

# London Health and Care Collaboration Agreement

December 2015



SUPPORTED BY  
MAYOR OF LONDON



# 1. Purpose

The central purpose of the initiative supported by this Agreement is to ensure the widest and fastest improvement in the health and well-being of 8.6 million Londoners through a transformation in the way that health and care services are delivered, how they are used and how far the need for them can be prevented.

To that end this document sets out a collective agreement by London and National Partners to transform health and wellbeing outcomes, inequalities and services in London through new ways of working together and with the public. It describes our goals for achieving these results and the principles which guide us in transforming health, health care and social care. At its heart is the reform and updating of the way that public services are provided. Devolution is a small but essential component unlocking far broader changes and accelerating integration and more effective collaboration in London.

The Agreement reports how this will be achieved and in doing so it confirms support for this approach by all signatories; both London and national. This Agreement builds on the vision for health and care set out by London Partners in March 2015<sup>1</sup> and London's response to the invitation by HM Treasury to submit devolution proposals as part of the 2015 Spending Review<sup>2,3</sup>.

# 2. Parties

The Parties to the agreement are:

- All 32 London Clinical Commissioning Groups (CCGs),
- All 33 local authority members of London Councils
- The Mayor
- NHS England
- Public Health England

The term 'London Partners' encompasses all 32 London Clinical Commissioning Groups (CCGs), all 33 local authority members of London Councils, the Greater London Authority, NHS England London Region and Public Health England London Region.

All parties agree to act in good faith to support the objectives and principles of this agreement for the benefit of all Londoners.

# 3. Aspirations and objectives

The parties have a shared commitment to deliver on the 10 aspirations to promote health and wellbeing set out in Better Health for London: Next Steps and, in doing so, deliver on the NHS Five Year Forward View and secure the sustainability of health services and social care.

## Aspiration

## 2020 Ambition



Give all London's children a healthy, happy start to life

Ensure that all children are school-ready by age 5

Achieve a 10% reduction in the proportion of children obese by Year 6 and reverse the trend in those who are overweight



Get London fitter with better food, more exercise and healthier living

Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels.



Make work a healthy place to be in London

Gain a million working days in London through an improvement in health and a reduction in sickness absence.



Help Londoners to kick unhealthy habits

Reduce smoking rates in adults to 13% - in line with the lowest major global city and reduce the impact of other unhealthy habits.



Care for the most mentally ill in London so they live longer, healthier lives

Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%.



Enable Londoners to do more to look after themselves

Increase the proportion of people who feel supported to manage their long-term condition to the top quartile nationally.



Ensure that every Londoner is able to see a GP when they need to and at a time that suits them

Transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built/designed facilities.



Create the best health and care services of any world city, throughout London and on every day

Work towards having the lowest death rates for the top three killers.

Close the gap in care between those admitted to hospital on weekdays and at weekends.



Fully engage and involve Londoners in the future health of their city

Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design.



Put London at the centre of the global revolution in digital health

Create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions.

To meet these aspirations, the parties share the following objectives:

- To achieve improvement in the health and wellbeing of all Londoners through a stronger, collaborative focus on health promotion, the prevention of ill health and supporting self-care
- To make rapid progress on closing the health inequalities gaps in London
- To engage and involve Londoners in their health and care and in the health of their borough, sub-region and city including providing information so that people can understand how to help themselves and take responsibility for their own health
- To improve collaboration between health and other services to promote economic growth in the capital by addressing factors that affect both people's wellbeing and their wider economic and life opportunities, through stronger partnerships around housing, early years, employment and education
- To deliver integrated health and care that focuses on maximising people's health, wellbeing and independence and when they come to the end of their lives supports them with dignity and respect
- To deliver high quality, accessible, efficient and sustainable health and care services to meet current and future population needs, throughout London and on every day. To reduce hospitalisation through proactive, coordinated and personalised care that is effectively linked up with wider services to help people maintain their independence, dignity and wellbeing.
- To invest in fit for purpose facilities for the provision of health and care services and to unlock the potential in the health and care estate to support the overall sustainability and transformation of health and care in the capital
- To secure and support a world-class workforce across health and care
- To ensure that London's world-leading healthcare delivery, academic and entrepreneurial assets provide maximum benefit for London and the wider country and that health and care innovation is facilitated and adopted in London.

## 4. Principles

All parties have agreed key principles for reform and devolution:

- Improving the health and wellbeing of Londoners will be the overriding driver for reform and devolution.
- We will work to secure a significant shift from reactive care to prevention, early intervention, self-care and care close to home that supports and enables people to maximise their independence and wellbeing.
- London will remain part of the NHS and social care system, upholding national standards and continuing to meet and be accountable for statutory requirements and duties, including the NHS Constitution.
- Joint working will improve local accountability for services and public expenditure. Where there is local agreement to change accountability arrangements, accountability to NHS England will be maintained – in relation to issues including delivery of financial requirements, national standards and the NHS Constitution. Changes to current accountabilities and responsibilities will be agreed with government and national bodies

as necessary and may be phased to balance the pace of progress with ensuring a safe transition and strong governance. We commit to fulfil the legal requirements for making significant changes to commissioning arrangements.

- Decision-making will be underpinned by transparency and the open sharing of information between partners and with the public.
- Transformation will be locally owned and led and will aim to get the widest possible local support. We will ensure that commissioners, providers, AHSNs, patients, carers, the health and care workforce, the voluntary sector and wider partners are able to work together from development to implementation to shape the future of London's health and care.
- All decisions about London will be taken in or at least with London. Our goal is to work towards resources and control being devolved to and within London as far as possible, certainly in relation to outcomes and services for Londoners.
- Collaboration and new ways of working will be needed between commissioners, providers, patients, carers, staff and wider partners at multiple levels. Recognising that the London system is large and complex, commissioning and delivery will take place at three levels: local, sub-regional or pan-London. A principle of subsidiarity will underpin our approach, with decisions being made at the lowest appropriate level.
- Given London's complexity we recognise that progress will happen at different paces and in different orders across the different spatial levels. We will ensure that learning, best practice and new models for delivery and governance are shared to support and accelerate progress in all areas. Subsidiarity as a principle will extend to the adoption of ideas piloted in other areas to allow flexibility and adaptation to local conditions.
- The people that work in health, health care and social care are critical to achieving London's transformation goals. We will build on London's position as the home of popular and world-class health education, to develop new roles, secure the workforce we need and support current and future staff to forge successful and satisfying careers in a world-class London health and care system.
- We recognise that considerable progress can be made, building on existing foundations, with existing powers and funding – and we are committed to doing so. But devolution is sought to support and accelerate improvements. A series of devolution pilots will be established through which detailed business cases for devolution of powers, resources and decision-making can be developed in partnership with government and national bodies. Through these, devolution may be secured both for the pilots themselves and also for other parts of London, contingent on these areas also developing suitable plans, delivery and governance arrangements.
- While embedding subsidiarity, we will ensure the strategic coherence and maximise the financial sustainability of the future health and care system across London. Political support for jointly agreed change will be an important feature of the arrangements. New London-level arrangements, including governance and political oversight, will be established to secure this. We commit to minimising bureaucracy as much as possible to enable delivery of local innovation.
- In 2016/17 - and drawing from the experiences of the pilots - sustainability and transformation plans for health and care will be developed as part of NHS and local authorities' planning arrangements. These will draw on learning from the devolution pilots, other transformation initiatives including the Vanguard programme and any London-wide initiatives. A London-level picture, drawn from sub-regional health economy plans, will enable oversight of the impact on health outcomes and financial sustainability of the system across the capital.

