

**Annex A**  
**A meeting of the Governing Body**  
**12 November 2015**

**ENCLOSURE**

**Health and Care devolution in London**

**RESPONSIBLE LEAD:** Marc Rowland, CCG Chair

**AUTHOR:** Susanna Masters, Corporate Director

**RECOMMENDATIONS:**

The Governing Body is asked to agree to Chair's Action to be taken to agree the London wide Collaborative Agreement to further the work on health and care devolution in London.

**SUMMARY**

**1. Background**

Last autumn, the London Health Commission published '*Better Health for London*', which set out the challenges facing the health and care system and proposed over 60 recommendations to improve health and care in our capital. The aim is to make London the healthiest major global city within 10 years.

*Better Health for London* emphasised the importance of different parts of the health and care system working more closely together. This will require greater collaboration between the NHS and government bodies in London and also between organisations in different parts of our capital.

A One-Year-On Event was held in October 2015 to recognise the anniversary of publication of *Better Health for London*. The Mayor of London, Boris Johnson, Simon Stevens, Professor Lord Ara Darzi along with NHS and local government leaders from across London described the significant progress that has been made to date and outline the opportunities for us to work together to improve the health of Londoners ever more closely in future. A *Better Health for London One-Year-On Report* setting out progress has been published and is available at [www.london.gov.uk/priorities/health/publications/betterhealth-for-london-one-year-on](http://www.london.gov.uk/priorities/health/publications/betterhealth-for-london-one-year-on)

**2. Taking forward system-wide transformation across London**

CCGs across London, along with NHS England, have agreed a transformation programme to support the ambition set out in '*Better Health for London*', which is overseen by a London-wide

Interim Transformation Group. The Transformation Programme comprises a suite of thirteen programmes to address system-wide improvement, whilst recognising that change will be delivered in individual boroughs, across boroughs and city-wide. Planning for the next steps for the Programme is now underway and will be considered at our next Strategy and Development Committee meeting in December 2015.

### **3. Devolution in London**

London CCG's with London Councils and Greater London Authority (GLA) colleagues are considering what opportunities might be made available through the further devolution of powers from central government.

Devolution is viewed as a tool to unlock and accelerate greater integration and collaboration in London by better joining-up the planning and delivery of services and budgets at local level, removing barriers and maximising impact. It is a potential opportunity to transfer powers and decisions, which would usually be taken by central Government or national bodies, to a more local level. It aims to make health and care decisions more tailored to local areas and populations.

It should be noted that Devolution does not affect the CCG's statutory responsibilities as an organisation. The intention is to devolve powers from central government to CCG/Borough, sub-regional or pan-London level where this might help London move further faster with the health and care issues we are already trying to tackle.

London Councils have produced a paper that sets out the draft London devolution and public service reform proposition, which describes proposals not only around health and care but also in relation to employment and skills, support to business, crime and justice and housing. It is available on the website at <http://www.londoncouncils.gov.uk/node/26910>.

London Councils submitted proposals to central government in September 2015, through the Comprehensive Spending Review Process. In relation to the health and care elements, these have been shaped with London's CCGs over the recent summer months.

The proposals are to enable an approach whereby those boroughs and CCGs who want to take forward pilots to bring central powers to a lower level would be able to work within an overall London-wide collaborative framework. This would allow others the option to take up the approach if it proves successful and beneficial.

### **4. Collaborative Agreement**

London is looking towards signing a London-wide collaborative agreement which will set out the collective agreement by partners to transform health and wellbeing outcomes, inequalities and services in London through new ways of working together and with the public. It will establish high level design criteria to use for this transformation and to inform the devolution of health and care funding and decision-making in London.

The Collaborative Agreement also will provide a roadmap of agreed immediate actions by parties within existing powers and further outline steps that are subject to formal acceptance of devolution

asks, legislative permissions and other future developments. The London roadmap will include a series of pilots to test the viability of devolution in the London system. Insights from the pilots and other major initiatives, including vanguards, will inform a strategic view of how greater collaboration, integration and devolution will support sustainable and high quality health and care in London.

**The Governing Body is asked to agree to Chair's Action to be taken to agree the London wide Collaborative Agreement to further the work on health and care devolution in London.**

## **CORPORATE AND STRATEGIC OBJECTIVES**

Corporate Core Objective – to ensure robust governance arrangements are in place. In accordance with the CCG's Constitution.

## **CONSULTATION HISTORY:**

Governing Body Workshop – 1<sup>st</sup> October 2015

Membership Forum – 14<sup>th</sup> October 2015

## **PUBLIC ENGAGEMENT**

London Health Commission has a good track record in patient and community engagement. The London Health Commission engaged over 14,000 Londoners at tailored events and through online discussions.

During the development of pilots and the wider London business case, it is proposed to have extensive London-wide discussions of these plans with Londoners generally. This will complement the conversations at a local level led through borough/CCG commissioners and through Health and Wellbeing Boards.

## **HEALTH INEQUALITY DUTY**

How does this report take into account the duty to:

- Reduce inequalities between patients with respect to their ability to access health services.
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

The London Health Inequalities Strategy sets out how health inequalities are being tackled in London. To ensure the Health Inequalities Strategy delivers on its aims, there are a rolling

series of delivery plans. The first revised Mayor's Health Inequalities Strategy delivery plan for 2015 to 2018 can be found at:

[http://www.london.gov.uk/sites/default/files/London%20Health%20Inequalities%20Strategy%20Delivery%20Plan%202015-2018\\_FA.pdf](http://www.london.gov.uk/sites/default/files/London%20Health%20Inequalities%20Strategy%20Delivery%20Plan%202015-2018_FA.pdf)

## **PUBLIC SECTOR EQUALITY DUTY**

How does this report take into account the duty to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between people who share a relevant protected characteristic and those who do not share it

The London Mayor's Equality Framework - The Equal Life Chances for All framework 2014 - highlights the commitment to tackling inequality; improving life chances, and removing barriers that prevent people from reaching their full potential in London.

<http://www.london.gov.uk/priorities/equalities/publications/equal-life-chances-for-all-2014>

## **STAKEHOLDER INVOLVEMENT**

To date proposals have been co-developed by CCGs, London boroughs, the GLA, Public Health England (London region) and NHS England (London). Providers have not so far been extensively engaged in London, beyond informal discussions with the Academic Health Science Networks (AHSNs). As no formal arrangement exists in London for provider collaboration and collective sign-off, a key task during 2015/16 will be to work with providers to consider if such arrangements might be beneficial. However, pilot proposals are being jointly developed by health and care commissioners and providers at local and sub-regional level and letters of support by all pilot partners will be appended to the Collaborative Agreement.

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