London Councils' Leaders' Committee

Health and Social Care Devolution in London Item 4

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Summary

This report invites Leaders' Committee to consider the strategy which will shape how boroughs might seek to deliver health and care integration. This report was identified by Leaders' Committee in February as something that should be presented to this meeting. The issues raised in this report build on the opportunities available through the Health and Care Devolution Memorandum of Understanding and, if they are to be expanded and utilised, will need relatively quick action following the May elections. The report invites Leaders to consider an assertive approach from London local government, underpinned by utilising devolution through borough-led approaches first and foremost.

Leaders' Committee is invited to consider strategy and tactics for maximising the borough voice at the local, multi-borough and London level.

Recommendations

Leaders' Committee is recommended to –

- give an indication of the scale of its commitment to investing in locally led reform.
- offer guidance to officers on preparatory work that should be undertaken in the period leading up to the early meetings of the new Leaders' Committee in the summer of 2018.

Health and Social Care Devolution in London

Introduction

1. This report alerts Leaders' Committee to decisions on improving health and care services that may be required immediately after the formation of new administrations following the May borough elections.

2. An opportunity for greater local influence on improvement to health care has been created as a result of the commitments made by national government and the NHS nationally in the Memorandum of Understanding signed with London Partners, including London Councils and the Mayor of London, in November 2017. This built on the previous Agreement of 2015. However, this opportunity can only be realised if the powers and freedoms agreed in that document are used to develop specific local proposals. Furthermore it will be necessary to act on locally generated plans before national solutions are imposed. This creates some urgency.

3. This report describes some of the levers for accelerating improvement in health and care and for better tailoring improvements to the needs of Londoners. Secondly, it describes the approach to health and care improvement being adopted nationally by the NHS and government. Thirdly, the report provides examples of locally developed initiatives that could be adopted as alternative solutions were national partners to recognise those as being consistent with commitments made by them when the MoU was signed. In this context it is then possible to explain why it is likely that the window of opportunity for locally influenced change may be relatively brief.

4. This leads to options for boroughs, both working individually and also collectively, about the level of priority to give to presenting locally designed health and care improvements to drive change in London. The more that Leaders wish to see local solutions as the dominant form of improvement, the more it will be necessary to support this by some collective preparatory work in the period between now and the early meetings of the new London Councils' Leaders' Committee meetings in the summer.

5. Leaders' Committee is asked to give an indication of both the depth and prevalence of commitment to locally led reform, and to offer guidance to officers on preparatory work that should be undertaken in the period leading up to the early meetings of the new Leaders' Committee in the summer of 2018.

Making use of the Memorandum of Understanding

6. The MoU signed in November 2017 captured a shared commitment to unblock health and care reform in areas where previous efforts to change and deliver improvement had been hindered.

7. As a consequence, in relation to health and care integration, London and national partners have agreed to work together to explore levers that could increase the pace of improvement including:
   - flexibility of payment mechanisms
   - developing place-based provider regulation
   - workforce planning and delivery of education and training

8. More specifically, the MoU, therefore, gives London the opportunity to:
   - bring forward options for new payment models and enabling support to local areas wishing to test and deliver reform to care integration;
   - share learning about new payment models, including those which may be tested in London and those emerging nationally.
   - develop a London approach to supporting local and sub-regional areas to deliver integrated health and care.
   - with partners, agree an approach for regulation and oversight which better supports more ambitious integrated models.

9. The new powers and freedoms that have been gained through devolution provide a platform for accelerating the development of borough-led integration models in order to improve the health and care system locally. London boroughs with the Mayor and health partners will collectively need to account for how effectively these new powers are used.

10. There is a time limited window of opportunity in the period to come, likely to last between now and the summer, when boroughs will have the greatest opportunity to shape the delivery of reform and show how boroughs are leading the future of health and care in the Capital based on a deep and thorough understanding of

local need and circumstances. During this period, the absence of a clear borough-led proposition risks leaving a vacuum into which models developed from other sources could be inserted.

11. In the same way that the work of individual pilot areas in London had led the way to agreeing the elements of the agreements reached in December 2015 and then in November 2017, one of the tasks facing all London boroughs now appears to be how to ensure reform emerges through bottom-up, locally designed solutions across the capital. This will be a central task for the coming months and points to questions of how best the local story can be told, how boroughs can shape this and how best London can harness collective ambition to use the MoU agreement to improve health and care for Londoners. The degree to which the powers and freedoms can be unlocked will be contingent on boroughs' abilities in creating robust local proposals.

