Healthy London Partnership

Title:	Better Health for London: Review of progress
Authors:	Nicola Ellis, Aaron Mills, and Yvonne Doyle, Public Health England (London)

Strategic Partnership Board

23rd July 2018

1. Purpose

1.1. This paper aims to inform the Strategic Partnership Board of the outline findings of the Better Health for London (BHfL) three-year review.

1.2. The London Health Commission report, 'Better Health for London' (October 2014) set the overarching goal for London to be the healthiest major global city. 'Better Health for London: Next steps' (March 2015) was a co-signed strategy setting the shared vision of health and care leaders in London for reaching this goal and priorities to improve the health of Londoners by 2020. The report committed partners across the health and care system to delivering on ten aspirations ('the BHfL aspirations'), measured by a set of ambitions and indicators.

1.3. In November 2017, the Strategic Partnership Board was updated on the extent of the progress made in London against the indicators. The Board recommended an in-depth review to capture more detailed progress against the indicators, gather information on activities undertaken, learning on implementation at the local and regional level, and make recommendations about the future monitoring and focus of the BHfL aspirations.

1.4. The initial findings and recommendations of this progress review are presented in this paper. Following feedback from the SPB and LHB, these will be iterated for a proposed launch at the public LHB event.

2. Action required by Board members

2.1. The Strategic Partnership Board is asked to:

2.1.1. NOTE the findings of the review

2.1.2. COMMENT on the recommendations and discuss next steps for BHfL and the aspirations

3. Partnership considerations

3.1. The BHfL aspirations have informed London health and care partner activity over the last three years and are embedded within the London Health and Care Devolution MoU. As such, they have informed the workplan of the SPB, LHB and Healthy London Partnership, and the business plans of constituent organisations.

4. Aims and objectives / Methods

4.1. This review aimed to assess progress in improving the health of Londoners and explore how the health and care system in London has evolved since 2015. Key objectives were to:

- Assess overall progress against the 10 aspirations, associated ambitions and their metrics described in 2015 and understand what activities have taken place, their impact, and successes and challenges.
- Understand the impact of BHfL on the system and how new and emerging strategies and priorities align with BHfL aspirations.
- Make recommendations to the SPB and LHB on the future monitoring and focus of BHfL aspirations, to maximise improvements in the health of all Londoners.

4.2. The review was undertaken from April-June 2018, and included mapping of priorities against BHfL aspirations, analysis of indicator data and qualitative stakeholder interviews with system and programme leads across the five co-signatories to *Better Health for London: Next Steps* (PHE, NHS England, local authorities, the GLA and CCGs), in addition to wider health and care organisations in London.

5. Findings

5.1. Summary of progress

Further detail on progress is provided in:

- Annex 1: Summary of activities and priority mapping
- Annex 2: Summary of progress against existing indicators
- Appendix 1: Detailed review of findings and recommendations
- Appendix 2: Progress against existing and proposed indicators (separate slides)

The first four prevention-focused aspirations continue to be priorities for and are owned by the system in London, but it has been challenging in a complex, adaptive system to deliver improvements in outcomes and change at scale. The proportion of children who are school ready at age 5 has improved significantly, but progress on childhood obesity has been much more challenging to achieve. BHfL has contributed to incremental progress such as the devolution agreement prevention commitments and proposals in new Mayoral strategies. However, there is particular recognition of the need for the system to come together to do more to prioritise tackling childhood obesity, to take a bold approach and to agree key deliverables and outputs. Smoking rates have fallen to 14.6% in London (2017) and 3 million working days have been gained through a reduction in sickness absence since the BHfL baseline (2012). London wide initiatives

such as the Healthy Workplace Charter and Stop Smoking London have helped to support local prevention efforts.

In mental health (Aspiration 5), activity has occurred across the spectrum from raising awareness and early intervention through to improving crisis care, including some efforts towards the aspiration 'care for the most mentally ill so they live longer, healthier lives'. However, it is unclear what impact BHfL has specifically had on this agenda. Much of the partnership activity underway, e.g. Thrive LDN and Good Thinking, has not been directly aligned to this aspiration given the emphasis on upstream interventions. Child and adolescent mental health is emerging as a priority for the system, and this, as well as public mental health, is not clearly captured in the relatively narrow wording of the current aspiration.

There are some examples of programmes to enable Londoners to do more to look after themselves (Aspiration 6), including Good Thinking and Sexual Health London. Recent efforts have also focused on social prescribing. However, similarly to mental health, there is less evidence of a clear overarching programme of work to meet this discrete aspiration. Stakeholders also report lack of clarity regarding what this aspiration means and what should be delivered to meet it.

Significant progress has been made in primary care (Aspiration 7), facilitated by national imperatives, with extended GP access now available across London. Further work needs to focus on ensuring the quality of core GP services, reducing variation and on the primary care estate, as part of wider work on estate transformation in London.

The health and care services aspiration (Aspiration 8) is broad in its focus. Specifically, urgent and emergency care networks and cancer transformation programmes for London have helped to improve health and care services for Londoners. The under 75 mortality rates for CVD and cancer have declined and remained stable for respiratory disease. Greater emphasis on integrated care and joint approaches between health and care are driving current programmes of work.

There are examples of London projects such as the Great Weight Debate and Thrive LDN, where Londoners have been engaged and encouraged to share their views on health priorities (Aspiration 9). However, progress on this aspiration is challenging to measure and there is a lack of accountability in the system for delivering participation and engagement, resulting in limited focus on this aspiration across the system.

Digital is an important enabler for making London the world's healthiest major global city (Aspiration 10) and has been championed and supported by the GLA. Digital health.London was established as a result of Better Health for London and has successfully linked digital health innovators with health and care organisations to develop and implement innovations to help Londoners stay healthy. The number of jobs in the life sciences has increased, but it is unlikely that the ambition of 50,000 new jobs will be achieved and better measures of progress should be explored and agreed upon.

5.2. Current gaps, future challenges and opportunities

Stakeholder interviews and priority mapping identified a small number of gaps in current aspirations, including; prevention and early intervention for mental health, child and adolescent mental health, integration of health and care services, and care for London's ageing population and those with complex needs.

BHfL: Next steps is a strategy that is focused on achieving gains in overall population health and in making London the world's healthiest major global city. The importance of 'Closing the health gap' is described in the BHfL: Next steps report; however, stakeholders felt that the current BHfL *"doesn't…call out inequalities specifically".* This was identified by some stakeholders as a potential gap, providing a challenge for engaging local authorities and ensuring alignment with the forthcoming Health Inequalities Strategy.

Wider determinants of health, such as income, education, housing and the environment, are key drivers of health inequalities. The current aspirations place limited emphasis on addressing these, despite current activities around adult and childhood obesity placing significant focus on ensuring that the environments in which we live, work and play, are conducive to healthy behaviours. Stakeholders commented that there is potential to reorientate the aspirations towards creating the environments and spaces in London for people and communities to be as healthy and well as possible, thus ensuring that London can become the world's healthiest major global city.

Stakeholders reflected on the numerous challenges for the health and care system in London. These include not only high levels of total population growth and an ageing population in some boroughs, but the co-existent movement and churn of some parts of the population, while other segments of the population make very limited movements outside of their borough.

These demographic changes and the increasing complexity of ill health experienced by parts of the population place an increasing demand on health and social care services. This necessitates more integrated approaches to care and systems – an issue which is not reflected in the current aspirations and ambitions. This is made more challenging in the context of reductions in funding for local authorities, which have the potential to affect public health services, and social care, in particular.

Estates and workforce, including housing and services for the workforce, were described as key issues that need to be addressed to provide a sustainable health and care service for London.

5.3. Themes

BHfL: Next Steps provided a strong strategic anchor for the system, enabling partners across London to come together around a single vision and aspiration for the city. The most significant achievements of BHfL are the partnership working that it has enabled, the increased coherence within the system and the resultant influence on the London devolution agreement.

There are mixed views on the extent to which the existence of the BHfL aspirations has influenced the programmes of work of partner organisations across the system. For some, BHfL facilitated the partnership working which enabled successful programmes and services to be developed, such as Thrive LDN, Stop Smoking London and efforts to tackle childhood obesity, focusing the system on these areas as priorities. An alternative view on this was that the major achievements for the system in the last three years, such as improving access to primary care, and work around mental health such as Good Thinking and Thrive LDN, were not necessarily influenced by the aspirations and would have happened anyway regardless of BHfL due to national imperatives, or locally determined priorities.

A concrete impact of BHfL has been the Healthy London Partnership, and its role as the delivery vehicle for 'once for London' programmes. The Strategic Partnership Board was described by stakeholders as improving the governance in London and providing that forum for partnership working across the city. The Prevention Partnership Board was viewed as being particularly effective at linking its work programmes to BHfL aspirations, and progress on prevention, in general, was highlighted. Whilst tangible programmes and improvements to indicators have been more challenging to deliver in some areas of the prevention aspirations due to the complex nature of the issues, there is recognition that important steps have been made towards securing commitment to a system wide approach e.g. to tackle childhood obesity.

However, stakeholders reported that a lack of a clear delivery plan for BHfL and limited ongoing monitoring and reporting back to the system has negatively impacted the extent to which the aspirations have been progressed. This has also resulted in reduced engagement in BHfL across the system, as other strategies and priorities have moved into its space. Some also perceived there to be a 'disconnect' between the aspirations and SPB, which has further limited the role of BHfL.

National strategies and priorities such as the NHS Five Year Forward View have served as both drivers for BHfL aspirations, e.g. GP access, but have also been a 'distraction' for the system. Challenges in delivering the aspirations have included ensuring the right balance of activity at the local and London levels, changes in leadership in London, and the reality of effective collaboration and joint working.

5.4 Next steps for BHfL

BHfL remains an important document for the system and is much needed to provide a strategic anchor that binds the system together. There is appetite amongst stakeholders for an update and refresh of the aspirations and ambitions to ensure that it remains relevant and up to date. There is an 'ask' from partners for strategic alignment between BHfL and other strategic commitments to help with clarity for the system. Stakeholders commented that the system has an opportunity to refresh and relaunch BHfL with renewed political support.

