



Healthy London Partnership

# Delivering the Devolution MoU – The Opportunity for London

Croydon Health and Wellbeing Board

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Agenda Item 7

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# The First MoU Proposals - December 2016

- London Partners and national government agreed to devolve power to London across seven areas:
  1. Capital programmes and NHS estates
  2. Payment mechanisms and system finances
  3. Provider regulation and inspection flexibility
  4. Workforce and skills
  5. Public Health
  6. Employment and health
  7. Transformation Funding

# How we refined our devolution asks:

- During 2016 London tested solutions at different scales: local and multi-borough
- **5 pilots** focused on three themes prevention, integration and estates:
  - i. Barking & Dagenham, Havering and Redbridge – integration
  - ii. Hackney - integration
  - iii. Lewisham - integration
  - iv. North Central London – estates
  - v. Haringey - prevention
- Delayed 11 months during 2017 – signed 16<sup>th</sup> November 2017

# What the devolution MoU allows us to deliver

# Key Gains from the Devolution MoU

- Immediate Opportunities:

- Integrating Health & Care
- Modernising the NHS Estate
- Transformation Funding

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- Longer Term Opportunities

- Powering Prevention – Public Health Priorities
- Developing the Health & Care Workforce

# The challenge of cross sector working

- Complex toolbox – 54 clear pledges
- London solutions : Top down or Bottom up development
- Politically led vs. Professionally led
  - Different decision-making methods
  - Different pressures on decisions
- Differing ideas on what is possible
  - Political: changing the rules for decision making
  - Professional: Spreading consensus on new care pathways
- Connecting the unique capabilities of each sector
- Staying ahead of the wave of change

# Delivering Integrated Care

- Commissioning new care pathways across health, adult care and public health
  - More community care to keep people out of hospital
- Changing payment systems to encourage integration
  - Less payment by activity – more prevention of illness
- Changing regulation to places not organisations
  - Closer work with NHS-I, NHS-E and CQC at London level
  - Trying for joint appointments at NHS-E and NHS-I in London
- Robust, financially viable proposals
- The window of opportunity is brief

# Delivering Estates Modernisation to Unlock Better Care

- London receipts stay in London
  - Within existing legislation
- Business Case decisions at London and Sub-Regional levels
  - Supported by central unit LEDU
  - The London expression of Naylor Review
- Develop new incentives to encourage added value
- Use all parts of London government to support change
  - GLA, London boroughs, One Public Estate
  - Identifying opportunities for 'marriage value'
- Create a London estates strategy
  - That improves health care
  - That makes sense to Londoners



# Transformation Funding

- £114 million in 2018-2019
- Three categories of funds:
  - Contracts already issued
  - Purpose already defined
  - Unallocated
- Less restricted each subsequent year
- Show how to best tailor to London's needs

# Prevention & Public Health Interventions

- Set up pan-London illegal tobacco and alcohol enforcement team
- Co-design or consult with national government on:
  - Soft drinks levy and other school centred obesity guidance
  - Impact of advertising on fat, salt and sugar
  - Gaming machines review
  - Tobacco enforcement and supply chain regulation
  - Improve “Fit for Work” programme with DWP
- Further explore case for stronger planning control on unhealthy food outlets
- Developing cost benefit business cases for reform
- The challenge is to win more levers to influence a London conversation on good health

# Workforce Improvement and Integration

- Establishing a London Workforce Board
- Joint work on meeting London's staff needs by HEE, Skills for Health and Skills for Care
- Exploring pay arrangements for cross sector jobs, unified performance evaluation and co-location
- Exploring London weighting
- Need to link to Adult Skills devolution
  - Skills for Londoners Taskforce

