SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda

Members are requested to attend

Date/Time: Thursday, 1 February 2024 - 7.30 pm

Venue: Council Chamber - Bexley Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT

Contact Officer: Matthew Duckworth – Scrutiny Officer

Direct Line: 0203 045 4257

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Members	
Councillor Suzanne Abachor	London Borough of Southwark
Councillor Felicity Bainbridge	London Borough of Bromley
Councillor Christine Banton	London Borough of Lambeth
Councillor Chris Best (Chair)	London Borough of Lewisham
Councillor Mark Brock	London Borough of Bromley
Councillor Clare Burke-McDonald	Royal Borough of Greenwich
Councillor Maria Linforth-Hall	London Borough of Southwark
Councillor Lisa-Jane Moore	London Borough of Bexley
Councillor Rachel Taggart-Ryan	Royal Borough of Greenwich
Councillor Christopher Taylor (V-C)	London Borough of Bexley
Councillor Carol Webley-Brown	London Borough of Lewisham

MINUTES OF THE SOUTH-EAST LONDON JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (SEL JHOSC) MEETING

Thursday, 6 July 2023 at 6.00pm

IN ATTENDANCE: Councillors Christine Banton (LB of Lambeth), Chris Best (LB of Lewisham), Mark Brock (LB of Bromley), Lisa-Jane Moore (LB of Bexley), Christopher Taylor (LB of Bexley) and Carol Webley-Brown (LB of Lewisham).

ALSO PRESENT: Dr Chris Streather (Joint SRO, NHS England- London region), Ailsa Willens (Programme Director and Joint SRO, NHS England- London region), Graham Walton (Democratic Services Manager, LB of Bromley), Matthew Duckworth (Scrutiny Committee Officer, LB of Bexley) and Nidhi Patil (Scrutiny Manager, LB of Lewisham)

ALSO PRESENT VIRTUALLY: Councillor Suzanne Abachor (LB of Southwark), Councillor Rachel Taggart-Ryan (RB of Greenwich), Hazel Fisher (Director of Specialised Commissioning, NHS England- London region), Professor Sir Terence Stephenson (Chair, Health Research Authority), Catherine Croucher (Consultant in Public Health, NHS England- London region), Chris Tibbs (Medical Director Commissioning, NHS England- London region), Fiona Gaylor (Consultant, Transformation Partners in Health and Care NHS England), Tosca Fairchild (Chief of Staff, SEL ICB), Pamela Froggatt (Deputy director communications and engagement, SEL ICS) and Chloe Morris (Senior Democratic Services Officer, LB of Lambeth).

NB: Those Councillors listed as joining virtually were not in attendance for the purposes of the meeting being quorate, any decisions taken or to satisfy the requirements of s85 Local Government Act 1972.

There was a delayed start to the meeting to allow quorum to be reached.

1. Election of Chair and Vice-Chair

1.1. RESOLVED: that Councillor Chris Best (LB of Lewisham) be elected as Chair of the Committee and Councillor Christopher Taylor (LB of Bexley) be elected as Vice-Chair.

The items on the agenda were considered in the following order: Election of Chair and Vice-Chair, Declarations of Interest, Reconfiguration of Children's Cancer Principal Treatment Centre, South East London Integrated Care Board Joint Forward Plan, SEL JHOSC Work Programme, Minutes of the meeting held on 8 April 2021 and SEL JHOSC Terms of Reference.

2. Minutes of the last meeting held on 8 April 2021

2.1. RESOLVED: that the minutes of the last meeting be agreed as a true record.

3. Declarations of interest

3.1. Councillor Lisa-Jane Moore (LB of Bexley) declared an interest as an employee of NHS England.

3.2. Councillor Carol Webley-Brown (LB of Lewisham) declared an interest as a general practice nurse working in Bromley.

4. SEL JHOSC Terms of Reference

The Committee discussed the revised Terms of Reference. The following key points were noted:

4.1. The SEL JHOSC Terms of Reference stated that the Committee would hold two formal meetings in a municipal year with capacity for more should substantial reconfiguration proposals arise.
4.2. The Terms of Reference also stated that the formal meetings of the SEL JHOSC would be hosted amongst the participating authorities on a rotational basis. Committee members from the Royal Borough of Greenwich and London Borough of Bexley stated that they were happy with the idea of holding meetings on a rotational basis.
4.3. A Committee member from the London Borough of Lambeth mentioned that they had the facilities to host a hybrid meeting and would be happy to host one.

RESOLVED: That

- the revised Terms of Reference for SEL JHOSC be agreed.

5. Reconfiguration of Children's Cancer Principal Treatment Centre

Dr Chris Streather (Joint SRO, NHS England- London region) and Ailsa Willens (Programme Director and Joint SRO, NHS England- London region) presented this item, followed by questions from the Committee. The following key points were noted:

5.1. The aim of the consultation that would be carried out by NHS England was to engage with as many people as possible within the geography affected by this service change and to hear their views on the proposals for the future location of the children's cancer principal treatment centre.
5.2. The consultation would aim to understand the impact of implementing either proposal and try to identify any mitigations that could be put in place.
5.3. The consultation document was currently being refined based on the feedback that NHS England had received through the pre-consultation period.
5.4. NHS England officers informed the Committee that their support in helping NHS England engage with the population in South-East London during the consultation phase would be really valued.
5.5. A committee member raised concerns about Evelina London Children's Hospital scoring lower in patient and carer experience and sought clarification on the reasons behind the lower score, the extent of the difference in scores and whether steps would be taken to improve the situation if it became the new site for the Principal Treatment Centre (PTC). In response, the officers acknowledged that both proposals scored highly, but they did exhibit variations in certain areas. The most significant divergence was found in the research domain and the clinical domain, where Evelina scored slightly higher. In the patient and carer experience category, the difference between the two was around 2%, reflecting the fact that St George's scored more highly in two areas – patient travel times; and quality of facilities, specifically privacy and dignity.
5.6. Officers emphasised that they valued and would consider the feedback from current service users, however, most of these individuals would have completed their treatment by

the time this change was implemented. Therefore, it was important to take the voices and needs of future patients into account in the decision-making process too.

5.7. A Committee member enquired about the transportation methods used by patients accessing the PTCs, specifically whether they relied on public transport or private vehicles. Concerns were expressed about the limited parking space available at Evelina. Officers cited the Great Ormond Street Hospital as a model which managed with no on-site parking whilst facilitating access to services, sometimes with hospital provided transport. The Committee was informed that the Programme Board for this service change had the Chief Executive from Great Ormond Street Hospital as well as an independent advisor, Michelle McLoughlin (who used to be the Chief Nurse at Birmingham Women's and Children's Hospital) who had experience in hospital schemes and planning around travel.

5.8. In response to the question around transportation methods, officers reported that there was no systematic data collection exercise to gather data on travel methods (as this was not routinely collected by the hospitals) but one of their teams was visiting children and families in the wards to survey patients/their carers about how they travelled to the PTC. At the Royal Marsden site, the survey data (collected to date) showed that around 75% of the people who were asked the question travelled by car and 25% travelled by public transport. It was important to note that not all the people travelling by road/ car were traveling in 'private' cars as some of it was hospital-provided transport. One of the recommendations within the Equality and Health Inequality Impact Assessment (EHIA) around mitigations was how the chosen PTC site could develop their directly provided transport scheme to make it as accessible as possible. Officers added that before the consultation, they wanted to work with both the potential PTC site providers to look at the issue of travel and transport though a working group to seek further assurance on the potential mitigations.

5.9. The parking capacity at the Royal Marsden site consisted of around 12 parking spaces for parents or carers travelling to the PTC. Both St. George's Hospital and Evelina London Children's Hospital were giving serious consideration to parking capacity as part of their proposals. St. George's proposal provided 20 dedicated parking spaces and Evelina was looking at options as well.

5.10. It was discussed that paediatric cancer services required highly specialised care, and fortunately, the number of children in need of these services was relatively low. While this limited demand was positive, it posed challenges for establishing satellite or local sites, as the lower numbers might result in underutilised facilities. Moreover, providing the safest and highest quality care for seriously ill children would be difficult at local centres. The Paediatric Oncology Shared Care Units (POSCUs) played a vital role in delivering responsive care to local communities, delivering care closer to home where it was clinically appropriate to do so.

5.11. The Committee noted that the presentation highlighted many children with cancer also received care in their homes. This could be from staff or 'outreach' services from the PTC, POSCU or staff from children's community nursing teams. The Committee appreciated this and recognised its importance in improving the lives of these young patients.

5.12. It was discussed that regardless of which site was chosen to be the future PTC, there would be significant implications for the staff currently based at Royal Marsden Hospital. A member of the Committee enquired how the impact on staff would be mitigated and the plan for recruitment and retention at the new site. Officers acknowledged that workforce issues would be one of the more challenging aspects of the decision-making process. It was also noted that the largest staff group being impacted by the decision would be nurses. Proactive steps were being taken to gain a better understanding of the workforce issues and explore ways to effectively mitigate any potential challenges that may arise.

5.13. A Committee member enquired whether both site providers were adequately prepared to meet the 2.5-year implementation timeline of this service change and what would happen if this timeline was not met. It was reported that the level of preparedness was the same for both providers. However, to date, the reconfiguration process, including the work to involve all parties and listen to their input had taken more time than anticipated. Furthermore, unforeseen events like general elections and mayoral elections could also introduce additional time constraints. Both site providers would also need to refurbish space in existing buildings. Therefore, although there was every intention to meet the 2.5-year timeline, it could not be promised. Officers recognised the urgency to meet this timeline as it would enhance the current service for children and avoid staff uncertainty.

RESOLVED:

- That the presentation be noted, and NHS England be invited to come back to a subsequent committee meeting to provide an update once the public consultation concludes.

6. South East London Integrated Care Board Joint Forward Plan

Tosca Fairchild (Chief of Staff, SEL ICB) presented this item to the Committee. The following key points were noted:

6.1. NHS England had asked Integrated Care Boards (ICBs) to develop a Joint Forward Plan by the end of June 2023. This plan was published on the South East London Integrated Care System website.
6.2. The purpose of this plan was to set out the medium-term objectives and plans of the ICB, at both borough level and from the perspective of the key care pathways and enablers.
6.3. This Joint Forward Plan needed to ensure that the services being developed and offered met the needs of the population and demonstrated tangible progress in addressing the core purpose of the wider Integrated Care System.
6.4. The core purpose of the South East London Integrated Care System was to improve outcomes in health and healthcare; tackle inequalities in outcomes, experiences and access; enhance productivity and value for money; and help the NHS support broader social and economic development.
6.5. ICBs would be required to update the Joint Forward Plan annually by end of March each year. South East London ICB would be undertaking a refresh of the plan for 24/25 which would include reflecting on the progress made over 23/24.
6.6. The Committee discussed exploring the detailed plan available on the website to identify specific areas of work that could be incorporated into the Committee's work programme. One of the key items to feature on the work programme would be a discussion on the NHS workforce.
6.7. A Committee member representing the London Borough of Bromley reported that the Health and Wellbeing Board in Bromley had extensively discussed and endorsed this Joint Forward Plan.

RESOLVED: That

- the report be noted;
- the South East London ICB officers be invited back to a future meeting of the Committee if there were any specific areas of the Joint Forward Plan requiring further discussion.

7. SEL JHOSC Work Programme

The Committee discussed items for their work programme. The following key points were noted-

7.1. Members of the Committee suggested the following topics for the Committee's work programme:

- Hospital capacity planning specifically for the Queen Elizabeth Hospital;
- NHS Workforce- recruitment and retention;
- Uptake of additional vaccines such as polio, Covid booster, monkey pox etc;
- Resolving medicine shortages;
- 1 year follow-up on ICB structures- discuss if any differences were noticed by residents in the services after the structure change;
- A&E pressures including increasing number of mentally ill patients coming into A&E;
- Managing the 8am rush at GPs.

7.2. It was discussed that 'winter arrangements' could form an agenda item on the Committee's work programme and the uptake of vaccines and A&E pressures could be discussed under it.

7.3. It was also discussed that Public Health officers from all the participating local authorities could be asked to contribute to the discussion on uptake of vaccines.

7.4. The Chair of the Committee suggested that SLaM (South London and Maudsley NHS Foundation Trust) could be invited to present on the agenda item on mental health. The importance of addressing mental health services and early prevention work from a cultural perspective was also highlighted.

RESOLVED:

- That the suggestions for the Committee's work programme be noted and an informal discussion be had to prioritise the suggestions and formulate a work programme.

The meeting ended at 7.56 pm.

Chair:

Date:

DECLARATIONS OF INTERESTS AND DISPENSATIONS

1. Introduction

This provides general guidance for Members on declaring interests at a meeting. The interest or interests to be declared, if they are relevant to any item of a meeting agenda, must also be listed in that Member's Register of Interests.

Members may need to obtain specific advice on declarations of interests at particular meetings for particular items. Any Member who considers they require further advice is recommended to contact their Monitoring Officer in advance of the meeting.