5.5 Recommendations

Based on the findings of this review, a suggested reframing of the high-level aspirations is described below. These reflect the following themes identified in this review:

- Current limited focus of aspirations on young people, specifically children and young people's emotional wellbeing and mental health

- Need for an increased focus on the role of the environments in which we live, work and play on health behaviours and choices
- Narrow focus of the existing mental health aspiration
- Recognition of the achievements in improving primary care access, and need to refocus efforts on reducing variation in quality and on the primary care estate
- Need to focus on integration of health and social care
- The importance of workforce, estates and digital as enablers to delivering BHfL

Vision	London is the world's healthiest major global city						
Aspirations (focused on):	Children and young people	Food and physical activity environment	Work and health	(Habits) Smoking, alcohol, gambling	Mental health (broader scope)	Enabling proactive-care and independence	Health and care services - primary care - integrated care
Enablers	Digital, Workforce, Estates – including primary care						
Underpinning principle	Engagement and involvement						

5.5.1 Recommendations for BHfL aspirations and approach

- *The Board is asked to consider these revised broad groupings (above) for the BHfL aspirations, and to support the process of agreeing the revised ambitions for these.*
- *The Board is asked to support a 'relaunch' of BHfL at the planned London Health Board event, to renew the system's commitment to the vision of improving the health of Londoners, with revised aspirations, ambitions and indicators.*
- *The Board is asked to agree 3-4 priority areas from the BHfL aspirations to focus its efforts from 2018-2020, and to ensure that work programmes are in place with key deliverables, milestones and roles to address these.*
- *The Board is asked to review the recommendations for each of the ambitions and indicators (Section 5.5.2).*
- *The Board is asked to ensure that the findings of this review, and of a full evaluation, to be completed in 2020 are shared and used to inform future work.*

5.5.2 Recommendations for BHfL ambitions and indicators

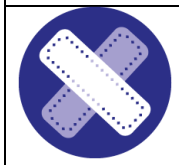
Aspiration	**Ambition**	**Recommendation**
Give all London's children a healthy, happy start to life	Ensure that all children are school ready by age 5	*Board members are asked to note progress against this ambition and promote/continue to promote the Healthy Schools and Healthy Early Years initiatives within their STPs and local areas.*
	Achieve a 10% reduction in the proportion of children obese by year 6 and reverse the trend in those who are overweight	*The Board is asked to confirm their prioritisation of childhood obesity within the workplan, and to consider the mechanisms and resources required to reduce the proportion of children who are overweight or obese. The Board is asked to consider whether the ambition and indicator should be updated to reflect the need to reduce variation between boroughs, and reductions in obesity in all age groups.*
Get London fitter, with better food, more	Help all Londoners to be active and eat healthily, with 70% of Londoners achieving	*The Board is asked to approve a change to the revised methodology for calculating physical activity to measure progress on this ambition. The Board is also*

Aspiration	Ambition	Recommendation
exercise and healthier living	recommended activity levels	*asked to consider data on active travel as an indicator of progress.*
Make work a healthy place to be in London	Gain one million working days in London through an improvement in health and a reduction in sickness absence	*Board members are asked to approve the use of the indicator measuring the % of working days lost to sickness absence as an alternative indicator to measure progress on this aspiration; and to consider how BHfL can support and enable the workforce programme in London.*
Help Londoners to kick unhealthy habits	Reduce smoking rates in adults to 13% - in line with the lowest major global city and reduce the impact of other unhealthy habits	*The Board is asked to consider refining the ambition and indicator for this aspiration to reflect the need to reduce health inequalities, and to consider the inclusion of an indicator for other unhealthy habits such as gambling or alcohol.*
Care for the most mentally ill in London so they live longer, healthier lives	Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%	*Option 1: Keep existing aspiration and amend ambition and indicator. The Board is asked to approve the use of the indicator measuring 'excess under 75 mortality rate in adults with SMI' to measure the existing aspiration. The BHfL ambition should be updated in line with the new indicator.* *Option 2 (preferred): Broaden this aspiration and develop a new ambition and indicator. The Board is asked to consider how this aspiration could be broadened to reflect a need to promote positive wellbeing and early access to support. This would require a new ambition and indicator to be agreed.*
Enable Londoners to do more to look after themselves	Increase the proportion of people who feel supported to manager their long-term condition to the top quartile nationally	*The Board is asked to promote social prescribing efforts in London, and to consider <u>further ways</u> in which the system can enable Londoners to do more to look after themselves.*
Ensure that every Londoner is able to see a GP when they need to and a time that suits them	Transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built/designed facilities	*The Board is asked to continue to monitor satisfaction with primary care access and consider the addition of a process indicator to measure progress on primary care estates. The indicators developed within the London Estates Strategy will inform the potential process metrics.*
Create the best health and care services of any world city, throughout London and on every day	Work towards having the lowest death rates for the top three killers. Close the gap in care between those admitted to hospital on weekdays and weekends.	*The Board is asked to note the progress on the ambition to reduce preventable mortality, and to consider renewing the ambition on closing the gap between weekdays and weekends to reflect the need to achieve greater integration between health and care services.*
Fully engage and involve Londoners in the future health of their city	Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design	*The Board is asked to support the process of agreeing and identifying a new process measure to monitor this aspiration, and to consider the repositioning of this aspiration as an underpinning principle to delivering BHfL.*
Put London at the centre of the global revolution in digital health	Create 50,000 new jobs in the digital health sector and ensure innovations help Londoners to stay healthy and manage their conditions	*The Board is asked to support the process of identifying and agreeing a new process measure and ambition to monitor this aspiration, and to consider the repositioning of this aspiration as an enabler to delivering BHfL.*

Healthy London Partnership

Annex 1: Summary of activity and priority mapping

Better Health for London report (2015)			Key activities		Links to other strategies
Aspiration		**Ambition**	**Selected London programmes**	**Example local activities**	
	**1. Give all London's children a healthy, happy start to life**	Ensure that all children are school ready by age 5	Healthy Schools programme, Healthy Early Years, E-red book, CHIS, Early years hubs	HV transfer, HV / EY integration, perinatal mental health programmes	HIS – Healthy children
		Achieve a 10% reduction in proportion of children obese in year 6 and reverse the trend in those who are overweight.	Great weight debate, Marketing restrictions around schools, Childhood obesity taskforce	Child weight management services, breastfeeding support,	HIS – Healthy children Devolution - HFSS marketing and advertising, Soft drinks levy, Planning and health
	**2.Get London fitter with better food, more exercise and healthier living**	Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels.	Healthy Streets Ban on advertising on TfL estate	Local campaigns and influencing planning	HIS – Healthy children Devolution - HFSS marketing and advertising, Soft drinks levy
	**3.Make work a healthy place to be in London**	Gain 1 million working days in London through an improvement in health and a reduction in sickness absence.	Healthy workplace charter, Healthy living week, Healthy living ambassadors, Mental health at work training, Mayor's Good Work Standard, Thrive LDN (workforce aspiration)	Healthy Workplace Charter	HIS – Healthy places Devolution - 3 x employment and health programmes
	**4.Help Londoners to kick unhealthy habits**	Reduce smoking rates in adults to 13% - in line with the lowest major global city	Smokefree London phone service, MECC	MECC, smoking cessation services (targeted)	HIS – Healthy living Devolution – Tobacco enforcement, Tobacco sanctions
		And reduce the impact of other unhealthy habits.	Review of gaming machines	MECC, drug and alcohol services	HIS – Healthy living Devolution – Gambling, Alcohol enforcement

	**5.Care for the most mentally ill in London so they live longer, healthier lives**	Reduce the gap in life expectancy between adults with SMI and the rest of the population by 5%.	Stolen years toolkit, S136 pathway and health-based place of safety specification	Smoking cessation support in mental health services	HIS – Healthy minds Devolution - 3 x employment and health programmes NHS Five Year Forward View for Mental Health
	**6. Enable Londoners to do more to look after themselves**	Increase the proportion of people who feel supported to manage their long- term condition to the top quartile nationally.	Social prescribing, Good Thinking Digital Wellbeing Service, Sexual health transformation	Social prescribing	HIS – Healthy communities GP Five Year Forward View
	**7.Ensure that every Londoner is able to see a GP when they need to & at a time that suits them**	Transform general practice in London so Londoners have access to their GP teams 8am-8pm,	Primary care access	8am-8pm access delivered in all London CCGs	GP Five Year Forward View
		And primary care is delivered in modern purpose-built facilities.	London Estates Strategy		Devolution – Estates programme
	**8. Create the best health and care services of any world city, throughout London and on every day**	Work towards having the lowest death rates for the top 3 killers. Close the gap in care between those admitted to hospital on weekdays and at weekends.	Urgent and emergency care programme – urgent care networks and pathways, NHS 111 service Transforming Cancers Services Team (TCST)	Raising awareness and early detection for cancer Diabetes prevention programme	NHS Five Year Forward View
	**9. Fully engage and involve Londoners in the future health of their city**	Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design.	Great weight debate Thrive LDN	Great weight debate (locally)	NHS Five Year Forward View
	**10.Put London at the centre of the global revolution in digital health**	Create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions.	Med City Digital health.London Good Thinking Digital Wellbeing Service		NHS Five Year Forward View

Annex 2: Progress using existing indicators

Better Health for London			London			England			Local	Comments
Aspiration	**Ambition**	**Indicator**	**Baseline used in 2015**	**Figure in 2018**	**Change**	**Baseline in 2015**	**Figure in 2018**	**Change**	**Range in boroughs**	
1. Give all London's children a healthy, happy start to life	Ensure that all children are school ready by age 5	PHOF 1.02i % of children achieving a good level of development at end of reception (EYFS)	62.2% (2013/14)	73.0% (2016/17)	Increase 10.8 percentage points	60.4% (2013/14) London sig. better than England	70.7% (2016/17) London sig. better than England	Increase 10.3 percentage points	12.5 (66.4% - 78.9%) (2016/17)	Recent trend increasing in London, London second highest of all regions in England.
	Achieve a 10% reduction in proportion of children obese in year 6 and reverse the trend in those who are overweight.	PHOF 2.06ii Prevalence of obesity (NCMP)	22.4% (2013/14)	23.6% (2016/17)	Increase 1.2 percentage points	19.1% (2013/14) London sig. worse than England	20.0% (2016/17) London sig. worse than England	Increase 0.9 percentage points	16.1 (13.1% - 29.2%) (2016/17)	Recent trend increasing in London
		PHOF 2.06ii Prevalence of overweight and obesity (NCMP)	37.6% (2013/14)	38.5% (2016/17)	Increase 0.9 percentage points	33.5% (2013/14) London sig. worse than England	34.2% (2016/17) London sig. worse than England	Increase 0.7 percentage points	18.6 (25.3% - 43.9%) (2016/17)	Recent trend increasing in London
2.Get London fitter with better food, more exercise and healthier living	Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels.	PHOF 2.13i % of physically active adults (19+) (Active Lives Survey)	65.8% (2015/16) (New method – 2013 data no longer available)	64.6% (2016/17)	Decrease 1.1 percentage points	66.1% (2015/16) London similar to England	66.0% (2016/17) London sig.worse than England	Decrease 0.1 percentage points	20.7 (53.3% - 74.0%) (2016/17)	Recommendation: Use new indicator method. Indicator methodology changed in 2015, no longer able to compare to baseline figure used in 2015

