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NHS England and NHS Improvement  
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**Dr Dianne Aitken**

**GP Clinical Member  
Lambeth Clinical Commissioning Group**

21 February 2020

Dear Dr Aitken

I am writing to confirm that the proposed Lambeth Hospital reconfiguration has successfully completed the NHS England assurance process. You may proceed to consultation, subject to Lambeth Clinical Commissioning Group's governance and statutory responsibilities.

We have completed our assurance based on: information provided to our Finance and Reconfiguration Leads; documentation, including the Pre-Consultation Business Case (PCBC) and London Clinical Senate report; and your presentation to us and subsequent discussion on 20 February 2020.

Thank you and your colleagues from the Living Well Network Alliance for attending on 20 February which was the final assurance stage. In your presentation you highlighted how the Living well Alliance works together to provide integrated mental health services in Lambeth. You described how Lambeth Hospital, whilst being only 25 years old, was not a wholly purpose-built facility and how the quality of the estate adversely affects the care of patients and staff morale. It also does not meet regulatory standards. As an example, you cited the potential need to replace windows in the current buildings at significant cost, were you not to move.

In light of this, you explained how the opportunity arose to re-use Douglas Bennet House site on the Maudsley Hospital to build a 21st Century mental health inpatient unit to the latest design principles. You described how the improved design would support the delivery of better care and improve patients' feelings of dignity and respect by providing 100% en-suite facilities in single rooms on gender-specific wards. Communal areas will include direct outside space and good visibility from the nursing station will support unaccompanied access. Corridors will have direct lines of sight, reducing the need for staff to accompany patients at all times. You foresee the new building also supporting improved staff recruitment and retention. We also covered the wider positives of moving to the Maudsley site including co-location with other mental and physical health facilities and how the Maudsley site is being reconnected with its local community

The proposal is based on no change in beds as the existing bed capacity for local residents as well as the specialist facilities will transfer to the new site. You described a general aim to reduce occupancy to 85% and how potential future increases in demand could be managed by flexing inpatient and community capacity. Capital funding will be sourced from internally generated Trust cash and the future use of the Lambeth site.

You explained the patient and staff engagement undertaken to date and how you had responded to specific staff concerns. 'Patient stories' have been used to explain the expected benefits to primary care staff and you have plans for on-going practice engagement. Recognising how the Lambeth community identifies with the Lambeth Hospital, your intention is to maintain this separate identity on the Maudsley site. In the subsequent discussion you explained how Lambeth patients and their critical social services support would work at the Maudsley which is (just) in Southwark Borough.

We discussed the Pre-Consultation Business Case (PCBC) and emphasised the need to be able to articulate how the Maudsley site was selected as the preferred option from a range of potential existing and new sites.

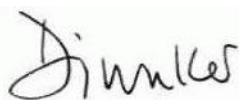
Finance colleagues have confirmed they are assured of the financial modelling to the standard required for PCBC which will need to be further refined at later capital stages, subject to consultation outcome. We noted £3.6M of efficiencies to be identified and you explained the dialogue with the South East London Integrated Care System (ICS) on identifying a source for them. Additional detail on required efficiencies will be expected at FBC stage of capital scheme development.

We discussed governance and decision-making. This consultation will be led by Lambeth Clinical Commissioning Group (CCG). The consultation will proceed during the period prior to the London Mayor elections and we believe 'purdah' will not apply in this case. We asked that you reached out to the Mayor's health team including a discussion with them about the Mayor's 6 tests.

We noted however that by the time consultation closes South East London will have merged its CCGs and the final post consultation service decision will be taken by the newly merged CCG Governing Body. You noted the need to make necessary arrangements to ensure the new Governing Body had an appropriate Lambeth focus in making its decision.

Thank you again for your very helpful presentation. As this programme falls within the NHS England Reconfiguration Guidance discretion for Regional assurance, I can confirm you may now proceed to consultation, subject to your governance arrangements and Lambeth CCG's own governance.

Yours sincerely



**Dr Vin Diwakar**  
**Regional Medical Director and CCIO**