Wherever possible, Members are requested to identify any potential interest before the meeting to allow considered advice to be provided.

2. Advice to Members

There are only two types of interests that should be declared, if relevant to the meeting - a Disclosable Pecuniary Interest and an Other Significant Interest. Definitions for each are provided below and later in this guidance.

a) What is a Disclosable Pecuniary Interest?

Disclosable Pecuniary Interests are prescribed by The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Disclosable Pecuniary Interests include not only your interests but also the interests of your spouse or civil partner, a person with whom you are living as husband and wife or a person with whom you are living as if they were your civil partner, so far as you are aware of the interests of that person. The categories of Disclosable Pecuniary Interests, defined by the Regulations are set out in the definitions section of this document.

b) What is an Other Significant Interest?

An Other Significant Interest is one which affects the financial position of an "Associated Person" or relates to the determination of your application for any approval, consent, licence, permission or registration made by, or on behalf of you and / or an "Associated Person".

An "Associated Person" means (either in the singular or plural):

1. a family member or any other person with whom you have a close association, including your spouse, civil partner, or someone with whom you are living as husband and wife, or as if you are civil partners; or
2. any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors; or

3. any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or
4. any body of which you are in a position of general control or management and to which you are appointed or nominated by the Authority; or
5. any body in respect of which you are in a position of general control or management:
    a. exercising functions of a public nature; or
    b. directed to charitable purposes; or
    c. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union).

3. Action to be taken if you have an Interest to declare

If you have a Disclosable Pecuniary Interest in an item on the agenda you must:

1. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the arrangements regarding sensitive interests).

2. Leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst the discussion of the item takes place and you cannot vote on the matter. In addition you must not seek to improperly influence the decision.

3. If you have, however, obtained a dispensation from the Monitoring Officer you may remain in the room and participate in the meeting. If the dispensation has been granted it will stipulate the extent of your involvement, such as whether you are able to fully participate and vote on the matter in which you have an interest.

If you have an Other Significant Interest in any business of the Authority, you may attend a Meeting but only for the purpose of making representations, answering questions or giving evidence relating to the business, provided that the public are also allowed to attend the meeting for the same purpose. Having made your representations, given evidence or answered questions you must:

- not participate in any discussion of, or vote taken on, the matter at the meeting; and
- withdraw from the meeting room in accordance with the Authority's Procedure Rules.

4. Summary of Legal, Financial and Other Implications

There are no legal, financial and other implications arising from this report.

Local Government Act 1972 – section 100d
List of background documents

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
http://www.legislation.gov.uk/uksi/2012/1464/contents/made

Definitions

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Subject	*Prescribed description*
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. Any unpaid directorships
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the Councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a Councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the Councillor or his/her spouse or civil partner or the person with whom the Councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the Council— (a) under which goods or services are to be provided or works are to be executed; and (b) and which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the Council 'Land' excludes an easement, servitude, interest or right in or over land which does not give the Councillor or his/her spouse or civil partner or the person with whom the Councillor is living as if they were spouses/civil partners (alone or jointly with another) a right to occupy or to receive income. .
Licences	Any licence (alone or jointly with others) to occupy land in the area of the Council for a month or longer.
Corporate tenancies	Any tenancy where (to the Councillor's knowledge)— (a) the landlord is the Council; and (b) the tenant is a body that the Councillor, or his/her spouse or civil partner or the person with whom the Councillor is living as if they were spouses/civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
	Any beneficial interest in securities* of a body where— (a) that body (to the Councillor's knowledge) has a place of business or land in the area of the Council; and

Subject	*Prescribed description*
Securities	(b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the Councillor, or his/her spouse or civil partner or the person with whom the Councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

a) any body of which you are in general control or management and to which you are nominated or appointed by your authority

b) any body
   (i) exercising functions of a public nature
   (ii) any body directed to charitable purposes or
   (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 1 FEBRUARY 2024

ITEMS OF LATE BUSINESS

1. Introduction

Items of late business will only be dealt with if the Chairman is satisfied that, due to special circumstances, the item should be considered as a matter of urgency.

The issue should be reported in advance of the meeting to the Scrutiny Officer to enable the Chairman to take a view on whether the item is to be added to the agenda and, if so, for relevant information to be circulated in advance of the meeting.

If the item is considered at the meeting, the Chairman will report the special circumstances and this will be recorded as part of the minutes.

2. Summary of Legal, Financial and Other Implications

There are no legal, financial and other implications arising from this report.

Local Government Act 1972 – section 100d
List of background documents

None.

Contact Officer:	Matthew Duckworth, Scrutiny Officer	**Tel:** 020 3045 4257
Reporting to:	Principal Scrutiny Officer	

SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 1 FEBRUARY 2024

RECONFIGURATION OF CHILDREN'S CANCER PRINCIPAL TREATMENT CENTRE

1. INTRODUCTION AND BACKGROUND

NHS England is responsible for commissioning specialised services, including children's cancer services for those aged 0 to 15. This includes Principal Treatment Centres (PTCs), providing diagnosis, treatments, and coordination of highly specialised care for children aged 1 to 15 years with cancer. There are 13 PTCs in England.

In 2021, NHS England published a service specification with new requirements for Principal Treatment Centres. It was developed with parents, patients, healthcare professionals and cancer charities. It says Principal Treatment Centres must now be on the same site as a Level 3 children's intensive care unit, children's surgery and several other specialist children's services. Previously this was not a requirement.

NHS England have advised that this is so children with cancer who need intensive care (alongside a range of other services) do not have to move from the very specialist cancer centre for this care. Transfers of very sick children for intensive care add risks and stress. With intensive care teams able to visit children on the ward and see for themselves how they are doing, it is also likely fewer patients will need to be moved to the intensive care unit. A range of other benefits associated with this change are identified by NHS England (London and South East regions) in their consultation document.

The Principal Treatment Centre is currently run across two sites - The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust respectively. Most cancer care, including chemotherapy, radiotherapy and bone marrow transplants, is at The Royal Marsden's site in Sutton, Surrey. Patients who need cancer surgery, intensive care and some other specialist children's services go to St George's Hospital eight miles away in Tooting. Children also go to other specialist hospitals in London for specific kinds of cancer care.

As a specialist cancer hospital, The Royal Marsden in Sutton where the Principal Treatment Centre is currently located does not have a children's intensive care unit or some of the other required services. The Royal Marsden accepts that the new service specification means the service must move and has supported the consultation.

Two options have been consulted on to relocate the Principal Treatment Centre to- these are:

- Evelina London Children's Hospital, which is run by Guy's and St Thomas' NHS Foundation Trust and is based on the St Thomas' site by Westminster Bridge
- St George's Hospital, which is run by St George's University Hospitals NHS Foundation Trust and is based in Tooting.

Under both options, conventional radiotherapy services are proposed to move to University College Hospital, in central London[1].

The SEL JHOSC met informally in April 2023 to be notified of the proposals and to determine whether the proposals represented a "substantial variation" it was determined that this was the case for South East London and therefore a formal process of consultation with the JHOSC was triggered.

NHS England has been engaged with the SEL JHOSC on this service change proposal through formal meetings and informal briefings since April 2023. The JHOSC has met formally in July 2023 to consider the proposals and pre-consultation engagement work that had been undertaken.

The public consultation on this matter was launched on the 26th of September 2023 and closed at midnight on the 18th of December 2023.

NHS England (London region) met with the SEL JHOSC Members informally in November 2023 for a mid-point review of the consultation.

NHS England will be talking through a summary of the feedback received through the public consultation at this SEL JHOSC meeting, prior to the JHOSC agreeing and submitting its formal response to the proposals.

2. ISSUES FOR CONSIDERATION AND AGREEMENT

Following this meeting of the Committee, the SEL JHOSC will be required to submit its formal written response to the proposals (including any recommendations) to NHS England prior to a decision being taken by NHS England as to which of the two consulted options it will choose (Indicatively Mid-March).

Following consideration and discussion of the feedback from and outcomes of the Public Consultation the SEL JHOSC will be required to consider and discuss what its formal response to the proposals will be.

[1] Both options for the future location of the Principal Treatment Centre would provide all the services that must be on the same site as the PTC, including a Level 3 intensive care unit. Neither Evelina London nor St Geroge's would provide all 'readily available' services listed in the national service specification, these include conventional radiotherapy which is proposed to be provided by University College Hospital.

Members are asked to consider and agree:

a. **The Key Points it would like to make within the Committee's formal response**

b. **Any recommendations it would like to make as part of the Committee's response (including the wording of any recommendations)**

It may be helpful for the Committee to note some of the key themes that it has raised in discussion of this issue to date:

- Travel and parking arrangements
- Workforce concerns
- Local support offer
- The delivery timeline

3. Summary of Legal, Financial and Other Implications

There are no legal, financial and other implications arising from this report.

Local Government Act 1972 – section 100d
List of background documents

None.

Contact Officer:	Matthew Duckworth, Scrutiny Officer	**Tel:** 020 3045 4257
Reporting to:	Principal Scrutiny Officer	

SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 1 FEBRUARY 2024

MANAGEMENT COST REDUCTION (MCR) UPDATE

1. Introduction

Officers from the South East London Integrated Care Board (SEL ICB) have provided a brief update on the implementation of the management cost reduction that are required of all ICBs nationally.

A slide pack from the NHS SEL Integrated Care System is attached.

FOR INFORMATION, DISCUSSION AND ANY OBSERVATIONS THE COMMITTEE MAY WISH TO MAKE.

2. Summary of Legal, Financial and Other Implications

There are no legal, financial and other implications arising directly from this cover report.

Local Government Act 1972 – section 100d
List of background documents

None.

Contact Officer:	Matthew Duckworth, Scrutiny Officer	**Tel:** 020 3045 4257
Reporting to:	Principal Scrutiny Officer	

South East London Integrated Care System

Management Cost Reduction (MCR) update

South-East London Joint Overview and Scrutiny Meeting

February 2024

Context

- All Integrated Care Boards (ICB) were informed in March 2023 of a requirement to deliver a Running Cost Allowance (RCA) reduction of 30% in real terms by 2025/26, with at least 20% to be delivered in 2024/25.
- The ICB agreed a set of 6 principles to underpin the process of achieving the required reduction. These were tested with the ICB Board prior to the Staff Consultation being published.
- To reduce the impact on staff, the ICB carried out a line by line review of its non-pay running costs to identify potential efficiencies.
- A vacancy freeze has been in place in 2023 to minimise redundancies.
- The ICB has explicitly re-structured to secure delivery of its core and statutory functions and remain within the reduced running cost allowance.
- The changes, which also seek to reflect our developing ICS and system architecture, will result in the need for organisational and system development and new ways of working, inclusive of a spread of inputs from partners in supporting the work of the Integrated Care System (ICS).

The MCR process in overview

Step 1
(May)

A set of initial cross-directorate, functionally-focussed discussions to frame our approach.
Step 1 concluded with a test of overall coherence and positioning across all functions.

Step 2
(June – July)

Open discussions that identified the core offer/ requirement of each function, obtained staff views on the future configuration options that emerged from step 1, and identified new options for how our functions could be configured

Step 3
(Aug – Oct)

Executive Directors used the outputs from step 2 discussions to draw together a single set of proposals that have translated into costed proposed structures.
Step 3 output has, at a high level, been tested with the ICB Board and they are content with the direction of travel

Staff consultation
(16 Oct – 29 Nov)

45 (calendar) day consultation period for staff to respond to the proposals in the consultation document to be published on 16 October.
Engagement sessions scheduled at launch and mid-way through consultation period

Consultation outcome
(Dec – Jan)

Consultation responses used to create and publish a consultation outcome in mid-December.
Final outcome letters to staff to be sent from 9 January 2024

Implementation
(Jan – Mar 2024)

Implementation of structures as per consultation outcome; including interviews for ring-fenced posts, giving/serving of notice, redeployment/ suitable alternative employment approaches etc.

Implementation

- The Staff Consultation closed on the 29 November.
  - 298 responses from staff received
  - Capacity and managing workload plus how the interface between different parts of the ICB will work post MCR implementation were the two most common concerns raised.
  - A large number of generic and individual HR related queries were also raised by staff.
- The management response was published on the 13 December – this provided our response to the consultation responses received, in the context of the continuing need to secure our management cost reduction target. The management response included the publication of final structures.
- A limited number of changes were made to the proposed structures, noting the key feedback above.
- A slotting in and job matching process is now in train and staff will be informed of the outcome of this process from 9 January 2023 (as part of a phased process over the month).
- Ring fenced interviews will take place during February and March with new structures being implemented from April, noting this is a two-year programme and some changes will be implemented later in 2024/25.

Achievement against the savings target

Description	Figures
Overall savings secured	**£15.2m**
Total WTE reduction	376.03 WTE posts removed 158.91 WTE new posts **217.12 WTE** net reduction

SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 1 FEBRUARY 2024

URGENT & EMERGENCY CARE AND DISCHARGE

1. Introduction

Officers from the South East London Integrated Care Board (SEL ICB) have provided some slides with relation to performance across the ICS with regards to urgent and emergency care; an overview of key metrics and key recovery actions; discharge performance; and the SEL discharge improvement plan.

