

London Councils Executive

Transforming Health and Care in London Item 6

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

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Contact Officer: Clive Grimshaw

Telephone: 020 7934 9830 **Email:** Clive.grimshaw@londoncouncils.gov.uk

Summary This report provides an update on some of the developments that have taken place in health and care over the past few months. In particular it provides an update on the system integration work that is currently being taken forward by London Councils, with health partners.

Recommendations Following discussions at both the London Councils' Executive and Leaders' Committee earlier this year, this paper sets out the progress made on how to support health and care system integration across London and seeks Executive comment on the emerging thinking as the basis for bringing back firm proposals for decision.

Members are asked to:

- Provide feedback on the draft political vision/narrative for the transformation of health and care in London (**para.14-16 and table 1**)
- Comment and agree on the draft narrative framework set out at **table 2** as the foundation for the development of the full narrative/vision document, and comment on additional areas that should form part of a political narrative for the transformation of health and care in London.
- Provide political guidance on the proposal that London local government seek to influence the national development and delivery of Accountable Care Systems with the view to the delivery of national support which reinforces London's objectives (**paragraph 19**)
- Comment on the risk to 18-19 BCF allocations following a review due to be done in November.

Transforming Health and Care in London

Introduction

1. Following a discussion by London Councils' Executive and Leaders' Committee earlier this year, this paper sets out the progress made on how London health and care partners are working to support the delivery of health and care system integration across London.
2. The report also sets out the emerging NHS England thinking on integration, as set out in the NHS Five Year Forward View Delivery Plan in March 2017. Specifically, this paper summarises some of the key features of an Accountable Care System (ACS) and how this compares to the borough-led models in London, and suggests a proactive approach to ensuring the national programme helps to deliver the London approach to integration.
3. Finally, this paper updates members on some of the work being delivered to help local areas (i.e. boroughs and multi-boroughs groups) in their integration work. This paper also updates Executive on the Better Care Fund and developments in regulation of health and care systems.

The purpose of this paper

4. Executive last provided direction on the development and delivery of health and care integration in February. A paper was considered by Leaders' Committee in March, and Health and Wellbeing Board Chairs' commented on proposals and progress at their meetings in March and June.
5. While we still await the publication of the devolution Memorandum of Understanding (MoU), the integration agenda has continued to evolve. This is true in the sense that London Councils officers have taken forward the recommendations of Executive and Leaders' Committee, and nationally the emergence of ACSs and developments in relation to Better Care Fund. It is clear, therefore, that in the absence of an agreement with national partners in respect of devolution, the agenda has moved forward and London will need to continue to press its case to ensure it remains influential in respect of the destination of reform in health, and indeed is able to assert more control over that destination.

6. Through a combination of work in the London system and developments nationally, momentum continues to build behind the push for closer and deeper integrated health and care systems. Earlier in the year, Leaders asserted a clear view that London local government should seize the agenda more firmly. This papers describes the emerging thinking which local authority members could come together around as a shared vision for the Capital. However, for the type of vision and narrative to have traction, political consensus will need to translate into traction on borough, sub-regional and regional activity.
7. This paper sets-up as a chance to comment on and provide political instruction on the emerging thinking. Based on discussion at this meeting, firm proposals will be brought back to Members later in the year.

Transformation through integration and reform update

8. Since health integration was discussed at the March meeting of the London Councils' Leaders' Committee, London Councils and health partners have developed a work plan on how they can support the health and care system to integrate across London.
9. The work plan has been discussed across different parts of both the health and care system, including Health and Wellbeing Board Chairs. Delivery of the work plan is also being supported the CELC Health Lead and NHS England (London Region), which has enabled local government to leverage NHS resources to support Leaders' ' objectives for the transformation of the health and care system.
10. The work plan currently includes the following:
 - Analysis of different integrated commissioning delivery models and drawing out lessons for others enabling knowledge sharing across the capital.
 - Mapping of integrated ways of working taking place across different footprints and develop a tool kit offering different options.
 - Working with NHSI, CQC to develop an integrated approach to regulation
11. In delivering this work plan, discussions are being held at several different levels with different parts of the system and a support offer is being considered which will best help London region and individual areas as they begin to transform the way they deliver health and care. Health and local government officers have

identified the following areas as a menu of priorities for support. Members, however, may wish to suggest areas of greater importance for London Councils:

