Health and Care Devolution in London

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The case for action

• London faces serious health challenges
• Change needed but what about consent?
• Local Government inextricably bound to NHS/health
• Host of initiatives around integration, joint working and partnership
• National version – STP’s? ICS’s?
• Devolution Agenda
London’s Journey to Devolution

National milestones
- NHS Five Year Forward View
  A shared vision for transforming health and care
- Better Care Fund
  Transformation in integrated health and social care
- Public health transfer to local government
- Health and Social Care Act passed
- London Health Board formed
- 2012
- 2013
- 2014

London milestones
- Better Health
  To improve health and healthcare in London
- Better Health for London: One Year On
- 2014
- 2015
- 2016
- 2017

- London Health and Care Devolution Programme established
- Devolution pilots underway in Haringey, Hackney, Lewisham, Barking & Dagenham, Havering and Redbridge and North Central London
- Five London Sustainability and Transformation Plans developed
- London Health and Care Strategic Partnership Board formed
- 2016
- 2017

- London Health Board refreshed
- London Health and Care Collaboration Agreement
- 2015

- London Health and Care Devolution Agreement
- Greater Manchester’s health and social care devolution deal
- Cities and Local Government Devolution Act 2016
- Next Steps for the Five Year Forward View
- London Health and Care Devolution MoU signed
- 2016
- 2017
London Health and Care Devolution Agreement

The MoU was signed in November 2017, and includes different types of commitments from London and national partners.

**Commitments relating to movement of decision-making or resources**

Either:
- from national to London; or
- from national/London to local or sub-regional

- Use of *synthetic devolution* (i.e. internal delegations within organisations to London representatives). New governance gives wider London partners a ‘seat at the table’ for decisions, but the legal decision-maker remains the same
- *No use of the Devolution Act* to date
- Some exploratory commitments, which may look at different mechanisms of devolution/delegation

**New ways of working together**

- New ways of working within London and with national partners (includes new governance and delivery mechanisms)
- New governance at London level to administer devolved functions
- Greater collaboration and better alignment of decision-making
London Governance and Delivery

London Health Board
Political oversight; chaired by the Mayor of London

London Health and Care Strategic Partnership Board
Strategic and operational leadership and oversight for London-level activities

London Estates Board
London Workforce Board
London Prevention Partnership Board
London Digital Partnership Board
Transformation Funding Oversight Group

Healthy London Partnership (HLP)

HLP is the pan-London delivery vehicle which supports system transformation and pan-London governance. HLP:
• Brings together partners to provide a mechanism to pool resources and work towards common goals.
• Tackles issues best solved ‘once for London’.
• Supports local delivery and builds on local approaches/successes.
• Promotes sharing of learning and best practice.

Key work areas for 2018/19 include 5YFV priorities (e.g. primary care, cancer, adult mental health, urgent and emergency care and digital) and wider partnership priorities (e.g. health and care integration, workforce, estates, prevention, children and young people and homeless health).

London governance and delivery interfaces with local and sub-regional governance and delivery through STP and local system leaders.

Each STP contains smaller borough and multi-borough partnerships.
### Estates: Key Commitments

#### Governance and delivery
- London Estates Board (LEB) with delegations of capital investment decisions
- London Estates Delivery Unit (LEDU)
- Support for development of sub-regional governance.

#### Capital investment and release
- London retaining capital receipts, and re-investing in line with system capital plans.
- Approach for NHSPS and CHP assets and sales which aligns national and London priorities.
- Ensuring that when surplus NHS sites are released, this considers wider opportunities.
- All health and care capital cases which are best considered jointly will be brought to the LEB.

#### Utilisation
- Optimising estate utilisation

#### Opportunities
- Identifying opportunities for ‘marriage value’
- Streamlined business case approvals process and transparency regarding sites that are under consideration by regulators
- Support to develop capital plans and deliver sites, and make the most of One Public Estate approaches and funding
- Clarity of capital availability, needs and pipelines to enable more effective health and care capital investment.
- London using its collective resources/assets to deliver housing
London Estates Governance and Phasing

Pan London partnership of resource and expertise to support LEB in delivering its strategic objectives

GLA SEP NHSI NHSE HUDU STPs
During the first phases, the board and the delivery unit have enabled a wider partnership approach to estate. For example:

- Both have been instrumental in supporting investment into health through the One Public Estate programme – a national programme that focuses on getting more from the public sector’s collective assets. Since the start of the estates devolution work, almost £1 million has been invested directly into health projects in London by One Public Estate. This represents almost 40% of One Public Estate’s public sector investment in London.

- This partnership approach has also recently enabled the GLA purchase of a site at St Ann’s Hospital in Haringey, a deal which will enable the redevelopment of the hospital (including a new mental health inpatient building) and provide hundreds of new affordable homes.

