

# London Councils' Leaders' Committee

## Health and Social Care Devolution

Item 8

**Report by:** Clive Grimshaw **Job title:** Strategic Lead for Health and Adult Social Care & Policy and Projects Manager

**Date:** 5<sup>th</sup> December 2017

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**Summary** This report notes the publication of the London Health and Social Care Devolution Memorandum of Understanding and lays out the implications and opportunities for London borough Leaders.

**Recommendations** Leaders' Committee is invited to note the publication of the London Health and Social Care Devolution Memorandum of Understanding and that detailed reports on the delivery of the commitments in the MoU will be reported to future meetings.



# Health and Social Care Devolution

## Introduction

1. In December 2015, London boroughs came together with partners in health and the Mayor of London to jointly sign a Health and Care Devolution Agreement. This agreement captured a shared commitment to unblock reform in areas where previous efforts to change and deliver improvement had been hindered.
2. Specifically, through the 2015 London Health and Care Devolution Agreement, London and national partners recognised –
  - the need to shift from reactive care to prevention, early intervention, self-care and care closer to home
  - the scale and complexity of the health and care system in London - improvement will be driven at different geographic levels
  - the need to tailor solutions to the different needs of people and places and that locally shaped solutions will progress at different paces
  - The importance of enablers, including estates.
3. As a consequence, London and national partners agreed to work together to explore:
  - aligning capital programmes and removing barriers to make best use of the NHS estate
  - flexibility of payment mechanisms
  - developing place-based provider regulation
  - workforce planning and delivery of education and training
  - devolving transformation funding
  - using planning & licensing to support prevention
  - joint working on employment and health.
4. Since then, local, London and national partners have been working closely together to examine how the transfer of powers, decisions and resources to more local levels could help unblock barriers and improve health and care for Londoners. This work has crystallised through London's five pilots which have explored how devolution could work at different spatial levels, with different areas of focus.

## A London Health and Social Care Devolution Memorandum of Understanding

5. The Health and Care Devolution Memorandum of Understanding (MoU) signed on 16 November sets up a new phase of devolution in the capital. The signing reaffirms a shared commitment to accelerate improvement to the health and care of all Londoners through the devolution or delegation of powers and granting of new freedoms to London. It opens up new opportunities for London, at the local, multi-borough and regional level, to better shape provision to local needs and reform the way London health and local government operates so that residents have the best chance to live longer, healthier lives. A full briefing on the MoU is **attached** as appendix one.

6. The new powers and freedoms that have been gained through devolution provide a platform for accelerating the development of borough-led integration models in order to improve the health and care system locally. London boroughs with the Mayor and health partners will collectively need to account for how effectively these new powers are used.
7. The period to come, post-MoU, represents the greatest opportunity for London boroughs to shape the delivery of reform and show how London borough's local knowledge and leadership accelerates fundamental improvements in health and care services locally and throughout the Capital.

### **Opportunity areas**

8. The MoU is broad and in many places permissive. It is however, built on a clear and overriding principle of subsidiarity. London boroughs have opportunities to act as first movers in shaping future services. This will depend on boroughs and their local partners developing ways to take advantage of the opportunities offered by the MoU, where the borough influence will be greatest where partnerships bring forward positive proposals. In the absence of positive propositions emerging through boroughs, there is a risk of becoming joint owners of solutions developed elsewhere.
9. The priority areas where the biggest opportunities present themselves are set out below.

### **Capital and estates**

10. The MoU offers London the opportunity to make more decisions regarding the disposal of NHS assets and use of receipts within the London system, by delegating capital business cases and spending decisions within the parameters of statutory powers and national approval thresholds. For London to achieve this, it has been required to set up a London Estates Board.
11. The London Estates Board will also ensure that more investments "are best considered jointly" by both NHS and local government, which over time will extend to joint consideration and decision making. Through the London Estates Board, London will be able to ensure that it gets the greatest possible value from land sales by considering opportunities for 'marriage value' from nearby surplus public sector sites.
12. The London Estates Board will ensure London is able to prioritise capital plans in in the Capital. In 2018, Leaders' Committee will receive reports on the work of the London Estates Board and the strategic plan for capital investment in London. As the London Estates Board takes on more formal powers, there will also be the opportunity for sub-regional groups to be more actively involved in decision making.

