

# Leaders' Committee

## NHS Collaboration

Item no: 7

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**Date:** 24<sup>th</sup> March 2020  
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<b>Summary</b>	This report updates the Leaders' Committee on discussions in respect of the potential for future pan-London collaboration with the NHS. Specifically, it seeks comment on the emerging proposition for a more comprehensive and accelerated move towards closer collaboration and influence across the health and care system, and agreement for London Councils to push forward further senior member and officer level discussions with the intention of reporting to Leaders' Committee a final package of proposals for consideration.
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<b>Recommendations</b>	<p>Leaders' Committee is asked to:</p> <ol style="list-style-type: none"><li>1. Comment on the emerging propositions intended to accelerate improvements in health and care system through closer collaboration with the NHS in London as summarised by this report.</li><li>2. Note that London Councils will take forward senior level member and officer discussions to refine propositions for discussion with the NHS in search of an agreement for a more comprehensive and London-wide approach to collaboration across the London health and care system.</li><li>3. Note that a refined proposition will be reported to Leaders' Committee later in the year.</li></ol>
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# **NHS Collaboration**

## **Background**

1. Leaders' Committee in October 2019 discussed a report on the new opportunity to make London wide progress in the improvement of health and care services through faster integration and increased local leadership. It described developments during 2019, notably that the NHS London, under new leadership, had signalled the possibility of building more lasting collaboration into how it approached implementation of the Long Term Plan.
2. This report sets out how member and officer discussions since October 2019 have developed more detailed proposals to improve outcomes for Londoners through greater local leadership of health and care. Those discussions have been progressed on the basis of identifying areas where a concerted, London-wide approach to borough leadership of integration could improve health and care provision in London, including how to maximise investment of new funding for primary and community care, for example.
3. This report describes and seeks guidance on the advanced stages of discussion in order to bring back to Leaders detailed propositions for closer joint working at borough, sub-regional and pan-London levels.

## **Opportunities in the NHS Long Term Plan**

4. The NHS Long Term Plan sets out a number of commitments which will have an effect on boroughs' individual and collective ability to influence improvement to health and care systems in London.
5. In particular, it is clear from the Long Term Plan that the NHS recognises the critical role local government has to play in:
  - shifting the emphasis of health and care towards earlier intervention and out of hospital care;
  - breaking down the barriers between health and care services through new budget pooling and joint/single commissioning arrangements; and
  - returning the health system to a long-term sustainable financial footing.
6. Three specific Long Term Plan commitments stand out as ones which will impact on the nature of collaboration with boroughs –

### *Integrated Care Systems (ICS)*

Governance and powers of the ICS are still unclear, yet national guidance states that local government must be involved in decision making. However, work remains ongoing as to how ICS partnership boards will ensure that they are representative or inclusive of local government. What is clearer is that by the end of 2020 ICS will need to have agreed their governance, population health strategy, public engagement, financial management, workforce planning and estates management. It is also clear that each sub region is starting from a different position in terms of how established collaboration is between local government and the health system at the STP level. However, each ICS has now had an Independent Chair appointed, who is required to work with local government.

### *Integrated Care Partnerships (ICP)*

In parallel to the development of ICSs, the NHS is committed to bringing together delivery partners at the borough level. The NHS aspiration is to integrate provision across health and care. While there is clearly variation in how advanced those discussions are in terms of borough engagement, in London the One Croydon Alliance, Lambeth Together and Tower Hamlets Together are all examples of this type of approach.

### *Primary Care Networks (PCN)*

The PCN is meant to move primary provision from GP centred towards a more population health based care model. The model is backed by £4.5 billion in funding. It is understood that the vast majority – 96% - of PCNs are led by a GP. There is a significant amount of work required to broaden the primary care offer to address wider health determinants, as is required by the PCN contracts. This will stretch GP managerial capacity; overlaps with a range of local authority provision and suggests opportunities for greater neighbourhood collaboration. PCN development remains at an early stage, but would appear to be a critical building block for more connected health and care.

