

GREATER LONDON AUTHORITY

REQUEST FOR DIRECTOR DECISION – DD1141

Title: Funding for London Health Commission – Clinical Health Advice

Executive Summary:

MD1286 contains the Mayor's approval of the establishment of the London Health Commission. The Commission will examine issues about how health improvement and the healthcare system can best operate to meet the needs of London and improve health outcomes for Londoners.

Clinical health advice up to a maximum expenditure of £100,000 is required to inform the recommendations of the Commission. On approval of this decision form the GLA will commence a competitive procurement process in accordance with the GLA's Contracts and Funding Code.

Decision:

That the Executive Director approves up to a maximum of £100,000 to be used to procure Clinical health advice for the London Health Commission for the period of December 2013 to October 2014.

AUTHORISING DIRECTOR

I have reviewed the request and am satisfied it is correct and consistent with the Mayor's plans and priorities.
It has my approval.

Name: Jeff Jacobs

Position: Executive Director for Communities and Intelligence

Signature:



Date: 3.12.13

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

The Mayor of London announced the independent London Health Commission in September 2013. The Commission will examine issues about how health improvement and the healthcare system can best operate to meet the needs of London and improve health outcomes for Londoners. This commission will be informed by independent advisers and broad stakeholder engagement. This document details a proposed consultancy agreement for a cross-cutting coordination and advisory role in order to deliver the final report by autumn 2014.

The London Health Commission will begin with understanding the context of London's health and healthcare system and identifying what is and is not working effectively. This will in part be informed by an assessment of the progress in implementing the changes proposed in the 2007 Healthcare for London review. It will also look to future health and healthcare, as well as the link between social care and impact on health outcomes. It will consider how future challenges and opportunities might help shape health and healthcare.

The commission will examine four broad themes and make recommendations under each:

1. Improving the quality and integration of care
2. Enablers to high quality and integrated care delivery
3. Healthy lives
4. Health economy, research and education

Clinical health support is required by the London Health Commission (December to October 2013) in relation to clinical advice in order to undertake the following functions:

- Undertake a patient segmentation analysis. This will show how behaviours occur in different populations, how and why they evolve and how different populations access services, reflecting on the integration required within health services and across health and social care services.
- Gather and analyse evidence to inform recommendations. This will include conducting initial scoping conversations with multi-professional expert groups (involving patients, carers and the charitable and voluntary sectors); reviewing literature regarding service optimization; examining approaches to health and health care in other global cities and documenting collected evidence.
- Develop recommendations to improve the quality of care. These will be developed considering engagement feedback in the earlier stages of the commission as part of the development process. Service delivery models will not be developed but rather principles for the delivery of care and the levers and incentives required driving desired behaviour in the development of local delivery models.
- Recommendations will be mapped across settings of care and changes in activity flows to establish the impact on the sustainability of current services. Recommendations for business models will be informed by an affordability and workforce analyses.
- The Consultant will perform a cross-cutting function across work streams to ensure there is clinical consensus of the strategy. In addition they will provide Day-to-day management of clinical strategy. This will include scheduling and participating in regular meetings with

external leads, gathering and examining evidence and ensuring progress of the team towards deliverables.

2. Other considerations

a) Key Risks and Issues

Risk detail	Contingency	Action owner
Failure to identify sufficient resources within the project timeline	A phased approach to implementation is planned	Amanda Coyle
Failure fully to engage the health sector to provide evidence and input to the Commission's recommendations	Ensure clinical engagement via both Commissions membership & the working groups is sufficiently broad to minimise this risk	Amanda Coyle

b) Links to strategies and Mayoral and corporate priorities

- Contributes to delivery of Mayor's Health Inequalities Strategy – relating to the access of Londoners to quality health care services
- Supports the London Health board priority of making the case for London & reduce the impact of public spending cuts to medical research and development.
- Aligns with Mayor's economic priorities in terms of realising the financial impacts of growth to the health sector as a major employer & contributor to the London economy and in particular
 - Generating more high value jobs and opportunities in London for construction & health related businesses
 - Improving returns for investors and taxpayers (measured through GVA), increasing economic resilience and attracting investment in healthcare related industries

c) Impact Assessments and Consultations

- The London Health Commission will invite a broad range of stakeholders and interested parties, from London and beyond, to inform developments and recommendations. This will include public consultation on its emerging findings and draft recommendations.
- A variety of engagement activities will be considered. The decision on the final process will be based on:
 - the consultation's detailed and specific objectives
 - the people whom the Commission wishes to consult and
 - the period of time set aside for the consultation.
- It is likely that the consultation process will include both traditional and more innovative methods, including paper based, online and face to face work. Activities may include: a series of focus groups, a series of stakeholder events, public opinion polling, webcasts of key public meetings etc.

3. Financial comments

- 3.1 Approval is being sought to procure specialist Clinical Health Advice for the London Health Commission at a cost of up to £100,000.

- 3.2 MD1286 approved the establishment of the London Health Commission and the receipt of £4m grant funding (£2m in 2013-14 and £2m in 2014-15) from NHS England to fund various policy and research activities in line with priorities set out by the Commission. It is from within this funding stream that the proposed procurement of Clinical Health Advice will be met. The receipt of income and the associated expenditure will be accounted for within the Health & Communities Unit. All appropriate budget adjustments will be made.
- 3.3 The Health & Communities Unit within the Communities & Intelligence Directorate will be responsible for managing this project and ensuring that all associated expenditure complies with the Authority's Financial Regulations, Contracts & Funding Code, and Expenses & Benefits Framework.

4. Legal Comments

- 4.1 Sections 1 – 3 of this report indicate that the decisions requested of the Director in accordance with the GLA's Contracts and Funding Code fall within the GLA's statutory powers to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of economic development and wealth creation, social development or the promotion of the improvement of the environment in Greater London; and
- 4.2 in formulating the proposals in respect of which a decision is sought officers have complied with the Authority's related statutory duties to:
- 4.2.1 pay due regard to the principle that there should be equality of opportunity for all people;
 - 4.2.2 consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom; and
 - 4.2.3 consult with appropriate bodies.
- 4.3 The GLA's support of the London Health Commission falls within the principal purposes of the Authority as it promotes the improvement of health and health inequalities, and in doing so facilitates social and economic development.
- 4.4 Any services which may be required in relation to the London Health Commission must be procured by Transport for London Procurement who will determine the detail of the procurement strategy to be adopted in accordance with the GLA's Contracts and Funding Code. Officers must ensure that appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of the services.

Appendices and supporting papers: MD1286

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOI Act) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

Note: This form (Part 1) will either be published within one working day after approval or on the defer date.

Part 1 Deferral:

Is the publication of Part 1 of this approval to be deferred? YES

If YES, for what reason: Until the procurement process is completed.

Until what date: (a date is required if deferring) 24 January 2014

Part 2 Confidentiality: Only the facts or advice considered to be exempt from disclosure under the FOI Act should be in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form – NO

ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following (✓)

Drafting officer:

Amanda Coyle has drafted this report in accordance with GLA procedures and confirms that:

✓

Assistant Director/Head of Service:

Amanda Coyle has reviewed the documentation and is satisfied for it to be referred to the Sponsoring Director for approval.

✓

Financial and Legal advice:

The Finance and Legal teams have commented on this proposal, and this decision reflects their comments.

✓

EXECUTIVE DIRECTOR, RESOURCES:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature

m j. alle

Date

3.12.13

