



Clinical Commissioning Group

Brent Health and Wellbeing Board

26 January 2016

Report from the the Chief Executive of Brent Council and the Chief Officer of Brent Clinical Commissioning Group

Wards affected:
ALL

London Health and Care Collaboration Agreement

1.0 Summary

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with information on progress of the 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.

2.0 Recommendation

- 2.1 The Health and Wellbeing Board note and support the London Health and Care Collaboration Agreement on the basis that it supports continued closer working to improve outcomes for Brent residents, but implies no changes to Council or CCG governance or decision-making powers.

3.0 Detail

- 3.1 The London Agreement is a collective Agreement between all 33 Local Authorities, 32 Clinical Commissioning Groups (CCGs), the Mayor, NHS England and Public Health England. It is a commitment by all these bodies to transform health and wellbeing outcomes, inequalities and services in the capital, through new ways of working together and with the public.
- 3.2 This agreement is designed to support the widest and fastest improvement in the health and well-being of 8.6 million Londoners through a major

transformation programme. At its heart is the reform and updating of the way that public services are provided.

- 3.3 The agreement reports how this will be achieved and confirms support from all the parties concerned. The parties have a shared commitment to deliver on the 10 aspirations to promote health and well-being set out in Better Health for London: Next Steps and, in doing so, deliver on the NHS Five Year Forward View.
- 3.4 The London Agreement sets out high-level objectives and principles that reflect:
- The need to shift from reactive care to prevention, early intervention, self-care and care closer to home that maximises people's independence and wellbeing.
 - The need to address both quality and sustainability of health and care services.
 - The scale and complexity of the health and care system in London - transformation will be driven at three geographical levels: local, sub-regional and pan-London.
 - The need to tailor solutions to the different needs of people and places – an underpinning principle of subsidiarity sets the expectation that power and funding should be devolved to the lowest appropriate level.
 - Recognition that locally shaped solutions will progress at different paces - underpinned by a commitment from all to make as rapid progress as possible.
- 3.5 There have been several iterations of the London Agreement, taking on board comments from individual CCGs and Local Authorities. The final version was produced on 18th December. The final agreement implied no changes to Local Authority or CCG governance or decision-making powers. As a result, the CCG Governing Body ratified the London Agreement at its Governing Body meeting on 13th January.
- 3.6 The London Agreement recognises that considerable progress can be made on reform within existing powers and is a commitment by all parts of London to make progress at pace and scale. But, it also notes that a range of devolution of functions, powers and resources will be needed from government and national NHS bodies to unlock or accelerate progress. Hence the London Agreement announced pilots which will test different elements of greater integration, collaboration and devolution.
- 3.7 The London Agreement will not change, but the way it is implemented is entirely amenable to development and change, especially as the pilots develop. It is anticipated that the pilots will help to identify potential opportunities for benefits realisation.
- 3.8 The London devolution pilots within the London Agreement will explore four themes:

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

- 3.9 The London Agreement commits London Local Authorities and CCGs:
- Where they are part of a devolution pilot, to work for the success of that pilot and the swift and successful transfer of learning to other parts of London.
 - Where they are not part of a pilot like Brent, to continue to work together and be ready to take advantage of devolution secured by the pilots – including developing sustainability and transformation plans locally and sub-regionally.
- 3.10 The Office of London CCGs and Local Authorities will be reporting back to London CCG COs and Chairs and London Councils regularly and, through this, the Health and Wellbeing Board will be routinely updated.
- 3.11 On the back of the London Agreement, the government and other national bodies have signed a parallel Devolution Agreement in support of London's approach to reform and committing them to work with London partners to shape suitable devolution to support this. This will be done primarily through the pilots, but they also offer a continuing dialogue with London partners on other issues arising which would support health and social care integration and devolution, such as capital and estates, system finances, workforce and skills, and public health.
- 3.12 The London Agreement reinforces the importance of locally owned and shaped solutions for health and care. The Devolution Agreement provides an important step towards devolution to local and sub-regional partnerships to reinforce that. The London approach will be developed on three geographical levels: local, sub-regional and pan-London. 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.
- 3.13 Pilots will have full programme plans in place from April 2016, with a clear identification of the specific powers and resources of which they will be seeking devolution.
- 3.14 The risks to the London Health and Care Collaborative will be identified at a pan-London level. There will be separate risks attached to any proposed pilot schemes at a local, regional and pan-London levels and these will be identified as part of scoping the pilots.

4.0 Financial Implications

4.1 To be confirmed.

5.0 Legal Implications

5.1 To be confirmed.

6.0 Diversity implications

6.1 London's model of reform aims to address the whole health and care system to enable a rebalancing towards prevention, early intervention; supporting independence and wellbeing. It aims to engage and empower the diverse communities of Brent and the wider health economy across London to deliver improved clinical outcomes and patient experiences.

7.0 Staffing/Accommodation Implications

7.1 To be confirmed.

Appendix

Draft London Health and Care Collaboration Agreement.

Contact Officers

Name: Carolyn Downs
Job title: Chief Executive, Brent Council

Name: Rob Larkman
Job title: Chief Officer, Brent CCG