



# Leaders' Committee

## NHS Collaboration

Item no: 4

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**Date:** 8<sup>th</sup> October 2019  
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### Summary

This report updates the Leaders' Committee on previously reported discussions in respect of the potential for future pan-London collaboration with NHS. It seeks guidance on the how to respond to the opportunity for closer collaboration and influence across the whole health and care system; and further seeks agreement that London Councils advance senior member and officer level discussions with the intention of fully scoping the development of a new and deeper model for collaboration.

### Recommendations

Leaders' Committee is asked to:

1. Consider and comment on the potential to accelerate improvements in health and care system through closer collaboration with the NHS in London.
2. Note the plans for London Councils to take forward senior level member and officer exploration to fully scope the potential for closer collaboration and influence across the London health and care system with the possibility of reporting more detailed options for London boroughs to engage in longer term collaboration before the new year.



# **NHS Collaboration**

## **Context**

1. This paper reports on the progress of previously reported discussions with the NHS on the potential to improve health and care services in London through faster integration and increased local leadership. Developments during the year and a proactive approach by NHS London as it prepares to implement its Long Term Plan under new leadership suggest that more lasting collaboration might be built into these plans. These discussions have included senior level member engagement – five Leaders who, on a cross party basis, serve on the London Health Board – with the Directors of NHS England (London) as well as senior officer discussions.
2. This report seeks guidance from Leaders' Committee on how to explore the potential for pan-London arrangements for greater local leadership of health and care. A concerted effort to take a comprehensive approach to borough leadership of integration could create significant opportunities within the context of the Long Term Plan to influence the improvement of health provision in London, including how to maximise investment of new funding for primary and community care, for example.
3. It is proposed that Member and officer level discussions move to more detailed exploration to flesh out arrangement for closer joint working at borough, ICS and pan-London levels, which would be brought back to members in due course. Subject to such an arrangement setting out a clear case for the added value to local government, a further discussion will be necessary in respect of London boroughs' collective resource to deliver any commitments.

## **Introduction**

4. Since the arrival of Sir David Sloman as the new London Regional Director for NHS England and Improvement in February 2019, London Councils members and officers, as well as the CELC Lead Advisor for Health, have engaged senior NHS and GLA partners in informal discussions about the potential for a renewed collaboration, which would build on London's progress as a devolution area and reinvigorate and refocus ambitions from any future partnership. Those discussions have focused on tackling issues which a number of boroughs have already identified as key to accelerating the improvement of health and care in

London, and have sought to clarify the appetite for a more ambitious collaboration, with an emphasis on the need to be:

- 1) clear about how each partner benefits from partnership working at the London level; and
  - 2) reach some realistic conclusions concerning the obligations on partners to deliver more than “business as usual”, so genuinely achieving more than through current collaboration in different boroughs.
5. On 19 March Leaders’ Committee received a report summarising the key aspects of the NHS Long Term Plan and, in that context and against the backdrop of London having become a health and care devolution area, the potential for a renewed collaboration arrangements with partners in the NHS and GLA as they appeared to be emerging from officer level discussions.
6. Since March, the Leaders that represent London Councils on the London Health Board have held discussions with the Regional Director for the NHS in London and are due to meet again in the near future. This has built on senior level discussions involving senior London Councils’ officers and the CELC Lead Advisor for Health with NHS London Region and GLA and PHE to take forward more detailed consideration of the matters.
7. The aspiration in these discussions has been to create a better health and care system for London and to do so more rapidly than would otherwise be possible. Some of the benefits that it is hoped that could be achieved through better ways of working together include:
- Seeking to renew London’s GP and primary care facilities to help bring them into the 21st century, and to end the use of inaccessible converted buildings.
  - Promoting primary care services that involve a much wider group of professionals, connected up with public health and local government care services, all in one place.
  - Seeking significant reductions in demand for hospital A&E and outpatient services and focusing the spending of health funds where they can help deliver the best health care by intervening earlier.
  - Care services crossing institutional boundaries without friction to help Londoners get the care they need, rather than the care that is easiest to provide.

- Care packages for those with multiple conditions that will seamlessly combine services from local government, the NHS and other public or voluntary sector providers in a manner that best suits the individual.
- Agreeing new payment systems and a wider financial regime which will no longer obstruct designing the best care.
- Information management will ensure the seamless connection of data on individual needs, service offers and the best medical evidence on care pathways.

