

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27th January 2016**

**Legal, Regulatory and Policy Update**

**For: Information**

**Executive Summary**

This is the first of an intended monthly report to inform the Board of Directors on recent regulation and compliance guidance issued by bodies such as Monitor, NHS England, the Care Quality Commission, NHS Trust Development Authority and other relevant bodies where their actions have a consequential impact on the Trust or an awareness of the change/impending change is relevant to the Board of Directors. The first report covers the period from September to December 2015.

The Update Report is designed to reflect changes in legislation, guidance, the structure of the NHS, and government policy and direction on health and social care. A summation of the change is provided as a summary for each item. The Board of Directors is asked to consider and note the content of the report and where relevant, members should each be satisfied of their individual and collective assurances that the internal controls in place to deliver compliance against the Trust’s obligations are effective. Chairs of Board Committees should consider whether more detailed assurances relevant to their committees, are necessary, utilising this report as a constructive stimulant to inform the collation of meeting agendas and reporting focus as necessary or appropriate.

As Chief Executive I will make certain Executive Directors are aware of the changes relevant to their portfolios and will take forward any key actions arising from the Legal, Regulatory and Policy Updates. Progress updates on any relevant actions will be reported to the Board of Directors, as pertinent and appropriate.

The Director of Corporate Affairs will continue to develop or enhance internal control mechanisms to support the Trust in complying and being able to evidence compliance with relevant mandatory frameworks/obligations.

**ADDENDUM TO CHIEF EXECUTIVE REPORT**

**LEGAL, REGULATORY AND POLICY UPDATE REPORT**

**1 PURPOSE OF REPORT**

This report provides an update to inform the Board of Directors on recent regulation and compliance guidance issued by such as Monitor, NHS England, the Care Quality Commission, NHS Trust Development Authority and other relevant bodies where their actions have a consequential impact on the Trust or an awareness of the change/impending change is relevant to the Board of Directors.

It is intended that in the future a regular Legal & Regulatory Update report will be received by the Executive Team Meeting to ensure that the Trust is updated in a timely fashion, to enable the Trust to respond as necessary or helpful to consultations and to ensure preparedness for the implications of, and compliance with changes in mandatory frameworks.

**2 LEGAL/POLICY UPDATES**

**2.1 Fire safety in the design of healthcare premises (HTM 05-02) (18 Sep)**

This revised guidance reflects the changes in legislation, structure of the NHS, and government policy. The guidance will help statutory regulations to be applied correctly so they meet the requirements of Part B of Schedule 1 of the 2010 Building Regulations.

For more information:

<https://www.gov.uk/government/publications/guidance-in-support-of-functional-provisions-for-healthcare-premises>

**2.2 NHS Providers launches suite of publications to expand community health services (17 Sep)**

NHS Providers have launched a new publication, as well as an infographic and supporting blog, which sets out its vision to expand the role of NHS community health services. ‘Community Health Services - A Way of Life’ calls for greater focus of patient care in home, clinic and pharmacy settings to relieve some of the pressure placed upon hospitals. The proposals suggest hospitals should be reserved for high risk and specialist intervention, with a refocused healthcare strategy supporting better community health services through better supply of trained and skilled professionals.

For more information:

<http://www.healthbusinessuk.net/hb-news/4490-nhs-providers-launches-suite-of-publications-to-expand-community-health-services>

**2.3 NICE guidance on home care (23 Sep)**

The National Institute for Health and Care Excellence (NICE) has published its first guideline for the social care sector on how to plan and deliver person-centred care for older people living in their own homes. Amongst other recommendations, the NICE guideline advises home care providers to:

• Ensure services support the aspirations, goals and priorities of each person, and that they and their carers are treated with empathy, courtesy and respect.

• Make sure support focuses on what people can or would like to do, not just what they can’t do.

• Prioritise continuity of care by ensuring the person has the same home care worker or workers so that they can become familiar and build a relationship.

The NICE guidelines also includes recommendations to support home care workers, from training and development to highlighting the need for services to ensure they have enough time to offer sufficient care and support for people in a caring and compassionate way.

