

HEALTH AND WELLBEING BOARD			
Report Title	Devolution Pilot Update		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	5
Class	Part 1	Date:	29 March 2016
Strategic Context	Please see body of report		

## 1. Purpose

- 1.1 This report provides Members of the Health and Wellbeing Board with an update on the Lewisham's Devolution Pilot.

## 2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are asked to:

- Note the update provided on the devolution pilot
- Approve the process for approving the outline business case.

## 3. Strategic Context

- 3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to Shaping our Future's priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham's Health and Wellbeing Strategy was published in 2013.
- 3.4 The Health and Social Care Act 2012 also places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's

opinion on the final plan must be published within the operating plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy has been taken into proper account.

- 3.5 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

#### **4. Health and Care Devolution – Background**

- 4.1 During 2015 the London Boroughs through their representative body, London Councils, and in collaboration with the Mayor of London, considered how further devolution to London in relation to employment, skills, business support, crime and justice, health and housing could be achieved. Tackling these issues locally, through integrated working, would allow us to focus on avoiding the costs of failure and to manage services sustainably in the face of rising demand and continuing fiscal restraint.
- 4.2 In November 2014, an agreement was signed between the Chancellor and the 10 Greater Manchester Local Authorities acting together as a Combined Authority to devolve new powers and responsibilities to Greater Manchester. In February 2015 a further agreement was signed between 37 NHS organisations and local authorities in Greater Manchester and from April 2016 health and social care in Greater Manchester will be overseen by the new Health and Social Care Partnership Board.
- 4.3 The London Health Commission published ‘Better Health for London’ in late 2014 which emphasised the need for greater collaboration between the NHS and government bodies in London and between organisations in different parts of the city.
- 4.4 London’s CCGs with London Councils and the Greater London Authority considered what opportunities might be available to further the aims set out in ‘Better Health for London’ through the devolution of powers and resources from Central Government. In September 2015, London Councils and London CCGs submitted proposals to Central Government to enable devolution pilots to operate within an overall London-wide collaborative framework.
- 4.5 On 17 November 2015, the Executive agreed to sign the Collaboration Agreement to reflect the commitment of:  
*‘boroughs involved directly in pilots to make the case for devolution to support and accelerate local health and care transformation, and in so doing unlock similar devolution for other parts of the capital’;*  
and

*'of all boroughs to continuing to strengthen local and sub-regional collaboration in line with the London model of reform, and to shape and progress locally-owned transformation and sustainability plans and prepare to be able to draw down devolution unlocked by the pilots as appropriate in their area.'*

- 4.5 On 15 December, Leaders of 33 Councils, Chairs of 32 CCGs, Public Health England, Government Ministers and the Mayor of London signed the London Collaborative Agreement. The agreement describes 10 aspirations for transforming health, health care and social care across the capital and a series of objectives that they will jointly work to in order to turn these aspirations into reality.
- 4.6 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.
- 4.7 To explore this further, a series of pilots are being established through which detailed cases for new devolved powers, resources and authority will be developed in partnership with government and national bodies to produce faster transformation than can be achieved in the current system. The pilots will aim to test greater resources, decision-making and powers being devolved to London. The overall health spending and allocations would continue to be in line with the intentions recently set out by Government in the Spending Review.

#### **4. Lewisham's Devolution Pilot**

- 4.1 In Lewisham's pilot, the Council and the CCG, supported by local partners Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust, will work with regulators, other parts of the NHS and Government, to tackle barriers to integration and increase the pace of the transformation of health and care in Lewisham.
- 4.2 The specific asks are detailed in the Collaborative Agreement (Appendix A). They relate to:
  - (a) **Workforce:** develop new workforce models and enhanced roles to support new models of care, including joint health and care roles working with Health Education England, Skills for Care and professional bodies amongst others.
  - (b) **Estates:** working with NHS Property Services, Community Health Partnerships, London partners and sub-regional strategic estates boards to facilitate the release of primary care and hospital estates to support the development of new models of care and release relevant resources for transformation. This needs to include:
    - flexibility around the financial treatment of assets and retention

of capital receipts locally.

- local agreements around the shared use of estate.

**(c) Aligned incentives and reimbursement, and funding structures:**

- Specific focused expertise on request and tailored to local needs from NHS Improvement and NHS England to achieve flexibilities around tariffs and new payment models to support new models of care, beyond current flexibilities.
- Multi-year funding cycle across health and care.
- Transformation funding at an agreed level over a multi-year period from NHS England to support double running of services as implementation commences and any specialist support we may need to develop new commissioning capabilities.
- Transformation funding from NHS England to match resources committed locally. In particular resources to accelerate the roll out of Connect Care, our virtual patient record system, across all parts of Lewisham Health and Care system to support the planning and delivery of care.

## **5. Other pilots**

**5.1** Four other devolution pilots have also been announced:

- Haringey will run a prevention pilot exploring the use of flexibilities in existing planning and licensing powers to develop new approaches to public health issues
- Barking & Dagenham, Havering and Redbridge – this pilot will develop an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill
- North Central London (Barnet, Camden, Enfield, Haringey, Islington) will run an estates pilot to test new approaches to collaboration on asset use
- Hackney will run a health and social care integration pilot, aiming for full integration of health and social care budgets and joint provision of services. This will also have a particular focus on prevention.

## **6. Next Steps**

**6.1** NHS England had indicated that the outline business case would be required by April 2016. In recognition of the close alignment between the devolution business case and the Sustainability and Transformation Plan (STP), NHS England is currently in the process of revising the timetable. It appears likely that the outline business case will be required by June.

- 6.2 As the Health and Wellbeing Board is not scheduled to meet until July 2016, it is proposed that the outline business case be circulated to members in advance of the deadline for submission for comment.

## **7. Financial Implications**

- 7.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from the devolution pilot will need to be agreed by the delivery organisation concerned and be subject to confirmation of resources.

## **8. Legal implications**

- 8.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.
- 8.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

## **9. Crime and Disorder Implications**

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

## **10. Equalities Implications**

- 10.1 Although there are no specific equalities implications arising from this report, Equalities Analyses will be undertaken for the key projects within the devolution pilot.

## **11. Environmental Implications**

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

## **12. Conclusion**

- 12.1 This information report provides an update on the devolution pilot and invites members to note this information and agree the process for approving the business case.

- 12.2 If there are any queries on this report please contact:

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