Better Health for London			London			England			Local	Comments
Aspiration	**Ambition**	**Indicator**	**Baseline used in 2015**	**Figure in 2018**	**Change**	**Baseline in 2015**	**Figure in 2018**	**Change**	**Range in boroughs**	
3.Make work a healthy place to be in London	Gain 1 million working days in London through an improvement in health and a reduction in sickness absence.	Working days lost due to sickness absence	16.9 million (2012) (Updated from 15.6 million – new method)	13.9 million (2017)	Decrease of 3 million days	Not available			Not available	Recommendation: Use PHOF 1.09ii - % working days lost due to sickness absence in previous week. Ambition to be updated to reflect this.
4.Help Londoners to kick unhealthy habits	Reduce smoking rates in adults to 13% - in line with the lowest major global city and reduce the impact of other unhealthy habits.	PHOF 2.14 Smoking prevalence in adults (Annual Population Survey)	17.1% (2013)	14.6% (2017)	Decrease 2.5 percentage points	18.4% (2013) London sig. better than England	14.9% (2017) London similar to England	Decrease 3.5 percentage points	12.4 (9.0 - 21.4%) (2017)	Decrease since 2013, but slower decline than England
5.Care for the most mentally ill in London so they live longer, healthier lives	Reduce the gap in life expectancy between adults with SMI and the rest of the population by 5%.	Gap in life expectancy between adults with severe and enduring mental illness and the rest of the population	15-20 years	Not possible to update this figure using this indicator.						Recommendation: Use PHOF 4.09i – Excess under 75 mortality rate for adults with SMI. Ambition to be updated to reflect this.
6. Enable Londoners to do more to look after	Increase the proportion of people who feel supported to manage their	NHSOF 2.1 % of people who feel supported to manage their condition	59.7% (2013/14)	59.0% (2015/16)	Decrease 0.7 percentage points	65.1% (2013/14)	64.3% (2015/16)	Decrease 0.8 percentage points	15 (51.0% - 66.0%) (2015/16)	Downward trend in London and England since 2011/12. London remains bottom in England.

Better Health for London			London			England			Local	Comments
Aspiration	**Ambition**	**Indicator**	**Baseline used in 2015**	**Figure in 2018**	**Change**	**Baseline in 2015**	**Figure in 2018**	**Change**	**Range in boroughs**	
themselves	long-term condition to the top quartile nationally.									
7.Ensure that every Londoner is able to see a GP when they need to & at a time that suits them	Transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built facilities.	% satisfied with opening hours (GP patient survey)	76.8% (2012/13)	74.5% (2016/17)	Decrease 2.3 percentage points	79.6% (2012/13) London sig. worse than England	76.2% (2016/17) London sig. lower than England	Decrease 3.4 percentage points	10.6 (70.4% - 81.0%) (2016/17)	Aggregate GP access score used at baseline not calculated for methodological reasons. Recommendation: New process indicator to measure progress on estates.
8. Create the best health and care services of any world city, throughout London and on every day	Work towards having the lowest death rates for the top 3 killers.	PHOF 4.03 Mortality rate from causes considered preventable	175.6 per 100,000 (2011-13)	167.7 per 100,000 (2014-16)	Decrease 7.9 per 100,000	187.4 per 100,000 (2011-13) London sig. better than England	182.8 per 100,000 (2014-16) London sig. better than England	Decrease 4.6 per 100,000	122.9 (98.8/100,000- 221.8/100,000) (2014-16)	
	Close the gap in care between those admitted to hospital on weekdays and at weekends.	Gap in mortality in hospital following emergency admission between those admitted to	10% relative difference	Not possible to update this figure using this indicator.						Seven-day services mortality indicator available nationally and at trust level. Not available at London level. Need to review ambition and

Better Health for London			London			England			Local	Comments
Aspiration	**Ambition**	**Indicator**	**Baseline used in 2015**	**Figure in 2018**	**Change**	**Baseline in 2015**	**Figure in 2018**	**Change**	**Range in boroughs**	
		hospital on weekdays and at weekends (exc. Stroke and CVD)								indicator.
9. Fully engage and involve Londoners in the future health of their city	Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design.	% poll respondents feel that health related services engage Londoners in service design always, often, sometimes.	59.6% (2014)	Not possible to update this figure as poll not repeated.						Recommendation: Agree new process indicator
10.Put London at the centre of the global revolution in digital health	Create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions.	Jobs in life sciences in London (Strength and Opportunity annual report)	13,885 (2013)	22,532 (2017)	Increase 8,647 jobs 62.3% increase	175,724 (2013)	240,869 (2017)	Increase 65,145 jobs 37.1% increase	Not available.	Increase in number of jobs greater in London, than England. Recommendation: Agree new process indicator

With thanks to all those who participated in stakeholder interviews and to PHE Knowledge and Intelligence Service (London) for support with data analysis.

Healthy London Partnership

Appendix 1: Findings and recommendations in detail

1. Progress on aspirations

1.1. Aspiration 1: Give all London's children a healthy, happy start to life

1.1.1. Ambition: Ensure that all children are school ready by age 5

The percentage of children achieving a good level of development by end of reception has increased by over 10 percentage points in the last three years, from 62.2% to 73.0%. This means that over 13,000 more children are now school ready by age 5. London also continues to do significantly better than the rest of England. The proportion of children with Free School Meal status achieving a good level of development by the end of reception has also increased to 63.6%; an increase of over 11 percentage points since 2013/14, indicating that improvements in school readiness overall have not been driven solely by demographic changes or improvements in less disadvantaged areas. However, efforts should be focused on closing the gap in school readiness between children from disadvantaged backgrounds and the rest of the population.

The Healthy Schools London initiative has been key in encouraging schools to improve their health-promoting environments, support pupils to develop healthy behaviours, reduce health inequalities, and improve educational achievement. Healthy Schools London has not directly addressed early years and school readiness, so building on the programme's success, the Healthy Early Years programme will help to reduce health inequalities by supporting a healthy start to life across themes that include healthy eating, oral and physical health and early cognitive development.

The Mayor's commitment to affordable, quality childcare has helped to drive forward the HEYL programme, and the GLA is also working with boroughs to establish Early Years Hubs which will work collaboratively to improve the access, affordability and quality of early years provision. The hubs will provide the opportunity for schools, childminders, Private Voluntary and Independent (PVI) nurseries, and others, to work together to improve access to quality early years education and childcare for the most disadvantaged families. The transfer of commissioning responsibilities for health visiting services has enabled local authorities to develop more integrated early years and health visiting services. Local areas continue to prioritise breastfeeding and emotional health and wellbeing during the perinatal period and early years.

***Recommendation:* Board members are asked to note progress against this ambition and promote/continue to promote the Healthy Schools and Healthy Early Years initiatives within their STPs and local areas.**

1.1.2. Ambition: Achieve a 10% reduction in the proportion of children obese by year 6 and reverse the trend in those who are overweight

The 10% reduction in the proportion of children obese by year 6 has not been achieved. Since 2013/14, the proportion of children obese in year 6 has increased from 22.4% to 23.6%, which is in line with the increases seen nationally. The trend in those who are

overweight in year 6 has not been reversed; and the proportion of children who are either overweight or obese has also risen, now reaching 38.5% in London (2016/17). None of the London boroughs are showing a downward trend in the proportion of 10-11 year olds who are overweight or obese, and the variation between boroughs is wide.

There is, however, a downward trend in the proportion of children aged 4-5 years who are overweight or obese in London, and this downward trend is seen in more than half of London's boroughs. In 2016/17, 22.3% of children in this age group were overweight or obese, which was significantly lower than the national average for the first time.

BHfL is considered by stakeholders to have been crucial in influencing the London devolution agreement commitments, which include action around childhood obesity. The Great Weight Debate also highlighted the impact of the food environment on child obesity in London and the draft London Plan (due to be published in 2019) specifies that development proposals containing hot food takeaways should not be permitted within 400m walking distance of an existing or proposed primary or secondary school. The Mayor has appointed a Chair and vice-Chair to lead a childhood obesity taskforce for London. The group will provide the system and political leadership for childhood obesity and is a clear recognition that system wide action on child obesity is needed.

The view from stakeholders is that BHfL has contributed to recognition of a need for a whole systems approach to tackling childhood obesity, resulting in policy and legislative changes designed to tackle childhood obesity in London. There is agreement that tackling childhood obesity is a key priority for the system and to reverse the trend in childhood overweight and obesity, greater investment and resource is needed to deliver bold solutions at scale for London.

<u>Recommendation:</u> The Board is asked to confirm their prioritisation of childhood obesity within the workplan, and to consider the mechanisms and resources required to reduce the proportion of children who are overweight or obese.

The Board is asked to consider whether the ambition and indicator should be updated to reflect the need to reduce variation between boroughs, and reductions in obesity in all age groups.

1.2. Aspiration 2: Get London fitter with better food, more exercise and healthier living

1.2.1. Ambition: Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels

The proportion of adults who are physically active in London is 64.6% (2016/17), representing a decrease of 1.1 percentage points from 2015/16 (65.8%). The method used to calculate this indicator has now changed meaning that comparisons over a longer period, and with the baseline reported in 2015 (56.2%, 2013) are not possible.

At a city-wide level, the physical activity focus has been on increasing active travel. The Mayor has made it his ambition that every Londoner walks or cycles for twenty minutes every day (in periods of at least 10 minutes). The London Travel Demand Survey (LTDS) shows that only 31% of Londoners achieve two ten-minute periods of active

travel per day, and that this figure is declining. Although, it is thought that this could reflect the wider trend towards lower overall trip rates for Londoners.

