

Capital Ambition Board

Supporting health and social care reform and devolution

Item no: 6

Report by: Sarah Sturrock **Job title:** Strategic Lead, Health & Adult Services
Date: 25 June 2015
Contact Officer: Sarah Sturrock
Telephone: 020 7934 9653 **Email:** sarah.sturrock@londoncouncils.gov.uk

Summary

London Councils Leaders' Committee on 10 February 2015 discussed health and care reform. In this conversation it was suggested that the Capital Ambition programme might provide a source of funding to unlock local partnerships [for health and care reform]. In the actions it was agreed that a report should be considered by the Capital Ambition Board on options about the use of Capital Ambition balances to facilitate health partnerships.

This paper summarises further developments around health and care reform and devolution and initial considerations by officers about potential areas in which Capital Ambition could play a constructive role to help move these forwards.

Recommendations

The Board is asked to:

- a) agree in principle to use Capital Ambition funding of up to £150,000 to support the development of sub-regional working arrangements for health with strong borough engagement, subject to the agreement of a detailed business case; and
- b) agree, given the ambition to make progress on sub-regional working this financial year, to delegate approval of the business case to the Chair in consultation with the Chair of London Councils and the Health portfolio holder and report back to the Board's September meeting.

HEALTH AND SOCIAL CARE INTEGRATION

Background

1. On 3 March 2015, the London Congress Executive endorsed a proposal for joint work between boroughs and the Mayor to develop a framework for negotiating devolution for London with the new government that covered skills; employment; growth; housing; crime, community safety and criminal justice; and health. Work on this has been led by borough chief executives, working with London Councils officers and key partners, including the GLA.
2. Key points emerging from discussions with Leaders over subsequent months, that are steering the development of more detailed thinking are:
 - a desire to increase local democratic accountability for health and care, to act as a driver for reform;
 - a shared ambition to shift the focus of health and care more towards prevention and the maintenance of health, wellbeing and independence, while ensuring people have access to high quality services and expertise when that is needed;
 - recognition of the need for a whole system approach – both breaking down the barriers between the NHS and local authority social care and public health, but also acknowledging that it is not possible to avoid the issues around acute hospitals, not least given that 92% of NHS spending is in hospitals;
 - recognition that this means that health and care will need to be shaped through work at multiple levels: locally, around local health economies or hospital footprints i.e. sub-regionally, regionally and nationally;
 - a desire to work as far as possible with the NHS in shaping solutions for London – and that the report of the London Health Commission provides a helpful starting point for this, as do a growing range of examples of boroughs and NHS partners delivering innovation and change.
3. The London Councils Executive is considering a paper at its meeting on 23 June that reflects another issue that has been recognised – that there is considerable scope for public service reform to health and care within existing powers. The Executive is therefore being asked to consider collective aspirations and actions to support local activity to drive progress in three particular areas during this year: strengthening Health & Wellbeing Boards, moving forward on integration, and seeking to establish effective sub-regional partnership working on health across the capital.

Potential ways for Capital Ambition to support health and care reform and devolution in London

4. London Councils' officers have given thought to how Capital Ambition funding might be used to support health and care reform and devolution. They have adopted the following broad criteria to steer their thinking about any potential activity:
 - It should support a systemic shift in health and care reform in line with local government ambitions to improve outcomes, inequalities and the efficiency and responsiveness of services to people's needs;
 - It should strengthen the case for increased roles for local authorities in leading the transformation of health and care for the benefit of their communities;
 - It should have a distinctive local government focus, while supporting reform that better integrates health and care – it should therefore not 'compete' with strong or well-funded NHS programmes or be distorted to secure match-funding or other partnership working that would blur the added value to local government;
 - It should either address issues across London or produce learning and new models of working that can subsequently be shared across London to secure wider benefits;
 - It should support and add clear value to existing activity, and not create significant new resource pressures that would divert energies from current priorities; and
 - It should be able to deliver visible results within a reasonable timescale i.e. maximum 1-2 years.
5. In the light of these criteria, at this stage there is one potential area that has been identified in which Capital Ambition funding could bring particular benefits.
6. If the Executive agrees a collective ambition to establish effective sub-regional working on health across London, Capital Ambition could fund some work to support making a reality of this. The precise nature of that work would need to be worked up in greater detail, but might include:
 - mapping existing sub-regional working on health and care and the extent and nature of local government's engagement in this;
 - facilitated support to boroughs in sub-regions to develop their thinking about how they would like to organise themselves, what they consider should be done at the sub-regional level, governance models, mapping out routes to establishing arrangements, negotiating new ways of working with the NHS

(including adapting some of their existing sub-regional arrangements) and identifying support needs to move forward;

- drawing together analysis of the different models and perspectives on sub-regional working across London, to enable consideration by the Executive and Leaders' Committee of whether there is a need to agree a collective framework for sub-regional working to support our case for devolution, and to support engagement at the London level with NHS England, the Mayor and others to support the development of sub-regional approaches that work for boroughs.

7. The nature of the work would be consultancy, facilitation and support and analysis. We would therefore need to develop a tender for procuring a contract. The scale of cost will be dependent on that – but could be in the order of £150,000 if an approach of working with each sub-region is adopted.
8. It would be possible to take an approach of focussing in on one sub-region and working through the detail with them, with a view to using this as a model to share with others. However, we have two concerns about such an approach. Firstly, each sub-region is very different – with different relationships, issues and histories – and there is likely to be considerable unhappiness at any sub-region having another's approach thrust upon them. Secondly, it would take too much time. Each sub-regional arrangement will depend heavily on the buy-in of its members, which takes time to develop and this would extend the time until we had arrangements across the capital. Also, NHS sub-regional arrangements are increasingly crystallising and if local government fails to find ways of shaping and engaging in those this year there is a risk that it will become harder to gain influence in future.

Next steps

9. The Capital Ambition Board is invited to consider the idea outlined above and decide whether officers should develop it further.
10. If the Board agrees in principle, a detailed business case will be developed to underpin the commissioning of this work. If the Executive confirms a collective aspiration for the development of sub-regional working on health during this financial year, we will need to make swift progress to get the facilitation and support in place. Therefore, the Board is asked to delegate agreement of the business case to the Chair, in consultation with the Chair of London Councils and the Health portfolio holder rather than waiting until its September meeting. The Chair's decision will be reported back to the Board.