

# The Mayor's six tests Update November 2022

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Agenda Item 7c

# Background

- The Mayor of London's 'Six Tests', first introduced in 2017, play an important role in challenging the NHS to ensure that any major changes to our hospitals and other health services result in the best quality care for all Londoners.
- The Mayors six tests are applied to major service reconfigurations alongside the statutory consultation processes which accompany large scale change. The test framework was applied to the Epsom and St Helier's Improving Healthcare Together Programme.
- The disproportionate impact the corona virus pandemic had on people from black and minority ethnic backgrounds resulted in the Mayor commissioning a report from the Nuffield Trust to review available evidence and options for strengthening the health inequalities strand of the six tests.
- Key revisions, particularly to the health inequalities strand and the hospital bed strand have been published in November 2022, in light of the recommendations by the Nuffield Trust and also to reflect the changes to the health and care system by the new Health and Care Act 2022.

# The six tests

The Mayors Six Tests aim to ensure that all such changes consider and address six main factors, which are:

1. Health inequalities and prevention of ill health
2. Hospital beds
3. Financial investment and savings
4. Social care impact
5. Clinical support
6. Patient and public engagement

# Key changes

Under each key test area there are supplementary questions, amendments and additions to these have been made to two tests:

- To the Health Inequality test supplementary questions now regard:
  - The role the NHS plays as an anchor institution and crucially how it can impact the wider determinants of health and are major social, economic and cultural forces in local areas.
  - The impact of structural or systematic inequalities, including those relating to ethnicity and socio-economic deprivation.
  - Emphasise the ambition shared by the NHS and the Mayor to reduce access inequalities or unwanted variations, rather than merely demonstrating any proposed changes doesn't have a negative affect.
  - Equity of addressing health inequalities with other competing priorities; ensuring that addressing health inequalities is weighted equally with other priorities to ensure focus particularly in new transformations or NHS policies.
- Changes to the Hospital Bed test
  - Two further conditions in which reductions of hospital beds would be acceptable; where patient flows/pathways had changed significantly and where there is a credible demographic modelling indicating that fewer beds would be required in the future.

# Revision to the supplementary questions of the Health Inequalities Strand of the Six Tests

1. Do proposals set out the current systemic health inequalities issues in their local population, including those driven by socio-economic deprivation and structural racism? Is the contribution of these inequalities to the Healthy Life Expectancy gap and other relevant measures of inequality considered?
2. Do proposals set out current systemic healthcare inequalities issues – in access, experience and outcomes – in their local populations and healthcare services, including those driven by socio-economic deprivation and structural racism? Is the contribution of these inequalities to the Healthy Life Expectancy gap and other relevant measures of inequality considered?
3. Do proposals consider their impact on the health and healthcare inequalities identified in their baseline analyses in a systematic, documented way?
4. Do proposals ensure that services become more accessible to vulnerable groups, including those identified as experiencing the worst health and healthcare inequalities?
5. Do proposals set out specific, measurable goals for narrowing health and healthcare inequalities? Do proposals set out how health and healthcare equity is weighted in the options appraisal process? Are there plans to address information gaps on inequalities and population groups where such gaps exist?
6. Do proposed reconfigurations set out plans to maximise the role of the NHS as an anchor institution by considering the following: a. widening access to quality employment and work; b. making local purchases for social benefit; c. using buildings and spaces to support communities; d. reducing environmental impact; and e. working with local partners to advance a collective “anchor institutions mission”?

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