

| Overview and Scrutiny Committee | | |
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| Title | Sustainability and Transformation Plan, Devolution Pilot and One Public Estate Update | |
| Contributors | Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group | Item 5 |
| Class | Part 1 | 19 July 2016 |

1. Purpose

- 1.1 This report provides members with a progress update on the NHS South East London Sustainability and Transformation Plan, Lewisham's Devolution Pilot and the One Public Estate initiative (OPE).

2. Recommendations

- 2.1 The report outlines work undertaken in relation to the Sustainability and Transformation Plan (STP), Lewisham's devolution pilot and the relationship between the pilot and the One Public Estate initiative. Members are asked to note progress in relation to these key initiatives.

3. Strategic Context

- 3.1 The Care Act places a legal duty on local authorities and organisations in the NHS to work collaboratively to improve health outcomes. Since 2010, Lewisham Council and the Clinical Commissioning Group have been working with our provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.
- 3.2 Lewisham Health and Care Partners recognise that Lewisham's health and care system needs to change. The current system is not sustainable and we are not achieving the health and care outcomes we should. There are significant health inequalities in Lewisham; too many people live with ill health, high quality care is not consistently available and demand for care is increasing, both in numbers and complexity.
- 3.3 Planning guidance was published on 22 December 2015 which set out the requirement for the NHS to produce five year Sustainability and Transformation Plans (STP). These are place based, whole system plans driving the Five Year Forward View. The STP:
- Takes a whole system approach to health and social care planning.
 - Requires systems to work together to produce a sustainable plan that both meets quality and performance standards and ensures financial sustainability.
 - Requires commissioner and provider plans to align activity and finance and achieve the national standards on quality and performance.

- Is the single application and approval process for transformation funding for 2017/18 and thereafter.
- 3.4 Lewisham is developing an integrated whole system model which fully integrates physical and mental health and social care delivered to the whole population. Health and care partners are focused on the redesign and reshaping of services to transform the way in which residents are encouraged and enabled to maintain and improve their own health and wellbeing, transforming the way in which local health and care services are delivered within the borough, and transforming the way in which people access and are connected to the assets that are available within their own communities and neighbourhoods. The key strands of activity are focussed on prevention and early intervention, community based care delivered through Neighbourhood Care Networks and enhanced care and support. The devolution pilot will focus on the supporting enablers, specifically estates and workforce development that underpin the transformation of the whole system.
- 3.5 Lewisham Council became a signatory on Tuesday 15 December to a cross-London agreement involving health organisations and local councils that aims to transform services and improve health and wellbeing outcomes in London through new ways of working together and with the public. Parties to the agreement agreed that a small but essential part of this transformation is the devolution of functions, powers and resources from government and national bodies where that can assist, enable or accelerate improvements.
- 3.6 Lewisham is one of five devolution pilots being developed in London that aim to test the impact of devolving resources, decision-making and powers on accelerating transformation locally. Lewisham's approach to devolution is set out in the London Health and Care Collaboration Agreement (see Appendix 2).
- 3.7 Since submitting the expression of interest to be a devolution pilot, Lewisham has applied to the Cabinet Office and LGA's 'One Public Estate' (OPE) initiative (see Appendix 3).

4. Developing the STP, the Devolution Business Case and the OPE submission

- 4.1 While the starting point for the STP has been the CCG-led Our Healthier South East London strategy (OHSEL), the STP has developed this work considerably further both in terms of collective governance and scope of plans across both commissioners and providers across the system. Under national guidance a leadership team has been established from across each part of the health and care system: Amanda Pritchard, CEO Guys and St Thomas NHSFT (overall SRO), Andrew Bland, CO Southwark CCG, Andrew Parson, Chair Bromley CCG and Barry Quirk, CEO Lewisham Council. The strategy for south east London is clinically-led and developed, with over 300 clinicians, nurses, allied health professionals, social care staff,

commissioners and others developing ideas through the six Clinical Leadership Groups (CLGs). Patient and public voices feed directly into the CLGs and support the work streams.

