



London Health Improvement Board

With plans to set up a statutory London Health Improvement Board underway, this briefing alerts members to the work of the shadow board that has been established to prioritise health challenges and ensure London is ready to meet the strategic need to improve public health and reduce health inequalities across the capital.

Overview

In January 2011, in response to a request from the Secretary of State Rt. Hon Andrew Lansley MP, London Councils and the Mayor of London wrote to the Secretary of State setting out how governance arrangements in respect of local authorities' new public health responsibilities could potentially operate in London.

A key element of the proposal was the establishment of a London Health Improvement Board (LHIB) as a statutory body with representatives from borough leaders and others involved in health services for London, under the chairmanship of the Mayor.

In summary, the proposed responsibilities and functions of the board included:

- For the LHIB to take on the development of the Mayor's statutory Health Inequality Strategy and have regard to the health improvement strategies of each London borough.
- The Mayor and London boroughs would have duties to take account of each other's health improvement strategies when developing their own plans.
- A public health outcomes framework to be developed for each individual borough and also for London as a whole.
- The Mayor would have a duty to support the outcomes frameworks of individual boroughs and individual boroughs would have a duty to support the outcomes framework for London.

In March 2011 the Secretary of State responded, giving full support to the principles of the proposals put forward and for future legislation in relation to the establishment of a London Health Improvement Board. Activity is currently underway to establish the board on a statutory basis.

Membership

The full board membership (as at October 2011) is as follows:

- Boris Johnson, Mayor of London (chair)
- Cllr Colin Barrow, leader, Westminster City Council
- Cllr Julian Bell, leader, London borough of Ealing
- Cllr Derek Osbourne, leader, Royal borough of Kingston upon Thames
- Cllr Liam Smith, leader, London borough of Barking and Dagenham
- Dame Ruth Carnall, chief executive of NHS London
- Alwen Williams, chief executive of Inner North East London Cluster
- Howard Freeman, GP and chair of London GP Council
- David Fish, CEO of UCL Partners
- Pam Chesters, mayoral advisor for health and families
- Dr Simon Tanner, regional director for Public Health in London and statutory health advisor to the Mayor.

Funding

Under the government's new public health proposals, all funding for health improvement is to be devolved to local authorities by April 2013 via Public Health England (PHE)¹. The proposals put forward to the Secretary of State by London Councils and the GLA, requested that there is a 3 per cent top slice from the health improvement funding due to come to London local authorities. This will now be transferred to the Mayor to fund public health activity (within the requirements of the national public health ring-fence) to be spent in the light of advice from the LHIB.

Additionally, where the LHIB judges that pan-London work can add value, it will have authority to deliver additional health improvement projects up to a financial limit of a further 3 per cent of London local authorities' public health funding, which would be transferred to the Mayor to deliver the decisions of the LHIB. Any additional LHIB proposals could however be overturned by a two-thirds majority vote of London Councils' Leaders' Committee.

Board activity to date

The shadow board held its inaugural meeting on 11 July 2011. The meeting, chaired by the Mayor of London, was attended by representatives from London Councils, the NHS and the GLA. The first meeting of the board agreed the criteria for identifying a shortlist of initial priorities and agreed potential areas requiring more detailed analysis for consideration at the next meeting of the board in October 2011. Priority areas identified were: taking action on alcohol; tackling childhood obesity; prevention and early diagnosis of cancer and better information for health improvement. These were all formally agreed as the priority areas for the board's activity at the LHIB October 2011 meeting. The LHIB website² was launched in October 2011.

Analysis

London's public health challenges

London has some acute public health challenges:

- Although varying greatly between boroughs, children in London are more likely to be obese than their peers in many other parts of England, 11.6 per cent of 4-5 year olds were obese in 2009/10 in London, compared to 9.8 per cent in the rest of the country. Similarly 21.8 per cent of London's 10-11 year olds were obese, compared to 18.7 per cent nationally.³

¹ Public Health England will bring together in one organisation the public health skills, knowledge and expertise that are currently distributed across a wide range of health organisations.

² <http://www.lhib.org.uk/>

³ The Annual National Child Measurement Programme

- London has the highest levels of teenage pregnancy in the UK.
- An estimated 2.4 million Londoners drink at harmful and hazardous levels, and a further 280,000 are dependent on alcohol.⁴
- The rates of sexually transmitted infections are higher than any other UK region.
- Tuberculosis levels in London account for 40 per cent of all UK cases

Attempts to reduce these levels are complicated by the sporadic distribution of conditions across London, coupled by the fact that many of those groups most affected are often those less likely to access their local GP or relevant health services. Furthermore, London faces additional challenges in the form of high population mobility; complex demographic profile; and the spread of deprivation both within and across local authorities.

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The government’s proposals for improving public health are, in general, underpinned by a strong push towards increased localism and empowering individuals and communities at the local level. This includes the transfer of resources, rights and powers from the centre to the local authority level, for example the establishment of local Health and Wellbeing Boards and transfer of public health funding to local authorities. However, given London’s distinct public health challenges, governance arrangements and unique infrastructure, government has recognised that there is a strong case for the introduction of an additional ‘tier’ in London to manage public health issues across the region. The LHIB will enable more effective co-ordination of activities and resources to manage and improve public health across borough boundaries and at a strategic pan-London Level.

