



<b>Title:</b>	London's Prevention Partnership
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# London's Prevention Partnership

## 1. Purpose

This paper sets out an overview of London's prevention partnership, its priorities for delivery and governance arrangements.

## 2. Action required by Strategic Partnership Board members

Board members are asked to note progress and next steps, comment on and agree proposed priorities and endorse the outlined governance.

## 3. Partnership considerations

The remit of the London Prevention Board is broad. It captures coordination of and delivery of London's response to prevention section with the devolution MoU, oversight of delivery of London's Health Inequalities Strategy and delivery of agreed 'Once for London' aspects of 5YFV and Better Health for London. The breadth reflects a wholesystem partnership that aligns local and London resources and teams for delivery.

## 4. Background

**London has significant health inequalities** the rate of early deaths from preventable causes is twice as high in Tower Hamlets as it is in the city of London. People in the most deprived communities are 1.7 times more likely to smoke. Hospital admission rates for alcohol related conditions are 2 times higher in Islington than in the borough of Kingston. On average, rough sleepers in the capital die aged 47. **Prioritising prevention can reduce the growth in demand** for services and support longer term health and care service sustainability. The cost to the NHS of treating conditions associated with lifestyle choices is estimated at a cumulative £17.9 billion each year - almost a fifth of the annual NHS budget and a significant proportion of the social care budget too. **There is strong evidence for prioritising preventative interventions.** The major causes of chronic diseases are known. Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of obtaining and dying from these conditions. Those risk factors contribute to at least 80% of all cardio vascular disease, stroke and type 2 diabetes would be prevented; over 40% of cancer would be prevented. **Prevention is a lower cost investment** by comparison with other expenditure on health and care but the **detrimental cost of a 'do nothing scenario'** will be a financially unsustainable health and care system.

## 5 Prevention Partnership Priorities

### 5.1 Strategic Context & Prioritisation Criteria

Our shared ambition is to **make London the healthiest global city and enable all Londoners to live healthier lives**. London's prevention partnership brings together local, regional and national priorities within **Better Health for London, London's devolution MOU, the Mayor of London's Health Inequalities Strategy** and the **NHS Five Year Forward View**. In order to determine areas of focus, the London Prevention Executive Group and London Prevention Partnership Board used a set of prioritisation criteria.

#### Prioritisation criteria

<b>Test 1 Strategic fit</b>	Key priority in Better Health for London, the Mayor of London's Health Inequalities Strategy, NHS Five Year Forward View and Devolution MOU
<b>Test 2 Impact Level</b>	1) represents a significant public health challenge for London, 2) addresses financial sustainability, 3) requires all or elements of Once for London delivery, 4) aligns with local delivery plans, 5) has the potential to reduce health inequalities, 6) was not already being picked up elsewhere
<b>Test 3 Implementation</b>	Readiness for implementation, wider partnership support, strong leadership, funding commitment, engagement with wider stakeholders and/or Londoners to determine delivery requirements

### 5.2 Summary of aligned strategic priorities

London's devolution deal marks a pivotal **commitment to accelerate health and care transformation** in London. London's prevention partnership has the **opportunity to unlock barriers** to improving population health. London will be better able to utilise **new fiscal levers** for prevention work and have **greater direct influence on prevention policy** for London. The London Prevention Partnership will **prioritise the ten commitments** set out in the devolution MOU. These align with the five themes of the Health Inequalities Strategy (*Healthy Children, Healthy Minds, Healthy Habits, Healthy Places and Healthy Communities*) and other strategic priorities.

	Devolution MOU Commitments	Better Health for London	Health Inequalities Strategy	NHS Five Year Forward View
Healthy Children	Sugar levy / Fast food restrictions / Marketing and advertising restrictions	Children Obesity	Childhood obesity	Childhood obesity
Healthy Minds	(Health & Work see below)	Healthy Minds	Healthy Minds	Mental Health
Healthy Habits	Gambling restrictions Illegal tobacco & counterfeit alcohol	Healthy habits	Healthy habits	Healthy habits with high ROI
Healthy Places	Health & Work (x2 commitments) / Fit for Work / Fiscal enablers	Workplace Health	Health & Employment	Workplace Health
Healthy Communities		Proactive primary care	Social Prescribing	Social Prescribing
			Getting to Zero HIV	

