

# **London Health and Social Care Devolution**

**Memorandum of Understanding**

November 2017



# Signed for and on behalf of London, Central Government and National Health and Care Partners:



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**Rt Hon Jeremy Hunt MP**  
Secretary of State for Health  
Department of Health



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**Rt Hon Elizabeth Truss MP**  
Chief Secretary to the Treasury  
HM Treasury



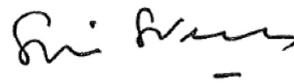
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**Dr Marc Rowland**  
Chair, London Clinical Commissioning Council



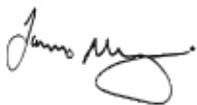
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**Cllr Claire Kober**  
Chair, London Councils



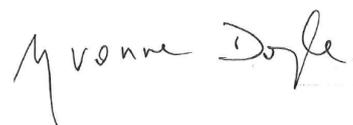
.....  
**Sadiq Khan**  
Mayor of London



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**Simon Stevens**  
Chief Executive, NHS England



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**Jim Mackey**  
Chief Executive, NHS Improvement



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**Dr Yvonne Doyle**  
Director for London, Public Health England



## **London Health and Social Care Devolution Memorandum of Understanding**

### **1. Introduction**

This Memorandum of Understanding (MoU) aims to enable the widest and fastest improvement in the health and wellbeing of 8.6 million Londoners by transforming the way that health and social care services are delivered, how they are used and how far the need for them can be prevented. London and national partners<sup>1</sup> have been working together to achieve this shared objective.

In December 2015<sup>2</sup>, London and national partners came together to describe their aim to test opportunities to transform health and wellbeing outcomes, inequalities and services in London through new ways of working together and with the public. Through a programme of collaboration and co-development with the five London devolution pilots<sup>3</sup> it has become clear to London partners that decision-making and powers should be administered at different spatial levels within London. It is also clear that the pace, degree and nature of transformation is likely to vary across different parts of the city and for different health and care functions. The work carried out through the London Health and Care Devolution Programme has confirmed that devolution is a small but essential component unlocking far broader changes, and accelerating integration and more effective collaboration in London. To that end, this MoU sets out a framework for achieving greater collaborative working between all partners, and enabling the London system to exercise greater influence over health and care in the Capital.

Through this MoU, London partners aim to become England's largest urban area to deliver transformation at scale and pace. All partners agree to act in good faith to support the objectives and principles of this MoU for the benefit of the health and wellbeing of all London citizens and patients, which includes a commitment to disseminate learning within and beyond the London system. Many of the issues under consideration are complex and require further collaboration to design and understand the implications of new approaches. New approaches will also require continuing evaluation, to ensure maximum value and best outcomes are being achieved for Londoners. In addition to the commitments contained in this document, national partners extend an offer of a continuing dialogue with London partners regarding further delegation or devolution and, more broadly, to support shared objectives for prevention, health and social care integration and best value for London.

### **2. Parties**

The Parties to the agreement are:

- All 32 London Clinical Commissioning Groups (CCGs), London Councils representing the 32 London boroughs and the City of London, and the Greater London Authority (GLA).
- The 'national partners', comprising HM Treasury (HMT); the Department of Health (DH) (including Community Health Partnerships (CHP) and NHS Property Services (NHSPS); the

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<sup>1</sup> See section 2 for a description of 'London and national partners'.

<sup>2</sup> London Health Devolution Agreement, December 2015. Available at: <https://www.gov.uk/government/publications/london-health-devolution-agreement/london-health-devolution-agreement>  
London Health and Care Collaboration Agreement, December 2015. Available at:

[https://www.london.gov.uk/sites/default/files/london\\_health\\_and\\_care\\_collaboration\\_agreement\\_dec\\_2015\\_signed.pdf](https://www.london.gov.uk/sites/default/files/london_health_and_care_collaboration_agreement_dec_2015_signed.pdf)

<sup>3</sup> There are three local pilots: Lewisham, Hackney and Haringey. There are also two multi-borough pilots: North Central London (Barnet, Camden, Enfield, Haringey and Islington) and BHR (Barking & Dagenham, Havering and Redbridge).

Department for Communities and Local Government (DCLG); the Department for Work and Pensions (DWP); the Department for Culture, Media and Sport (DCMS); the Department for Education (DfE); the NHS Commissioning Board (referred to in this document as NHS England); Health Education England (HEE); the NHS Trust Development Authority and Monitor (referred to collectively as NHS Improvement)<sup>4</sup>; the Cabinet Office; the Care Quality Commission (CQC); the National Institute for Health and Care Excellence (NICE); and Public Health England (PHE).

As NHS England, PHE and NHS Improvement all have a London presence, the terms ‘London’ or ‘London partners’ are used in this document to refer collectively to all 32 CCGs, all 33 members of London Councils, the GLA, NHS England London Region, NHS Improvement London Region and PHE London Region<sup>5</sup>.

### **3. Context and relationship to previous agreements**

London partners have a clear vision of better health and care for the benefit of Londoners. In October 2014, the London Health Commission published a vision for health and care<sup>6</sup>, building on the Five Year Forward View<sup>7</sup> and the views of Londoners to describe a delivery plan for London. In March 2015, London partners collectively signed up to ten joint aspirations and agreed to collective and individual actions to help London become the healthiest major global city<sup>8</sup>.

The London Health and Care Collaboration Agreement (“the 2015 Collaboration Agreement”) described London’s three key areas of focus: prevention, health and care integration and estates. Given the complexities and size of the London system, London partners planned to work at three levels: local, sub-regional<sup>9</sup> and London-wide. Through five local and sub-regional devolution pilots, the London partners pledged to explore how greater collaboration, integration and devolution could work in practice, including impacts within and beyond the London system. Complementing the 2015 Collaboration Agreement, the London Health Devolution Agreement described commitments by national and London partners to support the delivery of this vision. This MoU builds upon the 2015 commitments<sup>10</sup>.

Recognising that devolution is one of a range of enablers to support health and care transformation, the London Health and Care Devolution Programme has been closely aligned to other health and care transformation activities. These include the Five Year Forward View New Models of Care

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<sup>4</sup> NHS Improvement is not in itself a statutory entity, but carries out the statutory functions of the NHS Trust Development Authority (TDA) and Monitor. References to ‘NHS Improvement’ in this document should be interpreted as encompassing NHS Improvement’s role in relation to both TDA and Monitor functions.

<sup>5</sup> So far as ‘London partners’ refers to a regional office of a national organisation, these partners will not sign up to the agreement separately, but relevant ‘London’ or ‘London partner’ commitments will refer to these regional offices/departments.