- To address national challenges around homes for NHS staff, a London pilot focusing on early win exemplar sites that can be brought forward to deliver new affordable homes for NHS staff is proposed. This is being co-ordinated through the LEDU.
The physical footprint of London’s hospitals occupy around **1000 acres of land** - three times the size of Hyde Park.

The book value of the estates is more than **£11 billion**, with around 70% belonging to acute hospital trusts.

- **5 STPs**
- **33 London Boroughs**
- **32 Clinical Commissioning Groups**
- **39 Acute Trusts (both local and national remit)**

Population expected to increase to 10 million by 2030.

Rise projected across all ages over the period. Largest proportional increase in the older population.

33% increase expected in East London. In 10 years equivalent to the size of Plymouth

**Estate Challenges**
- Age and Backlog
- Utilisation
- Ownership Structures

**Institutional**
- Organisation
- Approvals and decision making
- Incentives

**New Care Models**
- Integration of Care
- Technology
- Financial Sustainability
Integration: Key Commitments

**Contracting and payments**
- Delegation of London’s fair share of transformation funding
- Exploring changes to commissioning and delivery arrangements
- Support to develop new payment models.

**Regulation and oversight**
- Closer working at London level for CQC, NHSI and NHSE
- Consideration of joint roles across NHSE and NHSI.
- System-based regulation and oversight

**Workforce**
- London Workforce Board
- A London-wide workforce delivery system
- Exploring issues relevant to integrated working
- Exploring London weighting, in the context of challenges around recruitment and retention.

**Opportunities**
- Building partnerships and models of care from the bottom-up, delivering community based care and keeping people out of hospital
- Investing transformation funding in a way that meets London’s unique needs
- A joined up approach to payments and regulation
- Co-developing workforce reforms, to enable the delivery of joint health and care training and workforce development, and supporting combined roles or closer working across health and care.
**Prevention: Key Commitments**

### Action on unhealthy habits
- Exploring the evidence base for initiatives, including action on illicit tobacco; gambling; impact of planning policy.
- Establishing a borough-led London-wide illegal tobacco and counterfeit alcohol enforcement team.
- Ensure the effective coordination of programmes which aim to combat childhood obesity (including soft drinks industry levy).
- Exploring options to further restrict the advertising and marketing of unhealthy food and drink in specific locations based on health harm.

### Employment & health
- Transfer of Work & Health Programme funding to London
- Working with DWP and DH to test improvements to Fit for Work

### Opportunities
- Focused and collaborative action on prevention and demand management
- Tackling the wider determinants of health – including employment, planning and housing - and addressing health inequalities.
A key areas of focus this year is childhood obesity

- In London, **one in 5 children in reception and around 2 in 5 children in year 6 are overweight or obese**. There are around 22,000 obese 4-5 year olds and 33,000 obese 10-11 year olds in London.
- This is higher than other regions of England and global cities such as New York.
- There is significant variation across London and **health inequalities are a significant factor**, with ethnic minorities and the most deprived boroughs showing higher levels of childhood obesity.

- London’s Prevention Partnership Board continues to support Londoners to stay healthy.
- London has determined childhood obesity as a particular area of focus.
- Recent successes include the Mayoral announcement of a proposed TfL advertising ban on unhealthy food/drink and the fast food exclusion zones near schools supported through the London Plan.
Connecting Health and Care Devolution in London to the local – Tower Hamlets as an example
Where we are

- Inner London Borough
- Officially formed in 1965 when the metropolitan boroughs of Bethnal Green, Poplar and Bow were merged
- Heart of the East End
- Close to the City, Queen Elizabeth Olympic Park and Stratford
- Excellent transport connections (major beneficiary of Crossrail and City Airport)
Challenges

**Poverty**
- **4 in 10 households** live below the poverty line
- Highest **child and pensioner poverty rates** in England
- Deprivation rankings have improved but borough remains highly deprived

**Inequality**
- Average household income in the borough’s most affluent area is nearly three times the average in the poorest area (**£61,038 vs. £23,034**)
- Employment rates remain well below average for BME residents, women and disabled people

**Health**
- Life expectancy lower than the England average
- Year 6 children **43%** overweight/obese compared with **34%** in England
- Population aged 65+ is projected to grow by **38%** between 2016-2026 leading to a rising demand in social care

**Housing**
- Average house price **£498,598** – more than double national average
- **35,000** low income households receiving Housing Benefit
- Over **19,000** households on the housing waiting list
Tower Hamlets Together
Shared Outcome Framework

What matters to Tower Hamlets residents....
Our challenge is to connect the devolution agenda to what matters to our local residents..
Our priorities align clearly with Health and Care Devolution commitments in London.

Given such strong alignment with our priorities, there is great potential for Health and Care devolution in London to be a new lever to improve outcomes that matter to our residents.
Next steps for London

The Mayor of London and London Health Board members are hosting a conference for health and care political and system leaders on 9th October.

We will be discussing the priorities for London and how we can continue to work together to improve the health and care of all Londoners.