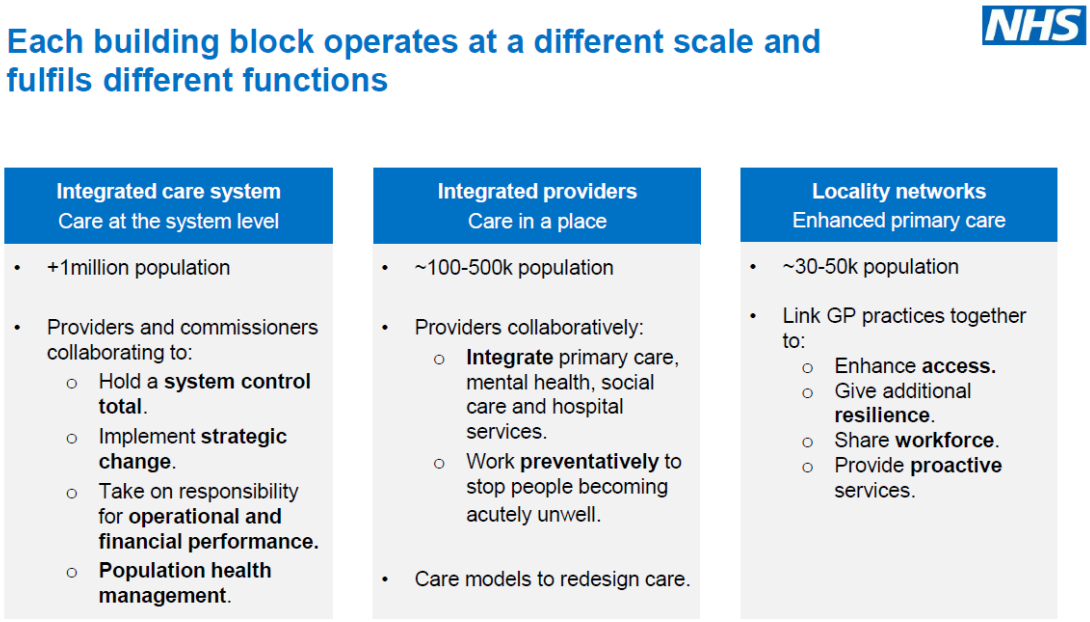
The national ICS development programme

12. National policy is increasingly focussing on integration across multi-borough footprints. Most recently, the NHS 2018/19 Planning Guidance set out a plan for Sustainability and Transformation Partnerships (STPs) to 'evolve' into Integrated Care Systems (ICSs). ICSs are defined as being systems where "commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations".

13. The guidance explains the desired outcomes of the ICS as:

- creating more **robust cross-organisational arrangements** to tackle the systemic challenges facing the NHS;
- supporting **population health management approaches that facilitate the integration of services** focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering **more care through re-designed community-based and home-based services**, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take **collective responsibility for financial and operational performance and health outcomes**.