The Healthy Streets approach provides the framework of policies and strategies that are needed to help Londoners achieve this, and Healthy Streets is one of the key themes at the heart of the Mayor's Transport Strategy for London. The draft London Plan also specifies that development proposals should promote and demonstrate application of the Mayor's Healthy Streets approach and identify opportunities to encourage walking and cycling.

TfL are also committed to supporting efforts to improve the food environment in London. The draft London Food Strategy contains proposals to ban advertising of unhealthy food and drink across the TfL estate. While the BHfL report had limited influence on organisations outside of the health and care sector, recent political support has been crucial to achieving progress on this aspiration.

Recommendation: ***The Board is asked to approve a change to the revised methodology for calculating physical activity to measure progress on this ambition. The Board is also asked to consider data on active travel as a supplementary indicator of progress.***

1.3. Aspiration 3: Make work a healthy place to be in London

1.3.1. Ambition: Gain one million working days in London through a reduction in sickness absence

The ambition to gain 1 million working days through reduction in sickness absence has been met. In 2017, 13.9 million days were lost due to sickness or injury, a decrease of 3 million working days relative to the 2012 London figure (16.9 million)[1], and three times more than the aspiration to gain 1 million working days. From 2015-2017 alone, it is estimated that 4.7 million working days have been gained in London through a reduction in sickness absence. In 2015, 18.4 million working days were lost, compared to 13.7 million in 2017. During the same time period, the total number of people in employment in London has increased, so the reduction in working days lost to sickness absence cannot be due to a reduction in the total number of people in employment.

The percentage of days lost due to sickness absence has also fallen from 1.3% in 2010-2012 to 1.1% (2014-16), supporting the trend seen in the indicator above. However, it is not clear whether the decline seen in sickness absence reflects real improvements in workplace health. The percentage of working days lost indicator is preferable as a high-level indicator in that it accounts for the total number of working days and thus accounts for any change in the total number in employment. The current indicator of total days lost should be presented alongside to give an indication of the overall scale of the problem.

Healthy London Partnership, GLA and PHE have worked in partnership to engage organisations across London in enabling healthy workplaces. The London Healthy Workplace Charter has currently (July 2018) 214 accredited organisations covering 318,207 London employees, compared to 44 accredited organisations covering 139,000 London employees in November 2014. This is a fourfold increase in the number of organisations accredited and double the number of employed covered since 2014.

[1] Following the 2012 publication of sickness absence estimates, the ONS methodology has been updated, resulting in a change in the baseline figure from 15.6 million to 16.9 million.

Three quarters of local authorities and over half of NHS organisations in London are accredited. London Healthy Living Week and Workplace Health Ambassadors are examples of programmes to support the NHS to develop healthy workplaces. BHfL has undoubtedly helped to ensure focus on workplace health in London, but stakeholders report that the inclusion of workplace health in the NHS Five Year Forward View and the national CQUIN on staff health and wellbeing were fundamental in securing engagement from NHS organisations in London.

A refresh of the Healthy Workplace Charter is due to take place in order to ensure that the framework is accessible for a wide range of organisations, while also delivering health benefits to the workforce. Key areas for future focus include support for the self-employed, those on zero-hours contracts, and in-work poverty. The Mayor's Good Work Standard, with fair pay and the London Living Wage at its heart is an initiative to encourage employers to implement the very best employment standards in London. It will support employers to adopt best practice and achieve high standards in areas such as working conditions, diversity and inclusion (including the employment of older workers and disabled people), flexible working, health and wellbeing, apprenticeships and training and communication with employees.

Some key elements of work and health activity in London are not currently captured by this aspiration. These include the devolution of work and health programme funding, and the London Workforce Board's programme of work.

***Recommendation:* Board members are asked to approve the use of the indicator measuring the % of working days lost to sickness absence as an alternative indicator to measure progress on this aspiration; and to consider how BHfL can support and enable the workforce programme in London.**

1.4. Aspiration 4: Help Londoners to kick unhealthy habits

1.4.1. Ambition: Reduce smoking rates in adults to 13%, in line with the lowest major global city and reduce the impact of other unhealthy habits

The ambition to reduce smoking rates in adults to 13% has not been met; however, the proportion of adults in London who smoke has fallen from 17.1% to 14.6% from 2013 to 2017. This is equivalent to 124,000 fewer smokers in London. Smoking prevalence in adults in routine and manual occupations has declined from 25.7% (2013) to 24.7% (2017) but remains higher than the general population and in 2017 was similar to, rather than significantly less than, the national average for the first time.

Partners across London came together to launch the Stop Smoking London portal, a city-wide initiative to help Londoners stop smoking. The Stop Smoking London helpline service provides regular telephone support delivered by specialist advisors. This provides a much-needed London-wide service at a time when there has been disinvestment in smoking cessation services in some London boroughs.

NHS trusts in London have also been supported to develop Making Every Contact Count (MECC) within their organisations. This aims to support staff to have effective, brief conversations about healthy lifestyles including smoking cessation, as well diet, physical activity, emotional wellbeing and alcohol.

Tobacco control features in the London devolution agreement and includes exploring the establishment of a borough-led London-wide illegal tobacco and counterfeit alcohol

enforcement team. Problem gambling was also a focus of the devolution MoU and recent national reviews of gaming machines and social responsibility measures aim to reduce the harmful effects.

Recommendation: ***The Board is asked to consider refining the ambition and indicator for this aspiration to reflect the need to reduce health inequalities in smoking, and to consider the inclusion of an indicator for other unhealthy habits such as alcohol related hospital admissions.***

1.5. Aspiration 5: Care for the most mentally ill in London so they live longer, healthier lives

1.5.1. Ambition: Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%

BHfL: Next Steps set the ambition to reduce the gap in life expectancy between adults with severe and enduring mental illness (SMI) and the rest of the population by 5%, from a baseline gap of 15-20%. Data on the life expectancy gap is not routinely collected and reported. The excess under 75 mortality rate in adults with SMI has been analysed, which compares the number of observed deaths in adults with SMI to the expected number of deaths in that population if they experienced the same death rates as the general population. Excess under 75 mortality among adults with SMI in London is significantly higher than England, but data is only available for 2 years at present so no comparisons over time are possible.

HLP launched the Stolen Years toolkit to provide commissioners and providers with the tools and resources to plan and implement changes to healthcare to support the needs of people who experience SMI. HLP has also worked to improve care for adults in crisis who are detained under section 136 of the Mental Health Act, including publishing a new section 136 pathway and health-based place of safety specification.

Stakeholder interviewers and the priority mapping have indicated that there has been a change in emphasis on London wide efforts around mental health towards prevention, raising awareness and access to support for mental health conditions, and progress has been made in this area through the delivery of programmes such as Good Thinking (a prevention and early-intervention digital wellbeing service) and Thrive LDN. Child and adolescent mental health has also emerged as a priority which is not captured by the current aspirations.

Recommendation:

Option 1: Keep existing aspiration and amend ambition and indicator
The Board is asked to approve the use of the indicator measuring 'excess under 75 mortality rate in adults with SMI' to measure the existing aspiration. The BHfL ambition should be updated in line with the new indicator.

Option 2 (preferred): Broaden this aspiration and develop a new ambition and indicator
Board members are asked to consider how this aspiration could be broadened to reflect a need to promote positive wellbeing and early access to support. This would require a new ambition and indicator to be agreed.

1.6. Aspiration 6: Enable Londoners to do more to look after themselves

1.6.1. Ambition: Increase the proportion of people who feel supported to manage their long-term condition to the top quartile nationally

The proportion of Londoners who feel supported to manage their long-term condition is 59.0% (2015/16). London's ambition to be in top quartile nationally has not been met as London continues to be the lowest performing region in England on this indicator.

Good Thinking has been launched to support Londoners to do more to look after their own mental health, and the Sexual Health London (SHL) is a new sexual health e-service that provides free and easy access to sexual health testing via the internet and local venues, designed to encourage and enable Londoners to take control of their sexual health. Other online developments designed to empower Londoners include myhealthlondon and NHS online.

HLP has produced a guide for commissioners on implementing self-care to support local areas to enable Londoners to do more to look after themselves. Partners in London are currently focused on developing and supporting implementation of social prescribing in London, with support from the Mayor and NHS. Social prescribing is a way of linking patients with long term conditions in primary care with sources of support within the community, to enable them to better look after themselves.

Whilst stakeholders were positive about the potential benefits of social prescribing and the opportunity to promote this at a London-wide level, there was a note of caution that this aspiration should not be reduced to social prescribing only, and that much more needs to be done to enable Londoners to look after themselves and manage long-term conditions. This requires partnership working across health and social care and a focus on the needs of the ageing population and those with complex health needs.

Recommendation: The Board is asked to promote social prescribing efforts in London, and to consider further ways in which the system can enable Londoners to do more to look after themselves.

1.7. Aspiration 7: Ensure that every Londoner is able to see a GP when they need to and a time that suits them

1.7.1. Ambition: Transform general practice so Londoners have access to their GP teams 8am-8pm

BHfL: Next Steps used an aggregate score of four indicators from the GP patient survey to measure this ambition. Due to challenges in the methodology of aggregation, comparable data are not available. Instead, progress has now been analysed using the single indicator of patient satisfaction. In 2016/17, 74.5% of Londoners were satisfied with opening hours at their GP surgery, which is decline from 76.8% in 2012/13. However, there have been indications of an improvement in London since 2014/15.

Stakeholders are in agreement that great progress has been made in ensuring that every Londoner is able to see a GP when they need to and at a time that suits them.

Extended 8am-8pm access is available in all CCGs in London, accessible through 111 as well as through surgeries, resulting in an additional 100,000 appointments available per month in London. London had already made preparations for extended access prior to BHfL and the GP Forward View, but it was the Forward View requirements and

associated funding that facilitated the pace of change, and the service has now been delivered ahead of national timescales. The extended access aspect of this ambition has been met, but the quality of the core access and reducing variation in the quality of primary care services remains a priority for partners in primary care in London.

1.7.2. Ambition: Primary care is delivered in modern purpose built/designed facilities

There is currently no indicator available to measure progress on this aspect of the ambition. The London devolution agreement includes commitments around better use of NHS building and land, which will be overseen by the London Estates Board. To meet this ambition, it is vital that primary care facilities feature sufficiently in the forthcoming London Estates Strategy, developed by the London Estates Board. The indicators developed for this strategy should be used to measure progress against this ambition.

Recommendation: The Board is asked to continue to monitor satisfaction with primary care access and consider the addition of a process indicator to measure progress on primary care estates. The indicators developed within the London Estates Strategy will inform the potential process metrics.