# The challenge ahead

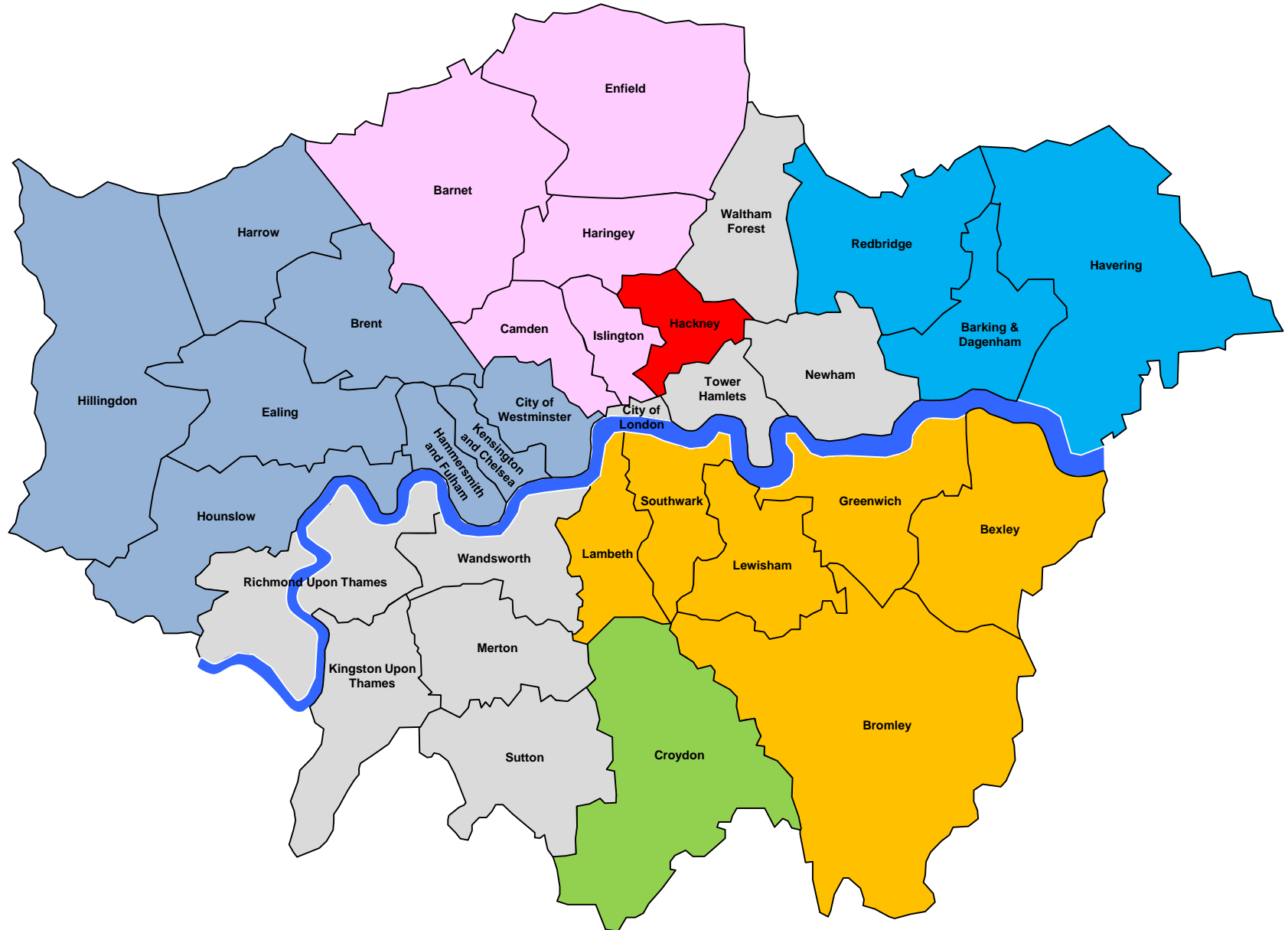
# Watch words for success

- Better, tangible and different improvements now
  - Faster than national NHS proposals and achieving more
  - Quick wins that build commitment
- Local defined initiatives joined up at London level
  - The role at the centre should be to co-ordinate not to control
- Driven by unique strengths of local collaboration:
  - Understanding Population Health
  - Drawing on the whole of the local state
  - Managerial and financial rigour
  - Deep citizen engagement

# Critical Tasks for 2018

- Health & Care integration solutions
  - Driven and supported locally
  - Multi borough when needed
- Estates modernisation:
  - A clear vision and strategy
  - And agreed pipeline
  - Building to sub regional plans
- Building a prevention strategy at local and London level
  - Connecting to the Mayor's voice for a London conversation
  - Engaging citizens locally
  - Winning new powers from government

# Locally Led Integration Now



# Decision making forums

- London Health Board
- Strategic Partnership Board
- London Estates Board
- London Workforce Board
- London Prevention Board



# The Mayor's Six Assurances

- Responding to a report to the London Health Board the Mayor listed six assurance that he expects to be met when improving health and care systems in London:

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1. Patient and public engagement
2. Clinical Support
3. Impact on health inequality
4. Impact on social care
5. Hospital capacity
6. Sufficient investment

12<sup>th</sup> September 2017



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*Thank you*

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London's NHS organisations include all of London's CCGs, NHS England and Health Education England

# The Mayor's Six Assurances: Detail

- **Patient and public engagement** – Proposals must show credible, widespread and ongoing patient and public engagement including with marginalised groups.
- **Clinical Support** – Proposals must demonstrate improved clinical outcomes, widespread clinical engagement and support, including from frontline staff.
- **Impact on health inequality** – The impact of any proposed changes to health services in London must not widen health inequalities. Plans must set out how they will narrow the gap in health equality across the capital.
- **Impact on social care** – Proposals must take into account the full financial impact any new models of healthcare, including social care, would have on local authority services, particularly in the broader context of the funding challenges councils are already facing.
- **Hospital capacity** – Given that the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently reviewed to ensure all factors have been taken into account. Any plans to close beds must be an absolute last resort, and must meet at least one of the NHS' 'common sense' conditions<sup>1</sup>.
- **Sufficient investment** – Proper funding must be identified and available to deliver all aspects of the STP plans.

