

London Health and Care Collaboration Agreement

1. Purpose

The central purpose of the initiative supported by this Agreement is to ensure the widest and fastest improvement in the health and well-being of 8.6 million Londoners through a transformation in the way that health and care services are delivered, how they are used and how far the need for them can be prevented.

To that end this document sets out a collective agreement by London and National Partners to transform health and wellbeing outcomes, inequalities and services in London through new ways of working together and with the public. It describes our goals for achieving these results and the principles which guide us in transforming the health and care system. At its heart is the reform and updating of the way that public services are provided. Devolution is a small but essential component unlocking far broader changes and accelerating integration and more effective collaboration in London.

The Agreement reports how this will be achieved and in doing so it confirms support for this approach by all signatories; both London and national. This Agreement builds on the vision for health and care set out by London Partners in March 2015ⁱ and London's response to the invitation by HM Treasury to submit devolution proposals as part of the 2015 Spending Review^{ii, iii}.

2. Parties

The Parties to the agreement are:

- All 32 London Clinical Commissioning Groups (CCGs),
- All 33 local authority members of London Councils
- The Mayor
- NHS England
- Public Health England

All parties agree to act in good faith to support the objectives and principles of this agreement for the benefit of all Londoners.

3. Aspirations and objectives

The parties have a shared commitment to deliver on the 10 aspirations to promote health and wellbeing set out in Better Health for London: Next Steps and, in doing so, deliver on the NHS Five Year Forward View and secure the sustainability of health services and social care.

Aspiration	2020 Ambition
 Give all London's children a healthy, happy start to life	Ensure that all children are school-ready by age 5 Achieve a 10% reduction in the proportion of children obese by Year 6 and reverse the trend in those who are overweight.
 Get London fitter with better food, more exercise and healthier living	Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels.
 Make work a healthy place to be in London	Gain a million working days in London through an improvement in health and a reduction in sickness absence.
 Help Londoners to kick unhealthy habits	Reduce smoking rates in adults to 13% - in line with the lowest major global city and reduce the impact of other unhealthy habits.
 Care for the most mentally ill in London so they live longer, healthier lives	Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%.
 Enable Londoners to do more to look after themselves	Increase the proportion of people who feel supported to manage their long-term condition to the top quartile nationally.
 Ensure that every Londoner is able to see a GP when they need to and at a time that suits them	Transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built/designed facilities.
 Create the best health and care services of any world city, throughout London and on every day	Work towards having the lowest death rates for the top three killers. Close the gap in care between those admitted to hospital on weekdays and at weekends.
 Fully engage and involve Londoners in the future health of their city	Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design.
 Put London at the centre of the global revolution in digital health	Create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions.

To meet these aspirations, the parties share the following objectives:

- To achieve improvement in the health and wellbeing of all Londoners through a stronger and collaborative focus on health promotion, the prevention of ill health and supporting self-care
- To make rapid progress on closing the health inequalities gaps in London
- To engage and involve Londoners in their health and care and in the health of their borough, sub-region and city including providing information so that people can understand how to help themselves and take responsibility for their own health
- To improve collaboration between health and other services to promote economic growth in the capital by addressing factors that affect both people's wellbeing and their wider economic and life opportunities, through stronger partnerships around housing, early years, employment and education
- To deliver integrated health and care that focuses on maximising people's health, wellbeing and independence and when they come to the end of their lives supports them with dignity and respect
- To deliver high quality, accessible, efficient and sustainable health and care services to meet current and future population needs, throughout London and on every day. To reduce hospitalisation through proactive, coordinated and personalised care that is effectively linked up with wider services to help people maintain their independence, dignity and wellbeing.

- To invest in fit for purpose facilities for the provision of health and care services and to unlock the potential in the health and care estate to support the overall sustainability and transformation of health and care in the capital
- To secure and support a world-class workforce across health and care
- To ensure that London's world-leading healthcare delivery, academic and entrepreneurial assets provide maximum benefit for London and the wider country and that health and care innovation is facilitated and adopted in London.

