



Haringey Council

Report for:	Health and Wellbeing Board	Item Number:	
Title:	Health and Wellbeing - National and London Developments Update		
Report Authorised by:	Dr Jeanelle de Gruchy, Director of Public Health		
Lead Officer:	Dr Jeanelle de Gruchy, Director of Public Health		
Ward(s) affected: All	Report for Key/Non Key Decisions: N/A: for update and discussion		

1. Describe the issue under consideration

1.1. This report is to update the Health and Wellbeing Board (HWB) on a number of national and London developments regarding health and wellbeing: – the Mayor’s London Health Commission, the London Health Board and Public Health England’s (PHE) Health and Wellbeing Framework.

2. Cabinet Member introduction

N/A

3. Recommendations

3.1. That the Health and Wellbeing Board discuss the National and London developments; note the implications for Haringey and any subsequent local action required.

4. Alternative options considered

No alternative options were considered.



Haringey Council

5. Background information

- 5.1. Mayor's London Health Commission. The London Health Commission is an independent inquiry established in September 2013 by the Mayor of London (membership of the Commission at Appendix 1). The Commission is chaired by Professor the Lord Darzi and reports directly to the Mayor. The Commission is examining how London's health and healthcare can be improved for the benefit of the population. It will advise on the unique contribution the office of the Mayor might make by doing things at the city level that work alongside local activities to magnify efforts.
- 5.2. London faces significant challenges in health and healthcare, many of them unique. There is a high burden of disease, both physical and mental; health inequalities remain stubbornly wide, between and within boroughs; despite examples of world-leading services and research, quality of care is variable and often does not meet people's needs and expectations; and the current economic climate means finances are constrained whilst healthcare costs are rising (Appendix 2 for further information on London's health and wellbeing characteristics). The London Health Commission provides an opportunity to bring together the Mayor of London with the NHS, local government and the wider public to address these challenges.
- 5.3. To date evidence has been gathered from:
- 5000 Londoners polled for their views so far
 - 250 submissions to the call for evidence
 - 50 road shows across the capital
 - 9 oral health hearing sessions
- 5.4. The commission is developing proposals covering:
- Better health for everyone
 - Better health through better care
 - Enablers for better care
 - Stronger health economy and research
- 5.5. Specific proposals will be developed and refined over the summer. The Commission is likely to make recommendations beyond health and care services to areas including air quality, walking and cycling, promoting fitness and activity including by making more use of London's green spaces, regulatory options for sugar, alcohol and tobacco, healthy schools and wider ways of improving children's health. It has been noted that there are many examples of interesting programmes and activity by boroughs in many of these areas. There are indications that they are likely to be supportive of locally-driven integration and solutions to the sustainability of health economies. The report will be submitted to the Mayor in the Autumn



Haringey Council

5.6. London Health Board. The London Health Board (LHB) was established in March 2013. Membership is made up of three parts:

- a) five Leaders of London local authorities;
- b) the Mayor of London and four Mayoral appointees; and
- c) five senior representatives from the Health Sector in the capital (from NHS England, Public Health England, the London-wide Clinical Commissioning Council – representing London Clinical Commissioning Groups (CCGs), one of the London Academic Health Sciences Network Director and the London Clinical Senate.)

The LHB is in a unique position, because of its partners and members, to be able to bring together senior leaders in health and care organisations across London. This enables the LHB to provide leadership on health and social care issues of pan-London significance, where this adds value to decisions, agreements and action at a local level.

5.7. In its first year, the LHB has met four times, settled upon five priority areas and established a number of ground-breaking programmes to improve health outcomes and services for Londoners. The London health Board is working on five priorities:

- a) Making the case for London - the Board has supported the case for changing the CCG allocation so that funding is more evenly distributed across London.
- b) Improving primary care - the Board has endorsed a proposal to leverage investment in primary care with a focus on improving the primary care estate.
- c) Enhancing patient experience through data transparency and digital access to information - the Board has asked NHSE (L) to deliver a programme on transparency to better inform the public about local services, to improve tracking performance of services and to use data to deliver self-management guidance to the public. The programmes aim to develop myhealthlondon as a platform for Londoners to access information.
- d) Promoting growth and jobs in the life sciences
- e) Improving mental health - the Board agreed to support an approach and related programme of work led by Public Health England (London) focused on:
 - ensuring that Londoners aged 16 and over can access digital support to self-manage their mental well-being, in order to achieve better overall health outcomes and to reduce the impact of mental health on the London economy; making this happen requires close collaboration across boroughs and CCGs
 - work with adolescents to improve their resilience, thereby increasing their mental health and improving education outcomes and reducing offending levels
 - the development of more effective support to ensure talent is not lost from the London workforce due to people falling out of employment or not getting a job because of their mental illness; the Board is working with public and private sector employers to develop this strand.



Haringey Council

5.8. Public Health England's Health and Wellbeing Framework. Public Health England (PHE) is developing a Health and Wellbeing Framework. Publication of the Framework is expected in August. This starts from the proposition that working together (national and local government, the NHS, industry, academia, the public and voluntary and community sector) can achieve a real shift to sustain improvements being led by local government to focus on health rather than the treatment of illness. The Framework offers a range of tools and analyses that will enable this to be achieved, not a prescription of what any stakeholders should do.

