4: All data 2010-2013 except g: 2006; h: 2009; i: 2003-2007

5: Infant mortality: death between 0-1 years old; all data 2011-2013 except j: 2004; k: 2000; l: 2008

6: Journey time using public transport using survey data collated by Toronto Scorecard 2014 except m: includes bicycle; all data 2011-2013 except n: 2006; o: 2007; p: 2006; q: 2010

 Relatively 'healthiest' city  
 Relatively 'unhealthiest' city

# London has the highest rate of childhood obesity, as high as New York

								
	% of obese adults <sup>1</sup>	% of obese/overweight adults <sup>1</sup>	% of obese Children <sup>2</sup>	% of obese/overweight children <sup>2</sup>	% reaching recommended physical activity level <sup>3</sup>	% of population who smoke <sup>4</sup>	% of population consuming 5+ drinks in one occasion <sup>5</sup>	Suicides per 100,000 pop. <sup>6</sup>
Hong Kong	-	19	7 <sup>b</sup>	27 <sup>b</sup>	40	13	6	11.8
Johannesburg	-	59	-	-	21	-	-	-
<b>London</b>	<b>20</b>	<b>57</b>	<b>22</b>	<b>37</b>	<b>57</b>	<b>18</b>	<b>14</b>	<b>7.5</b>
Madrid	8	42	2 <sup>c</sup>	15 <sup>c</sup>	23	28	14	2.7
New York	24	56	21 <sup>d</sup>	39 <sup>d</sup>	56	16	20	6.0
Paris	7	40	5 <sup>e</sup>	16 <sup>e</sup>	38 <sup>i</sup>	40	15 <sup>j</sup>	8.1
São Paolo	16 <sup>a</sup>	47 <sup>a</sup>	7 <sup>f</sup>	25 <sup>f</sup>	62 <sup>j</sup>	15	-	5.4
Sydney	12	38	10 <sup>g</sup>	29 <sup>g</sup>	56	16	24	8.6
Tokyo	4	25	-	10	32 <sup>k</sup>	20	-	21.3
Toronto	12	41	12 <sup>h</sup>	32 <sup>h</sup>	47	17	13 <sup>k</sup>	6.9

1: Obese defined as BMI>30; Asian cities define obesity at ≥25 BMI, therefore some city-level obesity data unavailable for adults or children.

Overweight defined as BMI>25; All data 2010-2013 except a: 2006

2: Childhood overweight/obesity measured in 10-11 yr olds in 2013 except b: 7-12 yr olds in 2012; c: 15-16 yr olds in 2005; d: 5-14 yr olds in 2011; e: "school age" in 2004-5; f: 7-19 yr olds in 2011; g: 2-15 yr olds in 2010; h: 5-17 yr olds in 2011

3: WHO recommends 150 minutes of moderate exercise per week; survey is self-reported and therefore highly unreliable; all data 2010-2012 except i: 2005; j: 2008; k: 2008

4: All data 2009-2012 (Johannesburg at 21% in 2004 removed)

5: 5 or more drinks in one occasion classed as binge drinking, except j: 6 or more in Paris. All data 2010-2012 except k: 2008

6: Suicide classification varies by country; all data 2009-2013 (Johannesburg rate 15/100,00 in 2006 removed)

 Relatively 'healthiest' city  
 Relatively 'unhealthiest' city

- Metrics: London in relation to other global cities
- **Global city narratives: in depth research**
- International case studies: insights for London
- City summaries
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# Global City Narratives

- In depth narratives of healthcare and health promotion initiatives in New York, Paris, Tokyo, Hong Kong and Toronto have been collated
- These cities were chosen as they are comparable global cities and have implemented programmes around health & healthcare that could inform London's approach to health & wellbeing
- The narratives cover:
  - The health status of the city
  - Governance structure and the role of the city in health and healthcare
  - Health & healthcare strategies
  - Health & healthcare programmes, including some specific case studies
- These sections are summarised in the following slides



# The top causes of death are similar for all cities, but trends reveal more subtle differences

## Top 5 causes of death\*:

London**	New York	Paris	Tokyo	Hong Kong	Toronto
1. Cancer	1. Heart disease	1. Cancer	1. Cancer	1. Cancer	1. Cancer
2. Heart disease	2. Cancer	2. Heart disease	2. Heart disease	2. Pneumonia	2. Heart disease
3. COPD	3. Pneumonia and influenza	3. Respiratory diseases	3. Pneumonia and influenza	3. Heart disease	3. Alzheimer's
4. Cerebrovascular disease	4. Diabetes	4. Digestive diseases	4. Cerebrovascular disease	4. Cerebrovascular disease	4. Cerebrovascular disease
5. Dementia/Alzheimer's	5. COPD	5. Infections	5. Old age	5. COPD	5. COPD

## Key health trends

London	New York	Paris	Tokyo	Hong Kong	Toronto
Improving life expectancy	Improving life expectancy	Improving life expectancy	Improving life expectancy	Improving life expectancy	Improving life expectancy
Increasing rates of childhood obesity	Falling rates of heart disease	Increasing adult and child obesity	Increasing rates of hypertension	Declining obesity rate	Improving mortality from all cancers
	Falling childhood obesity		Increasing prevalence of cancer	Increasing pneumonia mortality	Falling smoking rate
	No improvement in health-income				Stagnant/increasing obesity rates

- Most health issues are lifestyle diseases, typical of developing countries
- Many cities have already begun to act on these common problems: there is an opportunity for London to look at these case studies and determine critical success factors before investing significantly in new programmes
- This can be seen through differing trends, reflecting different priorities and initiatives in each city

\*'Other' and 'non-identified' causes of death are not accounted for; \*\* source: Clean Air London information, split by gender

# Global City Governance: cities vary in administrative and legislative powers

	Legislative powers	Tax-raising powers	Healthcare delivery	Public health influence
<b>New York</b> <ul style="list-style-type: none"> <li>➤ Office of the Mayor</li> <li>➤ Mayor of New York City</li> </ul>	 <p>Municipal rule making and Mayor's executive orders</p>	 <p>Property, income &amp; sales tax (44% city spend); other taxes with state agreement</p>	 <p>Safety net for those that can't afford private insurance</p>	 <p>Very strong PH agency. Legislative powers exist but can be overruled by the state</p>
<b>Paris</b> <ul style="list-style-type: none"> <li>➤ Ile de France</li> <li>➤ President of Council</li> <li>➤ Council of Paris</li> <li>➤ Mayor of Paris</li> </ul>	 <p>Powers over laws affecting residents, in compliance with national law</p>	 <p>Taxation policy is highly centralized at the national level</p>	 <p>Regions implement national policy with regional specificities &amp; deliver health services</p>	 <p>Public health incorporated into regional health policies</p>
<b>Tokyo</b> <ul style="list-style-type: none"> <li>➤ Tokyo Metropolitan Assembly</li> <li>➤ Governor of Tokyo</li> </ul>	 <p>Enact "Ordinances" - district laws eg regulations restricting the rights of Tokyo residents</p>	 <p>Local corporate tax, residential and property tax (80% of tax revenue) Governor controls rates (within national limits)</p>	 <p>City implements National plan with local variations. Services delivered at city level: manage hospitals &amp; optimise spend</p>	 <p>Develop National plan to promote health at city level &amp; provide general health guidance</p>
<b>Hong Kong</b> <ul style="list-style-type: none"> <li>➤ Executive Council</li> <li>➤ Chief executive</li> </ul>	 <p>"One China, Two Systems" - all admin, budget &amp; legislative powers</p>	 <p>Full control of taxation (very low direct tax rates)</p>	 <p>Full control over public healthcare services, including policies &amp; allocation of funding</p>	 <p>Full policy control plus strong awareness, education and public consultation</p>
<b>Toronto</b> <ul style="list-style-type: none"> <li>➤ Toronto City Council</li> <li>➤ Mayor of Toronto</li> </ul>	 <p>Province has the majority of legislative power</p>	 <p>Some direct, eg road tax &amp; some sales tax eg tobacco &amp; alcohol; possibility to introduce new taxes within limits</p>	 <p>Services are the responsibility of the Province and delivered through city-level networks</p>	 <p>Toronto BoPH advises city policy makers; city has power to pass health-related bylaws</p>