- 4.2 The STP covers a number of areas not originally within OHSEL such as specialist commissioning (and NHSE specialist commissioning are partners to the plan), mental health and learning disabilities (Transforming Care Partnerships). In addition an important provider productivity strand has developed which seeks to identify significant savings from collective working.
- 4.3 The STP submission was required by 30 June although planning and assurance processes are on going. The attached briefing document (Appendix 3) sets out the approach to the STP. It is important to note that the collective responsibility for the commitments in the STP. Delivery of the programme will require decisions that benefit the system as a whole – either financially or for quality – which may impact differentially on individual providers or organisations. Following a series of meetings and events with the public, patient representatives and key stakeholders, it is considered likely that the Planned Care work stream will develop proposals that require public consultation. It is currently not expected that the pre-consultation phase for any proposed changes to elective orthopaedic services would begin before mid September 2016.
- 4.4 A business case is being developed for each devolution pilot, identifying the specific powers and resources for which devolution is sought. This is an iterative process and Lewisham's business case will initially focus on the use of estates to support the delivery of the whole system model of care. It will also include new approaches to workforce development.
- 4.5 Notification was received in mid-June that Lewisham has been awarded £50,000 to develop the second stage bid to the OPE initiative. If the second stage bid is successful, Lewisham will secure up to £500,000 to support the delivery of the programme.
- 4.6 OPE is a pioneering initiative delivered in partnership by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners. The programme has four core objectives:
 - Creating economic growth
 - More integrated, customer-focused services
 - Generating capital receipts
 - Reducing running costs
- 4.7 Lewisham's OPE submission outlined three interdependent schemes:
 - Regeneration – activity focussed on shared use of area specific sites that can deliver new homes, employment and fit for purpose assets.

- Collaboration – activity to enable the expansion of community based care services, new models of care at home and primary care development.
- Strategic Estate Planning – activity to maximise the use of existing facilities and co-location of services.

4.8 The detail of the devolution pilot business case in relation to the issues regarding estates will be identified through the OPE process. However, there are two key areas where devolution could provide more local accountability and enable the health and care partnership to better meet the needs of Lewisham residents:

- (a) Retention of capital receipts to enable reinvestment in local healthcare assets: at the minute, some capital receipts (including those from sale of NHS Property Services assets, plus non-FT trusts) cannot be retained by the local health economy for reinvestment – this investment is critical both for delivering a sustainable health economy (hence addressing any deficit that may exist) and for delivering best health outcomes to local people.
- (b) Regularisation of leases: the regularisation process that all the health estate providers are required to deliver on works in direct opposition to the development of flexible, fully utilised space, as it ties tenants into what are generally inefficient space utilisation. Estate providers therefore need to be able to work with tenants where appropriate to change leased, inflexible space into licensed, flexible space which a range of providers might be able to use across the entire week, including evenings and weekends.

4.9 The delivery of a strategic estates programme will enable new approaches to workforce development. The devolution asks relating to workforce development will also be informed by a detailed examination of the Buurtzorg approach. Officers from across the health and care partnership visited the Netherlands at the end of June to explore the potential of the Buurtzorg model. Having completed the visit, the detail in relation to this area will now be developed. A number of key areas have been identified that devolution could support:

- (a) Devolved powers may enable greater flexibility in relation to the development of new roles to work across the health and care system.
- (b) The STP highlights opportunities in relation to the consolidation of back office functions. Devolution may provide the flexibilities required to work across organisations.

5. Next Steps

5.1 The initial timetable required each pilot to submit the business case to the London Health Board by June 2016. It was planned that a draft business case would be presented to the Health and Wellbeing Board in July 2016 before being considered by the Healthier Communities

Select Committee, Mayor and Cabinet and the respective governing bodies of the health and care partnership. However, the timetable has since been revised in recognition of the need to align the business case with the Sustainability and Transformation Plan. The deadline for the initial devolution business case is now the 29th July 2016.

- 5.2 The London Health Board recognises that the development of the business case is an iterative process. The London Health Board has also acknowledged the interdependency between Lewisham's devolution bid and the OPE process. The deadline for submission to the second stage of the OPE initiative is also 29th July 2016.

6. Financial Implications

- 6.1 £50,000 was awarded to Lewisham Council to develop the second stage OPE submission. If the second stage submission is successful Lewisham will secure up to £500,000 to develop the business case. The financial implications will be considered as part of the development of the business case.

7. Legal implications

- 7.1 There are no specific legal implications from the work to develop the devolution pilot at this time. The legal implications will be considered as part of the development of the business case and the OPE submission.

8. Crime and Disorder Implications

- 8.1 There are no specific crime and disorder implications arising from this report or its recommendations.

9. Equalities Implications

- 9.1 There are no specific equalities implications arising from this report.

10. Environmental Implications

- 10.1 There are no specific environmental implications arising from this report or its recommendations.

11. Conclusion

- 11.1 This paper has provided an update on the Sustainability and Transformation Plan and an overview of activity to develop the devolution pilot business case and the One Public Estate submission.

If there are any queries on this report please contact:

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