4. Principles

All parties have agreed key principles for reform and devolution:

- Improving the health and wellbeing of Londoners will be the overriding driver for reform and devolution.
- We will work to secure a significant shift from reactive care to prevention, early intervention, self-care and care close to home that supports and enables people to maximise their independence and wellbeing.
- London will remain part of the NHS and social care system, upholding national standards and continuing to meet and be accountable for statutory requirements and duties, including the NHS Constitution.
- Joint working will improve local accountability for services and public expenditure. Where there is local agreement to change accountability arrangements, accountability to NHS England for national standards and the NHS Constitution will be maintained. Changes to current accountabilities and responsibilities will be agreed with government where necessary and may be phased to balance the pace of progress with ensuring a safe transition and strong governance.
- Decision-making will be underpinned by transparency and the open sharing of information between partners and with the public.
- Transformation will be locally owned and led and will aim to get the widest possible local support. We will ensure that commissioners, providers, patients, carers, the health and care workforce and wider partners are able to work together from development to implementation to shape the future of London's health and care.
- All decisions about or affecting London will be taken in or at least with London. Our goal is to work towards resources and control being devolved to and within London as far as possible, certainly in relation to outcomes and services for Londoners.
- Collaboration and new ways of working will be needed between commissioners, providers, patients, carers, staff and wider partners at multiple levels. Recognising that the London system is large and complex, commissioning and delivery will take place at three levels: local, sub-regional or pan-London. A principle of subsidiarity will underpin our approach, with decisions being made at the lowest most appropriate level.
- Given London's complexity we recognise that progress will happen at different paces and in different orders across the different spatial levels. We will ensure that learning, best practice and new models for delivery and governance are shared to support and accelerate progress in all areas. Subsidiarity as a principle will extend to the adoption of ideas piloted in other areas to allow flexibility and adaptation to local conditions.

- The people that work in health and care are critical to achieving London's transformation goals. We will build on London's position as the home of popular and world-class health education, to develop new roles, secure the workforce we need and support current and future staff to forge successful and satisfying careers in a world-class London health and care system.
- We recognise that considerable progress can be made, building on existing foundations, with existing powers and funding – and we are committed to doing so. But devolution is sought to support and accelerate improvements. A series of devolution pilots will be established through which detailed business cases for devolution of powers, resources and decision-making can be developed in partnership with government and national bodies. Through these, devolution may be secured both for the pilots themselves and also for other parts of London, contingent on these areas also developing suitable plans, delivery and governance arrangements.
- While embedding subsidiarity, we will ensure the strategic coherence and maximise the financial sustainability of the future health and care system across London. Political support for jointly agreed change will be an important feature of the arrangements. New London-level arrangements, including governance and political oversight, will be established to secure this. We commit to minimising bureaucracy as much as possible to enable delivery of local innovation.
- In 2016/17 - and drawing from the experiences of the pilots - sustainable Strategic Plans for Health and Care will be developed as part of NHS and local authorities planning arrangements. These will draw on learning from the devolution pilots, other transformation initiatives including the Vanguard programme and any London-wide initiatives. A London-level picture, drawn from sub-regional health economy plans, will enable oversight of the impact on health outcomes and financial sustainability of the system across the capital.
- We recognise that London provides expertise and services for people who live outside the capital and that benefit the country more widely. London will work collaboratively with other regions and national bodies to take into account the impact of London decisions on surrounding populations reliant on London-based services.

4. Scope of Intervention

London's Health Proposition covers all aspects of health and care, specifically:

- primary care
- acute care (including specialised commissioning)
- community services
- mental health services
- social care (adult and child)
- public health, including maximising opportunities to influence wider determinants of health

Key enablers will include:

- devolution of funding and commissioning powers
- additional fiscal and regulatory powers devolved to promote health through planning, licensing and employment support

- changes to governance and regulation
- joint capital strategic planning
- joint workforce strategic planning
- full involvement in development of new payment mechanisms
- full involvement in decisions about provider performance

5. Spatial levels for London Intervention

The London approach will be developed on three geographical levels: local, sub-regional and pan-London. There is recognition that acute service transformation will require collaboration across sub-regional footprints and place based budgets will support the linkages between locally led out of hospital transformation and sub-regionally co-ordinated hospital network transformation.