# Global healthcare systems: funding & provision

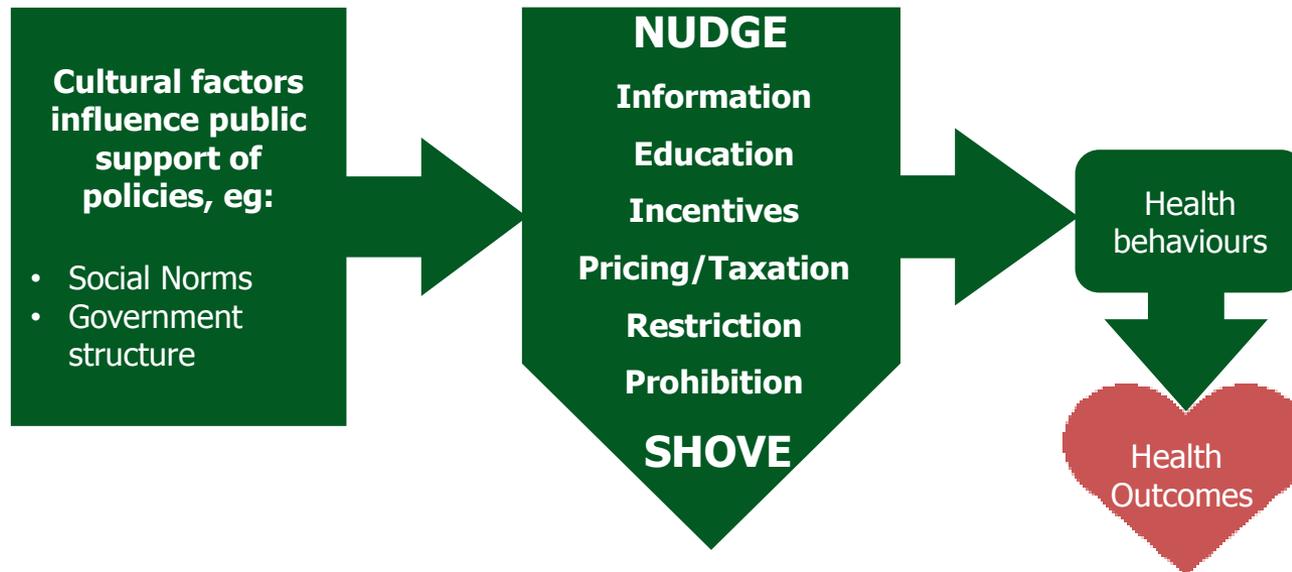
	City's Role in Health & Healthcare	Administrative Bodies	Healthcare funding: Public v private
New York	Provide healthcare for those that can't afford private insurance. Municipal <b>rule making</b> powers exist and are used but can be overruled by the state.	<ul style="list-style-type: none"> <li>Health and Human services Department for Health and Mental Hygiene (DOHMH)</li> <li>Board of Health</li> <li>The Health and Hospitals Corporation</li> </ul>	44% adults <65 insured privately; 13% insured through Medicare (>65s); 20% on Medicaid funded by NYC gov, but <b>almost 20% of the NYC have no insurance.</b>
Paris	Major <b>shift from National to Regional</b> power in 2009; regional entities in charge of health service under State supervision, responsible for implementing the national policy taking into account regional specificities.	<ul style="list-style-type: none"> <li>Ministry of Health &amp; Public Affairs (France)</li> <li><i>Autorités Régionales de Santé</i> (Ile de France)</li> </ul>	<b>Majority public funded:</b> 68% public, 19% PI, 13% OoP. Compulsory medical insurance with some "top up" from private schemes.
Tokyo	Basic plan developed & prices set at national level; <b>City implements National plan with local variations.</b> Services delivered at city level: manage hospitals, promote health, optimise spend.	<ul style="list-style-type: none"> <li>Ministry of Health, Labour &amp; Welfare (Japan)</li> </ul>	<b>Universal coverage</b> through mandatory participation. Co-pay rates vary with age. Facilities privately funded – patients have unrestricted choice
Hong Kong	Hong Kong has <b>full control</b> over public healthcare services, including policy making & allocation of funding	<ul style="list-style-type: none"> <li>Food &amp; Health Bureau</li> <li>Department of Health</li> <li>Hospital Authority</li> </ul>	<b>Universal coverage</b> available; private insurance encouraged to access more choice; 49% public, 15% PI, 36% OoP
Toronto	Healthcare delivered through city-level networks. City has power to pass <b>health-related bylaws</b> but the Province has the majority of legislative power	<ul style="list-style-type: none"> <li>Ministry of Health &amp; Long Term Care (Ontario)</li> <li>Board of Health (Toronto)</li> <li>Toronto Public Health</li> </ul>	<b>Universal coverage</b> but only certain services covered: 70% public; 30% OoP/PI. Private options increasingly available

# Strategies for Healthy Cities

An ideal Healthy City would implement all the elements described; however none of the cities studied were “best in class” across the board. New York has good leadership, a clear strategy with defined priorities & exploited partnerships effectively, but has been less effective at public engagement and integrating health into all policies across the city. Hong Kong and Toronto are good examples of public engagement and city-wide health policies respectively.



# Shove vs Nudge: influencing health behaviours depends on the cultural context



Countries vary significantly in their support for legislation in relation to behaviour change, for example

- The public in **more prosperous** countries are **less likely** to support interventions
- Support for **outright bans** is particularly **high** in countries with **authoritarian cultures** and centralised, top down governments:



In the UK, a report by the House of Lords suggested that nudges and shoves may prove more effective when used together

\* PDI = Power Distance Index: cultures with high PDI accept and expect that power is distributed unequally; national values shown  
 Sources: Ipsos Mori Acceptable Behaviour Report, January 2012, <http://geert-hofstede.com/countries.html>; House of Lords Science and Technology Select Committee. (2011) 'Behaviour Change'

# Health & Healthcare Strategies in Global Cities

## New York

- 2004 – 2014 Take Care New York
- Strong leadership by Mayor Bloomberg
- 10 priorities with measurable targets
- Used a variety of approaches, including outright bans (smoking, trans fats), taxation (cigarettes) and awareness campaigns

## Paris

- 2013 - 2017 Regional Health Project (Ile de France) will address inequalities, chronic diseases and ageing
- Clear strategic plan translated into schemes and programmes

## Tokyo

- 2013: Tokyo Metropolitan Health Promotion Plan 21 phase 2
- Based on National Law and modified for the city's needs & implemented by the Healthcare division of the municipal government
- Strong use of awareness

## Hong Kong

- 2008 Healthcare Reform to improve quality of care & financing, including implementing eHealth Records
- Using public-private partnerships, financial incentives, policies and awareness campaigns around lifestyle
- Two stages of public consultation with high participation rates

## Toronto

- Ontario's Action Plan for Health
- Toronto Public Health aims to reduce inequalities and improve health
- Toronto's Medical Officer for Health, Dr David McKeown, appointed by Province (not the Mayor), aims to incorporate health considerations into all city policies

## Integrated Strategies

- Catalonia: Interdepartmental Plan for Public Health launched Feb 2014, aiming to incorporate health into the design of all public policies
- Belfast Health Cities: city-wide partnership working to improve health equity and wellbeing for people living and working in the city

## Insights for London

- A clear strategy with measurable goals based on London's priorities is essential
- City-wide integration of health into all policies may require a coordinating role
- In contrast to expectations, Tokyo and Hong Kong use awareness and public consultation (nudges) whereas New York and Toronto use legislation, including outright bans – this may reflect the city teams reporting "unusual" programmes, rather than expected government approaches
- London would need to use a variety of approaches to change behaviours

- Metrics: London in relation to other global cities
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# Global Case Studies

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- The highlights from the in depth narratives from New York, Paris, Tokyo, Hong Kong and Toronto have been supplemented with targeted case studies from other cities around the world
- Many of the initiatives have been implemented quite recently and any commentary around their success, or otherwise, is not yet available; in addition, it is often difficult to make a causal link between an initiative and a specific healthcare outcome, due to complexity of these issues
- None of these cases go into enough detail to be an “implementation plan”; all are intended as interesting ideas and approaches, which need further investigation to determine their suitability for transfer to London, and tailoring specifically for this city

# Global Case Study Insights

Theme	Insight	Slide
<b>A: Improving quality &amp; integration of healthcare</b>	• Successful integrated care models follow a consistent model, supported by financial incentives	25
	• Elderly patients are complex patients: providing integrated care, supported by appropriate technology, improves outcomes	26
	• Patients with mental health issues benefit from integrated care models	27
<b>B: Enabling improvements in quality &amp; integration of healthcare</b>	• Technology is a critical enabler of high quality, integrated care & improve access to care	28
	• Technology is a driver of self-care	29
	• Workforce recruitment & retention can be influenced by professional development & financial incentives	30
<b>C: Encouraging healthy lives and reducing health inequalities</b>	• High risk/excluded populations can be targeted with community engagement programmes and strong leadership	31
	• Community engagement can be achieved by encouraging partnerships and volunteering	32
	• Nutrition can be improved by making it easier to make healthier choices	33
	• Children's health is affected by multiple factors: schools can play a vital role	34
	• Urban design can improve health & wellbeing by improving air quality, encouraging exercise & reducing stress	35
	• Physical activity strategies focus on making activity easy, and are boosted further when citizens are aware of the benefits	36
	• Tobacco usage has reduced where a multi-pronged approach has been used	37
	• Workplace health initiatives are supported by government resources or insurance plans	38
	• Preventative measures, such as targeted screening programmes, save money in the long term	39
		40
<b>D: Health economy</b>	• Financial incentives and collaboration between science, business and government can boost a city's health economy	41
<b>E: Public engagement</b>	• Public engagement has been used to gather input and feedback as well as generate awareness	42

# Successful integrated care models follow a consistent model, supported by financial incentives

A

## New York

- Accountable care organisations bring together groups of providers that accept responsibility and financial risk for improving the quality and reducing the cost of care to defined populations
- Montefiore Medical Centre serves low income neighbourhoods with high quality healthcare infrastructure

## Hong Kong

- Centre of Excellence in Paediatrics (2017): plan to reorganise paediatric services under a hub-and-spoke model, linking community care, primary, secondary and tertiary paediatric services more effectively

## Paris

- Regional Health Project (2013-2017) describes initiatives to coordinate care across a "Health Path" – too new to measure impact

## Toronto

- Health Links: targeted at complex patients, coordinate all providers across continuum of care -> individual plan & one point of contact: too new to measure impact
- Virtual Wards: high risk patients assigned on discharge; multi-disc team but one point of contact & shared set of notes; support prevents readmission; piloted in Toronto: qualitative data supports initiative but no quantitative data from RCT (ended 2013) available

## Tokyo

- Stroke: improved collaboration between providers; esp transition from acute to home care; reduced stroke deaths
- Cancer: designate "core" hospitals with optimal care and promote collaboration

## Other

- Intermountain's mental health integration: co-located multi-disc team with eRecords: highly successful
- Other successful integrated care models in Maastricht, North Carolina, Almere, Catalan & Alaska also involved multi-disc teams, often coordinated by primary care physician & some financial incentives
- Norrtalje: structural changes to healthcare delivery -> continuity of care

## Insights for London

- Where evidence is available, coordinated care paths, centred around the patient, improve evidence-based care & health outcomes
- A successful coordinated care path has a multidisciplinary team of relevant healthcare experts, preferably co-located and able to have face-to-face meetings, one shared & accessible comprehensive patient record, and one point of access for the patient, often (but not always) a primary care physician
- Financial incentives promote and support integrated care models by encouraging communication between agencies
- Clear accountability and expectations – developing a philosophy – improves success

# Elderly patients are complex patients: providing integrated care, supported by appropriate technology, improves outcomes

A

## Hong Kong

- “Elderly Healthcare Voucher scheme”: partial subsidy to encourage use of (better quality) private primary care facilities – “money follows patient”
  - Initially piloted in 2009; now a full scheme with higher payments
  - Good awareness but little difference in behaviour

## Paris

- Day Activity Centres: capacity significantly increased & includes temporary accommodation; respite for caregivers and better medical care received, but feedback from elderly patients less positive due to stress being away from home

## Tokyo

- Mandatory care managers oversee care plans for the elderly
- Subsidies for nursing care providers that provide integrated support of medical, nursing & residential services
- In place since 2009; success unknown

## Toronto

- “Integrated client care” programme: collaborative care model for top 1% frail seniors, sharing information and maximising links – early stage
- “Ageing at Home” strategy aims to expand options for seniors to live at home, & return home after hospitalisation, with community support by providing funding – early stage

## Other

- Basque Country: “Multichannel Health Services centres” and “Remote Elderly Patient Monitoring Systems” allow access to healthcare through several digital channels & reduced hospital visits
- IMPACT programme: integrated care model for elderly patients improved mental health outcomes
- Singapore’s Agency for Integrated Care structured to deliver patient-centric care

## Insights for London

- Elderly patients are complex patients: integrated, coordinated care, centred around the patient rather than any of their “diseases”, and encompassing mental health wellbeing, improves patient outcomes (eg hospitalisations) & satisfaction (eg quality of life)
- Targeting integrated care to those that will benefit most, eg elderly or those with long term conditions, will improve efficiency
- Technology is essential to support data sharing across all providers involved in the care path; technology can be made user-friendly/appropriate for the elderly population
- The appropriate balance between home care, community care and respite care will depend on the cultural context

## New York

- Integration of Medicaid-funded mental health services into primary care settings has increased levels of screening for depression
- Government funding helps mental health providers adopt EHRs and promotes integration of mental health services into primary care
- Health department funds and coordinates help line 1-800-LIFENET

## Hong Kong

- Government is reviewing mental health policy to allocate more resources in providing new generation drugs, & strengthening manpower in order to provide adequate in-patient and out-patient services

## Toronto

- Streets to Homes programme service provides individuals who have identified mental health needs, with a home, access to services, planned care options & access to information about community resources. The programme also provides incentives for private landlord. Successful & sustainable programme: about 4,000 people moved into their own apartments since 2005; 80% of Streets to Homes clients remain in their new homes at least 12 months; report improvements in mental and physical health

## Tokyo

- Mental health assessments have been a mandatory element of annual health checks provided by employers since 2006, but no impact on self-reported stress levels yet observed & suicide rate is higher than other global cities

## Other

- Intermountain mental health integration programme provides integrated care with measurable results
- IMPACT integrated care model improved mental health outcomes in elderly patients
- Canada: Mental Health Works provides education programmes to help companies deal effectively with employees' mental health issues

## Insights for London

- Patients with mental health issues benefit from integrated care models

## New York

- Primary Care Information Project promotes use of EHRs for preventive care (includes pay for performance incentive)
- Other initiatives use IT to develop cross-agency, data-driven policies and increase the quality, efficiency and coordination of services and programmes

## Hong Kong

- eHR Sharing System provides access to a single patient record for clinicians in different health organisations – successfully piloted (2011); first stage using a web-based platform just completed

## Toronto

- Community Health Links have an electronic, cloud-based patient record system, which also contains a personalised care plan accessible by the patient and their “circle of care”. The care plan includes appointments, reminders and advice for dealing with symptoms

## Other

- Madrid: city-wide EHR system aggregates patient data into single, integrated health record for all clinicians to access
- Basque country: personal health folders - accessible to the patient as well as healthcare providers
- Curitiba, Brazil: Patients have magnetic card that allows access to their own health records

