

Sadiq Khan

Mayor of London

Via email: mayor@london.gov.uk

Dear Sadiq,

Transforming health and care: Sustainability and Transformation Plans for London

The London Assembly Health Committee recently held a meeting in public with health and social care stakeholders to discuss the potential impacts of Sustainability and Transformation Plans (STPs) in London. You have promised to “hold the NHS’ feet to the fire” over this issue, to champion London’s health and care services, argue for the resources our NHS needs, and to fight against any service closures or reconfigurations without proper consultation. We are writing to you to set out the key findings from our meeting and to recommend some specific areas of focus for your ongoing work in this area. In particular, we seek reassurance that, as Mayor, you will work with partners in the NHS and local government to ensure that any changes do not adversely affect Londoners by reducing quality of care, preventing equal access to services, or increasing health inequalities. The full transcript of the meeting is available [here](#).

No bed closures without alternative provision

We welcomed assurances from Dr Mohini Parmar, Chair of the North West London STP Board, that there will be “absolutely no bed closures until such time as we have the capacity, the capability, the workforce, the pathways and the assurance to the public that it is right to do so”. However, it is not at all clear how all these factors will be measured and assessed. We also remain to be convinced that all of these factors can be delivered within a realistic timeframe. In particular, London’s ongoing workforce recruitment and retention issues seem unlikely to be resolved in the short term. **We suggest that you press the STP leadership from all five London footprints for more specific detail on what criteria they will use to determine whether any bed closures are timely and appropriate.**

A world-class city must have a world-class health and care system which meets the needs of all its citizens. At the same time, we acknowledge that the severe financial and operational pressures under which services are currently operating make delivering this aspiration challenging. Historically, London’s healthcare services have been skewed towards hospital provision at the expense of primary care. It is right that we look again at how to deliver the best quality care to people closer to home and at how to relieve some of the pressure on acute services. However, we are concerned that if this is not done right, progress that has already been made towards integrating health and social care services may be jeopardised, and that the plans will fail to deliver the promised improvements to patient care, while increasing pressure on services and on the health and care workforce.

Meaningful engagement with the public and the health and care workforce must be scaled up

STPs are an opportunity, if they are planned and implemented well, to address some of the concerns that people have with existing services. This can only happen if people are genuinely engaged with the proposals and understand what they mean for themselves, their families and communities. Healthwatch England told us that people in general understand the pressure that health and care services are under if it is explained to them clearly. We also know that health and care are highly emotive issues for Londoners and that there is a real danger that the case for change will be lost in highly charged discussions around cuts and potential loss of local services. We share the view of NHS Providers and others that ‘meaningful’ engagement cannot just mean routine public consultation when required by law, but must be a genuine and iterative discussion with service users, frontline staff and wider communities.

We are encouraged that the STP leads we spoke to seem to have recognised the scale of the challenge ahead in communicating their plans to Londoners effectively. Our view is that you can play a positive role in helping to widen the discussion around the type of health and care services London wants and needs, and what needs to change to get us there. While it is right that many of the detailed discussions around individual elements of the STP plans take place at very local levels, there is also a role for a wider, pan-London discussion. We welcome your decision to commission the Kings Fund to carry out independent research on the potential impacts of the draft London STP proposals. We look forward to you sharing this with the committee as soon as possible. **We ask that you set out, in response to this letter, what specific further activity you will be undertaking to make sure STPs reflect what Londoners want from their health and care services. We would also like to see specific proposals for how you will ensure that the views of marginalised groups, such as Deaf people and disabled people, are captured.**

It is imperative that health inequalities do not widen as a result of the STP process

London remains a city of significant health inequality. And each of the five footprints comprises of boroughs with differing and varying levels of need. It is absolutely imperative that changes to the configuration of services, and ways of accessing support, do not cause the health inequalities gap to widen further. Our meeting highlighted that STP footprints had taken different approaches to equality impact assessment. In particular, we were concerned that while elements of individual proposals had been assessed, there appeared to have been little co-ordinated attempt to assess the plans at a strategic footprint or pan-London level.

London’s population is highly mobile, with significant movement within and across borough and footprint boundaries annually. And many people access services outside of their home borough. We are therefore concerned that a piecemeal approach to equality impact assessments may fail to identify risks to particular groups and in particular locations where there is significant churn. We are particularly concerned that older people and those with disabilities may be adversely affected by removal of local services nearby. We are also concerned that local accountability and responsiveness may be reduced if STPs become decision making bodies in their own right. This raises the risk that individual local authorities within each footprint may find themselves competing with each other to determine priorities. Additionally, closures or relocation of some services may have access consequences that extend beyond the boundaries of individual

footprints. The delivery of your forthcoming Health Inequalities Strategy will depend on the availability of good quality services, especially within primary care and in the community. It is therefore important that you ensure the draft proposals will not restrict access for vulnerable groups. **We therefore encourage you to commission and publish a pan-London health inequality impact assessment for the proposals.**