## 6 Proposed activities in 18/19

## Healthy Children : Every child has a healthy start in life

<p><b>Priority Issue</b></p>	<p><b>Reduction in Childhood Obesity</b> : The UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year. London has the highest rate of obesity of 10-11 year olds in England (23 per cent). It's almost universally recommended that for optimal physical and mental health, children engage in 60 minutes of physical activity each day and limit the time they spend watching TV, playing computer games, and surfing the net on various devices. There is also mounting evidence that breast feeding can reduce childhood overweight and obesity. However the primary driver for obesity in children is the increasing consumption of high sugar and fatty foods. The number of fast food retail outlets in London continues to increase and the annual rate increase is now 10% with a high proportion of chicken shops in more deprived areas. Fried chicken shops are the new staple of London's high streets. For example the London Borough of Newham, one of the three most deprived boroughs in London, has over 258 hot food takeaway outlets, of which 28% are fried chicken shops. <b>2.1 million Londoners reached through the Great Weight Debate</b> findings identified access to healthy affordable food as the top priority for Londoners too. <b>Local sector led improvement plans</b> completed in each of 33 borough's and childhood obesity prioritised in all 5 STP plans</p>
<p><b>Local Examples</b></p>	<p><b>Three London Borough's are beginning to turn the tide</b> on childhood obesity with initial evidence that in Greenwich, Lewisham and Lambeth rates are beginning to decline. These borough's have been particularly progressive in taking forward high street, school based and other family based interventions such as child weight management programmes. <b>Learning is being disseminated via the London borough obesity leads network.</b></p>
<p><b>Once for London activities in 18/19</b></p>	<ul style="list-style-type: none"> <li>▪ <b>New London Taskforce for Childhood Obesity</b> to launch in 2018 to bring together a multi-sectoral partnership and secure a long-term plan of action building on progress in 17/18</li> <li>▪ Continued improvement through the <b>Healthy Schools Initiative</b> as well as launching a <b>new Healthy Early Years Initiative</b> targeted towards pre-school children and their families</li> <li>▪ Implementing the national <b>sugar levy</b> but establishing the most high impact interventions for school investment in London</li> <li>▪ Roll-out of <b>planning restrictions</b> on the opening of fast food shops around schools, reducing <b>marketing &amp; advertising</b> of high fat, salt and sugar foods, especially around schools.</li> <li>▪ Establish London as <b>breastfeeding friendly capital</b> through the <b>UNICEF baby friendly initiative</b></li> <li>▪ Embed learning from the <b>healthy streets</b> innovation challenge which is working with Londoners and food retailers to promote healthier purchasing behaviour on the high street and consumer push towards a healthier retail offer.</li> </ul>
<p><b>Impact</b></p>	<p>✓ <b>Aiming overall for a reduction of at least 10% in childhood obesity (Children 6yr measure) over the next 5 years, and as a loose proxy measure for healthy retail, a decline in the number of fried chicken shops in the capital.</b></p>
<p><b>Actions from partners</b></p>	<ul style="list-style-type: none"> <li>• Maintain a strategic long term focus on childhood obesity to 2030 and ensure childhood obesity and healthy food are considered across all areas of place based planning.</li> <li>• Enable review and implementation of borough sector-led improvement plans for childhood obesity – embedding learning from progressive borough's</li> <li>• Following pilots across London, work with local planning teams to enable rapid spread for restricting the opening fast food shops around schools</li> <li>• Roll-out learning from healthy street pilots (may incl. restrictions on the retail offer in London)</li> </ul>

