

South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on 6 July 2023 at 6.00 pm at Lewisham Town Hall, Catford - Civic Suite, Lewisham SE6 4RU

PRESENT:

Cllr Christine Banton
Cllr Chris Best
Councillor Mark Brock
Cllr Chris Taylor
Cllr Carol Webley-Brown

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 meeting held on 8 April 2021

2.2 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 through 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 South East London 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 7.56pm.

Chair:

Date: