

Dee Doocey
Chair of the London Assembly

Rt. Hon. Andrew Lansley MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

City Hall
The Queen's Walk
London SE1 2AA
Switchboard: 020 7983 4000
Minicom: 020 7983 4458
Web: www.london.gov.uk

11 October 2010

Dear Secretary of State,

Response to *Equity and Excellence: Liberating the NHS*

The London Assembly welcomes this opportunity to comment on the proposals the Government has set out in *Equity and excellence: Liberating the NHS*. This response complements the response produced by the Mayor of London, which highlights the key health challenges faced by the capital. In the main our submission reflects the work of the Assembly's Health and Public Services Committee, which recently met with Ruth Carnall, Chief Executive of NHS London, to discuss the proposals. It focuses mainly on the proposals in two of the consultation documents that accompany the white paper, *Local democratic legitimacy in health*, and *Commissioning for patients*.

It is important to emphasise the scale of the challenge that London faces in implementing the proposals. Primary care provision in London differs widely in quality between areas. Furthermore, London has a significant number of NHS trusts whose financial and clinical viability will make it difficult for them to achieve foundation trust status. It will be an extremely difficult task to establish well-functioning consortia of GPs across the whole city and improve standards rapidly at NHS trusts, while the bodies responsible for leading this – NHS London and primary care trusts – will be reducing management costs by over half and preparing for their own abolition. The costs of establishing commissioning consortia have not been made clear. Concerns that the significant reduction in management costs and lack of funding for implementing new structures will have an adverse effect on patient care need to be addressed.

The Assembly believes that as the proposals are developed, more consideration should be given to clarifying the regional or city-wide elements of the new system. It should be clear what the scope of strategic health leadership in London will be, and who will provide it. For instance, there would most likely need to be regional governance within the proposed National Commissioning Board and Public Health Service: it is important that we know how this will operate.

Alongside any regional functions of other agencies, we believe there is a strong case for the Mayor of London to play a strategic role in health. The Mayor already has a statutory duty to produce a health inequalities strategy: we believe there should be a

requirement for local authorities and commissioning consortia to have regard to this strategy in performing their new functions.

The potential new scope of the Mayor's role in health needs to be clarified particularly in relation to two areas: public health, and emergency planning and resilience. The Government has proposed that responsibility for public health be transferred to local authorities, which we endorse. We would also suggest that having a directly-elected Mayor in London provides an opportunity to allow London-wide public health initiatives to be developed alongside London borough initiatives. Similarly, we believe the Mayor has a vital role in emergency planning for the city, and it would be appropriate for the Mayor to take on this function in relation to health. The provision of additional statutory powers and funding for the GLA to reflect these changes should be considered.

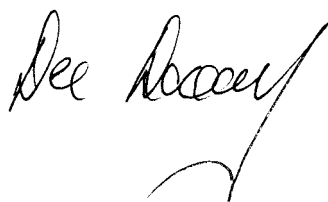
The Assembly also believes that the GLA could have a role in the leadership of the London Ambulance Service, reflecting its status as a city-wide trust. The police and fire service are already accountable to the GLA. It makes sense to extend this to the ambulance service, because there needs to be strong links between all of London's blue-light services and to enable the potential for efficiencies to be explored. As an initial step this could mean a Mayoral power to appoint board members. Local authorities already do this for Foundation Trusts, so it would be appropriate for the Mayor to exercise this power with regards to the London Ambulance Service.

The London Ambulance Service has previously been accountable to London government. From 1930 to 1974, the London Ambulance Service was accountable to the London County Council and Greater London Council, before being moved to the South West Thames Regional Health Authority until becoming an NHS Trust in 1996. Under the Assembly's proposals the service would continue to operate as an NHS provider, but would be held accountable at a strategic level to the Mayor and could be scrutinised by Assembly Members.

The Government has asked specifically for views on how Health and Wellbeing Boards could operate in London. We believe that in exercising a strategic role in health, the GLA should seek to work closely with partners including boroughs, NHS commissioners and providers. It appears sensible for this to occur through formal partnerships, which may involve the establishment of a city-wide Health and Wellbeing Board or other bodies performing a similar function.

I would like to thank you for considering the Assembly's response to the consultation. I hope you find our suggestions useful as the Government's proposals are developed further.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dee Doocey', with a stylized flourish at the end.

Dee Doocey AM
Chair of the London Assembly