- Regulation
- Workforce support
- Risk sharing
- System leadership
- Capacity
- Governance
- Contracting

12. The support offer has not been developed yet, but London health and care partners are exploring how best to support areas and will be working closely with local areas to develop the support offer which could potentially include providing an expert to provide extra capacity to areas on identified topics including better connectivity between local areas and national leads and ensuring that knowledge analysis and experience are more accessible to the wider system.
13. However, a significant amount desk-based research has been conducted to pull together evidence and examples from across London and outside of London of different approaches to integration. This research has allowed officer to draw-together the experience of different models of integration and to begin draw-out the opportunities for boroughs, in terms of single and multi-borough approaches. The research has drawn learning from initiatives including the Better Care Fund, New Models of Care, Vanguards, devolution pilots, borough health and care integration, clinical and cohort pathways, Accountable Care Organisations, ACSs and partnerships at the STP level. The research has formed the basis for the drafts set out in tables 1 and 2.

The developing political vision/narrative

14. A key element of the work plan is the development of a case for change and political vision/narrative which can provide members with a narrative for use locally. Officers have worked to progress the Leaders' objectives from discussions earlier in the year, although National Health Service priorities and agenda will, clearly, have a bearing on what can be delivered in practice. Strong and consistent political leadership of a vision buttressed by a clear policy framework can, however, help to reach out beyond the scope of officer influence and engage much more powerfully with residents and with national policy

makers. Executive input to the thinking in this paper is essential to being able to bring forward proposals which have the best chance of political success.

15. The narrative aims to achieve the following:

- Provide members with a shared narrative that can be used in their lobbying on health and care in order to make London's case to government.
- Provide members with a narrative for local use enabling discussions on local health and care transformation.
- Provide strategic policy direction for health and care that is supportive of the new commissioning and delivery frameworks and models that are currently being developed across the capital.

16. Members are asked to comment and agree the draft long term vision for health care in London must achieve as the basis for further development. The ten point plan in table one draws together as a political dialogue the core ambitions for borough-led integration and takes to a next level a number of the central aims of devolution and other integration models. A draft vision is set out below for comment:

Table 1: Meeting the needs of Londoners through the transformation of health and care – The Vision	
Successful transformation of health and care in London means that:	Successful transformation will be a result of the system being transformed in the following ways:
1. Londoners will have simplified access to health and care through one local point for both health and care services.	Integrated system with one access point will mean better sharing of information across health and care. Joined up commissioning strategies will remove fragmentation in the system so that service users receive a seamless service for example even in instances where a person's eligibility for social care or continuing health changes they will not be adversely affected or concerned as they will hardly notice the change in providers. Joined up workforce will enable greater flexibility and a better service for the service users.
2. Londoners will be able to access the services they need close to home.	Commissioning will be more joined up and place based services will be available providing services that are closer to home as providers respond to need in local areas and commission using joined up market strategies
3. The public do not have to worry about safety or	Robust joint health and social care monitoring and regulation is in place and better information sharing will enable safeguarding concerns to be recognised early