<sup>6</sup> Better Health for London: the report of the London Health Commission was published in October 2014 following a period of engagement, which captured the views of over 14,000 Londoners. Available at: [https://www.london.gov.uk/sites/default/files/better\\_health\\_for\\_london.pdf](https://www.london.gov.uk/sites/default/files/better_health_for_london.pdf)

<sup>7</sup> NHS Five Year Forward View, October 2014. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>8</sup> Better Health for London: Next Steps, March 2015. Available at: [https://www.london.gov.uk/sites/default/files/gla\\_migrate\\_files\\_destination/Better Health for London Next Steps\\_2.pdf](https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/Better%20Health%20for%20London%20Next%20Steps_2.pdf)

<sup>9</sup> The term ‘sub-regional’ refers to a collection of London boroughs and CCGs. The terms ‘local’ refers to an area geographically defined by one borough and/or one CCG and ‘London’ refers to the area defined by all boroughs (including the City of London) and all 32 London CCGs.

<sup>10</sup> While a MoU, by nature, is not legally binding, partners have closely co-developed this document to ensure that the stated commitments have the requisite support and detail for successful implementation.

programme, the Better Care Fund and workstreams arising from NHS England's recently published delivery plan: [Next steps on the NHS Five Year Forward View](#)<sup>11</sup> ("the *Next Steps* delivery plan"). London's plans therefore align with national priorities on the integration of health and social care (including the creation of Accountable Care Systems<sup>12</sup>), on creating a seven-day NHS and on transforming the health and care system to secure its sustainable financial future. London's transformation efforts have accelerated over the last year through local initiatives, the development of the five sub-regional sustainability and transformation plans and, at London level, the establishment of Healthy London Partnership (HLP) to support collective transformation. Both devolution and multi-borough planning encompass the need for long-term sustainability and for decisions to be made locally to meet the needs of local populations. The devolution pilot programmes have involved joint working between London's local authorities, CCGs, providers of health and care services and other local partners to accelerate progress within existing powers, including developing joint governance arrangements. In many cases, these arrangements build on established Health and Wellbeing Boards.

London partners have built on the underpinning principles of engagement modelled through the London Health Commission. From the outset, devolution proposals have been co-developed locally by pilots and their populations<sup>13</sup>, and shaped through collaboration with national and London partners. Frontline health and care staff have been engaged in – and have often led – the development of the workstreams within each pilot. The pilots have wide partnerships including local providers, clinical leaders, the voluntary sector and wider public sector partners. They continue to collaborate and engage with their local stakeholders and communities, and such activities are considered to be an integral component of the devolution offer. Engagement on the implications of health and care devolution has also taken place on a broader scale within the London system. Going forward, programmes of engagement will continue at local, multi-borough and London level, as appropriate.

The London Health and Care Devolution Programme Board has provided a forum to develop and test emerging proposals. This Board has brought together representatives of London and national partners and reports to the London Health Board (LHB). These efforts have culminated in this formal agreement to collaborate on steps towards devolution, delegation or sharing of functions, powers and resources currently exercised or held by national partners, where there is a clear case that this will assist, enable or accelerate improvements in health and care.

#### **4. Overarching principles**

All partners are committed to upholding the principles set out in the 2015 Agreement (described in Annex 1). In particular:

1. Subsidiarity – decisions should be taken or influenced locally wherever possible.
2. London should be involved in all decisions that materially impact on London's health and care.
3. London and national partners will work towards improving outcomes through greater integration and by phased delegation or devolution of decision-making powers to the

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<sup>11</sup> Next steps on the NHS Five Year Forward View, March 2017. Available at: <https://www.england.nhs.uk/five-year-forward-view/>

<sup>12</sup> As referenced within *Next Steps on the NHS Five Year Forward View* (pg. 35-37).

<sup>13</sup> Pilots have each utilised tailored mechanisms of engagement and co-development with local populations and partners. These are further detailed in the relevant business cases.

lowest, most appropriate level. Any such changes will be subject to the 'receiver' demonstrating robust governance and accountability mechanisms and will reflect the statutory accountabilities of individual organisations, nationally agreed principles and criteria for assessment of devolution proposals<sup>14</sup>.

4. Healthcare services in London will remain part of the NHS. The commitments described in this MoU aim to strengthen health and care in the London area and continue to uphold the NHS values and standards, including the NHS Constitution and other national commitments, ongoing involvement of the public and co-development of plans with local populations.
5. National partners are committed to continue a co-production approach with London partners to facilitate ultimate decisions on devolution – both by national partners to devolve and by London to exercise and 'receive' devolved functions. Partners share an expectation that these co-produced solutions will, in time, transform the entire London health and care economy.
6. Further devolution or delegation decisions will continue to be subject to careful consideration by national partners, taking into account the needs of people in London and elsewhere and reflecting the principles and criteria agreed by NHS England.

London partners commit to working with national partners to ensure alignment between national policy objectives and the strategic direction taken by London. London partners will work together to support nationally agreed priorities, including those set out in the Five Year Forward View and the *Next Steps* delivery plan. All organisations retain their current statutory accountabilities for health and social care, and any commitments made are subject to organisations' continuing ability to meet these accountabilities.

## **5. Scope**

This MoU constitutes a roadmap, with initial commitments that can be agreed by each constituent party now, and further anticipated steps that will require consideration in the light of experience and developments in the future.

The scope of London's transformational plans covers all aspects of health and care, specifically:

- Primary care
- Acute care (including specialised services)
- 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:

- Delegation or devolution of funding and commissioning functions as agreed with the relevant national partners.
- Financial and regulatory levers to promote health.
- Strengthened system leadership, supported by effective governance, clear accountability and transparency.

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<sup>14</sup> NHS England criteria available at: <https://www.england.nhs.uk/commissioning/devolution/>

- A shared strategic approach to estates planning, including NHS capital investment decision-making.
- Joint workforce strategic planning.
- Full involvement in development of new payment mechanisms to support new models of care.

## **6. Future roadmap**

This MoU describes the aspiration for London (including the wider London system and local and sub-regional areas) to achieve transformation of health and social care at pace and scale. London and national partners will continue to work together during 2017/18 and beyond to agree the preferred mechanisms and timescales for any devolution or delegation of powers and resources to achieve the aims and objectives described in this MoU.