- We recognise that London provides expertise and services for people who live outside the capital and that benefit the country more widely. London will work collaboratively with other regions and national bodies to consider and mitigate the impact of London decisions on surrounding populations reliant on London-based services.

## 5. Scope of intervention

London's Health Proposition covers all aspects of health and care, specifically:

- primary care
- acute care (including specialised commissioning)
- community services
- mental health services
- social care (adult and child)
- public health, including maximising opportunities to influence wider determinants of health

Key enablers will include:

- devolution of funding and commissioning powers as agreed with the relevant national bodies
- additional fiscal and regulatory powers devolved to promote health through planning, licensing and employment support
- changes to governance and regulation
- joint capital strategic planning
- joint workforce strategic planning
- full involvement in development of new payment mechanisms to support new models of care
- full involvement in decisions about provider performance

## 6. Spatial levels for London intervention

The London approach will be developed on three geographical levels: local, sub-regional and pan-London. There is recognition that acute service transformation will require collaboration across sub-regional footprints and place based budgets will support the linkages between locally led out of hospital transformation and sub-regionally co-ordinated hospital network transformation.

Core components of the London approach across the three geographical levels for action will include:

**Locally:**

- Joint multi-year local integration planning, supporting Health and Well Being Board strategies, to secure increased prevention, early intervention, personalisation and integrated out of hospital health and care services – and alignment of provider plans
- Aspiration to achieve full pooling and joint commissioning of NHS, social care and public health commissioning budgets through s75 agreements
- Local public asset plans and scheme development to secure facilities to deliver accessible, multi-purpose, integrated out of hospital services and build on local schemes in place to provide other public sector services

**Sub-regionally:**

- Delivery of local Health and Well Being Board aspirations through accountable strategic partnerships based on joint committees established to lead transformation at sub-regional scale
- Joint health and care strategies to develop new models of care across acute, primary and social care settings
- Joint commissioning to secure delivery of sub-regional plans that are clinically and financially sustainable for all parts of the health and care system within the geography
- Sub-regional estate plans and scheme development to unlock redevelopment of un- or under-used NHS estate, aligned with local public asset planning

**Pan-London:**

- The London Health Board, chaired by the Mayor of London, will provide political leadership, oversight and support for the London strategy including delivery of the ambitions of Better Health for London and commitment to the vision set out in the Five Year Forward View
- A pan-London Health and Social Care Devolution Programme Board (the “Devolution Programme Board”) will support and account to the London Health Board. Members will represent their organisations and partnerships to support devolved working at all levels. Initially this Board will not have statutory or legal responsibilities but will provide oversight and steering of the devolution programme, including supporting the devolution pilots. Its role will be reviewed as devolution occurs and where this necessitates the need for pan-London co-ordination and decision making
- A partnership for strategic estate planning, fully aligned with the London Land Commission and sub-regional strategies, to unlock the value of the health and care estate
- Workforce planning and skills development to match the pace of health system transformation
- Collaboration to support city level action to address the wider determinants of health where this is the most effective scale; including transport, planning, regulatory and fiscal interventions to support the public health agenda
- Development of London wide financial and other frameworks, such as new payment models, for use at sub-regional and local level

London Partners are committed to progress improvements as swiftly as possible within their existing powers and resources, building on a growing range of activity including the Healthy London Partnership and London Prevention Board, co-commissioning arrangements already

underway in almost all CCGs with the aspiration to extend this across London, experiences of the Better Care Fund, integration pioneers and NHS Vanguard, as well as strategic impetus created through Health and Wellbeing Boards. CCGs have organised into sub-regional strategic planning groups and London's boroughs are working with CCGs and NHSE to accelerate progress within existing powers, including developing joint sub-regional arrangements.<sup>4</sup>

London Partners are also seeking devolution of functions, powers and resources from government and national bodies where that can assist, enable or accelerate improvements. London seeks to draw from and develop the menu of asks described in the London Proposition submission to HM Treasury. Recognising the size and organizational diversity of London's health and care system, London will test different elements of greater integration, collaboration and devolution in different parts of the system. A series of pilots are being established through which detailed cases for new devolved powers, resources and authority will be developed in partnership with government and national bodies to produce faster transformation than can be achieved in the current system. A co-production approach between local and national partners is intended to facilitate ultimate decisions on devolution – both by national bodies to devolve and by local bodies to 'receive' devolution.

Devolution agreements reached through individual pilots will be converted into contingent menus of devolution opportunities open to other localities and sub-regional partnerships across London. London partners will support the pilots to:

- Develop their devolution business cases;
- Draw insights from the pilots and other major initiatives to:
  - inform a strategic view on the implications for sustainable and high quality health and care across the whole of London;
  - ensure the learning from pilots is made available to other parts of London; and
- Agree with national partners the conditions other parts of London would need to satisfy to unlock devolution from the contingent menus to support and accelerate their own transformation plans.

The shape and pace of the spread of devolution across London will vary according to the strategy and readiness to progress of each locality and sub-region.

Pilots will have full programme plans in place from the beginning of April 2016, with a clear identification of the specific powers and resources of which they will be seeking devolution. They will also have put in place the arrangements for taking these programmes forward, including securing appropriate input from London and National Partners. Each pilot plan will set out clear timelines, but the expectation is that the devolution of specific powers and resources required by the pilots will be negotiated during 2016/17 with a view to powers being operational from April 2017. This will be supported by robust governance arrangements and a clear delivery plan.

The London devolution pilots will explore four themes:

- Sub-regional care integration – Barking & Dagenham, Havering and Redbridge (Outer North East London)
- Sub-regional estates – Barnet, Camden, Enfield, Haringey, Islington (North Central London)
- Local care integration – Hackney (including the Borough of Hackney and City & Hackney CCG); Lewisham
- Local prevention – Haringey



*Statements of support from partners in the pilot areas are annexed in Appendix 1.*

In line with commitments by all partners to the 10 aspirations for London, action will be taken on obesity at all levels across London, with all partners acting within their spheres of influence and exploring the potential for further actions in collaboration.

A partnership for strategic estate, aligned with sub-regional strategies, will unlock the value of health and care estate by working at local, sub-regional and London level. The London Land Commission will be a key partner, with a strategic alignment of objectives, operational synergies as appropriate and cross-representation of membership.

## **7. Commitments by partners**

The partners to this agreement commit themselves not only to collectively working to support the success of the London intervention and partnering with pilots, but also to contribute in specific ways as follows:

### **NHS England**

- Will actively facilitate links to other national bodies across the NHS (including NHS Improvement and Health Education England). In particular, NHS England is committed to working with London to support progress towards greater involvement of London partners in decisions about provider performance and to support an integrated approach to workforce strategy across London.
- Commits to supporting the design and delivery of innovative models of health and care delivery as set out in the Five Year Forward View and Better Health for London, and use the learning from pilots to support national delivery of new models of care and efficiency.