# Health and care partnerships are developing at varying spatial levels

## NWL (~2.0m)

Locality or single borough level (~50k to ~300k)

- The 8 boroughs are developing integrated arrangements, with most developed plans in Hillingdon, H&F, Ealing, Central London and West London.
- Hillingdon is the most advanced within the STP. The **Hillingdon model (Hillingdon Heath Care Partners)** comprises a single GP confederation, voluntary sector federation, community and acute providers. The service for >65s care is live, and is an integrated model across primary, community and acute care, built around care connection teams.

### Systems across multiple-boroughs (~300k+)

- NWL are locally building upon work of **WSIC**, which was established as part of **Integrated Care Pioneer (ICP)** programme and included information sharing and extensive patient and carer engagement. NWL have agreed accountable care **'ingredients for success'** and are aiming to take similar approaches to governance, risk sharing, population budgets and co-developed outcome measures across the STP.
- A major focus of support is for system and behaviour change including encouraging a social movement across NWL.

## NCL (~1.4m)

Locality or single borough level (~50k to ~300k)

- NCL are implementing **Community Health Integration Networks (CHINs) at locality level (~50k --80k)** with two CHINs per borough
- CHINs seek to better **integrate core and community health and social services via a virtual / physical care model** comprising MDTs for an identified patient cohort
- CHINs also include services provided by the **voluntary and community sector** further enhancing ambitions to address wider determinants of health.

### Systems across multiple-boroughs (~300k+)

- Further integration will be established via the **Haringey and Islington Wellbeing Partnership** - comprising NHS and LA commissioners, and primary, community and acute providers
- Individual borough Health and Wellbeing Boards (HWBs) now operate as a joint committee.
- **The CCGs have implemented an integrated management team.**
- The **STP is developing a roadmap** to put in place a **Health Information Exchange** and a **focus on population health management.**
- A key **strategic focus for the STP is the development of primary care at scale**

## NEL (~1.9m)

Locality or single borough level (~50k to ~300k)

- **'One Hackney'** – a model of care for >75 population cohort built upon a strong and broad partnership between general practice, community, mental health, acute and social care. The partnership also includes Hackney voluntary and community sector. The partnership is funded via pooled BCF monies. The model is delivered via four locality-based quadrants.
- **Tower Hamlets** - Tower Hamlets MCP established via alliance contract with primary, community, acute and mental health providers to serve whole population. Care model includes emphasis on **social**

### Systems across multiple-boroughs (~300k+)

- **BHR** – an **Integrated Care Coalition** spanning multiple boroughs based upon established locality populations within each borough of ~50k to ~70k
- **Locality level models integrate health and social care services** with strategic planning aligned via borough HWB strategies and via multi-borough devolution pilot area
- **WELC** – builds on work established via ICP programme to deliver **greater integration and coordination of primary, community and acute services in Tower Hamlets, Waltham Forest and Newham.**

## SWL (~1.5m)

Locality or single borough level (~50k to ~300k)

- **Croydon** – Seeking to build upon **'One Croydon Alliance'** and locally-developed outcomes framework – Personal Outcomes Improvement – to drive transformation. Alliance agreement (1+9) signed in April 2017 with shared principles and governance
- SWL are looking to build upon success of **Sutton care home vanguard** which **served a population of ~195k** and expand to other boroughs
- Additional SWL plans to develop locality-level (50k population) models that are aligned to general practices and provide an accessible, proactive and preventive care model via multi-disciplinary teams.

### Systems across multiple-boroughs (~300k+)

- SWL are looking to develop four health and care partnership areas: **Kingston and Richmond, Sutton, Croydon and Merton/Wandsworth**

## SEL (~1.7m)

Locality or single borough level (~50k to ~300k)

- **6 borough-based systems** each looking to enhance integrated, collaborative care delivery by operating as a system of **Local Care Networks (LCNs)**
- **Bromley** are introducing an **Alliance Contract** to promote service integration. Several other boroughs have developed/ are developing **MoUs** that typically cover all local commissioners and providers
- **Bexley Care** integrates adult social care, community care and mental health services within the borough. Collaboration is supported by aligned budgets and risk/ reward share mechanisms

### Systems across multiple-boroughs (~300k+)

- **The South London Mental Health and Community Partnership**, formed of the three mental health trusts in South London, has been given responsibility for the majority of the South London specialist mental health budget and has identified a number of opportunities
- The **Southwark and Lambeth Strategic Partnership** has a number of transformation programmes LCNs, local care records, mind & body, children & young people's health, & data & informatics.
- **King's Health Partners** is supporting these and other care integration initiatives
- **STP** has engaged CREDO to undertake a piece of system within systems design work pan-SEL