

## A Health Manifesto for London: one year on

One year after the London Mayoral and Assembly elections progress is being made in addressing some of the priorities identified by the London Health Forum. The provision of stronger strategic leadership, not least through the Mayor's delayed Health Inequalities Strategy, will be helpful.

Ahead of the London mayoral and Assembly elections in May 2008, the London Health Forum published [A Health Manifesto for London](#) and asked candidates to support its seven key pledges on preventative healthcare, community services, outreach, medical research, commissioning, working in partnership and the Olympic legacy.

The Mayor of London has an important role in leading and driving forward this agenda for making London a healthier city, while responsibility for making our pledges a reality lies largely with the NHS and its partners. Indeed, before last May's elections London's health service had already forged ahead of the country with its Healthcare for London plans and this work has continued. With firmer, strategic direction from London's political leadership, this good progress stands a greater chance of delivering real benefits to Londoners.

**Pledge: To work to redress the low take-up of screening and immunisation programmes in London, and explore ways to help people follow healthier lifestyles.**

The first pledge in the Forum's manifesto was about prevention: for instance making sure immunisation and screening programmes were more widely taken up. There is some evidence of immunisation success from one

new set of performance data. At a time when the world is gripped by the threat of swine flu, it is encouraging that the proportion of London's over 65s receiving the standard influenza vaccine increased again in winter 2008/09 to 73 per cent, up from 70 per cent two years ago. London is still the worst performing region – the England average is 74 per cent – but it has been catching up this year.

To do more to close the gap between London and the rest of the country gaps need to be closed within London. There are some startling inequalities in health outcomes among Londoners, and these are partly related to the inequalities of access to health and other public services. Another of the Forum's pledges concerned the health service reaching out to excluded communities. Indeed, it is a matter that should be central to the Mayor's forthcoming Health Inequalities Strategy.

**Pledge: To promote inclusion as a priority for all providers, and help foster new ways of working that encourage greater contact with hard-to-reach groups.**

Ken Livingstone published a [draft strategy](#) eighteen months ago, with a strong focus on tackling obesity in particular. Understandably, Boris Johnson wants to stamp his own mark on the strategy, which the Mayor is required to produce under the Greater London Authority Act 2007. The lengthening delay is, however, in danger of producing a damaging vacuum.

One key area where the prevention agenda could be driven forward by the Mayor is the subject of our manifesto pledge on the legacy of the 2012 Olympic Games. With the highest childhood obesity rate in the country, encouraging London's children to take more exercise is essential for the city. The Mayor has recognised this objective, and his recently published [sporting legacy plan](#) – although lacking in detail – is a welcome starting point, as is the NHS's Go London initiative.

**Pledge: To work with partners across London to identify the opportunities of 2012 and help deliver a lasting health legacy.**

Of course, London's effort to reduce health inequalities may have been hampered by a difficult round of NHS [resource allocations](#), in which resources are set to be shifted away from London toward areas with older populations. But improved commissioning is probably of greater importance to outcomes and vital as health spending is squeezed in response to the recession.

**Pledge: To champion excellence in commissioning, identifying where gaps exist in skills and knowledge, and engaging providers in discussions about gaps in services.**

The Forum has been active in this area, producing our report [Commissioning Excellence](#) in December, in part drawing on the experience of commissioners in Ealing and Newham. Our recommendations were based

on building relationships between commissioners and providers, as well as improving practice around full costing and reimbursement. World Class Commissioning in the capital should benefit from the creation of Commissioning Support for London but much remains to be done.

In the end, it is what we commission that is the test of success here. The manifesto stated that London had to get better at delivering services in the community, where in the past resources have been concentrated in the acute sector. This is widely recognised, but the debate about the appropriate shape of community services in London is not always easy. The continuing development of polyclinics is a good example.

NHS London has developed a [toolkit](#) for commissioning pharmacy services in polyclinics, moving them out of hospitals. Although the Forum

**Pledge: To engage the local NHS in discussions about how to increase access to primary care throughout London and deliver more community-based services.**

does not endorse a particular model for delivering primary care services, it sees potential merit in polyclinics as a means of improving access to services and reducing health inequalities, based on local decision-making. It is therefore pleasing to note a number of formats being rolled out across London.

**Pledge: To promote London as one of the world's leading cities for medical research, encouraging new specialist centres and links with universities and industry.**

Another key pledge in the Forum's manifesto was on medical research and here progress has been very encouraging. In March the Department of Health announced the creation of five new [academic health science centres](#), with three of them in London: based around Imperial College, Kings College and University College London, with each working in partnership with NHS trusts. This is key to the advancement of medicine and also London's economy. Healthcare employs 13 per cent of the London workforce, or around 215,000 people, and has become more important to the economy in the past year as key industries such as financial services have declined. The Mayor has emphasised research is a crucial sector in draft proposals for his [Economic Development Strategy](#), and the new centres offer the potential for attracting more investment into the city.

Although leaner financial times are upon the NHS, the past year has seen the continuation of positive changes, with a commitment to improved commissioning, prevention and partnership. What is missing, perhaps, is dynamic, strategic leadership of reform from national and London politicians, helping to make the pledges discussed at last year's elections a reality.

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*This article is neither a statement of Forum policy nor does it necessarily reflect the views of individual members.*