

# AGENDA

**Meeting Homes for Londoners**

**Date Tuesday 4 December 2018**

**Time 2.00 pm**

**Place Committee Room 2, City Hall, The Queen's Walk, London, SE1 2A**

*Agendas and summary minutes of the meetings of the Homes for Londoners Board will be published on the GLA's website at <https://www.london.gov.uk/moderngovmb/ieListMeetings.aspx?Committeeld=423> (except in those cases where information in the papers may be exempt from disclosure under the Freedom of Information Act). Meetings of the Board will not be held in public and are only open to those invited to attend by the Chair.*

**Members of the Homes for Londoners Board:**

Sadiq Khan, Mayor of London (Chair)

James Murray, Deputy Mayor for Housing and Residential Development (Deputy Chair)

Gina Amoh, Chair, BME London and Chief Executive, Inquilab

Mike Brown MVO, Commissioner, Transport for London

Hugh Bullock, Chairman, Gerald Eve

Cllr Claire Coghill, London Councils Executive Member business engagement, Brexit and good growth

Cllr Ruth Dombey, Vice Chair of London Councils

Cllr Richard Cornelius, London Councils Shadow spokesperson on Housing and Planning

Paul Hackett Chair, g15

David Lunts, Executive Director, Housing and Land, GLA

Clare Norton, Chair, G320 and Chief Executive, Peter Bedford

Liz Peace CBE

Cllr Darren Rodwell, London Councils Executive Member for Housing and Planning

**1 Apologies for Absence and Chair's Announcements**

**2 Declarations of Interest**

The Chair to invite Panel members to declare any interests which they may have in any of the items set out on the agenda.

[Note: In accordance with the GLA's Code of Ethics for staff, officers must make a declaration of interest on any issue on which they are advising the Mayor which affects an interest held by them - or any person related to them or with whom they have a close personal relationship whether financial or otherwise - and ensure that the details are recorded in the Authority's Register of Interests.]

- 3 Minutes of the Meeting Held on 4 September 2018** (Pages 1 - 8)
- 4 Actions Arising** (Pages 9 - 10)
- 5 Building Council Homes for Londoners** (Pages 11 - 16)
- 6 Funding Settlement Update** (Pages 17 - 20)
- 7 Housing Infrastructure Fund** (Pages 21 - 26)
- 8 Homes for Londoners Property Portal** (Pages 27 - 28)
- 9 London Estates Board Update** (Pages 29 - 32)
- 10 Whittington Health NHS Trust Partnership Agreement and Memorandum of Understanding** (Pages 33 - 42)
- 11 Update from Construction Quality Sub-Group** (Pages 43 - 54)
- 12 Housing Delivery Report** (Pages 55 - 62)
- 13 Date of Next Meeting**  

The next meeting of the Homes for Londoners Board is scheduled for Wednesday, 27 February 2019 at 2.00pm in Committee Room 1, City Hall.
- 14 Any Other Business the Chair Considers Urgent**

## **Homes for Londoners Board**

Date of meeting:	<b>4<sup>th</sup> December 2018</b>
Title of paper:	<b>London Estates Board Update</b>
To be presented by:	<b>Geoff Alltimes, Independent Co-Chair of the London Estates Board</b> <b>Sue Hardy, Programme Director, London Estates Delivery Unit</b>
Cleared by: (Executive Director and Deputy Mayor)	<b>James Murray, Deputy Mayor for Housing and Residential Development and</b> <b>David Lunts, Executive Director, Housing and Land</b>
Classification:	<b>Public</b>

### **1 Executive Summary**

- 1.1 The London Estates Board (LEB) aims to provide greater transparency and oversight of NHS estate plans, activities and decisions within London. Synergies exist between the objectives of the LEB and Homes for Londoners Board, especially as opportunities exist to identify surplus NHS sites for release for new housing. The LEB is now progressing to Phase 3 of devolution (shadow decision making) and will publish the first London Health and Care Estate Strategy early in the New Year (following the publication of the NHS Ten Year Plan) and alongside the strategy is currently developing a prioritised London capital investment pipeline.
- 1.2 This paper provides the Board with an overview of the work of the LEB to date and highlights the benefits of collaboration between the two Boards.

### **2 Recommendation(s)**

- 2.1 That the Board notes the content of the report.

### **3 Introduction and Background**

- 3.1 London's health and care estate faces quality and utilisation challenges of a scale unparalleled elsewhere in the country. Addressing London's estates challenges requires capital investment in times of unprecedented financial challenge. London has identified surplus NHS estate which could provide an opportunity to release some capital and land that may deliver wider value. System challenges and structural barriers have, to date, prevented the potential of London's health and care estate from being realised at the necessary pace. London and local government have significant planning, development and financing expertise that could be brought to bear when considering the NHS estate in London.
- 3.2 The LEB was formed in December 2016 and was set up to directly solve some of the challenges involved in securing NHS estates approvals and disposals, working in more transparent and collaborative ways for the benefit of London's health and care system.

- 3.3 The LEB provides a single forum for estate discussions in London and ensures early involvement of London government partners. As it matures, the LEB will also provide a forum within which NHS capital investment decision-making, including delegated business case approvals and capital allocation considerations, could be exercised, so far as statutory powers permit this and within national approval thresholds. While currently operating in the strategic planning phase of devolution the LEB aims to facilitate joined-up strategic decision-making for London to enhance efficiency, quality and transparency of decision making.