## Healthy Minds : All Londoners share in a city with the best mental health in the world

<b>Priority Issue</b>	<p><b>Improving mental health and wellbeing</b> : More than one million people in London will experience some form of poor mental health every year. Depression and anxiety disorders are the most common mental illnesses, affecting 15.8% of adults in London. Roughly £1 in every £8 spent on long-term health conditions can be linked to poor mental health, which translates to an additional £2.6 billion in treatment costs each year in London. Every week, an average of 14 Londoners choose to end their own lives.</p> <p>Between 2014 and 2015, the number of suicides in London increased by 33 per cent from 552 to 735 incidents. Three quarters of people who commit suicide in London are male and suicide remains the biggest killer of working-age men. 1 in 10 children is thought to have a clinically significant mental health problem. Forty five per cent of looked after children aged 5 to 17 experience a mental health disorder. Many people with mental health conditions feel discriminated against in their workplace. Fewer than four in ten employers would consider recruiting someone with a declared mental health condition; 62% would consider recruiting someone with a physical disability. Mental ill health is the most common reason for claiming health-related benefits; some 42% of people claiming health-related unemployment benefits are doing so primarily because of a mental health condition. Many others have a secondary mental health condition that contributes to their inability to work or return to the workplace.</p>
<b>Local Examples</b>	<p>CCGs and local borough teams in London have proactively supported the OK? Thrive campaign in 17/18 with engagement activities across the capital. South London and Maudsley NHS Foundation Trust has developed a 'Wheel of Wellbeing' tool that supports people to better understand the contributing factors to mental ill health and take action to improve their wellbeing.</p>
<b>Once for London activities in 18/19</b>	<ul style="list-style-type: none"> <li>• Evaluate <b>THRIVE 'Are we OK London?' campaign</b> and support the development of local Thrive hubs/initiatives and networks for mental health champions. Support rollout of the <b>Time to Change</b> initiative and <b>Mind</b> campaigns. Deliver <b>small grants scheme</b> for those affected by intersectional discrimination.</li> <li>• Work towards a <b>zero suicide city</b> scoping business case that addresses gaps in local plans, developing <b>suicide prevention toolkits and resources</b>, building on <b>strategic partnerships with TfL and Network Rail</b></li> <li>• Work with schools and youth clubs to deliver <b>mental health awareness training</b> for 400 young people, a <b>mental health and parenting campaign</b>, small grants scheme for <b>young people of faith; youth-focused volunteering</b>; and <b>academic resilience training</b>.</li> <li>• Develop <b>Individual Placement and Support Framework</b> for London and an <b>employer's campaign</b> to help people into work and to <b>sign up to mental health first aid training</b> in partnership with the workplace health team.</li> <li>• Role out of MH 1st Aid to all Schools, GLA &amp; wide range of youth organisations</li> <li>• Deliver a communications strategy for the new digital mental wellbeing service '<b>Good Thinking</b>' and for <b>London's mental health incident response pathway</b></li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>✓ <b>Health Inequality proposed target of MH 1<sup>st</sup> Aid training in London</b></li> <li>✓ <b>Target reduction in the number of suicides to zero by 2020 / significant reduction</b></li> <li>✓ <b>Reduction in excess mortality in adults with a Serious Mental illness</b></li> <li>✓ <b>Increase life expectancy for Londoners with severe &amp; enduring mental health</b></li> </ul>
<b>Actions from partners</b>	<ul style="list-style-type: none"> <li>• Maintain a strategic long term focus on improving mental health and wellbeing</li> <li>• Support communication of campaigns (THRIVE LDN) in local settings and take up of training opportunities</li> <li>• Support mental health at work</li> </ul>

