

MAYOR OF LONDON

Sarah Blow

Accountable Officer for South West London

Matthew Tait

Joint Accountable Officer for Surrey Heartlands CCG
Improving Healthcare Together 2020-2030

Date: 2 July 2020

Dear Sarah and Matthew,

Once again, I want to thank you and the Improving Healthcare Together 2020-2030 team for your helpful engagement with the process to apply my six tests. Now that the Decision-Making Business Case (DMBC) has been published, I am writing to you with my final position against my six tests. This builds on my consideration of the first four tests, which I shared with you recently.

I outlined in my last letter that as Mayor of London, I have committed to using my influence and role as a political leader to champion and challenge the NHS on behalf of all Londoners. As part of this role, I have developed six tests to apply to all 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 interest of Londoners. The tests cover:

- health inequalities and the prevention of ill health
- hospital beds
- financial investment and savings
- social care impact
- clinical support
- patient and public engagement.

Test 1: Health inequalities

The potential impact of the proposals on health inequalities must remain a priority.

In my last letter, I highlighted my concerns about health inequalities in areas with high levels of deprivation, in particular, East Merton and North Sutton. While I am pleased to see your commitment to undertake a further focused deprivation review, I am concerned that this is happening late in the day, and *after* the decision-making meeting.

This review must be undertaken as a matter of urgency. It must include a strong focus on the needs of and impact on Black, Asian and minority ethnic communities. I expect this analysis to identify actions to prevent inequalities from widening and to contribute to a reduction in the health inequalities that already exist. These include the inequalities that have been so strongly highlighted during the coronavirus pandemic. Until I see a robust action plan, with a dedicated resource to implement its recommendations, I will be unable to fully support the proposals.

I note your comment that there are several initiatives outside the scope of the IHT programme that aim to deliver care closer to home and address health inequalities. I urge you to continue working closely with all partners in the South West London Integrated Care System (ICS) – including local

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authorities, who have a strong understanding of their local communities and play a vital role in tackling health inequalities.

In response to concerns about physical access, I welcome your commitment to ensuring that services remain accessible to all those who need them and to develop implementation plans around travel. The plans must consider access to both the district and the specialist acute sites. I am pleased to see your commitment to ensuring bus routes are extended following feedback from the consultation and the findings of your integrated impact assessment. This will be particularly important for those from the poorest communities who rely most heavily on public transport.

I am aware of significant and ongoing concerns, including from local politicians, about the proposals and their potential disproportionate impact on the poorest and those with the highest needs. I will continue to keep a very close eye on how you honour the commitments you have made to address concerns about deprivation and access. If proposals are approved to move to a new model of care with a dedicated specialist care site, you must give equal consideration to the district hospitals. These hospitals are highly valued by the communities they serve who must be guaranteed high-quality local care, now and into the future.

Test 2: Hospital beds

Thank you for the further detail provided to my team and in the DMBC about your plans to achieve the length of stay reductions and the 'Quality, Innovation, Productivity and Prevention' savings. I note that the DMBC has begun to address the potential issue of higher than anticipated activity beyond the forecasted bed numbers. I understand that planned mitigations include the provision of 40 contingency beds; the potential use of 'mothballed' capacity at district hospital sites; creating additional capacity at the Specialist Emergency Care Hospital (SECH) if required; and refining and enhancing the out of hospital model. If additional capacity is needed, I would expect some of this to be provided at the St Helier hospital site.

I am also reassured to hear that feedback received from neighbouring providers through the consultation confirmed that the options are deliverable. It is important that you continue to monitor the potential risks to other providers, and I expect that you will continue to share your plans to mitigate these risks. Quality of care and patient safety must not be compromised.

Test 3: Financial impacts

As highlighted in my last letter, the current coronavirus pandemic has had and will continue to have wide-reaching implications, including significant economic and financial impacts. Thank you for confirming that the agreement in principle for the funding remains in place, and for highlighting your expectation that the Government honour its commitment to the local population.

As you continue to work through the next stages of planning and move into design and implementation, I expect any modelling to demonstrate how the hospitals will be sustainable and able to meet future demand. It will be important to monitor the sustainability of the plans, particularly as we see the impacts of COVID-19 unfold across the health system.

Test 4: Social care impact

Consideration of the potential impact on adult social care and local authorities remains an absolute priority for me. I had hoped to see more substantive detail reported in the DMBC about the impact of the planned reconfiguration on social care. You have acknowledged that additional work may need to be undertaken in partnership with local authorities. In my last letter, I stated that I would

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like you to ensure that services currently provided in the community are reviewed to ensure that provision is enhanced and integrated around and on the St Helier site. I note similar calls from Sutton and Merton Councils. I, therefore, urge you to work with them to look at the additional services that could be located on district sites or in other local settings.

I am pleased to see your plan to allocate a growing share of revenue to services outside of acute settings as part of your development of local ICS long term plans.

Test 5: Clinical support

I note that the Clinical Senate found a clear clinical evidence base to support the proposed innovative new model of care. I echo their call for careful planning and anticipation of challenges to ensure safe and high-quality care before you begin implementing the proposals.

As your clinical model will be dependent on enhanced services outside the acute setting including primary care, I was surprised to note that there was no reference to engagement with the Londonwide Local Medical Committees in any of the documentation, including the DMBC. Therefore, I, encourage you to ensure that primary care representatives are fully engaged in the planning and implementation and their views represented in future business case documentation.

I also note the high level of support in the consultation survey for the proposed model of care and the preferred site from NHS staff.

Test 6: Patient and public engagement

I am pleased to see the level of engagement with patients and members of the public as well as staff members during the consultation, and your efforts to engage meaningfully with people with protected characteristics and those from areas of higher deprivation.

I encourage you to continue working with the people who will be affected by the proposals – patients, their carers and families, members of the public – throughout all stages of the reconfiguration, including planning, design, and during the transition period as you implement agreed proposals.

Thank you for the opportunity to comment on the proposals. I will be publishing this letter, together with a background briefing prepared for me by York Health Economics Consortium and my health team, on www.london.gov.uk in advance of the Clinical Commissioning Group Committees in Common decision-making meeting on 3 July 2020.

Yours sincerely,



Sadiq Khan

Mayor of London

Cc: Sir David Sloman, Regional Director, NHS London
Andrew Demetriades, Programme Director, Improving Healthcare Together 2020-2030