

Event report

# THE LONDON HEALTH COMMISSION AND WHAT IT MEANS FOR YOUNG PEOPLE

9.04.2015

VENUE

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London Funders,  
Acorn House  
314-0320 Grays Inn Road  
London  
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On 9<sup>th</sup> April, London Funders hosted a meeting to hear an introduction about the Commission and an overview of key issues and further action. The conversation allowed for a broad discussion on public health in London and how partners from across the system can collaborate to improve outcomes for young people.

#### Presenters –

**Dr Marilena Korkodilos**, Deputy Director, Specialist Public Health Services, PHE London ([presentation here](#))

Dr Marilena Korkodilos provided the context for investing in Early Years, presenting opportunities for action and possible interventions in this area.

**Professor Yvonne Doyle**, Regional Director, PHE London ([presentation here](#))

In addition to her role as Regional Director for PHE London, Professor Yvonne Doyle, is statutory health adviser to the Mayor of London and chaired one of the expert groups for the London Health Commission. Professor Doyle introduced the London Health Commission and explained the opportunities it has provided for young people in London.

Yvonne and Marilena outlined the [London Health Commission](#) and discussed how partners could collaborate. A crucial concern for health and wellbeing in London emerged during the meeting: the current lack of coordination. It can be difficult to establish enduring relationships and London is a particularly fragmented city. If organisations and individuals coordinate together then the networks can become a very important asset and interventions could actually become very cost effective.

The London Health Commission, requested by the Mayor of London in 2013, aimed to be a balanced commission on the structure and quality of healthcare. The Commission was very connected and engaged with a lot of organisations: 15,000 Londoners were involved in the Commission, and it included 250 submissions in response to the Call for Evidence. As London competes on an international stage it was felt to be important to compare London to other cities across the UK and internationally.

The London Health Commission developed 10 aspirations below:

- 1) Give all London's children a healthy, happy start to life
- 2) Get London fitter with better food, more exercise and healthier living
- 3) Make work a healthy place to be in London
- 4) Help Londoners to kick unhealthy habits
- 5) Care for the most mentally ill in London so they live longer, healthier lives
- 6) Enable Londoners to do more to look after themselves

- 7) Ensure that every Londoner is able to see a GP when they need to and at a time that suits them
- 8) Create the best health and care services of any world city, throughout London and on every day
- 9) Fully engage and involve Londoners in the future health of their city
- 10) Put London at the centre of the global revolution in digital health.

The Commission realised that in order to focus on London's health, we needed to focus on London's children and the slides presented some important data on the health and wellbeing of children and young people in London.

It is evident that there have been some success stories for London, including decreasing levels of teenage pregnancy and also less women smoking during pregnancy. These successes can generally be attributed to a coordinated approach across organisations and across agencies. However in some areas, London's progress has been poor, comparatively to the rest of England and also internationally, e.g. London has higher levels of obese children than the rest of the western world and immunisation uptakes in London are the lowest for England.

It's important to look at what places to intervene and where interventions are successful or not. The savings can be very effective and quick with some interventions, e.g. where smoking during pregnancy decreases, the savings may be realised very quickly. Also, tooth decay is the most common cause of non emergency hospital admissions in childhood, although it is almost entirely preventable.

A critical time period for intervention is during primary school ages and currently schools are frequently used as the vehicle to education and intervention. The GLA do have a [Healthy Schools Programme](#), however the Mayor has no health budget so those schools who are working with the GLA are doing so by choice and volunteering their own resources. This requires very positive relationships in order to engage them.

Problems are not standalone, and are frequently connected to each other therefore each intervention could tackle multiple problems. The issues, however, can be very complex for example good parenting. Good parenting would include cooking healthy food, spending time with children, providing immunisations etc and this is an area where a positive intervention could increase both physical and mental health and improve school readiness. About 40% of children in London are not school ready aged 5 years. It requires addressing through circles close to the child and by supporting the parents/carers.

Several areas of work were detailed, and recommendations were made for areas where joint working could make some real progress:

**Recommendations by the Commission include:**

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

- The Mayor should use the 'London Plan' planning guidance to support local authorities in protecting London's children from junk food through tighter controls within 400metres of schools and to promote access to healthier alternatives
- Local authorities, the GLA and Public Health England should work with Ofsted to ensure more data is published on school health and wellbeing
- Health commissioners and providers should launch a process to address the variation in quality of care for children and to promote actions to improve outcomes.

Following the presentations, members of the group engaged in open discussion, the main themes of this are details below:

### Discussion and Questions

- The devolution settlements within Manchester have ignited some very interesting discussions among key stakeholders within London. The Better Health for London: next steps document arguably sets out a clear framework for collective action and cooperation across the system but much can be learned from the way in which Manchester has been successful in securing devolution.
- Should schools be judged on social reform as well as educational performance to encourage schools to sign up? Schools will achieve better with healthy children therefore would help rather than be an extra burden. E.g. in Paris, schools will provide the activity and food in schools. Public Health England considered whether working with Ofsted would help. However, currently the economic case for involvement with schools is less strong. The savings for intervention may not go to the Department for Education or as social care savings. How do we unblock these savings from CCGs? The business case has not yet been developed for this area.
- Need to look to parents as the solution not the problem. The poorest families can often be the most isolated. Understanding positive projects you have run, or sharing good examples, is a good step.
- New York made some very good steps by investing in community development. With the structure of local government which London has, compared to New York's less robust local infrastructure, are we leveraging enough on relationships with local governments and schools?
- London could benefit greatly from 'big data' and the added value that a digital institute could bring to the city. PHE would be interested in working with others to look at how big data could be unlocked to improve health outcomes. Participation in active

lifestyles is weak in certain communities, considering the facilities following the Olympics, and the green spaces available (40% of London is green). It's important to look at resourcing and encouraging sports clubs to have contact with children early. The Duke of Edinburgh award can be very positive, and it would be good to see initiatives like this in places where they are most needed.

- Small organisations can often be doing very innovative and effective things, however it can be hard for them to share this. Unless they have measured everything then their data is often not accepted and this should change. E.g. It would be helpful to have a 'menu' of different types of interventions.

Better Health for London: Next Steps outlines what needs to be done.

However in order to achieve this it will require people to work together to create a social movement for health. If people coordinate together then the networks can become a very important asset and many interventions can actually be very cost effective.

## Participants

Kerry	<b>Luker</b>	BBC Children in Need
Daria	<b>Kuznetsova</b>	Big Society Capital
Nicola	<b>Kelly</b>	CAN
Kristina	<b>Glenn</b>	Cripplegate Foundation
Elizabeth	<b>Prescott</b>	Imperial College Healthcare Charity
Kiran	<b>Patel</b>	London Borough of Camden
Victor	<b>Willmott</b>	London Catalyst
Naomi	<b>Howgate</b>	London Community Foundation
Eileen	<b>O'Sullivan</b>	Oak Philanthropy (UK) Limited
Yvonne	<b>Doyle</b>	Public Health England ( <b>Speaker</b> )
Marilena	<b>Korkodilos</b>	Public Health England ( <b>Speaker</b> )
Aaron	<b>Mills</b>	Public Health England
Kate	<b>Smith</b>	Safer London Foundation
Dirk	<b>Lampe</b>	Southern Housing Group
Wai	<b>Chan</b>	Wimbledon Foundation

## In attendance

Becky	<b>Green</b>	London Funders
David	<b>Warner</b>	London Funders