## Insights for London

- A single, comprehensive patient record, accessible to all clinicians and health professionals across care settings, will improve quality and coordination of care, patient safety and the patient experience
- Key success factors in implementing patient records include: a clear vision focused on improving outcomes; stakeholder engagement and change management; interoperability standards; and strong safeguards for data privacy, security and confidentiality
- Pilot projects have proven helpful in testing concepts prior to larger scale roll outs

## New York

- Piloting text message alerts to patients
- Online resources & apps provide info on fitness activities, health education etc

## Hong Kong

- Community Health Call Centre uses telephone support system and data mining to identify and provide support to patients with high risk of hospital readmission; 25-50% drop in hospital utilisation and a decline in mortality have been consistently observed

## Toronto

- Toronto Health Profiles makes detailed, area-level health data available to everyone, including, for example, a walkability index by neighbourhood
- Online personalised risk profile helps assess risk of cancer and link to screening programmes; online tools help patients navigate health system and report symptoms electronically to support communication and care provision

## Tokyo

- *'Himawari'* (Sunflower): online service providing questionnaire-based support to assess symptoms of illness and required action, help people find hospital/clinic services, to optimise health resources and reduce unnecessary use of ambulance and A&E - no impact data available

## Other

- Basque country: elderly patients have remote consultations though TV set
- Curitiba, Brazil: magnetic card allows patients access to their health records
- UK's Big White Wall

## Insights for London

- Aggregating actionable information and making this information available through online services, apps etc, helps patients navigate the health system, enables self-management and reduces pressure on health resources, while supporting policy making and health service planning

## New York

- Doctors across New York (state): financial incentives, eg salary enhancements, sign-on bonuses, loan repayments, to attract doctors to under-served areas (including areas of NYC)

## Tokyo

- “Regional healthcare support doctor” programme supports recruitment to unpopular areas; includes financial incentive for physicians (daily bonus above guaranteed salary), dedicated website for open positions and jobseekers, rotation through municipal hospital guaranteed

## Other

- Curitiba, Brazil: strategic planning approach to performance management improved motivation & healthcare outcomes, as reported by patients
- Florida: leadership training programme improved staff morale & retention, and subsequently patient satisfaction

## Insights for London

- Recruitment of healthcare workers to unpopular/underserved areas can be improved through financial and professional incentives
- Staff training and development will improve retention & motivation, leading to better healthcare outcomes and patient satisfaction
- Aligning staff objectives to management objectives will improve performance, especially if robust, transparent data is used to measure performance in a standardised way

# High risk/excluded populations can be targeted with community engagement programmes and strong leadership

C

## New York

- District Public Health Offices in poorest neighbourhoods
- Center for Economic Opportunity (CEO) created by Mayor in 2006: test lab' for tackling poverty & incubating innovative anti-poverty programs;
- Teen ACTION: after school learning programme linked to health providers
- Young Men's initiative: mentoring/training young black & latino men

## Paris

- The Regional Health Project focusses on priority populations: the poor, the elderly, the young, people with mental health problems or addictions
- Multi-player programme to improve poor quality housing in deprived areas
- Literacy programmes in schools
- improve access to health information

## Toronto

- Inner city health programme: integrated approach to community health
- "Streets to Homes" houses mentally ill people first, then treats them
- Mobile vocational support unit (youths) implemented through partnerships
- "Health profiles": community-level health statistics to inform city on inequality

## Other

- LA's gang reduction programme has reduced neighbourhood crime with a multiple factor approach
- Berlin's Neighbourhood Mothers trains & pays "volunteers" in immigrant communities to help families integrate
- Glasgow implementing the Living Wage
- Denver's Family & Senior Homeless initiative used the faith community to mentor homeless families
- Boston's Healthcare for the Homeless programme offers an integrated care model to rehabilitate homeless people

## Insights for London

- Successful programmes stimulate community engagement, either by coordinating partnerships between various community-based agencies and/or rewarding citizens/volunteers for getting involved
- Successful government-led programmes are led by influential people who champion them, with passion
- The starting point of an effective programme is a thorough understanding of the real needs of a neighbourhood/excluded group
- Sustainable programmes take a long term view, addressing all the relevant issues and solving the root cause of the problem
- Health inequalities are also being tackled through nutrition programmes (see separate slide)

# Community engagement can be achieved by encouraging partnerships and volunteering

C

## New York

- NYC Service: drive volunteer resources to 6 impact areas; engaged with more than 9million volunteers in first 4 yrs
- TimeBanksNYC : online registry where New Yorkers sign up to assist older adults with errands and other tasks; every hour that a volunteer provides earns a time credit that can be redeemed for services from other members. Since launching in 2009, 1,975 members registered
- Age Friendly NYC : public/private partnership with 59 initiatives that promote active aging.

## Toronto

- FoodShare purchases large quantities of produce from local farmers, sold by volunteers in market stands across the city
- Toronto Public Health partners with Toronto Hydro to deliver the 'one-on-one mentoring program', which provides disadvantaged students in grades 1–8 with an adult mentor who volunteers one hour a week at school; in the 2011-12 school year 109 volunteer mentors participated

## Other

- Grand-Aides: medically trains lay people to reduce pressure on the medical system, especially emergency care
- Berlin's Neighbourhood Mothers trains & pays "volunteers" in immigrant communities to help families integrate

## Insights for London

- Successful programmes stimulate community engagement, either by coordinating partnerships between various community-based agencies and/or rewarding citizens/volunteers for getting involved
- Successful government-led programmes are led by influential people who champion them, with passion

## New York

- Mandated Calorie counts on restaurant menus
- Restricted use of trans fats in restaurants
- Introduced health-based standards
- Graphic media campaigns supported reducing salt intake and sugary beverage consumption
- “Green carts” & financial incentives to provide nutritional food in deprived areas

## Paris

- Regional Nutrition plan promoting nutrition education, reducing inequalities
- Promotion of locally produced commodities
- Food aid programme for under-privileged people

## Tokyo

- “Shokuiku” Food and Nutrition Education programme (Japan-wide)
- Country-wide legislation re packaging sizes & fines for companies selling large packaging

## Hong Kong

- EatSmart programme promotes healthy dishes in restaurants
  - More fruit & veg
  - Less fat, salt & sugar
- Programme to promote healthy eating in schools also implemented

## Toronto

- Mobile Good Food trucks & affordable farmers markets in underserved areas
- Good Food box: community-led non-profit fruit & veg distribution system
- Potential regulation in discussion re calorie counts on menus

## Other

- Country-wide programmes to reduce packaging sizes & improve labelling
- Several countries implementing tax on sugar, salt & fat eg Hungary
- Limit fast food outlets in LA
- Health food rebate programme in S. Africa (10-25%)

## Insights for London

- A combined “Carrot & stick” approach is most effective: tax unhealthy food; provide access to affordable healthy food
- Taxation is effective in reducing consumption of unhealthy foods as well as raising revenue
- Taxation has been implemented at a National level; accessibility of healthy food has been successful at a community level
- Voluntary schemes are much less successful than mandatory ones
- Political support & public consultation are critical to overcome opposition: NYC ban on large sugary drinks overturned by industry lobbying; “fat tax” repealed in Denmark after cross border imports and job losses led to opposition by farmers unions

## New York

- School-based Health Centres
- Health standards ensure healthier meal options in schools
- Move-to-Improve scheme
- NYC Fitnessgram annual report card
- Play Streets and Schoolyards to Playgrounds programmes
- School mental health screening pilot

## Hong Kong

- School Sports Programme encourages regular exercise in schools using grants
- EatSmart@School campaign promotes 'School Healthy Eating Policy'; Nutritional Guidelines for school lunches and snacks; training for teachers and parents on nutrition

## Paris

- Paris Health Achievement: doctors working with teachers to improve literacy in schools located in poorer districts.