Through this MoU, devolution may ultimately be secured by the London system, with local and sub-regional areas having the ability to draw down delegated or devolved functions subject to developing suitable plans, delivery and governance arrangements. Progression towards delegation and devolution of responsibilities and resources from national partners to the London system will take place in agreed phases of change, with progression subject to achievement of nationally applicable devolution criteria, demonstrated capability, robust governance arrangements, a clear delivery plan and gateway milestones. New approaches undertaken within London will be tested and evaluated, to assess impacts and ensure maximum value for Londoners.

This MoU sets out how national partners will support implementation of the pilots as well as new ways of working at pan-London level, subject to local readiness and in accordance with national statutory responsibilities and the principles set out in Section 4. Each pilot has developed a business case setting out more detailed arrangements for implementation, to be supported by robust, transparent governance. These business cases are published alongside this MoU. They are locally owned documents and therefore do not represent National Government policy in their own right. Pilots will commence implementation in accordance with the timelines described in these documents, recognising the need for a phased approach.

Within non-pilot areas, any devolution of health functions will be subject to the appetite of those areas, careful consideration of business cases<sup>15</sup> and appropriate governance and accountability arrangements. It is recognised 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 consider and mitigate the impact of London decisions on surrounding populations reliant on London-based services.

By working together, London and national partners will be able to fully understand and manage risk collectively. The London system will take more control of its own future and responsibilities, in a phased way that is safe and beneficial for patients and communities and ensures that the duties and accountabilities in the NHS Constitution and legislative framework continue to be upheld.

## **7. Shared commitments between government, national partners and the London partners**

### *a) Capital and estates*

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<sup>15</sup> Business cases would be considered by the national organisations statutorily accountable for the relevant functions or duties.

The NHS estate in London is considerable, but significant capital investment is required to ensure high quality health and care infrastructure and greater investment in primary and community care facilities. Partners recognise the opportunity to improve system-wide planning, reduce under-utilisation, release surplus land and capital and realise wider one public sector estate opportunities.

London and national partners commit to establishing a London Estates Board (LEB) 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. The LEB will provide a single forum for estate discussions in London and ensure early involvement of London government partners. As it matures, subject to agreed hurdle criteria, the LEB would 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.

These arrangements will facilitate a whole-system, collaborative approach. Any LEB decisions must be consistent with, and aligned to, estate strategies set out at local and sub-regional level. The work of the LEB must also be consistent with jointly owned policy objectives and the legislative framework.

The LEB aims to facilitate more joined-up strategic decision-making for London and to enhance the effectiveness, efficiency, quality and transparency of processes and decisions. The nature of the LEB's functions and its decision-making ability is expected to be phased over time. The LEB will commence in a strategic and advisory form and, subject to the achievement of clear gateway criteria, progress to take on a level of delegated decision-making functions, where that is possible in accordance with the legislative and policy framework and statutory accountabilities of LEB member organisations. This is described in full in the LEB Operating Framework<sup>16</sup>. The LEB will work with the GLA to ensure optimum land assembly through links with the Homes for Londoners Board and London Land Commission. This will include enabling wider public sector utilisation (e.g. for housing) where land is surplus to health and care requirements.

The LEB will work with the five sub-regional estates boards to support the development of a clear, affordable capital and estates plan for each sub-region that is aligned to clear commissioning strategies. These plans will build up from the local estates strategies developed by CCGs and local authorities to set out the planned sources and intended applications of capital funding, running up to 2021. Sub-regional and local boards will be supported to develop accountability and governance arrangements to a sufficient standard to enable delegated decisions to be taken at more local levels<sup>17</sup>. The LEB, sub-regional and local estates boards will be supported by a London Estates Delivery Unit (LEDU), a virtual team bringing together regional and regionally-based national expertise to support the collaborative development of robust estates strategies and capital business cases. It is intended that the LEB will be the London regional expression of estates governance and that relevant strategic delivery expertise will be accessed through the LEDU.

To achieve this:

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<sup>16</sup> LEB operating framework November 2017, available at:

[https://www.london.gov.uk/sites/default/files/london\\_estates\\_board\\_-\\_operating\\_framework\\_2017.pdf](https://www.london.gov.uk/sites/default/files/london_estates_board_-_operating_framework_2017.pdf)

<sup>17</sup> Such decisions would be taken by way of representatives from national organisations exercising delegated authority as part of a more local forum (for example, a sub-regional estates board).

- NHS England, NHS Improvement, DH, One Public Estate (OPE) and HMT agree in principle, and subject to agreed phasing and the achievement of agreed gateway criteria, to support, so far as consistent with the statutory framework, the internal delegations of a level of business case approval authority to named individuals, operating as members of the LEB. This commitment excludes decisions requiring ministerial approval where the LEB would make a non-binding recommendation.
- Decisions on capital expenditure within London's allocated funds, including NHS England CDEL<sup>18</sup> budgets (particularly ETTF<sup>19</sup>), and other national capital allocation decisions will be delegated internally to an LEB representative, on a phased basis and subject to the gateway criteria in the LEB Operating Framework.
- All health and care capital cases which are best considered jointly within the London system, covering both NHS England and local government investments, will ultimately be considered by the LEB or (for lower limits) local or sub-regional estates boards.
- All partners commit to supporting sub-regional estates boards to develop governance and accountability mechanisms, to enable such boards to have the capability to administer delegated or devolved functions.
- NHS Improvement, NHS England, DH, CHP, NHSPS, OPE and London partners commit their existing London estates resources to work collaboratively as part of a virtual team in the LEDU to develop clear priorities, measurable objectives, roles and responsibilities and appropriate ways of working together. This will include consideration of joint appointments as appropriate.
- The CHP and NHSPS estate planning teams having already been brought together to function together as one team, working with existing partnerships such as LIFT Companies (LIFTCo)<sup>20</sup>. This team will form part of the LEDU.
- London partners will operate in line with the commissioner capital control total framework set by national partners and, subject to robust governance structures, sub-regional estate boards could take on a management role of capital control totals, within a London envelope.
- National and London partners will agree set capital budgets, which London will operate within each year. These budgets will include the agreed spending profile for retained capital receipts. The LEB and sub-regional estates boards will make recommendations on the application of capital receipts to inform discussion with national LEB representatives on capital allocations.

London and national partners are continuing to explore systemic issues that may be a barrier to best use of estates or assets; or may be hindering the disposal of surplus land. Partners also recognise both the significant capital investment requirements within health and care in London and the significant opportunities for generating receipts and additional housing from the disposal of surplus land. To address this:

- 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. To inform this prioritisation the LEB will develop an agreed annual pan-London capital plan based on robust local and sub-regional

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<sup>18</sup> NHS Capital Departmental Expenditure Limit fund

<sup>19</sup> Estates and Technology Transformation Fund

<sup>20</sup> Local Improvement Finance Trust (LIFT) companies are locally-based joint ventures between the public and private sectors.

estates capital strategies and with the full involvement of London partners, including NHS Trusts and Foundation Trusts.