quality; they can rely on robust systems guaranteeing every care offer is safe.	through joined up health and social care intelligence.
4. Individual Londoners feel that they are in control of how their care is decided upon and delivered.	Personalisation across both health and social care is in place empowering people and ensuring that they are in control of how, what and when support is delivered to match their needs.
5. Londoners feel that they shape their care system through the conversations they have with local leaders – who they are confident must be accountable to them	Introduction of greater democratic accountability over both health and care - giving Londoners a voice over the direction of services in their areas through the addition of political oversight over both local and regional health and care services. Londoners given the power to vote for the leaders who will have influence over both health and care services in their areas.
6. Locally accountable politicians lead the community conversation to shape health and care services - and so deliver faster improvements with greater public consensus.	Local politicians representing and having conversations with their local communities know they have the ability to influence and shape the direction of services through stronger democratic structures that are developed. Local politicians become a core part of local and regional health and care governance structures and have a voice in all aspects of health and care including over hospitals, GP care etc.
7. Avoidable hospital admissions and unnecessarily long stays in hospitals become a thing of the past through improved alternative care.	The health and care system sees the lowest numbers of avoidable admissions and delays in discharges as care in the community becomes a common feature of the transformed health and care system with high numbers of people receiving care either in their homes or other out of hospital settings.
8. Londoners are empowered to take charge of their health to help them live longer, healthier, independent lives.	Through the use of better technology, better education, better prevention strategies and increased support more Londoners are empowered to take charge of their own health either through better self management of long term conditions or through successful prevention strategies are enabled to live longer healthier lives.

9. London has a health and care workforce that is fit for purpose for an integrated health and care system	<p>The health and care workforce is joined up and information is shared across the workforce bringing an ended to duplication in the system. London also has a workforce strategy that will help ensure that we have the right people and the right roles to meet the changes taking place not only in the health demographics with people living longer but also responsive to the great use of technology that could change the way services are delivered. There is flexibility in career pathways and the divide in perceptions and differences in pay structure between health staff and care staff are completely broken down so that care staff are no longer seen as secondary to health staff. London as region supports and meets the needs of the health and care workforce so that they are able to both live and work in London through the provision of affordable housing and transport for these key workers.</p>
10. Services are provided that will enable more Londoners to die in their own homes instead of hospitals.	<p>Hospitals are no longer the place where most deaths occur as more people are supported and cared for to die in their own homes or other suitable settings where ever possible. Structures should be in place to enable and support families</p>

17. The work presented in this paper is not developing within a vacuum – there are a number of pre-existing commitments in London and nationally which provide the possible building blocks for how members may wish to move forward. These include commitments to, for example, the Better Health for London vision which emerged from the London Health Commission. These elements may, potentially, set some of the terms for delivering reform, and so in setting these out here, the Executive may wish to reflect on whether they reflect how Leaders wish to see the future of health and care develop. If not, is a strategy needed to consider how to promote a different type of reform with others?

18. The Executive is, therefore, asked to comment on the framework below which will also form the basis of the narrative that will accompany the political vision outlined in the above section and whether there are additional issues or areas that should be included in the narrative.

Table 2: A narrative framework for the Integration of health and care in London update	
1. London's Aspirations for health and care	<p>London needs a vision of the type health and care it wants to deliver for its communities. London's health and care Partners are already signed up to the ten aspirations for health and care in London. Ten aspirations emerged from the London Health Commission led by Lord Darzi, those were:</p> <ul style="list-style-type: none"> i. Give all London's children a healthy and happy start to life

	<ul style="list-style-type: none"> ii. Get London fitter with better food, more exercise and healthier livings. iii. Make work a healthy place to be in London. iv. Help London to kick unhealthy habits v. Care for the most mentally ill in London so they live longer, healthier lives. vi. Enable Londoners to do more to look after themselves vii. Ensure that every Londoner is able to see a GP when they need to and at a time that suits them. viii. Create the best health and care service of any world city throughout London and on every day ix. Fully engage and involve Londoners in the future health of their city. x. Put London at the centre of the global revolution in digital health. <p>Better Health for Londoners 2014</p> <p>https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/Better%20Health%20for%20London%20Next%20Steps_2.pdf</p> <p>In the London Collaborative Agreement, London health and care Partners have also signed up to objectives that will help them to improve health and care services for Londoners through devolution. In particular, some of the objectives they have committed to are focused on how they can deliver services in a more collaborative way for example:</p> <ul style="list-style-type: none"> i. 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. ii. 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. iii. 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. iv. 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. v. 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.
<p>2. Case for Change in London – drivers for needing to change the system</p>	<ul style="list-style-type: none"> - Changing demographics in London over the next ten years mean that there is a need for the health and care system to change to better meet the new demands – people living longer and more people living with multiple long term conditions and there is also a projected increase in people with learning disabilities expected to be needing social care support. The mismatch between projected funding and changing demographics need the system to change so that it is more responsive to people's changing needs while providing provide better care. - Both health and care are under tremendous financial pressures with pressures expected to increase over the coming years - integration will enable better use of limited resources by eliminating some of the duplication that takes place in the current system. An 8 per cent real-terms cut in spending by local authorities in England between 2009/10 and 2015/16 means that the number of older people accessing publicly funded services has fallen by more than 400,000. While under current spending plans, the NHS budget will increase by

