1. Purpose of this paper

1.1. The purpose of this paper is to update the London Health Board (LHB) on the focus areas of the London Health and Care Strategic Partnership Board (SPB).

2. Recommendations

2.1 The Board is asked to:
   a) Note the immediate focus areas for the SPB; and
   b) Note the development of the refreshed London health and care vision which will further inform SPB focus areas

3. Context

3.1 The London Health and Care Devolution Memorandum of Understanding (MoU) was signed on 16 November 2017. Devolution aims to empower leaders to organise and deliver services in a more local, tailored and integrated way. The MoU represents an opportunity for health and care organisations within London to work in different ways, go further and faster in transformation efforts, and start to develop more local autonomy.

3.2 In line with the MoU, in January 2018, the SPB moved into its third phase - ‘shadow decision-making’. The SPB will take on decision making functions in subsequent phases as described in the MoU.

3.3 In July 2018, professional leaders met to discuss and agree focus areas for the SPB during 2018/19.

4. SPB Focus Areas

4.1 Discussion at SPB earlier this year highlighted the need to have a limited number of areas of collective focus, on which progress can be demonstrated. The areas
of focus aim to complement the efforts of borough and local partners to accelerate their own local plans through the opportunities afforded by the MoU. Significant health and care transformation activities are underway across London; the SPB therefore considered where its leadership should be focussed in order to add most value.

4.2 In agreeing priorities areas of focus it was not intended to signify that other areas are not important, simply that other issues may be more appropriate for action by fewer partners or for a local system to take forward.

4.3 In July 2018, the following areas were identified as SPB focus areas where detailed delivery strategies and outcomes and outputs are essential –

- Estates and capital receipts
- Enabling local integration including the development of workforce and digital
- Transformation funding, including the potential utilisation of London’s wider transformation resources beyond the NHS Transformation Fund

4.4 In addition, London’s Prevention Board, reporting to the SPB, continues to oversee the prevention devolution commitments.

5. Estates and Capital Receipts

5.1 The MoU offers London the opportunity to make decisions regarding the disposal of NHS assets and use of capital receipts within the London system, by delegating capital business case approvals and spending decisions to be administered within the forum of the London Estates Board. As the London Estates Board takes on more formal powers, there will also be the opportunity for sub-regional groups to be more actively involved in decision making.

5.2 The London Estates Board also works alongside Homes for Londoners and supports local and sub-regional estates boards to ensure that joint health and wider public-sector projects and investments can be supported, considered and progressed. A key opportunity of the London Estates Board is to ensure that London can consider opportunities for ‘marriage value’ from nearby surplus public-sector sites and also to ensure more holistic estate developments, with co-location of health and wider public-sector services as appropriate.

5.3 A key task of the London Estates Board is to ensure clarity on Capital availability, expectations of release and a pipeline for capital investment. This will be linked to a capital plan for London that is built up from robust local and sub-regional estates strategies.

5.4 To date, an aggregate of the local and STP estates plans forms a draft London Estates Strategy and engagement is underway on its development. Underpinning the strategy is the need for a clear capital plan for London, this is also under development with local leads to include prioritised proposals for 3-5 years.
5.5 Discussions with DH, NHS Improvement and NHS England to secure wider devolved and delegated powers, including business case approvals, capital allocations and the application of capital receipts generated within the London system have been delayed as a result of forthcoming national policy developments – the NHS Long Term Plan and the Social Care Green paper – and the appointment of the new Regional Director (NHSE / I).

6. Integration

6.1 The MoU offers London a number of enablers to support integration of health and care services, including more localised commissioning, support to develop innovative models of payment and commitment from regulators to develop a model of regulation for London which is more streamlined and system-, rather than organisation-focused. These commitments aim to enable health and care organisations to more proactively support Londoners by reacting and intervening earlier, to support health and care services to work better together at the most local level, and to incentivise greater collaboration between organisations of different types and at different geographic levels, including primary, community, acute, mental health and specialist health care.

6.2 Expressions of Interest from across local systems in London were received in July which demonstrated London’s integration progress as well as diverse support requirements, some of which could be supported by opportunities within the MoU. The integrated models focus on specific patient cohorts (e.g. frail elderly, mental health) as well as enabling more integrated working (e.g. s75).