- While individual NHS Trusts and NHS Foundation Trusts own most of the health estate, the DH-owned property companies (NHSPS and CHP) hold some land utilised by the health and care system in London. This includes estate used for primary and community services. It is therefore important that decisions around this estate are informed by discussions with the LEB, to ensure that all opportunities (including for marriage value) are considered. This is consistent with the 'one public estate' approach. To this end, DH, NHSPS and CHP commit to working in partnership with the LEB to develop an approach for NHSPS and CHP investments and sales, which balances national and London needs and priorities.
- While the deployment of capital in the NHS from all sources combined must be equitable in relation to need across different parts of the country, it is recognised that in London there is significantly greater opportunity to raise capital through disposal of surplus assets, but also that the costs of capital investment are also significantly higher than elsewhere in the country. The principle of equity must therefore recognise the higher cost of developing buildings and services in London. It is also recognised that incentives are needed for the health and care systems to release surplus land. National partners commit to working with the London system through the LEB to explore how the health and care system incentives can be optimised. The LEB provides an opportunity to explore these through example cases in the first year of operation.
- Recognising the difference in statutory obligations of the bodies concerned, oversight and freedoms of different estate holders, the LEB will work with DH and sub-regional areas to ensure that when surplus NHS sites are released, this is done with due consideration of wider local health economy and public sector opportunities.

London and national partners agree that both sub-regional and London-wide plans would need to align with and deliver against any national health estate or public sector targets and estates/asset sale plans. National partners commit to clarifying and seeking to agree these requirements in partnership with the London system in the early phases of the LEB's operation.

London and national partners also commit to working towards the aim of optimising the use of existing NHS estate, by:

- London, in discussion with national partners, developing a London report on NHS estate utilisation in 2017 and considering the recommendations through the LEB thereafter.
- DH and NHS England introducing a vacant space policy in 2017.

London partners agree to share and deploy their knowledge, expertise, resource and contact networks in support of this agenda including, where appropriate, from boroughs, CCGs, and the GLA.

#### *b) Commissioning models and payment mechanisms*

London partners recognise opportunities to commission services with a whole-system outlook, with the overall aim of improving outcomes for service users by enabling more integrated, joined-up pathways and services that focus on the individual rather than the service provider.

London partners, Government and NHS England commit to supporting place-based commissioning of health and care services at the most appropriate level to best meet the needs of patients and communities across London. Partners recognise that payment mechanisms, financial allocations and

budget pooling are key enablers to greater integration and support further development within statutory permissions.

Central to the Government's objectives over this Parliament is the restoration of financial balance in the health system, both in terms of providers' and commissioners' finances, as well as a determined focus on operational performance and quality of care. London partners commit to build on Sustainability and Transformation Plan development by continuing to develop detailed and credible place-based plans, and strengthened local and multi-borough partnerships, to enable London's health economy to achieve sustainability whilst maintaining and improving quality and outcomes. A London-level strategic plan, drawn from sub-regional health economy plans, will enable oversight of the impact on health outcomes and financial sustainability across the capital.

NHS England and NHS Improvement commit to supporting local and sub-regional areas in London to co-develop and adopt innovative models of payment, building on the work of the New Care Models and Accountable Care System programmes. In return, London commits to:

- Rapid piloting of new payment models at different spatial levels and across a wide range of sectors and organisations.
- Co-development of scalable solutions that can be implemented more widely within London and beyond.
- Robust assessment of efficacy and disseminating learning at pace.

Transformation will require commissioners and providers to work in partnership including ensuring, where possible, greater alignment of decision making to inform joint commissioner and provider plans and greater involvement of commissioners to support providers in delivery.

NHS England commits to enable delegation or devolution of its functions and budgets to within the London system, subject to its established process for readiness assessments and taking account of the objectives set in the Mandate, and to enable targeted allocations and more integrated approaches to commissioning across health and care. Specifically, NHS England commits to:

- Delegate primary medical services commissioning to the local level, subject to CCG agreement, and to consider in this financial year how steps towards further devolution could be taken, subject to the relevant decision-making criteria being met.
- Delegate London's fair share of transformation funding to London from April 2018<sup>21</sup>.
- Explore internal delegation of some specialised commissioning functions, excluding highly specialised commissioning, to the sub-regional level from April 2018. This would be contingent on the development of robust plans and governance arrangements, and subject to NHS England's standard readiness assessment.

PHE, NHS England and DH commit to collaborating with London partners to explore how immunisation and screening commissioning arrangements and service provision relate to local plans and how partners could organise from April 2018 so that this resource and expertise can be shared to deliver mutual objectives and enable more effective local delivery. DH and NHS England will work with London partners to consider what further steps could be taken to support more personalised, joined up care at all spatial levels. This includes developing a shared understanding of any current barriers to joint or lead commissioning arrangements and whether there is a case for change for

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<sup>21</sup> This function will be exercised through the London Health and Care Strategic Partnership Board by way of internal delegations within NHS England to representatives who will make decisions within the forum of that Board. This does not include sustainability funding to which separate arrangements apply.

addressing such issues, taking into account wider policy considerations, views from other local areas and legislative implications.

National and London partners will agree annual commissioner and provider revenue totals during the spending review period and the London system will act within these totals. London will be able to access any relevant new or additional health and/or social care funding streams that become available during the spending review period.

London partners commit to:

- Utilising these arrangements to enable financial incentivisation and prioritisation that more accurately responds to local needs.
- Moving to more formal integrated joint working, building on a proven track record in London.
- Developing detailed and credible local and sub-regional health and care plans to enable London's health economy to achieve sustainability while maintaining and improving quality and outcomes.
- Using opportunities within legislative and policy frameworks to pool budgets in order to more appropriately allocate funding to primary and community care and incentivise early intervention and rapid discharge. London partners would utilise funding and conduct functions within these frameworks.
- Putting the required capabilities and standard delegation agreements in place to operate delegated primary medical care commissioning by CCGs in local areas<sup>22</sup>.
- Sharing and spreading learning from pilot programmes - both within London and nationally.

NICE commits to providing guidance, standards and advice to local and sub-regional areas as health and care transformation plans are developed and implemented.

### *c) Regulation and oversight*

London partners are committed to transforming the health and care landscape including supporting commissioners and providers to move at pace to design and implement new models of care. To enable this, national partners support giving greater accountability to local health and care systems. By closer alignment with London's ambitions for transformation, regulation can support and reinforce local health and care collaboration and integration.

