



## London Health Commission

The London Health Commission published its final report on 15 October. Set up by the Mayor of London, and chaired by Professor Lord Ara Darzi, the Commission's report makes recommendations addressed to the Mayor, the NHS, local authorities and government. Over the next few months different partners will be considering their response. Boroughs may want to respond or at least ensure that Health & Wellbeing Boards are in a position to provide strategic leadership and influence over the implementation of changes that CCGs, NHS England and other partners pursue locally and through strengthening sub-regional health arrangements.

### Overview

The Mayor of London launched a London Health Commission in September 2013. He appointed Professor Lord Ara Darzi as its independent chair. Lord Darzi invited people from across health and care to be Commissioners, to consult and provide input; Councillor Teresa O'Neill, London Councils' Health Portfolio Holder, was one of these. Five thematic groups were established with a wider range of participants, and the Commission undertook public engagement and polling to inform its work. The Commission was funded with c. £4 million funding from NHS England, and financial and in-kind contributions from the GLA and Public Health England.

Lord Darzi published his [London Health Commission report](#) on 15 October 2014. An [interactive summary report](#) is also available.

### London Health Commission report

The London Health Commission report sets out 10 aspirations for London and 64 recommendations addressed at a range of organisations across London and nationally.

The 10 high level aspirations, each accompanied by measurable ambitions, are:

Aspirations	Ambitions
1. Give all London's children a healthy, happy start to life	Ensure that all of London's children are school ready at age 5 Halve the number of children who are obese by the time they leave primary school and reverse the trend in those who are overweight
2. Get London fitter with better food, more exercise and healthier living	Boost the number of active Londoners to 80 per cent by supporting them to walk, jog, run or cycle to school or work

3. Make work a healthy place to be in London	Gain 1.5 million working days a year by improving employee health and wellbeing in London
4. Help Londoners to kick unhealthy habits	Have the lowest smoking rate of any city over 5 million inhabitants
5. 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 10 per cent
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 top quartile nationally
7. Ensure that every Londoner is able to see a GP when they need to and at a time that suits them	General practice in London to be open 8am to 8pm and delivered in modern purpose-built/designed facilities
8. Create the best health and care services of any world city, throughout London and on every day	Have the lowest death rates in the world for the top three killers: cancer, heart diseases and respiratory illness; and close the gap in death rates between those admitted to hospital on weekdays and those admitted at the weekends.
9. Fully engage and involve Londoners in the future health of their city	Year on year improvements in inpatient experience for trusts outside the top quintile nationally.
10. Put London at the centre of the global revolution in digital health	Create 50,000 new jobs in the digital health sector

The 64 recommendations are grouped under five headings:

### 1. Better Health for All

A range of public health proposals, many of which fall wholly or in part to boroughs, including:

- make London's parks and open spaces smoke free
- a fresh crackdown on trafficking in and selling illegal tobacco
- mandatory traffic-light labelling on restaurant and food outlet menus
- pilot a minimum 50p price per unit for alcohol
- seek devolution of powers to raise taxes on sugar, tobacco or alcohol
- promote physical activity
- improve air quality

### 2. Better Health for London's Children

A further set of public health-focused proposals, targeted at giving London's children the best possible start in life, not least as a way of preventing future ill health, including:

- parenting support for under 3s – with a view that a pan-London approach is needed
- Mayor to use London Plan to support boroughs implement controls on fast food outlets within 400m of schools
- a range of proposals to improve the quality of care for children, including addressing the fragmentation of complex paediatric care, which implies some reorganisation.

### 3. Better Care

Throughout this section, there are regular references to health and care commissioners, which reflect the Commission's acknowledgment of the role of local government. Key themes are:

- increasing patient choice and control, and the personalisation of care – joint commissioning for population groups, co-design and co-production, and self-management
- improving primary care – invest in premises, increase the proportion of NHS spend on primary care, quality standards, promote networking of practices and allow patients to move within these, and bring new providers into areas of persistent poor provision
- improving specialist care – drive the centralisation of some services where volumes affect quality eg cancer, cardiovascular and orthopaedic services
- mental health – digital mental health support, strengthen mental health in primary care, a pan-London multi-agency approach to crisis mental health care for adults and children
- a pan-London, multi-agency approach to healthcare for the homeless and rough sleepers.