1.8. Aspiration 8: Create the best health and care services of any world city, throughout London and on every day

1.8.1. Ambition: Work towards having the lowest death rates for the top three killers

The mortality rate for causes considered preventable has declined in London, and at a slightly greater rate than nationally. In BHfL: Next steps, the top three killers in London were described as CVD, cancer and respiratory illness. The under 75 mortality rate for CVD considered preventable and cancer considered preventable has declined in London, and for respiratory disease considered preventable has remained stable.

The leading causes of death (in absolute numbers) in men and women in 2016 are described in the table below, using lower level disease groups. For men, the leading cause of death remains heart disease and for women it remains dementia and Alzheimer's disease. The age standardised mortality rates for the most common causes of death in London highlight that the mortality rates for dementia and Alzheimer's are the only disease group in the top10 leading causes of death to have increased since 2010.

Males	Females
Ischaemic heart diseases	Dementia and Alzheimer's disease
Dementia and Alzheimer's disease	Ischaemic heart diseases
Cancers of the lung, trachea and bronchus	Cerebrovascular diseases (stroke)
Chronic lower respiratory diseases	Influenza and pneumonia
Cerebrovascular diseases (stroke)	Chronic lower respiratory diseases

HLP have programme boards for urgent and emergency care and cancer. Urgent and emergency care networks have been established within STPs to improve pathways and patient flows, ensuring that patients are seen in the right place at the right time. The Transforming Cancer Services Team for London have a workstream on earlier detection and awareness for cancer. Work has included support for primary care in partnership with Cancer Research UK, implementation of pan-London suspected cancer referral forms and specific projects to improve bowel screening coverage.

1.8.2. Ambition: Close the gap in care between those admitted to hospital on weekdays and at weekends

BHfL: Next Steps highlighted a 10% gap in mortality following emergency admission to hospital between those admitted on weekdays and at weekends. However, this was based on a snapshot rather than on routinely collected indicator data. NHS Digital have recently released a new seven-day services mortality indicator; however, the data is not available at the London level. The national adjusted odds ratio for 30-day mortality for emergency patients admitted at the weekend compared to the week is 1.12, suggesting an increased likelihood of mortality for patients admitted at the weekend. For trusts in London, the odds ratio ranged from 0.96 to 1.24; however, for several trusts the figure was not statistically significant. For all admissions, the adjusted odds ratio was 1.14, ranging from 1.02 to 1.27 in London.

The HLP urgent and emergency care programme aims to reduce variation in care and improve outcomes; however, there is limited evidence that this BHfL ambition on reducing the gap in care between those admitted on weekdays and at weekends is driving any specific activities at the London level.

Recommendation: ***The Board is asked to note the progress on the reducing preventable mortality, and to consider revising the ambition on closing the gap between weekdays and weekends to reflect need to achieve greater integration between health and care services.***

1.9. Aspiration 9: Fully engage and involve Londoners in the future health of their city

1.9.1 Ambition: Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design

BHfL: Next Steps reported that 59.6% of Londoners feel that health-related services engage Londoners in service design. This baseline figure was taken from a Collaborative Citizen poll. It has not been possible to repeat the survey and no suitable alternative has been identified.

There have been a number of examples of engagement with Londoners, including the Great Weight Debate and Thrive LDN. The Great Weight Debate nearly 1 million Londoners people through newspaper communications and nearly 4,000 people took part in a survey to share their ideas on what could be done to help children in their area to lead healthier lives. Thrive LDN is a city-wide movement to improve the mental health and wellbeing of all Londoners. The campaign has reached over 15 million Londoners and in 2017 over 150 meetings and events were attended where over 2,500 Londoners were directly engaged. Almost 2,000 Londoners responded to a survey to help shape the Mayor's Health Inequalities Strategy. NHS England (London) has trained 220 Patient and Public Voice partners in 2016/17 and has developed the London Participation and Engagement Leads network to support engagement activities across London.

Further work needs to take place to ensure that resident and patient engagement is fully embedded and routine practice for all partners working across the system in London.

Recommendation: ***The Board is asked to support the process of agreeing and identifying a new process measure to monitor this aspiration, and to***

consider the repositioning of this aspiration as an underpinning principle to delivering BHfL.

1.10 Aspiration 10: Put London at the centre of the global revolution in digital health

1.10.1 Ambition: Create 50,000 new jobs in the digital health sector

The Mayor co-funds MedCity to promote and grow life sciences investment, entrepreneurship, collaboration and industry in London and the Greater South East. The MedCity Map lists 233 digital health companies in London with a turnover of £148m (11% increase year on year). The number of jobs in the life sciences sector in London has increased from 13,885 in 2013 to 22,532 in 2017, an increase of 62.3%. However, London is not on track to meet the ambitious target to create an additional 50,000 new jobs in the digital health sector by 2020. It is unclear whether this indicator provides an appropriate measure of whether London is progressing against this aspiration. Medcitymap.com provides details on the number of companies, latest employees and latest turnover for health technology companies in London, and may provide a better source for a process measure for progress on aspiration 10.

1.10.2 Ambition: Ensure that innovations help Londoners to stay healthy and manage their conditions

DigitalHealth.London was set up in response to the Better Health for London recommendation to create a digital health hub. The programme is a collaboration between MedCity and the three London Academic Health Science Networks (AHSNs) - Imperial College Health Partners, UCLPartners and the Health Innovation Network - plus the Mayor of London and Academic Health Science Centres (AHSCs). It draws upon leading NHS experts with world-class insight to pioneer the development, commercialisation and adoption of digital technologies in health and social care to improve health outcomes. The DigitalHealth.London Accelerator programme accelerates the adoption of digital innovation by linking health and care organisations with digital health innovators for the benefit of patients and populations. The programme provides support to around 20-30 SMEs each year. Benefits so far include 120 new jobs for Londoners, £15.1 million in new investment and 50 new contracts and pilots with NHS.

Recommendation: The Board is asked to support the process of identifying and agreeing a new process measure and ambition to monitor this aspiration, and to consider the repositioning of this aspiration as an enabler to delivering BHfL.

2. Themes

2.1 BHfL as a 'strategic anchor' for the system

Partners from across the health and care system in London share the view that the process of developing and launching BHfL: Next steps *"bound the system together in a way that hadn't happened before".* BHfL was described by system leads as being *"a touchstone", "strategic anchor",* "*a launching platform*" and a *"guiding light for the system as we moved forward"*.

"BHfL was a thing that we all did three years ago, and it really put everyone on their metal and it touched a lot of people. Everyone in the system had to respond".

"This [BHfL] is one of the unifying factors of a system that isn't a single institution… you need something that binds you together".

The narrative of the 'world's healthiest major global city' is a very important part of the positive impact that BHfL has had on London. The overarching aspiration, as well as the ten aspirations and ambitions were described as *"attractive"* and *"appealing"* and did *"anchor people in 'what did we talk about?', 'what was important?'"*

"What was in there could have been neither here nor there…but I think it was more just that vision and clarity of what we were all collectively trying to achieve was very valuable".

"I think the bigger narrative of the 'healthiest global city', that resonates always, that's the bit that people get excited about".

"This is an inspirational thing….Don't worry too much about what it means, just keep saying it. You know with straplines, you just keep saying it, so that everyone is saying it after a while, and then they begin to think, how can I do something about this, or what does this mean…so we keep saying it, we don't drop it, we don't worry about whether we are or we aren't the healthiest global city, we just keep going there".

"I think the strapline that came with it, which is, we want London to be the healthiest global city, actually really had resonance, people started saying it".

The constant level of change and demands has made the existence of the single narrative and vision provided by BHfL very important for the system, but it has been a challenge to keep all partners focused on this vision. One stakeholder commented that; *"we are in a period of phenomenal change..NHSE will change, NHSI will change, CCGs are changing, integrated care systems will come along"* and this means that BHfL has had to fight hard to keep its place and role within the system.

2.2 Partnership working

BHfL has had a particularly strong impact on *"partnership"* and *"co-operative"* working in London and has offered a way of responding to collective challenges across the city. The *"fact that everybody is still talking together"* was described, by some, as being the biggest achievement of BHfL and stakeholders reported feeling as though "*London has come together more as a system in the last three years".*

"The things which set the ground for the partnership approach were BHfL and the ensuing collaboration".

"The fact that we've got the NHS and local government sitting together I think it's really important and it's not a given".

"It is part of what brought us all together, so it's fundamental".

"Greater recognition that we need to collaborate and work together in order to tackle some of the genuinely London health issues really and that just continuing to work in our smaller place based geographies on all of this stuff will only get us so far".

Whilst several stakeholders described the improvements in collaboration and partnership working as being key achievements of BHfL, there remain challenges in working collectively and it has not always been consistent practice across London.

"Some of the local partnership working around health is pretty innovative, but I think we do that in pockets".

"[We] need to be reinforcing and saying the same thing, but I don't think we've always quite cracked that".

Indeed, some stakeholders highlighted that, at times, joint working has been made more challenging by the competing priorities in the health and care system. A perceived focus on NHS priorities such as the FYFV and delivering STP plans, rather than on the wider system issues that need to be addressed to improve the health of Londoners is perceived as affecting the effectiveness of partnership working to address the aspirations in BHfL.

2.3 Enabling strategic progress

Like partnership working, another significant impact of BHfL has been fairly intangible and is best described as enabling strategic progress. Through providing a single vision and anchor for the city, BHfL was viewed by partners as being fundamental in influencing and enabling new strategies and commitments to emerge, such as devolution. BHfL is viewed as enabling an incremental process of progress in London, meaning over time *"by building up some of that progress, we will start to see a difference".*

"If you don't have a set of objectives that you're all working towards, and you haven't demonstrated that, then I don't think you have as much combined power and drive to get greater control over the system, which is what we've done".

"It's progress that wouldn't have happened two or three years ago, because we just weren't in that place".

"So the London Health Commission, then the BHfL, sort of brought in I suppose, strategy, and then the Healthy London Partnership has then come out of that, and of course now, as part of the devolution, we have the Strategic Partnership Board…then within that you've got the enablers, which is estates and workforce...".

Partners described how BHfL directly influenced and enabled progress on the London devolution commitment, and some commented that the progress on devolution would

not have been possible without having the strategic direction for London and ethos of partnership that was brought about by BHfL.

