GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION - MD1329

Title: London Health Commission

Executive Summary:

The London Health Commission ("Commission") is an independent inquiry established in September 2013 by the Mayor of London. The Commission is chaired by Lord Darzi and will report directly to the Mayor. The Commission's task is to examine how London's health and healthcare can be improved for the benefit of the population. MD1286 contains the Mayor's approval of funding for the Commission provided by NHS England, the GLA and other health agencies. This MD seeks approval to receive £0.25m additional funding from Public Health England within 2013/14 and expenditure of up to £0.995m on activity required to facilitate the effective discharge by the Commission of its functions.

Decision:

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That the Mayor approves:

1. receipt of £0.25m from Public Health England (London Office);

in Jun

- 2. expenditure of that £0.25m to meet running costs of the London Health Commission; and
- 3. expenditure of up to £0.995m on activity required to facilitate the effective discharge by the London Health Commission of its functions.

Mayor of London

I confirm that I do not have any disclosable pecuniary interests in the proposed decision, and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:

Date:

18.3.2014

PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE MAYOR

Decision required - supporting report

1. Introduction and background

1.1 London faces significant and unique challenges in health and healthcare. The Commission, chaired by Lord Darzi, was appointed by the Mayor to examine how these can be improved for the benefit of the population. Lord Darzi is supported by the Commission which comprises a wide group of members. The Commission is also supported by four expert groups who meet monthly.

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- 1.2 Public Health England (PHE) has a role in supporting and enhancing public health work in local government. It is supporting the London Health Commission. Dr Yvonne Doyle, London Director sits on the Commission and chairs one of its Expert Groups.
- 1.3 The Commission will examine four broad themes and will make recommendations under each:
 - Improving the quality and integration of care:
 - Enablers to high quality and integrated care delivery;
 - Healthy lives and health inequalities; and
 - Health, economy, research and education.
- 1.4 Throughout the life of the Commission there has been extensive engagement with patients and the public and wider stakeholder groups. The Commission has received over 250 written and verbal responses to its call for evidence from the public, the NHS, Public Health England, local government, business, the voluntary sector, academia and others.
- 1.5 The Commission operates independently under Lord Darzi's leadership but has no distinct legal status. The GLA is therefore, accountable for and the contracting party for the purposes of the receipt of income and expenditure incurred by the Commission.
- 1.6 The first decision here is, therefore, for the Mayor to approve receipt of £0.25m from Public Health England to support the Commission's running costs. The GLA will be accountable to PHE for the use of this grant funding in support of the Commission's work.
- 1.7 The second and third decisions relate to expenditure required to enable the effective discharge of the Commission's functions. An initial breakdown of proposed expenditure of the Commission was approved by IPB on 17th January 2014. DD1164 sought approval to undertake expenditure of this funding with a provisional budget of up to £1.54m to procure analysis & expert advice to support the four themes of the Commission. The expert consultancy advice required has been sought at the request of the Chair of the Commission. The work was defined & procured by a competitively-procured Managing Agent to advise the GLA on the best providers for this commissioned activity. The procurement was undertaken in line with the GLA procurement guidelines for the following contracts:
 - Population Segmentation and Economic Modelling services; and
 - Services required to enable International Comparisons to support the London Health Commission.

The details of the procurement activity conducted in this regard are commercially sensitive and so are included at part 2 of this report.

2. Objectives and expected outcomes

2.1 A Commission report, with detailed recommendations, will be published in autumn 2014.

3. Other considerations

- a. Links to strategies and Mayoral and corporate priorities
 - Contributes to the delivery of Mayor's Health Inequalities Strategy- relating to the access of Londoners to quality healthcare 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; and
 - Aligns with the 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; and
 - Improving returns for investors and taxpayers (measured through GVA), increasing economic resilience and attracting investment in healthcare related industries.