### **Public Health England**

- Commits to actively facilitate links to other public health bodies in order to accelerate the rate at which the system improves health outcomes for Londoners.
- Commits to supporting prevention and health promotion elements of all London pilots.

### **London Boroughs and London CCGs**

- Where they are part of a London pilot, commit to working for the success of the pilot and the swift and successful transfer of learning and new powers to all other parts of London.
- Where they are not members of pilots, commit to continue to work together to improve health outcomes and to ensuring their readiness to swiftly take advantage of the outcomes of London pilots.
- Commit to developing sustainability and transformation plans for health and care to 2020/21 at all three geographic levels as part of NHS and local authorities planning arrangements to deliver rapid progress towards financial balance and improved outcomes. This aligned with the Five Year Forward View will describe how a clinically and financially sustainable landscape of commissioning and provision could be achieved, subject to the resource expectations set out in the Five Year Forward View, appropriate transition funding being available and the full involvement and support of national and other partners.

### **The Mayor and GLA**

- Commit to continued working on behalf of London to encourage national government to support faster transformation in health outcomes for Londoners. Commit to leading a coalition of London government in engagement with Londoners on the future shape and priorities of their health and care system.

- Commit to ensuring that the London Land Commission supports and facilitates a strategic approach to health and care capital & estate management and supports the work of the sub-regional estates pilot.
- Commit to exploring planning, regulatory and fiscal levers to support the prevention agenda
- Commit to delivering health promotion and prevention programmes that support local action including action on obesity and air quality, the Healthy Schools London programme and the London Healthy Workplace Charter
- Commit to work with London partners to revise the Health Inequality Strategy and coordinate activity on city-wide elements (e.g. transport, airport quality) to reduce health inequalities

London partners will continue to deliver the NHS Constitution and Mandate and ensure clear accountability, governance and value in relation to the health funds delegated or devolved to London.

## 8. Engagement

Building on the public and stakeholder engagement undertaken by the London Health Commission, we commit to significant public and patient engagement at local, sub-regional and – where appropriate – London level to support co-development of pilots and wider devolution plans. Building on our asset-based approach, we will ensure that all partners – including Londoners, health and care commissioners, providers, AHSNs and the voluntary sector - are able to work together from development to implementation to shape the future of health and care.

## 9. Governance for the set-up phase

Governance mechanisms will reflect pan-London, sub-regional and local working, underpinned by subsidiarity, with decisions taken at the most local level, consistent with the principles underpinning devolution.

The local and sub-regional pilots will form the heart of the set up phase, testing how the principles of greater collaboration, integration and devolution are applied in practice. Governance arrangements must be co-developed, owned and agreed by local partners. They will therefore be developed by individual pilots and may take different forms in different areas. We expect that key principles would underpin these governance arrangements:

- Health and care commissioners will jointly develop, engage on and deliver strategic plans, with joint decision-making and pooled resources where possible
- Providers will be key partners in plans, engagement and implementation
- Robust mechanisms will preserve financial and clinical accountability to relevant bodies
- Individual pilots will work with other devolution pilots and at sub-regional and London level to share learning and, where appropriate, to undertake strategic or enabling activities together
- Devolved decision making and resources from relevant bodies would be released based on the decision-making criteria published by those bodies, working in partnership to meet this threshold.

At the local level, governance will:

- Seek to maximise pooling of finances compatible with the local context
- Appropriately engage the public, providers and other interested parties

At sub-regional level, governance will:

- Free members to act in line with the interests of the area covered by the partnership
- Ensure decision making on an equal footing between places and types of institution

At London level, governance arrangements for the set up phase will:

- Exercise appropriate pan-London functions from the London Partners agreement with central government and national bodies and oversee the development of those areas of devolution where partners agree pan-London working is desirable
- Set up London health and care devolution: Support the devolution pilots in their development of the business cases for full devolution at sub-regional and local levels and extrapolate from the learnings of pilots, other transformation initiatives and sub-regional health economics sustainability and transformation plans to develop a London level picture of the impact on health outcomes and financial sustainability of the system across the capital
- Facilitate links to national bodies to support the devolution pilot.
- Consider equity for populations within and between pilots, and across London boundaries
- Oversee delivery of the Better Health for London ambitions and commitment to the vision set out in the Five Year Forward View

These functions will evolve as the set up phase draws to an end and devolution is implemented. The governance arrangements will therefore also change.

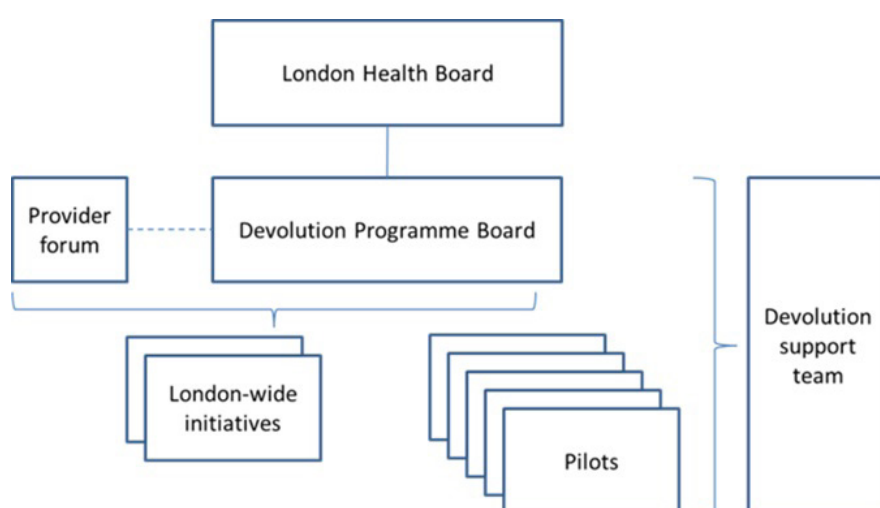
The functions of this set up phase will be administered by building on existing structures:

- The London Health Board, chaired by the Mayor, will provide political leadership, oversight and support for the London strategy.
- A Devolution Programme Board will be established in January 2016 accounting to the London Health Board. Initially this Devolution Programme Board will not have statutory or legal responsibilities but will provide strategic and operational oversight and steering of the devolution programme, including supporting the devolution pilots. The Devolution Programme Board will not affect or replace the statutory responsibilities and accountabilities of each partner. The Devolution Programme Board will also be accountable to the individual Parties of the Agreement through their respective membership. The Devolution Programme Board will include two representatives of each constituent partner within the London Health Board:

Local authorities	Two representatives appointed by London Councils
London CCGs	Chair of London Clinical Commissioning Council and Chair of London CCG Chief Officers Group
GLA	Head of Paid Service; Director, Health and Communities
PHE	Regional Director; Deputy Regional Director
NHS England	Regional Director; Regional Finance Director
Invited members:	Devolution Programme Director NHS Improvement NHS England Public Health England Central government partners as appropriate

- The Devolution Programme Board will provide assurance to all parties that the key objectives are being met and that the programme is performing within the boundaries and principles set by the Agreement.
- The Devolution Programme Board as proposed would not have the statutory responsibility to hold budgets. If delegated or devolved budgets were to be granted to London, a formal joint committee with statutory responsibility, or fund-holding by a partner organisation with delegation would need to be agreed by all partner organisations. Board members would then need the ability to act on behalf of regional and local partners to agree strategic priorities and to create frameworks that support devolved working at all levels.
- It is recognised that no collaborative provider forum formally exists in London. One of the tasks of the set up phase will be to support providers to come together to engage in cross sector collaboration and provide a robust mechanism for collective decision-making. Providers will be invited to propose their preferred method for engagement with devolution discussions.