## Toronto

- Healthy Start supports healthy preconception, pregnancy, early years
- Healthy Schools incorporates health and health messaging into school activities
- Healthy Kids Community Challenge promotes healthy eating, physical activity and appropriate sleep
- Mentoring programme supported by adult volunteers

## Other

- Netherlands: Youth Healthcare provides preventative care for 0-19 year olds through Child's Health Centres and School Doctors
- Positive Parenting: educates and supports parents in addressing emotional and behavioural problems in children and youth

## Insights for London

- Schools can act as important focal point for efforts to improve children's health and wellbeing (e.g. health education and screening)
- Approach to change - top down, mandated change (e.g. food standards) v bottom up/voluntary initiatives - tailored to culture of city
- School accreditation /award schemes can help cultivate and strengthen good practices within school environment
- Better use of existing facilities, venues and underutilized space, and incorporating fitness breaks into school curriculum, can enhance opportunities for physical recreation
- Collaboration between different government depts, community groups, private sector partners etc will help bring about change

# Physical activity strategies focus on making activity easy, and are boosted further when citizens are aware of the benefits

C

## New York

- BEFitNYC website to inform New Yorkers about low cost and free fitness opportunities around the city
- Poster campaign: visual prompt to improve usage of stairs
- Schoolyards to Playgrounds: opening school sports facilities on weekends

## Tokyo

- Aim: 70% of people exercise regularly
- Elementary school requirement for 60 mins per day set aside for sports
- Development of city plans to promote sports participation (e.g. running courses, promoted via social media)
- Facilitation of 'sports clusters' and hosting international conventions

## Toronto

- GetActive Toronto: a multi-sector initiative to build city-wide partnership to improve activity levels

## Other

- Agita Sao Paulo: scheme to increase physical activity through community events and awareness of its medical importance; since extended globally
- Belfast: physical activity loyalty card very successful
- Partnership with Nectar in Birmingham: recognition and reward seen as important
- "Healthy Centenary, Healthy Taiwan" weightloss campaign

## Insights for London

- Making physical activity easy (and enjoyable) is essential; strategies are often based on combating barriers to activity
- Common barriers include underestimating the value of physical activity; lack of convenient, affordable exercise locations and programmes; lack of comprehensive and easily accessible public information on all physical activity opportunities
- Partnerships across different communities and organisations appears to be best practice and
- Schools and urban design also play a role

## New York

- Increased taxation & re-invested revenue generated in graphic anti-smoking campaigns in the media
- Smoke free air act banned smoking in public places
- Support for quitting eg nicotine replacement, rewarding primary care practices for offering services
- Lung cancer mortality has decreased in New York: 12% reduction between 2003 and 2012

## Toronto

- Smoke free Ontario act passed; broader regulation coming soon
- Banned public display of tobacco products & prohibited youth targeted tobacco
- Toronto-level bylaws for more specific bans, eg doorways of public buildings
- Lung cancer mortality has decreased in Toronto: 38 deaths/100,000 in 2000 to 30 deaths/100,000 in 2009

## Insights for London

- Multi-pronged approach encompassing taxation, regulation, anti-smoking media campaigns and support for cessation programmes proved successful in other global cities as they have in London & the UK

# Workplace health initiatives could be supported by government resources or insurance plans

C

## New York

- NYC Health Department worked with Cornell University to pilot worksite health promotion activities aimed at improving the health of employees at participating worksites

## Hong Kong

- Health@work.hk pilot project to engage employers and employees in creating healthy working environment. Department of Health advises on setting up wellness committees, organisational assessments, employee surveys and health promotion workshops

## Toronto

- Health Options at Work team (part of Toronto Public Health) offers free wellness services to workplaces in city. Process includes creation of wellness committees, employee survey, situational assessment, action plan development and programme evaluation

## Tokyo

- Employers are obligated to provide regular employees with annual health check-ups

## Other

- New South Wales government-funded Healthy Workers Initiative provides health checks and support services targeting workers at risk of lifestyle-related chronic disease
- Victoria: 'WorkHealth' encourages companies to provide health checks and create supportive work environment for healthy behaviours
- Canada: Mental Health Works provides education programmes to help companies deal effectively with employees' mental health issues

## Insights for London

- Convening a strategic partnership group can help develop a workplace health and wellbeing strategy, and standards, at city level
- Grants/funding from government or insurance companies help smaller organisations implement health and wellbeing policies; programmes must be tailored to meet needs of different types and sizes of business
- Diverse stakeholders, including employees, should participate in programme design and steering groups; but greater impact found in workplaces where senior management are committed and take a lead role and responsibility for the health and wellbeing initiative
- Workplace health checks are a starting point to help raise awareness but are insufficient in driving lifestyle changes
- A systematic approach to wellbeing e.g. tackling root causes rather than the symptoms of problems, will enable longer term change

# Preventative measures, such as targeted screening programmes, save money in the long term

C

## New York

- Bureau of Tuberculosis Control aims to eliminate new TB cases through proactive diagnoses and treatment
- Operating free of charge chest centres to screen, diagnose and treat TB
- 83% reduction in TB cases 1992-2012
- Proactive follow-up and intensive case management

## Toronto

- Diabetes early detection program aims to reach at-risk foreign born residents by providing culturally-relevant, language-specific and community-driven services
- Screening events are provided at key locations for target populations e.g. schools and places of worship

## Tokyo

- Employers obliged to provide regular employees with annual health check ups
- Free screening for cancer is provided to eligible citizens: rates have not yet reached 50% but are increasing and cancer mortality for under-75s is decreasing below the national average

## Other

- Biosurveillance in Tamil Nadu via mobile phones and SMS aims to measure and alert professionals against key public health indicators

## Insights for London

- Preventative measures focus on city-level problems which may not be prioritised by a national health system
- Many cities provide free of charge screening, emphasising its long-term importance
- Screening locations and follow-up actions can be tailored to at-risk populations
- Wider health data can be used to determine at-risk populations, and the screening process and follow-up actions should be as carefully tailored to the population as possible e.g. considering innovative places to conduct screening based on existing preferences

# Financial incentives and collaboration between science, business and government can boost a city's health economy

D

## New York

- Large student population & academic excellence
- High amount of NIH funding
- Several science park initiatives
- NY early-stage life science funding initiative: \$100m in 15-20 R&D companies by 2020

## Tokyo

- Special zone for Asia Headquarters: nine advantages offered to foreign companies to incentivise foreign investment to Tokyo
- Tax incentives, low interest loans, reduced red tape, business and living support, expedited patent application reviews and reduction of patent fees

## Hong Kong

- Centre of excellence in Paediatrics: collaboration platform in clinical services, research and training
- Science Park: provides R&D offices, laboratories and technical centres to grow biotechnology sector e.g. incubators with wet labs and research information management systems

## Toronto

- Discovery District: network of 9,000 researchers, with access to capital and expert advice to guide research through to implementation
- MaRS Centre: public private partnership with the aim of connecting science, business and government and aid innovation

## Other

- Singapore: political and financial support to grow biomedical science sector and attract investment
- Massachusetts Life Science Initiative: development of a collaborative 'ecosystem' of scholars, entrepreneurs, industry leaders, VCs and government officials

## Insights for London

- Co-location and collaboration are important trends, especially around creating links between science, business and government, to allow innovation and commercialisation of research
- Attracting foreign direct investment and encouraging Life Sciences companies to locate in London will require a bundle of carefully targeted incentives (e.g. expedited patent application reviews)
- Combining business incentives with attracting talent to live in the city has been a successful strategy

# Public engagement has been used to gather input and feedback as well as generate awareness

E

## New York

- “Change by Us” website enables residents to share ideas on how to make NYC a better place to live, and find, join, or create projects based on those ideas.
- The risks of tobacco and trans-fats were communicated using strong visuals alongside policy changes, e.g. through posters and videos

## Paris

- Health democracy: initiative to improve dialogue between various health stakeholders through live events and a culture of feedback and suggestions to decision-makers
- Public event with over 400 people to allow HIV-positive people to give their opinions on how to best fight HIV

## Tokyo

- Surveys: online surveys on metropolitan governance seeks comments on matters such as health and disease awareness
- Comments are submitted via post and online and have included comments on drug abuse, mental diseases, health and sports

## Hong Kong

- Healthcare reform public consultation: views canvassed in a number of ways and revealed strong views on healthcare financing options
- Hand hygiene awareness day: comprehensive communication materials as well as provision of hygiene dispensers