b. Impact assessments and consultation

- The London Health Commission will continue to 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 are being considered. The decision on the final process will be based on:
 - The consultation's detailed and specific objectives;
 - o The people whom the Commission wishes to consult: and
 - The period of time set aside for the consultation.
- The consultation process will include both traditional and more innovative methods, including paper-based, online and face-to-face work. Activities so far have included webcasts of the evidence hearing sessions and in future will include a series of focus groups, a series of stakeholder events and public opinion polling.

c. Risk

Risk Detail	Contingency	Action Owner
Failure to identify sufficient	A phased approach to	Assistant Director – Health &
resources within the project	implementation is currently	Communities
timeline	being carried out	
Failure to fully engage the health	Membership of the	Assistant Director – Health &
sector to provide evidence and	Commission's advisory board is	Communities
input to the Commission's	sufficiently broad to minimise	·
recommendations	the risk	
Delays in procuring the major	LHC Programme Director and	Assistant Director – Health &
pieces of Commission work	PMO support are prioritising	Communities
	action on this and GLA staffs	
·	are working with the managing	
	agent (NELCSU) to ensure the	
	procurements systems are in	
	place and procurements are in	
	place asap.	

4. Financial comments

- Approval is being sought for the receipt of £0.25m from Public Health England (London Office) and associated expenditure to fund the running costs of the London Health Commission in the 2013/2014 financial year. Receipt of this additional funding will bring the total gross budget for the London Health Commission to £4.350m. The Income will be accounted for within the Health & Communities Unit and all appropriate budget adjustments will be made.
- 4.2 Approval is also sought to award contracts for services up to the value of £995,000 for the procurement of expert advice and analysis to support the work of the Commission. This will be resourced from the existing budget held within the Health & Communities Unit (Communities & Intelligence Directorate) as approved by DD1164.
- 4.3 The Health & Communities Unit (Communities & Intelligence Directorate) will be responsible for managing all the GLA's activities relating to the London Health Commission and must ensure that all proposed expenditure adheres to the Authority's Financial Regulations, Contracts & Funding Code, Expenses & Benefits Framework and Funding Agreement Toolkit.
- 4.4 Further financial comments are contained within the Part 2 confidential paper.

5. Legal comments

- 5.1 Sections 1 4 of this report indicate that the decisions requested of the Mayor 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 in manner which promotes the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom.
- 5.2 It appears from part 2 of this report that the services in respect of which it is proposed contracts be awarded have been procured in accordance with the GLA's Contracts and Funding Code and underlying procurement law.
- 5.3 Officers must ensure that:
 - that they do not act in reliance of the Public Health England (London Office) funding until a legally binding commitment from Public Health England (London Office) is in place; and
 - appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of such services in respect of which it proposed contracts be awarded.

6. Investment & Performance Board

The decision relating to the receipt of PHE funds was not submitted to the IPB. A paper was submitted to IPB in (17th January 2014 & 7th March 2014) relation to the planned expenditure of the Commission.

7. Planned delivery approach and next steps

Activity	Timeline
Announcement at London Health Board	20 September 2013
First Meeting of London Health Commission	2 December 2013
Call for Evidence	December 2013
·	10 February 2014
Report Published	Autumn 2014
Project Closure: [for project proposals]	Autumn 2014

Supporting papers: MD1286, DD1164, DD1157

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 <u>or</u> on the defer date.

Part 1 Deferral: No

Is the publication of Part 1 of this approval to be deferred? NO

If YES, for what reason:

Until what date:

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 - Yes

ORIGINATING OFFICER DECLARATION: Drafting officer:	Drafting officer to confirm the following (✓)
Gus Wilson has drafted this report in accordance with GLA procedures and confirms the following have been consulted on the final decision.	✓
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.	✓
Sponsoring Director: <u>Jeff Jacobs</u> has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.	✓
Mayoral Adviser: Sir Edward Lister has been consulted about the proposal and agrees the recommendations.	✓
Advice: The Finance and Legal teams have commented on this proposal.	✓

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

Signature

M. J. Alla

Date

18.3.14

CHIEF OF STAFF:

I am satisfied that this is an appropriate request to be submitted to the Mayor

Signature

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Date 18:03:2014