Core components of the London approach across the three geographical levels for action will include:

Locally:

- joint multi-year local integration planning, supporting Health and Well Being Board strategies, to secure increased prevention, early intervention, personalisation and integrated out of hospital health and care services – and alignment of provider plans
- aspiration to achieve full pooling and joint commissioning of NHS, social care and public health commissioning budgets through s75 agreements
- local public asset plans and scheme development to secure facilities to deliver accessible, multi-purpose, integrated out of hospital services and build on local schemes in place to provide other public sector services

Sub-regionally:

- Delivery of local Health and Well Being Board aspirations through accountable strategic partnerships based on joint committees established to lead transformation at sub-regional scale
- Joint health and care strategies to develop new models of care across acute, primary and social care settings
- Joint commissioning to secure delivery of sub-regional plans that are clinically and financially sustainable for all parts of the health and care system within the geography
- Sub-regional estate plans and scheme development to unlock redevelopment of un- or under-used NHS estate, aligned with local public asset planning

Pan-London:

- The London Health Board, chaired by the Mayor of London, will provide political leadership, oversight and support for the London strategy including delivery of the ambitions of Better Health for London and commitment to the vision set out in the Five Year Forward View
- A pan-London Health and Social Care Devolution Programme Board will support and account to the London Health Board. Members will represent their organisations and partnerships to support devolved working at all levels. Initially this Board will not have statutory or legal responsibilities but will provide oversight and steering of the

devolution programme, including supporting the devolution pilots. Its role will be reviewed as devolution occurs and where this necessitates the need for pan-London co-ordination and decision making.

- A partnership for strategic estate planning, allied to the London Land Commission and sub-regional strategies, to unlock the value of the health and care estate
- Workforce planning and skills development to match the pace of health system transformation
- Collaboration to support city level action to address the wider determinants of health where this is the most effective scale; including transport, planning, regulatory and fiscal interventions to support the public health agenda.
- Development of London wide financial and other frameworks, such as new payment models, for use at sub-regional and local level.

London Partners are committed to progress improvements as swiftly as possible within their existing powers and resources, building on a growing range of activity including the Healthy London Partnership, co-commissioning arrangements underway in almost all CCGs, experiences of the Better Care Fund, integration pioneers and NHS Vanguard, as well as strategic impetus created through Health and Wellbeing Boards. CCGs have organised into sub-regional strategic planning groups and London's boroughs are working with CCGs and NHSE to accelerate progress within existing powers, including developing joint sub-regional arrangements^{iv}.

London Partners are also seeking devolution of functions, powers and resources from government and national bodies where that can assist, enable or accelerate improvements. London seeks to draw from and develop the menu of asks described in the London Proposition submission to HM Treasuryⁱⁱⁱ. Recognising the size and organizational diversity of London's health and care system, London will test different elements of greater integration, collaboration and devolution in different parts of the system. 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. A co-production approach between local and national partners is intended to facilitate ultimate decisions on devolution – both by national bodies to devolve and by local bodies to 'receive' devolution. .

Devolution agreements reached through individual pilots will be converted into contingent menus of devolution opportunities open to other localities and sub-regional partnerships across London.

London partners will support the pilots to:

- develop their devolution business cases;
- draw insights from the pilots and other major initiatives to:
 - inform a strategic view on the implications for sustainable and high quality health and care across the whole of London;
 - ensure the learning from pilots is made available to other parts of London; and
- agree with national partners the conditions other parts of London would need to satisfy to unlock devolution from the contingent menus to support and accelerate their own transformation plans.

The shape and pace of the spread of devolution across London will vary according to the strategy and readiness to progress of each locality and sub-region.

Pilots will have full programme plans in place from the beginning of April 2016, with a clear identification of the specific powers and resources of which they will be seeking devolution. They will also have put in place the arrangements for taking these programmes forward, including securing appropriate input from London and National Partners. Each pilot plan will set out clear timelines, but the expectation is that the devolution of specific powers and resources will be negotiated during 2016/17 with a view to powers being operational from April 2017. This will be supported by robust governance arrangements and a clear delivery plan.

The London devolution pilots will explore four themes:

- Sub-regional care integration – TBD: Barking & Dagenham, Havering and Redbridge
- Sub-regional estates – TBD: North Central London (Barnet, Camden, Enfield, Haringey, Islington)
- Local care integration – TBD: Hackney (including the Borough of Hackney and City & Hackney CCG); Lewisham
- Local prevention – TBD: Greenwich; Haringey

[DN: Following confirmation of pilot sites, all pilots will be named in the section above]

Statements of support from partners in the pilot areas are annexed in Appendix 1.

[DN: Further details potentially to be added on devolution secured through the CSR]

In line with commitments by all partners to the 10 aspirations for London, action will be taken on obesity at all levels across London, with all partners acting within their spheres of influence and exploring the potential for further actions in collaboration.

A partnership for strategic estate, allied to the London Land Commission and sub-regional strategies, will unlock the value of health and care estate by working at local, sub-regional and London level.