Although legislation does not permit devolution of national regulatory functions for health services, regulators commit to taking a more aligned approach in London. NHS England and NHS Improvement commit to streamlining regulation and oversight with joined up processes at regional level, including joint appointments for some key roles. CQC, NHS Improvement and NHS England commit to closer working at London level, including alignment of regulatory actions and timelines for reporting wherever possible. London commits to working with national partners to ensure that any joint arrangements developed minimise the administrative burden and ensure robust governance and conflict of interest management.

London will work with national partners and pilots to explore the potential for new models of oversight to enable and promote the implementation of ambitious new ways of integrated working. In support of local integrated delivery models, London will pilot a place-based framework for system regulation, ensuring clear commitment to complying with agreed core standards and existing legal

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<sup>22</sup> The majority of London CCGs (30) will operate with fully delegated powers (level 3 delegation status); however two will continue to operate a co-commissioning arrangement (level 2 delegation status) during FY 2017/18.

responsibilities. National regulatory partners (NHS England, NHS Improvement and CQC) will work with London to develop, support and resource<sup>23</sup> a regulation and oversight model that meets the needs of the London system. Consistent with wider national policy including the *Next Steps* delivery plan, and working within the legislative framework, this will include:

- The ability for an integrated/single delivery system to be regulated as a whole, alongside the underlying distinct organisational operating units<sup>24</sup>.
- Supporting the development of lead accountable providers, who take responsibility for providing integrated health and care services across a locality and can therefore be accountable for quality and productivity across individual units, with clear protocols to protect patient choice and ensure transparent referral patterns.
- Bringing together as far as possible the oversight of CCGs and the oversight of providers into a single shared framework within London.

NHS England, NHS Improvement and CQC commit to co-developing a robust assurance approach which recognises the challenges faced by local areas in moving to an integrated commissioning and, potentially, delivery system. The framework will enable appropriate freedoms and flexibilities during the development of such models and while in the early stages of implementation. This will ensure delivery of agreed core responsibilities (including the NHS Constitution and Mandate) and that risk is kept within acceptable tolerance.

#### *d) Workforce and skills*

The people who work in health and care are critical to achieving London's transformation goals. London will build on its position as the home of popular and world-class health education to develop new roles, secure the workforce it needs and support current and future staff to forge successful and satisfying careers in health and care.

London partners have recognised the need for joint health and care training and workforce development, to support integrated working as a key enabler to new models of care. To achieve this, HEE, Skills for Health, Skills for Care, the DfE, DH and London partners commit to the following, so far as is possible in accordance with the legislative framework and statutory accountabilities:

- Establishing a London Workforce Board through expanded membership of the London and the South East Local Education and Training Board (LETB) for issues related to London, to ensure a collaborative strategic and implementation approach<sup>25</sup>. Recognising the critical importance of clinical representation, the London Workforce Board will include appropriate clinical membership.
- Empowering the London Workforce Board to seek agreement amongst member organisations to pool resources where appropriate and achievable within the legislative framework, for spending on joint projects. This will include consideration of HEE's delegated transformation and development funding. Any pooling and subsequent spending will respect the governance, statutory accountabilities and priorities of member organisations.

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<sup>23</sup> It is intended that this work will be funded from within existing resources.

<sup>24</sup> It is recognised that, under the current statutory and policy framework, regulators must continue to be able to conduct an assessment of each organisational unit.

<sup>25</sup> A London Workforce Board has been established in shadow form effective March 2017.

- Working with national partners and through the London Workforce Board to ensure that employers within an integrated health and care workforce can take advantage of the opportunities offered by the apprenticeship levy. Consistent with the national policy to enable transfers between employers by 2018, this will include the ability to transfer funds between individual employers within an integrated health and care system. Together with the delegated HEE transformation and development funding, this could enable integrated training and workforce development.
- Working within the existing statutory framework, establishing a collaborative, London-wide workforce delivery system with HEE, Skills for Health and Skills for Care working together on key training and development priorities.

London partners, with the relevant central Government departments, will work to harmonise this activity with efforts championed by the GLA and London Councils to maximise opportunities for links with further education colleges and local training efforts to support unemployed Londoners. To support integrated working, London and national partners commit to work in partnership with trade unions and employers to explore risks and issues of pay arrangements that cover all staff in line with Government pay policy. This could include:

- Exploring opportunities for more unified performance management arrangements where roles cross health and care.
- Exploring opportunities to overcome challenges in pay arrangements for joint roles across health and care.
- Exploring how co-location of health and social care staff can be supported where this has been identified by employers and staff as a barrier to collaborative working.

London trains a significant proportion of the national health and care workforce but continues to experience challenges in staff retention and turnover. London partners will work with DH to explore London weighting in this context.

#### *e) Prevention*

Improvements in the health and wellbeing of Londoners have to be led within communities. Through a place-based approach that puts health and wellbeing at the heart of devolution plans, London partners have real opportunities to tackle the wider determinants of health - including employment, planning and housing - and address health inequalities. Devolution could provide further opportunities to create better environments in which people can flourish, complementing the efforts of individual Londoners to stay healthy. Over the coming months, the existing London Prevention Board will be strengthened to enable effective operation as a forum for health and care partners across the Capital to undertake collaborative initiatives as appropriate.

London and national partners commit to collaborating on and contributing expertise to establish the opportunities and explore the evidence base for various public health initiatives. These would include establishing a borough-led London-wide illegal tobacco and counterfeit alcohol enforcement team. This team would work to reduce the availability of cheap illicit tobacco and alcohol and minimise health harms, especially to children and young people, strengthen citywide action on illegal tobacco and alcohol and generate more duties paid to the exchequer.

The soft drinks levy provides opportunities to invest in measures to combat childhood obesity, which is a particular challenge in London. The Government has set out that the money raised from the levy during this Parliament will be invested in giving school-aged children a better and healthier

future, supporting actions to address childhood obesity. London is already undertaking significant efforts to support physical activity in schools and to ensure healthier school environments. DfE will engage London partners to develop guidance as revenue from the soft drinks industry levy is allocated to schools, with the aim that by synergy with wider local public health strategies, good value can be achieved for young Londoners. Going forward, DH and DfE commit to working with London partners to ensure the effective coordination of national and regional programmes which aim to combat childhood obesity. Throughout the development of this, London partners will continue to engage with primary schools across the city.