> *"[BHfL] provide[d] a platform as a collaborative vision for the system to inform our devolution work".*

> *"London does have a coherence and a common idea about broadly what it's aspiring to do, and unless we could have demonstrated that, government was certainly not going to give us any more authority. So you could argue that the fact we've now got that architecture is part of the product of being able to demonstrate, we knew where we wanted to go".*

> *"So if you look at the philosophical basis for that agreement [devolution], it was BHfL and the NHSE FYFV…we wouldn't be doing devolution if we hadn't all agreed that that's the basis of what we're trying to do".*

> *"It helped to galvanise the Mayoral office behind health and care together and then, probably, was a precursor to the work that we do together around devolution. And in that respect, it's been very successful, I would say".*

> *"I think it's really important to acknowledge the importance of us having that document [BHfL] in order to get the London devolution agreement on the table and agreed….in the absence of being able to point to something which looked like a kind of collective health and wellbeing strategy for London, we wouldn't have been able to give a sense upwards that London was working together as a system and had a collective set of ambitions".*

More specifically, several of the aspirations in BHfL, particularly those that are prevention focused, are reflected in the devolution agreement commitments, including work and health, illicit tobacco, and obesity.

> *"These [prevention aspirations] are all now captured in many respects, as part of the devolution and the strategic partnership board".*

> *"Under devolution there is a big ambition about illicit tobacco, which comes from this [BHfL]".*

> *"Devolution obviously has been trying to pick up the prevention pieces".*

Partners were less clear about the extent to which BHfL has influenced the Health Inequalities Strategy (HIS), but some people felt that the HIS priority areas had been influenced by the BHfL aspirations:

> *"Obviously the HIS, which we were involved in finalising, was informed by that and there were targets that were set as a result of BHfL".*

2.4 "Things have moved on"

The emergence of such new strategies and agreements has also served to diminish the visibility of BHfL, resulting in it being perceived as having less traction and a reduced, and less clear place in the system. For some, this was seen as a positive marker of

BHfL's own success, whilst for others it was a major weakness and sign that things had *"moved on".*

> *"Other things jump into the space and new things develop".*
>
> *"So it's interesting – it's [BHfL] not talked [about]….we don't talk about it now".*
>
> *"I can't believe I'm the only person sitting here saying, 'BHfL', what's that? Because it's sort of…things have moved on, I think".*
>
> *"After being heavily involved with this, it's like, oh yes, I remember this".*
>
> *"It's [BHfL] energy and momentum and focus and be it carrying on that guiding framework for the system has just dwindled and diminished over time rather than the fire of Better Health for London being kept burning in a very strong or forceful way".*
>
> *"It just feels like it got very, very overtaken by devolution and the STP process, so you know, that's probably a marker of the fact that it did have some impact".*

Some commented that we are now more focused on the delivery of making London the world's healthiest major global city, which has taken the system away from the high level strategic direction and aspirations of BHfL, although recognising that this operational focus would not be possible if BHfL had not brought the system together initially.

> *"That [BHfL] has somewhat got lost in the history of time, and I think that that, when we started to narrow down what it is that we're doing on capital and estates and integration, and prevention into some fairly operational types of reform, means we've started to get more distant from these high level ambitions".*
>
> *"I suspect a gap has opened up between why we started this in the first place, and what we're doing now and I think this is why this type of conversation is happening, just to kind of re-establish, remind people what it is we're supposed to be aiming for".*
>
> *"We were really quite distracted by devolution as one mechanism…it felt like much more of the work was focused on negotiation in terms of devolution than what it actually meant to enable it".*

System leads are now less clear of the place of BHfL, in what is a complex health and care system in London, with multiple driving strategic documents. There was a view that *"we are not connecting it [current strategies] back up to what's in here [BHfL]….so it feels like it's lost its thread and then got taken over by a whole host of other…Health Inequality strategy or HLP workstreams".*

> *"We've now got 4 strategic driving documents (BHfL, HIS, Devolution agreement, NHS Five Year Forward View), of which BHfL is the oldest…and so I'm just seeing some it's direct influence start to wane slightly".*
>
> *"We've got the five year forward views for different things; we've got the Mayor's Health Inequalities Strategy coming out; you've got the devolution agreement;*

everyone is saying we need to get back round the table and remap how these bits fit together, because they're different drivers and they feel like they're pulling in different directions".

"There [are] visionary and strategy documents coming down from lots and lots of different places, so you've got organisations having them themselves, you've got systems having them themselves, you've got national NHS strategies, and then you've got London and I suppose there is a danger that one of them or some of them gets missed because actually there is an abundance of them".

2.5 Visibility of BHfL across the system

BHfL has greatest visibility and presence for health and care system leads at organisations working at the London level. For programme and delivery leads working at the London level, the extent to which BHfL influenced their work programmes varied widely, and some had very little knowledge and understanding of BHfL, but this was often dependent on how long they had spent in their current role.

At the local level, there is some awareness of and reference to BHfL, but it has had limited influence on priorities and work programmes.

"At an STP level we've got plans that reflect the Healthy London Partnership's programmes, and the Five Year Forward View, which of course do cross-match with BHfL".

"I mean we don't talk about the BHfL really much these days…..in our STP documentation we did refer to it, but it's not now part of the lingo".

For local NHS organisations, in particular, the STP process has made it more challenging for BHfL to influence local work programmes. For some this was viewed as a big missed opportunity.

"I don't remember the STP process particularly framing it around BHfL…so I think there was a bit of a missed opportunity there".

"[The STP process] would have been a big moment to say this is what we're all trying to achieve overall. I don't recall seeing that in the new part of that process either".

"I think where it has been much weaker was with the NHS, because of the set-up of STPs and the lack of incorporation of a living programme into what they're doing on prevention….we've never really got the NHS at the local level to express what they're bringing to the table".

Similarly, from a local government perspective, BHfL has had limited presence and visibility.

"You wouldn't take something to the local authority chief executive framed against this, because you never saw anyone else doing it".

"I don't think this document holds much resonance, sway, life really at all [for local authorities]….I don't think there was ever really that sense of we [are] part of this bigger system, we now need to focus our energy and efforts on support and delivery of those 10 key ambitions. It all still feels very much like our priorities are our locally determined priorities, and yes some of them overlap significantly with what is in this London document, but I don't think it ever had huge visibility or traction at a local level".

2.6 BHfL delivery

National strategies and requirements have been a strong enabler to delivering BHfL ambitions. Where progress has been made on specific aspirations and ambitions it has often been aided by their alignment with national priorities and requirements. For example, the NHS Five Year Forward View and GP Forward View has influenced and driven the success related to some of the health and care related aspirations, most notably, around access to primary care. However, for some, the impact of this has been that, primary care access, for example, "*hasn't felt like a kind of system priority….the NHS have just got on with it".*

Political support has also been an influential factor in progressing ambitions. Mayoral support for initiatives such as Healthy Streets have helped to galvanise efforts around active travel at Transport for London, thus contributing to activities undertaken to meet the aspiration on physical activity and food and providing an example of how external influences can help to drive change to deliver the aspirations.

There was a widely shared view that in order to meet the BHfL aspirations a clear delivery plan using a programmatic approach is required.

"We've worked on each of these [aspirations] to get them into programmes as far as possible…you need a programmed approach to get things to happen…it needs to belong, it needs a programme to hang out of".

However, many system leaders feel that a clear delivery plan has been lacking and that this has significantly reduced the impact of BHfL and progress on the aspirations. There is a view that many of the aspiration specific programmes and activities that have taken place across the health and care system in London since 2015 would have happened anyway, irrespective of the BHfL aspirations. Stakeholders described a lack of strategic coherence, and therefore, a reduced presence and role for BHfL across the system.

"It did seem very exciting, we're really going to be launching things on, then, as usual, not a lot seemed to, sort of happen".

"I think it probably did have a role in galvanising the Mayor and the wider system into trying to do something to together, but I think we then probably dropped the ball on taking it forward".

"There's so much in there, but there isn't an action plan that then says what's the implementation that goes alongside [it]".

Stakeholders described the sense of a 'disconnect' between the BHfL aspirations, SPB and the activity taking place across the system.

> *"There's still a disconnect between the sort of global picture that this [BHfL] paints, which is entirely right, and the massive operations and process about how things work… these are system aspirations and what we're grappling with is how do we connect the system to those things".*

> *"It feels as if we did all that work, we kind of set it off, and then we just left it, and we put it on the shelf, as we do with many of these things, and we didn't do anything about trying to make any of this happen….there is stuff that will have happened because it was going to happen anyway, and it wouldn't have been affected by this document".*

> *"I think if you measured a lot of this you would find we'd achieved a lot it, but I think you will also find that they were things we were going to do anyway, because they were either national priorities, or they were things that in London we had said we would do and would fund".*

> *"As a document I think it might be losing some of its salience…but as [for] the particular streams of work, I'm seeing quite a bit happening".*

> *"The danger with trying to fix everyone and everything with no measureable plan to do that, it means people will do things that they were doing, probably, but they probably won't come together across London because it's not owned and it's not clear enough what the priorities for that would be".*

> *"You know the 10 ambitions are there; it hasn't felt like they've been particularly used by the system in the intervening period...they didn't tend to structure partnership business".*

> *"If you put three big organisations working together but don't identify the lead, who is actually going to do that. So there's something about the specificity, but actually these are great things that would help us now".*

However, some stakeholders held the view that it was not necessary or indeed desirable for there to be a delivery plan tied to the BHfL aspirations, because "*I don't think it matters if they're doing it".* For some aspirations this has been the case because either they are aligned to national requirements or priorities, or there is existing energy and momentum. Furthermore, in order to encourage partners to sign up to the aspirations and ambitions it was important for BHfL not to have a structured delivery plan:

> *"I'm not sure how much strategic coherence there is to it and equally, I'm not sure how much strategic coherence is necessary to it all or whether it's just some good things and they should just carry on".*

"The ambitions don't get into telling sovereign organisations the 'how'. There's a real difference between signing up to the 'what' as opposed to signing up to the 'how'".

2.7 Monitoring progress and measuring impact

Several stakeholders reflected on a perceived lack of regular monitoring or reporting of progress against the ambitions. The BHfL: One year on report was published in October 2015 which provided an update on progress against the aspirations, focusing on case studies and examples of work that had taken place to date. There has been limited reporting back to the system subsequent to this, and stakeholders felt that this would have helped to keep partners engaged and focused on the aspirations.

