

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD1619

Title: Funding for the London Health Devolution Programme Office

Executive Summary:

In December 2015, the Mayor, London Councils and London health partners signed the London health and care devolution agreement with the Government. This describes the objectives, principles and model of health and care devolution in London. The Mayor and London Health Board partners have committed to supporting and resourcing the London proposition. This will include provision of strategic and operational oversight through a programme board supported by the London Devolution Programme office – a small team based at City Hall that will work with the local devolution pilots including local authorities, local health providers and commissioners, voluntary and community sector and other stakeholders as required. The London Health Board, chaired by the Mayor will provide political oversight.

Decision:

The Mayor approves:

- Expenditure of up to £500,000 to be transferred from the London Health Board partnership budget (2015/16 and 2016/17) which is administered by the Greater London Authority to grant fund NHS England (London Region) to progress the set up phase of London health and care devolution.
- Expenditure of up to £175,000 from the Greater London Authority budget (2016/17) to grant fund NHS England (London Region) to progress the set up phase of London health and care devolution.
- Delegation of authority to the Assistant Director, Health and Communities, to implement London health and care devolution activities within this approved expenditure.

Mayor of London

I confirm that I do not have any disclosable pecuniary interests in the proposed decision, and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Date:

17/03/2016

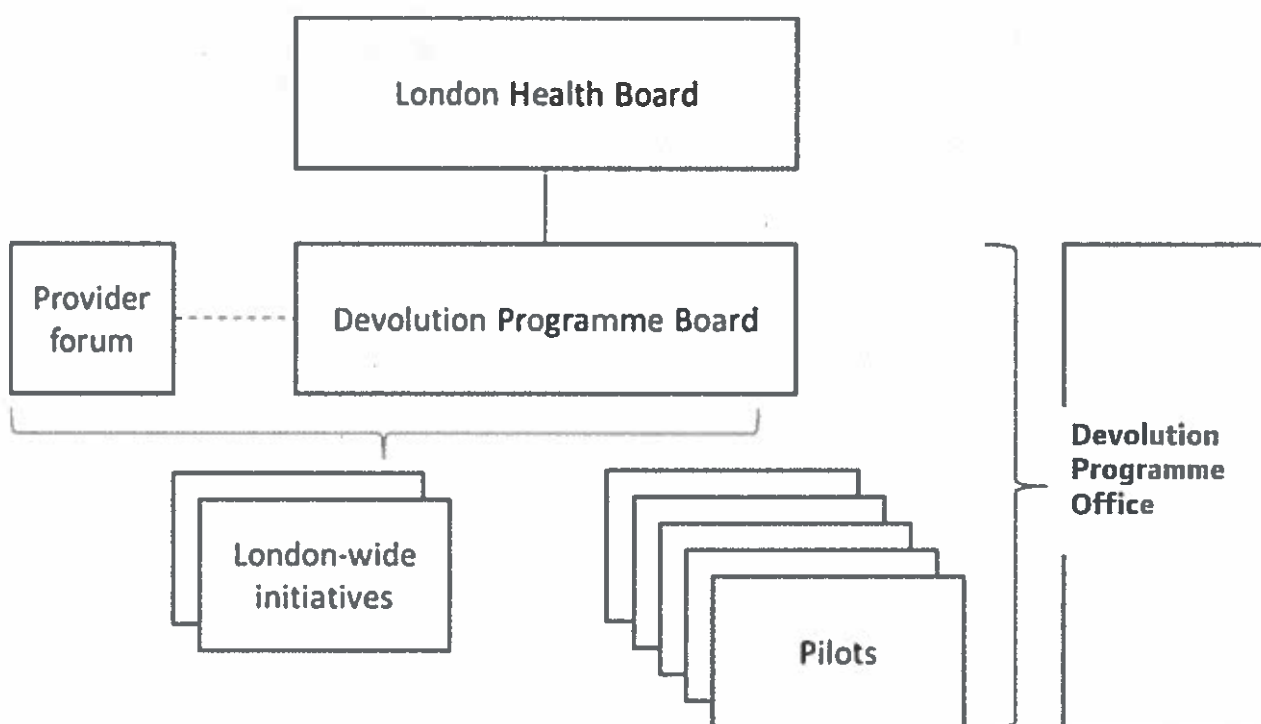
PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE MAYOR

Decision required – supporting report

1. Introduction and background

- 1.1 In December 2015, the London Health and Care Collaboration Agreement described the objectives, principles and model of health and care devolution in London. It also set out the governance, timeline and high-level support arrangements to deliver this work.
- 1.2 As part of this agreement, a Devolution Programme Board has been established in early 2016 to provide strategic and operational oversight and steering of the devolution programme, including supporting the devolution pilots. The London Health proposition will be supported by full-time resources including a programme director and a small dedicated team.