6. Commitments by partners

The partners to this agreement commit themselves not only to collectively working to support the success of the London intervention and partnering with pilots, but also to contribute specific commitments as follows:

NHS England

- Will actively facilitate links to other national bodies across the NHS (including NHS Improvement and Health Education England). In particular, NHS England is committed to working with London to enable greater involvement of London partners in decisions about provider performance and to support an integrated approach to workforce strategy across London.
- Commits to supporting the design and delivery of innovative models of health and care delivery as set out in the Five Year Forward View and Better Health for London, and use the learning from pilots to support national delivery of new models of care and efficiency.

Public Health England

- Commits to actively facilitate links to other public health bodies in order to accelerate the rate at which the system improves health outcomes for Londoners.
- Commits to supporting prevention and health promotion elements of all London pilots.
- Commits to making resources available in support of Public Health England London region to accelerate the delivering of the London Health Proposition.

London Boroughs and London CCGs

- Where they are part of a London pilot, commit to working for the success of the pilot and the swift and successful transfer of learning and new powers to all other parts of London.
- Where they are not members of pilots, commit to continue to work together to improve health outcomes and to ensuring their readiness to swiftly take advantage of the outcomes of London pilots.

The Mayor and GLA

- Commit to continued working on behalf of London to encourage national government to support faster transformation in health outcomes for Londoners.
- Commit to leading a coalition of London government in engagement with Londoners on the future shape and priorities of their health and care system.
- Commit to ensuring that the London Land Commission supports and facilitates a strategic approach to health and care capital & estate management and supports the work of the sub-regional estates pilot.
- Commit to exploring planning, regulatory and fiscal levers to support the prevention agenda
- Commit to work with London partners to deliver the Health Inequality Strategy to reduce health inequalities

London partners will continue to deliver the NHS Constitution and Mandate and ensure clear accountability, governance and value in relation to the health funds delegated or devolved to London.

6. Engagement

Building on the significant public and stakeholder engagement undertaken by the London Health Commission, we will undertake a public engagement effort at local, sub-regional and – where appropriate – London level to support co-development of pilots and wider devolution plans. Building on our asset-based approach, we will ensure that all partners are able to work together from development to implementation to shape the future of health and care.

7. Governance for the set-up phase

Governance mechanisms will reflect pan-London, sub-regional and local working, underpinned by subsidiarity, with decisions taken at the most local level, consistent with the principles underpinning devolution.

The local and sub-regional pilots will form the heart of the set up phase, testing how the principles of greater collaboration, integration and devolution are applied in practice. Governance arrangements must be co-developed, owned and agreed by local partners. They will therefore be developed by individual pilots and may take different forms in different areas. We expect that key principles would underpin these governance arrangements:

- Health and care commissioners will jointly develop, engage on and deliver strategic plans, with joint decision-making and pooled resources where possible
- Providers will be key partners in plans, engagement and implementation
- Robust mechanisms will preserve financial and clinical accountability to relevant bodies
- Individual pilots will work with other devolution pilots and at sub-regional and London level to share learning and, where appropriate, to undertake strategic or enabling activities together
- Devolved decision making and resources from relevant bodies would be released based on the decision-making criteria published by those bodies, working in partnership to meet this threshold.

At the local level, governance will:

- Seek to maximise pooling of finances compatible with the local context
- Appropriately engage the public, providers and other interested parties

At sub-regional level, governance will:

- Free members to act in line with the interests of the area covered by the partnership
- Ensure decision making on an equal footing between places and types of institution

At London level, governance arrangements for the set up phase will:

- Exercise appropriate pan-London functions from the CSR ask and oversee the development of those areas of devolution where partners agree pan-London working is desirable [DN: this will need to be updated in the light of CSR outcome]
- Set up the London collaboration initiative: Support the devolution pilots in their development of the business cases for full devolution at sub-regional and local levels and extrapolate from the learnings of pilots, other transformation initiatives and sub-regional health economies business plans to develop a London level picture of the impact on health outcomes and financial sustainability of the system across the capital
- Facilitate links to national bodies to support the devolution pilots
- Consider equity for populations within and between pilots, and across London boundaries
- Oversee delivery of the Better Health for London ambitions and commitment to the vision set out in the Five Year Forward View

These functions will evolve as the set up phase draws to an end and devolution is implemented. The governance arrangements will therefore also change.