Shadow board priorities

LHIB project teams were set up after the first meeting of the board to undertake detailed analyses of the agreed priority areas. The teams comprise: local authority chief executives, directors of public health; directors of adult social services; directors of children services; NHS officials, and third sector representatives. The priority areas for activity arising from this work and subsequently agreed by the board are as follows:

1. Taking action on alcohol in London

The Alcohol project board has recommended that action be structured under three broad pillars:

Developing a London vision

This will involve the development of a London ‘vision’ to help focus activities and gather commitment in taking action on alcohol, this will involve active engagement with key sectors and organisations, including London’s business community, and engaging directly with Londoners themselves, following the findings of the London Drink Debate.⁵

Ensure alcohol is supplied responsibly

The aim is to draw on the work of those boroughs whose actions have already resulted in significant improvements to the quality of town centre life. Working with alcohol sellers, major venues/football grounds/concerts/Olympics venues to minimise reputational risk to London prior to and during the Olympics and Paralympics; activity also to include extending A&E data sharing with community safety partnerships to reduce alcohol related violence.

Early interventions are in place to support those most at risk

To ensure key professionals within the boroughs, the NHS, or criminal justice organisations who are in contact with those who use alcohol hazardously and/or harmfully are equipped to provide

⁴ Department of Health, Rush Model estimate

⁵ <http://www.londondrinkdebate.co.uk/>

early interventions. These could include: Identification and brief advice, interventions within the criminal justice system (e.g. sobriety schemes), helping patients onto treatment pathways and improving access to treatment.

2. Tackling childhood obesity

Three main areas for action have been proposed in this area:

- A refreshed **Healthy Schools programme**, fronted and supported by celebrities to champion elements of the scheme. This will be based around the four themes of: promoting healthy eating; physical activity; emotional health and well-being; and personal, social and health education.
- A **physical activity programme** bringing together the existing planned mass participation events and active travel promotion built around the 2012 Olympics; developing the legacy from these activities to encourage sustainable change.
- Development of a **pan-London strategic framework** to reduce obesity, established by April 2012. The framework will be built around the concept of 'healthy places'. The framework will join-up interventions and best practice.

3. Prevention and early diagnosis of cancer

Proposals under this work stream aim to galvanise activity in London to act together on cancer. These will be driven by three key ambitions:

The smoke free ambition

To reduce smoking prevalence in London by 20 per cent (250,000 fewer smokers) over six years by: improving the consistency, quality and effectiveness of stop smoking support; ensuring all London pharmacies promote Quit Kits and signpost to support; a pan London illegal tobacco control zone; organisational commitment to reduce the numbers of smokers.

The talk cancer ambition

Increasing the number of patients who present early enough to benefit from treatment by 50 per cent; raise awareness of the signs and symptoms of cancer. (70 per cent of Londoners can't recall a sign other than lump or swelling); ensuring Londoners present concerns to their GP (over a third worry about wasting GP's time); and reducing the fear associated with cancer (35 per cent of Londoners fear it above all diseases).

The screening ambition

Increase the number of Londoners who take up the offer of a bowel screen, the newest and least well known of the screening opportunities, by 10 per cent. This will include: providing bowel cancer screening kit dispensers in every GP surgery; promoting bowel cancer screening to increase uptake of the offer; reviewing the design of the bowel cancer screening kit to potentially increase uptake.

By adopting these ambitions, the aim is for all London organisations to play a key role in saving 1,000 London lives.

4. London Connect: Better information for health improvement

This workstream aims is to ensure that the health and social care services in London are improved through the better use of information. It is proposed that:

- Londoners will have information about their own health through ownership and use of their health records.
- Londoners will be able to use comparative information about their health services in order to make judgments about the quality of those services.

- Professionals in health and social care (clinicians, commissioners, managers, academics, policy makers) will have access to appropriate integrated service information. Allowing clinicians to deliver better multi-disciplinary care, and enable commissioners and policy makers to make more effective use of data to improve population health.

Commentary

The shadow London Health Improvement Board offers a real opportunity to develop more effectively co-ordinated activity to tackle the capital's distinct public health challenges at a pan-London level. The board's unique membership acknowledges that responses to public health challenges need to be holistic in their make up, involving not just a health approach but also taking into account the underlying social, economic and environmental factors impacting on public health in London.

The LHIB provides a serious opportunity to set the agenda on health issues that really matter to London and coordinate activity going forward through one single body.

While the government is yet to announce the public health budget allocations for local authorities (currently expected in December 2011). The LHIB has already, in a relatively short time, made some tangible achievements in terms of identifying and agreeing public health priorities for London and where activity should be concentrated going forward. The coming year will see the board working closely with a broad range of stakeholders across central, regional and local government, the business community, health and third sectors to achieve the objectives set out in each of the agreed priority areas.

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[The London Health Improvement Board website](#)

This member briefing has been circulated to:

Portfolio holders and those members who requested policy briefings in the following categories: Health and adult social care