## **Developing the Collective Borough Perspective**

7. Following the Leaders' Committee in October 2019, work was intensified to develop more concrete proposals for borough leadership on collaboration. Discussion with NHS London senior leaders has continued, specifically through ongoing senior level discussions which include the CELC Lead Advisor for Health, NHS London Region, GLA and PHE. In parallel, London Councils has led work to develop a local government perspective on current collaboration arrangements and the key parts of a possible local government proposition for how collaboration with the NHS should evolve in the short to medium term as the Long Term Plan is implemented. Those discussions have drawn upon experience in boroughs across London, including through meetings with a range of officer leads such as Chief Executives, Directors of Adult Social Services and Directors of Public Health, and have been iterative in a way which has sought to develop and test conclusions as they have emerged.
8. Discussions have also progressed the possibility of more intense collaboration with the NHS through political routes, including –
  - 8 January – the London Health Board, at which the question of future collaboration between London boroughs and the health system was raised by the Mayor of London.
  - 20 January – London Councils' London Health Board representatives for London Councils met with Sir David Sloman, Vin Dawakar and Andrew Eysers.
  - 3 March – London Councils' London Health Board representatives held a political level meeting to review progress of discussions and the emerging propositions set out in this report.
9. It is expected that the question of health and care integration will also be raised at the next meeting of the London Health Board, currently scheduled for late May.

## **Emerging Propositions**

10. Through discussion within local government a consensus is beginning to emerge around proposals that could meet borough needs and address the challenge that the NHS faces in delivering the Long Term Plan. Those propositions broadly relate to action which tackles technical barriers to closer collaboration within, for instance, a PCN, an ICP or an ICS.

11. The essential purpose of all discussions has been to improve health outcomes for Londoners, and to create a more sustainable health and care system addressing fundamental health and care challenges in London, including –

- Reducing demand on GPs and cutting waiting times for appointments.
- Reducing demand on other community and acute services.
- Earlier intervention to head off future service demand pressures, for instance by acting to increase the number of children that are school ready.
- Developing a more cost-effective balance of provision for those on the border between health and care.
- Enabling the quicker delivery of new primary care estate which meets the needs of the future, more joined up primary care offer, subject to growing GP numbers in London as well as better join up between primary and acute services.
- Creating better links to local government services that help maintain personal well-being, such as employment support, housing or leisure.

12. The emerging proposition is based on five core priorities –

1. **Establishing enhanced pooled funding arrangements at a borough level across a significant number of boroughs** to allow investment in shared priorities such as prevention and earlier intervention.
2. **Creating a clearer role for boroughs in the development and implementation of Primary Care Networks in London**
3. **A consistent commitment to borough leadership of each borough-based ICP board**
4. **A consistent London framework which articulates the potential future roles of Health & Wellbeing Boards and ICPs to emerge.**
5. **An overall “local by default” model of planning, performance management and delivery.**

13. These core principles remain draft and in development. However, the view of Leaders will shape the approach to the next phase of discussion with health partners.

### **The Next Phase of Engagement**

14. The political and officer discussions have now reached the point where the next steps will be to refine the proposals and seek an agreement on a pan-London

approach with NHS London. To reach that point, the following steps are likely to be undertaken –

- Further discussion between the London Councils' London Health Board representatives with the key borough Chief Executive leads, including the CELC Lead Advisor.
- A workshop with a cross-section of borough Directors representing public health, adult social services and children's services.
- Meetings with NHS London to discuss integration at all three levels and the development of PCNs.

15. The outcome of these discussions will be reported to Leaders' Committee with any propositions that emerge for a more comprehensive strategy for collaboration in improve health outcomes and service effectiveness across the whole health and care system.

### **Recommendations**

Leaders' Committee is asked to:

- Comment on the emerging propositions intended to accelerate improvements in health and care system through closer collaboration with the NHS in London as summarised by this report.
- Note that London Councils will take forward senior level member and officer discussions to refine propositions for discussion with the NHS in search of an agreement for a more comprehensive and London-wide approach to collaboration across the London health and care system.
- Note that a refined proposition will be reported to Leaders' Committee later in the year.

### **Financial Implications for London Councils**

None

### **Legal Implications for London Councils**

None

### **Equalities Implications for London Councils**

None