### Integration – Commissioning and Regulation

13. London's growing and ageing population is creating the need for new and more tailored responses from the health and care system in London amid significant financial challenge. National policy and local priorities have begun to converge towards finding ways of creating joint or single commissioning arrangements which underpin new models of care and which provide care that is out of hospital and closer to home. This requires boroughs to consider the ways different parts of the system can work together more closely.
14. The MoU offers London the opportunity to work together, including with NHS England and NHS Improvement, to support local (borough) and multi-borough areas to develop innovative models of payment. Under the MoU, London will pilot these models, assess them and, where the case is made, ensure they are useable across London.
15. London has also committed to explore jointly, with national partners, barriers to joint or lead commissioning approaches and how to overcome them, including those around governance.
16. Similarly, the MoU commits London to working with NHS England and NHS Improvement to create more streamlined regulation of the system in London. It points the way to joining up processes and timetables, as well as to working with CQC. London will need to develop and test these new approaches in order to remove obstacles to better joined up care.
17. Through the London Health and Care Strategic Partnership, established under the MoU, borough and health partners will produce a delivery plan for developing and implementing these and other reforms London has committed to under the MoU. Through Leaders' Committee, borough Leaders will be briefed on how London will deliver against these commitments and opportunities for utilising reforms which flow from the MoU. This will be in addition to the work which borough and local partners may do to utilise the MoU opportunities in pushing forward with their own local reforms.

### Prevention

18. The prevention section of the MoU is the most complex and least specific. It offers the potential for a pilot work and health project in the London Borough of Haringey, subject to agreement with national partners regarding resourcing the pilot.
19. More generally, however, the MoU as it relates to prevention contains a series of commitments to discussion between national and pan-London government, London Councils and boroughs. This prevention theme strongly connects with the Mayor of London, both in terms of the Mayor's wider planning, environmental and housing powers and his duty to publish a Health Inequalities Strategy. Therefore, a detailed report on prevention will need to come to Leaders, following discussions with borough and London Partners regarding the potential alignment of the MoU and the wider strategic powers available to London.

## Governance

20. At a political level, the MoU is explicit that it does not alter existing accountability structures. However, the MoU positions the London Health Board as providing pan-London political oversight, and in doing so raises the prospect of changes to the way in which the London Health Board operates. There are no immediate proposals for Leaders to consider in terms of the London Health Board. London Councils' representatives are Cllrs Kevin Davis, Denise Hyland and Richard Watts.
21. However, given the primacy of the subsidiarity principle within the MoU, local borough political leadership is critical to ensuring that improvements flowing from the MoU are captured within individual London boroughs. To provide some support, facilitation and coordination to support borough political leaderships in their ability to grip and go forward with devolution, it is proposed that the London Health and Wellbeing Board Chairs' Network be invited to receive updates on and comment on the MoU delivery plan in addition to reports coming to Executive and Leaders' Committee.

## Conclusion

22. Appendix one illustrates both breadth and complexity and also the opportunity of the health devolution MoU.
23. Greater influence over capital receipts/investment through the London Estates Board, as well as London's say over our share of transformation funding, opens up possibilities around a better resourced and balanced package of local reforms and improvements.
24. Clearly, through the London Health and Care Strategic Partnership Board and the London Estates Board, officers will bring forward a detailed delivery plan, which will in turn require further reports to be brought to Leaders' Committee. However, it is clear that London boroughs will have a central role to play in the detail and delivery of reform. Boroughs, Leaders and Health and Wellbeing boards should be actively encouraging a local consideration about how the MoU can help the system realise local priorities/objectives

## **Financial Implications for London Councils**

There are no financial implications for London Councils resulting from this report.

## **Legal Implications for London Councils**

There are no legal implications for London Councils resulting from this report.

## **Equalities implications for London Councils**

There are no equalities implications for London Councils.





# Health and Social Care Devolution: A Memorandum of Understanding

This briefing updates members on the most recent developments in the devolution of health and care to London government following the signing of a Memorandum of Understanding earlier this week.

## Background

In December 2015, London boroughs came together with partners in health and the Mayor of London to jointly sign a Health and Care Devolution Agreement. This agreement captured a shared commitment to unblock reform in areas where previous efforts to change and deliver improvement had been hindered.

Specifically, through the 2015 London Health and Care Devolution Agreement, London and national partners recognised :

- the need to shift from reactive care to prevention, early intervention, self-care and care closer to home
- the scale and complexity of the health and care system in London - improvement will be driven at different geographic levels
- the need to tailor solutions to the different needs of people and places and that locally shaped solutions will progress at different paces
- the importance of enablers, including estates.

As a consequence, London and national partners agreed to work together to explore:

- aligning capital programmes and removing barriers to make best use of the NHS estate
- flexibility of payment mechanisms
- developing place-based provider regulation
- workforce planning and delivery of education and training
- devolving transformation funding
- using planning and licensing to support prevention
- joint working on employment and health.