6.3 A workshop is due to be held with leads from local systems to share learning and good practice and to co-develop the approach to supporting systems drawing from expertise from sub-regional, regional and national partners. Following the publication of forthcoming national policy developments and the appointment of the new Regional Director (NHSE / I) there will need to be renewed focus on the devolution commitments and support for the co-development and adoption of new models of payment and place based regulation.

6.4 Workforce and digital are common support needs for integration and the SPB has specific work programmes associated with each.

7. Workforce

7.1 The London Workforce Board (LWB) is in development stage and aims to facilitate integrated working and meaningful discussions about collective health and care workforce issues at a London level. The LWB provides a forum for partners to exchange ideas and proposals, discuss relevant issues of joint concern and seek to reach an aligned view on matters concerning workforce skills, development and transformation to support London’s health and care ambitions, now and in the future. Over time, the LWB would also evolve to become a decision-making forum, particularly to guide a joint approach to training and workforce development and direct associated funding.
The LWB’s agreed priorities for 2018/19 are:

- To further develop its strategic leadership role, continue to build and develop communication, relationships and collaboration across health and social care partners.
- Establishing a London-wide view of the current health and social care workforce in London, with an initial focus on nursing workforce where trust vacancies are as high as 26%.
- To consider the impact of the introduction of the apprentice levy on the health and social care workforce, learn from employers and networks that are working in partnership and identify opportunities to maximise the apprenticeship benefit.
- To explore the potential impact of Brexit on the health and social care workforce across London to support discussions with partners and workforce planning.

7.2 Work is underway to reduce the nursing workforce vacancies and establish a complete picture of the health and social care workforce working across Health Education England and the NHS Observatory.

7.3 To facilitate improved mobility of workforce across London the CapitalNurse programme was launched and due its success a CapitalMidwife programme has been now been launched and discussions are underway on the potential to develop a CapitalAHP programme.

7.4 Affordable housing is key to the retention and recruitment of the future London workforce and as such close working with the London Estates Board is required.

7.5 The use of the apprenticeship levy across health and social care is currently being mapped and mechanisms being explored for the apprenticeship levy raised by London-based employers to be ring-fenced to spend on meeting the capital’s complex skills needs.

7.6 Brexit impact analysis has now been completed and modelled scenarios have been created and shared with local systems to support planning; based on this a dashboard has also been created and shared.

8. Digital

8.1 Sharing information for people’s individual care can be lifesaving by quickly providing staff with the details they need, from patient histories to previous test results and care plans. Sharing health and care information is widely seen as a critical enabler to support joined up health and care.

8.2 The London Digital Partnership Board is a sub-Board of the SPB and a successful ‘One London’ Local Health and Care Record Exemplar (LHCRE) bid was submitted by health and care partners in Spring of this year following endorsement by the SPB.
8.3 The ‘One London’ LHCRE bid, was one of three successful bids nationally. Connecting health and care information is necessarily a collective endeavour and the £7.5m capital investment aims to enable information sharing between different parts of the NHS, and with local authorities to improve experience and outcomes in health and social care. The funding will enable London to put in place an electronic shared local health and care record that makes the relevant information about people instantly available to all those involved in their care and support. Demonstrator projects will be developed in local and sub-regional areas, based on local relationships and priorities.

8.4 A memorandum of understanding is currently being developed between NHSE (national) and the One London LHCRE Programme. This is due to be developed by end of November 2018. This includes revised governance to ensure partners across health and care are represented.

9. Transformation funding

9.1 The devolution MoU enables London to take decisions on the application of NHS transformation funding within London; NHS England agreed to delegate these decisions to an NHS England London Region representative to be exercised within the forum of the SPB. This was intended to ensure that decisions are taken collectively and that London is able to focus investment on its unique challenges and opportunities.

9.2 Specifically, the MoU states:

“NHS England commits to enable delegation or devolution of its functions and budgets to within the London system, subject to its established process for readiness assessments and taking account of the objectives set in the Mandate, and to enable targeted allocations and more integrated approaches to commissioning across health and care. Specifically, NHS England commits to:

• Delegate London’s fair share of transformation funding to London from April 2018. (This function will be exercised through the London Health and Care Strategic Partnership Board by way of internal delegations within NHS England to representatives who will make decisions within the forum of that Board. This does not include sustainability funding to which separate arrangements apply.)”