For more information:

<http://www.cqc.org.uk/content/cqc-welcomes-nice-guidance-home-care>

**2.4 'Telephone Support’ psychological wellbeing and work feasibility pilot evaluation (22 Sep**)

To improve the employment and health prospects for people with common mental health conditions, RAND Europe recommended the government pilot a number of interventions. The ‘Telephone Support’ Psychological Wellbeing and Work Feasibility Pilot used, combined telephone-based psychological and employment related support. It was jointly commissioned by DWP and the Department of Health. This evaluation of the pilot examines the most effective design and delivery mode of the ‘Telephone Support’ intervention. A ‘Group Work’ intervention based on the Jobs II model developed by the University of Michigan, also recommended by RAND was also piloted.

For more information:

<https://www.gov.uk/government/publications/telephone-support-psychological-wellbeing-and-work-feasibility-pilot-evaluation>

**2.5 Changes to the Health and Social Care (Safety and Quality) Act (01 Oct)**

On 1 October 2015 new duties under the Health and Social Care (Safety & Quality) Act 2015 came into force, which will impact on health and social care providers in England and Wales. The Health and Social Care (Safety and Quality) Act 2015 **introduces a new duty on those commissioning or delivering adult social care services in England or NHS services** to share information about individuals where this directly contributes towards their care. The vast majority of health and social care organisations will do this already as it is established best practice following the Caldicott 2 report. This duty came into force on 1 October 2015 in England and Wales.

Below is a short guide to these changes in six easy steps:

 **1.** **What is the Health and Social Care (Safety & Quality) Act 2015?**

The Health and Social Care (Safety and Quality) Act 2015 is an update to the Health and Social Care Act 2012. It introduces new duties to share service user information and use the NHS number across the health and social care landscape.

 **2. What are the changes?**

There are a couple of changes, including a new duty to share information about service users where this directly contributes towards their care; and the new requirement to use the NHS number to identify individuals – called a "consistent identifier" – when processing information about them.

 **3. Who do they affect?**

The new rules apply to organisations that commission or provide adult social care in England or NHS services. Private sector bodies and charities who are contracted to deliver these services must also comply.

 **4. Are there exclusions?**

Yes: including if a patient objects, if the information is connected to services received anonymously (e.g. sexual health services) or if it is not reasonably practical to comply.

 **5. What are the benefits of the new rules?**

The requirement to use the NHS number to identify service users across both adult social care and NHS services should enable service user data to be shared more easily.

This in turn will help organisations deliver better integrated care. The statutory duty to share should help improve the flow of data that contributes directly to a service user's care – particularly between NHS bodies and local authorities.

 **6. What are the operational implications and who/what organisations are affected by these?**

It is already recognised best practice that information should be shared between health and social care teams where this contributes directly to a service user's care. This is common within the NHS but sharing across the health/social care divide is more challenging. The new statutory duty to share should help with this.

On use of the NHS number the bigger challenge lies with local authorities, whose information governance systems are less likely to already use the NHS number to identify service users.

For more information:

<http://www.dacbeachcroft.com/publications/publications/changes_to_the_health_and_social_care_act>

**2.6 Leading models of dementia care highlighted to inspire (30 Sep)**

Three leading models of how to care for people with dementia are being flagged up to the NHS in a bid to improve patient services by sharing learning. Thousands of people are benefiting from the thriving schemes at Gnosall, Northumberland and Rotherham and Doncaster and are highlighted in a new report. Patient benefits include: 100 per cent appointment attendance rates, minimal delays, reduced A&E care, less use of mental health services, reduction of fear and stigma, accessibility, choice, specialist tests close to home, only giving information once and having clear agreed care plans.

For more information:

<https://www.england.nhs.uk/2015/09/30/leading-models-dementia/>

**2.7 New guidance to raise awareness of the importance of good nutritional care (08 Oct)**

NHS England has published new guidance to help ensure patients receive excellent nutrition and hydration care. The guidance has been produced to address the issues raised within ‘Hard Truths’ and the Francis Report; and to the concerns of patient, carers and the public with regard to malnutrition and dehydration. Malnutrition is still a concern for the health service and is more common than many people expect – affecting more than three million people in the UK at any one time. Around 1 in 3 patients admitted to hospital or who are in care homes are malnourished or at risk of becoming so. Poor nutrition and hydration not only harms patients’ health and wellbeing, it can also reduce their ability to recover and leads to increased admissions to hospitals and care homes.

