# • Health inequalities and prevention of ill health

The impact of any proposed changes on health inequalities has been fully considered at an STP level. The proposed changes do not widen health inequalities and, where possible, set out how they will narrow the inequalities gap. Plans clearly set out proposed action to prevent ill-health.

## Hospital beds

Given the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently scrutinised for credibility and to ensure these demographic factors have been fully taken into account. Any plans to close beds should also meet at least one of NHS England's newly introduced 'common sense' conditions:

- Sufficient alternative provision (such as increased GLA or community services) in being put in place ahead of bed closures and/or
- Specific new treatments or therapies will reduce specific categories of admissions and/or
- Where a hospital has been using beds less efficiently than the national average there is a credible plan to improve performance without
  affecting patient care

### • Financial investment and savings

Sufficient funding is identified (both capital and revenue) and available to deliver all aspects of plans including moving resources from hospitals to primary and community care and investing in prevention work. Proposals to close the projected funding gap, including planned efficiency savings, are credible.

### Social care impact

Proposals take into account a) the full financial impacts on local authority services (including social care) of new models of healthcare, and b) the funding challenges they are already facing. Sufficient investment is available from Government to support the added burden on local authorities and primary care.

#### Clinical support

Proposals to demonstrate widespread clinical engagement and support, including from frontline staff

#### Patient and public engagement

Proposals demonstrate credible, widespread, ongoing, iterative patient and public engagement, including with marginalised groups, in line with Healthwatch recommendations.