5.9. The Framework will set out the scale of the current health challenges the country faces and the prize to be achieved from creating a coalition for change. It will provide analyses of trends in several key areas relevant to health and set out what we know from the evidence would be effective action to be taken by national government, the NHS, business, schools etc as well as local government. This information will be presented in three themes: people, places and communities and will be supplemented over time by an interactive database so that anyone can search for what information might best support their local activities and priorities.

6. Comments of the Chief Finance Officer and financial implications

6.1. Currently we have no expectation that there will be significant new funding available for this so all new initiatives are likely to be funded from reprioritisation of existing resources in council Public Health and NHS England/London budgets.

7. Comments of the Assistant Director of Corporate Governance and legal implications

7.1. The Assistant Director of Corporate Governance has been consulted on this report. There are no specific legal implications.

8. Equalities and Community Cohesion Comments

8.1. As this is an information report, Policy and Equalities have no specific equalities comments to make at this stage except advising that Health and Wellbeing Board should be aware that the work being done by London Heath Board (LHB) has implications for the Mayor's public sector equality duty to have due regard to the need to amongst other things and in this case, to ensure all Londoners have equal access to health and social care and to promote health equality for all Londoners across all the characteristics protected by sections 4 – 12 and 17 of the Equality Act 2010.

8.2. The characteristics protected by the Act include age and it is noted that the LHB in its work so far has a focus on Londoners aged 16 and over to improve their resilience and increase their mental health and improve education outcome for them and reduce youth offending.



Haringey Council

9. Head of Procurement Comments

No comment required as this paper does not relate to the procurement of services.

10. Policy Implication

- 10.1. The Health and Wellbeing Strategy refresh process should consider the recommendations of the London Health Commission and PHE's Health and Wellbeing Framework.

11. Reasons for Decision

- 10.1 No decision required.

12. Use of Appendices

- 11.1 Membership of the London Health Commission.
- 11.2 Additional information on London's health and wellbeing .

13. Local Government (Access to Information) Act 1985



Haringey Council

Appendix 1: Membership of the London Health Commission

- Professor the Lord Ara Darzi – London Health Commission Chair
- Lord Victor Adebawale – Chief Executive, Turning Point
- Colin Barrow – Executive Chairman, Alpha Strategic
- Sir Cyril Chantler – Chair, University College London Partners
- Dr Yvonne Doyle – Regional Director, Public Health England (London region)
- Dr Sam Everington – General Practitioner and Chair of Tower Hamlets Clinical Commissioning Group
- Professor David Fish – Managing Director, University College London Partners
- Professor Chris Ham – Chief Executive, The King's Fund
- Dermot Kelleher – Dean of the Faculty of Medicine, Imperial College London
- Sir Ron Kerr – Chief Executive, Guy's and St Thomas' NHS Foundation Trust
- Professor Sheila Leatherman – Research Professor, The University of North Carolina and Visiting Professor, London School of Economics
- Dr Andy Mitchell – Medical Director, NHS England (London region)
- Crystal Oldman – Chief Executive, The Queen's Nursing Institute
- Cllr Teresa O'Neil – Leader, London Borough of Bexley
- Dr Matthew Patrick – Chief Executive, South London and Maudsley NHS Foundation Trust and Clinical Director for Mental Health, NHS England (London region)
- Dr Anne Rainsberry – Regional Director, NHS England (London region)
- James Reilly – Chief Executive, Central London Community Healthcare NHS Trust
- Dr Caz Sayer – General Practitioner and Clinical Lead, NHS Camden Clinical Commissioning Group
- Dr Tim Spicer – General Practitioner and Chair of Hammersmith and Fulham Clinical Commissioning Group
- Dr Geraldine Strathdee – National Clinical Director for Mental Health, NHS England
- Dr Chris Streater, Chief Executive, South London Academic Health Sciences Network
- Jeremy Taylor, Chief Executive, National Voices
- Professor Chris Welsh – Director of Education and Quality, Health Education England



Haringey Council
Appendix 2

London has a number of unique population characteristics: huge inequalities, including health, within its population; a highly diverse and mobile population, which impacts on patterns of access to and uptake of services – as well as presenting information sharing challenges; an additional daytime population and a night-time economy – which creates unique pressures on the London health system, in particular A&E; high levels of vulnerability – particularly in socially excluded groups, such as older people, with many experiencing social isolation; high numbers of families in poverty; and high levels of homelessness and rough sleepers.

There are also particular population health issues and emerging challenges: high levels of sexually transmitted infections and HIV; high domestic and gender-based violence (including Female Genital Mutilation); high levels of serious mental illness and a need to improve mental health for children and young people; significant inequalities in uptake and effective prevention, including immunisation and screening; high levels of obesity, coupled with low levels of nutrition and physical activity; increasing rates of TB; high levels of smoking, increasingly concentrated in particular groups; and high levels of alcohol and drug misuse.

Poverty, social exclusion and human rights abuses are underlying factors for poor health. London also faces specific challenges around limited affordable housing; wage stagnation, and high levels of food and fuel poverty, all of which have a considerable impact on health and care needs.