## Toronto

- Consultations around food strategy
- Open access to Board of Health meetings
- Wider consultations, not health-specific e.g mobile good food market

## Other

- Oklahoma city: collective weight loss tracked online and through social media, residents polled on designs for a more walkable city, creation of ‘Mayor’s menu’ in restaurants
- UK: Big White Wall online forum for mental health moderated by professionals, developed LiveTherapy

## Insights for London

- ‘Public engagement’ encompasses a range of actions, from generating awareness and encouraging people to become more involved in their health and lifestyle decisions, to providing feedback and suggestions, to co-designing systems and policies
- Approach taken tends to reflect the city culture e.g. Tokyo focuses on surveys whereas Toronto advocates wider involvement and consultation
- It is important to manage expectations around how responses can be implemented and to prepare for unexpected responses
- Collective goals will improve engagement, collaboration and innovation by creating a sense of teamwork

- Metrics: London in relation to other global cities
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- **City summaries**
- Appendix: Metrics – dates, definitions and sources

Area	Observations & Insights
<b>Strong strategic leadership</b>	<p><b>New York City has been at the forefront of innovation in public health policy under former Mayor Michael Bloomberg's leadership.</b></p> <ul style="list-style-type: none"> <li>• 'Strong mayor-council' government structure gives the city broad powers over public health, while the Board of Health can set health policies and regulations without undue political interference.</li> <li>• Mayor Bloomberg was committed to improving public health in the city. His strong political leadership and willingness to take controversial positions in face of opposition has been fundamental to the success of recent health policies.</li> </ul>
<b>Comprehensive health strategy, objectives and targets</b>	<p><b>The city's health vision and strategy - Take Care New York – helped unify the health department around some common goals and set a clear 'direction of travel'</b></p> <ul style="list-style-type: none"> <li>• TCNY focused the city's efforts for the first time around a set of well defined goals on which it regularly measures progress and reports back to citizens</li> <li>• Ten priority areas were selected for their public health importance and potential for improvement, to tackle the leading causes of preventable illness and premature death, promote healthy behaviours, and reduce health disparities</li> </ul>
<b>Identifying and influencing the key levers for change</b>	<p><b>A variety of interventions are helping to alter the health choices available to NYC residents</b></p> <ul style="list-style-type: none"> <li>• Interventions range from top down , city-wide policy changes to small scale community-based initiatives</li> <li>• Taxation and legislation were identified early on as key levers; media campaigns are also used effectively to educate the community on the importance of healthy behaviours</li> <li>• Multi-pronged approaches, including a variety of policy, media and environmental strategies, are most successful in bringing about improvements in public health</li> </ul>
<b>Importance of cross-sector partnerships</b>	<p><b>Collaborative effort across city agencies and other sectors</b></p> <ul style="list-style-type: none"> <li>• Cross-sector and inter-agency collaborations have been critical to driving and enabling change.</li> <li>• City agencies, community- and faith-based organizations, businesses and philanthropic organisations increasingly work together on initiatives that improve public health and quality of life in the city</li> </ul>

Area	Observations & Insights
<b>Specific public health issues identified in Ile-de-France</b>	<p><b>Several key health issues have been identified as top priorities of health policies</b></p> <ul style="list-style-type: none"> <li>• Health issues faced by Paris and Ile-de-France are particular as certain areas have very specific characteristics: high population density, poor housing and inequalities between social groups</li> <li>• Therefore, as well as global city issues such as ageing, obesity and cancer, infectious diseases such as HIV are more prevalent in Paris than the rest of France</li> </ul>
<b>Coordination between national and local</b>	<p><b>The Region of Ile-de-France has become a pivotal player in the health policy sector</b></p> <ul style="list-style-type: none"> <li>• In 2009, a major regulatory shift gave the Region a noteworthy responsibility in the implementation of public health policy, previously a power held by the state</li> <li>• National Ministries (Health but also Interior, Agriculture, Work and Finance) as well as the City of Paris complete the frame of health public policy</li> <li>• The State still has an important role in the establishment of health policies, but encourage collaboration between national, regional and local institutions to increase efficiency</li> </ul>
<b>Regional scale matches the need for bold solutions</b>	<p><b>The regional scale matches the need for bold solutions in a context of major health shifts</b></p> <ul style="list-style-type: none"> <li>• The crucial health issues faced by Paris cannot be tackled individually as they concern the whole of Ile-de-France and need large-scale solutions</li> <li>• The creation of a Regional Health Authority aims at gathering and coordinating the numerous health players acting in Ile-de-France to come up with a simplified, flexible and efficient public policy able to address health challenges effectively</li> <li>• A Regional Health Plan has been established for the period 2013-2017 with clear and quantified objectives, and evaluations will be performed to ensure policies keep up with the pace of health issues evolution</li> <li>• A number of original and efficient initiatives have been undertaken in the region to tackle important health challenges, eg the Plan for Atmosphere Protection with 9 regulatory measures &amp; quantifiable results</li> </ul>
<b>Public engagement facilitates change</b>	<p><b>Public events and debates have resulted in a number of suggestions to improve public health</b></p> <ul style="list-style-type: none"> <li>• "Health democracy" has been implemented in a spirit of dialogue and consultation to promote public debate, improve involvement of all health players and defend individual and collective rights of patients</li> <li>• HIV General Estates allows all those involved in the fight against AIDS (patients, associations, health professionals, public authorities) to share thoughts and recommendations about how to improve anti-HIV policy</li> </ul>

Area	Observations & Insights
<b>Coordination between national and local</b>	<p><b>Coordination of local measures with national policy standards ensure consistency and equality of improvement of public health across the entire nation</b></p> <ul style="list-style-type: none"> <li>Objectives, goals, and high-level structure for public health policy is formed by the national government, in response to existing and emerging health issues among the population</li> <li>Implementation is largely delegated to local authorities and is mostly uniform across the country</li> </ul>
<b>Generally high level of public health, with new emerging issues</b>	<p><b>Although culture and historical background vary, Tokyo faces similar public health issues as other modern cities throughout the world</b></p> <ul style="list-style-type: none"> <li>The level of public health in Tokyo is high, with a long life expectancy and with the entire population having unrestricted access to medical facilities and treatment of their choice</li> <li>Similar to cities in other countries, cancer and lifestyle diseases such as diabetes and hypertension are increasing concerns</li> </ul>
<b>Addressing all aspects of public health</b>	<p><b>It is important to not overlook mental and psychological factors when designing policies to address “public health”</b></p> <ul style="list-style-type: none"> <li>Healthcare policies are designed to address mental health as well as physical (i.e. physical fitness, prevention of chronic diseases)</li> <li>Issues such as stress, social isolation, and sleep deprivation are regarded as factors which can harm public well-being in the same way as physical disease</li> </ul>
<b>Increasing focus on efficiency and specialization</b>	<p><b>Focusing implementation through a select group of specialized individuals or facilities increases efficacy for the public health issue being targeted</b></p> <ul style="list-style-type: none"> <li>Due to the historically dispersed nature of the healthcare provider market, with many small unspecialized institutions, many measures have focused on increasing efficiency and specialization</li> <li>i.e. designation of certain facilities as “core facilities” and standardizing inter-facility coordination for treatment of conditions targeted by policies</li> </ul>