For more information:

<http://www.england.nhs.uk/2015/10/08/guidance-nutritional-care/>

**2.8 Homes not hospitals’ for people with learning disabilities – NHS England (30 Oct)**

People with a learning disability and/or autism will be supported to lead more independent lives and have greater say about the support they receive under a national plan published to radically improve learning disability services. Central to the progress set out by the plan over the next three years will be new, high-quality, community-based services. Hundreds of people with a learning disability and/or autism are expected to benefit from new, better care options in the community instead of hospitals, with more never being admitted in the first place.

The plan predicts that, as these services are put in place, there will be a reduction of up to 50 per cent in the number of inpatient beds, meaning that some units will close altogether.

In particular, a key plank of plans developed in Lancashire and Greater Manchester will be to close and re-provide services offered by Calderstones, the only remaining standalone learning disability hospital trust in England.

**Building the right support: A national implementation plan to develop community services and close inpatient facilities** is being published (Friday 30 October) by NHS England, the **Local Government Association (LGA),** and the **Association of Directors of Adult Social Services (ADASS).** The plans it contains have been developed with significant contribution and constructive challenge from people with learning disabilities and/or autism, their families and carers, and a range of commissioners, providers, voluntary sector and representative groups. It represents a key milestone in the ongoing cross-system **Transforming Care Programme**, which has seen a number of reforms including the roll out of **Care and Treatment Reviews** and an upcoming consultation response on strengthening the rights of individuals.

While local areas will be able to design bespoke services with those who use them, the plan sets out the need for:

• local housing that meets the specific needs of this group of people, such as schemes where people have their own home but ready access to on-site support staff;

• a rapid and ambitious expansion of the use of personal budgets, enabling people and their families to plan their own care, beyond those who already have a legal right to them;

• people to have access to a local care and support navigator or key worker, and;

• investment in advocacy services run by local charities and voluntary organisations so that people and their families can access independent support and advice

To achieve the shift from inpatient to community-based services, **Building the right support** sets out three key changes:

1. Local councils and NHS bodies will join together to deliver better and more co-ordinated services – 49 new local Transforming Care Partnerships will work with people with lived experience of these services, families, carers and key local stakeholders to agree robust implementation plans by April 2016, and then deliver on them over three years. They will be made up of clinical commissioning groups, NHS England’s specialised commissioners and local authorities, and will cover the whole of England.
2. Budgets will be shared between the NHS and local councils to ensure the right care is provided in the right place – A new financial framework will aim to speed up discharges, particularly for those who have been in inpatient care the longest, and make better use of resources so that services can be increased and improved. Central to the new framework will be the opportunity for local pooled budgets which encourage better use of resources for all people in a local area with learning disabilities and/or autism. Funding guidance will also be reformed to enable swift discharges. For people who have been in hospital five years or more, specific payments will be made by the NHS to local authorities to enable their needs to be met in the community.
3. National guidelines will set out what support people and families can expect, wherever they live – A new **Service Model** describes what good services should look like, framed around nine principles from the perspective of the people using them. It gives people a clear picture of what they can expect from the services they use, while at the same time allowing Partnerships the flexibility to design and commission services that meet the needs of people in their area. The new model, which was co-produced by people using services, commissioners and health and social care system leaders, has been finalised using the feedback from early implementation by six ‘fast track’ areas.

For more information:

<https://www.england.nhs.uk/2015/10/30/homes-not-hospitals/>

**2.9 Duty of Candour Update (12 Oct)**

Bevan Brittan Solicitors have written an article which advises that discussions they have with providers often identify confusion regarding the Duty of Candour. Therefore, they have helpfully produced a paper to CQC's Board Meeting that acknowledges and refers to further work being undertaken to address these issues.

Particular points to note include:

• When the Duty is Triggered

• Getting the Specifics Right

• Inspecting the Duty of Candour

• Different thresholds in the NHS and independent sector providers

For more information:

<http://www.bevanbrittan.com/articles/Pages/DutyofCandourUpdate.aspx>

**2.10 An Update on Consent to Medical Treatment and Deprivation of Liberty for**

**Children (12 Oct**)

It is well established that, children (young persons under the age of 18) can, in circumstances set out below, provide, or withhold, consent to medical treatment. The Family Law Reform Act 1969 tells us in no uncertain terms that young people aged 16 or 17 can consent to treatment but it has been held in the past that refusals by this group can be overridden by those with parental responsibility. Whilst such a view is considered in most circles to be incompatible with the Human Rights Act 1998 uncertainty in practice remains. The best recent guidance for practitioners in this area is contained in Chapter 19 of the Mental Health Act (not MCA) Code of Practice as revised and which came into force in April 2015. The situation in relation to deprivation of liberty is also dealt with in the Code and has been further discussed – post Cheshire West - in the High Court.

