

HACKNEY DEVOLUTION PILOT

SEPTEMBER 2016 UPDATE

CONTEXT

- At the end of June partners submitted the strategic outline case to the London Devolution Board and it was submitted to NHSE as an Appendix to the STP – this is attached
- Since then work has continued on our plans to integrate services and the picture on devolution has become clearer
- However the emergence of the STP requirements across the NHS has led to a lack of alignment between the STP and devolution processes and timescales
- Our work on devolution remains focused on integration locally across health and social care whereas the STP has up to now had a purely NHS focus

SERVICE INTEGRATION

- We agreed in the early summer to organise our plans on integration around 4 workstreams
 - Early years, prevention, planned care and crisis care
- Over the summer LBH Public Health and the CCG have put together a detailed analysis of how we perform in City & Hackney against a range of indicators (CCG outcome framework, Public Health and Adult Social Care Frameworks, NHS Constitution standards and “Right Care” – a report published by NHSE outlining variations in performance against which local NHS systems are required to improve) relating to these 4 themes and how our performance benchmarks against London and other similar areas
- We have just embarked on a desk top review of outcome performance and what plans we have to secure improvements. This is looking at all plans from both the Local Authority and the CCG and is focusing on identifying gaps, reviewing whether plans are robust and exploring opportunities for greater alignment
- We aim to complete this first stage by mid October so we can share it more widely and use our contractual arrangements for 17/18 to make progress
- On the back of this work discussions are ongoing with both Local Authorities on the appetite to establish fully integrated commissioning (CCG, Social Care & Public Health) and what a local operating model could look like. This was one of our ambitions in the June strategic outline case and the assessment of the workstreams will help confirm which commissioning budgets would be in scope for integrated commissioning and the opportunities for joined up plans
- Discussions have also been held across the partners to explore the potential for sharing back office functions (eg payroll, human resources, financial systems etc) where this might deliver a better service as well as cost savings. These discussions are ongoing and similar discussions are taking place on the same theme across NHS partners in North East London as part of the STP

- Within the outline case we agreed 3 priorities where we felt we could make more progress and where the providers could work together to offer a more integrated delivery model. These are
 - Development of a single point of access/response for crises as an alternative to calling 999 and ensuring a coordinated local service response 24/7
 - Development of the quadrant model for the delivery of community based services focusing on our vulnerable/at risk patients
 - Plans to improve discharge and reduce delayed transfers of care
- We expect to agree the vision and project plans for these priority areas by mid October
- At this stage it is not envisaged by the partners that one new organisation is required to achieve our plans but this is being kept under review
- We are aiming to hold another public engagement event with a particular focus on the quadrant model in October/November

DEVOLUTION

- Following the submission of the strategic outline case workshops have been held with the London devolution team to explore in more detail the devolution “asks”
- The frame for each “ask” is if we had a particular power granted to us locally how would that help us make more progress with our plans
- In developing our plans it has become clearer which are our formal asks, as opposed to things we can already do with existing powers. This has changed the focus of the devolution pilot as follows:-
- The main asks, and on which we are now working on business cases, are:-
 - Commissioning
 - Amendment to s75 legislation to allow CCGs and LAs to make joint decisions on all commissioning
 - Whether the transfer of responsibility for Health Screening and immunisation to the locality would enable us to overcome current barriers and improve outcomes
 - Local responsibility for Estates – more details in the following slides
 - Local regulation to support Public Health prevention initiatives – more details to follow

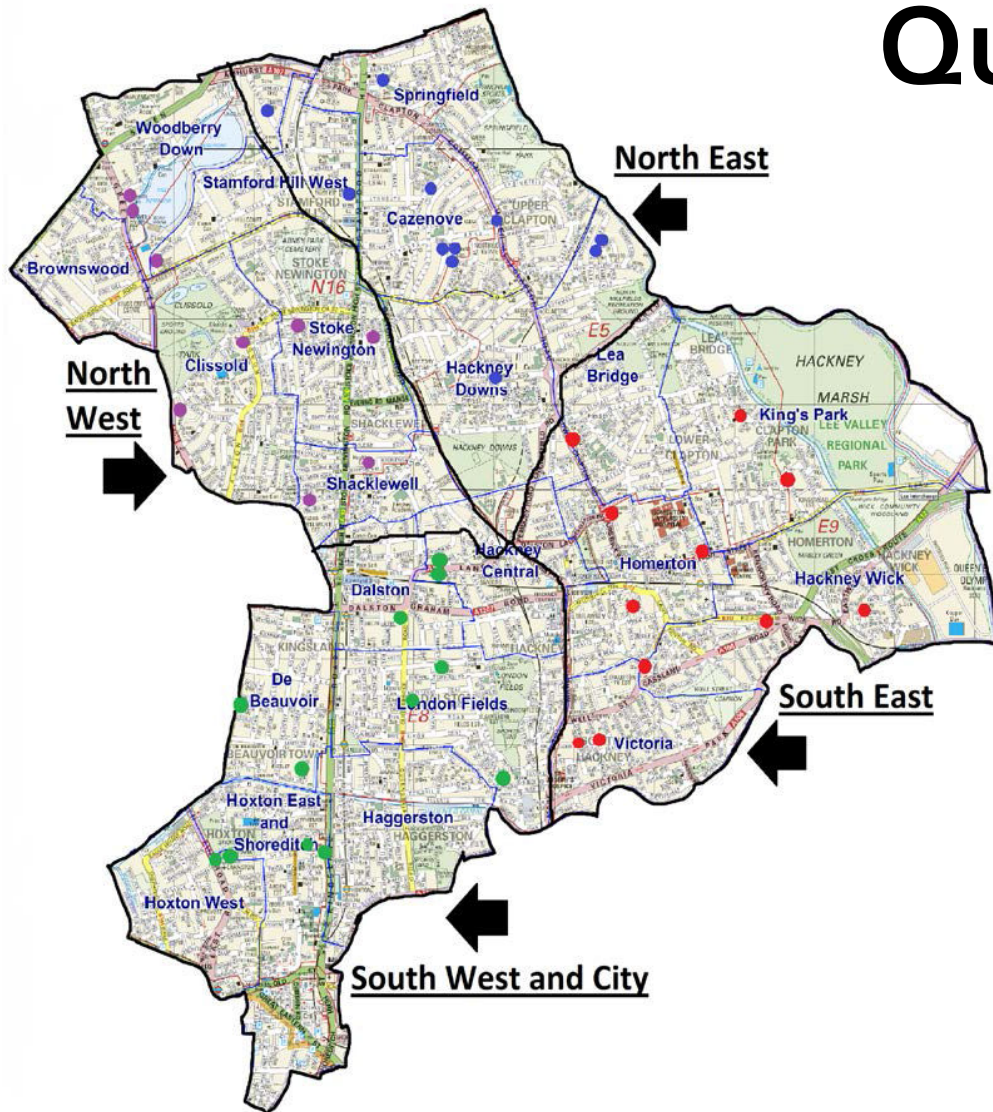
Hackney Health Devolution – Estates and Assets



