

Executive

Refocusing the London Health Board

Item no: 4

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Summary This paper sets out the proposals for refocusing the London Health Board, in the light of the London Health Commission report published last October. The intention is for the refreshed Board to meet in March.

Recommendations The Executive is asked to agree the proposals for refocusing the London Health Board.

REFOCUSING THE LONDON HEALTH BOARD

Background

1. In February 2013, London Councils Leaders' Committee agreed the creation of a non-statutory London Health Board to provide leadership on health issues of pan-London significance where this adds value to decisions, agreements and action at local level. The Board met for the first time in May 2013 and has continued to do so on average quarterly thereafter.
2. In September 2013, the Mayor of London launched the London Health Commission, led by Professor Lord Ara Darzi. The Commission reported in October 2014. London Councils' Leaders' Committee considered the implications of Lord Darzi's report, alongside other strategic developments, at its meeting in February 2015. This included the intention to refocus the London Health Board to provide a vehicle for political leadership and oversight at a London level of both work flowing from the Commission's report and wider transformation of health and care.
3. London Councils, Greater London Authority and senior health officers have developed a proposal for refocusing the London Health Board. The intention is for a meeting of the refreshed Board to be held in March. This paper therefore seeks the Executive's agreement to the proposals for refocusing the London Health Board.

Refocusing the London Health Board

4. The intention is that the London Health Board should become a vehicle for more overt political leadership and engagement at a London level where this can unlock transformation and change in health and care to improve outcomes for Londoners. It will wish to intervene selectively by identifying where its unique strengths can add value to outcomes or accelerate the pace of change in ways that other parts of London government, or public service, cannot. As a starting point, the Board will consider where it can add value to the work being taken forward through a range of programmes in response to the recommendations in the London Health Commission. At its first meeting the Board will discuss some initial priorities on which it wishes to focus.

5. To play this more focused new role, the Board will be smaller. It will have a political majority (the Mayor, Deputy Mayor and 3 Leaders) alongside three key senior health leaders. The borough Leaders will be appointed through the usual London Councils' procedures for external appointments.
6. Support arrangements will be co-ordinated through a small steering group of senior officers from the key partners, including London Councils and a borough chief executive. In addition, a small secretariat will be provided by the GLA. The Board will be able to commission analysis or engagement activity, with the agreement of the steering group.
7. Funding of £400,000 per annum from key partners will support these arrangements. The boroughs' contribution will be £100,000 from the London Councils reserves, under the agreement given by Leaders' Committee in December 2012.
8. The revised draft terms of reference for the London Health Board are at Annex A. These will be tabled for agreement at a first meeting of the refreshed Board.

Conclusion

9. As discussed at Leaders' Committee in February, there are wide-reaching programmes of work being developed to take forward issues from the London Health Commission and drive the transformation of health and care in London, in the context of the NHS Five Year Forward View. The proposals for refreshing the London Health Board are intended to provide a vehicle for focused political engagement in this at a London level where this can add value. They seek to avoid creating a body whose energies will be spread too thin or that duplicates leadership and programme management arrangements locally which should be driving change.
10. **The Executive is asked to agree the proposals for refocusing the London Health Board.**

IMPLICATIONS FOR LONDON COUNCILS

Financial Implications for London Councils

London Councils' will provide £100,000 contribution per annum to funding the £400,000 budget for the London Health Board for the next 2 years. This will come from within the up to £750,000 earmarked from within London Councils' reserves to support the health transition process over three years, as agreed by Leaders' Committee on 11 December 2012.

Legal Implications for London Councils

None

Equalities Implications for London Councils

None

DRAFT REFRESHED LONDON HEALTH BOARD TERMS OF REFERENCE

The London Health Board is a non-statutory group chaired by the Mayor of London comprising elected leaders and key London professional health leads.

Purpose

The Board will drive improvements in London's health, care and health inequalities where political engagement at this level can uniquely make a difference. It will seek ways of giving additional impetus to progressing the ambition to make London the healthiest global city. The Board will make the case for investment, power and freedoms to enable the improvement of health and care services and the wider determinants of health in London. It will consider ways of supporting and accelerating the transformation of health and care services in the capital. The Board will champion public participation in health and an increase in choice and accountability in health and care services.

Membership

Mayor of London (Chair)
Deputy Mayor (Health)
3 Local Authority Leaders (London Councils to advise)
London Region Director, NHS England
Chair, London Clinical Commissioning Council
London Region Director, Public Health England

Frequency of meetings

The Board will meet four times a year starting in March 2015. It will hold at least one public engagement event each year.

Support

The Board will be supported by:

- a steering group of senior officers from London Councils and local government, the GLA, NHS England, CCGs and PHE; and
- a small secretariat located at the GLA.

Resources

- The Board will be funded by its partners (London Councils, NHS England (London), London Clinical Commissioning Groups, Public Health England, and the Greater London Authority).
- Funding will cover staffing of the secretariat and a budget for research, analysis and engagement (including the annual engagement event)
- Annual funding contributions will be £100k each from London Councils, NHS England (London) and the London CCGs, and £50k each from the GLA and PHE. This will create a total annual budget of £400k.