HEALTHIER COMMUNITIES SELECT COMMITTEE			
Title	Devolution Pilot Update		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group		
Class	Part 1	Date	13 September 2016

1. Purpose

1.1 This report provides members with a progress update Lewisham's Devolution Pilot. It sets out the relationship between the pilot, the Sustainability and Transformation Plan (STP) and the One Public Estate initiative (OPE).

2. Recommendations

2.1 Members are asked to note progress in relation to Lewisham's devolution pilot and note the relationship between the pilot and key strategic programmes and activities.

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 provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.
- 3.2 LHCP continue to work towards the vision of achieving a viable and sustainable 'One Lewisham Health and Social Care System' by 2020/21 which will:
 - Enable our local population to maintain and improve their physical and mental wellbeing
 - Keep people living independent and fulfilled lives
 - Reduce inequalities and provide services which meet the needs of our diverse community
 - Provide access to person-centred, evidence-informed, high quality, pro-active and cost-effective care, when it is needed.
- 3.3 In December 2015, Lewisham Council entered a cross-London agreement with health organisations and other local councils to transform services and improve health and wellbeing outcomes through new ways of working together and with the public. The signatories 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. 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.

- 3.4 STPs are five-year plans covering all areas of NHS spending in England. A total of 44 areas have been identified as the geographical 'footprints' on which the plans will be based, with an average population size of 1.2 million people. The scope of STPs is broad covering three headline areas: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. While the guidance focuses mainly on NHS services, STPs must also cover better integration with local authority services. The draft STP for south east London was submitted in June and specifically referenced Lewisham's devolution pilot. The STP will now be further developed and re-submitted by October.
- 3.5 Since submitting the expression of interest to be a devolution pilot, Lewisham has submitted a bid to the 'One Public Estate' (OPE) initiative. 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. Developing the Devolution Business Case

- 4.1 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.
- 4.2 The development of the Devolution Business Case is an iterative process. A Strategic Outline Case (SOC) was submitted in July that identified the specific powers and resources for which devolution is sought (see Appendix A). The key asks request the following powers and flexibilities:

- (a) Estates
 - The ability to retain capital receipts achieved through the asset rationalisation programme to invest in an enhanced Neighbourhood Care Hub to be developed on the Lewisham and Greenwich NHS Trust (LGT) and other adjoining sites owned by the Council and to reconfigure and extend neighbourhood care hubs in the other 3 neighbourhoods in Downham, New Cross and Sydenham.
 - Delegated authority and powers to renegotiate the lease and management arrangements in the Waldron Health Centre.
 - Delegated authority to negotiate the occupancy of health services in the Downham Health and Leisure Centre which will require new lease arrangements and greater flexible space for peripatetic services to be offered.
- (b) Workforce
 - Flexibility to establish new evaluation schemes for new job roles across the health and care partnership.
 - Delegated authority to set terms and conditions and professional requirements for new combined roles replicating the model practised by Buurtzorg that allows for whole person centred care.

(c) New Commissioning Frameworks and Provider Models Transformation funding to facilitate the development of the specific asks and to support the delivery of this element of the programme has been requested. Key activities include:

- An evaluation of each proposed model and a business case for the selected model including a consultation plan and staff reorganisation documents.
- Implementation of the agreed models which may involve the double running of services and specialist support to develop new commissioning capabilities.
- Exploration of alternative contracting models in support of new provider models.
- 4.3 In addition to the transformation funding requested to support the development of new commissioning frameworks and provider models, funding to accelerate the roll out of the Connect Care data sharing system has also been requested. This would enable the extension of the connections to and inter-operability with other existing systems (such as mental health systems) and improve access for social and health care professionals.
- 4.4 The Devolution Programme Team provided feedback on Lewisham's SOC on 30 August 2016. The review highlights Lewisham's significant track record of delivery of integration and recognises that the transformation programme is well underway. The review indicates that key criteria have been met or almost met e.g. clarity of the vision, healthy geography for devolved decision making, leadership capability and track record of collaboration between NHS bodies and the local authority.

- 4.5 The review suggested that the next iteration consider:
 - the impact on other populations such as neighbouring boroughs
 - the financial narrative, recognising the difficulty of developing this within the wider STP
 - the financial case for transformation funding
 - specific engagement on the devolution pilot proposal and plans
 - case studies regarding the Estates element of the programme.

5. Next Steps

- 5.1 NHS England has now agreed a list of criteria for the formal assessment and sign-off of health and care devolution proposals. NHSE has confirmed that it was never expected that pilot proposals, in their current Strategic Outline Case form, would meet, or even address, all of the criteria. Further iteration of the business case and negotiation regarding the devolution asks will be undertaken between September and December.
- 5.2 The London Health Board has acknowledged the interdependency between Lewisham's devolution bid and the OPE process. The second stage submission of the OPE bid was completed in July 2016 and we are awaiting feedback.

6. Financial Implications

- 6.1 The Strategic Outline Case (SOC) requested £250,000 of transformation funding to support the development and implementation of the programme.
- 6.2 £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 activity undertaken to date in relation to the devolution pilot business case.

If there are any queries on this report please contact Carmel Langstaff, Service Manager – Interagency Development and Integration on 020 8314 9579 or at <u>carmel.langstaff@lewisham.gov.uk</u>