London health and care devolution governance



- 1.3 All London Health Board partners have committed to contribute to resourcing the programme in cash and in-kind support (MD1455). The annual budget is £400,000 of which £50,000 is committed by the Greater London Authority. Board partners have agreed that £200,000 of their LHB contributions for 2015/16 and up to £300,000 in 2016/17 be transferred to NHS England London Region. Recognising that additional funding – beyond the London Health Board contributions – will be required to support the transformation process, the London Health and Care Collaboration Agreement states that a full programme and resourcing plan will be agreed with all parties in early 2016.
- 1.4 The anticipated resource requirement to 31 March 2017 is estimated at £1.9m and will be drawn from partner contributions as detailed below. The figure is indicative and based on extrapolating the funding in Manchester.

London Health Board	£200k (2015/16)
London Health Board	£300k (2016/17)
NHS England/ London CCGs	£700k (2016/17)
London Councils	£350k (2016/17)
PHE London	£175k (2016/17)
GLA	£175k (2016/17)
Total	£1.9 million

- 1.5 The budget will be held by NHS England London Region which will lead on procurement and recruitment. The budget will be managed by the Devolution Programme Director who will account to the Devolution Programme Board comprising two members of partner that will, in turn, be overseen by the London Health Board.
- 1.6 The budget is in development and will be likely to include:
- staffing (director and three posts) based at City Hall,
 - specialist legal advice and support
 - communications and engagement support
 - evaluation support
 - technical support (e.g. financial and health economics modelling).

2. Objectives and expected outcomes

- 2.1 The support function will set up and manage a London Devolution Programme Board comprising representatives from five London Health Board partners and national partners including the Treasury and Department of Health. The Devolution Programme Board will meet monthly. It provides operational oversight and support to pilots and will take the evaluation and learning from the pilot sites and support sharing of learning across the wider health and care system. The Board will be accountable to the London Health Board
- 2.2 A small team comprising a director and three staff will be recruited by the Healthy London partnership and based at City Hall alongside the London Health Board Secretariat. The team will support the five local and sub-regional pilots working with local authorities, health providers and commissioners and other stakeholders as needed. The pilots will make their own arrangements for structures and governance building on existing structures for example health and wellbeing boards.

3. Equality comments

- 3.1 Detailed impact assessments are being undertaken of the new models of care in the pilot areas and local governance arrangements will be put in place to ensure fairness in delivery.
- 3.2 At London level the Agreements signed with national and London partners reference reducing health inequalities as one of the central aims. This will be overseen by the London Health Board. A focus on reducing health inequalities will benefit people with protected characteristics for example disabled people and minority ethnic communities who often experience poorer access and outcomes from health and care services.
- 3.3 The London Health Board will have political oversight of the programme and will ensure that health inequalities are taken into account in the wider roll out of devolution based on the learning from the pilots.

4. Other considerations

- 4.1 Key risks and issues include:
- complexity of the health and care delivery system

- immaturity of local and sub-regional relationships and partnerships
- failure to engage with Londoners and politicians
- Tight timescale for delivery

4.2 The Board's work will be linked to the Mayor's Health Inequalities Strategy and the refreshed delivery plan.

4.3 Delivery of the devolution pilots takes place at local level. Governance, impact assessments and consultation and public engagement will be developed and delivered based on existing arrangements between local partners. New arrangements, if required, will be developed locally.

4.4 **Break clause:** The programme extends beyond the current Mayoral term therefore a new Mayor may decide to terminate them at any time. Accordingly, any necessary break clauses will be inserted into the agreement.

5. Financial comments

5.1 Approval is being sought for expenditure of up to £675,000 to NHS England, London Region to progress the set up phase of London health and care devolution as detailed in the report.