9.3 Transformation funding for London in 2018/19 was already fully committed at the time of the signing of the MoU; focus has therefore been on bringing transparency to funding commitments and the benefits realised from its use to inform any future investment.

9.4 It is expected that in subsequent years, there would be a substantive reduction in the proportion of funding with existing allocations or commitments, enabling much greater flexibility in deploying funding to better respond to London’s challenges and opportunities. Following the Autumn Statement and in light of the impending publication of the NHS Long Term Plan the co-chair of the London Health and Care Strategic Partnership Board has written to Simon Stevens, Chief Executive, NHS England, seeking confirmation that the devolution MOU commitment will be met.
regarding transformation funding for 2019/20 and beyond and that the SPB will receive a delegated fair share of transformation funds on an unringfenced basis.

9.5 The London Transformation Funding Oversight Group has commissioned an evaluation of the benefits realised from the 2017/18 transformation funding, this is due to be complete by January 2019. The evaluation will be used as part of the decision making around the allocation of 2019/20 transformation funding.

9.6 The Transformation Funding Oversight Group has also agreed that the transformation funding investment framework will be refreshed in light of forthcoming national policy and the evaluation of the benefits realised from the 2017/18 transformation funding.

10. Prevention

10.1 The MoU places prevention at the heart of decision making, providing London with new opportunities to act early in tackling some of the city’s biggest health challenges such as; childhood obesity, gambling and illegal tobacco. Since the MoU was signed, significant work has been undertaken to shape and refine the commitments into programmes of work, this has included London and national partners working closely together to seek opportunities, all of which are overseen by London’s Prevention Board.

10.2 Work is underway to pilot ways to improve the environment around schools. This includes developing 400m ‘super zones’ where the food environment, advertising, gambling, smoking and air quality will be tackled to give children a healthier environment to learn and live in. Pilots are happening in areas with the greatest inequalities, to date 13 boroughs have signed up and action plans are in development up to January 2019. Academics have been engaged to support evaluation and learning to enable this work to be scaled up in 2019.

10.3 Work is underway with partners to support the joint ambition for 90% of all primary schools to be water only by the end of 2019. A number of London boroughs have installed water fountains in their schools following guidance on the spending of the Healthy Pupil Capital Fund.

10.4 The Mayor of London has taken direct action by banning all junk food advertising on the entire Transport for London (TfL) network from 25 February, 2019. Further work will follow through boroughs and on NHS sites.

10.5 London is taking steps towards being free from illegal tobacco. London partners are working closely with HMRC to establish a pan-London illegal tobacco and counterfeit alcohol approach which may include forming an enforcement team. This is being tested at the sub-regional level as proof of concept; however, in order to proceed there is a need to secure pump priming funding.

10.6 A review is in progress to identify fiscal and pricing levers for improving public health. From this work options will be scoped suggesting where London could use fiscal levers to raise new revenue for prevention.

10.7 A funding proposal to the Department for Work and Pensions challenge fund was recently submitted to develop a pilot for an integrated health and employment
intervention to help people with mental ill health stay in, or return quickly, to work. Unfortunately this bid was unsuccessful and discussions are underway to agree next steps.

10.8 Gambling has also been a focus to support boroughs to update their gambling licensing policies to reduce the harm caused to vulnerable communities. A best practice toolkit has been issued and boroughs are in the process of updating policies with a completion date of April 2019.

10.9 Many of the initiatives above have not been done in any other cities at this scale and positive changes are already being seen which will continue into 2019. Much has been achieved with modest resource, and regional partners across London boroughs, London Councils, ADPH and HLP have provided essential input and leadership, with PHE providing programme management and delivery capacity. The resourcing required to further progress these work programmes is currently being mapped to ensure the full potential and opportunities are realised.

11. A refreshed Vision for London’s health and care

11.1 In July 2018, SPB agreed that a renewed health and care vision for London should be developed, which would build on the progress made in implementing Better Health for London and bring coherence to several national and city strategies which have emerged in the last year.

11.2 The development of London’s health and care vision is progressing through partner, stakeholder, and wider engagement which will continue over the forthcoming months and be iterated in response to forthcoming national policy.

11.3 Through development of the vision ongoing priorities for SPB will confirmed.

Appendices: Letter from Will Tuckley to Simon Stevens 26 November