Area	Observations and insights
<b>Improving quality &amp; integration of healthcare</b>	<p><b>The Government has introduced healthcare reform and policies to improve quality of healthcare.</b></p> <ul style="list-style-type: none"> <li>The Government, which effectively operates independently from mainland China, has taken the lead to reform the healthcare system and induce the collaboration between public and private healthcare providers. Government policies and subsidies are in place to strengthen public health functions through <b>public-private</b> partnerships</li> </ul>
<b>Hong Kong is a healthy city</b>	<p><b>The Government has established dedicated working groups to prevent non-communicable diseases and promote public health.</b></p> <ul style="list-style-type: none"> <li>In order to address the issue of unhealthy lifestyle among Hong Kong population, the Government has set up a number of dedicated working groups to tackle the issues of unhealthy diet, physical inactivity, alcohol misuse and tobacco control respectively. These working groups have been focusing on promoting health to the community through different initiatives</li> </ul>
<b>Public engagement builds public confidence</b>	<p><b>The Government delivers clear messages to the public through annual Policy Address, which strengthens public confidence in the work plan</b></p> <ul style="list-style-type: none"> <li>Every year, the Government announce plans and strategies on healthcare for the coming year in the Policy Address, which is further discussed and evaluated by the Legislative Council. The transparent messaging and clear vision articulated by the Government have built the citizens' confidence in the Government's work plan on the healthcare services</li> </ul> <p><b>The Government holds public consultation involving general public and different stakeholders, which ensures the feasibility and acceptability of initiatives, such as healthcare reform</b></p> <ul style="list-style-type: none"> <li>The public consultation provides a platform for different opinion holders to express their concerns and suggestions. Pros and cons of each option are evaluated, facilitating the Government to make feasible decisions. Public engagement enhances the acceptability of government-led initiatives from the general public</li> </ul>
<b>Initiative implementation methodology</b>	<p><b>The Government adopts a multi-pronged approach to roll out initiatives step by step</b></p> <ul style="list-style-type: none"> <li>To achieve health targets more effectively, a variety of actions are taken by the Government in parallel including publicity campaign, policies making, knowledge sharing, etc. These actions collectively and interactively lead to a more favourable result</li> <li>Also, programmes are usually started with a pilot project to test the water and collect feedback from initial participants. Further stages will be fine-tuned and rolled out at a larger scale. This step-by-step approach ensures a smoother implementation processes</li> </ul>

Area	Observations & Insights
<b>Coordination between provincial and local</b>	<p><b>Even when official power is held at higher levels, municipal governments can have significant influence</b></p> <ul style="list-style-type: none"> <li>• Toronto’s healthcare services are primarily the responsibility of the Province, with little federal government involvement, and implemented at the municipal level by Local Health Integration Networks</li> <li>• Although most policies are created at the provincial level, city-level organisations such as Toronto Public Health encourage the municipal government to create bylaws related to health</li> </ul>
<b>Toronto is a healthy city</b>	<p><b>Toronto is healthy on average but significant health inequalities exist</b></p> <ul style="list-style-type: none"> <li>• Although life expectancy is higher than the Canadian average, lifestyle diseases such as cancer, diabetes and cardiovascular disease are major health concerns, as in other global cities</li> <li>• Obesity, especially in children, is a particular issue</li> <li>• Income inequality is increasing and has been linked to health outcomes including lung cancer, obesity, anxiety and depression</li> </ul>
<b>Addressing multiple aspects of public health</b>	<p><b>Healthy living is addressed in policies and plans at both provincial and municipal levels</b></p> <ul style="list-style-type: none"> <li>• The Ontario Action Plan for Health specifies health promotion as well as healthcare delivery</li> <li>• Toronto Public Health specifies public health promotion in diverse communities and the workplace alongside championing public health policy</li> <li>• Initiatives include integrating healthcare through Health Links, Urban planning, healthy children programmes, air quality awareness and improvement</li> </ul>
<b>Data availability informs city-level planning</b>	<p><b>Health data has been collated by collaboration of multiple agencies for the purpose of identifying inequalities</b></p> <ul style="list-style-type: none"> <li>• Toronto Health profiles website details neighbourhood level health indicators &amp; performance in easy to use formats</li> <li>• Much of the data is open access – i.e. available to all</li> <li>• Data useful for the public is also easy to find, e.g. Toronto’s neighbourhood walkability index</li> </ul>

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# Slide 10 sources

	City* population	% population >65yrs	% foreign born	Income inequality (Gini** coefficient)	Male life expectancy (years)	Female life expectancy (years)	Infant mortality (deaths/ 1,000 births)	One way commute journey time (minutes)
<b>Hong Kong</b>	Hong Kong Census and Statistics Dept, 2013, Total HK population	Hong Kong Census & Stats Dept, 2013, % population 65+	Toronto scorecard, 2012, % population born outside HK	Toronto scorecard on Prosperity, 2012, measurement of income distribution	Hong Kong Centre of Statistics, 2012, expected length of life		WHO, 2011, deaths aged 0-1yr/1,000	Calculation from HK city team, journey time to work using public transport (+bicycle)
<b>Johannesburg</b>	Statistics South Africa, 2011 census, population of city	Global City Indicators Facility, 2012, % population 65+	Statssa: Community Survey 2007, % city population born outside S.A.	LSE Cities index, 2004, measurement of income distribution	STATSSA. Statistical release P0302. Mid-year population estimates, South Africa, 2006		City of Johannesburg press release, 2004, deaths aged 0-1yr/1,000	Integrated transport plan for city of Johannesburg, 2013, journey time to work using public transport
<b>London</b>	GLA data store central borough projection, 2013, Population of Greater London	GLA intelligence, borough profiles, 2013, % population 65+	The Migration observatory: Census for London, 2011, % city pop born outside UK	Toronto scorecard on Prosperity, 2012, measurement of income distribution	Public Health Outcomes, 2010-2012		Public Health Outcomes 2009-2011, deaths aged 0-1yr/1,000	Toronto scorecard on Prosperity, 2006, journey time to work using public transport
<b>Madrid</b>	INE, 2012, population of community of Madrid	Global City Indicators Facility, 2012, % population 65+	Toronto scorecard, 2009, % Madrid pop born outside Spain	Toronto scorecard on Prosperity, 2012, measurement of income distribution	Madrid health status report, 2010		Madrid health status report, 2000, deaths aged 0-1yr/1,000	Toronto scorecard on Prosperity, 2007, journey time to work using public transport
<b>New York</b>	New York Community Health Survey, 2012, population of New York City	US Census Bureau, 2012, % population 65+	US Census Bureau, 2008-2012, % NYC population born outside US	Toronto scorecard on Prosperity, 2011, measurement of income distribution	NYC Community Health Survey, 2012		NYC Summary of Vital Statistics 2011, deaths aged 0-1yr/1,000	Toronto scorecard on Prosperity, 2011, journey time to work using public transport
<b>Paris</b>	INSEE, 2013, population of Ile de France	INSEE, 2013, % population Ile De France over 65	INSEE (from Paris team), 2013, & Ile de Paris pop born outside France	Toronto scorecard on Prosperity, 2012, measurement of income distribution	INSEE, 2012		Agence Regionale de Santé, 2011, deaths aged 0-1yr/1,000	Toronto scorecard on Prosperity, 2006, journey time to work using public transport
<b>São Paolo</b>	IGBE, 2013, population of city of Sao Paulo	Brookings Global Cities Initiative, 2012, % seniors in SP met area	Censo, 2011, % S.P. population born outside Brazil	Toronto scorecard on Prosperity, 2012, measurement of income distribution	IGBE 2009 data		Fundação seade, 2011, deaths aged 0-1yr/1,000	Credit Suisse report, 2011, journey time to work using public transport
<b>Sydney</b>	Australian bureau of statistics, 2011 census, Greater Sydney area	City of Sydney social atlas, 2011, % 65+ in Greater Sydney	Australian Bureau of Statistics, 2006, % Sydney population born outside Australia	Toronto scorecard on Prosperity, 2012, measurement of income distribution	New South Wales health statistics, 2003-2007, only inner-city stats		New South Wales health statistics, 2011, Sydney local health district, deaths aged 0-1yr/1,000	Toronto scorecard on Prosperity, 2011, journey time to work using public transport
<b>Tokyo</b>	Tokyo statistical yearbook, 2012, population of Tokyo	Statistics Japan, 2009, % pop Tokyo 65+	Population Census of Japan, 2010, % city population born outside Japan	Toronto scorecard on Prosperity, 2012, measurement of income distribution	Statistics Japan, 2010		Tokyo statistical yearbook, 2008, deaths aged 0-1yr/1,000	Toronto scorecard on Prosperity, 2011, journey time to work using public transport
<b>Toronto</b>	Statistics Canada, 2011 census data, population of City of Toronto	Statistics Canada, 2011 census data, % population 65+	National Household Survey, 2011, % city pop born outside Canada	Toronto scorecard on Prosperity, 2011, measurement of income distribution	Statistics Canada, 2013		Statistics Canada, 2013, deaths aged 0-1yr/1,000	Toronto scorecard on Prosperity, 2010, journey time to work using public transport

