

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH & WELLBEING BOARD 10 November 2014</p>
<p>The London Health Commission report summary</p>	
<p>Report of the Health and Wellbeing Board support team and Hammersmith and Fulham CCG</p>	
<p>Open Report</p>	
<p>Classification - For Information</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: n/a</p>	
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1. EXECUTIVE SUMMARY

- 1.1. This report gives a brief overview of the main recommendations of interest to the London Borough of Hammersmith and Fulham (LBHF) Health and Wellbeing Board, from the London Health Commission report, 'Better Health for London'.

2. RECOMMENDATIONS

- 2.1. The London Borough of Hammersmith and Fulham Health and Wellbeing Board are asked to note the recommendations of interest from the London Health Commission report.

3. REASONS FOR DECISION

- 3.1. This report is for information only.

4. INTRODUCTION AND BACKGROUND

- 4.1 On Wednesday 15th October 2014, The London Health Commission, an independent inquiry chaired by Lord Darzi, reported to the Mayor of London on how to improve health and wellbeing in London.
- 4.2 The [full report](#)¹ includes 64 recommendations. This briefing focuses on the areas of the report which will be of particular interest to the LBHF Health and Wellbeing Board.

5. PROPOSAL AND ISSUES

- 5.1 The London Health Commission report is wide ranging in its scope and covers a whole variety of issues around the health and wellbeing agenda, from active lifestyles to air quality.
- 5.2 This briefing sets out the recommendations (R) of particular interest to the LBF Health and Wellbeing Board under the following headings:
- Better health for children and young people
 - Making care more personal
 - Information, investment and reform

Better health for children and young people

- 5.3 The second chapter of the report entitled 'better health for London's Children' focuses on child poverty, childhood obesity, healthier schools, mental and physical health services.
- 5.4 On **better parenting**, the report recommends that health and care commissioners should jointly develop a new model to improve support for parents of vulnerable children under three years of age (R13).
- 5.5 The report points out that only 53% of London's children reach a good level of development at age 5, with wide variation within London linked to deprivation and place. Health and Wellbeing Boards have an important role to play in driving this agenda and there is already progress being made locally through the Early Help review across Tri-borough.
- 5.6 The report also calls for better **children's mental health services and physical health services**, recommending that health commissioners and

¹ http://www.londonhealthcommission.org.uk/wp-content/uploads/London-Health-Commission_Better-Health-for-London.pdf

providers should launch a process to address the variation in quality of care for children and to propose actions to improve outcomes (R16).

- 5.7 Health and Wellbeing Boards can take a leading role in facilitating conversations around effective early intervention and prevention at a strategic level, ensuring that the mental health needs of the population are met through the most appropriate accessible channels. Health and Wellbeing Boards should learn from innovative best practice examples both nationally and internationally and consider whether these can be effectively implemented locally.
- 5.8 The Children, Young People and Mental Health Task and Finish group which have been considering the future vision for children and adolescent mental health services locally is a good example of where the Health and Wellbeing Board can have a positive impact in setting the strategic direction and ultimately improve outcomes for children and young people across the borough.

Making care more personal

- 5.9 The third chapter of the report focuses on 'Better Care' with a particular focus on personal care based on the needs of the individual.
- 5.10 On **personalised care and empowering people**, the report recommends that health and care commissioners should commission holistic, integrated physical, mental and social care services for population groups with similar needs, with clearly defined outcomes developed by listening to people who use services (R17).
- 5.11 Health and Wellbeing Boards will have a particularly important role to play in relation to this recommendation, with Healthwatch providing an invaluable link to the patient through their voice on the Board.
- 5.12 On **GP care**, the report says that NHS England and CCGs should promote and support GPs working in networks (R24) and allow patients to move freely within GP networks (R25). In addition to this, the report recommends that NHS England and CCGs should put in place arrangements to allow existing or new providers to set up new GP services in areas of persistent poor provision in London (R26).
- 5.13 GP practices in Hammersmith and Fulham have been working as part of commissioning networks since around 2010, and relationships between practices are well developed. Since May 2014, Hammersmith & Fulham CCG has also been actively supporting all practices to join together

formally as a single provider federation. We expect the Hammersmith and Fulham GP Federation to become a legal entity in November 2014; this organisation will provide a vehicle for offering equitable primary care to all Hammersmith and Fulham residents, and will support the movement of patients between practices. Initially, the CCG expects to be able to contract with the Federation for a range of specified Out of Hospital (OOH) services from early 2015.