A slide pack from the NHS SEL Integrated Care System is attached.

FOR INFORMATION, DISCUSSION AND ANY OBSERVATIONS THE COMMITTEE MAY WISH TO MAKE.

2. Summary of Legal, Financial and Other Implications

There are no legal, financial and other implications arising directly from this cover report.

Local Government Act 1972 – section 100d
List of background documents

None.

Contact Officer:	Matthew Duckworth, Scrutiny Officer	**Tel:** 020 3045 4257
Reporting to:	Principal Scrutiny Officer	

South East London Integrated Care System

Urgent & Emergency Care and Discharge

Joint Overview and Scrutiny Committee – February 2024

Urgent and Emergency Care (UEC) - Performance

As part of the SEL ICB's 2023/24 operational plans we made several commitments in relation to **access and performance improvement**, including the following key acute hospital related metrics:

- **Emergency Department (ED)** and wider urgent and emergency care (UEC) flow and performance, with a focus on securing 76% of patients being seen, treated and discharged/admitted within 4 hours of arrival by Mach 2024, improving bed occupancy and flow, plus improving ambulance handover times and performance.

The NHS was recently asked to undertake a mid-year planning refresh, which included a review of our operational plan commitments including for UEC.

Our refresh for **urgent and emergency care** reflected a recommitment to meeting our start year plans and national performance targets. This is recognised to be high risk, given our challenged performance since the summer and the rate of improvement required over the more pressured winter months to recover and further improve our position. Key supporting actions are:

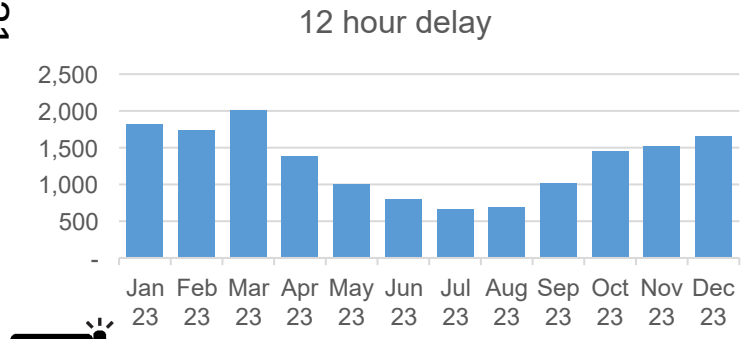
- Work with the LAS to sustain and improve **hospital handover times**, with all sites now working to a 45-minute handover threshold and with good Category 2 performance for SEL.
- Implementing our system **discharge improvement** plan, with a focus on in hospital flow and length of stay, the transfer of care from hospital and delayed discharges. We will also see the backloaded benefit of Better Care Fund plans and the planned investment of discharge monies to support improved flow/reduced discharge delays over the coming months.
- Other improvement work is also taking place, for example to optimise **community alternatives** - virtual wards development and capacity expansion and the further expansion of our **same day emergency care** offer.
- **Mental health (MH) crisis** – agreed actions around Emergency Department (ED) interfaces, bed capacity and bed management to support reduced waits in ED, plus new Section 136 hubs and the go live of NHS 111 Press 2 for MH.

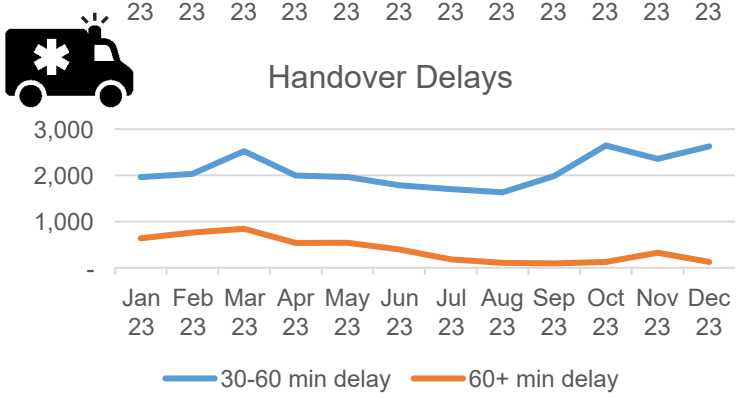
Urgent & Emergency Care overview

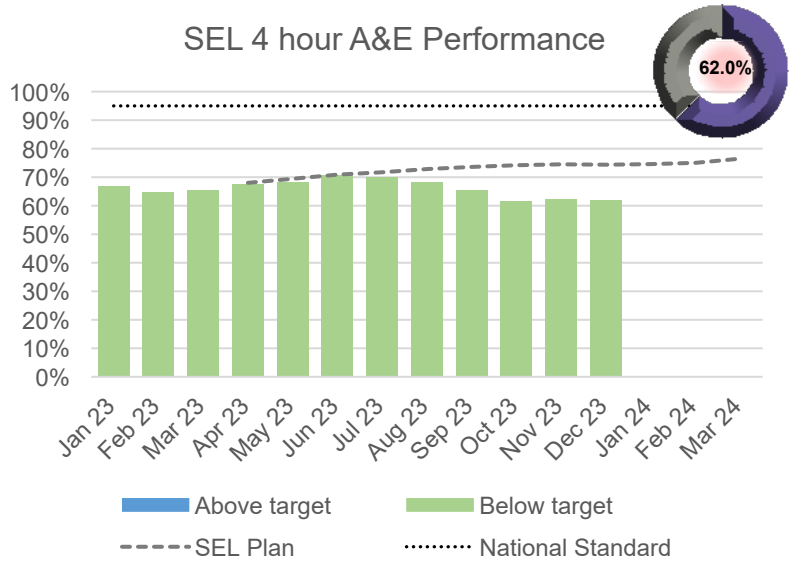
South East London Integrated Care System

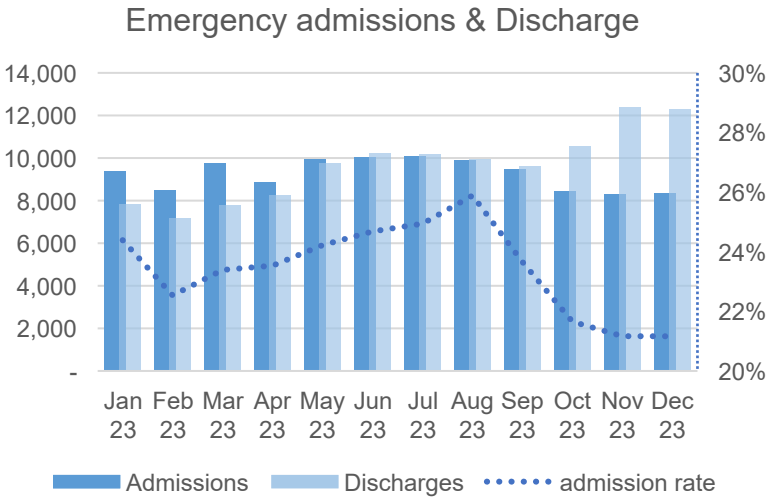
Notes and Issues

- Emergency care pathways remain pressured and a deterioration in 4-hour performance is evident over the last five months. Performance in December was 62% compared to the peak of 71% in June.
- The total number of ambulance handover delays increased in December, but the number of longer handover delays (+1 hour) has reduced.
- Nationally there is a focus on ensuring all core bed capacity is open in line with H2 plans – SEL is on track.
- Mental health pressures remain high, but the ED position appears to have improved over recent weeks.



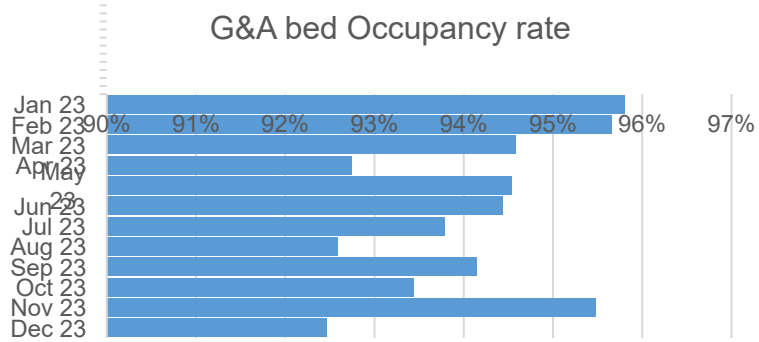






Recovery Actions

- Block purchase of additional mental health beds.
- 45-minute rapid handover initiative with LAS embedded.
- Phased introduction of continuous flow model for mental health admissions from acute sites to mental health beds.
- Front door management – use of alternatives to ED, ED triage and streaming, redirection, use of admission avoidance, MH crisis pathway, hospital handovers.
- In hospital management – same day emergency care, length of stay improvement.
- Transfer of care from hospital – plans to support a reduction in the number of patients remaining in hospital (physical and mental health) once they no longer meet the criteria to reside



G&A bed Occupancy

92.5% of G&A beds are currently occupied

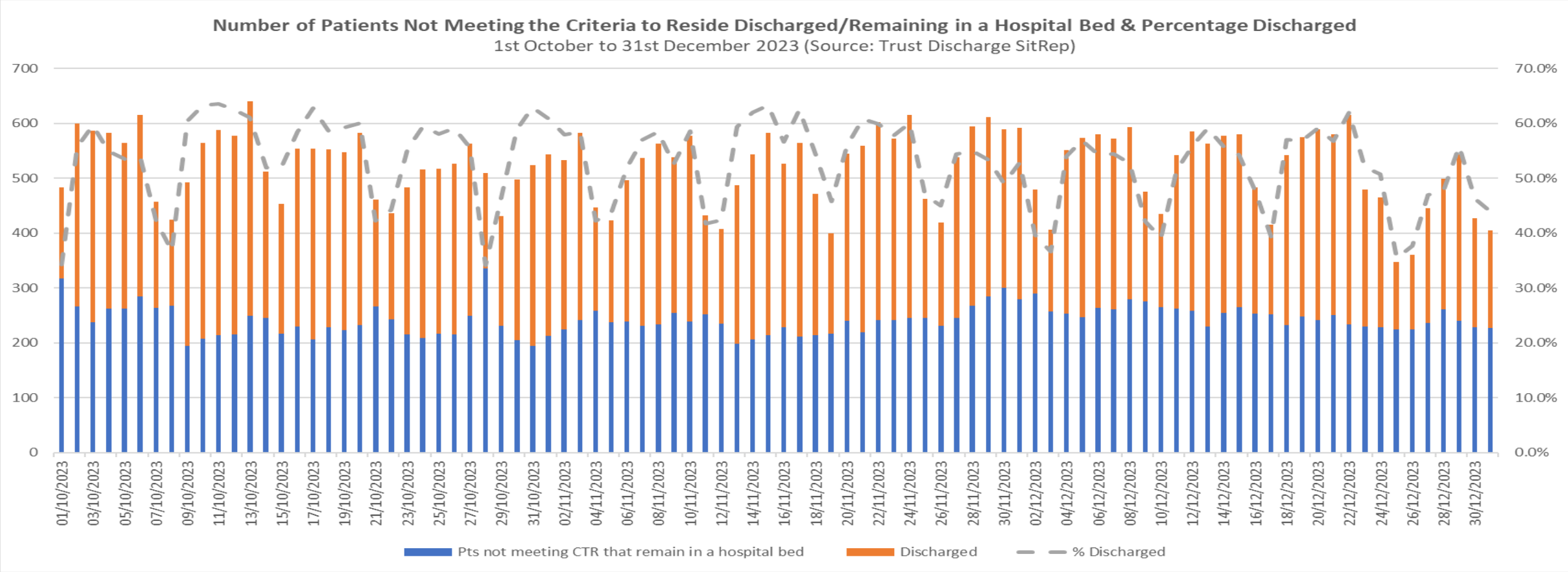
84% at GSTT

96% at KCH

97% at LGT

South East London Integrated Care System

Discharge Performance



In quarter 3 2023/24 SEL discharged 53.6% of patients that were identified as not meeting the 'criteria to reside'. Performance is variable by day and by site, with the highest SEL wide performance of the quarter reported at 63.6% and the lowest at 34.1%. Across the quarter there was an average of 242 patients a day who remained in a hospital bed despite not meeting the criteria to reside.

Of the total discharged (25,773) over the quarter, 52.4% were discharged before midday and 47.6% after midday.

The number of discharges at the weekends remain significantly below the level of discharges on weekdays. A lower number of discharges may be expected at weekends due to the profile of elective activity, however, there is still an opportunity to increase the number of discharges, particularly for those patients leaving the hospital requiring little/no support (pathway 0).