#### **4. Maximising Science, Discovery and Innovation to Enhance Economic Growth**

While some boroughs will have local economic growth interests in the potential of the health and life sciences sectors, this section makes almost no reference to local government and is primarily targeted at existing work to support the development of life sciences in London and the South East, eg facilitating clinical trials, innovation and research. Two specific proposals may be of interest to local government and therefore worth seeking particular engagement with if they are taken forward: the creation of Institutes for Digital Health and Dementia Research.

#### **5. Making it Happen**

This lengthy section (24 recommendations) covers proposals on the enablers for change:

- citizen and patient engagement – create an NHS London-wide online information and engagement platform, Mayor to create a Citizen’s Health Panel
- data and transparency – information-sharing, advanced data analytics to underpin commissioning, develop patient-reported outcomes measures
- funding – CCGs and their Strategic Planning Groups (multi-CCG arrangements) to consider local initiatives to promote greater financial equity ; NHS England to clarify the budget for NHS England London and CCGs for a whole Spending Review period; trial capitated budgets (pooled budget commissioning for a whole population group, creating incentives for providers to focus on prevention and reducing expensive care needs); trial 12.5% of maternity care payments being controlled by individual mothers
- estates – a range of proposals intended to shift the current misalignment of national incentives for both GPs and hospitals to secure improved primary care premises and release un- or under-used NHS estate, including for housing and schools development. One of these is particularly important to local authorities – the creation of Strategic Planning & Capital Boards at multi-CCG level by NHS England, CCGs and local authorities to coordinate estates planning and investment with strategic health and care planning
- workforce –address workforce gaps, avoid national funding changes that would take money out of London and shift more training to out-of-hospital settings, reflecting the wider strategic shifts being sought in health and care
- leadership – most significantly, that the Mayor appoint a London Health Commissioner to provide Londonwide leadership on better health recommendations and improving the health of Londoners and a call for devolution by NHS England to Strategic Planning Groups.

## **Commentary**

The Mayor and other bodies will be considering their responses to the Commission over the next few months. Boroughs may want to respond individually. In addition, London Councils will be considering with Lead Members what collective response is appropriate.

It is not yet clear what real traction the Commission's report will get. The political timing – in the run up to the General Election and towards the end of the Mayoral term may have an impact.

However, it is likely that NHS England London will commit to significant parts of the report. Their hosting and funding of the review has led to very close alignment between recommendations and their wider emerging strategic change programmes and ambitions, including the NHS Five Year Forward View published on 23 October (member briefing to follow).

There is a lot for local government to welcome in the report, which reflects key points made in the London Councils' response to their [call for evidence](#) in February, notably:

- strong focuses on health and wellbeing outcomes, prevention, personalisation and empowering people to have more control over their own care
- explicit recognition of children's health and mental health
- recognition of the role of local government, links between health and social care, public health and wider roles on key health determinants
- recognition that commissioning should be led locally, by CCGs and local authorities.

While boroughs will decide themselves how to respond to specific better health recommendations, any collaborative working on these will need to be agreed from the bottom-up, not imposed.

For the health and care service proposals, and related enablers, there is an opportunity to build on these, to support increased joint working and local leadership on health and seek to reduce some of the pressure of centralised and top-down bureaucratic NHS programmes.

At the 14 October London Councils Leaders' Committee, it was agreed that it was important for local authorities to play real and influential roles in shaping and leading health and care change in London, at the local, sub-regional and pan-London levels. The London Health Commission recommendations may give us some further traction in shaping the overall approaches in London – particularly around the push for sub-regional working, both as a basis for securing devolution within the NHS and to co-ordinate commissioning to deliver a shift of activity from hospitals to community settings. It will also be important that Health & Wellbeing Boards position themselves locally to play a key role in shaping and leading local and sub-regional implementation of recommendations by health and care partners.

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## Links:

[Interactive report](#)

## This member briefing has been circulated to:

**Portfolio holders and those members who requested policy briefings in the following categories: Children and Young People; Health and Social Care**