## **4 Objectives & Expected Outcomes**

- 4.1 The LEB produced a draft London Health and Care Estate strategy in August 2018 that was shared with over 200 key stakeholders and partners across health and local Government. Responses were received from circa 30 organisations, including national partners, and feedback is being incorporated into the next version of the document that will be presented to the LEB in December 2018.
- 4.2 Alongside the estate strategy is the development of a prioritised capital pipeline for London. The pipeline is being built up from the 5 sub-regional estates plans and will create a phased capital investment plan for London for the next ten years. The first draft of the capital pipeline will also be presented to the LEB in December.
- 4.3 Based on the priorities outlined in the sub-regional estates plans produced in July 2018 London submitted bids to the value of £3 billion for wave 4 NHS STP capital funding (against a national budget of £1.4 billion). At the time of writing a decision on these bids is expected in November 2018. This further highlights the scale of investment required and the lack of central funding available.
- 4.4 In addition to establishing investment requirements the LEB is identifying surplus land opportunities. Under the London Health and Social Care Devolution Memorandum of Understanding national partners agree in principle to NHS Trusts and Foundation Trusts in London retaining capital receipts, on the basis that the LEB will identify how to reinvest these receipts to support agreed system-wide health priorities.
- 4.5 Acknowledging the Mayor's six key assurances (see appendix 1) the opportunity to utilise these sites to create homes and/or release capital for reinvestment are also being explored. Joint working is taking place in respect of a number of key programmes (One Public Estate and Homes for NHS Staff) and on a number of major site opportunities where surplus land has been identified.
- 4.6 Once NHS land has been identified as surplus, the LEB may, through the London Estates Delivery Unit (LEDU), help explore housing delivery and funding options. This could include the use of the Mayor's Land Fund which was used to secure the purchase of part of the St Ann's Hospital site in Haringey by the GLA. The purchase of the vacant land has released capital for the NHS Trust to reinvest in the transformation of the hospital alongside the delivery of up to 800 new homes, 50% of which will be affordable.
- 4.7 Work is continuing to develop the governance required to support the next phase of devolution (shadow decision making) which will include the LEB assuming responsibility for business case approval (up to agreed delegated financial limits), a devolved capital budget for London and retention of capital receipts for

reinvestment. The LEB aims to move to shadow decision making phase from the 1<sup>st</sup> April 2019.

4.8 The Programme Director for the London Estates Delivery Unit (LEDU) commenced in post at the beginning of July 2018 and has focussed on establishing key relationships across the partnership, strengthening governance arrangements, supporting STPs to meet immediate deadlines, and placing the London Estates Board in the best possible position to move to phase 3 of devolution by April 2019. The hosting and co-location of the LEDU by the GLA creates strong alignment between the LEDU and the GLA Homes for Londoners Team; positive working relationships are forming.

4.9 Building the LEDU core team is a key priority and a proposal to strengthen the team for next financial year is currently being developed for GLA/partner consideration.

## **5 Key Risks and Issues**

5.1 The LEB moving to phase 3 of devolution (shadow decision making) from 1<sup>st</sup> April 2019 is integral to the successful delivery of the London Health and Care Estate Strategy. The LEB proposal to secure further devolved powers and a long term capital funding allocation for London is reliant on the development of a phased investment and disposal plan.

## **6 Equality Comments**

6.1 One of the LEB's key aims will be to increase the supply of housing in London. This will help to address problems such as overcrowding and homelessness, which evidence indicates disproportionately affect specific groups, including Black and Minority Ethnic groups and women. The delivery of high-quality housing will also promote improved health and wellbeing, given evidence of an association between poor housing conditions and poor health.

## **7 Financial Comments**

7.1 At this stage this report raises no direct financial implications.

## **8 Next Steps**

8.1 Progress will be reported to the Board periodically.

## **Appendices:**

Appendix 1 - The Mayor's six key assurances.

## Appendix 1

The six assurances the Mayor requires to give his support to the STPs plans are:

1. Patient and public engagement – Proposals must show credible, widespread and ongoing patient and public engagement including with marginalised groups.
2. Clinical Support – Proposals must demonstrate improved clinical outcomes, widespread clinical engagement and support, including from frontline staff.
3. Impact on health inequality – The impact of any proposed changes to health services in London must not widen health inequalities. Plans must set out how they will narrow the gap in health equality across the capital.
4. Impact on social care – Proposals must take into account the full financial impact any new models of healthcare, including social care, would have on local authority services, particularly in the broader context of the funding challenges councils are already facing.
5. Hospital capacity – Given that the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently reviewed to ensure all factors have been taken into account. Any plans to close beds must be an absolute last resort, and must meet at least one of the NHS' 'common sense' conditions<sup>1</sup>.
6. Sufficient investment – Proper funding must be identified and available to deliver all aspects of the STP plans.

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<sup>1</sup> NHS England's newly introduced 'common sense' conditions are to provide:

Sufficient alternative provision (such as increased GP or community services) is being put in place ahead of bed closures and/or

Specific new treatments or therapies will reduce specific categories of admissions and/or

Where a hospital has been using beds less efficiently than the national average there is a credible plan to improve performance without affecting patient care.