## Healthy Habits : The healthy choice is the easy choice for all londoners

<p><b>Priority Issue</b></p>	<p><b>Smoking and alcohol</b> - London's biggest killer, smoking, contributes to four out of the five most common health conditions. Smoking rates have reduced significantly but be is still a significant driver increasing demand on the NHS. New research estimates that smoking cost the NHS £2.6bn in 2015. Recent alcohol prevalence figures identify over 90,000 Londoners in need of support for alcohol use. Illicit tobacco and counterfeit alcohol can be more accessible and affordable to children and young people in deprived areas because they are often sold cheaply and illegally. The <i>Making Every Contact Count</i> approach has been shown to have great potential in encouraging health behavior changes. For example; brief advice on alcohol has been shown to reduce alcohol consumption for 1 out of 8 people and economic modelling shows 12,000 hospital admissions and 270 deaths could be prevented and £21m in savings could be achieved over 5 years. Brief advice on smoking significantly increased quit rate of smokers with COPD patients by 66%.</p> <p><b>Gambling</b> - In the UK, successive surveys have shown high prevalence of 'problem gamblers' among gambling machine players in local betting offices. A recent international study has demonstrated that curbs on gaming machines can have a direct impact on reducing the prevalence of bankruptcy in the immediate surrounding community. In 2013, one London borough, Newham, reported 82 local betting offices - six per square mile. Around almost every corner in deprived areas are shops where people can stake £100 a spin on casino-style gambling machines, which are designed to be highly addictive.</p>
<p><b>Once for London activities in 18/19</b></p>	<ul style="list-style-type: none"> <li>▪ Continue to deliver and evaluate the <b>Smokefree London phone service</b> offering pan-London smoking cessation services. Promotion of <b>London StopSmoking online portal</b>.</li> <li>▪ Continue to review progress across 15 boroughs to explore ways to test <b>Smokefree tenancies</b></li> <li>▪ Explore how a borough-led <b>London-wide illegal tobacco and counterfeit alcohol enforcement team</b> could be established</li> <li>▪ Explore how to make the best use of existing sanctions and consider <b>new sanctions to tackle illegal tobacco and counterfeit alcohol</b></li> <li>▪ Undertake a <b>review of gaming machines and social responsibility measures</b></li> <li>▪ London has established a hub of resources and training support for <b>Healthier Conversations</b> (Making Every Contact Count) to be rolled-out and embedded across providers in 18/19</li> </ul>
<p><b>Impact</b></p>	<p>✓ <b>The aim is to reduce smoking rates in adults to 13% by 2022 - in line with the lowest major global city - and reduce the impact of other unhealthy habits.</b></p>
<p><b>Actions from partners</b></p>	<ul style="list-style-type: none"> <li>• Extend smoke-free areas for example across hospitals mental health facilities &amp; prisons, 5YFV targets: In 2017/18, all mental health trusts will become smoke-free, expanding to all acute trusts in 2018/19, leading to all NHS estates becoming smoke-free by 2019/20.</li> <li>• NHS providers trialling new ways of embedding proactive care across both primary and acute settings making use of the regional support offer for MECC. Across all services screen, deliver brief advice and refer patients who smoke and/or have high alcohol consumption for support. Systematic recording of information on lifestyle risks and clear referral routes for support.</li> </ul>

## Healthy Places : All Londoners benefit from a society, environment and economy that promotes good mental and physical health

<p><b>Priority Issue</b></p>	<p><b>Unemployment</b> is one of the biggest causes of poverty in the UK. Prolonged periods of unemployment can push households into debt and increase rates of relative poverty. People who are unemployed consult their GPs more often than the general population. Depression and anxiety are 4-10 times more prevalent among people who have been unemployed for more than 12 weeks. Loss of income can leave people without sufficient income to meet housing costs. London's devolution deal on Work &amp; Health will secure pilots for facilitating increased return to work for those living with mental illness and learning disabilities and prevent long-term unemployment. A <b>Healthy Workforce</b> is vital to a thriving economy. In London almost 14 million working days a year are lost</p>
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	to sickness absence, costing an average firm of 250 employees up to £250,000 a year. This could have an overall impact on demand for health services as the NHS is the fifth biggest employer in the world. Overall sickness absence in the NHS is increasing (rising to 4.25% in 2014-15 from 4.06% in 2013-14). The direct costs of sickness absence to NHS organisations on average, equate to £3.3 million annually, with an additional indirect cost of £1.9 million. Mental health is a leading cause of sickness absence responsible for 1 in 3 'sick notes'.
<b>Local Examples</b>	The North London Partnership are leading pilots for work and health to support people living with mental ill health into employment. The Health Innovation Network is testing employers appetites to support a policy of annual leave to attend structured education for management of conditions. 702 employers signed up of which 197 are accredited, benefiting >327,000 employees. Accredited employers include 37 NHS organisations and 25 local authorities as well as a very wide range of private and third sector organisations.
<b>Once for London activities in 18/19</b>	<ul style="list-style-type: none"> <li>• <b>Enable more Londoners to take up employment</b> - facilitate the successful devolution of Work &amp; Health programme funding to London. Build an evidence base for integrating mental health and employment support and the Fit For Work service by testing improvements (incl data sharing) and evaluating impact.</li> <li>• <b>Make work a healthy place to be in London</b> – increase take-up of London’s workplace health charter, host a community of practice for workplace health improvement, fully engage London employers &amp; employees in an annual week-long celebration/promotion of workplace health, target organisations and staff groups most impacted by poor health/sickness absence/low pay. Finalise the outputs of general practice and pharmacy pilots in 17/18 and published a charter that will work in the context of smaller business units.</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>✓ <b>Improved staff health and wellbeing, increased productivity and a decline in sickness absence reducing the direct and indirect costs of sickness absence by 10-15% over the next 5 years</b></li> <li>✓ <b>Decreasing % of working days lost in the previous week</b></li> <li>✓ <b>Reduction in unemployment for those with long term conditions</b></li> </ul>
<b>Actions from partners</b>	<ul style="list-style-type: none"> <li>• Sign-up to and progress the workplace health charter, get engaged in healthy living week (usually in September), draw on training for ambassadors, find a way to connect and use local ambassadors</li> <li>• London’s providers engaged on NHS sustainable development &amp; clean air agenda’s as well as looking at their role as anchor institutions supporting wider economic growth e.g. through apprenticeships</li> </ul>

