



# Strategic Partnership Board

10 August 2017

**08/02/2018**  
 The partner contributions in the paper were draft and subject to further discussion

<b>Title:</b>	Health and Care Transformation: Implementation Planning
<b>Author (name and title):</b>	Healthy London Partnership
<b>Date paper completed:</b>	03 August 2017
<b>Purpose of paper:</b>	To set out agreed resource contributions from partners for collaborative programmes and supporting governance and devolution commitment owners.
<b>Executive summary:</b>	This paper outlines the support and resourcing arrangements required as we transition into the 'delivery' phase of the London Health and Care Devolution Memorandum of Understanding. Many of the devolution commitments will be taken forward ahead of devolution being formally granted and these need to be agreed between all London partners.
<b>Action required by Board Members:</b>	Consider and agree the devolution commitment owners detailed in paper 4A.  Agree the approach for commitment owners to collaboratively develop implementation plans



# Health and Care Transformation: Implementation Planning

## Context

London is looking to enable health and care transformation to go further faster. Health and care partners are reviewing and streamlining health and care governance to align with key policy documents (e.g. Next steps on the NHS Five Year Forward View and the draft Devolution Memorandum of Understanding) as well as new system architecture (STPs and developing ACSs). Together, these bring an unprecedented challenge and an opportunity to collaborate.

As we finalise the London Health and Care Devolution Memorandum of Understanding (MoU) and transition into the 'delivery' phase, this will require support and resourcing arrangements to be agreed between all London partners. The MoU describes the need for these arrangements to be in place by the end of quarter 2 of FY17/18.

## Background

The health and care system is facing unprecedented challenge therefore the ability to share scarce resource by confirming joint working arrangements between organisations will ultimately give Londoners a better deal. Joint working will also help health and care to achieve more ambitious aspirations and objectives, while reducing duplication.

The table below shows the agreed resource contributions from partners for collaborative programmes and supporting governance:

Partner	Agreed Contribution	Notes
London Councils / London Local Authorities	£300k (immediate ask)	This includes FY17/18 £100k LHB contribution being redirected.
London Health Board	£160k	Historic underspend (from FY15/16) which partners have agreed to transfer.
NHSE and CCGs (through HLP)	£788k	Comprised of contributions of: £588k (agreed by LTG for estates and devolution work in FY17/18) + £200k redirected LHB contributions.
PHE	£80k + in kind commitments to resource the prevention devolution asks	This includes FY17/18 £50k LHB contribution being redirected.
GLA	£200k	This does not include FY17/18 LHB contribution.
<b>Total</b>	<b>£1.53m</b>	

Devolution commitments need to be delivered in the context of wider health and care transformation efforts. For example, the capital and estates commitments around capital retention or supporting the development of the London Estates Board can only be effective if

STPs and local estates boards are also supported to develop and deliver credible estates plans. The above resource contributions would therefore need to contribute to the totality of this work, while recognising that there is likely to be a resource shortfall. It will be important to consider existing programmes of work across partners and align all support and resources to develop a coherent and collaborative programme of work that maximises the use of finite resources, fully considers dependencies and minimises duplication of effort.

## Progress

The following partnership meetings have now been established and are meeting regularly to discuss and support partners to commence implementation of agreed devolution commitments, including the set-up of new operating models:

- London Health & care Strategic Partnership Board (*Bi-monthly*)
  - Partnership Steering Group (PSG) (*Bi-monthly*)
    - Partnership Delivery Group (PDG) (*Fortnightly*)
- London Transformation Group (*Bi-monthly*)
- London Estates Board (*Bi-monthly*)
- London Workforce Board (*Quarterly*)
- London Prevention Board (*Bi-monthly*)

Many of the devolution commitments will be taken forward ahead of devolution being formally granted. Devolution commitments will sit within existing architecture to ensure resources are maximised and development aligned across the system. Full details of the devolution commitments and their owners are outlined in paper 4A: Delivering Devolution Commitments.

The Partnership Delivery Group has been considering Prevention, Estates, Health and Care Integration and Workforce areas and is developing collaborative plans to align support and resources across partners (a draft example is shown on slides 8&9 in paper 4A: Delivering Devolution Commitments).

## Proposal

The Strategic Partnership Board is asked to:

- Consider and agree the devolution commitment owners detailed in paper 4A
- Agree the approach for commitment owners to collaboratively develop implementation plans that are more 'rounded / holistic' under the themes of estates, integration, prevention, and workforce.