The guidance includes:

• Treatment of children – 16-18 year olds and under 16s who are competent

• The role of the parent in consenting

• Deprivation of liberty in an acute hospital

• Admission for mental health treatment

For more information:

<http://www.bevanbrittan.com/articles/Pages/Children-AnUpdateonConsenttoMedicalTreatmentandDeprivationofLiberty.aspx>

**2.11 Clampdown on NHS staffing agency costs (13 Oct)**

A tough further clampdown on staffing agencies and highly-paid NHS managers employed through agencies was announced by Health Secretary Jeremy Hunt. This will cap the amount companies can charge per shift for all staff, including doctors and non-clinical personnel. Additionally, NHS regulators will be setting expectations on overall levels of agency spend for each NHS organisation. Building on previously announced controls, which introduced mandatory use of frameworks for nursing staff and introduced a cap on nursing spend, these new measures will remove £1 billion from agency spending bills over 3 years so that savings can be reinvested in frontline patient care. A new hourly price cap will now be introduced for all types of agency staff, in addition to the nursing cap announced in June, ending the practice of some agencies charging up to £1,800 for a standard shift for a nurse and £3,500 for a weekend shift for a doctor. The caps will be ratcheted down over time, so that in future agencies cannot charge the NHS a shift rate that is more than the hourly rate paid to existing substantive doctors, nurses and other clinical and non-clinical staff.

The measures will ensure that staff who undertake short-term agency work will ultimately not be rewarded better than those in substantive posts, which provides better continuity of care for patients. That means no more agencies charging more than 3 times what a doctor might earn for a normal shift or expecting an hourly rate of more than £50 for a nurse who would usually be paid approximately £15 an hour.

For more information:

<https://www.gov.uk/government/news/clampdown-on-nhs-staffing-agency-costs>

**2.12 Learning resources for social work with adults who have autism and dementia (13 Oct)**

DoH has provided practice and curriculum guidance for adults social workers specialising in autism and dementia. The guidance documents (in the below link) are designed to be used by social workers at all levels, from front line practitioners to senior social workers, social work supervisors and managers, to support them to deliver the best outcomes for the people with whom they work.

For more information:

Autism:

<https://www.gov.uk/government/publications/learning-resources-for-social-work-with-adults-who-have-autism>

Dementia:

<https://www.gov.uk/government/publications/learning-resource-for-social-work-with-adults-who-have-dementia>

**2.13 Learning resources: Mental Capacity Act 2005 (MCA) in social work (13 Oct)**

DoH has provided guidance for adult social care workers on the MCA and how it relates to their continuing professional development. The guidance documents (in the below link) designed to be used by social workers at all levels, from front line practitioners to senior social workers, social work supervisors and managers, to support them to deliver the best outcomes for the people with whom they work.

For more information:

<https://www.gov.uk/government/publications/learning-resources-mental-capacity-act-2005-mca-in-social-work>

**2.14 ‘Passport’ style brief of young people’s mental health launched (15 Oct)**

A ‘passport’ style brief of key facts that children and young people using mental health services can use to help them avoid repeating their history and preferences has been launched. The ‘passport’ idea, which includes clinical information as well as key personal preferences, has been developed by young people, parents and carers and can now be used across care settings either on paper or on mobile phones. The **Future in Mind Report** about improving Children and Young People’s Mental Health, said ‘You should only have to tell your story once, to someone who is dedicated to helping you, and you shouldn’t have to repeat it to lots of different people’ and the tool has been developed in line with this. Since the report was published NHS England and partners have been working to address the issues it raised.