SEL Discharge Improvement Plan

A SEL system Discharge Summit was held in March 2023 - resulting in a co-designed the **SEL Discharge Improvement Plan.**
Four overarching objectives and commitments agreed as follows:
1) We will work to a common framework to deliver transfer of care standards
2) We will secure pathways that are safe, personalised and promote independence and recovery
3) We will meet complex patient needs
4) We will focus on avoiding unnecessary admissions

Key actions to support delivery of discharge processes and performance are:

Investment

- Agreed investment in discharge through the Discharge Fund and Better Care Fund.
- Review of and investment in our transfer of care (TOC) hubs to ensure smooth transition from hospital to community care for both mental and physical health and establishing the TOC network for hub leads to enable sharing of learning and mutual support

Demand and capacity planning

- Increased focus on demand and capacity planning via BCF reporting with additional SEL mapping and gap analysis, plus specific reviews in areas such as intermediate care and the commissioning of additional capacity.

Discharge improvement

- Targeted work on safe and appropriate pathway for patients with complex clinical or discharge challenges, for example dementia & delirium and homelessness.
- Place-led work to increase access to improve, promote and enable recovery through the transfer of care model including increasing intermediate care and reablement services and maximising recovery. Supporting residents' wellbeing and living as independently as they can with no ongoing or minimum levels of on-going support.
- Acute-led work to improve weekend, simple and pre-5pm discharge, including increased use of discharge lounges, discharge review events, clinical care navigators and weekend consultants, and focused work on discharge of those with a long length of stay.

SEL Discharge Improvement Plan

SEL and Regional approaches and sharing of best practice

- We continue to develop our system relationships through our Discharge Improvement & Solutions Group where we share opportunities, learning and issues to make best use of the experience and knowledge across our SEL system. In 23/24 the group was expanded to include mental health to provide equity of focus across both mental and physical health.
- We continue to engage with the regional discharge group and share good practice from other areas in London and escalation of issues which require a co-ordinated response, for example change of equipment provider and the impact of changes in policy in the processing of asylum claims.

Discharge in context

- Discharge and flow does remain a challenge and opportunity in our system.
- Current performance is in the context of continued pressure across our acute, mental health and social care pathways and services, wider operational, workforce and financial pressures and the impact of industrial action, major IT change in two of our acute hospitals, and winter pressures.

SOUTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 1 FEBRUARY 2024

SEL JHOSC WORK PROGRAMME

This report asks the members of the Joint Health Overview and Scrutiny Committee (JHOSC) to discuss & agree agenda items for the committee's work programme.

Committee is invited to make decisions about its work programme:

Work Programme

1. Note the table of possible future work programme items in this report.
2. Identify and recommend any additional items to be added to the work programme.
3. Ensure that the topics that are selected for discussion are appropriate for South East London level scrutiny, can add value, and do not duplicate scrutiny activity happening within individual participating authorities.
4. Note opportunities for scrutiny between formal meetings.
5. Note the summary of the Informal meeting the SEL JHOSC had with NHS England on 21 November 2023 at Appendix A and the associated slides at Appendix B.

1. WORK PROGRAMME

1.1. Background/Context

After the significant formal changes brought about by the Health and Care Act 2022 and the placement of Integrated Care Systems on a statutory footing, there have been changes to the role of the JHOSC. Therefore, the work programme of the Committee needs to allow for greater scrutiny of the wider, system level issues that relate to the planning, provision and operations of health services across the ICS footprint area.

1.2. Role of the JHOSC and Work Programming

The Committee has a key role in having oversight of, and scrutinising, the health of the overall system including how the ICB and ICP work together, and in reviewing how system-wide plans and strategies will be operationalised and whether outcomes are being delivered at system level.

The Work Programme will cover formal and informal meetings and can also include information updates that can be circulated by email.

It has been agreed that the committee will have two formal meetings a year to undertake deep dives into strategic issues that impact all of South-East London. Alongside these two formal meetings, the JHOSC can also have informal meetings that will provide an opportunity to receive updates, discuss the work programme and discuss local health matters more informally.

The Committee should assess what is the most effective way for receiving information on / considering issues of interest. This could be scrutinising the issue at a formal meeting, discussing it in an informal meeting or receiving a written update that is circulated to Members by email.

1.3. Identifying/Recommending items for the Committee's Work Programme

This report asks the members of the Committee to discuss the priorities of the JHOSC, consider the key services and programmes within the committee's remit, and recommend items for the Committee's work programme.

Members of the JHOSC will need to ensure that the topics selected for discussion are appropriate for South East London level scrutiny. In other words, those matters where the joint Committee is the best way of considering how the needs of a local population, which crosses council boundaries, are being met.

For each item on the work programme, the Committee should clearly define the information and analysis it wishes to see in the officer reports.

The Committee should also consider whether to invite any expert witnesses to provide evidence, and whether site visits or engagement would assist the effective scrutiny of the item.

2. TABLE OF PROPOSED ITEMS TO DATE

The Members of the Committee had an informal meeting on the 5th of April 2023 which included a discussion on the Committee's work programme. The following suggestions were discussed:

- Workforce- Challenges with recruitment and retention of staff.
- Prevention and early intervention in Mental Health
- Budget discussions and winter arrangements
- Acute care and GP appointments
- Hospital Capacity Planning (particular concerns around Queen Elizabeth Hospital)
- A&E pressures
- The Discharge process and tackling the elective backlog
- Approach to resolving medication shortages
- Access to dentistry appointments and in particular NHS appointments

The following suggestions for the work programme were received from South-East London Integrated Care Board (SEL ICB) officers:

- Integrated Care Board 'Joint Forward Plan'
- Elective revovery
- Focussed discussion on workforce

Following this the Chair and Vice-chair of the Committee have discussed these suggestions and have prioritised and ordered these suggestions into a table breaking them down by items proposed for both Formal meeting and informal sessions and/or briefing papers. This Table is below:

Formal meetings	Informal meetings
Feedback from NHS England's public consultation on changes to paediatric oncology services (substantial variation)	Budget discussions
Workforce- Challenges with recruitment and retention of staff.	Approach to resolving medication shortages
Prevention and early intervention in Mental Health	Winter arrangements- Uptake and roll-out of vaccination programmes
Hospital Capacity Planning	Acute care and GP appointments (managing the 8am rush at GPs.
A&E pressures including increasing number of mentally ill patients coming into A&E-	1 year follow-up on ICB structures- discuss if any differences were noticed by residents in the services after the structure change
The Discharge process and tackling the elective backlog	
Access to dentistry appointments and in particular NHS appointments	
Elective recovery	

3. SUMMARY OF DISCUSSION AT INFORMAL MEETING ON 21 NOVEMBER 2023

Members of the South East London Joint Health Overview and Scrutiny Committee joined a Ms Teams Call with colleagues from NHS England during a delivery of the public consultation concerning the reconfiguration of Childrens Cancer Treatment Services.

The Committee had met formally in July 2023 to be informed about and to discuss the proposal prior to the commencement of public consultation. The informal meeting held on 21st November was an opportunity to brief Members of the JHOSC about progress and feedback from the public consultation to date at the mid-point of the consultation and to seek feedback from JHOSC Members as to how NHS England could best target the remainder of their consultation and ensure they reach as many people as possible.

The meeting was attended by Members from Bexley, Lambeth, Lewisham and Southwark.

A note summarising the discussion at this session is attached at **Appendix A.**

Slides that were shared with JHOSC Members in advance of the informal discussion/briefing are attached at **Appendix B.**

4. SUMMARY OF LEGAL, FINANCIAL AND OTHER IMPLICATIONS

There are no legal, financial or other implications arising from this report. Any such implications arising from the Committee's work will be reported.

When adding items to OSC work programmes, the Committee will need to consider the Member and Officer resources available to support any planned work.

Local Government Act 1972 – section 100d
List of background documents

SEL JHOSC Minutes – 6th July 2023

Contact Officer:	Matthew Duckworth – Scrutiny Officer	Tel: 020 3045 4257
Reporting to:	Principal Scrutiny Officer	

Appendix A- Summary of discussion at SEL JHOSC – Informal Meeting – 21st November 2023

Reconfiguration of Children's Cancer Treatment Services

1. INTRODUCTION

Members of the South East London Joint Health Overview and Scrutiny Committee joined a Ms Teams Call with colleagues from NHS England who are currently delivering a public consultation concerning the reconfiguration of Childrens Cancer Treatment Services. The Committee had met formally in July 2023 to be informed about and to discuss the proposal prior to the commencement of public consultation. The informal meeting held on 21st November was an opportunity to brief Members of the JHOSC about progress and feedback from the public consultation to date at the mid-point of the consultation and to seek feedback from JHOSC Members as to how NHS England could best target the remainder of their consultation and ensure they reach as many people as possible.

The meeting was attended by Members from Bexley, Lambeth, Lewisham and Southwark.

NHS England had commissioned an independent report into the consultation at its mid-point (The Consultation commenced on 26th September and will close at midnight on 18th December). The purpose of this report was to: document the consultation and communication activities that have happened to date; to review the overview response rate to the consultation and the response rate from specific stakeholder groups and geographical areas; identify gaps in representation; consider the appropriateness of planned activity to address identified gaps; provide an overview of key findings emerging from the consultation feedback; and suggest next steps to address any gaps or other issues identified.

2. BACKGROUND AND CONTEXT:

As explained at the JHOSC's previous meeting in July, the Principal Treatment Centre (PTC) for children living in Brighton and Hove, East Sussex, Kent, Medway, South London and most of Surrey is provided in partnership between the Royal Marsden NHS Foundation Trust and its site in Sutton, and St George's Hospital in Tooting. It was noted that while the service they provide is safe and of high quality, the very specialist treatment services at the Royal Marsden are not on the same site as the Children's intensive care unit at St George's Hospital. National clinical requirements for PTCs are set by NHS England and they mandate that these services must be on the same site, which is non-negotiable. The current PTC therefore does not comply and cannot comply in future and therefore the specialist cancer services provided by the Royal Marsden site need to move.

It was reiterated to Members that purpose of the consultation is to understand the impact of implementing either option for the future location of the PTC; tot test and update NHS England's plans to mitigate impacts and to understand the impact of moving conventional radiotherapy from the Royal Marsden to University College Hospital.

It was noted that there are five main reasons why the services at The Royal Marsden need to move:

- Hospital transfers of very sick children for intensive care add risks and stress
- The intensive care team is not currently able to provide face to face advice on the care of children on the cancer ward
- There is a need to improve children and families' experience when patients require intensive care and other specialist children's services
- The Principal Treatment Centres does not and cannot meet national requirements. (The current specification was approved by NHS England in 2021)
- The current PTC is excluded from giving a specific type of new treatment, (due to lack of ICU on site) and others are expected in the future.

In terms of who the changes would affect, Members were reminded that around 1400 children (aged one to 15) are under the care of the PTC. It was explained that in 2019/20, 536 children had inpatient care (and were admitted to the Royal Marsden or St George's for day care or a stay of at least one night); 1367 children had outpatient care (they came to The Royal Marden or St George's for an appointment); 84 had intensive care (15 of whom came from The Royal Marsden) and 41 children had conventional radiotherapy at The Royal Marsden.

In terms of geography, and the number of children attending for outpatient care it was noted that in 2019/20, there were 94 children from South East London, 113 from South West London; 108 from Kent Medway; 98 children from Surrey; 46 from Brighton and Hove; and 83 from other areas.

Members were reminded of the two shortlisted options which are to relocate the PTC to either (both of which will have conventional radiotherapy services at University College Hospital:

- Evelina London Children's Hospital in Lambeth (Run by Guy's and St Thomas' NHS Foundation Trust)
- St George's Hospital in Tooting (Run by St George's University Hospitals NHS Foundation Trust)

3. <u>SUPPORT WITH TRAVEL AND ACCESS</u>

Members of the JHOSC had previously raised queries and concern with relation to support for travel and access including car parking facilities and arrangements; Members were informed that this was also emerging as a key theme through the public consultation.

NHS England provided a further update on this; they advised than an independent travel analysis looked at journey times and found that:

- For the vast majority of people in South East London, both Evelina children’s hospital and St George’s hospital were very similar or faster to get to by public transport compared to the Royal Marsden’s Sutton site.

- In terms of road transport, that for residents in most boroughs within South East London, a decrease in travel time would be seen for both St George's Hospital and the Evelina Children's Hospital compared to The Royal Marsden. However, residents of Bromley and Bexley would see an increase in travel time for driving on average for both potential future sites. (For University College Hospital it is a similar picture)

It was reported that there would be a range of measures to support people with increased travel including:

- Help to plan journeys to hospital
- Financial support to help with travel costs (such as the ability to reclaim ULEZ charges and congestion charges (if applicable))
- Non-emergency transport services
- Space for families to stay
- Easy arrangements at the site including dedicated parking and drop-off
- Convenient appointment times
- More care closer to homes.

It was noted that both potential providers of the future PTC have committed to developing action plans to ensure effective delivery of these measures.