	<p>an average of 1.1 per cent a year between 2009/10 and 2020/21, compared to a long-term average increase of nearly 4 per cent a year since the NHS was established. Health and care organisations need to be streamlined to deliver services in a seamless way.</p> <ul style="list-style-type: none"> - Health inequalities in London need to be addressed and achieving greater levels of equality in health and care should form a key part of the case for change addressing problems such as Men's life expectancy which is at ward level in London which ranges from 71 years in Tottenham Green ward in Haringey to 88 years in Queen's Gate ward in Kensington and Chelsea a difference of 17 years and deaths from diabetes are expected to increase by 25% in the UK by the middle of the next decade, with the most deprived people 2.5 times more likely to have the disease. - Prevention and well-being need to be improved to help ease the pressures on both the health and care system. - The rapid advancements in technology and medical provision taking place which need to change the way health and care is delivered for example through technology people could be given more control of their own self care and management without needing to go in to see a doctor. - The health and care workforce is rigid and the high costs in London mean that it is more expensive to get the right staff where we need them. An integrated workforce strategy is needed which will help to ensure that we have the right work force in place to meet the needs of people across London. - General rising public expectations mean that fundamental changes are needed to the way services are delivered if service standards are to continue to meet people's expectations. - Brexit is expected to have implications for the health and care workforce in particular, transformation is therefore needed to reflect the changes taking place in the wider economic environment of London.
<p>3. Through case studies set out levels of health and care integration taking place at the local/sub-regional level through individual and multi borough integration projects and Accountable Care Systems.</p>	<p>Integration is already taking place at several different levels. Part of the work plan is looking at examples of integration across London and looking at the different models being implemented. There are similarities that the models are going through as they begin to work in a more collaborative way, these have been summed up by the Nuffield Trust as outlined below:</p> <p><i>Systemic change</i> - Coordinating and aligning policies, rules and regulatory frameworks between different parts of the system.</p> <p><i>Normative change</i> - Developing shared values, culture and vision across different organisations.</p> <p><i>Administrative change</i> - Aligning back-office functions, budgets and financial systems and developing shared accountability mechanisms, funding processes or information systems.</p> <p><i>Coordinating information and services</i> and integrating patient care within a single process for example, developing extended clinical roles, guidelines and inter-professional education, or facilitating the role of patients in shared decision-making.</p>

	<p><i>Organisational change</i>- Coordinating structures, governance systems and relationships across different organisations and look at how to work over different footprints.</p> <p>Across the capital work has begun looking at different models of care across London with the purpose of mapping different programme. From the plethora of approaches being taken across London it is evident that there isn't model of integrated care that is suited to all contexts.</p> <p>Case studies and mapping of different integration projects are being looked at and will be available to inform local areas in their decisions on local integration models. There are number of lessons that can be drawn from the different examples of integration taking place across London that will be shared through this work. However some early findings are outline below:</p> <p><u>Early findings</u></p> <p><i>Individual borough</i> service level initiatives where a local authority is working closely with its CCG partner to deliver a service in an integrated way.</p> <ul style="list-style-type: none"> - All boroughs have integrated projects between the local authority and CCG - Integrated projects are being delivered in a number of ways that have changed the way the workforce operates for example through, colocation, multi-disciplinary teams etc. are being a common feature - Set governance structure for integration – in many areas this appears to have primarily been driven by the BCF - Development of data sharing pathways - Mental health and dementia also feature strongly in several places. <p><i>Multi borough initiatives</i> involving more than one borough and CCG.</p> <ul style="list-style-type: none"> - Several areas are now working more collaboratively with other CCGs and boroughs with some areas quite well developed and looking to become Accountable Care systems <p>Challenges:</p> <p>A number of challenges are being experience across the system in London which are hampering progress in some areas and several areas have identified these as potential areas for additional support:</p> <ul style="list-style-type: none"> - Regulation - Governance - System leadership - Capacity - Contracting - Data sharing - Risk sharing - Organisational conflicts
4. Aims of health and care transformation in the short term	<p>Transformation of health and care at the local and regional levels has already begun. In the short term the transformation taking place across London has a number of aims which if coupled with whole system change and is successful will over the longer term enable London to achieve its long term vision set out in the table above. The short term transformation aims include:</p> <ul style="list-style-type: none"> • Moving towards full integration of health and care in all parts of London by 2020 • Creation of 3 to 4 accountable care systems over the next couple of years

