

Brighton & Hove City Council

Health Overview & Scrutiny
Committee

Agenda Item 42

Subject: Children's Cancer Specialist Services: Plans for Service Change

Date of meeting: 15 March 2023

Report of: Executive Director, Governance, People & Resources

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Ward(s) affected: All

For general release

1. Purpose of the report and policy context

- 1.1 All children and young people England who are diagnosed with cancer are treated in one of 13 Principal Treatment Centres (PTCs) which are responsible for coordinating and delivering care.
- 1.2 Currently in South West London the Royal Marsden NHS Foundation Trust (RMH) and St George's University Hospitals NHS Foundation Trust (SGUH) provide a joint Principal Treatment Centre over their two sites which covers the catchment area of Sussex, Kent & Medway, Surrey, South East London and South West London.
- 1.3 Following the publication of a new national service specification for PTCs in November 2021, the RMH/SGUH service is not compliant with the requirement to provide a paediatric intensive care unit (PICU) on the same site as the PTC, and for joint site services this means a PICU on each site thus avoiding the need to transfer critically sick children. While the current specialist children's cancer service is high quality and safe, the Royal Marsden has confirmed that it would not be sustainable clinically or financially to provide a PICU on its Sutton site. The current service provider therefore does not meet this new requirement, and a compliant single site is needed for this service going forward.
- 1.4 This report seeks to inform the discussion on whether the move of the South London and South East England Principal Treatment Centre service from the Royal Marsden Sutton site to a single site provider in South London, is considered a substantial variation for Brighton & Hove residents.
- 1.5 NHSE have contacted all HOSCs with populations impacted by the change with an outline of their plans, and have asked whether HOSCs consider the plans to constitute a Substantial Variation in Services (SViS). Information provided by NHSE is included as Appendices 1 and 2.

- 1.6 Should two or more HOSCs in the region consider that these plans do constitute an SViS, they are required by statute to form a Joint HOSC (JHOSC) to scrutinise the plans.
- 1.7 For Brighton & Hove City Council, the decision as to whether these plans constitute an SViS is ultimately for Full Council to determine.

2. Recommendations

Health Overview & Scrutiny Committee

- 2.1 That Committee agrees that the plans to change specialist children's cancer services for South East England outlined in Appendices 1 and 2 do constitute a Substantial Variation in Services requiring the establishment of a Joint HOSC (JHOSC).
- 2.2 That Committee agrees to recommend to full Council that it formally approve the decision that Brighton & Hove City Council forms a JHOSC with other local authorities in the region.

Full Council

- 2.3 That full Council agrees that the specialist children's cancer change plans outlined in Appendix 1 (the Plans) constitute a Substantial Variation in Service, and formally agrees to establish a Joint HOSC (with Terms of Reference to follow for approval) or for the Chair of HOSC to join an existing JHOSC for the purpose of scrutinising the Plans.

3. Context and background information

- 3.1 The majority of NHS services for children with cancer are accessed locally, with more specialist services based at sub-regional centres, and the most specialist services at a regional hub. For Brighton & Hove residents, most children's cancer care is provided from the Royal Alexandra Children's Hospital, Brighton (formally known as a 'Paediatric Shared Care Unit'). However, the most specialist services are provided jointly by the Royal Marsden NHS Foundation Trust (Sutton) and St George's University Hospitals NHS Foundation Trust, Tooting, as the Principal Treatment Centre.
- 3.2 Following the publication of a new national service specification for PTCs in November 2021 there is now a requirement that specialist cancer services, paediatric intensive care units and paediatric oncology surgical services are co-located. This means that the current arrangement - whereby The Royal Marsden hospital is the specialist cancer centre and St George's Tooting provides paediatric intensive care and surgical support - is no longer sustainable.