4. PRE-CONSULTATION ENGAGEMENT

A summary of pre consultation engagement that was carried out between April and August 2023 was provided and it was noted that this period helped NHS England to refine and update their consultation materials, inform their consultation plan and help build their understanding of the key issues. In terms of the feedback from the SLE JHOSC at its meeting in July 2023, it was noted that Members had said they:

- Wanted to know more about parking spaces at Evelina Children's Hospital
- Wanted assurance on arrangements for supporting staff from the current service to transfer, including plans for retention, and where needed, recruitment.
- Wanted assurance as to whether both potential providers were adequately prepared to meet the 2.5 year implementation timeline of the service change.

NHSE outlined to Members how they had responded to that. In particular it was noted that:

- The interim Equality and Health Inequality Impact Assessment (EHIA) included a range of recommendations to support access to the future PTC; Evelina and St George's have both set out their commitment to the development of detailed plans to implement those recommendations. Both would like to provide dedicated parking for patients of the centre.
- Through their pre-consultation engagement and the ongoing consultation, NHSE have continued to hear from staff about the things that are important to them and

are working with Trusts to encourage this. Throughout the implementation phase it was noted there will be a dedicated focus on workforce.

- Both potential providers have shared their plans for transitioning the PTC over the 2.5 year period. Once a decision is made, the implementation phase will involve work by a number of stakeholders to do detailed implementation planning for the service change.

5. MID-POINT REVIEW OF CONSULTATION:

As noted in the introduction to this note, an independent report had been commissioned buy NHSE into the consultation to date at its mid-way point. The independent mid-point report had been revied by programme team and communication and engagement leads and has been shared with the Programme Stakeholder Group; Program Board (Including Truust, Integrated Care Board and Patient Representatives); and Overview and Scrutiny Committees. NHSE reported that following discussions with those stakeholders, they will be updating and finalising their action plan, that had been drafted in response to the mid-point review document.

Communications and Engagement activity to date:

Members were informed that communciation activities to date have included:

- Letters directly to patients
- Sharing information and toolkits with partners to cascade through their networks
- Media release and media interviews
- Sharing content on social media
- Meetings to brief stakeholders about the consultation
- Proactive phone calls to organisations
- Hard copy documents in hospital departments
- Staff handing out periodically information to families, currently using the service

While in terms of engagement activities there have been:

- Community focus groups
- Play specialist sessions on wards
- Public listening events
- Community events with people representing equalities groups
- Meetings with wider clinical colleagues, MPs and OSC leads

In terms of South East London activity it was noted that NHSE have reached out to:

- Local Healthwatch organisation
- MPs
- Children and Young People Forums
- Equalities Groups

Uptake of Consultation to date:

In terms of all those who have responded to the consultation so far it was reported that there have been over 850 responses (survey, and face to face)

In terms of South East London, it was reported that 13% of all survey responses were from those who live or work in South East London and a further 13% of those responses are from parents and children who have direct experience of using the current service.

It was noted that NHSE were hearing most from those in South West London overall as well as those families who have no direct experience of cancer services.

In terms of those, who NHSE were hearing least from:

- Children, young people, and families currently experiencing the service.
- Staff working in the current service.
- People from ethnic minority groups; people experiencing financial difficulties/live in deprived areas; asylum seekers or those experiencing homelessness; families with poor literacy or language barriers.
- People outside London (Kent & Medway and Sussex specifically)

Members were informed that NHSE have an detailed action plan that outlines planned activities to reach the groups identified, which can be shared with JHOSC Members when ready.

<u>Key themes from consultation to date:</u>

- There have been objections to the case for change
- The challenges of traveling into central London (should the PTC relocate to Evelina)
- The challenges of travelling to the hospital (should the PTC relocate to St Georges Hospital)
- Perception that Specialist Service are lacking (Evelina)
- Evelina already has the advantage of being a specialist children's hospital
- Feedback about the quality of the existing estate (St George's hospital)
- St George's is already an established provider of very specialist children's cancer services

<u>Recommendations from Independent mid-point review report:</u>

NHSE should:

- Address gaps in representation from specific target groups
- Maximise reach from communications activity
- Ensure that the scope of the consultation is clearer given the objections raised with regards to the case for change.
- Help ensure comprehension of the proposals- NHSE have advised they have produced audio versions of the proposals to support accessibility, for example.
- Support people to complete the survey, particularly for specific target groups. (NHSE have spoken to learning disability organisations for example)
- Ensure focus on children and young people play specialist sessions

6. NEXT STEPS:

Members were reminded that the public consultation is planned to close at midnight on the 18th of December and that the consultation responses will be analysed by an external organisation and written up in a report which will be made publicly available. This will be shared with the JHOSC also.

No decision will be made until the public consultation has concluded, the feedback analysed, and all relevant data, evidence and other factors, including the consultation responses, have been carefully considered. Indicatively, NHS England are planning to take the decision on the future location of the principle treatment centre in early 2024 (around mid March).

7. RAISING AWARENESS OF THE CONSULTATION AND MEMBER FEEDBACK

Members discussed and sought clarity on how they could further spread awareness of the consultation in South East London and within their respective boroughs and the following points and actions arose:

- NHS England to share with the JHOSC- a detailed breakdown by borough of respondents to consultation, and which groups have been approached by borough, to help identify gaps.
- Members to follow up with their respective Healthwatch at each Local Authority to ensure each HealthWatch is flagging the consultation on their website and through their channels. The offer to attend site visits at the hospitals in questions is also on offer to Healthwatch and the public generally.
- It was commented that each Local Authority is likely to have a cancer champion; NHS England to contact LA's about those as a possible avenue to promote the consultation. (Cllr Best is the cancer champion at Lewisham)
- NHSE to contact Lambeth about possible use of their Wellbeing Bus (which travels to different projects around the borough) to promote the consultation.

APPENDIX B

Proposals for the future location of very specialist cancer treatment services for children in south London and much of south east England

Public Consultation Mid-Point Review

South East London JHOSC – Informal discussion/briefing -21 November 2023

Purpose of paper

- This paper has been shared with the South East London Health and Overview Scrutiny Committee ahead of the informal meeting/briefing on 21st November 2023 as background briefing material. NHS England will present a summary of this information at the meeting.

- If further detail is sought, we would like to encourage Committee members to visit our website that includes our consultation document; pre-consultation business case; pre-consultation feedback report; and detailed information on a range of topics.

Background and Context

Overview

- Specialist children's cancer services in England are led and coordinated by Principal Treatment Centres.
- The Principal Treatment Centre for children living in Brighton and Hove, East Sussex, Kent, Medway, south London and most of Surrey is provided in partnership between The Royal Marsden NHS Foundation Trust at its site in Sutton, and St George's Hospital in Tooting, south west London.
- The service they provide is safe and high quality. But the very specialist cancer treatment services at The Royal Marsden are not on the same site as the children's intensive care unit, which is at St George's Hospital.
- National clinical requirements for Principal Treatment Centres are set by NHS England. They mandate very specialist cancer treatment services for children – like those at The Royal Marsden – MUST be on the same site as a level 3 children's intensive care unit and other specialist children's services. This is non-negotiable.
- The current Principal Treatment Centre does not and cannot comply which means very specialist cancer services currently provided on The Royal Marsden site need to move.
- The purpose of the consultation is to understand the impact of implementing either option for the future location of the Principal Treatment Centre, to test and update our plans to mitigate impacts and to understand the impact of moving conventional radiotherapy from The Royal Marsden to University College Hospital.

Why things need to change (1)

The five main reasons why specialist children's cancer services at The Royal Marsden need to move are:

Hospital transfers of very sick children for intensive care add risks and stress

- Every year, a small number of very sick children who need intensive care are transferred eight miles from the specialist children's unit at The Royal Marsden's Sutton site to St George's children's intensive care unit at Tooting.
- This is done safely. But urgent transfers of very sick children to another hospital for level 3 intensive care services that can give life support, even in a special children's ambulance with an expert team on board, add risks to what is already a very difficult situation. These risks can only ever be managed. Transfers of very sick children also put added stress on patients, parents, and the staff involved.

The intensive care team is not currently able to provide face to face advice on the care of children on the cancer ward

- Currently, the Principal Treatment Centre's intensive care specialists are at St George's Hospital while most specialist care for children with cancer is at The Royal Marsden. Some children every year have to be transferred by ambulance from The Royal Marsden to the cancer ward at St George's Hospital as a precaution, in case they suddenly get worse and need intensive care. It can be disruptive and stressful for them.
- Intensive care specialists can't work closely with specialist cancer teams to help children stay well enough to avoid intensive care if they are not all on the same site.

Why things need to change (2)

The five main reasons why specialist children's cancer services at The Royal Marsden need to move are:

There is a need to improve children and families' experience when patients require intensive care and other specialist children's services

- Some specialist children's services needed by children with cancer are not on site at The Royal Marsden. Staff at The Royal Marsden arrange for children to attend or be safely transferred to other hospitals as needed.
- Parents and staff say having to get to know new members of staff at different locations, especially at a time of crisis, can increase families' anxiety and distress.

As already described, the current Principal Treatment Centre does not and cannot meet national requirements

- The national service specification for Principal Treatment Centres was approved by NHS England in 2021 after being developed by patients, parents and professionals, and must now be implemented.

Although it offers a wide range of innovative treatments, the current Principal Treatment Centre is excluded from giving a specific type of new treatment, and others expected in the future

- Innovative cancer treatments are bringing new hope for children and families. Some have a greater risk of complications – such as too big a response from a child's immune system – that could require urgent support from an on-site intensive care team. As a result, they can only be given at children's cancer centre's on the same site as a children's intensive care unit. The current Principal Treatment Centre is excluded from giving a specific type of new treatment because it does not have an intensive care unit. Other similar treatments are expected in the future.

Why things need to change – conventional radiotherapy

While The Royal Marsden currently provides high quality conventional radiotherapy treatment (using high energy x-rays) for children as part of their care, the proposed move of specialist children's cancer services to either Evelina London or St George's Hospital, alongside advances in radiotherapy, means we propose this service is provided differently in the future.

This is because:

- It would be difficult to sustain the conventional radiotherapy service for children at The Royal Marsden without the staff and facilities of the Principal Treatment Centre on site (and which it is an integral part of)
- Radiotherapy services for children are changing. More children will be treated with proton beam therapy in the future; this means we expect the number of children requiring conventional radiotherapy services to fall making a high-quality service at The Royal Marsden even harder to sustain.

This means that:

- Both options in our consultation propose that children's conventional radiotherapy moves from The Royal Marsden to University College Hospital in central London.
- Proton beam therapy is already provided at University College Hospital. Bringing all radiotherapy services together in a larger centre would create opportunities to improve outcomes for children in the future.
- Our proposals do not affect radiotherapy services for teenagers and young adults or adults provided at The Royal Marsden.

Who the changes would affect

Around 1,400 children, aged one to 15, are under the care of the Principal Treatment Centre. In 2019/20, 35 children were transferred from The Royal Marsden to St George's because they needed or might need intensive care.

In 2019/20, the Principal Treatment Centre treated 536 children as inpatients. Children also receive some of their care closer to home in local shared care units. More than 60% of the center's patients are from outside London.

1,373 children were treated by the Principal Treatment Centre in 2019/20

536 had inpatient care (they were admitted to The Royal Marsden or St George's for day care or a stay of at least one night)

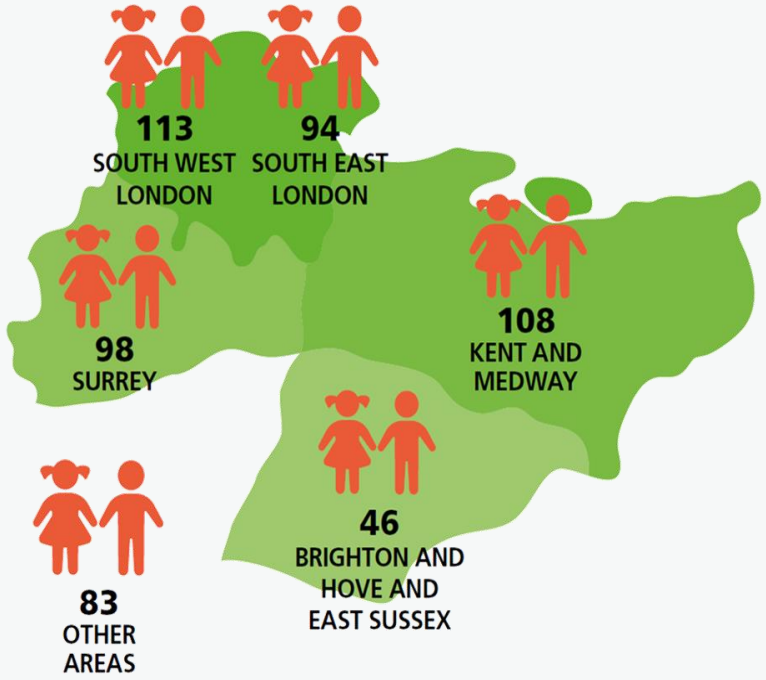
1,367 had outpatient care (they came to The Royal Marsden or St George's for an appointment)

84 had intensive care (15 came from The Royal Marsden, others were at St George's or transferred from their local shared care unit)

41 had conventional radiotherapy at The Royal Marsden.