Locally determined reliefs and discounts already enable the opportunity for strategic planning around high streets, to meet wider public health objectives, for example by rebalancing the food offer on the high street away from the proliferation of unhealthy takeaways. London government has put forward an ambitious set of proposals in response to the Government's agenda for reforms to business rate and the local government finance regime. London will support city-level action to address the wider determinants of health where this is the most effective scale. The Mayor of London's actions on air quality illustrate London government's commitment to issues of health harm.

London partners remain committed to action on childhood obesity, consistent with recent national plans. In support of this approach, London partners will explore the interaction between planning policy and London's health and wellbeing objectives. DCLG commit to an ongoing dialogue with London partners, in order to explore opportunities to progress prevention aims.

London partners will explore options to further restrict the advertising and marketing of unhealthy food and drink in specific locations based on health harm. London partners commit to test and evaluate the impact of such policies and to further explore the evidence base for a London-specific approach in order to tackle the city's obesity epidemic. London partners will work closely with the Committee of Advertising Practice as they bring into effect on 1 July 2017 new rules banning the advertising of high fat, salt or sugar (HFSS) food or drink products in children's media.

To go further in tackling harms caused by gambling and smoking, national partners make the following commitments:

- London partners to work closely with DCMS as they undertake their review of gaming machines and social responsibility measures<sup>26</sup>. DCMS aims to publish its findings and any resulting proposals in 2017 and commits to liaising closely with all stakeholders, including London's devolution pilots, as the review progresses.
- Involving London partners in HM Revenue and Custom's (HMRC) review of sanctions to tackle illicit tobacco. This includes exploring how to make the best use of existing sanctions and consideration of proposals for new sanctions, on which HMRC will be consulting later this year.
- Drawing on evidence from Haringey and other London boroughs in DH's complementary review of the sanctions for businesses that break tobacco laws, including looking at further use of civil penalties where appropriate.

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<sup>26</sup> The review will consider robust evidence on the appropriate maximum stakes and prizes for gaming machines across all premises licensed under the Gambling Act 2005; the number and location of gaming machines across all licensed premises; and social responsibility measures to protect players from gambling-related harm. It will also close look at the issue of B2 gaming machines (more commonly known as Fixed Odds Betting Terminals or FOBTs) and specific concerns about the harm they cause, be that to the player or the communities in which they are located. The review aims to ensure that legislation strikes the right balance between allowing the industry to grow and contribute to the economy whilst ensuring consumers and communities are protected.

*f) Employment and health*

London and national partners have a shared aim to improve both the employment outcomes for people with health conditions and disabilities and the health outcomes of working age people through active labour market participation. Given the strength of London's jobs market, there are significant opportunities for improving outcomes for people with health conditions and disabilities in London and London partners are ambitious about the Capital's ability to deliver the best service for its residents.

The 2015 Spending Review confirmed that the London boroughs and Mayor of London will jointly commission employment support (outside the Jobcentre Plus regime) to assist the very long-term unemployed and those with health conditions and disabilities to (re-)enter work. London partners, DH and DWP commit to ensuring that local areas in London are able to jointly shape every element of the commissioning process: from strategy to service design, managing provider relationships and reviewing service provision. DWP commits to the transfer of the Work & Health Programme funding to London to enable London to procure and deliver an equivalent programme tailored to the needs of Londoners.

London partners are keen to pilot further joining up of local public services in order to improve outcomes for this group, exploring new models for integrating health and employment support and the role prevention and early intervention can play. Through the joint Work and Health Unit, DH and DWP commit to working with Haringey and London partners to test improvements to support people at risk of becoming long term unemployed; to understand what volumes of additional referrals to Fit for Work the enhanced service will achieve; and to explore signposting from Fit for Work to local services through the Return to Work plan.

Through the Haringey pilot, London and national partners (NHS and DWP<sup>27</sup>) commit to exploring options related to data sharing between relevant partners to facilitate a robust evaluation of the impact of enhanced local support for people experiencing mental health problems and who are at risk of falling out of work.

*g) Governance arrangements and accountability*

Governance arrangements will reflect the importance and complementarity of local, sub-regional, and London-level working, with decisions taken at the most local level so far as is possible within the legislative framework, consistent with the principles underpinning devolution. London partners have agreed the following arrangements as the best means of leading and assuring the necessary improvements in health and wellbeing for the population of London.

***Local and sub-regional arrangements***

Governance arrangements for local and sub-regional working aim to:

- Be co-developed, owned and agreed by local partners. They will be developed by local and sub-regional areas and may take different forms in different areas. The different governance and accountability models developed by London's five devolution pilots are illustrative of this approach.
- Enable organisations to identify areas of complementarity between parts of the health and care system, to work together to avoid duplication and ensure that solutions are workable

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<sup>27</sup> DWP will facilitate discussions with the Fit for Work provider when appropriate.

and beneficial for the local population. This builds on work underway through local and sub-regional planning processes, including composition and utilisation of Joint Strategic Needs Assessments.

- Enable partnership working and shared ownership by local health and government partners in order to achieve plans and strategies that reflect the needs of the local health economy, with the ability for both health and care to influence decisions regarding the administration of delegated or devolved powers.
- Ensure that mechanisms are in place for appropriately engaging the public and stakeholders, in order to ensure that plans reflect population wants and needs. Those proposing transformation will aim to get the widest possible local support and will take full account of the consultation and engagement responsibilities of constituent organisations.
- Ensure that partners collectively enable improvement in health and care which addresses the health and wellbeing needs of local populations. Different places and types of institution will be on an equal footing. All organisations, including providers, will be key partners in plans, engagement and implementation and will work to collectively shape the future of health and care in the local area.
- Ensure that responsibilities and accountabilities remain clearly within the statutory framework, with robust monitoring of the potential for conflicts of interest.

To deliver this:

- Arrangements will be locally determined, whilst ensuring that they satisfy accountability and statutory requirements, and are complementary with the wider London system.
- Local and sub-regional areas will need to establish the extent to which organisations want to work collectively and the levels at which joint or partnership working should take place. The majority of functions that currently sit locally are likely to continue to be exercised at this level, but the Sustainability and Transformation Partnerships and devolution pilots have identified that some functions may be more appropriately exercised collectively at a multi-borough level.
- Arrangements will provide health and care commissioners with the opportunity to jointly develop, engage on and deliver strategic plans, allowing joint decision-making and pooled resources where possible. Providers will be key partners in plans, engagement and implementation, while respecting the need for clear separation of provider and commissioner functions.
- Partnership arrangements must enable providers and health and care commissioners to be able to make strategic and advisory recommendations within the bounds of a robust conflicts of interest framework and – if delegated or devolved powers are sought – to take decisions in partnership, in accordance with local strategies. If formal joint governance is to be commenced with a more limited partnership, it will be necessary to make an assessment of how wider involvement and engagement will be sought.
- Local and sub-regional governance is likely to evolve, and it is appropriate that this would happen at different pace depending on local appetite or requirements. These arrangements could be phased, commencing with a strategic and advisory function and evolving to take on more formal decision-making functions, commencing with some joint functions or budgets and evolving to take on formal strategic and commissioning functions if desired by the local partnership. Devolved or delegated decision-making from relevant bodies would be agreed – and related resources released – based on the decision-making criteria published by those bodies, working in partnership to meet these criteria.
- Governance arrangements at local and sub-regional arrangements will describe the intended political oversight arrangements.