Existing Estate across Hackney: what do we know

- An initial mapping exercise of the current Hackney estate has been undertaken. This included properties owned and leased by devolution health partners and the London Borough of Hackney. In addition, 13 properties owned by the Church of England have been included in the exercise.
- The property data has been validated with the exception of properties used by the third sector, which will be completed over the coming weeks.
- A total of **94** properties are within scope of the devolution pilot.
- 29% of the properties are owned by LBH. Other key owners are NHS Property Services (19%), GP surgeries (14%) and Church of England (14%).
- 17% of the properties have more than one usage (i.e. both primary and secondary care or children's services and secondary care), however the majority are used for one type of service only: 37% are used for primary care delivery and 14% for children's services.

Quadrant Working

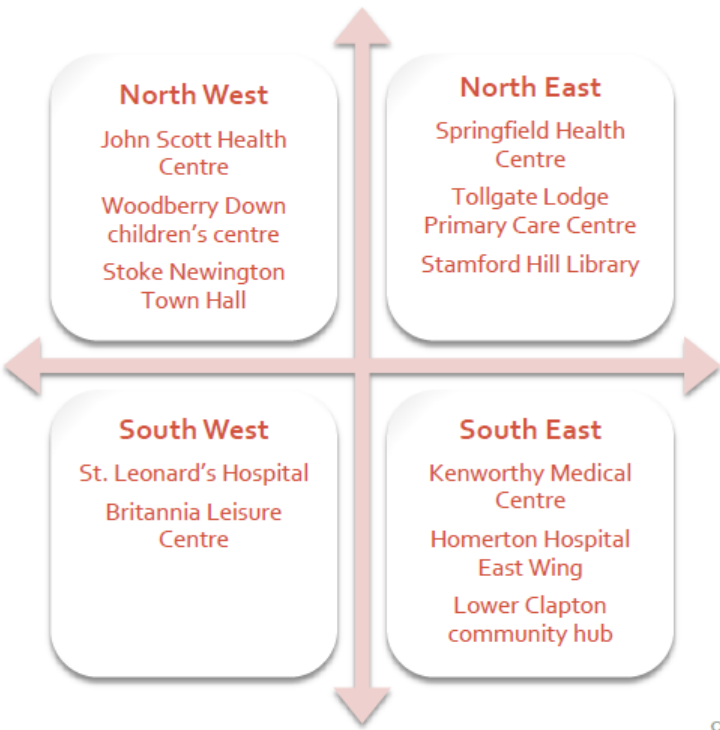


- The estate has been mapped by quadrant
- The quadrants were developed by health and social care partners to support effective management of integrated community health services across the area and are based on geographical clustering of GP practices in the borough
- The quadrants model is not currently used universally e.g. community mental health services split the area between north and south areas and the Learning Trust use 5 areas based on location of local children's centres
- The vision is for quadrant working to be rolled out to all relevant services, and the estates plan must respond to this challenge either through opportunities from existing estates footprint or by the creation of new premises.

Local Estates Priorities

A review of the existing estate has identified **11** programmes that are a high priority within the local estates strategy. These are categorised below in terms of their current status and by quadrant

In addition to the work on the Hackney estate, the City of London have also identified 3 premises that are vital to the delivery of healthcare for their population, namely the Neaman Practice, St. Leonards Hospital and Barts and the London Minor Injuries unit



Key issues for Hackney devolution: Has this captured everything?

Next Steps / Challenges / Opportunities

- Need clarity over decision making sovereignty on NHS assets
 - Centralised regime
- National Expectations that Capital receipts first call is repay national debt £2bn
- Public Sector large land owner in Hackney
 - Council Strong track record in development
 - Building Schools for the Future
 - Estates Regeneration
 - Council has additional local flexibilities around use of receipts and borrowing powers.