Since then, borough, London and national partners have been working closely together to examine how the transfer of powers, decisions and resources to more local levels could help unblock barriers to improving care for Londoners. This work has crystallised through London's five pilots which have explored how devolution could work at different spatial levels, with different areas of focus:



**Estates in Barnet, Camden, Enfield, Haringey and Islington ('North Central London'):** making better use of health and care buildings and land.

**Prevention in Haringey:** exploring licensing and planning powers needed to ensure that local environments support health, and looking at early intervention to support those who have fallen out of work due to mental health issues.

**Integration in Hackney:** bringing together mental and physical health services, and health and social care budgets.

**Integration across Barking and Dagenham, Havering and Redbridge:** delivering a personalised health and care service focusing on self-care, prevention and local services that enable the sustainability of the health and care system.

**Integration in Lewisham:** creating "One Lewisham Health and Social Care system" by combining services and social care.

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### A Health and Care Devolution Memorandum of Understanding

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### What does the devolution MoU mean for London?

#### Better use of NHS buildings and land

The MoU offers London the opportunity to:

- Make more decisions regarding the disposal of NHS assets and use of receipts within the London system, by delegating capital business case and spending decision within constraints of statutory powers and national approval thresholds.
- By establishing a London Estates Board, for each development London will know who is making key decisions and when, creating more efficiency, quality and transparency of the process and decisions around health and care estate development.
- Consider capital cases which "are best considered jointly" by both NHS and local government at a sub-regional or lower funding level.
- Operate within a capital budget set each year by national and London Partners, including a spending profile for retained capital receipts and the ability of the London Estates Board and sub-regional Boards to make recommendations on how to spend these receipts.
- Work with the Department of Health and sub-regions to ensure release of sites takes account of local public sector opportunities.
- By working more closely together, enable the development of a clearer picture of the condition and purpose of NHS land and buildings in London. This will help London to shape and plan how these assets are best used and deliver greater efficiency and flexibility in how NHS estate, which will help reduce waste and improve usage.

With regard to the capital need in London, the benefits of the MoU include:

- By having more influence and power over London's estate and capital receipts, there will be more capital available to support the much-needed investment in health and care estate, without relying on the availability of national capital.
- Through local government partnerships, we can ensure that we get the greatest possible value from land sales by considering opportunities for 'marriage value' from nearby surplus public sector sites
- London will be able to plan health and care investment more effectively with opportunities to raise capital clearly linked to robust and sustainable estates strategies that support local health and care plans.
- As surplus land is released, there will be more opportunities to consider the opportunities to deliver more primary and community care, housing, schools and wider public sector ambitions in London.

## Integration will improve health and care services for Londoners

### Commissioning and payments

London's growing, aging and more diverse population is creating the need for new and more tailored responses from the health and care system in the capital amid significant financial challenge. The direction of national policy and local priority has converged on the need to find ways of creating joint or single commissioning arrangements which underpin new models of care which are designed to ensure Londoners health and care is more seamless, provided closer to home and out of hospital. This requires us to change the way we work – so that different parts of the system can work together much more closely together.

The MoU offers London the opportunity to:

- Work together, including with NHS England and NHS Improvement, to support local (borough) and multi-borough areas in co-developing innovative models of payment. London will:
  - *Rapidly pilot these models.*
  - *Ensure they are useable across London – and beyond.*
  - *Assess them robustly.*
- Explore delegating some specialised commissioning to sub-regional decision making.
- Jointly explore, with national partners, barriers to joint or lead commissioning approaches and how to fix them, including barriers to reform of governance.

The MoU will also deliver:

- Delegated functions and budgets to London, including:
  - *Primary medical service commissioning to local (borough) level if and where agreed.*
  - *Delegate London share of Transformation Funding (circa £120 million).*
  - *A commitment that London will continue to be able to access new and relevant funding streams that emerge over time.*

With the powers above London has committed to:

- Create financial incentives to better meet need.
- Create more formal integrated joint working.
- Create care plans that are financially sustainable and enhance quality.
- Share learning beyond London.

### Regulation

By health and care organisations working more closely together, the approach to regulation needs to reflect a more integrated way of working. Organisation-based regulation does not directly support the more integrated models of health and care delivery that local areas are developing.