The proposed governance structure for the set up phase is outlined below:



## 10. Timetable for action

### January 2016

- Pilots develop business plans for delivery and clarify devolution asks, in partnership with national organisations
- London Devolution Programme Board established and resource commitments secured

### By April 2016

- Providers establish their preferred form of arrangements to enable them to provide a collective response to the London project.

### From April 2016

- All pilots complete business plans, confirm new models of working and negotiate devolution to support delivery (each pilot will set out a clear programme and timeline for its work).
- Formal local government involvement in sub-regional health and care strategies.

**By June 2016**

- Sustainability and transformation plans for health and care developed at local and sub regional level as part of NHS and local authorities' planning arrangements.

**By December 2016**

- An agreed London level picture of the impact on health outcomes and financial sustainability of the system across the capital, extrapolating from the learnings of pilots, other transformation initiatives and local and sub-regional health economies' plans, enabling strategic plans at all three geographic levels.

**By April 2017**

- Menus of devolution agreed and available for local and sub-regional partnerships in London.
- Pilots commence devolved arrangements subject to robust plans and governance arrangements.
- Local and sub-regional areas across London explore when and how to draw down these power to unlock and accelerate their improvement plans and commence development of detailed plans and governance and accountability arrangements.

**By April 2019**

- Significant progress on transformation across the whole of London, demonstrably unlocking long-standing problems and improving outcomes and efficiency

## 11. Supporting structure and resources

The London Health proposition will be supported by full-time resources including a Programme Director and dedicated team.

- The programme team will be accountable to the Devolution Programme Board.
- All London Health Board partners will contribute to resourcing the programme in cash and in-kind support.
- In addition, pilot areas will contribute in part to resourcing individual pilots.
- London Health Board resources will be directed to support this work. Additional funding will be required to support the transformation process and a full programme and resourcing plan will be agreed with all parties in January 2016.

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1. Better Health for London: Next Steps March 2015

2. HM Treasury A country that lives within its means: spending review July 2015

3. The London Proposition: Health section. 4 September 2015

4. London Councils Leaders Committee, July 2015 : <http://www.londoncouncils.gov.uk/node/26669>

## 12. Signed for and on behalf of London health partners:



.....  
**Dr Marc Rowland**  
Chair, London Clinical Commissioning Council



.....  
**Mayor Jules Pipe**  
Chair, London Councils



.....  
**Boris Johnson**  
Mayor of London



.....  
**Simon Stevens**  
Chief Executive, NHS England



.....  
**Duncan Selbie**  
Chief Executive, Public Health England

# Appendix 1

## Statements of support from health & care partners in pilot areas

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### **BARKING, HAVERING & REDBRIDGE (BHR) DEVOLUTION PILOT**

*The BHR proposal demonstrates our commitment to the London Health and Care Collaborative Agreement. We see this as a particular opportunity to go further and faster in delivering health and care transformation at sub-regional level, through the BHR devolution pilot. This pilot aims to establish an Accountable Care Organisation across BHR and all partners in the system are signed up to, and supportive of, this proposal.*

In 2011, the BHR health and care economy formed an Integrated Care Coalition (ICC) comprised of partners from Barking and Dagenham CCG, London Borough of Barking and Dagenham, Havering CCG, London Borough of Havering, Redbridge CCG, London Borough of Redbridge, Barking, Havering and Redbridge University Hospitals Trust and North East London Foundation Trust. More recently this has been extended to include the three GP Federations across BHR: Together First, Havering Health, and HealthBridge Direct. The ICC aims to improve outcomes for our diverse population (approximately 750,000 people). We are supported by UCLPartners, our Academic Health Science Partner, with whom we have a strong relationship and a commitment to embed academia into health and care services.

In progressing our devolution pilot proposal we have built on the vision of our Integrated Care Coalition. Through the delivery model of an ACO, we aim: “To accelerate improved health and wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and care services”.

BHR has significant current and future challenges which include:

- **Health and wellbeing/ demographic** - significant growth in in both 0-19 and over 75 year olds (above the London average);
- **Care and quality (disease prevalence)** - high admission rates which are greater than average unplanned hospitalisation for chronic ambulatory care sensitive conditions;
- **Care and quality (system issues)**
  - (i) fragmented health and care commissioning system that needs to work to address and support a ‘distressed economy’;
  - (ii) large number of GPs approaching retirement age;
- **Efficiency** - BHRUT has high non-elective admissions rate and high occupancy levels alongside planned care performance and efficiency challenges;
- **Funding** - A total estimated funding gap in the system of over £400m, which our existing plans and model of working will not fully address.

Our system, and particularly BHRUT, is subject to unrelenting pressures and very significant short term demands as a result of special measures and the need for improvement projects in order to stabilise a range of provision. Given this and the other challenges above, it is clear that we need to

work in a fundamentally different way, which will require radical transformation, to deliver a sustainable health and care system that will balance demand and budgets and respond to the needs of our local populations. It is clear that the focus on prevention is critical to our sustainability and we need to have the permissions and flexibility to refocus resource. The devolution pilot, and the development of an ACO, presents our best opportunity to do this and create a sustainable and high performing future for the whole system.

In BHR, our track record of delivery, resulting in a more resilient system with significant improved performance over the past 12 months, means that we are uniquely placed to have significant impact. We have a foundation of strong and established partnership working across the system which we can build on through an ACO. There is commitment from all of the organisations to work together and pilot completely new organisational models, at pace and scale, in order to achieve our aspirations. As a system we have an appetite to innovate and take appropriate risks to deliver our vision which aims at its core to help our residents achieve long, healthy and productive lives. In order to achieve this, at pace, there is a range of resource, expertise and regulatory change that would need to be agreed and in place which we have set out below aligned to our phased 3 year programme approach:

a) Build a business case for the development of an ACO by summer 2016.

#### **Investment and access to expertise**

- investment to undertake resident and staff surveys
- investment to enable the co-creation of a detailed business case and care model in partnership with clinicians, practitioners and staff across BHR (match funded by BHR)
- expert advice including: legal, financial and population health analytics
- peer review and challenge

#### **Revolutionise regulation**

- develop the model for a separate and single regulation system to reinforce required behaviours across the system and focusing on population outcomes

b) Post business case approval, move to first phase implementation through the remainder of 2016 into 2017/18.