## Healthy Communities : London diverse communities are healthy and thriving

<b>Priority Issue</b>	<p><b>Social Prescribing</b> - 20% of patients visit their GP for social rather than medical problems. Of those who used Citizens’ Advice Bureaux between January and March 2016, 46% had a long-term health problem. 80% of GPs reported that dealing with non-health queries results in reduced time to treat health issues and 46% reported this increased costs to the practice and NHS. The i5Health model developed in London estimates that London would have made potential savings of £110m between 2013 -16 if it had made greater use of Social Prescribing.</p> <p><b>Getting to Zero HIV</b> - Nearly half of all people living with HIV live in London. Fifty-seven per cent of new HIV diagnoses are in London. Preventing infection can save an estimated £360,000 a patient, which is the lifetime cost of treating someone with HIV for which there are an estimated 4000 new diagnoses per annum. One in 12 men who have sex with men (MSM) in London have HIV, with one in five undiagnosed. The black African population is more likely to be diagnosed late (56%) compared to the white population (27%).</p>
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<b>Local</b>	The Bromley by Bow practice in Tower Hamlets is perhaps the best example of social prescribing in London and nationally. There are now 19 London borough's across London that have been identified as offering some form of social prescribing. More recently social prescribing pilots have been developed in Wandsworth and Merton training staff and volunteers in 8-10 GP practices to be social prescribing champions. These borough's have now teamed up with their local AHSN in SWLondon to develop a digital offer that can further enable practices to refer into services for more social and healthy living support.
<b>Once for London activities in 18/19</b>	<ul style="list-style-type: none"> <li>• Provide tools/resources that support the scale and spread of social prescribing with the ambition to have pan-London provision by 2021, supporting the growth of a pan-London network for Social Prescribing practitioners, champions, providers and patients. Supporting evaluation of social prescribing provision</li> <li>• Increase uptake of social investment as a financial enabler for social prescribing in developing locally tailored solutions for health, working with the VCSE sector and social entrepreneurs to develop services that address the core social prescribing needs in London</li> <li>• Digital pilot to enable social prescribing activity and link together a service offer for pan-London and local services</li> <li>• Establish a HIV steering group for London and develop a plan of action for reaching the Getting to Zero 2030 targets of the Fast Track Cities initiative</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>✓ <b>Full pan-London social prescribing provision in place by 2021</b></li> <li>✓ <b>Social prescribing results in a reduction in the number of GP consultations (28%) and A&amp;E attendance (24%)</b></li> <li>✓ <b>An end to new HIV infections and stop preventable deaths from HIV-related causes by 2030</b></li> </ul>
<b>Actions from partners</b>	<ul style="list-style-type: none"> <li>• Develop plans to pilot pan-London social prescribing services by 2021</li> <li>• Enable close partnership working with the VCSE sector in developing joint solutions and identifying gaps in services.</li> </ul>

## 6.1 Enablers

Three system enablers are being further developed in 2018 to establish new approaches to prevention both at a regional level and to enable a step-change in local delivery:

**NEW Healthy London Fund** – establishing a social impact fund, raising capital from philanthropy, and business CSR and other sources, as a fiscal enabler for tackling health and wellbeing challenges in London. Innovation to address gaps in services can come from VCSE / community CSR sector, but it is fragmented, under-resourced and often disconnected from the health system. Social investment allows VCSE orgs to take on repayable finance e.g. loans to help them innovate and scale (often in conjunction with grants and non-financial support), while closely monitoring the impact that organisations are having on their beneficiaries. Funders are increasingly looking at social investment as another tool to help them achieve their social mission.

