MAYOR OF LONDON

Caroline Clarke
Regional Director for London
NHS England

Penny Dash
Chair
North West London Integrated Care System

Rob Hurd
Chief Executive Officer
North West London Integrated Care System

Date: 26 January 2024

Dear Caroline, Penny and Rob,

The Mayor of London's six tests assessment of proposed changes to acute mental health services for residents of the City of Westminster and the Royal Borough of Kensington and Chelsea.

I am writing to set out my position on proposals for the future of acute mental health services for adults aged 18-65 years old in Westminster and Kensington and Chelsea. I will not be taking a position on which of the three options put forward in the proposals should be the preferred option. Instead, I will seek to ensure that, whichever option is taken, the changes are equitable, transparent and in the best interests of all Londoners.

As Mayor, I have committed to using my influence and role as a political leader to champion, challenge and collaborate with the NHS on behalf of all Londoners. As part of this commitment, I have developed six tests to apply to major health and care transformation and reconfiguration programmes. These tests are designed to help me challenge the NHS to demonstrate that major changes are in the best interests of all Londoners.

The six tests cover:

- The impact of changes on health and healthcare inequalities
- The impact of changes on hospital beds
- The financial investment and savings that the changes involve
- The impact of changes on social care
- Clinical support for the changes
- The quality of patient and public engagement carried out in developing the changes.

In October 2023, I commissioned the Strategy Unit to carry out an independent expert review of the proposed changes against my six tests. I have used this analysis to inform my position on the proposals. A copy of the review is attached to this letter.

This letter sets out my position on the proposals set out in the public consultation documents, in particular the pre-consultation business case (PCBC). It will focus on the first four of my tests,

which concern health and healthcare inequalities, hospital beds, financial investment and savings, and social care. Following the publication of the consultation report and the final plans in the forthcoming decision-making business case (DMBC), I will share my updated position on the proposals against all six tests.

I strongly support efforts to transform mental health services so that all Londoners experiencing a crisis have access to the right support in the best setting for their needs and to secure improved experiences and outcomes from care. I recognise that the intention underlying these proposals is to achieve important ambitions in line with national policy, such as increasing investment in community provision as an alternative to inpatient beds, eliminating inappropriate out of area placements and reducing inequalities for those observing the worst experience and outcomes.

This reconfiguration offers an opportunity to make a step-change in access, experience, outcomes and crucially, equity for adults with acute mental health needs in North West London. It is with the intention of realising this opportunity, and in the spirit of our shared ambition to improve population health and reduce health inequalities, that I share my position on the proposals at this stage of their development.

I would like to draw your attention to several key points to consider during the next phase of developing the proposals, which would allow me to feel reassured that the opportunities presented by this reconfiguration have been seized. In particular, the final plans should:

- Set out analysis of the factors that are causing inequalities within the current service.
- Draw on analysis of current inequalities and the reasons behind them to shape the future model of care and to develop specific plans for reducing them, working closely with the groups experiencing these inequalities.
- Set ambitious targets for reducing inequalities and describe the metrics that will be used to track progress on this.
- Put forward robust demand and capacity modelling for the future service, based on a comprehensive assessment of mental health needs across North West London Integrated Care System (NWL ICS).
- Consider how the needs of people with a learning disability, autistic people and people experiencing homelessness will be met by the future service.
- Directly and robustly address structural racism with clear plans and targets.
- State the expected impact of the changes on travel times and costs for patients, families and carers across a typical course of treatment, and identify any inequalities in these impacts across different population groups.
- Present a clear assessment of the expected impact of the changes on social care services.

Test 1: Health and healthcare inequalities

My health and healthcare inequalities test assesses whether proposals have transparently set out existing health and healthcare inequalities related to the services and pathways under consideration and the extent to which proposals have maximised available opportunities to reduce those inequalities.

It is positive to see the work conducted to identify inequalities within the current service. This should help to provide a baseline against which progress on tackling inequalities in the future service can be measured. However, to understand how the future service should be shaped to reduce inequalities and to demonstrate the suitability of the future service to meet the needs of different groups, it is essential to understand the reasons for these inequalities. I would expect the

DMBC to set out detailed plans and targets for the future service to reduce health and healthcare inequalities, informed by an analysis of the factors driving inequalities within the current service.

As the proposals are developed further, more work is needed to understand and address the needs of people with a learning disability, autistic people and people experiencing homelessness. These groups are known to experience some of the worst mental health and healthcare inequalities. It is therefore crucial that the DMBC sets out how the proposed future service will meet the needs of these groups, with specific planned actions and targets.

We have a strong shared commitment to tackling structural racism, which can be seen in the work of the NWL ICS Race Equality Steering Group and through our joint work on the London Anti-Racism Collaboration for Health. With this in mind, I would strongly urge you to go further in ensuring that these proposals directly and meaningfully address structural racism. The proposals provide clear evidence of ethnic inequalities in the current service but do not explore what is driving these inequalities or set out targeted actions to tackle them within the future service. I would expect this to be addressed in the DMBC, informed by meaningful engagement and co-production with the groups experiencing these inequalities.

My independent review found that the proposals are currently based on existing demand within the current service, rather than a comprehensive assessment of mental health needs across the population served. On this basis, it is not possible to fully determine the extent to which people's needs are being met by the current service, the level of inequality in unmet needs and, crucially, whether the proposed future service will more fully and equitably meet needs. It is imperative that a refreshed, comprehensive assessment of mental health needs across NWL ICS is undertaken, which should be used to develop detailed demand and capacity modelling for the DMBC. This should extend beyond the current catchment population of Westminster and Kensington and Chelsea, given that the future service will be used by patients beyond these boundaries and that the preferred option relies on establishing additional beds in Brent.