#### **Investment and access to expertise**

- access to the Transformation Fund and financial support for double running to establish and test new systems

#### **Revolutionise regulation**

- create a separate and single regulation system to reinforce required behaviours across the system and focusing on population outcomes
- ensure individual regulation reflects additional obligations proportionately in the performance assessment
- permissions to operate differently/ outside of guidance in development stages while still meeting constitutional targets
- ability to take local control of the setting of priorities and planning timelines



### **Develop new workforce models**

- professional and contractual issues
- training and development link to national agenda

### **Reform to financial flows**

- return of relevant centrally held commissioning budgets, that have large population impact including direct commissioning, education and public health
- budgets brought to capitation level within an agreed timeframe
- flexibility around tariffs and payment mechanisms
- local accountability for all relevant property to enable a system wide management of estates

c) Implement fully functioning ACO with full budget accountability in 2018/19

We have established an Executive Group comprised of CEOs that reports to the Integrated Care Coalition and is supported by a Steering Group/ PMO. We will establish a Democratic and Clinical Oversight group, an External Reference Group and a Clinical Leadership Group as part of the wider governance. This Governance structure will enable us to ensure the right level of engagement and sign up both within BHR and also with external partners which will be essential to the success of the proposal.

We have developed a value case to support the ACO development. This aims to deliver the vision set out in the Five Year Forward View and the aspirations described in Better Health for London: Next Steps.

We fully appreciate the complexities of developing this pilot, and believe that only this level of system change will enable us to deliver for our population within the resources available

We are committed to work with other devolution pilots and other local, sub-regional, London and national initiatives to share the learning as this progresses.

***This Devolution Pilot proposal is signed on behalf of all of the health and social care partners in Barking, Havering and Redbridge (as listed in page 1).***



**Conor Burke**  
Joint Senior Responsible Officer (BHRACO)



**Cheryl Coppel**  
Joint Senior Responsible Officer (BHR ACO)

## NORTH CENTRAL LONDON DEVOLUTION PILOT

*North Central London (NCL) Clinical Commissioning Groups and Councils are committed to the London Health and Care Collaborative Agreement. We see this as a particular opportunity to go further and faster in delivering better outcomes for our residents by enabling health and care transformation at the sub-regional level, through focused action on estates. The NCL devolution pilot aims to develop the estate we need for new models of care, by optimising assets to reinvest in health and care and support wider benefits for local communities. All local authority and NHS commissioning partners in the system are signed up to, and supportive of, this proposal. We believe that this will enable us to more closely meet the needs of our local communities in Barnet, Camden, Enfield, Haringey and Islington.*

### Context

London's health and care estate portfolio faces challenges of cost, quality and utilisation. There is a significant amount of unused or underutilised NHS estate in London. If this capital could be unlocked, it could release resources for reinvestment in health and care, while also significantly improving estate maintenance costs.

Local Authorities play a crucial role in shaping local communities and creating the conditions for successful communities. They are responsible for social care, housing and wellbeing for the communities they serve. This devolution pilot, as a jointly led project, will enable Councils and CCGs to enhance the wellbeing and success of local communities. CCGs lead health commissioning for their local populations and are increasing working together at the sub-regional and London levels to deliver better outcomes. *Better Health for London* and *Transforming Primary Care in London: A Strategic Commissioning Framework* emphasise the need for investment in London's primary care and out-of-hospital estate over the next five years. London also needs more housing and local councils are already contributing to achieving this. The GLA has also established a 'London Land Commission' whose key role is to identify surplus public sector brownfield land suitable for development, to support London's ambition for 400,000 new homes by 2025.

NCL is developing its plans for the transformation of health and care over the next five years, to deliver better health outcomes, increased wellbeing and financial sustainability. This will help shape the development of new models of care, including the settings in which care is delivered. The quality and availability of appropriate estate is critical in delivering the scale and scope of transformation required in NCL. Estate will be a key enabler of service redesign, both for better outcomes and financial sustainability.

If we are to maximise the value of our health and care estate, we must overcome the system barriers to release of land for procurement and assembly, and disposal of receipts. There are currently few incentives for Trusts to dispose of old estate or for primary care practices to relocate into fit-for-purpose premises. There are multiple decision points for capital. There are also few existing incentives for joined up strategic estate planning across and within health and care partners.

We believe that devolution of decision-making and resources will enable greater efficiency, development and investment, supporting health and care transformation in North Central London. By greater control and coordination across health and care at local, sub-regional and London, level, we will be able to realise efficiencies. We can then reinvest in the health and care system and enable the release of land for health and care, housing and community benefit.

Our residents will benefit from new models of care in transformed and more efficient estate, with

the location more closely matched to need.

## **Principles and objectives of the NCL pilot**

NCL Partners support the overarching objectives and principles from the London Collaborative Agreement. In addition, the following principles underpin the NCL estates devolution pilot:

- Better health and care outcomes for the residents of NCL through the transformation of health and social care delivery, based in fit for purpose estate
- Partnership working between commissioners and providers to align incentives for estate release and support the delivery of new models of care; and
- Optimising the use and costs of health and care estate.

This pilot aims to:

1. Develop a shared vision for local and sub-regional estate development opportunities with health and care partners, Government and national bodies.
2. Develop a vision for the NCL estates collaboration that supports individual and local community wellbeing, working with local and sub-regional health and care systems.
3. Release capital and revenue by identifying opportunities for transformed health and care estate, including the potential for co-located services.
4. Contribute to the financial and service sustainability of NCL's health and care economy.
5. Create opportunities for new housing and better coordinate across boundaries to promote housing and development.
6. Bid for and secure funding and resources to improve the performance of local health and care economies across the sub-region.

The pilot will provide structure and pace to the delivery of projects and the desired outcomes to deliver:

7. Higher quality and more accessible locations for health and care services.
8. Reduced costs of estates maintenance, improving overall value.
9. Release of capital to reinvest in health and care.
10. Release of land to support social care, health and wider community benefits, including the availability of housing.

## **The NCL proposition**

We fully appreciate the complexities of developing an estates pilot, but believe that only a significant level of system change will enable us to deliver a sustainable health and social care system.

We would like to partner with Government, national bodies and London partners to explore devolution of powers, resources and decision-making. These may include:

1. Developing a regionally-owned capital programme.
2. Explore devolution of NHS capital business case approval to sub-regional or London level.
3. Exploring ways to deliver multi-year projects efficiently.
4. Exploring mechanisms to incentivise the release of assets.
5. Exploring opportunities to attract external investment to support NCL estate development.

## Governance

An NCL estates partnership board, including representatives from CCGs and local councils, will be established to provide the oversight for the NCL health and care estate devolution pilot. This will involve health and care commissioners and providers, in addition to Government and national bodies as appropriate. Over the coming months, we will develop jointly agreed governance to enable the delivery of our shared vision. We will develop a detailed programme plan but anticipate developing a business case by spring 2016, with a view to proceeding to phased devolution of powers and resources from April 2017.




