To: Mayor of Lewisham, Sir Steve Bullock and Chair of Lewisham CCG, Dr. Marc Rowland, from Save Lewisham Hospital Campaign, 8th January 2016

Dear Steve and Marc,

I am writing as chair of the Save Lewisham Hospital Campaign to ask if we could meet you both to discuss the Lewisham devolution pilot bid, recently announced as part of the London devolution plans. We have read the bid document and have some observations, concerns and questions:

1. The announcement took most people by surprise. It’s a significant decision which could have a major impact on local health and social care and in our view there should have been public consultation.
* When was the decision made to put in a bid?
* Why did you decide not to have any public consultation?
1. The bid document says the aim of “devolution” is better integration of services and describes how health and social services have already been integrated in Lewisham for many years. Several examples are listed going back to 2010, though joint commissioning of some services has existed in Lewisham since 2006. But if there has already been so much successful integration – which several of us as GPs, community nurses and consultants have been involved in over the years – then what specifically can devolution bring to Lewisham that could not be done anyway?
* What powers do you not have that you want to have in order to “integrate” services better?
* What specific new powers would this pilot give to Lewisham CCG and Local Authority?
1. If you can already do all the things you need to do then it makes us question what “devolution” is really about. We fear that the real government intent behind this “devolution”, so keenly promoted by Osborne and Hunt, are:
	1. Devolution of decisions and of blame for budget cuts – it will no longer be the Government making the decisions on what to cut but locally devolved bodies.
	2. Transfer of the NHS budget and decision-making from a financially ring fenced and nationally defined entitlement to something that will vary from locality to locality depending on how much or how little money a locality has.
	3. Under the pretext of “localism”, setting the NHS on a path that will lead to fragmentation of services and loss of national overview, constitutional rights and universal entitlement.
2. The bid document has no real-world context. It does not address many serious risks. In the section on potential challenges there is no mention of the devastating budget cuts leading to reductions in social care services for elderly, disabled and vulnerable children and families. There is no mention of the financial squeeze and cuts to our hospital, GP, mental health and community services. Combining two inadequate budgets cannot make an adequate budget. As Simon Stevens, NHS Chief Executive, said it does not make sense to link the NHS to an open ended social care funding commitment.
* How will “devolution” address these serious funding issues?
* How far does the Lewisham proposal envisage the merging of budgets for health and social care?
* What guarantees do we have that the health budget won’t be drained to shore up social care?
1. Means testing and charging

Health care is free and social care is means tested and charged for. As finances get more squeezed we fear that with joint NHS and local authority decision making and budgeting there will be temptation to redefine more health care as social care so that it can be charged for, as has already happened with care for dementia patients.

* What assurances can you give on this concern?
1. Privatisation

We are very concerned about the risks of increased outsourcing. Local Authorities have a track record of doing this far more than NHS commissioners have. We fear that with merging of commissioning between CCG and the Council there will be increased pressure and fewer safeguards against outsourcing health services to private companies.

* What assurances can the CCG and Council give us on this issue?
1. Governance.

Local authorities are not subject to the same governance as the NHS or obliged to provide universal comprehensive services. The bid document talks of developing new governance arrangements.

* What is the purpose of these and how will they function?
* What will happen to our rights to a universal comprehensive health care service under the NHS constitution?
* What will stop local decision making bodies deciding to no longer commission certain services, leading to postcode lotteries for care?
* How will you involve the public and ensure transparency, genuine consultation and democratic accountability?
1. Estates.

It is proposed to sell off NHS estate to fund these proposals. Funding revenue spending from capital sales is short term: the “savings” can’t be repeated and if buildings are needed again they will cost more to acquire.

* What safeguards do we have to protect our public assets from a “fire sale” to fund an increasingly depleted budget?
1. Workforce

The bid document fails to mention the difficulties recruiting and retaining health and care staff in Lewisham.

* How will Lewisham health and care staff’s national employment rights be protected under devolved powers?
1. Risk assessment and Evaluation.
* What risk assessment has been done, what specific outcomes are you aiming for and how will the pilot be evaluated?

We would be very grateful for answers to our questions and hope you will agree to meet with campaign members to discuss these points.

Yours sincerely,

Dr Louise Irvine, Chair of Save Lewisham Hospital Campaign