I am aware that a mental health strategy for NWL ICS is currently being developed and that a final decision on the proposals will not be made until work on this strategy is complete. This is important because such a strategy should be a fundamental part of the context within which proposals are developed, understood and evaluated. It is crucial that the strategy, like the proposals, is informed by demand and capacity modelling based on a comprehensive assessment of needs across NWL ICS.

I am pleased to see analysis in the proposals of both travel times and travel costs, including findings that suggest travel times for deprived and protected characteristic groups will vary little compared with the general population. It is also positive that the proposed increase in community provision is expected to result in a net reduction in travel time. However, the analysis should consider the impact of the changes on travel times and costs over a typical course of treatment, rather than only for single journeys, to understand the overall impact of the changes that will be experienced by service users. The DMBC should set out the expected impact of the changes on travel times and costs for patients, families and carers across a typical course of treatment and should identify any inequalities in these impacts across different population groups.

My independent review found that more could be done to consider data on access routes and waiting times for vulnerable populations and use this to develop plans to improve access to care for these groups. I would look to the DMBC for evidence that this opportunity to tackle inequalities in access has been seized, which would be helpfully informed by co-producing plans with people experiencing inequalities in the current service.

I welcome evidence of the involvement of police, social care and voluntary and community sector organisations in the development of the proposals. However, I note that the proposals do not include specific consideration of the ‘Right Care, Right Person’ (RCRP) operational policing model introduced in November 2023. The DMBC would be greatly strengthened by work to identify the potential impact of RCRP on demand, access, experience and outcomes for the future service, including in terms of unequal impacts across different population groups.

Test 2: Hospital beds

I recognise that steps to increase community provision as an alternative to inpatient beds, which are in line with national guidance, have the potential to improve patient outcomes and experiences by delivering the types of care people need closer to and in their homes. I welcome plans to strengthen secondary prevention through investment in community services, discharge support and admission avoidance.

However, to be fully assured that the proposed configuration of community and inpatient services is appropriate to the needs of the population, I would need the DMBC to set out a more detailed modelling of need, demand and capacity that demonstrates how the future service will meet population need. This should include demand from outside the two boroughs in the catchment area and should be broken down by population group and types of mental health conditions, in line with the recommendations set out in my independent review. Setting this analysis out would enable greater assurance that the modelling assumptions of 85% bed capacity and a 32-day average length of stay are realistic when tested against current performance.

Test 3: Financial investment and savings

I am pleased to see the finding in my independent review that plans to deliver the preferred option are credible in terms of both capital and revenue funding. However, the review also found that, given what is said about the limited capital available, the other options put forward to the public in the consultation do not appear to be deliverable. I would expect the DMBC to demonstrate that sufficient capital and revenue funding has been secured for the future service.

I welcome the decision to reinvest the £5.4m funding released through the temporary closure of beds at the Gordon Hospital into these services, alongside an additional investment of £5.6m. However, without a comprehensive needs assessment, it is not clear whether current and planned levels of funding are sufficient or appropriately targeted to population need. Importantly, my independent review highlights evidence that in every year between 2018/19 and 2021/22, per-person spending on mental health services in North West London has been lower than the average for England. It is crucial that both the DMBC and the ICS mental health strategy demonstrate how funding allocations meet population need, and whether they do so in an equitable manner.

It is positive to see that the proposals emphasise the importance of voluntary and community sector organisations. I would look for the DMBC to clarify the level and sustainability of funding planned for these organisations.

Test 4: Social care impact

One of my priorities for any major service change is that the impact on social care services is well considered. My review notes that the proposals put forward credible arguments explaining why the changes will not materially impact social care services but did not show that these arguments were

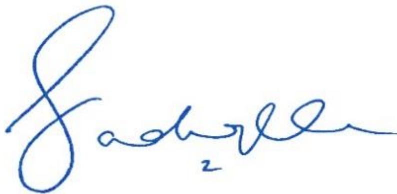
based on a formal assessment or modelling. To be fully assured that these changes will not materially impact social care services, I would need the DMBC to present a clear assessment of expected social care impact and the extent to which local social care services agree with this assessment.

I am pleased to see evidence of effective engagement with local social care leaders that materially influenced proposals, including leading to the addition of overnight beds in the Mental Health Crisis Assessment Service. I would encourage close and continued engagement with social care, police, housing and other services throughout the development of these proposals and the ICS mental health strategy. In particular, this should include modelling the impact of interactions between local services on activity, demand, capacity and resourcing, as well as maximising opportunities for collaboration and integration.

Thank you for the opportunity to comment on these proposals. I would like to thank the programme team for their helpful engagement with the process to apply my six tests to these proposals. This has supported my team to better understand the proposed changes and the objectives and analysis behind them.

I will be making this letter and the accompanying independent review publicly available on the Greater London Authority website in the next few days. I plan to share my updated position against all six tests once I have reviewed the consultation report and the revised proposals that will follow in the DMBC.

Yours sincerely,



Sadiq Khan
Mayor of London

Cc: Tom Kibasi, Chair, Central and North West London NHS Foundation Trust
Claire Murdoch OBE, Chief Executive, Central and North West London NHS Foundation Trust
Toby Lambert, Executive Director of Strategy and Population Health, North West London Integrated Care System
Dr Chris Streather, Medical Director, NHS England – London
Martin Machray, Executive Director of Performance, NHS England – London
Cllr Concia Albert, Chair, Inner West London Mental Health Services Reconfiguration Joint Health Overview and Scrutiny Committee
Cllr Lucy Knight, Vice Chair, Inner West London Mental Health Services Reconfiguration Joint Health Overview and Scrutiny Committee
Dr Michael Gill, Chair, London Clinical Senate
Geoff Alltimes, Independent Co-Chair, London Estates and Infrastructure Board