- **113** children from south west London
- **108** children from Kent and Medway
- **98** children from Surrey
- **94** children from south east London
- **46** children from East Sussex and Brighton and Hove
- **83** children from other areas.

The number of children attending for outpatient care followed a similar pattern.

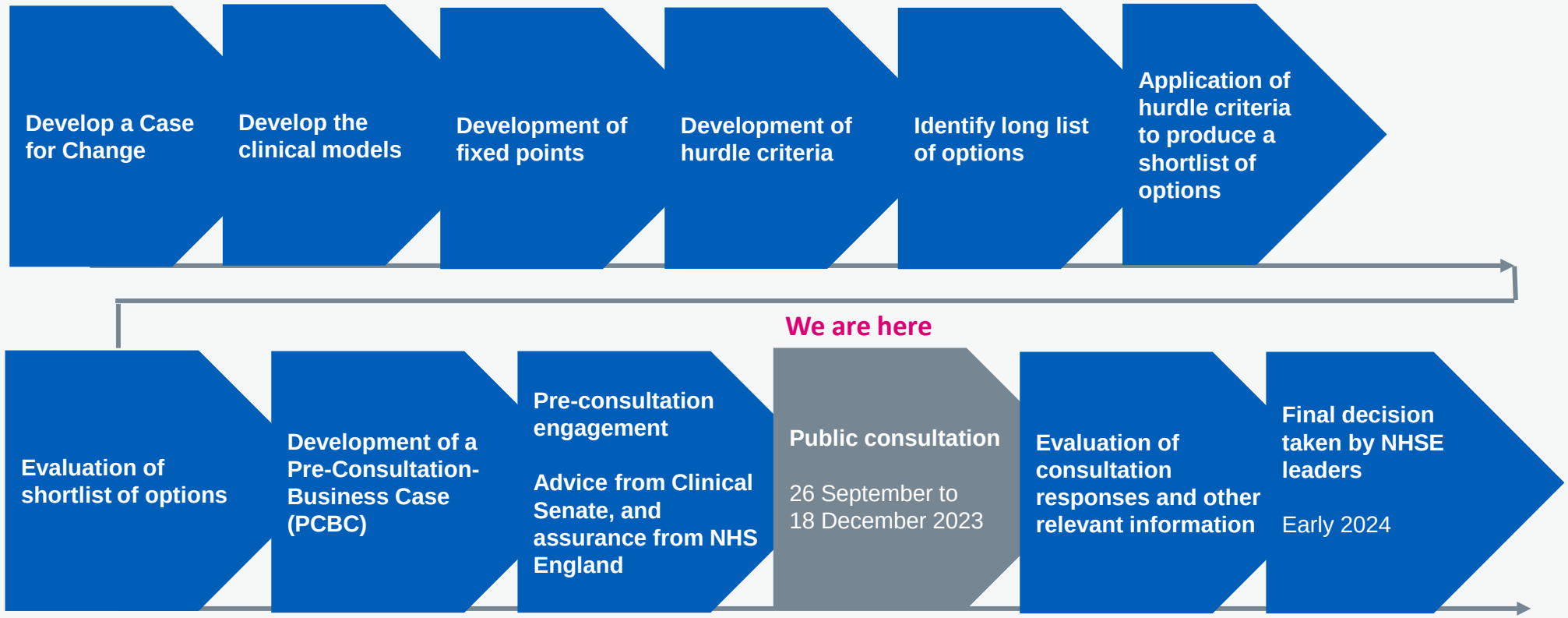


There are 15 shared care units across the catchment area which provide supportive care working closely with the children's cancer centre. These are not impacted by this consultation.

**Further detail available on pages 15 to 17 of consultation document*

The process we’re following

Where we've been and where we are now



A formal reconfiguration process is required when moving a significant service from one site to another to ensure all stakeholders have the opportunity to review and comment on the case for change, clinical model and proposals.

There is lots more detail on our website; including our pre-consultation business case; Clinical Senate Review and our response to it; and information on our options development process.

An overview of the options appraisal process

We have already run an option appraisal process which concluded in January 2023 – consisting of four elements:

Longlist to shortlist

In line with NHS formal reconfiguration guidance, a short list of options was developed from a long list of all potential options by first applying **fixed points** (things that cannot be changed) and then **hurdle criteria** (things that need to be delivered by any option).

→ Following this stage, **two options remained**: the trusts running St George's and Evelina London Children's hospitals. Both were asked to complete a formal proposal document outlining how they would deliver the service using set criteria.

Evaluation Criteria

Evaluation criteria were developed over 2020/2022, reflecting the requirements of the service specification and incorporating research, patient and carer experience, capacity and resilience.

→ This resulted in four domains for evaluation: clinical, research, enabling requirements, and patient and carer experience. Measurable sub-criteria were developed for each domain, drawing on expertise from clinicians, parents, and managers from in London and outside London.

Weighting the evaluation criteria

Four expert panels comprised of patient and carer representatives, charities, researchers from outside London, clinicians (medical and nursing) from in and outside London, managers, and experts in various specific fields (e.g. emergency preparedness, human resources) were established to weight and score the criteria within each domain.

→ In September 2022, the Programme Board finalised the high-level weighting given to each of the domains. Between October and November 2022, the identified panels for each domain undertook a virtual, two-stage exercise to establish the sub-weights for the criteria within their domain.

Scoring the proposals

In November 2022 both Trusts submitted their proposals, aligned with the domains and sub-criteria. During December 2022, the topic-specific expert panels scored the submissions against each of the sub-criteria for their specific domain.

→ Final scores were calculated for each option using the pre-agreed weighting.

**There is lots more detail on How we identified the options and developed the evaluation criteria available on our website*

The shortlisted options (options we are consulting on)

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Shortlisted options (1)

Over the past three years, we have engaged widely with patients, families, staff, cancer charities, patient groups, cancer specialists and health and care partners across the catchment area, to find out what is important to them about these services and to get their input into our process.

We followed a best practice approach to identifying the possible ways the Principal Treatment Centre could be provided in the future. We identified 'fixed points' and 'hurdle criteria' which were applied to a long list of eight possible solutions. This resulted in two potential locations for the future centre:

- **Evelina London Children's Hospital in Lambeth, south east London, run by Guy's and St Thomas' NHS Foundation Trust** with conventional radiotherapy services at University College Hospital

- **St George's Hospital, in Tooting, south west London, run by St George's University Hospitals NHS Foundation Trust** with conventional radiotherapy services at University College Hospital

Both locations deliver outstanding rated children's services, and both could deliver a future Principal Treatment Centre that meets the service specification.

- Both propose that conventional radiotherapy services for children currently provided at The Royal Marsden move to University College Hospital, central London, meaning that all radiotherapy services for children in south London would be provided there in the future, instead of only some, as now.

**Further detail available in our consultation document*

Shortlisted options (2)

Four advisory groups and an independent clinical review group helped us develop evaluation criteria to compare and assess the two options for the future Principal Treatment Centre.

Four panels of experts – cancer specialists and other doctors and nurses, parents, representatives of children's cancer charities, researchers and other experts – reviewed the two options against key areas. Both options scored highly but Evelina London Children's Hospital scored higher. On this basis, at this stage in the process, Evelina London is the site we prefer for the future Principal Treatment Centre.

However, we are open-minded about both options and open to any other evidence the public may share.

No decision will be made until the public consultation has concluded, the feedback analysed, and all relevant data, evidence and other factors, including the consultation responses, have been carefully considered.

**There is further detail on the scoring outcome in our consultation document (p55-57) with further detail on how the options were assessed and scored on the consultation website.*

The options

Both Evelina London and St George's would provide all the services that must be on the same site as the Principal Treatment Centre, including a Level 3 children's intensive care unit. They both have the facilities to provide the service and flexibility to cope with more demand, if needed.

Would make sure the future Principal Treatment Centre has:

- ✓ good facilities for children with cancer and parents
- ✓ beds for parents to stay next to their children and nearby
- ✓ play specialists to support children, spaces for young children and teenagers, outdoor space, parents' lounges, cafes, self-catering options and rooms for parents to stay.
- ✓ involvement of children, parents and staff in the design of the future centre if it was at their hospital.
- ✓ a range of ways to support travel and access, including dedicated parking; patient-transport services (see next slide).
- ✓ high quality children's healthcare and education services which are already rated outstanding at both locations.

Neither Evelina London nor St. George's

- currently delivers the specific specialist cancer services that are based at The Royal Marsden
- would provide all 'readily available' services listed in the national service specification – these are services which do not need to be on site but must be available at all times. Most would be on site. However, for radiotherapy, patients would go to University College Hospital. In addition:
  - neurosurgery would not be on site if the future centre was at Evelina London - *patients would go to King's or St George's Hospital*
  - specialist cardiology and nephrology (heart and kidney services) would not be on site if the future centre was at St George's Hospital – *patients would go to Evelina London.*

**Further detail available in our consultation document, from page 41*

Evelina London proposal

- Purpose-built specialist children's hospital. All staff are experts in children's healthcare
- Is a specialist children's heart and kidney centre
- Runs the retrieval service which transfers seriously ill children, including those with cancer
- A children's intensive care unit with capacity for 30 beds. Two of these beds are expected to be needed for children with cancer
- In 2019/20, treated almost 120,000 young patients living in Kent, Medway, south London, Surrey and Sussex
- Does not currently provide the Principal Treatment Centre or surgery to remove tumours. It has a team of 54 surgeons with wide ranging expertise and would work with them, and others to create a team to undertake this surgery if it became the future centre
- Has more than 70 staff working on more than 180 national or international research projects in child health
- Guy's and St Thomas NHS Foundation Trust, which runs Evelina London, attracted more than £25 million of funding for research staff in 2019/20.

If the future Principal Treatment Centre was at Evelina London, it would have:

- A new children's cancer inpatient ward in Evelina London's main children's hospital building
- A dedicated children's cancer day-case unit and a dedicated outpatient space for children with cancer next to other facilities for children. Diagnostic services in the children's hospital building
- Outdoor spaces on site and at a park directly opposite the hospital
- Intensive care, cancer surgery and all other expert care provided on-site, other than services which are not changing, radiotherapy (proposed to be provided at University College Hospital) and neurosurgery which would continue to be at King's College Hospital and St George's Hospital.

**Further detail is available in our consultation document, page 44-45*

St George's Hospital proposal

- A large teaching hospital. Provides specialist services for adults and children
- Provides all the intensive care, most cancer surgery, and other specialist children's services for the current Principal Treatment Centre, which it provides in partnership with The Royal Marsden
- Has a 14-bed children's intensive care unit. Two of these beds, like now, are expected to be needed for children with cancer
- In 2019/20 treated almost 60,000 young patients mainly living in south west London, Surrey and Sussex
- 25 years experience of caring for children with cancer
- All children's service staff are experts in children's healthcare
- Provides neurosurgery alongside King's College Hospital
- Has 25 children's researchers and a good track record in national and international research
- St George's University Hospitals NHS Foundation Trust, which runs St George's Hospital, attracted £8.2 million of funding for research staff in 2019/20.

If the future Principal Treatment Centre was at St George's Hospital, it would have:

- A new children's cancer centre in a converted wing of the hospital with its own entrance
- Dedicated outpatient clinics and day case treatments including chemotherapy and minor operations in the cancer centre, with diagnostic services close by
- Dedicated garden space which could be closed off to other patients and visitors.
- Intensive care, cancer surgery and all other expert care provided on-site, other than services which are not changing, radiotherapy (proposed to be provided at University College Hospital), and specialist heart and kidney services which would continue to be at Evelina London.

**Further detail is available in our consultation document, page 46-47*

Support with travel and access

Through engagement with families and J/HOSCs, we have heard that travel times and access to the future Principal Treatment Centre are important. Many travel more than an hour to the current service and also by car.

An independent travel analysis looked at journey times and found:

Both options are very similar, or faster, to get to by public transport than to The Royal Marsden now, for the vast majority of people

By road, for <u>many</u> going to St George's Hospital and <u>most</u> going to Evelina London, the journey time would be longer

For University College Hospital it is a similar picture.

There would be a range of measures to support people with increased travel including:

- help to plan journeys to hospital
- financial support to help with travel costs – such as, the ability to reclaim ULEZ charges and congestion charges (if applicable)
- non-emergency transport services
- space for families to stay
- easy arrangements at the site, including for dedicated parking and drop-off
- convenient appointment times
- more care closer to home

Both potential providers of the future Principal Treatment Centre have committed to developing action plans to ensure effective delivery of these measures.

We are keen to hear more from families during consultation about this important issue and to work with them on measures to support with travel and access.