	<p>with ACSs being at either the local or multi borough level.</p> <ul style="list-style-type: none"> • Devolution of estates powers and integration powers and cascading them across London once the Memorandum of Understanding has been signed.
<p>5. The long term vision set out for successful health and care transformation to be achieved needs to be accompanied by whole system transformation.</p>	<p>There is a need to develop a long term strategic change and direction to develop a holistic system that will better support health and care organisations to deliver services for Londoners. At the heart of the transformation plans and the long term vision is the objective of improving the services and experiences of service users and achieving the aspirations for London. But to achieve this a supportive and sustainable system is required.</p> <p>Whole system change is required that will support the delivery of the vision across London. The whole system change will involve a number of key partners in the health and care system including government, NHSE and local authorities. Work with health and care partners over the coming months will further refine the details for whole system change across London these are likely to include proposals for:</p> <ul style="list-style-type: none"> - Changes to how health and care should be funded in London. Looking at how funding can be streamlined so that health and care are more equitably funded and London partners can have more say over funding allocations. The current system is fragmented resulting in fragmented services being delivered. The different funding streams result in organisations with conflicting priorities and challenges which are difficult to overcome in delivery. - Changes to how commissioning of services should be transformed to break down the fragmentation in the system. London needs a whole system outlook on commissioning which will make health and care equal partners and enable greater flexibilities in how services are commissioned between health and care. - The governance at a strategic level needs to be addressed so that in London we can have a system with democratic accountability over both health and care giving Londoners greater say over how their health and care is addressed and delivered. - Local governance needs to be strengthened and commissioning needs to be done through one organisation or commissioner.

Accountable Care Systems

19. This section of the report describes the parallel thinking on integration, as set out in the NHS Five Year Forward View Deliver Plan published in March 2017. The purpose is to bring Executive up to speed with thinking in the NHS, but also to seek political direction on engagement. Experience in recent years would suggest that there is the potential for national policy direction to fetter London's efforts at reform, yet on the other hand it may be there are benefits to London of working to influence the implementation of the policy in the Capital through a strategy of engagement, at both the officer and political level.

20. All areas in London have integration at some level through different schemes and programmes. However, in the most advanced areas, many of the emerging models show similarities to or variations on the description of an Accountable

Care System (ACS) as set out in the NHS Five Year Forward View Delivery Plan, published in March 2017.

21. Accountable Care Systems enable NHS commissioners, providers and local authorities to take collective responsibility for resources and population health and to do this they must:
 - i. Develop collective governance and decision making
 - ii. Agree an accountable performance contract with NHSE and NHSI
 - iii. Together manage funding for the ACS's defined population through a system control total.
 - iv. Demonstrate horizontal integration between providers and vertical integration with GP practice formed in local hubs and networks.
 - v. Establish mechanism to ensure patient choice.
22. These developments mark a decisive shift away from the focus on competition as a driver of service improvement, towards collaboration between NHS organisations, local authorities and their partners in place-based systems of care.
23. In June, the Government announced eight 'accountable care systems' (none were selected in London) which will bring together local NHS organisations, social care services and the voluntary sector to improve the delivery of health and care in an area.
24. However, the fact that no London systems were selected as part of the ACS national programme is not a reflection of the lack of progress on this broader agenda across London. Arguably, some areas in London are further ahead than the ACS areas identified, and have more ambitious plans. Had the Devolution Memorandum of Understanding been published in the Spring, as had been hoped, this would have shown more clearly the progress made in London compared to the national model of integration being described as an ACS.
25. It is noteworthy that several areas in London have already begun their journeys towards driving forward broad and ambitious integration, with some significant shared characteristics between the approaches in London with the latest descriptions of what an integrated health and care system should look like.
26. Notwithstanding the recognition that in some respects, London is further ahead than the ACS process, there is likely to be national resources put behind the programme and there is some value on political and officer engagement.