> *"I'm not necessarily sure we're even tracking them, so how would we know whether it's been a success or not?".*
>
> *"There's a whole load of actions in here, and I'm not sure if we've done any of it".*
>
> *"We haven't been very good as a system on checking back in on progress".*
>
> *"That sense of clear milestones in showing that we are progressing towards them I think has been a bit absent and I think the lack of that, therefore, hasn't helped us to keep the fire burning so to speak".*
>
> *"We didn't have a second follow up to it, so that was a problem…you need to keep this stuff alive for all of the partnership".*

Measuring the impact of BHfL has also been challenging when it has operated in a complex, adaptive system that has multiple drivers and influencers and programmes in operation. Stakeholders found that it was helpful to have the indicators to focus the system, but questioned the extent to which any change in the indicators could be attributed to BHfL. One stakeholder described BHfL as *"percolating through to parts of the system that others can't reach",* but was clear that any influence of BHfL on the ambitions was not linear, and could not be easily captured.

> *"So there's a real difficult entangling of 'what would the world have been without it?', rather than 'is it all terribly rosy?'".*
>
> *"So part of it is, you set out to do something and you keep at it, and you have to keep going and don't take your foot off the pedal. Some of it is, others take it up and do it and you see an improvement that you didn't drive. Some of it, where you do an awful lot of work….and it doesn't improve and then you begin to question yourself, are we doing the right thing here".*

2.8 Structures, governance, accountability

Since the BHfL: Next steps report in 2015, the structures in place and governance mechanisms for London have evolved, enabling greater collaboration across London and the opportunity to deliver London wide programmes. The Healthy London Partnership (HLP) was viewed by stakeholders as being fundamental in enabling 'once

for London' activities to take place and in bringing the partnership together, and as one of the most *"concrete"* outputs from BHfL.

> *"[HLP] was mainly funded by health to be truthful, but nevertheless has become the sort of conduit for some of the pan-London health and public health working".*

> *"In terms of where one organisation can't do it or it kind of requires collaboration across a number of organisations…[HLP] are the vehicle for doing that sort of partnership stuff…the once for London stuff…".*

> *"Having HLP as a semi-independent function to manage our partnership work has been crucial".*

However, the extent to which the HLP programmes of work have been driven by the BHfL aspirations appeared less clear to some partners across the system. The funding contribution of CCGs was acknowledged as being vital for enabling 'once for London' activities; *"great that the CCGs were willing to put some resource on the table to provide a bit of capacity in the system to help move all of this on".* However, one stakeholder also commented that it *"ends up feeling like we are in a tail wagging dog scenario....beholden to ensuring that we are doing things to help the NHS, therefore haven't embraced the fully non-NHS focused agenda on some of the things that we should be focusing on".*

> *"I think a lot of the time they've [HLP] been drawn away into programme managing five year forward view things. So I think there's a disconnect between the, kind of, why are we here and what are we actually doing….".*

> *"[HLP has been doing] transactional transformational stuff, which tends to be the more NHS stuff".*

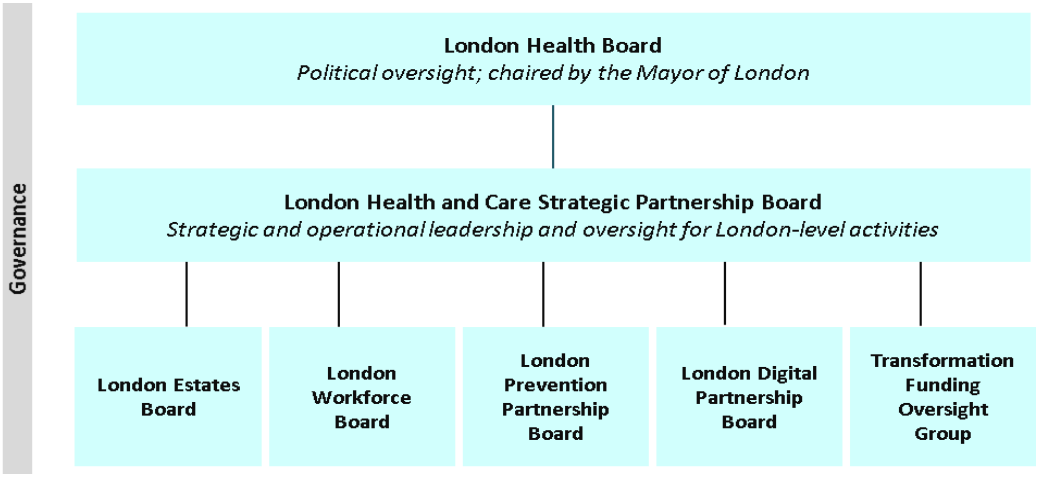
HLP has also been fundamental in facilitating the governance structures that are key to enabling delivery of BHfL aspirations (see Figure below). One of the positive impacts of BHfL is viewed as the improvements in partnership working enabled through the Strategic Partnership Board (SPB) and its delivery groups the Partnership Steering Group (PSG) and Partnership Delivery Group (PDG).

> *"We've got governance, we've got programmes, we've got political buy in, we've nearly got partnership commitments, I don't think that's too bad really".*

> *"To get the right people to cooperate and give them a vehicle…and we now have a good governance structure that incorporates partnership".*

> *"One of the least tangible, I guess, things I think has happened, and which has been progress, is the extent to which all of these players sit together and have a forum where they openly talk about disagreements as well as the things they agree on…that was much less formalised, and it was much more fragile than it is now".*

"The very existence of that forum [SPB] I think is a real sign of progress within London's sense of partnership at a professional level".



However, there has been some disconnect between SPB and the BHfL aspirations, *"between this new architecture and those global aspirations",* and it is unclear, in particular, where the accountability for the non-prevention focussed aspirations lie. One stakeholder commented that *"I'm not entirely sure it's owned by everybody still",* making reference to the fact that public health organisations may be seen as the guardians of BHfL, rather than the whole system through the SPB.

Whilst the governance structures are now in place to facilitate greater partnership working and joint decision making, the accountability is still unclear and complex in relation to BHfL. Accountability for BHfL was described by one partner as being *"complex"* and *"messy",* and another commented that *"the messiness of who is doing what and accountability I think does hinder progress".*

2.9 Leadership and ownership

Indeed, the complexity of the health and care system in London means changes in leadership can have an impact on partnership working and progress, and particularly on the level of ownership across the system for the aspirations and the vision to make London the world's healthiest major global city. The changes in local leadership in boroughs and CCGs, and in Director of Public Health positions makes ensuring that BHfL is present and influential at a local level more challenging too.

"It's very dependent on leadership, so if somebody key leaves, and we've had a bit of that, suddenly you've lost a whole tranche of your leadership, and you've got to find people who are just as enthused, and then you've got to get them up to speed and get them incorporated into the system".

"The sort of people that are in senior leadership positions now that are key to making stuff happen arguably weren't around when BHfL was done. So, inherently, you have less ownership of it".

Changes in London's political leadership have also been influential. The new Mayor was elected in May 2016, and there are mixed views among stakeholders as to the extent City Hall and the new Mayor have ownership of and are aligned with the ten aspirations.

> *"I think we all agree we want to make London the world's healthiest global city, and that, kind of, slips off the tongue very easily. But, I'm not sure I hear much said about the ten things that sit under that in the BHfL vision by colleagues at City Hall".*

> *"The conception of some of this was under the previous Mayor, so naturally the new Mayor, it's not part of his particular frame of reference, although he hasn't rejected it..... but it hasn't quite chimed I think with where he is".*

> *"Although the Mayor changing bit was relatively seamless and the new Mayor seems to, kind of, adopted the aspirations and the ambitions".*

> *"There is a new Mayor, so that could have been a very serious problem, because this was seen as a previous Mayor's endeavour…I think the new Mayor brought a much stronger inequalities focus to this whole thing, so this wasn't dropped, but it was strengthened I think in terms of inequalities".*

2.10"Building blocks in place" for prevention

In particular, the London Prevention Partnership Board was cited as being an example of positive partnership working that has come about as a result of BHfL and which uses BHfL aspirations to inform its work programmes.

> *"It [the Prevention Partnership Board] really is the guardian of how we're making progress in all of this, and it will be on the Mayor's health inequalities work".*

> *"The Prevention Board has the indicators as part of its work so, you know, we feel accountable….I'm not sure the other parts of the partnership feel that accountable for what they're meant to be doing".*

> *"We can quote directly things that are happening from one to five aspirations…I think it gets a bit more tenuous when you start moving onwards [6-10]".*

Indeed, prevention was one area where stakeholders felt that, whilst there may not have been progress in terms of improvements in all the indicators, that real strides have been made in terms of raising awareness of the importance of prevention for the system and in working towards a whole systems approach to tackle these issues. One stakeholder explained that the *"prevention agenda feels more at the heart of things".*

There was a recognition among stakeholders that much of the last three years has been spent *"putting the building blocks in place"* and that this *"is now starting to bear fruit a bit",* for example, in the plans to consult on banning advertising of high fat, sugar and salt products on the TfL network.

"And now the more sort of difficult work's been done to some extent and we're in a position where we can really take it on".

"Really feels to me that the messages are getting through and it's not just seen as nanny state...I think it's accepted that real changes are needed".

"There have absolutely been small incremental victories and positive steps along the way…they don't always necessarily translate into causing shifts in outcomes".

Whilst partners agreed that gaining greater recognition of the need for a whole systems approach to tackling some of the public health issues set out in BHfL has been a major step forward, progress has been inhibited by the challenge of limited resources and capacity at both the London and local levels. Several stakeholders commented that *"bold"* or *"system wide action"* is needed, yet there has not been the funding or commitment in place to deliver this. There have been some success at borough level and some small-scale London-led pilots, but the challenge is how to scale up these initiatives to have greater impact, particularly for childhood obesity; *"on childhood obesity, not enough, not anywhere near enough [progress]…but it's tricky, how do you mobilise a whole system to respond to that in a consistent way".*

One stakeholder commented that *"part of the problem is the whole prevention agenda is all over the place"* and another explained that there remains a *"very short-term perspective on stuff, and also the way the system is managed and measured and paid reinforces those kind of short term and very organisational or siloed way of working"*. These issues make it harder for the system to come together to invest in prevention-focused initiatives.

"I suppose the SPB and the London Health Board, if that's the architecture of the system, struggles more with the prevention stuff than it does with some of the more operational stuff, you know, like integration or trying to get a grip on something like estates, which enables wider stuff to happen".

