



Home Office

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Jennette Arnold OBE AM
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28 NOV 2012

Dear Ms Arnold,

Thank you for your letter of 25 October 2012 to the Home Secretary concerning the text of a motion agreed by the London Assembly on funding reductions to emergency services in London. I am replying as the Minister for Policing and Criminal Justice.

Whilst I appreciate the concern of the London Assembly on assessing how the funding reductions are affecting delivery of emergency services it must also be recognised that this Government inherited the largest peacetime deficit in Britain's history. In order to reduce the level of national debt difficult decisions have had to be made over the level of funding for public services.

At the beginning of the spending review period the police were spending £14 billion a year, so it is right that they should make their share of reductions by making efficiencies and transforming services.

It is recognised that this year has been a uniquely challenging one for the Metropolitan Police Service (MPS) as a result of policing the Olympics, Paralympics and the Diamond Jubilee. In order to assist the MPS in maintaining resilience an extra £90 million was afforded to them in this financial year, which has meant that they have not had to find the same level of funding reductions as quickly as other forces. However as we now approach the last two years of the spending review period it is right that the MPS, as the recipient of virtually a quarter of all police funding, should now be expected to find their share of savings.

The Government has maintained that funding reductions to the police are challenging but manageable. The submission of a balanced budget driven by transformational change, improving accessibility and maintaining officer numbers demonstrates the MPS commitment to meeting their funding challenge whilst improving the service to the public.

Oversight of the London Fire and Emergency Planning Authority is undertaken by the Department for Communities and Local Government.

The Government recognises that the London Fire and Emergency Planning Authority delivers an incredibly important service for local communities. As a front line service, fire and rescue has been protected by back loading the larger proportion of the overall formula grant reductions into the third and fourth years of the spending review period so that fire and rescue authorities have the time to make the changes necessary to meet the reductions without impacting on the quality and breadth of services provided to their communities.

We believe that savings can be made and these include more flexible staffing arrangements; better sickness management; sharing back office services; improved procurement; and sharing senior staff. Fire and rescue authorities should not contemplate cutting frontline services before considering how to share back-office functions and improving overall efficiency.

It is for the Mayor to decide how to make savings and determine the operational activities of London's fire and rescue service through its integrated risk management plan. This is subject to consultation with the local community. It is right that elected members make decisions on operational proposals in their area, acting on the professional advice of principal fire officers and balancing competing local demands on available resources for the benefit of the communities they serve.

The Department of Health have made clear the Government's position that savings made should be implemented in a way that does not affect the quality of frontline services, every penny saved will be reinvested back into patient care.

The management of changes to the way health services are provided is a matter for local NHS areas. This recognises that decisions about healthcare are best made by doctors, nurses and other healthcare professionals who are closest to patients and have an understanding of the needs of local communities.

Where any major changes to services are proposed, there are four key tests that the Government has outlined that it expects the local NHS to follow. NHS service changes must:

- demonstrate strengthened public and patient engagement;
- consider patient choice;
- have support from GP commissioners; and

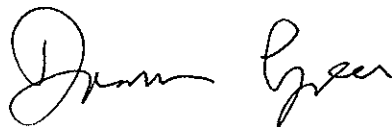
- be based on sound clinical evidence.

When there is very good evidence that services can be delivered in new and different ways that will improve the quality, safety and sustainability of care received by patients, it is right that those changes can happen. This may mean that there are times when difficult decisions have to be made. However, the Government believes that its reforms will ensure that these decisions happen at the right level, that the interests of patients will be safeguarded and that communities will be fully involved in any decisions.

The Autumn 2010 Spending Review confirmed the coalition Government's commitment to the NHS, set out in the Coalition Agreement, by increasing health spending in real terms. However, even with this commitment, the NHS needs to deliver efficiency savings of up to £20 billion by 2015 for reinvestment to meet rising demand and improve the quality of care.

I hope that this helps to clarify the Government's position.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Damian Green', written in a cursive style.

Rt Hon Damian Green MP