Matt Powell  
**SRO, NCL Collaboration Estates and  
Chief Operating Officer** (interim) NHS Barnet CCG

  
Barnet Clinical Commissioning Group



Alison Blair  
**Chief Officer** NHS Islington CCG

  
Islington  
Clinical Commissioning Group



Dorothy Blundell  
**Chief Officer** NHS Camden CCG

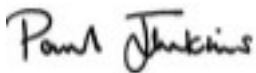
  
Camden  
Clinical Commissioning Group



Andrew Travers  
**Chief Executive**, London Borough of Barnet

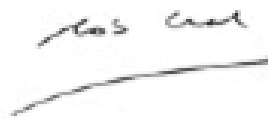


Mike Cooke  
**Chief Executive**, London Borough of Camden

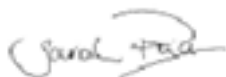


Paul Jenkins  
**Chief Officer** NHS Enfield CCG

  
Enfield  
Clinical Commissioning Group

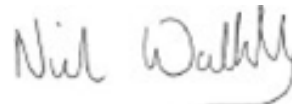


Rob Leak  
**Chief Executive**, London Borough of Enfield

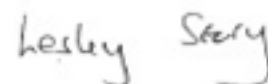


Sarah Price  
**Chief Officer** NHS Haringey CCG

  
Haringey  
Clinical Commissioning Group



Nick Walkley  
**Chief Executive**, London Borough of Haringey



Lesley Seary  
**Chief Executive**, London Borough of Islington

# Hackney Partners' Statement of Commitment to London Health and Care Devolution

As the key organisations involved in health and social care services in Hackney, we are committed to supporting everyone in the borough to lead happier, healthier lives.

We have a shared vision of delivering an integrated, effective and financially sustainable system which covers the entire range of wellbeing - from public health initiatives for school children, timely and appropriate access to GPs and top quality hospital treatment, to excellent mental health services and supporting older people to live independently in their communities for as long as possible.

We already have a good track record of working together; we are one of the few areas in London delivering on performance targets and able to invest in new services. However, Hackney is a rapidly changing borough and there still exists a lot of health inequalities. We need to do more if we are to fully realise our ambitions, meet each one of the ten priorities of Better Health for London, and play a leading role in supporting the NHS's Five Year Forward View.

To varying degrees, our organisations are experiencing significant funding pressures, which have placed our health and social care services under immense strain, and we know there are more to funding cuts to come. In that context, it's our responsibility to make sure the resources we do have are used in the most effective way for the residents we serve.

This is why we are aiming to become a successful local devolution pilot. We believe the additional powers and resources this would grant us offers the best chance to further develop integrated health and social care services to make the most of every pound we get, and help realise on our shared vision for Hackney.

We want to accelerate our work to improve health outcomes in the borough – particularly in regards achieving parity between mental and physical health services - and we will work with clinicians, practitioners, service users and patients to identify the priorities for accelerated improvement.

Key to this will be exploring the potential and benefits of a single membership delivery organisation taking responsibility for Hackney's whole population, including testing how our combined financial resources and a capitated budget could transform services more effectively. We believe this approach will create incentives for prevention and early intervention, proactive primary care, better access to community services and the creation of safe and high quality alternatives to higher cost hospital-based or residential care. This new organisation would remain part of the NHS and social care system and accountable to the public.

No decisions have yet been made and we are still shaping plans, though a 16-month timeline has been sketched out, as detailed in our outline proposal. However, all partners are committed to providing a range of resources to support this proposition. We will also be seeking resources and expertise, in-kind or through transformation funding, from NHSE or through access to uncommitted CCG surpluses over the next 18-24 months, to help develop the detailed business case, implement the pilot and evaluate our progress, so that the experiences in Hackney can support transformation across London and beyond.

Throughout this process we will continue to fully involve the public, service users and patients, carers, the voluntary and community sector, and health and social care professionals in designing the model and the services within it. All partners will share their learning and experiences with each other. Hackney Health and Wellbeing Board will continue to provide the local leadership and overall governance for these developments.

As one of the London devolution pilots, the partners support the intent and purpose of the London Health and Care Collaboration Agreement. We recognise that the pilot opportunity is part of a larger effort at testing how devolution might work across London or sub-regionally, and will collaborate fully with the North East London sub-region. We will engage with London's leadership, the London Programme Support Team, other London pilots and national partners to ensure there is coherence between our plans and other London reforms.

We anticipate working with UCL Partners to support the evaluation of the pilot. In addition, we will regularly feedback to and take guidance from national bodies such as the Local Government Association, NHS England, Public Health England, Health Education England, the Care Quality Commission, NHS Improvement (Monitor) and the Health Care Professions Council.

The signatories to this agreement are:

**London Borough of Hackney**



CLlr Jonathan McShane  
Cabinet Member for Health, Social Care and Culture  
Chair, Hackney Health and Wellbeing Board

**City and Hackney Clinical Commissioning Group**



Dr Clare Highton  
Chair



Paul Haigh  
Chief Officer

**Homerton University Hospital Foundation Trust**



Tracy Fletcher  
Chief Executive

**City and Hackney GP Confederation**



Laura Sharpe  
Chief Executive Officer

**Healthwatch Hackney**



Paul Fleming  
Chair

**East London Foundation Trust**



Dr Robert Dolan  
Chief Executive

continued:

continued:

The signatories to this agreement are:

**City & Hackney Local Pharmaceutical Committee**

A handwritten signature in black ink, appearing to read 'Raj Radia', written in a cursive style.

Raj Radia  
Chair

**City and Hackney Urgent Healthcare Social Enterprise**

A handwritten signature in black ink, appearing to read 'Victoria Holt', written in a cursive style.

Victoria Holt  
Clinical Director

**Hackney Health and Social Care Forum**

A handwritten signature in black ink, appearing to read 'Alistair Wallace', written in a cursive style.

Alistair Wallace  
Chair



## **Transforming health and social care in Lewisham: Improving outcomes for our whole population**

Since 2010, Lewisham Council and the Clinical Commissioning Group (formerly the Primary Care Trust) have been working with their provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

Through this work the Council and the CCG have recognised the importance of seeking new ways of working and delivering new models of care, developing these in partnership with our health and care providers and with the public. As signatories to the London Health and Care Collaboration Agreement the Council and the CCG are committed to achieving the ten *Better Health for London* aspirations which are included in the Agreement.

The *Better Health for London* aspirations in the Agreement mirror the aims and objectives Lewisham's own Health and Care Partners want to achieve for our local population. Accordingly, in partnership with our main providers, Lewisham Council and CCG are keen to work with central government and national partners to test the opportunities offered by devolution to increase the scale and pace of health and care integration locally. As a devolution pilot we will continue to:

- Focus relentlessly on whole population health and wellbeing outcomes and efficiencies including cost containment over the next five years;
- Measuring what matters and reporting on progress to the relevant governing bodies;
- Using evidence when designing local programmes and embedding evaluation and learning into whole system model of care delivery and sharing this nationally;
- Establishing and communicating clear governance structures and processes for locally developed powers and providing clear accountability.

### **Our ambition**

Lewisham Health and Care Partners have a common aim for health and care across the borough. Together, our aim is to deliver a viable and sustainable 'One Lewisham Health and Social Care System' to improve health and wellbeing outcomes and reduce inequalities. We want to achieve better health, better care, stronger communities within the borough and achieve better value for the money spent within health and social care locally - the Lewisham pound.