The prevention aspirations are recognised as being complex, and therefore harder to achieve tangible outcomes. Much of the significant progress has been in relation to securing policy commitments, rather than in the delivery of specific programmes, which is unlike the progress that has been achieved for aspirations 7, 8 and 10, for example. Indeed, the progress on the prevention aspirations was in contrast to the health and care focused aspirations which were perceived to be less complex in nature and more straightforward to deliver against, for example, primary care access, and improvements to urgent and emergency care networks. This is primarily due to a fewer range of different partners and organisations involved, and that such issues may be less political.

"I think there might be a tendency to move a bit away from the sort of global, towards ones that are more operational".

"Where there's been a simpler delivery chain, or where national policy has aligned with London's ambitions, we've probably made more progress than ones

where there's a complex delivery chain, where you're trying to tackle wider determinants of health across multiple sectors".

3. Next steps

3.1 Position and role of BHfL for system

There is agreement that the overarching aspiration of BHfL, 'to make London the world's healthiest major global city' is as important as it has ever been, and it is vital to have such a stretching aspiration "*to bind the system together".* System leaders are clear that there is space within the system for a refreshed BHfL commitment as this is crucial to *"fill that space of a slightly longer term sense of strategic direction".*

> *"There has to be some anchor to what we're doing as partners, otherwise it becomes a free for all, and we're all going to be competing for limited resource across the partnership, and we'll all have a slightly different emphasis on what's important…so there has to be some kind of binding document to the partnership, otherwise it will cease to function in time…there has to be some binding mechanism, or binding vision, that keeps us all together".*

> *"My sense is lots of people are saying well how do all these bits join up together, so my sense is it should be helpful to refresh them, link it back to people around how these link with where the system's evolved at the moment as a bit of glue, because the system's become probably even more fragmented really, and with the sub-regional STP landscape as well you've got conversations at lots of different levels, so that glue for London becomes really important".*

> *"It should stand as a north star of where we're aiming to get to and are the things that we're doing, do they contribute to getting there, and that's a bit of a testbed for us".*

> *"We should still be challenging ourselves….setting something that people can get their arms around, really, something that's quite simple".*

3.2 Appetite for a refresh of aspirations and ambitions

Refreshing the aspirations will contribute to efforts to create a renewed sense of collective common purpose for London. BHfL was described by one participant using the metaphor of a garden, explaining that it needs *"constant nurturing"* in order to thrive. A possible limitation of BHfL to date is that there has been a tendency to take a *"clock setting approach…. [which you] set running and leave*".

There is a clear appetite amongst stakeholders for the BHfL aspirations and ambitions to be *"tweaked"* and *"refreshed".* System leads feel that *"I don't think there is anything in here that anyone would argue against",* but that in order to ensure, that BHfL remains an important *"strategic anchor"* for the system and to provide a *"refreshed sense of common purpose"* it should be reviewed and updated where needed.

> *"BHfL is a moment in time which needs to be refreshed, not something static which needs to be preserved".*

"The need to evolve…they were of their time, I think the problems are still on the table, but I think the way we go about them might be different".

"The system still needs something like that to anchor it and steer it….I guess a taking stock and a tweaking, and a refresh wouldn't go amiss…".

"There's a bit of an opportunity for us….to sort of re-galvanise the system around what probably are the same or, to a fair degree, similar priorities but just with a lot….increased ownership in terms of new players on the pitch".

"There may be a case for tweaking these, not because they're wrong, but people may get a bit jaded, to align with what's happened…so they will keep changing or else they are not long-term ambitions, but at least have a process of engagement so people can use the right ones".

"If you can replicate the coming together, the enthusiasm, the focus on a small number of things, a method of delivery which is different, and takes into account the new architecture".

3.3 Strategic alignment

There is agreement amongst stakeholders that, in the context of multiple national and London wide strategies and commitments, there needs to be as much alignment around themes and priorities as possible. For example, the Health Inequalities Strategy and BHfL should *"dovetail with one another",* with one stakeholder commenting that *"[this is] just a plea around simplicity and overlap of priorities".*

"It would need to take account of the other kind of live strategies and things happening in the system for it to feel like it wasn't another thing that we are layering on top of all this other stuff that's happening".

A challenge for all partners in the system in delivering BHfL has been subsidiarity and how to ensure that the right things are delivered at the right level for London and that these are aligned to result in the biggest improvements for Londoners. Many partners agree that getting the *"right balance"* has proved challenging for the system in London and that there is still much learning taking place. One of the major challenges has been the availability of and competing priorities for funding at the 'once for London' level, and therefore, "*getting London to move as one on key priority issues is really hard".* However, a great deal has been learnt about how to most effectively balance delivery at the local and regional levels, and progress in this area has been made since 2015.

Several stakeholders commented that this learning has demonstrated that we need to focus more on enabling the local level to take ownership of the aspirations and to enable delivery at the local level, particularly for the prevention focused aspirations. This means that the aspirations have to be locally led and defined.

"I am very strongly of the view that [what] we need to avoid is the idea that to achieve things that Londoners said that London wants to achieve the only way to do that is to operate a London regional programme that operates at the London

level, and part of the sophistication of our model is that actually we recognise that most of the success that we have is likely to be enabling things to happen in Barnet or Bexley or wherever, and possibly on an individual community basis, rather than assuming that it's the London wide level that delivers it".

"I think different bits of the system need to be empowered to get on and lead and do bits, rather than holding everything in a very sort of top down, you know, that you set the top three and that will all happen. That works to an extent in the NHS but it doesn't work in transformation".

"The leaders won't buy it if it's not local, it just won't happen. There isn't enough altruism in the system for people to go with these things and invest their capital in it because it's a good idea".

There is potential for great progress to be made where local priorities and London-wide priorities are aligned, for example, in tackling childhood obesity. Mental health was highlighted as an area where progress has been made at the pan-London level, for example, through Good Thinking and Thrive LDN. There is appetite among stakeholders to understand more about what has worked well delivered locally, and where further efforts should be made to deliver programmes at a pan-London level.

"It feels to me as though you sort of have to pick your area…e.g. digital and mental health can be at London level…and air pollution would be a good one".

"We need to rethink this…..where we complement more what is going on locally, rather than expect everything to be done locally, because I don't think it can be".

"Using the opportunity to review the areas that have, I suppose, lent themselves to a London wide approach".

3.4 Political consensus and commitment

One of the comments on BHfL was that political commitment may not be as strong as it could be, and this could be due to the change in Mayoral administration since BHfL was launched in 2015. In order to relaunch BHfL and to re-galvanise the system down to the borough level, Mayoral support and commitment is perceived as crucial. Stakeholders commented that at the moment, some *"political consensus is missing",* and *"we've got a window of about a year to find a way of creating some degree of political consensus around what London is trying to do".*

"I think something that is more directly owned by the London Health Board would be a good thing".

Having Mayoral and political support for a refreshed BHfL is fundamental for enabling the whole of the system to make a renewed commitment to the BHfL narrative and aspirations. BHfL should also be rejuvenated in a way that enables politicians, such as the Mayor, to be able to communicate the vision for London to Londoners.

4. Recommendations

4.1 Revision of aspirations

Based on the findings of this review, a suggested reframing of the high-level aspirations are described below. These reflect the following themes identified in this review:

- Current limited focus of aspirations on young people, specifically children and young people's emotional wellbeing and mental health
- Need for an increased focus on the role of the environment in which we live, work and play on health behaviours and choices
- Narrow focus of the existing mental health aspiration
- Recognition of the achievements in improving primary care access, and need to refocus efforts on reducing variation in quality and on the primary care estate
- Need to focus on integration of health and social care
- The importance of workforce, estates and digital as enablers to delivering BHfL

Vision	London is the world's healthiest major global city						
Aspirations (focused on):	Children and young people	Food and physical activity environment	Work and health	(Habits) Smoking, alcohol, gambling	Mental health (broader scope)	Enabling proactive-care and independence	Health and care services - primary care - integrated care
Enablers	Digital, Workforce, Estates – including primary care						
Underpinning principle	Engagement and involvement						

Recommendation: The Board is asked to consider these revised broad groupings (above) for the BHfL aspirations, and to support the process of agreeing the revised ambitions for these.

4.2 Relaunch of BHfL

In order to re-galvanise the system and to get renewed focus on the aspirations, a relaunch of BHfL is needed. One stakeholder commented that the *"relaunch"* needs to go *"right down to Council and CCG level".*

Recommendation: The Board is asked to support a 'relaunch' of BHfL to renew the system's commitment to the vision of improving the health of Londoners, with revised aspirations, ambitions and indicators, at the London Health Board event.

4.3 Identify priority areas for delivery

BHfL has been hugely successful in enabling more effective partnership working in London and in providing a strong strategic vision which contributed to the devolution agreement moving forward. However, stakeholders feel that there have been some missed opportunities to ensure more tangible progress on the aspirations and to ensure that BHfL commitments are part of wider work programmes. There is also a view that in order to make an impact on some of the more complex issues captured by the aspirations that the system needs to work harder to all pull in the same direction, with

boldness and at scale. This could be achieved by focusing the efforts of the system, for a small time period, on a smaller number of issues:

> *"Let's pick one, pick something, one thing, and lets do that really well across London…now that isn't all we'll ever do, but that will be our priority and then, when we've done something worthwhile on that, we'll move onto something else and put another priority in".*

> *"Then what we need to do now is make tangible things [happen]".*

> *"[We need] programmes of work to support making stuff happen".*

Recommendation: The Board is asked to agree 3-4 priority areas from the BHfL aspirations to focus efforts from 2018-2020, and to ensure that work programmes are in place with key deliverables, milestones and roles to address these.

4.4 Measurement and reporting

There should be more regular measurement and reporting against BHfL ambitions. This will help to engage the system in BHfL and to ensure that the shared vision remains current and present. A number of recommendations have been made to the ambitions and indicators, which include the introduction of more robust process indicators for the enabling aspirations, and inequalities dimensions to indicators, where appropriate.

> *"Getting a happy balance between population indicators that tell you if you're making progress on where there are problems, with what you're actually doing and I think what we're actually doing needs to be better displayed in all of this".*

Recommendation: The Board is asked to review the recommendations for and agree revised ambitions and indicators for the aspirations. The Board should monitor and review progress and outcomes on a regular basis, and report back to the system. The Board is asked to ensure that the findings of this review, and of a full evaluation to be completed in 2020 are shared and used to inform future work.