For more information:

<https://www.england.nhs.uk/mentalhealth/2015/10/15/passport-brief-yp-mh/>

**2.15 Proposed changes to local payment rules covering mental health services in the NHS (21 Oct)**

Monitor and NHS England are considering requiring commissioners and providers of adult and older people’s mental health care to adopt one of the following payment approaches in 2016/17:

• a payment approach based on year of care or episode of treatment

• a payment approach based on capitation

Under both approaches an element of payment should be linked to the achievement of agreed quality and outcomes measures. This consultation closed on 19 November 2015.

For more information:

<https://www.gov.uk/government/consultations/proposed-changes-to-local-payment-rules-covering-mental-health-services-in-the-nhs>

**2.16 Update on Intelligent Monitoring for acute and specialist NHS trusts and NHS trusts that provide mental health services (28 Oct)**

CQC will not be publishing any further iteration of Intelligent Monitoring reports for NHS Acute and Specialist Trusts which have been a key part of their new regulatory approach. Together with local insight and other factors, they have helped them to decide when, where and what to inspect, giving inspectors a clearer picture of the areas of care that need to be looked at. By March 2016, all NHS acute and specialist trusts will have

had an inspection under the new regulatory approach, using the comprehensive methodology introduced in 2014. CQC will continue to provide up-to-date intelligence, in the form of data packs, to inform the remaining comprehensive inspections. They are using their learning from the first round of hospitals inspections to review what developments and improvements should be made to their inspection approach for hospitals. This will include how they use intelligence to inform their approach.

For more information:

<http://www.cqc.org.uk/content/update-intelligent-monitoring-acute-and-specialist-nhs-trusts-and-nhs-trusts-provide-mental>

**2.17 Mental health services take a 'leap in the dark' on patient care (12 Nov)**

Large-scale changes to mental health services are a ‘leap in the dark’ and are having a negative impact on patient care, says a briefing published by The King’s Fund. The briefing, Mental health under pressure, shows that the sector is under a huge amount of strain, with around 40 per cent of mental health trusts experiencing a cut in income in 2013/14 and 2014/15. This is in marked contrast to the acute sector, where more than 85

per cent of trusts saw their income increase over the same period. The briefing shows that, driven by the need to reduce costs, trusts have embarked on large-scale transformation programmes aimed at shifting demand away from acute services towards recovery-based care and self-management. This has seen a move away from evidence based services in favour of care pathways and models of care for which the evidence is often limited. There has also been little formal evaluation of the impact of these changes.

For more information:

<http://www.kingsfund.org.uk/press/press-releases/mental-health-services-patient-care>

**2.18 European Convention on Human Rights (ECHR) Article 2: investigations into mental health incidents – Department of Health (Nov 15)**

This guidance is for NHS organisations deciding whether to carry out an independent investigation to satisfy the state’s obligations under Article 2 of the European Convention on Human Rights. NHS bodies implicated in serious incidents may be considered ‘state agents’ for the purposes of Article 2.

The procedures to be followed when managing a serious incident are set out in the **NHS England Serious Incident Framework – Supporting learning to prevent recurrence**.

This document, when read together with the framework, replaces the Department of Health guidance ‘Independent investigations of adverse events in mental health services’, published in 2005.

For more information:

<https://www.gov.uk/government/publications/echr-article-2-investigations-into-mental-health-incidents>

**2.19 Mental Health Act Annual Report – CQC (Dec 15)**

Monitoring the Mental Health Act in 2014/15, is the CQC’s annual report into the use of the Mental Health Act (MHA), and tells you about the experiences of people who received care under the act in 2014/15.

There are 57 mental health NHS trusts and 86 independent mental health hospitals registered with CQC. Throughout the year they visit these services to interview patients and review practice. During 2014/15, 51% of all mental health inpatients were subject to the Mental Health Act 1983 (MHA) with 19,656 detained inpatients on 31 March 2015. The report concludes:

**There is unacceptable variation in the way providers are applying the Code of Practice**

They found many examples of services making improvements following our visits and observed good practice in the way providers are supporting and protecting patients’ rights. However, they also highlighted issues with the way the Code is being applied.

**Providers are failing to make sure patients receive the support they need to be involved in their care.** The biggest issue the CQC found for patients who were subject to the MHA in 2014/15 was a lack of support to be involved in their care and treatment. This included the information they were given, access to external support such as advocacy, and care planning. They are concerned by this finding, and state that not supporting patient, family and carer involvement may limit people’s recovery and could result in longer stays in hospital, poor discharge or an increase in the potential for readmission.