- Robust mechanisms will preserve financial and clinical accountability of relevant bodies, with strong clinical input at every spatial level. Governance arrangements that involve pooled budgets will need to be supported by a jointly developed financial strategy and agreed financial management processes.

### ***London arrangements***

London has a strong foundation of joint working. Improved collaboration and local accountability will enable more ambitious partnership working and help achieve the aspirations and objectives agreed for London. London-level governance aims to provide complementary functions to add value to local and sub-regional arrangements. Governance mechanisms in London will be phased to evolve from existing arrangements.

Underlying design principles:

- Subsidiarity to the lowest appropriate spatial level is the keystone to a framework of principles. The default position should be to the borough level.
- Multi-borough governance must have the agreement of all relevant parties and may vary according to locally determined need.
- Functions will only be aggregated to the London level where there is a clear case and it is preferable to all partners to do “once for all” to avoid duplication, enable scale or acceleration.
- Any new regional and multi-borough governance will be implemented with a view to rationalising the wider governance infrastructure to ensure duplication is avoided.
- Any arrangements must consider the implications for both devolution and wider transformation and operational governance. Approaches will be ‘future-proofed’ to allow evolution to accommodate further devolution, delegation and joint decision-making, with functions phased over time.
- The NHS in London will remain within the wider NHS and subject to the NHS Constitution and Mandate.

These governance arrangements are described in Figure 1.

### London Health Board

Political leadership is vital at all spatial levels and a re-cast London Health Board will enable political accountability of health and care in London, and provide political oversight of wider London transformation efforts. The London Health Board will continue to be chaired by the Mayor of London. Membership will be strengthened as required to reflect political leadership from sub-regional groups. The London Health Board will have strategic political oversight for health and care in London.

### London Health and Care Strategic Partnership Board

The London Health and Care Strategic Partnership Board (SPB) met for the first time in shadow form in May 2017 and, going forward, this board will provide strategic and operational leadership and oversight for London-level activities<sup>28</sup>. The SPB will build on national direction (such as the Five Year Forward View) and London plans (including Better Health for London), but crucially will emphasise

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<sup>28</sup> London Health and Care Strategic Partnership Board (SPB) terms of reference available at: [https://www.london.gov.uk/sites/default/files/london\\_health\\_and\\_care\\_strategic\\_partnership\\_board\\_-\\_terms\\_of\\_reference\\_2017.pdf](https://www.london.gov.uk/sites/default/files/london_health_and_care_strategic_partnership_board_-_terms_of_reference_2017.pdf)

the partnership approach and an agreed strategy for sustainability and transformation built up from local and sub-regional plans. The SPB will replace existing collaborative London-wide fora. The Devolution Programme Board will continue operation but meet quarterly during 2017 to enable national and London partners to keep abreast of the devolution programme and developments within the London system, and allow exploration of any further devolution opportunities.

Under the current framework, the SPB will not have statutory or legal responsibilities and will not affect or replace the statutory responsibilities and accountabilities of each partner, or change the operational arrangements for application of budgets. The SPB will also be accountable to the individual partners through their respective membership.

Membership of the SPB will mature as London continues on its journey to greater autonomy, and will be reviewed formally following the signing of the MoU. It will be important to ensure that local and sub-regional partners continue to be able to shape the model of London governance going forward. Membership will include representatives from the following organisations or groups:

- Three sub-regional leads nominated by each London Sustainability and Transformation Partnership (comprising of a CCG, local authority and provider representative for each of the five London Partnerships).
- London Councils: Two representatives. One of the representatives will be the Lead Chief Executive nominated to support London Councils' work on Health.
- London CCGs: One representative
- GLA: Two representatives
- PHE: Regional Director
- NHS England: Two representatives including the London Regional Director
- NHS Improvement: Executive Regional Managing Director
- Care Quality Commission, Health Education England, third sector and patient groups.

In addition to the above invited members, representatives from other London and national partners will attend as appropriate. The SPB will be co-chaired by the London Regional Director of NHS England and the Lead Chief Executive nominated to support London Councils' work on Health. Governance arrangements will ensure clear lines of accountability for any relevant funding as agreed and outcomes as appropriate. Membership and governance arrangements will be reviewed and further defined as and when delegated or devolved responsibilities are taken on to ensure probity and address any arising conflicts of interest.

Detailed governance arrangements are under development, and will include clear protocols for decision-making and ensuring robust clinical input. It is anticipated that arrangements will be refined as the SPB matures, and governance documents will be updated accordingly.

#### Partnership Commissioning Board

London-wide health and care operational functions will ultimately be administered through a London level Partnership Commissioning Board. These functions are likely to include assurance and the administration of any London-level delegated or devolved commissioning functions and budgets, and would initially be exercised through a period of shadow running.

The London-level commissioning board will not affect statutory local commissioning or decision-making functions, but look at how some national commissioning functions could be exercised at the regional level or how existing regional functions can be administered through greater engagement with local government and other partners.

During the initial phases of London governance, partners will finalise detailed strategies for administration of functions delegated to London. Decisions will be taken at London level by way of internal delegations within constituent organisations, and there are currently no proposals that change legal responsibilities or financial accountabilities.

Where possible there will be complementarity between representatives on the Partnership Commissioning Board, the SPB, local and sub-regional governance mechanisms.

#### Partnership delivery group

A London partnership delivery group will support delivery, system transformation, and collaborative working at all spatial levels, and will build on the transformation currently undertaken by London structures such as the Healthy London Partnership. London partners agree to share and deploy their knowledge, expertise, resource and contact networks in support of the commitments made in this MoU. A full financial plan to support the delivery of these commitments will be developed during the advisory phase of the SPB, with resourcing arrangements in place by the end of 2017.