In order to achieve this, we are developing a whole system model which fully integrates physical and mental health and social care, delivered to the whole population. Our long history of joint commissioning and collaborative working means we are advanced on this journey. We know however that achieving our ambition requires a significant shift in the way that health and care within the borough is supported and delivered. We also recognise the benefits of integration with other local services, such as employment support, which we see as a real benefit of devolved working.

In agreeing to be a devolution pilot, we will continue to seek to work in new and different ways. As a pilot, we will work together with regulators, other parts of the NHS and Government to tackle barriers to integration, and increase the pace of delivering our whole system change.

### **Our journey so far**

Our partnerships are strong and mature. For the last six years we have jointly commissioned services for both adults and children's health, social care and early intervention.

Lewisham Health and Care Partners have worked together to develop and deliver integrated



services for the adult population since the integration of acute and community health services in 2010. The Council and the CCG have co-designed and jointly governed the integration of adult health and care, employing s75 arrangements and more recently the Better Care Fund. In partnership we have developed and delivered:

- integrated pathways across primary, secondary and community care,
- multi-disciplinary teams at neighbourhood level bringing together district nurses, community matrons, social work staff and therapists and aligned with community mental health staff
- a single point of access for district nursing and adult social care
- development of GP neighbourhood clusters, and
- the design and procurement of a virtual patient record.

For children and young people, we have a mature Children's Partnership arrangements with joint commissioning well embedded. Services across health and early intervention are aligned on a children's centre neighbourhood model – for example the co-location of children centre, health visiting and midwifery staff has been implemented ahead of the transfer of 0-5 commissioning responsibilities to LA's; similar co-location is in place for health and social care services for children with complex needs; and early intervention support for emotional wellbeing and mental health are being developed through Children's IAPT and Headstart.

In 2015, Lewisham restated its commitment to delivering a whole system model of care covering the whole population including children and young people.

## **Over the next two years we intend to expand and accelerate our programme**

We are exploring options for expanding joint commissioning across the whole system (financial modelling, contracting and reimbursement models and governance and accountability models).

We are working together with staff and users to design our Neighbourhood Care Network, based on the footprints of the four current general practice neighbourhood federations, health and social care neighbourhood community teams, community mental health teams and Lewisham's children's centres. This is in line with our work collectively across south east London through *Our Healthier South East London (OHSEL)*. We are exploring how best to integrate our highly effective employment support services for people with complex needs (including mental and physical ill health) with our health and social care systems.

We want to accelerate our work on integration over the next 2 years prioritising integration activity initially for adults over the age of sixty, those with severe mental health issues, those children with complex needs and on children's health and early intervention services, whilst ensuring activity across the system also supports the priorities set out in the OHSEL strategy.

We will continue to develop the local governance and leadership arrangements for the whole system model of care in Lewisham (building on the existing governance Boards for Adults integration and Children and Young People).

## Challenges experienced in developing integrated health and social care, and our asks to support delivery of the pilot

Our experience since 2010 tells us that a number of key enablers are needed in order to deliver successful integration. Locally we have made inroads into these areas, however we have a number of specific asks in order to remove barriers to delivery.

*Workforce:* The establishment of the neighbourhood community teams is supported by a workforce development programme to remove the barriers to joint working and shared decision-making across organisations and professional groups.

### Our asks:

- **Develop new workforce models and enhanced roles to support new models of care, including joint health and care roles working with Health Education England, Skills for Care and professional bodies amongst others.**

*Estates:* LHCPs have been working together to review the estate assets and understand the current pattern of use and lease/ownership arrangements. This has identified opportunities for using assets more efficiently across the whole system but a number of challenges to this have also been highlighted.

### Our asks:

**Working with NHS Property Services, CHP, London partners and sub-regional strategic estates boards to facilitate the release of primary care and hospital estates to support the development of new models of care and release relevant resources for transformation.**

- **This needs to include flexibility around the financial treatment of assets and retention of capital receipts locally**
- **To develop local agreements around the shared use of estate.**

*Aligned incentives and reimbursement, and funding structures:* The partners recognise that financial incentives will need to be aligned to reinforce the change in behaviours and practices needed to deliver the whole system. Work has started around risk stratification and the initial financial modelling that will underpin the design of capitation in the next year to ensure that this is robust and flexible.

### Our asks:

- **Specific focused expertise on request and tailored to local needs from NHS Improvement and NHS England to achieve flexibilities around tariffs and new payment models to support new models of care, beyond current flexibilities.**
- **Multi-year funding cycle across health and care that provides LHCPs with visibility and to enable upfront investments with a view to making longer-term savings or remain cost-neutral over the funding period.**
- **Transformation funding at an agreed level over a multi-year period from NHS England to support double running of services as implementation commences and any specialist support we may need to develop new commissioning capabilities.**
- **Transformation funding from NHS England to match resources committed locally. In particular we would ask for resources to accelerate the roll out of Connect Care, our virtual patient record system, across all parts of Lewisham Health and Care system to support the planning and delivery of care.**

Together, Lewisham Health and Care Partners will continue to work towards the delivery of One Lewisham Health and Social Care System. As partners we wish to explore, through this pilot, ways in which the freedoms and flexibilities offered by devolution could assist and enhance our work and help us reach our goal.

Signatories to the London Health and Care Collaboration Agreement and the Lewisham Health and Care Partners Pilot:



Sir Steve Bullock, Mayor of Lewisham  
Lewisham Council



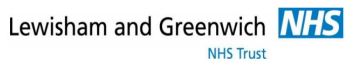
Dr Marc Rowland, Chair  
Lewisham Clinical Commissioning Group



**Lewisham Health and Care Partners Pilot supported by:**



Tim Higginson, Chief Executive  
Lewisham and Greenwich NHS Trust



Dr Matthew Patrick, Chief Executive  
South London and Maudsley NHS Foundation Trust



## Haringey Prevention Partnership: A London Devolution Pilot

Haringey is a borough that faces major challenges and inequalities around health and wellbeing. The life expectancy gap between the most and least deprived wards is 7 years for men and 3 years for women. The borough is facing an obesity crisis with one in four reception-aged children, and one in three 10/11 year olds, measured as overweight or obese. The number of people with long term conditions like diabetes and heart disease is increasing. There are approximately 4,000 adults with severe mental illnesses – three times more than would be expected, even given Haringey’s ethnic diversity and level of deprivation, and therefore indicating a high level of mental health need in the borough. These are in many ways the result of deep-seated systemic problems, with particular groups of residents experiencing multiple disadvantages over their life course, interplaying with damaging behaviours, poor skills/work experience and unhealthy neighbourhoods. With an ageing population the impact of poor health is being magnified – Haringey residents spend on average between 20 and 23 years in poor health, with long term conditions having a profound impact of people’s quality of life and creating unsustainable demand for health and social care services.