CQC have also found some examples of outstanding care, including around reducing the use of restrictive interventions and the involvement of carers. They encourage other services to learn from these and consider how they can be applied in their local areas.

**Greater priority needs to be given to deaths in detention.** CQC are concerned by the lack of an independent system for investigating the deaths of detained patients in healthcare settings, and believe there is much greater opportunity for learning to take place when deaths occur, and for improvements to be put in place.

For more information:

<http://www.cqc.org.uk/content/mental-health-act-annual-report-201415>

**2.20 Annual Report on use of Deprivation of Liberty Safeguards – CQC (Dec 2015)**

The CQC found Providers’ use of the Deprivation of Liberty Safeguards is variable. As they highlighted in their 2015 State of Care report, they state strong leadership and governance will affect the quality of care that services provide.

These issues are consistent with their findings about the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards by hospitals and care homes. Through their inspections in 2014/15, they have found:

• Staff awareness, understanding and training of the Deprivation of Liberty Safeguards varies, despite the Supreme Court judgment clarifying the meaning of ‘deprivation of liberty’.

• Some providers do not have clear and up-to-date policies in place, with processes also not being consistently implemented. This includes making sure that people’s capacity is properly assessed and decisions are made in their best interests.

• They are continuing to find examples where providers may be unlawfully depriving people of their liberty.

• There is continued evidence of low notifications to the Care Quality Commission (CQC) about the outcomes of deprivation of liberty applications. Providers are legally required to inform CQC of Deprivation of Liberty Safeguards applications and their outcome together, when the outcome is known.

Overall, this means that people who use services are not consistently receiving the protections of the Deprivation of Liberty Safeguards, may not be having their human rights protected and may be receiving poor and inappropriately restrictive care that does not treat them with dignity and respect.

The CQC say that improvement is needed across the health and social care sector. Implementing the processes under the Deprivation of Liberty Safeguards and wider MCA is essential to make sure that people are receiving treatment that is in line with the law and is in their best interests. This starts with making sure staff always follow the processes for making decisions in the best interests of people who lack capacity. For example, for a person receiving care and treatment this means that they should receive an assessment of capacity where appropriate that is time and decision specific, that they are enabled to make the decision for themselves as much as possible, and that care options that are less restrictive than a deprivation of liberty are sought.

The CQC recognise that some providers are doing this well, but are concerned that they are continuing to find variation between – and sometimes within – providers’ understanding and implementation of the Deprivation of Liberty Safeguards. Care homes and hospitals must have clear and effective systems and policies in place for implementing the Deprivation of Liberty Safeguards, and must make sure that staff understand the Deprivation of Liberty Safeguards and receive relevant training.

The CQC believe that the current pressures on the system are unsustainable, and that the variation they have found in providers’ practice in implementing the Deprivation of Liberty Safeguards is unacceptable because they remain an important protection for individuals. They welcome the Law Commission’s consideration on the process for authorising deprivations of liberty and await its final proposals for reforming the system.

For more information:

<http://www.cqc.org.uk/sites/default/files/20151209_deprivation_of_liberty_safeguards_2014-15_summary.pdf>

**2.21 The Future of Dental Service regulation – CQC (Dec 2015)**

Along with CQC, the NHS, Department of Health and General Dental Council all manage and regulate certain aspects of dentistry. These regulators have all collaborated and consulted to consider how the burden of regulation in dentistry might be reduced, whilst still providing the protection that the public rightly expect. This report assesses how regulation works at present and proposes a way forward so dental regulation is more coherent, streamlined and effective

For more information:

<http://www.cqc.org.uk/content/future-dental-service-regulation>

**2.22 London health devolution agreement. Department of Health (DH) 2015.**

The London Partners’ ground-breaking plans for transforming health and care provision across the nation’s capital will help to secure improvements in the health and wellbeing of London’s diverse 8.6 million residents, addressing inequalities in health outcomes and radically reshaping healthcare provision across the city, in line with the aspirations of the NHS Five Year Forward View. It will be helpful for Board members to track progress in order to understand the impact on, and changes to the regulatory landscape and transformational change and pooled budget governance arrangements in order that we learn lessons to support the success of our own transformation agenda.

For more information:

<https://www.gov.uk/government/publications/london-health-devolution-agreement>