**Healthy London Research and Evaluation Partnerships** – building on existing research and evaluation partnerships will enable rapid learning and dissemination of best practice, an agile approach to delivery, a timely assessment of progress and robust evaluation of impact and outcomes. Drawing progress in other world cities to identify high impact interventions for tackling London's population health challenges. The London Prevention Partnership will be examining the most effective ways of communicating learning and best practice to inform and accelerate local delivery in 2018.

**Collaboratives for improvement & workforce development** – improvement support and workforce development support is provided by a range of organisations for example, London

ADPH, HLP, the Academy for Public Health and AHSNs. These organisations are represented on the London Prevention Partnership Board. The leadership aligns business plans to reduce duplication, ensure a close fit with strategic objectives and make best use of public funds. In 2018 we will consider how this collective investment regionally will relate to the new wider system architecture recognising that there is an opportunity to move towards more integrated approaches to working through both the London Prevention Partnership Board and the London Workforce Board.

## 6 Next steps

The London Prevention Partnership has engaged widely on its strategic priorities and workplan and in most cases delivery had commenced. These support the prevention agenda in the STP plans. There are a few key reports and activities that will inform the final delivery arrangements in the coming weeks:

- The **Kings Fund publishes a report** on *January 22<sup>nd</sup> 2018 - **Governing for health in global cities: lessons for, and from, London.*** The report aims to understand what London can learn from other major global cities in relation to population health improvement. We will also capture lessons from recent work in London that other cities may benefit from.
- The **Mayor of London's Health Inequalities Strategy** is finalised following a period of consultation on the draft document. (*Final HIS launch in May/June 2018 subject to elections*)
- **Funding** has been confirmed against each of the identified strategic priorities with contributions from GLA, PHE and London Councils as well as contributions from other donors. Outstanding funding **confirmation is still required from London's CCGs** for HLP.
- A number of **devolution commitments** have already been progressed. Detailed delivery plans for devolution are pending and may represent an additional **call on transformation funding** for London (*to be confirmed by March 2018*).

## Appendix 1 - Additional Aligned Strategic Priorities

### Healthy Children : Every London child has a healthy start in life

#### Aligned Healthy Children Priorities

**School preparedness:** nearly 30% of children in London aged 5 years do not achieve a good level of development and girls are 1.2 times more likely to have a good level of development compared to boys, there are wide variations between the proportion of children who are ready for school in London: 65% are ready in Camden compared with 79% in Greenwich.

**Low Birth Weight:** low birth weight is associated with increased risk of childhood mortality, developmental problems and poor health in later life. Babies born in Kensington and Chelsea are half as likely to have a low birth weight as those born in Redbridge

### Healthy Places : All Londoners benefit from a society, environment and economy that promotes good mental and physical health

#### Aligned Healthy Places Priorities

**Wider Determinants of Health :** The environments that we grow, live and work in are the biggest influence on our health. The priorities London include i) lack of clean air, ii) limited access to green spaces, iii) increasing cost of living and iv) decreasing access to affordable housing. The latter two trends have the greatest potential to exacerbate health inequalities in London.

**Fiscal levers :** Devolution commitment to explore the opportunities that a) new or enhanced fiscal levers could bring to improve the health and wellbeing of Londoners & b) work to optimise on opportunities to reinvest money raised through fiscal levers in health promoting opportunities.

### Healthy Communities : London diverse communities are healthy and thriving

#### Aligned Healthy Communities Priorities

**Tuberculosis (TB)** is a significant public health challenge in London. London accounts for the highest proportion of TB cases in England (39.0%), with a rate of 25.1 cases per 100,000. The costs to the NHS of treating 'normal' and 'drug-resistant' TB are estimated at £5000 and £50,000–£70,000 respectively.

**Hepatitis C** is a virus that can infect the liver and if left untreated can cause potentially life-threatening damage to the liver over many years. Around 1/3 of infected people in the UK live in London. Annual healthcare costs have been estimated to reach £38m by 2035. The wider economic cost is estimated to rise to between £70m and £142m over the same time period.

## Appendix 2 – London Prevention Partnership Board

The LPPB will not initially have statutory or legal responsibilities, but will provide a forum for strategic discussion and planning. The LPPB will not affect or replace the statutory responsibilities and accountabilities of each member or of the LPPB. The LPPB will provide regular updates to the London Health and Care Strategic Partnership Board, which has been designated as the operational oversight vehicle for London. Political oversight will be provided through the London Health Board.