14. The national approach suggests integration would happen, optimally, at the following scales –



Locally developed models are key to delivery of person centered care

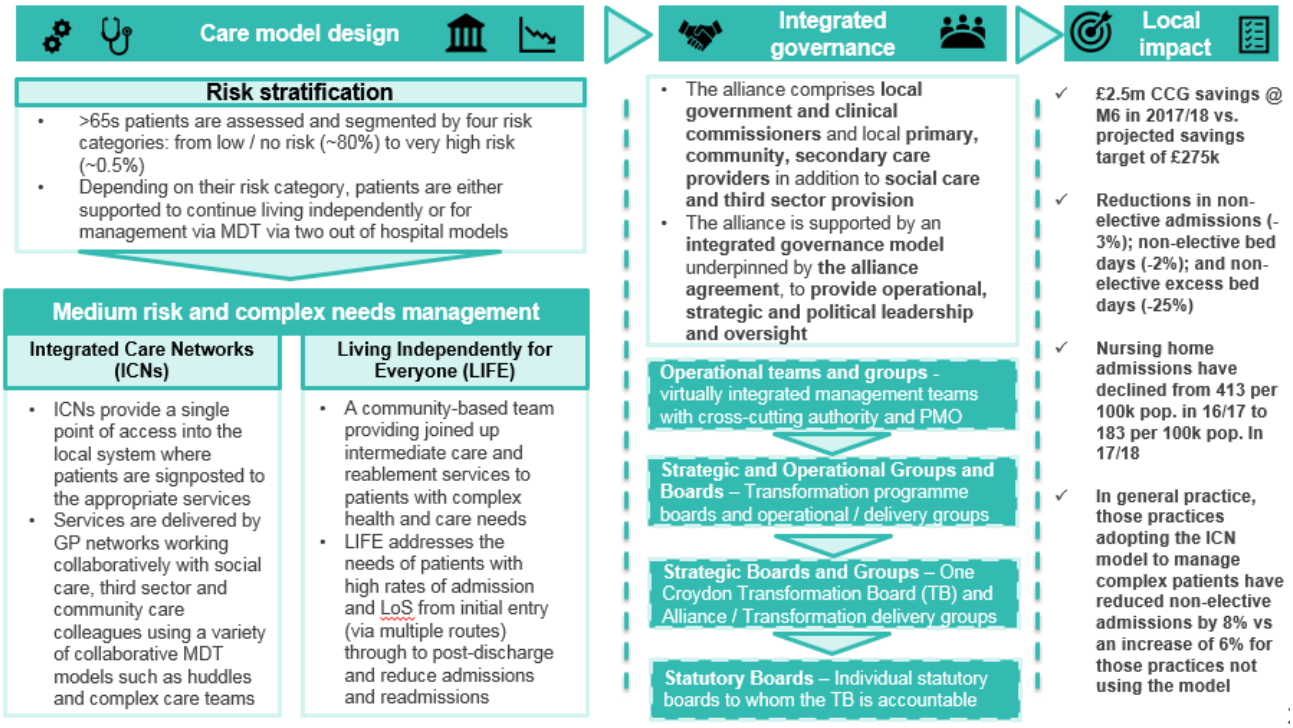
15. In London, there are examples of borough-led reforms emerging across the Capital. The London boroughs of Hackney and Lewisham, for example, were actively engaged in shaping the commitments in the MoU as integration pilot areas. These pilots, linked to the devolution discussions are not the only local initiatives of this type. Other areas of London have developed their own models in parallel. Together, these models of care build from a clearly defined population and build out from a primary and community care-based approach. For example:

Borough: One Croydon Alliance

The 'One Croydon Alliance' is an integrated single-borough model already delivering impact. The model aspires to:

- improve personal outcomes;
- improve financial sustainability; and
- shift activity to the right place at the right time.

The aspirations are underpinned by an emphasis on proactive and preventative care that will fundamentally change the way that services are delivered to the local population of around 380,000. The care model has initially been focused on the over 65 year old population, with ambitions to expand to include the whole population.