All partners within the Haringey Prevention Partnership are determined to meet these challenges and improve our residents’ health at pace and scale. We recognise that nothing less than a whole system approach is required in which we embed health objectives in all policies and transform every partners’ core business towards prevention. Our vision for prevention is fundamentally to ‘normalise good health’. This involves shifting resources towards population level approaches that change norms of behaviour. It is about using the Council’s place making role to shape the physical environment in which healthy decisions are made – recognising that where we live is the biggest determinant of our health. It is about breaking the reinforcing cycle of inequality, poor health and unemployment by working with employers and joining up services to prevent people with health problems becoming locked out of employment. This vision is fully aligned with the 10 aspirations of the Healthy London Partnership and the priorities laid out in the NHS Five Year Forward View.

Driven by this vision, the Haringey Prevention Partnership is committed to significantly increasing the pace and scale of change, building on the strong foundations that are in place. The Council’s Corporate Plan lays out a clear vision for enabling all residents to live healthy, long and fulfilling lives. Our partnership’s Health and Wellbeing Strategy identifies our key priorities and approach. Through the £22m pooled budget of the Better Care Fund, Haringey Council and CCG are joining up health and social care services and re-orientating provision from reactive care to proactive care. We have the partnerships, the data and the deep connections with communities required to deliver whole-system change – as well as the unique opportunities provided by Tottenham regeneration. Now is the time to go further, to accelerate our progress by working more intensively with London and national partners to open up the possibilities around integration and devolution presented by the London Health and Care Collaboration Agreement.

We welcome the establishment of the London Agreement as the right framework in which to pursue our vision of prevention. We fully support the intent of London and national partners to promote the transformation of health and social care in London through an acceleration of collaboration, integration and devolution, at the local, sub-regional and city-wide level. We see prevention as a critical element in the success of this transformation. We will therefore accelerate our local prevention work by working within the framework established by the Agreement, acting as a borough-level ‘prevention pilot’. This will enable us to work closely with London and national partners to leverage the expertise and support we need to embed best practice, test the limits of existing powers, and build the case for devolution as a means of delivering prevention goals in London. As a pilot we will be rewiring national systems at the local level, and testing new powers in a way that can be translated and replicated across the capital. It is our intention to develop a robust methodology for evaluating the impact of our Prevention Pilot, capturing the learning of what works so that we can share lessons with other pilots and the wider London network. By

laying the groundwork for health integration, reform and devolution across London, we will be laying the groundwork for a major improvement in outcomes in Haringey.

Our vision as a prevention pilot is to work with London partners and national agencies to achieve the following goals;

1. Find the most effective ways of using planning and licensing powers to create healthy environments
2. Pilot new ways of supporting more people into sustainable employment – in a way that recognises that unemployment is a cause of poor health, and that poor health is a barrier to employment that demands early intervention

For each of these goals we have a number of objectives that we want to achieve as a pilot – each one involves support from our London partners and partnership working with national agencies.

### **1. Find the most effective ways of using planning and licensing powers to create healthy environments**

As a prevention pilot we want to work with London partners and national agencies to find the most effective ways of using our planning and licensing functions as levers to improve population health. For fast food, alcohol, tobacco and gambling, our pilot will either prove how existing powers can be best applied or will build the case for new powers – such as the ability to set a minimum unit price for alcohol or to create cumulative impact zones for gambling premises. The Haringey Prevention Partnership has the political resolve to act on evidence and apply our existing powers positively. We need the analytical, technical and legal capacity of national agencies to help us establish the most robust evidence base possible, and ensure our policies are built to withstand legal challenge. We are seeking this support from Public Health England, DCLG, the GLA and London Councils to help us:

- embed best practice and test the capacity of existing planning and licensing powers to improve health and wellbeing
- evidence the cumulative health impact of licensed activities in Haringey (particularly gambling), and therefore evidence the limits of existing powers
- work through the issues and risks that enhanced powers would bring, and design new models that could be enabled by London-wide devolution

### **2. Pilot new ways of supporting more people into sustainable employment**

As a prevention pilot, Haringey is eager to work with NHS and DWP partners to comprehensively map out and rewire the local system of unemployment and health support for individuals claiming Employment Support Allowance (ESA), and for employed people who are at risk of falling out of work due to health problems. Given the very high level of mental health issues in Haringey, we intend to have a particular focus on people with mental health issues (49% of the ESA cohort). The aim would be to facilitate quicker, more sustained and more personalised access to local support services for individuals and employers. We seek to intervene with individuals much earlier, at the point that Fit Notes are issued and ESA claims are made, or when employed people first bring health problems to the attention of their employer. We are therefore seeking to work with London partners, NHS England and the DWP to:

- develop ways of embedding work as a health outcome within the local health service, and ensure there is a parallel emphasis in social care
- equip Haringey GPs with the segmentation tools and referral pathways to direct more patients (both in and out of work) to earlier and effective local support
- pilot new ways of integrating the employment support, health and care systems so that the

- service user experiences a seamless service. This might involve co-location of services in local authority, primary care and community buildings and joining up with our Early Help locality teams
- develop a more effective local offer for employers to help them create healthy workplaces, retain employees with health problems (through better access to local support options) and recruit people from the ESA cohort. This might involve work to maximise the impact of DWP commissioned services like Fit for Work and Work Choice in Haringey.
- explore opportunities to amplify the local impact of the DWP's Flexible Support Fund through co-commissioning and the creation of a local pooled budget
- ensure Haringey has more control over the future of the Work Programme to ensure its integration into our local system of health and employment support

We are now moving ahead with forming relationships with the national agencies identified above to further develop our thinking and agree the nature of their support. We will seek arrangements that bring in critical capacity, skills and expertise into the pilot – such as legal expertise to develop robust place shaping policies, and IT expertise to help us integrate IT systems used in Primary Care with those used by employment support services. We plan to have these arrangements in place by January 2016 so that we can proceed together with the development of detailed business cases for the two strands by summer 2016. The pilot will maximise the impact of existing resources through rewiring local systems and developing more robust policies. Haringey Partnership members will contribute resources and expertise to engage in productive relationships with London and national agencies and deliver the work outlined in the business cases. The business cases will identify what further support and resources are required from national partners.

As a partnership, we will build robust governance and accountability arrangements to oversee the delivery of our pilot objectives, and carry out a thorough evaluation of our work for the benefit of the wider London network. Our intention is for the pilot to be governed by the Haringey Health and Wellbeing Board, which already provides health systems leadership in the borough, bringing together elected members, clinical leadership and community representatives. We will explore expanding the membership of the Health and Wellbeing Board to reflect the pilot's objectives.

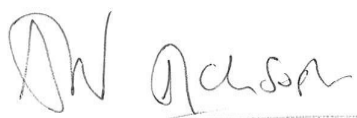
With the signatures below we signal the launch of the Haringey Prevention Partnership as a prevention pilot under the devolution framework established by the London Agreement. In doing so we re-affirm our commitment to our shared vision for prevention: to embed prevention in all our policies, shape the physical environment to encourage healthy decisions, and break the reinforcing cycle of inequality, poor health and unemployment.



Leader of London Borough of Haringey,  
Cllr Claire Kober



Chair Haringey CCG,  
Dr Sharezad Tang



Haringey Acting Borough Commander,  
Amanda Dellar



Chair Haringey Healthwatch,  
Sharon Grant