- 5.14 On **the GP estate** in London, the report recommends that NHS England should reform the rent imbursement system for GP Premises (R51).
- 5.15 Hammersmith & Fulham CCG is working closely with NHS England and NHS Property Services to take forward plans to modernise existing GP premises across the borough. During 2013/14 we have already re-housed four GP surgeries into a state-of-the-art facility in White City, Parkview Centre for Health and Wellbeing. However, there remain a number of practices operating out of buildings which are not fit for purpose for 21st century healthcare. As such, the CCG welcomes this recommendation, which would further incentivise local GPs to move to more suitable premises.
- 5.16 On **primary care investment**, the report says that NHS England should rebalance expenditure from specialised services to primary and community services, and launches a five-year £1 billion investment programme in GP premises (R21). Health commissioners should increase the proportion of total London NHS spending dedicated to GPs and primary and community services and facilities (R22).
- 5.17 The report also covers better care for **marginalised groups** and recommends that health and care commissioners should ensure that all Londoners have access to digital mental health support, in the languages that they speak, and using the latest technology (R28).

Information, investment and reform

- 5.18 On **better health information**, the report recommends that health and care commissioners should embrace advanced data analytics to better understand care needs and to commission high quality care (R44).
- 5.19 On **CCG funding and payments**, the report recommends that London CCGs and Strategic Planning Groups should consider developing local initiatives to promote greater equity in financing the health and care system (R46). The report also recommends that NHS England should

make clear the budget for the London Region of NHS England and for London CCGs for the duration of future spending review periods (R47).

- 5.20 The CCGs across NWL have developed a joint financial strategy to reflect the inter-connectedness of the local health economy and the need to work closely together to deliver a whole-system transformation of health services. This strategy allows for the promotion of equity in financing across the CCGs. Hammersmith and Fulham CCG would welcome greater certainty on future allocations to enable us to make long-term plans for improving services for local residents.
- 5.21 On **integrated care**, the report points out the drawbacks of having the NHS budget distributed to care providers through multiple different payment mechanisms. It recommends that NHS England should work with CCGs and local authorities to trial capitated budgets for specific population groups, such as elderly people with long-term conditions (R49).
- 5.22 The Health and Wellbeing Board will continue to have an important role to play in developing integrated care through the Better Care Fund. There may be an opportunity for the Health and Wellbeing Board to trial capitated budgets in the future through working with NHS England as set out in the recommendation.
- 5.23 The Whole Systems Integrated Care Steering Group for Finance, Analytics and Informatics has been meeting fortnightly since July 2014 to agree a common methodology for the calculation and implementation of capitated budgets in North West London. There are three reasons for taking a common approach to capitated budgets across North West London. The first is that these calculations will be more accurate the bigger the population that they are based on, the second is providers will benefit from being recipients of a common payment mechanism across the geography and the third is that this will help ensure equality in the offer to patients. There is representation on the group from CCGs and Local Authorities across North West London, including lay members.
- 5.24 On **local leadership**, the report recommends that NHS England should further empower CCGs to work together – with their local authority partners – to improve care across multiple boroughs, by devolving further decision making powers to strategic planning groups (R62).
- 5.25 An opportunity exists for the Health and Wellbeing Boards to become the driver for this change, with partners working together to improve the

health and wellbeing of residents across boundaries where need and priorities are shared.