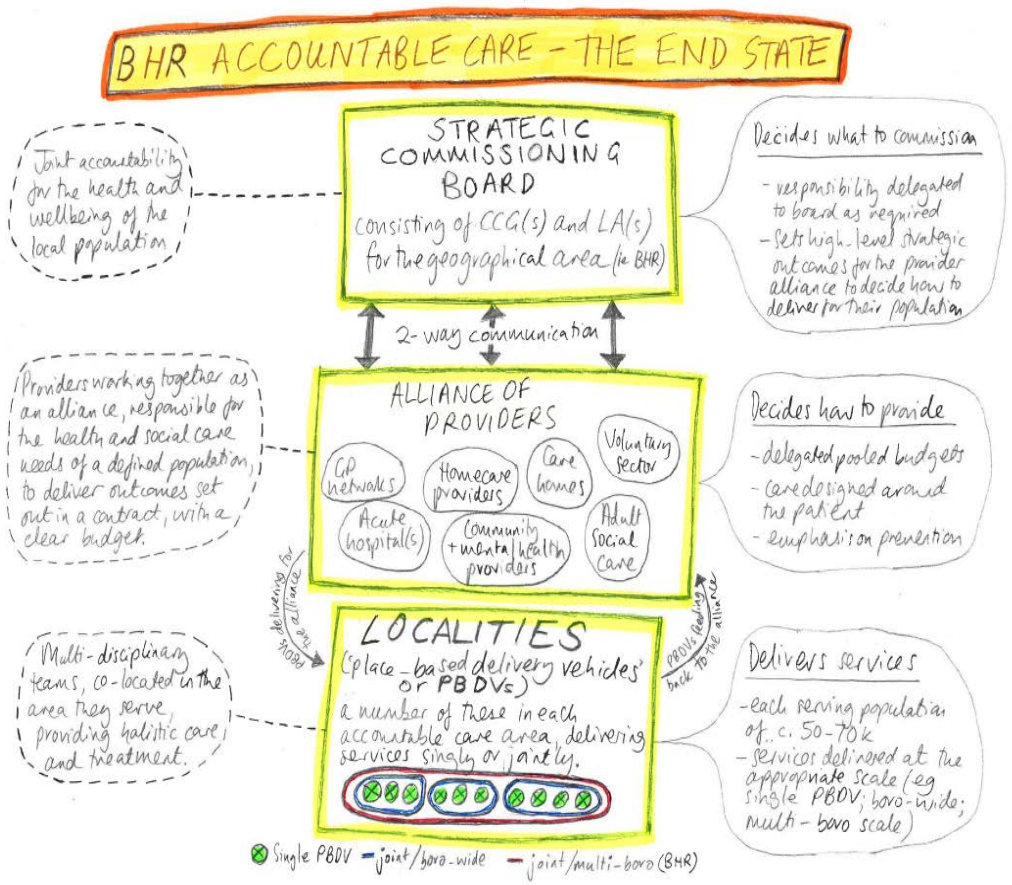


16. Locally-led models of health and care vary across the Capital. A review, by officers, of a number of those approaches suggest that there are some common features that partners all want to realise for Londoners:

Empowering and involving Londoners	• Local approaches are designed in partnership with and in response to the needs of local communities, with democratic accountability through local politicians. • Education and support empowers citizens to take better care of their own health and wellbeing. • Londoners are supported to manage long term conditions independently and remain in their homes where possible. • Londoners can influence and direct the support they receive.
Personalised and holistic care	• Multidisciplinary teams support all elements of health and wellbeing. • Approaches address the wider determinants of health (e.g. housing and education). • Mental health and wellbeing are more prominent parts of the care model.
Care in the community	• Appropriate care delivered as close to home as possible.
Access	• Londoners have a clear, single point of access for health and care services. • Londoners can see a GP when they need to and at a time that suits them, supported by primary care working at scale.

17. However, it is not possible to meet all the needs of Londoners within their local community or home borough. Sometimes Londoners will need to go into the next borough, or further across the city, to receive the best care for their condition. There is, in those cases, a need to work across larger geographical footprints for some pathways of care to improve outcomes and work more efficiently. Within London, most citizens receive most of their care within a few boroughs of their home. Building on locally driven work, cross-borough partnerships are developing across the Capital. These aim to preserve the principle of subsidiarity, with aggregation only where required.

Multi-borough: Barking and Dagenham, Havering and Redbridge



- *Strategic commissioning and service provision are distinct, but have a strong two-way connection. Providers will potentially have a greater role in commissioning within a capitated budget system.*
- *Localities are units of integrated provision but could also carry out a more local commissioning function.*

Borough-led Action

18. The examples provided earlier in this report are just two of a number which are emerging through borough-led action. However, it is likely that all boroughs across London are engaging in local discussions about the optimal model for local integration of health and care – in some cases this is based on a clear borough vision for what benefit an integrated system would have for borough residents. Those plans will demonstrate a variety of approaches as well as show some commonality. There is value in better understanding the aggregate picture insofar as borough plans are developed, and officers will be able to bring forward some conclusions from such a programme of work later in the year.

19. The evolving national policy landscape, such as the move to deliver Integrated Care Systems, tends to emphasise an approach to integration at a greater scale than the borough without excluding borough level integration. In absence, however, of a firm borough vision, the local models are more likely to end up being shaped by the delivery of the national ICS plan

20. The signing of the MoU saw London reach a critical point. It sets out opportunities for London to shape and accelerate its approach to reform based on a bottom-up strategy. However, if London to take advantage of the MoU, it will require boroughs to come forward with clearly articulated ambitions and plans for integration. This in turn may depend on demonstrable political commitment to take action. London's ambition could be to commit to produce a comprehensive plan for reform which builds from the bottom-up and allows for the development of clearer multi-borough plans.

21. This leads to options for boroughs both working individually and also collectively about the level of priority to give to ensuring that locally designed health and care improvements drive change in London.

Conclusion

22. The next phase of work will need to focus on how to move to a strategy to best enable London boroughs to better influence change and enhance health and care delivery by taking advantage of the MoU. Leaders' Committee is asked to give an indication of the scale of commitment to locally led reform. This might include sharing a sense of the level of resource individual boroughs intend to commit to developing proposals in partnership with other local organisations in the

immediate future. Leaders Committee is further asked to offer guidance to officers on preparatory work that should be undertaken in the period leading up to the early meetings of the new Leaders' Committee in the summer of 2018, including the potential to bring together the variety of local approaches, the commonalities and possible route map to reform.

Financial Implications for London Councils

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

Legal Implications for London Councils

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

Equalities implications for London Councils

There are no equalities implications for London Councils.