The functions of this set up phase will be administered by building on existing structures:

- The London Health Board, chaired by the Mayor, will provide political leadership, oversight and support for the London strategy.
- The development of a London Health and Social Care Devolution Programme Board will be established in January 2016 [DN: date TBD] accounting to the London Health Board. Initially this Devolution Programme Board will not have statutory or legal responsibilities but will provide strategic and operational oversight and steering of the devolution programme, including supporting the devolution pilots. The Devolution Programme Board will not affect or replace the statutory responsibilities and accountabilities of each partner. The Devolution

Programme Board will also be accountable to the individual Parties of the Agreement through their respective membership. The Devolution Programme Board will include two representatives by all London Health Board partner organisations:

Local authorities	[DN: 2 representatives to be identified 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

Invited members:	Devolution Programme Director
	NHS Improvement
	NHS England
	Public Health England
	Central government partners as appropriate

- The Programme Board will provide assurance to all parties that the key objectives are being met and that the programme is performing within the boundaries and principles set by the Agreement.
- The devolution programme board as proposed would not have the statutory responsibility to hold budgets. If delegated or devolved budgets were to be granted to London, a formal joint committee with statutory responsibility, or fund-holding by a partner organisation with delegation would need to be agreed by all partner organisations. Board members would then need the ability to act on behalf of regional and local partners to agree strategic priorities and to create frameworks that support devolved working at all levels.
- It is recognised that no collaborative provider forum formally exists in London. One of the tasks of the set up phase will be to support providers to come together to collectively engage in discussions and decision-making. NHS Providers will put forward a group of providers to engage with devolution discussions. [DN: to discuss preferred approach with NHS Providers]

The proposed governance structure is outlined in Appendix 2.

7. Timetable for Action

January 2016

- Pilots develop business plans for delivery and clarify devolution asks, in partnership with national organisations
- London Devolution Programme Board established and resource commitments secured

From April 2016

- Pilots complete business plans, confirm new models of working and negotiate devolution to support delivery (each pilot will set out a clear programme and timeline for its work).
- Formal local government involvement in sub-regional health and care strategies.
- Providers establish their preferred form of arrangements to enable them to provide a collective response to the London project.

By April 2017

- Menus of devolution agreed and available for local and sub-regional partnerships in London.
- Pilots commence devolved arrangements subject to robust plans and governance arrangements.
- An agreed London level picture of the impact on health outcomes and financial sustainability of the system across the capital, extrapolating from the learnings of pilots, other transformation initiatives and sub-regional health economies business plans.
- Local and sub-regional areas across London explore when and how to draw down these powers to unlock and accelerate their improvement plans and commence development of detailed plans and governance and accountability arrangements.

By April 2019

- Significant progress on transformation across the whole of London, demonstrably unlocking long-standing problems and improving outcomes and efficiency

8. Support structure and resources

The London Health proposition will be supported by full-time resources including a Programme Director and dedicated team.

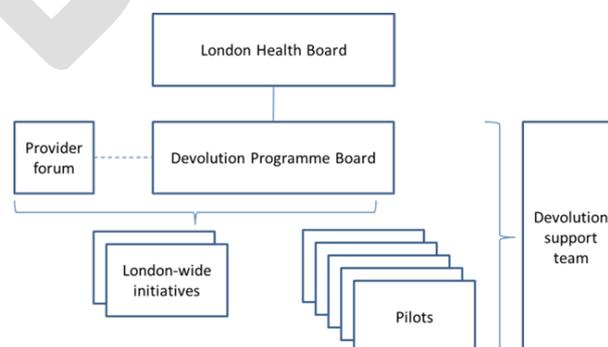
- The programme team will be accountable to the Devolution Programme Board.
- All London Health Board partners will contribute to resourcing the programme in cash and in-kind support.
- In addition, pilot areas will contribute in part to resourcing individual pilots.
- London Health Board resources will be directed to support this work. Additional funding will be required to support the transformation process and a full programme and resourcing plan will be agreed with all parties by 1 January 2016.

Appendix 1: Statements of support from health and care partners in pilot areas

[DN: to be added]

Appendix 2: Proposed governance

The proposed governance structure for the set up phase will be established from 1 January 2016.



ⁱ Better Health for London: Next Steps March 2015

ⁱⁱ HM Treasury [A country that lives within its means: spending review](#) July 2015

ⁱⁱⁱ The London Proposition: Health section. 4 September 2015

^{iv} London Councils Leaders Committee, July 2015 : <http://www.londoncouncils.gov.uk/node/26669>

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