One area which was particularly highlighted by stakeholders is the potential transport implications of relocating services. We know that around ten per cent of all journeys in London are health-related. This affects both the ability of patients and their families to reach the services they need, and health and care staff travelling to their place of work. **We ask that you set out, in response to this letter, what work TfL has undertaken with NHS England (London) and STP leadership to evaluate the transport implications of the draft proposals, and how you will ensure that TfL's services keep pace with any changing patterns of demand that arise from the implementation of the plans.**

Workforce challenges remain one of the biggest barriers to improving health and care in London

Ensuring that London's health and care services have the workforce they need to bring about transformational change is an enormous challenge across the sector. The committee has previously looked into issues around recruitment and, crucially, retention, of staff.

This is particularly evident in primary care, where 90 per cent of patient interactions take place. Recent evidence shows that the workforce is seriously demoralised, with two in five GPs saying that they are planning to retire early. And London has high vacancy rates for other health professionals, including nurses and health visitors. For example, nursing vacancy rates stand at around 17 per cent, and it is not yet clear what impact the removal of training bursaries will have in the longer term on the number of people entering training.

Given that around 20 per cent of the workforce is European, there is also considerable anxiety around the impact of Brexit on London's health workforce.

The lack of capacity and resources within London general practice needs to be addressed before any shifts of care occur. We share the concerns raised by the Royal College of GPs (RCGP) and the British Medical Association (BMA) that general practice is in crisis and needs resources in order to have the ability to continue functioning, before being in a place that it can readily accept much higher demand. There is a need for close working with Health Education England, the BMA and RCGP to address the workforce crisis and a requirement for extra investment on training and retention.

We heard that the high cost of living in London, especially in relation to housing and transport costs, continues to act as a deterrent to people staying in London once their training is completed. **We urge you to look at how your housing and transport powers could be used to incentivise more newly qualified staff to remain here after their training is complete. We would also welcome assurances that the next iteration of the London Plan and your housing strategy will give due consideration to how to support retention of key healthcare professionals across London.**

The scale of the financial challenge cannot be underestimated

Key health stakeholders told us that the STP proposals are financially over-optimistic, not least because there is little evidence to support the view that providing care closer to home will save costs. Across London the capital funds needed to implement the STPs as they stand is estimated at around £1.9 billion. Transformational change needs up-front investment but this is being hampered by pre-existing NHS deficits. According to the BMA, the Department of Health's capital budget of £4.8 billion "is being transferred to cover vast hospital deficits and will be soaked up by other demands." The best example is the Sustainability and Transformation Fund – a pot of £2.1 billion to sustain and transform the NHS. £1.8 billion of this—85 per cent—is being used just to cover deficits, not to transform care.

In particular, we share the concerns of stakeholders that more needs to be done to ensure that prevention services are protected from further cuts. The Kings Fund has described de-investment in public health and prevention strategies as "the falsest of false economies". It is vital that the STP process does not further jeopardise the future of these services by narrowly focusing on changes to acute care at the expense of primary care.

We ask that you set out what representations you have made to date to Government with regard to securing additional funding for London's health and social care services, particularly in relation to public health and prevention. Please could you also set out how you intend to engage with Government going forward to secure the necessary capital and revenue funding both to sustain and to transform London's health and care services.

Social care must be fully involved in the development and delivery of STPs

If STPs are to succeed it is vital that the funding crisis in adult social care is addressed to enable their implementation. Many of the pressures on NHS acute services in London, particularly around delayed discharge from hospital, can be traced to ongoing challenges faced by London's social care services. Many of London's older and more vulnerable citizens already have to cope with reductions in the social care support available to them. But we remain unconvinced that sufficient attention to social care, and engagement with London local authorities, has taken place to date in the STP planning process across London. We are also concerned to hear that promising initiatives to promote greater integration between health and social care at a local level may have been disrupted by the STP process. We echo calls from the Association of Directors of Adult Social Services (ADASS) for an open and honest debate about the full financial impacts across health and social care, and the cost impact on social care of the changing models of care and support.

In your ongoing discussions, we ask that you work closely with ADASS to ensure that the views of social care professionals, and the financial implications of the continued crisis in social care funding, are adequately incorporated into the STP planning process across all five London footprints.

The committee welcomes your ongoing commitment to improving the health of all Londoners and to championing our health and care services. We trust that you will continue to keep the

committee informed of your activity in this important area, and would be grateful to receive a response to the points raised in this letter by 1 July 2017.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Onkar Sahota', with a horizontal line underneath.

Dr Onkar Sahota AM

Chair of the Health Committee