### **Progress of London level discussions**

8. Since Leaders' Committee in March, a range of discussions have occurred relating to the possibility of more intense collaboration with the NHS, including –
  - 8 July – London Councils' London Health Board representatives for London Councils met with Sir David Sloman, Vin Dawakar and Andrew Eyers.
  - 9 July – Leaders' Congress with the Mayor.
  - 10 July – the London Health Board, including an update on the development of a partnership vision for London.
9. The meeting between London Councils Leaders on the LHB and Sir David Sloman produced positive results and support for exploration of the potential to improve outcomes and support partners core goals through more ambitious collaboration. There was a positive discussion on the merits of the Lambeth approach within the South East London ICS. It was agreed that the following issues deserved further exploration:
  - Explore opportunities for estates – especially the smaller scale primary and community estate – from devolution and from further agreements with NHS
  - Explore opportunities from data sharing and digital action especially data on “frequent flyers” and how this might be brought together.
  - Explore new approaches to governance and, specifically, identifying what actions can be taken at borough level on GP/primary commissioning and estates
  - Provide a map of the delivery and governance models on offer showing what it would take for a borough to be empowered to opt for the models across the spectrum – especially Lambeth and Croydon examples, but across the whole spectrum as well.
  - Confirm exactly what powers could be available at borough level

- Clarify the governance and democratic engagement options at STP/ICS scale
  - Clarify mitigation plans for the GP shortage in London.
10. At the meeting of the London Health Board on 10 July, the Board discussed the work to develop a Health and Care Vision for London. The Health Vision for London, published at the London Health Conference on 2<sup>nd</sup> October, describes the outlines of partnership working that London would need in order to deliver the aspirations of the Vision; including quicker and deeper integration of health and care.
11. Since July, senior officer discussions have continued on a regular basis to explore the potential benefits of deeper collaboration and to clarify the requirements for success. These discussions have increasingly focused on three areas of joint work –
- integrated delivery of out of hospital care services led at borough level;
  - modernisation of health and care estates; and
  - the use of digital and information technology to enhance services across health and care.
12. During these discussions, the potential for greater formal involvement and influence of local government in NHS decision making at borough ICS and pan-London levels appears to be emerging as a live issue.
13. Discussions have reinforced awareness that the success of the NHS Long Term Plan is to a large degree dependent on collaboration with local government. Equally, local government care services are hugely influenced by the quality of their interaction with NHS services.
14. In particular it is clear from the Long Term Plan that the NHS recognises the critical role local government has to play in:
- shifting the emphasis of health and care towards earlier intervention and out of hospital care;
  - breaking down the barriers between health and care services through new budget pooling and joint/single commissioning arrangements; and
  - returning the health system to a long-term sustainable financial footing.

15. Across London, the more advanced models of integrated health and care are those with a central role for the council in this work. However, experience is mixed and variable, so clarifying firmer options for borough led health and care systems that could be adopted in any London borough would help provide a basis for councils to accelerate models of integrated care through new democratically led partnerships. Deeper collaboration at the London level, as well as across boroughs and sub regions, could improve councils' collective and individual influence on Long Term Plan investment, notably significant amounts of additional funding available for primary and out of hospital care.

### **Issues for Consideration**

16. The political and officer discussions have now reached the point where the next step would be to scope out the requirements for ensuring that any closer collaboration would produce greater improvements in health and care services for Londoners based on genuine local government influence on the strategy of the whole health and care system.

17. Scoping the implementation requirements for a new relationship with the NHS will involve challenges, including to ensure greater influence in joint decisions where appropriate. This in turn will depend on London local government ensuring that it is equipped to better co-ordinate between boroughs. Notwithstanding the fact that well-developed pan-London officer networks currently exist for the purpose of pan-London working, including a Chief Executive led group bringing together Directors of Adult Social Care, Directors of Public Health, Treasurers, Directors of Children's Services and London Councils, those arrangements would undoubtedly need to expand and deepen across all London boroughs under a more stretching model of future collaboration.

18. The next steps will include scoping out the requirements for closer collaboration, to inform further discussion on common aspirations between London council leaders on the LHB and Sir David Sloman. It is anticipated that more detailed options for joint working may emerge before the new year.

## **Recommendations**

Leaders' Committee is asked to:

- Consider and comment on the potential to accelerate improvements in health and care system through closer collaboration with the NHS in London.
- Note the plans for London Councils to take forward senior level member and officer exploration to fully scope the potential for closer collaboration and influence across the London health and care system with the possibility of reporting more detailed options for London boroughs to engage in longer term collaboration before the new year.

## **Financial Implications for London Councils**

None

## **Legal Implications for London Councils**

None

## **Equalities Implications for London Councils**

None