The opportunities devolution will bring:

- A commitment that London will work with NHS England and NHS Improvement to create more streamlined regulation of the system in London, and joining up processes and aligning timetables, including a commitment to joint appointments in some key roles.
- A further commitment to work with CQC to take steps that deliver closer working at London level with NHS England and NHS Improvement.
- London national partners will work with London to explore the potential to create a new oversight model using a place based framework, including:
  - *Being consistent with Next Steps delivery plan.*
  - *Regulation of delivery system as a whole alongside individual units.*
  - *Supporting development of lead accountable providers.*
  - *As far as possible bringing together oversight of CCGs with that of providers.*
  - *Consequential freedoms and flexibilities.*

The benefits of devolution:

- Health and care organisations will receive consistent advice and guidance, a joined-up

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and targeted approach to any quality or financial issues and fewer administrative burdens to respond to different requests for information.

- A more aligned and system-based, rather than organisation-based, approach to regulation which supports early intervention through partnerships and integration.
- Shared leadership and accountability for pathways of care and system challenges, supported by regulation.

### **Workforce and skills**

The people that work in health and care are critical to achieving London's transformation goals and improving our overall health. New models of care being developed by integration pilot areas rely on staff being able to work across organisational or care boundaries.

The opportunities devolution will bring:

- The establishment of a London wide workforce delivery system using collaboration of Health Education England, Skills for Health and Skills for Care.
- Ability to maximise links to Further Education Colleges and devolved employment programmes through work of GLA and London Councils.
- To explore single employer framework with employers and trade unions.
- Seek to better target the existing pay envelope through:
  - *More unified job evaluation and performance management.*
  - *Support to explore joint pay scales and approaches to changing terms and conditions to create combined roles.*
  - *Co-locating health and care staff.*

The benefits of devolution that London and national partners have committed to explore and develop approaches which will lead to joint health and care training and workforce development, co-location of health and care workforce, and creation of combined roles that will have a positive impact on services. These freedoms and reforms should allow London to implement collaborative, integrated health and care workforce to support new models of care helping to deliver higher quality care and extended services to consistent standards.

### **Prevention**

The MoU provides an opportunity to create better environments in which people can flourish, complementing individual Londoners' efforts on staying healthy.

The opportunities devolution will bring:

- National partners will work with London in support of setting up a borough led pan-London illegal tobacco and counterfeit alcohol team.
- Department of Health and Department for Education will work with London Partners to co-ordinate coordinate programmes targeting childhood obesity.
- Support for London to further explore options to further restrict advertising of unhealthy food and drink in specific locations, including a commitment that London will work with Committee of Advertising Practise on advertising of high fat, salt and sugar as new rules apply from July 2017.
- Department of Health and Department of Work and Pensions through the Work and Health Unit, commit to work with London to test improvements to support of people at risk of becoming long term unemployed.

The benefits of devolution:

- Collaboration on efforts to explore the evidence base for establishing a London wide illegal tobacco and counterfeit alcohol enforcement team will enhance London's efforts to reduce the availability of cheap illicit tobacco and alcohol and minimise health harms, especially to children and young people, along with strengthening city-wide action on illegal tobacco and alcohol and generating more duties paid to the exchequer.

Through a place-based approach that puts health and wellbeing at the heart of the MoU, London has real opportunities to tackle the wider determinants of health – including employment, planning and housing – and address health inequalities.

## Commentary

In December 2015, London entered into an agreement to come forward with devolution proposals for improving health and wellbeing outcomes, inequalities and services across the capital through new ways of working together and with the public.

London health devolution pilot areas have undertaken a huge amount of work during 2016 and 2017 in refining the evidence base and specificity of devolution needs and propositions. These are critical to the faster and deeper integration and reform of health and care. The offer explicit alongside these asks is that local integration through new approaches to health and care will give Londoners a better chance to live longer, healthier lives.

The new powers and freedoms that have been gained through the devolution MoU provide a platform for accelerating the development of borough-led integration models and so improving the health and care system locally. The period to come, post-MoU, represents the greatest opportunity for London boroughs to shape the delivery of reform and show how boroughs are leading the future of health and care in the capital based on a deep and thorough understanding of local need and circumstances.

In the same manner as individual pilot areas have led the agenda, so the task facing the wider system, in part, appears to be how to ensure reform emerges through bottom-up, locally designed solutions. This will be a central task for the coming 12 to 24 months and points to questions of how best the local story can be told, how Leaders can shape this and how best London can harness the collective ambition to deliver on the MoU and improve health and care for Londoners. The degree to which the powers and freedoms can be unlocked will be contingent on our ability to do this effectively.