**Further detail available on pages 28 – 29 and 48 – 51 of consultation document; also see our dedicated information sheet on how travel times were assessed and on getting there*

Engagement

Our approach is informed by ongoing engagement

Engagement phase	How engagement is influencing the process
Early engagement and options appraisal (March 2020 - January 2023)	Fed into the development of the case for change and options appraisal process.
Pre-consultation (March 2023 – August 2023)	Helped us to plan the consultation and understand what some of the key issues may be.
Consultation (September – December 2023)	Will help us understand the impact of implementing either proposal and consider mitigations.
Decision-making (early 2024)	Feedback considered, alongside other evidence, to support the decision-making process.

We are here ⇨

Stakeholders who have been involved in this process to date:

- Parents/carers, children and young people
- Trust staff
- Researchers
- Stakeholder Group
- Joint/Health Overview Scrutiny Committees (J/HOSCs)
- Greater London Authority (GLA)
- Members of Parliament (MPs)
- Clinical Advisory Group and other leading clinicians
- Senior managers and experts in specific fields (such as HR)
- Voluntary and community organisations including specialist children's cancer charities
- Independent experts.

Pre-consultation engagement

Pre-consultation (April to August 2023) helped us to refine and update our consultation materials, inform our consultation plan and build our understanding of the key issues.

We mostly spoke to those with direct experience of receiving or providing the service as well as voluntary and community organisations including specialist children's cancer charities.

We visited the South East London JHOSC and gathered feedback from members on our consultation plan and document.

We also heard from a range of people from across the catchment area including

- from a range of ages (both of children, young people and parents/carers)
- people who have physical or mental health conditions, disabilities, or illnesses other than their cancer
- people from black, Asian and other ethnic minority communities
- people who do not speak English as their first language

	**739 responses, in total, to the engagement**		**27 engagement sessions** (including events, focus groups and meetings)
	**313 responses to online surveys**		**7 visits to wards on the different sites to speak to staff and families**
	**44 direct responses via email**		**Over 2,015 organisations and individuals directly[2] contacted to encourage responses**

**Further detail available in our consultation document (pages 34-28) and pre-consultation engagement report on our website*

Some of the ways we have responded to your feedback

You said*:

- You wanted to know more about parking spaces available at Evelina Children's Hospital.
- You wanted to be assured on arrangements for supporting staff from current service to transfer; including plans for retention, and where needed, recruitment.
- You enquired whether both potential providers were adequately prepared to meet the 2.5-year implementation timeline of this service change

We did/have*:

- The interim Equality and Health Inequality Impact Assessment (EHIA) includes a range of draft recommendations to support access to the future PTC. Recognising the importance of this, both Evelina London and St George's have set out their commitment to the development of detail plans to implement these. Both would provide dedicated parking for patients of the children's cancer centre. We have included more details in their consultation materials and want to gather more feedback in consultation.
- Through our pre-consultation engagement and ongoing consultation we want to continue to hear from staff about things which are important to them and are working with trusts to encourage this. This is allowing us to draw on their experience and understand their needs to explore ways to help ensure as many staff as possible transfer to the future service. Throughout the implementation phase we will have a dedicated focus on workforce. We plan to make a joint appointment between NHSE and current service to support this.
- Both potential providers have shared plans for transitioning the PTC over a 2.5 year period. Once a decision has been made, the implementation phase will involve work by a number of stakeholders to do detailed implementation planning for the service change. An Implementation Board will be established to oversee/help ensure a smooth transfer. We know from families and staff that continuity of care will be really important.

*in our meeting with the JHOSC, July 2023

*Further detail available in our pre-consultation engagement report on our website

Our public consultation

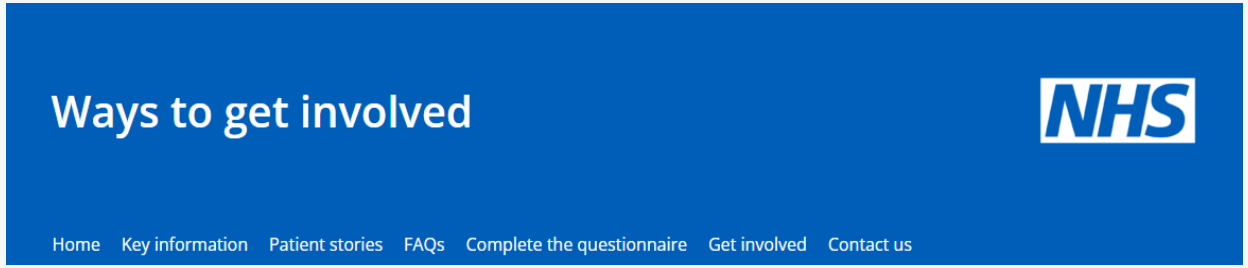
There are opportunities open to everyone to get involved and share their views – all feedback is sent directly to the independent agency analysing the consultation and will not be directly attributable to individuals. **The consultation runs from 26 September to 18 December.**

How you can contact us during consultation:

Email: england.childrenscancercentre@nhs.net

Phone: 0800 135 7971

Full details and consultation documents are available on our website: **www.transformationpartnersinhealthandcare.nhs.uk/childrenscancercentre**



Ways to feedback:

- Public listening events – sign up here
- Online full and easy read survey, printed easy read survey
- Email, phone and written responses (free to call and post)
- On-demand briefings/inviting us to join existing meetings
- Visits to both sites to see the hospital sites
- Useful resources for professionals - communications toolkit here

How we are hearing from parents and young people who currently use the service through our public consultation

The Royal Marsden, St George's, University College London Hospitals are helping us to hear from parents, families and carers who have children impacted by cancer. We also want to hear from staff who work for the current service; or related services such as POSCUs.

We continue to work closely with national and local charities to share information and encourage responses. Activities to reach current parents, to ensure they have their voice, include:

- Letters to current and recent families (shared by Trusts on our behalf)
- Posters and materials physically on site that link to the questionnaire and consultation website
- Information shared by clinical colleagues to patients on wards and in outpatient areas
- Information shared with The Royal Marsden Parents Facebook Group
- Emails and telephone calls to 36 local and national specialist children's cancer charities to promote/raise awareness and encourage participation
- Arranging parent focus groups with those who attend the current PTC and/or use POSCU services
- Emails to parents who we engaged with during pre-consultation to encourage responses
- Play specialists are undertaking sessions to gather direct feedback from children with cancer – 6 sessions already completed

South East London: Communications and engagement activity

Communications

An example of organisations we have contacted across each south east London boroughs include:

- Healthwatch
- MPs
- Maternity Voice Partnership meetings
- Children and young people's forums
- Individual borough level Healthwatch organisations
- Ethnic minority communities
- Disability and advocacy groups
- Carers and young carers organisations
- Specialist children's cancer charities
- South East Cancer Centre
- Charities connected to the Trusts: Evelina London
- SEL ICB colleagues have shared information borough level networks

Engagement already undertaken in south east London

- Personal calls to over 50 organisations in the area supporting equalities groups to raise awareness of the consultation and to book in sessions
- Parent/carer group in Bromley
- Cancer Alliances, Operational Delivery Networks and Paediatric Networks
- Community focus group in south east London with children and families

Consultation: Mid-point review

Purpose of the mid-point

As set out in our consultation plan, the purpose of this mid-point review is to:

- Document the consultation and communication activities that have happened to date
- Review the overview response rate to the consultation and the response rate from specific stakeholder groups and geographical areas
- Identify any gaps in representation
- Consider the appropriateness of planned activity to address any gaps identified
- Provide an overview of key findings emerging from the consultation feedback
- Suggest next steps to address any gaps or other issues identified.

Explain Market Research have undertaken a desktop review of consultation feedback to produce an independent mid-point review document, including recommendations. This report is shared separately.

Next steps following the mid-point

- The independent mid-point report has been reviewed by the programme team and communications and engagement leads; it will also be shared with the Programme Stakeholder Group (including parents and local and national charities), Programme Board (including Trust, Integrated Care Board (ICB) and patient representatives), and Joint Overview & Scrutiny Committees (JOSCs).

- Following these meetings, our action plan, drafted in response to the mid-point document, will be updated and finalised.

- Based on feedback from Explain, the data shows we have made good progress with the consultation. **Our current and future plans for the remaining engagement period put us in a good position to close the consultation, as planned, on the 18th of December 2023.**

Communications and engagement activity to date

Communications activities have included:

These activities have been supported by our partners including the trusts involved and Integrated Care System colleagues.

- Letters directly to patients
- Sharing information and toolkits with partners to cascade through networks
- Media release and media interviews
- Sharing content on social media
- Joining meetings to brief stakeholders about the consultation
- Proactive phone calls to organisations
- Hard copy documents in hospital departments
- Staff periodically handing out information to families currently using services

Engagement activities have included:

Some of these activities have been supported by specialist organisations commissioned by NHS England.

- Community focus groups
- Play specialist sessions on wards
- Public listening event
- Joining community events with people representing equalities groups
- Meetings with wider clinical colleagues, MPs, Overview and Scrutiny Committee leads

You can read more about the communications and engagement work undertaken, to date, in Explain's independent mid-point report

Overview of uptake of the consultation

Key figures

- Over 680 responses have been received to the consultation so far*
- Over 450 online and hard copy survey responses
- 232 people engaged face to face/virtually
- Nearly 2200 people have visited the consultation website
- Over 270 documents have been downloaded from the website
- Over 410 views of our animation
- 27 meetings held – a mix of briefing and feedback sessions

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As of the 9th of November 2023

You can read more about the uptake of the consultation to date in Explain's independent mid-point report

Overview of uptake of the consultation

We are hearing most from:

- Stakeholders in south west London
- Families who do not have direct experience of cancer services

We are hearing least from:

- Children, young people and families currently experiencing the service
- Staff working in the current service
- People from ethnic minority groups; people experiencing financial difficulties or who live in the most deprived areas; refugees, asylum seekers or those experiencing homelessness; families with poor literacy or language barriers;
- People outside London, specifically Kent & Medway and Sussex.

Our action plan, outlines planned activities are already in place to reach the groups identified.

You can read more about the groups responding to the consultation in Explain's independent mid-point report

Key themes

Below is a high - level summary of key themes, as reported by Explain, that are emerging from the survey and qualitative feedback received to date.

- Objections to the case for change
- Evelina London: challenges in travelling into central London
- St. Georges Hospital: challenges of travelling to the hospital
- Evelina London: perception that specialist services are lacking
- Evelina London: has the advantage of already being a specialist children’s hospital
- St. George’s Hospital: feedback about the quality of the existing estate
- St George’s: already an established provider of very specialist children’s cancer services

NHS England response to the mid-point review

We welcome the findings shared by Explain (set out in detail in their report), as part of our mid-point review, and can report that many of the recommendations made are already in the process of being actioned, through pre-existing planned work. Further actions have also been identified.

We have prepared a detailed action plan, together with these slides to respond to the recommendations.

As our mid-point review is still in progress, these documents are ‘living’ documents which we expect to continue to refine as we get further input from stakeholders. We continue to welcome feedback from JHOSC members on areas we can focus activity. We look forward to discussing our planned actions and adding to these in conversation with key stakeholders in the coming weeks.

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NHS England high-level response to the recommendations

Explain Market Research have provided six high-level recommendations. Our response is outlined below. Further actions were also suggested and are contained within our detailed action plan.

Recommendation	NHS England action/ response
1. Addressing gaps in representation from specific target groups and geographical reach	We already have some meetings planned with the specific target groups (including patients, families and staff) identified as part of future engagement work. We are exploring further ways to reach these groups through funding sessions provided by external partners, where appropriate. We are working closely with partners in ICBs to consider how best to encourage uptake from outer London areas – as well as going to hospital sites, where possible.
2. Maximising reach from communications activity	We will be reviewing opportunities to refine our communications approach to ensure it is tailored appropriately to different stakeholders. As an example, with learning disability groups, making it explicit that, even though individuals may not have experiences of using cancer services, we want to understand their experiences of change and how this may affect people with learning disabilities. We continue to audit where and how information is being shared so that we can maximise partner networks and seek to bridge any gaps.
3. Objections to the proposals	We are reviewing opportunities to make the scope of the consultation even clearer, including the case for change, and to encourage more feedback on the options so that this can be captured and inform decision-making.
4. Comprehension of the proposals	We are going to produce audio versions of the proposals to support accessibility as well as embedding information about the proposals within the online survey itself. We will continue to discuss both proposals during face-to-face engagement sessions.
5. Support to complete the survey, particularly for specific target groups	Some organisations have already indicated that they are supporting target groups to complete the survey. we will continue to explore other alternative ways to support people to complete the survey.
6. Focus of children and young people play specialist sessions	We have already worked with the play specialists conducting these sessions to review the approach, to make sure we are getting the best possible feedback about the proposals through this method of engagement.

**Our detailed action plan can be shared with more detail*

Next steps and timings

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What happens once the consultation closes?

- The public consultation is planned to close at midnight on 18th December.
- The consultation responses will be analysed by an external organisation and written up in a report which will be made publicly available. We will share this with the JHOSC also.
- No decision will be made until the public consultation has concluded, the feedback analysed, and all relevant data, evidence and other factors, including the consultation responses, have been carefully considered.
- Indicatively, NHS England are planning to take the decision on the future location of the Principal Treatment Centre in early 2024.
- Services would not move until at least 2026. We expect all the preparations for the future Principal Treatment Centre to take place within two and a half years.