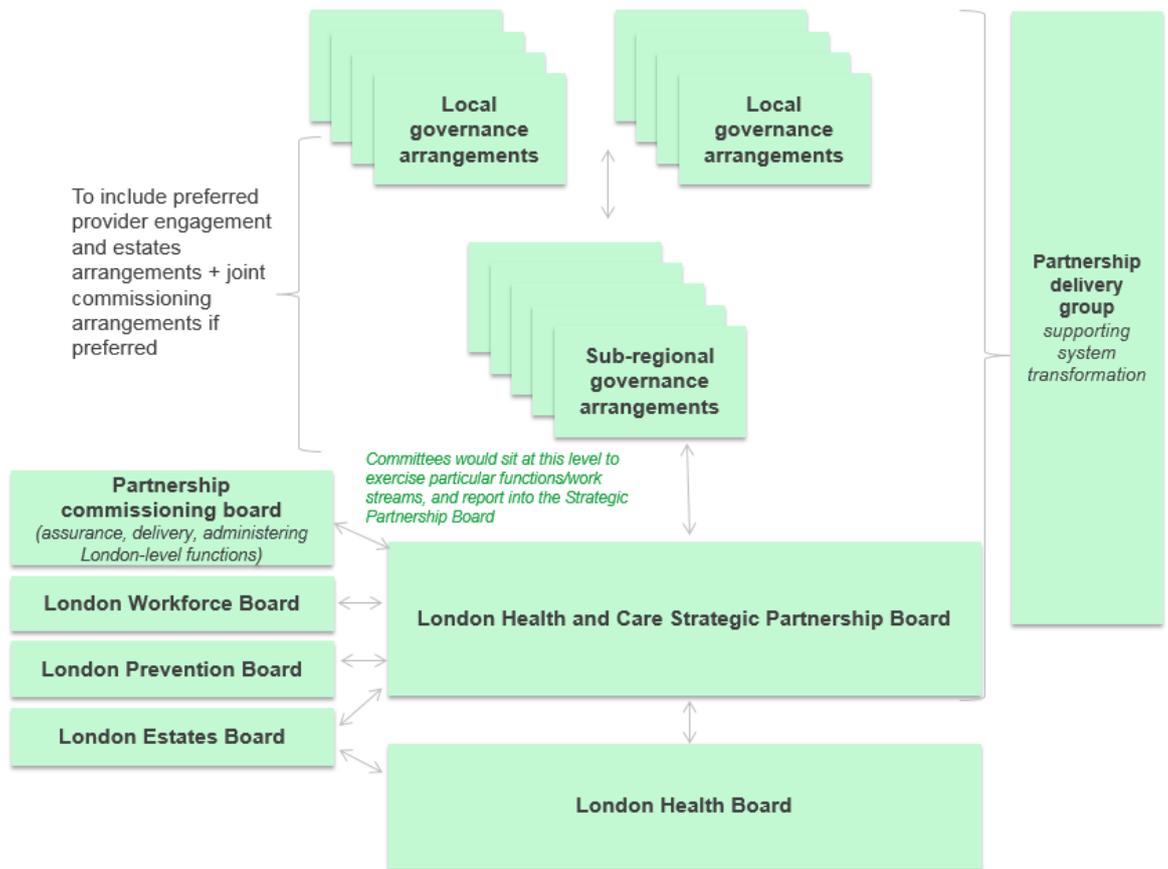
#### Phasing

A phased approach to London governance for health and care transformation will describe clear gateways for progression agreed between the London system and national partners. Progression through these phases will be agreed between London and national partners.

1. **Advisory:** Representatives from existing governance structures will initially meet as the SPB to co-develop the framework under which London governance will operate. The SPB will provide a pan-London forum for discussion, and sit in an advisory capacity to support partners to commence implementation of agreed devolution. During this phase, the SPB will support partners to establish new operating models, including joint approaches to regulation. This phase began in May 2017, and it is envisaged that the SPB will be reviewed against agreed gateway criteria for the strategic phase after six months of operation to determine whether the SPB can move into the next phase.
2. **Strategic leadership:** The SPB will provide a central point for co-location of current strategic oversight mechanisms. During this phase, the SPB will begin the process of building the London level strategic plan required for effective oversight, support sub-regional areas to develop and implement robust strategies and act as broker for proposals between national partners and local areas. It is envisaged that this phase will be reviewed against agreed gateway criteria for shadow decision-making in early 2018 to determine whether the SPB can move into the next phase.
3. **Shadow decision-making at London level:** The SPB will continue to operate as a pan-London strategic forum, and London will also begin the process of shadow running by way of recommendations made to national organisations. Decision-making around a London share of certain budgets would begin, in shadow form, within the forum of the SPB as agreed with relevant national organisations, although there would be no change to statutory accountabilities. It is envisaged that this phase would be reviewed against agreed gateway criteria for the decision-making phase in April 2018 to determine whether the SPB can move into the next phase.
4. **Decision-making at London level:** The SPB will continue to operate as a pan-London strategic forum. Following agreement by national partners, certain budgets and commissioning functions may be appropriate for formal delegations to a London level. Partners could begin the process of formal decision-making in phase 4, by way of internal delegations to organisational representatives on London governance structures.

The London system aspires to progress into a more fully devolved model via a phase 5, and it is recognised that this would require a strong evidence base of efficient, effective and robust operation, as well as further consideration of the available legislative options to support such an approach. Any future decisions would be subject to a full readiness assessment and to relevant national organisations being able to meet their ongoing statutory accountabilities with regards to both London and the rest of the country.

**Figure 1. Governance arrangements for health and care transformation in London**



## **Annex 1: Aspirations, objectives and principles**

### **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.

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

- To achieve improvement in the health and wellbeing of all Londoners through a stronger, 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.

### **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, public health 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 will be maintained – in relation to issues including delivery of financial requirements, national standards

and the NHS Constitution. Any changes to current accountabilities and responsibilities will be agreed with national partners as necessary and may be phased to balance the pace of progress with ensuring a safe transition and strong governance. We commit to fulfil the legal requirements for making significant changes to commissioning arrangements, including statutory duties to involve the local population and submit proposals for local authority scrutiny.

- 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, Academic Health Science Networks (AHSNs), patients, carers, the health and care workforce, the voluntary sector 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 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 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, health care and social 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 will be sought to support and accelerate improvements where the appropriate national criteria are met.
- 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 sustainability and transformation plans have been developed for health and care as part of NHS and local authorities' planning arrangements. A London-level strategic plan, drawn from sub-regional sustainability and transformation 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 partners to consider the impact of London decisions on surrounding populations reliant on London-based services, and mitigate any adverse effects.