5.2 The funding sources are as listed below;

Proposed Source of Funding	Budget £
London Health Board 2015/16	200,000
London Health Board 2016/17	300,000
GLA anticipated budget provision in 2016/17	175,000
Total	675,000

5.3 The total anticipated resource requirement to 31 March 2017 is estimated at £1.9m and will be funded from partner contributions as detailed in note 1.6. All London Health Board partners have committed to contribute to resourcing the programme (MD1455)

6. Legal comments

6.1 Sections 1- 4 of this report indicate that:

6.1.1 the decisions requested of the Mayor (in accordance with the GLA's Contracts and Funding Code) fall within the GLA's statutory powers to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of social development in Greater London; and

6.1.2 in formulating the proposals in respect of which a decision is sought officers have complied with the Authority's related statutory duties to:

- pay due regard to the principle that there should be equality of opportunity for all people (further details on equalities are set out in section 3 above) and to the duty under section 149 of the 2010 Act to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not¹;

¹ The protected characteristics and groups are: age, disability, gender reassignment, pregnancy and maternity, race, gender, religion or belief, sexual orientation and marriage/ civil partnership status.

- consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom; and
- consult with appropriate bodies.

6.2 The mayor may, under section 38 of the Greater London Authority Act 1999, delegate the exercise of the GLA'S functions to the Assistant Director, Health and Communities as proposed

6.3 The report above indicates that the contribution of £675,000 to NHS England (London Region) amounts to the provision of grant funding and not payment for services. Officers must ensure that the funding is distributed fairly, transparently, in accordance with the GLA's equalities and in manner which affords value for money in accordance with the Contracts and Funding Code.

6.4 Officers must ensure that an appropriate funding agreement is put in place between and executed by the GLA and recipient before any commitment to fund is made.

7. Investment & Performance Board

7.1 This decision was approved in principle at the 17 February 2016 meeting of the Investment and Performance Board.

8. Planned delivery approach and next steps

8.1 The Devolution Programme Board will provide operational oversight of the programme. It will be accountable to the London Health Board and include two representatives of each constituent LHB partner:

- | | |
|---------------------|---|
| • Local authorities | Two representatives appointed by London Councils |
| • London CCGs | Chair of London Clinical Commissioning Council and Chair of London CCG Chief Officers Group |
| • GLA | Head of Paid Service; Director, Health and Communities |
| • PHE | Regional Director; Deputy Regional Director |
| • NHS England | Regional Director; Regional Finance Director |

8.2 Full-time resources from the London Health Board partners (as outlined in 1.6) will support the Devolution Programme Board and the local pilots. These will include a Programme Director and team who will procure specialist advice and support as required.

8.3 The Devolution Support team will be accountable to the Devolution Programme Board. All partners will jointly fund the core team, and it is proposed that this be bolstered by bringing together other dedicated resources for devolution as a single team, irrespective of funding sources. Trust and partnership working will be crucial to ensure that the overall team is viewed as a genuine shared resource, with ownership by all partners. The devolution programme team would have distinct roles and functions from the London Health Board secretariat, although it will be important to ensure alignment.

8.4 Recruitment and procurement processes will be led and managed by the Healthy London partnership (NHS England London and London's 32 clinical commissioning groups).

Appendix: None

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOI Act) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after approval or on the defer date.

Part 1 Deferral:

Is the publication of Part 1 of this approval to be deferred? NO

If YES, for what reason:

Until what date: (a date is required if deferring)

Part 2 Confidentiality: Only the facts or advice considered to be exempt from disclosure under the FOI Act should be in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form –NO

ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following (✓)

Drafting officer:

Gus Wilson has drafted this report in accordance with GLA procedures and confirms the following have been consulted on the final decision.

✓

Assistant Director/Head of Service:

Amanda Coyle has reviewed the documentation and is satisfied for it to be referred to the Sponsoring Director for approval.

✓

Sponsoring Director:

Jeff Jacobs has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.

✓

Mayoral Adviser:

Amy Selman has been consulted about the proposal and agrees the recommendations.

✓

Advice:

The Finance and Legal teams have commented on this proposal.

✓

EXECUTIVE DIRECTOR, RESOURCES:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature

M. J. Blake

Date

16.3.16

CHIEF OF STAFF:

I am satisfied that this is an appropriate request to be submitted to the Mayor

Signature

*Approved by Sr Edward
Lister by email*

Date

17.3.16