**Further detail available in our consultation document*

Ensuring a smooth transition

Wherever the future Principal Treatment Centre is located, it will be important that the move of the service is as smooth as possible.

Following consultation, and once a location is decided, detailed planning will be undertaken. Some of the things this will focus on are:

- planning and undertaking building work to refurbish existing space for the future centre
- supporting as many staff as possible from the current service to move to the future centre and feel part of the new organisation
- maintaining the current levels of research activity and funding
- ensuring there are strong plans for the The Royal Marsden to continue to provide the teenage and young adult services and that arrangements for transitioning patients from the children's service to this service continue to go smoothly
- putting everything in place for a safe, smooth transfer of patient care.

With any service change, we recognise it is also important to consider its impact on other NHS services and patient care.

For more information see our consultation document – page 52 - 54.

Benefits

Whether the future Principal Treatment Centre were at Evelina Children's Hospital or St George's, it would:

- end hospital transfers of very sick children with cancer from the specialist centre, who need or might need intensive care, eliminating the added risks and stress these transfers bring
- enable children to get more of their care on the specialist cancer ward and minimise the number of children admitted to intensive care, which can be stressful for children and families
- have more services on the same site than now, improving experience for many children and families
- meet the national requirements and be capable of offering cutting-edge treatments that need intensive care on site
- make it easier for different specialist teams treating the same child to work closely together, improving care for children and supporting new kinds of research
- make it easier for cancer and non-cancer specialists to learn from each other and share learning, and support future recruitment and retention of staff.

Raising further awareness of our consultation

Please continue to promote the consultation with your local communities – our website contains a comms toolkit with pre-written information that can be lifted. We also have a range of materials to support patient engagement. Please get in touch if we can provide support or you have questions.

How you can contact us during consultation:

Email: england.childrenscancercentre@nhs.net
Phone: 0800 135 7971

Full details and consultation documents are available on our website:
www.transformationpartnersinhealthandcare.nhs.uk/childrenscancercentre

Appendices

Pre-consultation engagement

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Early engagement

Early public engagement (March 2020 - March 2023)

Purpose: Seek early feedback about experiences of the current service and understand important features for a future service.

Activities:

- **2 surveys –** online and via staff on wards
- **9 Meetings with our Stakeholder Group** – of parents and charities
- **Over 60 contacts** (through our independent Chair of the Stakeholder Group) with parents/carers /caregivers – a combination of meetings, individual conversations with parents (telephone or virtual) and email contacts - to support their participation and engagement
- **Panel of parents** participated in the options appraisal process – scoring aspects of the patient experience domain
- **2 parent representatives** involved in reviewing the Equality and Health Inequalities Impact Assessment

Impact of engagement: Fed into the development of the case for change and influenced options appraisal criteria and weightings

Reach and representativeness

Through our early engagement work, **we heard from over 250 children, young people and families** through our surveys from:

- a broad range of geographies across the PTC catchment area, including in south east London
- a range of ages of parents and children
- 33% of survey respondents were from Mixed/Multi Ethnic, Asian, Black Ethnic Groups or other Ethnic groups

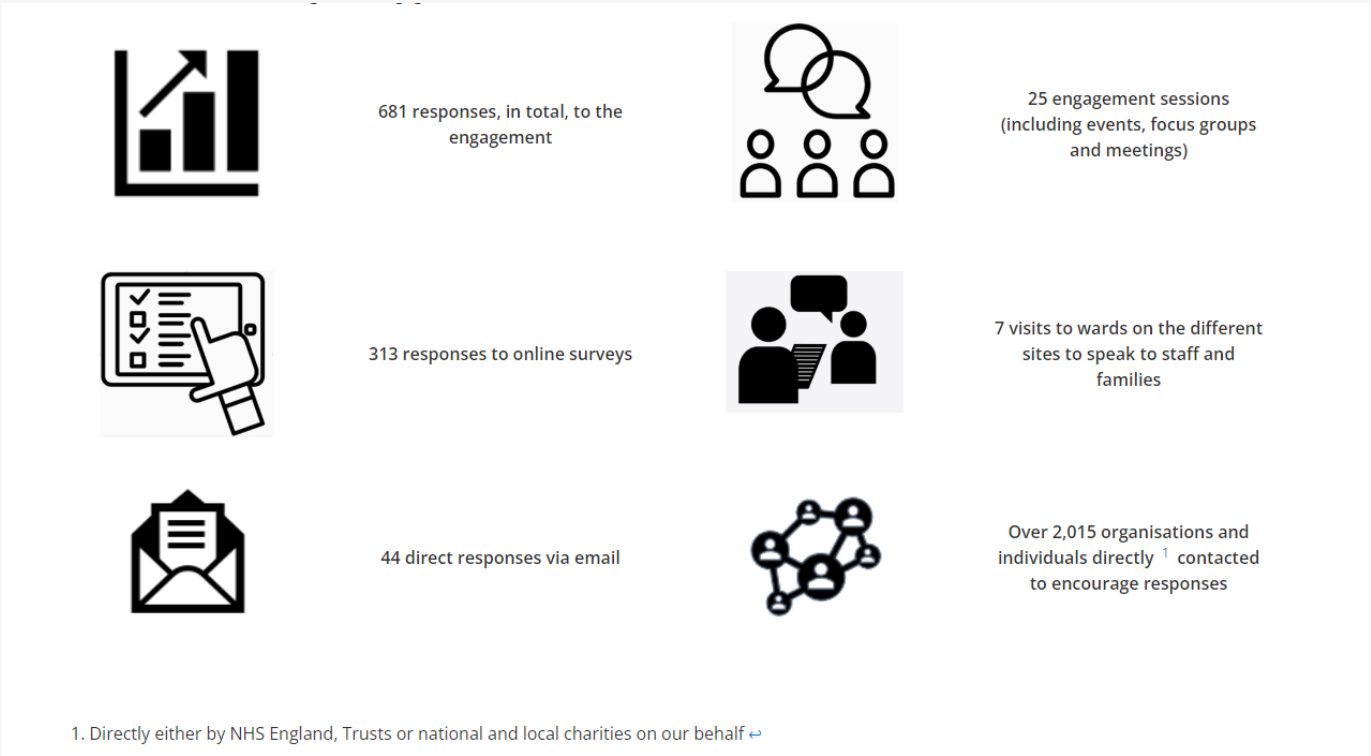
Our future focus has been on reaching a wide range of views – many currently in the service may not be affected in the future. Conversely, some families who currently know nothing about the service may be impacted if they need to use the service in future.

Pre-consultation engagement

Pre-consultation (April to August 2023) helped us to refine and update our consultation materials, inform our consultation plan and build our understanding.

We engaged on a 1:1 basis, via email, through surveys or at meetings – mostly with those with direct experience of receiving or providing the service as well as voluntary and community organisations and specialist children's cancer charities. Including people:

- from a range of ages (both of children, young people and parents/carers)
- who have physical or mental health conditions, disabilities, or illnesses other than their cancer
- are from black, Asian and other ethnic minority communities
- who do not speak English as their first language
- who have had experiences of receiving treatment at, or working for, the current Principal Treatment Centre



Equalities groups

Organisations contacted during pre-consultation engagement, identified in our Integrated Impact Assessment:

- Specialist children and young people (CYP) cancer charities/groups (including parent-led organisations)
- Youth Forums/Councils/Parliaments
- Healthwatch organisations
- Maternity Voice Partnerships
- Mental health umbrella organisations
- Black and minority ethnic forums/ groups
- Pan-geography organisations supporting refugees or asylum seekers, people with addiction and/or substance misuse issues, people involved in the criminal justice system, people experiencing homelessness, and gypsies or travellers
- Learning disability and autism groups
- Groups supporting people with physical impairments
- Carers (young and adult)
- Community groups in the most deprived areas within the catchment area.

Equality and Health Inequality Impact Assessment: high-level summary

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Equality and Health Inequality Impact Assessment: Process

Purpose of the EHIA

To support meeting legal duties including the Public Sector Equality Duty (Equality Act 2010) and the Health and Social Care Act (*to have regard to the need to reduce inequalities between persons in access to, and outcomes from healthcare services*)

What changes are we assessing the impact of?

A change in location of the current Principal Treatment Centre and the implications of this change on patient travel arrangements including travel time, complexity of journey (including parking arrangements) and cost.

Additional considerations:

- the prospect of the service change process itself
- the prospect of a new environment and aspects of onsite accessibility
- other potential benefits

The EHIA takes a non-comparative, population-based approach.

Which population groups were considered in terms of experiencing differential impacts?

Those with a protected characteristic as specified in the Equality Act 2010, or who typically face health inequalities, including those living in deprived areas or families on low incomes (EHIA document contains full list).

For each group, using the information referenced below, plus professional and personal experience, the sub-group assessed any potential differential impacts of the proposed changes in relation to both the Public Sector Equality Duty and inequalities in access to, and outcomes from the service.

Sources of information used:

1. An equalities profile for the Principal Treatment Centre catchment population
2. A travel time analysis report
3. Qualitative insight collected through patient engagement activities

Equality and Health Inequality Impact Assessment: Overall findings

Impacts of travel time differences on health inequalities (access)
When comparing travel times to the current Principal Treatment Centre main site (The Royal Marsden) to either future option, travel time analysis shows:

- there are differential positive impacts for children living in the most deprived areas and rural areas when travelling by public transport.
- there are differential negative impacts for children living outside London or in rural areas when driving.

Other impacts Several population groups (full list in EHIA) may experience a differential impact in terms of:

- complexity or cost of their journey
- uncertainty brought on by the prospect of the service change process itself
- on-site accessibility

For example, patients and/or families:

- where a family member is disabled (or has a spectrum disorder)
- who are on a low income/living in more deprived areas
- with poor literacy and/or language barriers
- who experience digital exclusion

The Equalities profile document includes an estimated quantification of the size of each population group within the PTC catchment area.

Benefits for improving outcomes and reducing inequalities:
Compliance with the service specification will mean that healthcare related outcomes (in terms of patient experience and safety) are likely to be enhanced through receipt of co-ordinated, holistic care with a reduced requirement for treatment transfers at a time of crisis and the risk that certain types of transfers involve.

While this will benefit all children attending the Principal Treatment Centre, the EHIA sub-group concluded that there may be a differential positive benefit for certain groups who may have a higher need for additional paediatric specialties (e.g. those with complex cancer care needs, co-morbidities, who are disabled or have or other conditions) or with communication difficulties (e.g. language barriers or poor literacy) where the reduced need for treatment transfers/multi-site appointments may be beneficial.

Equality and Health Inequality Impact Assessment: Public transport and driving times (South East London)

On average, the residents of most boroughs within South East London would see a reduction in travel time to either Evelina London or St George's via public transport, compared to travelling to The Royal Marsden.

Travel times to Evelina London would reduce by 34 minutes on average.

Travel times to St George's would reduce by 23 minutes on average.

For context, the estimated current public transport travel time to The Royal Marsden for South East London residents is on average 1 hour 24 minutes.

On average, many residents of most boroughs within South East London would see a decrease in travel time for driving compared to travelling to The Royal Marsden.

However, residents of Bromley and Bexley would see an increase in travel time for driving to both potential future PTC sites and residents of Bexley would see an increase in travel time for driving to St. George's.

Meanwhile, residents of Bexley would be likely to experience an increase of around 15 minutes travel time to St. George's.

For context, the estimated current drive time to The Royal Marsden for South East London residents is on average 54 minutes.

Lots more information on our work in this area, including consideration of travel to University College Hospital is available in our consultation materials.

Equality and Health Inequality Impact Assessment: mitigation & next steps

It is important to note that the travel analysis can only capture impacts in terms of travel time. It is not possible to systematically quantify impact in terms of complexity of journey, reliability of transport services and costs. **The most important aspect of the EHIA is the recommendations for mitigation**. The EHIA sub-group has put forward a range of potential systems, processes or programmes that could serve to mitigate the adverse impacts of a longer, more complex, more costly journey.

The main themes include:

1. Systems and processes aimed at helping patients and families plan their journeys to hospital, including provision of inclusive and accessible information and translation services.
2. Systems and processes aimed at reducing the financial impact of travel, such as reimbursement schemes for travel costs (including ULEZ charges and congestion charges where applicable) or supporting patients to access other financial support.
3. Transport services provided directly to patients and their families (with clear eligibility criteria) and family accommodation.
4. High quality onsite accessibility arrangements, including parking and drop-off facilities.
5. Other aspects of care planning including flexibility for appointment times, shared care closer to home, strong communication systems between different health and social care teams, and remote (non face to face) appointments (that take into account aspects of digital capability)
6. An excellent implementation plan for the service change process, to support patients through the transfer period, with high quality continuity of care. Implementation plans should consider meeting NHS duties around health inequalities and take a Core20Plus5 approach.