- 3.3 NHS England (the commissioner of specialist NHS services) is consequently planning to make changes to the most specialist tier of SE children's cancer services to ensure that there is a single site for cancer and surgical specialties.
- 3.4 There are two potential providers for specialist children's cancer services, both in London: St George's University Hospitals NHS Foundation Trust, and Guy's & St Thomas' NHS Foundation Trust.
- 3.5 Relatively few Brighton & Hove families need to access specialist children's cancer care. However, for those that do, this is a very important service. Changes to children's cancer care are therefore of substantial local interest, and it is recommended that the city council joins other local authorities across the South East in scrutinising these plans. Areas for scrutiny might potentially include:
- Which provider offers the best clinical model of care for local families
 - Continuity of care for young people currently receiving treatment
 - Support for families (e.g. financial assistance for travel)
 - What impacts, if any, there are on local children's cancer services
 - The degree to which local residents and representative organisations have been engaged with or consulted on the change plans.
- 3.6 Under health scrutiny legislation, NHS bodies must engage with the local HOSC when planning to make significant service changes in a particular geographical area. If the HOSC considers that plans constitute a Substantial Variation in Services (SViS), then the NHS must formally consult with the HOSC before implementing its plans. When plans impact across multiple local authority areas, NHS bodies must consult with all the HOSCs affected. If two or more HOSCs consider a change plan to be an SViS, then they must form a formal Joint HOSC (JHOSC) to scrutinise the plans.
- 3.7 informal indications from more than one other authority indicate that they are likely to consider the changes outlined here to constitute a SViS for their local area, subject to formal approvals. It is likely therefore that a JHOSC will be constituted, and an update will be provided to members regarding this at the meeting.
- 3.8 If a JHOSC is formed, it is likely that a number of local authorities will be members, and therefore that there will be a limited representation from any one council – e.g. potentially just one member from each HOSC. In such circumstances, Brighton & Hove HOSC would have a standing item on progress of the JHOSC at every HOSC meeting until the JHOSC is completed. This would ensure that members are kept apprised of the progress of the JHOSC, and are able to suggest areas of enquiry to be taken up by the HOSC representative on the JHOSC.

4. Analysis and consideration of alternative options

- 4.1 Committee could decide that the planned changes are not significant enough to be deemed an SViS, and that the Council should therefore not seek to join a JHOSC to scrutinise these plans. This would mean that the Council would be unable to represent formally the views and interests of local families using specialist cancer services. Some HOSCs have already considered that these plans do not constitute an SViS for their residents, and NHSE has agreed to be them informed of the progress of the plans.

5. Community engagement and consultation

- 5.1 None directly for this report. NHSE will undertake a public consultation exercise regarding its plans for children's cancer services. As part of its scrutiny process, a JHOSC might also choose to engage directly with the public and/or with groups representing service users.

6. Conclusion

- 6.1 Members are asked to agree that NHS England plans to change specialist children's constitute a Substantial Variation in Services for local residents and should in consequence be scrutinised by the Council as part of a Joint HOSC.

7. Financial implications

- 7.1 There are no financial implications for the city council in this report.

Name of finance officer consulted: David Ellis Date consulted 07/03/23

8. Legal implications

- 8.1 Under the Health & Social Care Act (2001) and related legislation, HOSCs are granted powers to scrutinise significant NHS plans for service change (Substantial Variation in Service: SViS). In scrutinising such proposals, the local authority must take into account the effect or potential effect of the proposal on the sustainability of the health service in its area.
- 8.2 Where SViS cross boundaries between individual local authorities, those local authorities may only respond to the plans via a Joint Health & Overview Scrutiny Committee.
- 8.3 Brighton City Council's HOSC is considered to have expertise relevant to the exercise of reviewing the proposed changes to specialist children's cancer services for South East (SE) England, and to forming a view on whether or not those changes constitute a SViS. Although HOSC has had delegated to it the Council's health scrutiny function, full Council's formal approval is nonetheless required for the Council to establish or join a Joint Health & Overview Scrutiny Committee.

Name of lawyer consulted: Victoria Simpson

Date consulted 06/03/23

9. Equalities implications

- 9.1 None directly. JHOSC scrutiny will potentially include a focus on how people with protected characteristics or other vulnerabilities are supported to access specialist cancer services. For example, this may include what support is available for families who would struggle to fund regular travel to a London specialist hub.

10. Sustainability implications

- 10.1 None directly. The configuration of specialist children's cancer services is such that Brighton & Hove residents do have to travel to London to access some aspects of tertiary care, which will have a carbon impact. This is the case currently and will be with future arrangements, with broadly similar journey times and public transport accessibility for all future options. The highly specialist nature of these services means that they cannot realistically be provided locally.

11. Social Value and procurement implications

- 11.1 None identified – this is not a Council procurement.

Supporting Documentation

1. Appendices

- 1 Information provided by NHS England
2 NHS England presentation slides on children's cancer plans

