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Michael Mansfield QC
c/o Peter Smith
Head of Policy and Strategy
Delivery and Value Services Division
Chief Executive's Department
London Borough of Hammersmith and Fulham

14th September 2015

Dear Mr Mansfield,

Thank you for inviting me to meet you on 25 August with John Lister, Stephen Hirst and Peter Smith.

You explained the background to your review being based on an independent and open-minded approach to considering how the health needs of the people in the five Boroughs should be addressed. You described your process for gathering evidence, including the invitations to give evidence and the Borough meetings. Your review will culminate in the publication of a report, which is currently expected to be this month. I will return to the NHS' input to your evidence gathering process below.

I clarified NHS England's role and functions, as set out by the Health and Social Care Act 2012. NHS England is organised in four regions, one covering London. NHS England's role is to improve health outcomes in England, partly through overseeing Clinical Commissioning Groups (CCGs). CCGs are clinically led, statutory NHS bodies. NHS England is responsible for assuring their activities. Our work regarding the '*Shaping a Healthier Future'* (SaHF) decision-making and subsequent implementation phases has been as an assurer. I committed to providing our relevant assurance reports which I will describe below.

I also set out the role of Monitor in respect of Foundation Trusts (Hillingdon and Chelsea & Westminster in NW London) and the Trust Development Authority (TDA) in respect of Trusts (Imperial, Northwest London and Ealing (now merged) and West Middlesex (now part of Chelsea & Westminster)). As noted during the meeting, the SaHF program 'straddled' the reorganization and I explained how the former London Strategic Health Authority had a similar assurance role.

You expressed some concerns regarding financial assumptions under-pinning

the Decision Making Business Case (DMBC). I trust I was able to provide sufficient assurance as to the comprehensive financial modelling the DMBC is based on. In the course of discussing the financial modelling, we identified that your material concern centres on the subsequent development of business cases for capital. Therefore, I offered to share a briefing on the NW London capital business case (technically referred to as the Implementation Business Case (ImBC)) currently being developed. An ImBC briefing is enclosed (Enc. 1) and covers:

- What the ImBC is (in terms of the NHS capital approvals process)
- Which capital schemes covers
- Reconciliation back to the original financial assumptions in the DMBC

As I explained in the meeting, the ImBC concerns the capital requirements to implement the Secretary of State's decision of October 2013 following the Independent Reconfiguration Panel's (IRP) review. As you will be aware, the Secretary of State's decision replaces that of the Joint Committee of Primary Care Trusts (JCPCT). When we met, I also set out other opportunities Trusts are considering. Any capital development related to SaHF will have to reconcile to the ImBC and the Secretary of State's decision.

We discussed NHS England's assurance role in respect of Central Middlesex and Hammersmith Hospital's Accident and Emergency Departments' change to 24/7 Urgent Care centres in 2014 and the closure of the Ealing Hospital Maternity Department in 2015. In this regard I attach:

- NHS England London Region letters and assurance reports in respect of the A&E changes (Enc. 2 – 6)
- NHS England London region letters and assurance reports in respect of maternity changes (Ealing) (Enc 7 – 10)
- The benefits reports for A&E (Enc 11 and 12)

You asked about how those changes were able to proceed in advance of approval of the ImBC and I explained that they did not require capital expenditure over NHS organisations' delegated limits (these limits are set out in the attached ImBC briefing). I also explained these changes were based on simply re-providing the same, or more A&E capacity at receiving sites and not predicated on reductions in demand through the implementation of community strategies. For further background on this issue, I attach a short additional brief on this (Enc 13).

Finally, we discussed your concerns about the level of attendance by NHS stakeholders at your evidence giving sessions. I offered to support you in this matter, however subsequently Peter Smith has explained it was too late to arrange any further evidence sessions. If there is some practical action I can take on this and/or if there are particular stakeholders you wish to meet, please let me know and I would be pleased to facilitate the meetings.

I trust that the meeting and through this letter and the enclosed documents, I have been able to provide you with all the information you need. We did discuss meeting again and I would be pleased to arrange to do so if it would be helpful to you. Thank you again for meeting me and for your attention to these very important matters regarding the continued improvement in the quality of services to the people of NW London.

Yours sincerely

Dr Anne Rainsberry

Regional Director

NHS England (London)

ENCLOSURES

1. SaHF ImBC Briefing
2. Central Middlesex and Hammersmith Hospitals – Hammersmith, Charing Cross and St Mary's: Clinical Site Visit Report
3. Central Middlesex and Hammersmith Hospitals – Northwick Park and Central Middlesex: Clinical Site Visit Report
4. NHS England London Region letter in respect of the A&E changes (August 2014)
5. NHS England London Region letter in respect of the A&E changes (September 2014)
6. Stage two assurance report on the planned A&E Department closures at Central Middlesex and Hammersmith Hospitals
7. Letter – NHS England assurance on changes to Ealing maternity services (March 2015)
8. Letter – NHS England assurance on changes to Ealing maternity services (May 2015)
9. Letter – NHS England and NHS TDA assurance on changes to Ealing maternity services (June 2015)
10. Outcome of Stage 2 Assurance Report – Maternity Services
11. Review of the Implementation of North West London A&E Changes
12. A&E reconfiguration benefits realisation
13. A&E Transition Capacity Model