Executive is asked to provide a political view on how London should position itself in respect of the development of ACS arrangements and the national support offer.

Better Care Fund update

27. The following section is reported by way of an update. It reports that there has been an increase in the noise levels around Better Care Fund, which has the potential to distract local government from our broader reform agenda and therefore is worthy of noting, but it is not suggested the issues become a matter for political intervention at this time.
28. All areas should have submitted their Better Care Fund Plans by 11 September 2017. The 2017/19 Better Care Fund (BCF) plans will include the new funding for social care that makes up what is being called the improved Better Care Fund (iBCF). The iBCF is allocated over three years (until 2019-20) and is intended to support sustainable approaches to stabilising the social care market and relieving pressure on the NHS.
29. London boroughs' share of the £2 billion funding allocation will be £316 million over the three years to 2020 and each borough will on average receive an additional £3.2 million of the funding per annum (£9.6 million over 3 years).
30. While the iBCF covers three years, the BCF plans cover a two year period 2017/18 and 2018/19. Although these plans cover a two year period (the first BCF plans to do so moving away from the annual plans) they will also have to include local plans for achieving full integration by 2020.
31. The government has published a set of metrics which it will use to see how local authorities are performing in areas where health and social care work most closely together and this may impact their iBCF allocations.
32. The government has asked the Care Quality Commission to work with those areas that are deemed to be failing against the metrics. The first twelve areas for the CQC reviews have been identified and are listed below. The reviews are meant as an offer of support to those areas that are not performing well.

Birmingham	Manchester
Bracknell Forest	Oxfordshire
Coventry	Plymouth
East Sussex	Stoke on Trent
Halton	Trafford
Hartlepool	York

33. A further review will also be carried out in November, of 2018-19 allocations of the social care funding that was provided at Spring Budget 2017 and therefore allocations could be impacted although government has said that this funding will remain with local government, to be used for adult social care. To date there aren't any London boroughs in the first cohort of boroughs selected for CQC reviews.

Devolution update

34. The publication of the Health and Care Devolution Memorandum of Understanding (MoU) continues to be delayed. London Partners (London Office of CCGs, The Mayor of London, NHS England (London Region), Public Health England and London Councils) have continued to progress those matters where it is possible without seeking agreement with national partners. The update in relation to integration in this report is one of those areas where work is ongoing.
35. The Mayor of London and Chair of London Councils wrote to the Secretary of State for Health in June to push the case for health and care devolution in London, and for the publication of the MoU. The Secretary of State replied in July. In his response, the Secretary of State welcomed London's continued commitment to closer working and recognised the achievements in London, both as a London-wide partnership and the individual pilot areas. The Secretary of State reaffirmed his commitment to deliver an agreement with London as soon as possible.
36. More recently, also in response to a joint letter from the Mayor of London and Chair of London Councils, the Chancellor of the Exchequer has also reaffirmed his commitment to deliver a health and care devolution agreement with London.
37. Reassurance from the Secretary of State for Health and the Chancellor of the Exchequer are welcome. However, as the delay of announcing an agreement, and the commitment it would make to London's priorities, continues, the greater

the risk becomes of partnerships and enthusiasm breaking down. The window to solidify those commitments is likely to get progressively smaller as Autumn progresses.

Financial Implications for London Councils

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

Legal Implications for London Councils

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

Equalities implications for London Councils

There are no equalities implications for London Council.