# Slide 11 sources

	% of obese Adults BMI≥30	% of obese/overweight adults: BMI≥25	% of obese Children BMI≥30	% of obese/overweight children BMI≥25	% reaching recommended physical activity level: *WHO recommends 150 minutes of moderate exercise per week	% of population who smoke	% of population consuming 5+ drinks in one occasion	Suicides per 100,000 pop.
<b>Hong Kong</b>	Centre for Health protection, 2012. NB overweight≥23 and obese ≥25		Healthy exercise for All Campaign, 2012 report, in 7-12yr olds		Hong Kong Centre for Health protection, 2010, % meeting WHO recommendations	Press release, 2009, % smokers	Information provided by HK city team based on latest available statistics	Hong Kong Press Council release, 2013, overall suicide rate
<b>Johannesburg</b>	N/A	SA obesity survey, The Guardian, 2010 % city population overweight	N/A	N/A	Discovery Vitality press release, 2010, % meeting WHO recommendations	Chronic respiratory diseases in SA, 2004, % smokers	N/A	Suicidal behaviour in South Africa, 2006, overall suicide rate
<b>London</b>	Public Health Outcomes	Public Health Outcomes, 2012, excess weight in adults	Public Health Outcomes, National Child Measurement Programme, 2012-13, 10-11yr olds		Public Health Outcomes, 2012, % meeting WHO recommendations	Public Health Outcomes, 2012, smoking prevalence	ONS alcohol release, 2012, percentage of adults drinking more than 8 units on a heavy drinking day	Public Health Outcomes, 2010-2012, age-standardised mortality rate from suicide
<b>Madrid</b>	Madrid Health Release, 2012		Comunidad de Madrid, 2005, 15-16yr old		Madrid health status report, 2010, performing vigorous physical activity at least three times a week	Madrid health status report, 2011, smoker	Madrid health status report, 2011,	Madrid health status report, 2010, overall suicide rate
<b>New York</b>	Department of Health & Mental Hygiene, 2012		Centre for disease control & prevention, 2010/2011, 5-14yr olds		Community health survey, 2012, exercise	New York COPD Action plan, 2010, % of current smokers	NYC Community Health Survey, 2012, drinking 5 or more drinks in the same time period for men, 4 for women	New York City press release, 2012, overall suicide rate
<b>Paris</b>	Martin-Fernandez <i>et al.</i> BMC Public Health, 2012		La santé des enfants scolarisés en CM2 en 2004-2005		Ile de France health barometer, 2005, meeting WHO recommendations	INSEE, 2012, % of smokers	INSEE, 2010, drinking 6 or more drinks per occasion	INSEE, 2009, overall suicide rate
<b>São Paolo</b>	Arq. Bras. Cardiol. vol.86 no.5 São Paulo May 2006		Duncan et al., BMC Public Health 2011, 7-18 yr olds		Physical activity trends in Sao Paulo, 2008, % meeting WHO recommendations	FT article, 2009, % of smokers	N/A	Study: suicide rates and income in Sao Paulo, 2008, overall suicide rate
<b>Sydney</b>	Health Statistics NSW, 2012, in <b>New South Wales</b>		Health Statistics NSW, 2009-2010. 2-15 yr olds, in <b>New South Wales</b>		New South Wales statistics, 2012, meeting WHO recommendations	New South Wales statistics, 2010, % smokers	New South Wales Statistics, 2012, alcohol consumption at levels posing lifetime risk to health by age and sex	New South Wales statistics, 2011, overall suicide
<b>Tokyo</b>	National Health and Nutrition Survey, 2011		No data: BMI>25 considered obese	Annual Report of School Health Statistics Research, 2013, % 10 yr olds	Health and Nutrition Survey, 2008, 'regular exercise'	Information provided by Tokyo team based on latest available data	N/A	Data provided by Tokyo team from latest Japan statistics, overall suicide rate
<b>Toronto</b>	Statistics Canada, Health profile 2013		Statistics Canada, 2009-20011, 5-17 yr olds <b>in Canada</b>		Statistics Canada, 2012, index of average daily activity: 3.0 kcal /kg/day or more = physically active	Toronto health status indicator series, 2012, % total current smokers	Toronto health statistics, 2008, drinking	Statistics Canada, 2010, overall suicide rate for City of Toronto Health Unit

## Some useful links

Source	Link
Hong Kong Centre for Statistics	<a href="http://www.statistics.gov.hk/pub/B10100062014AN14E0100.pdf">http://www.statistics.gov.hk/pub/B10100062014AN14E0100.pdf</a>
UK Public Health Outcomes	<a href="http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/0/par/E12000007/are/E09000002">http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/0/par/E12000007/are/E09000002</a>
Migration Observatory	<a href="http://www.migrationobservatory.ox.ac.uk/briefings/london-census-profile">http://www.migrationobservatory.ox.ac.uk/briefings/london-census-profile</a>
GLA datastore	<a href="http://data.london.gov.uk/dashboard-summary/communities">http://data.london.gov.uk/dashboard-summary/communities</a>
US Census Bureau: NYC	<a href="http://quickfacts.census.gov/qfd/states/36/3651000.html">http://quickfacts.census.gov/qfd/states/36/3651000.html</a>
NYC Community Health Survey	<a href="http://www.nyc.gov/html/doh/html/data/survey.shtml">http://www.nyc.gov/html/doh/html/data/survey.shtml</a>
Insee	<a href="http://www.insee.fr/en/">http://www.insee.fr/en/</a>
City of Sydney Social Atlas	<a href="http://atlas.id.com.au/sydney/maps/aged-65-years-and-over">http://atlas.id.com.au/sydney/maps/aged-65-years-and-over</a>
Health Statistics NSW	<a href="http://www.healthstats.nsw.gov.au/">http://www.healthstats.nsw.gov.au/</a>
Statistics Japan	<a href="http://stats-japan.com/t/tdfk/tokyo">http://stats-japan.com/t/tdfk/tokyo</a>
Statistics Canada	<a href="http://www.statcan.gc.ca/start-debut-eng.html">http://www.statcan.gc.ca/start-debut-eng.html</a> Census data: <a href="http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/details/page.cfm?Lang=E&amp;Geo1=CD&amp;Code1=3520&amp;Geo2=PR&amp;Code2=35&amp;Data=Count&amp;SearchText=Toronto&amp;SearchType=Begins&amp;SearchPR=01&amp;B1=All&amp;GeoLevel=PR&amp;GeoCode=3520&amp;TABID=1">http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/details/page.cfm?Lang=E&amp;Geo1=CD&amp;Code1=3520&amp;Geo2=PR&amp;Code2=35&amp;Data=Count&amp;SearchText=Toronto&amp;SearchType=Begins&amp;SearchPR=01&amp;B1=All&amp;GeoLevel=PR&amp;GeoCode=3520&amp;TABID=1</a>
Toronto Scorecard on prosperity	<a href="http://www.bot.com/advocacy/Documents/Scorecard/Scorecard_2014.pdf">http://www.bot.com/advocacy/Documents/Scorecard/Scorecard_2014.pdf</a>
Global City Indicators Facility	<a href="http://www.cityindicators.org">www.cityindicators.org</a> Report on Ageing: <a href="http://www.cityindicators.org/Deliverables/Cities%20and%20Ageing%20Policy%20Snapshot%20-%20GCIF%20and%20Philips%20-%20Sept%202013_9-30-2013-1145908.pdf">www.cityindicators.org/Deliverables/Cities%20and%20Ageing%20Policy%20Snapshot%20-%20GCIF%20and%20Philips%20-%20Sept%202013_9-30-2013-1145908.pdf</a>