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[Click here to send a comment or query to the author](#)

### Links:

[Landmark devolution deal to improve health and care across the capital signed](#)

### This member briefing has been circulated to:

Portfolio holders and those members who requested policy briefings in the following categories: Leadership, devolution and democracy



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- Consider capital cases which "are best considered jointly" by both NHS and local government at a sub-regional or lower funding level.
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- Work with the Department of Health and sub-regions to ensure release of sites takes account of local public sector opportunities.
- By working more closely together, enable the development of a clearer picture of the condition and purpose of NHS land and buildings in London. This will help London to shape and plan how these assets are best used and deliver greater efficiency and flexibility in how NHS estate, which will help reduce waste and improve usage.

With regard to the capital need in London, the benefits of the MoU include:

- By having more influence and power over London's estate and capital receipts, there will be more capital available to support the much-needed investment in health and care estate, without relying on the availability of national capital.
- Through local government partnerships, we can ensure that we get the greatest possible value from land sales by considering opportunities for 'marriage value' from nearby surplus public sector sites
- London will be able to plan health and care investment more effectively with opportunities to raise capital clearly linked to robust and sustainable estates strategies that support local health and care plans.
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## Integration will improve health and care services for Londoners

### Commissioning and payments

London's growing, aging and more diverse population is creating the need for new and more tailored responses from the health and care system in the capital amid significant financial challenge. The direction of national policy and local priority has converged on the need to find ways of creating joint or single commissioning arrangements which underpin new models of care which are designed to ensure Londoners health and care is more seamless, provided closer to home and out of hospital. This requires us to change the way we work – so that different parts of the system can work together much more closely together.

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### Regulation

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The opportunities devolution will bring:

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The benefits of devolution:

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and targeted approach to any quality or financial issues and fewer administrative burdens to respond to different requests for information.

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- Shared leadership and accountability for pathways of care and system challenges, supported by regulation.

### **Workforce and skills**

The people that work in health and care are critical to achieving London's transformation goals and improving our overall health. New models of care being developed by integration pilot areas rely on staff being able to work across organisational or care boundaries.

The opportunities devolution will bring:

- The establishment of a London wide workforce delivery system using collaboration of Health Education England, Skills for Health and Skills for Care.
- Ability to maximise links to Further Education Colleges and devolved employment programmes through work of GLA and London Councils.
- To explore single employer framework with employers and trade unions.
- Seek to better target the existing pay envelope through:
  - *More unified job evaluation and performance management.*
  - *Support to explore joint pay scales and approaches to changing terms and conditions to create combined roles.*
  - *Co-locating health and care staff.*

The benefits of devolution that London and national partners have committed to explore and develop approaches which will lead to joint health and care training and workforce development, co-location of health and care workforce, and creation of combined roles that will have a positive impact on services. These freedoms and reforms should allow London to implement collaborative, integrated health and care workforce to support new models of care helping to deliver higher quality care and extended services to consistent standards.

### **Prevention**

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The benefits of devolution:

- Collaboration on efforts to explore the evidence base for establishing a London wide illegal tobacco and counterfeit alcohol enforcement team will enhance London's efforts to reduce the availability of cheap illicit tobacco and alcohol and minimise health harms, especially to children and young people, along with strengthening city-wide action on illegal tobacco and alcohol and generating more duties paid to the exchequer.



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## Commentary

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London health devolution pilot areas have undertaken a huge amount of work during 2016 and 2017 in refining the evidence base and specificity of devolution needs and propositions. These are critical to the faster and deeper integration and reform of health and care. The offer explicit alongside these asks is that local integration through new approaches to health and care will give Londoners a better chance to live longer, healthier lives.

The new powers and freedoms that have been gained through the devolution MoU provide a platform for accelerating the development of borough-led integration models and so improving the health and care system locally. The period to come, post-MoU, represents the greatest opportunity for London boroughs to shape the delivery of reform and show how boroughs are leading the future of health and care in the capital based on a deep and thorough understanding of local need and circumstances.

In the same manner as individual pilot areas have led the agenda, so the task facing the wider system, in part, appears to be how to ensure reform emerges through bottom-up, locally designed solutions. This will be a central task for the coming 12 to 24 months and points to questions of how best the local story can be told, how Leaders can shape this and how best London can harness the collective ambition to deliver on the MoU and improve health and care for Londoners. The degree to which the powers and freedoms can be unlocked will be contingent on our ability to do this effectively.

“The period to come, post-MoU, represents the greatest opportunity for London boroughs to shape the delivery of reform and show how boroughs are leading the future of health and care in the capital”

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### Links:

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### This member briefing has been circulated to:

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