BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

11.00am 15 MARCH 2023

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor West (Group Spokesperson), Grimshaw, O'Quinn and Rainey

Other Members present: Nora Mzaoui (Community & Voluntary Sector representative), Michael Whitty (Older People's Council)

PART ONE

38 PROCEDURAL BUSINESS

38A Substitutes and Apologies

38.1 Cllr Hugh-Jones attended as substitute for Cllr John.

38.2 Apologies were received from Cllrs Lewry, Barnett and John, and from Geoffrey Bowden (Healthwatch representative).

38B Declarations of Interest

38.3 There were none.

38C Exclusion of Press & Public

28.4 Resolved – that the press & public be not excluded from the meeting.

39 CHAIR'S COMMUNICATIONS

39.1 The Chair gave the following communications:

I have called a special meeting of the HOSC today to look at NHS England plans to make changes to specialist cancer services for children.

Unfortunately, it wasn't possible to wait until the scheduled April meeting for this item. The formal scrutiny of regional change plans needs to be via a Joint HOSC, and for

Brighton & Hove the final decision as to whether to join a Joint HOSC is resolved for full Council – we needed to schedule this meeting to potentially feed into 30 March full Council or we would have needed to wait until Annual Council on 25 May, which would have been a significant delay.

I apologise for the inconvenience and appreciate those who have been able to attend today. I think if it hadn't been for the school strike, we would have had several more with us today.

I also want to be clear about the purpose of today's meeting. Today's meeting is for HOSC members to decide whether they think these plans are of sufficient local importance that the represent a 'substantial service variation' for our residents, and that the city council should therefor join a Joint HOSC.

We do have colleagues from NHS England here today; I will ask them to present on their plans, and they will be available to answer questions. However, in-depth scrutiny of these plans, and questions about which provider offers the best option, are really matters that are reserved for a Joint HOSC. Therefore, please ask questions that will help you come to a view about a substantial variation of service and the needs of our local population affected, rather than the commissioning decision itself.

If the committee agree the recommendation today, then we will link up with other HOSCs across the region which have expressed an interest in scrutinising the plans. We don't yet know definitively which HOSCs this may be involve, although we do know that several have decided not to formally scrutinise this issue. If we decide not to take part in the joint HOSC, then NHSE will keep us updated on the progress of the plans, but we won't be formally involved in any scrutiny. I do need to be clear that the options are for formal scrutiny via a Joint HOSC or for no formal scrutiny. Under health scrutiny legislation we do not have the option to formally scrutinise regional change plans as individual HOSCs.

My personal view is that, although the number of children involved are small, the nature of these serious cancers mean that the whole family is heavily affected. The illness and care pathway can lead to life changing consequences for the siblings, parents and extended family, as well as the child with cancer. My personal view is that this therefore represents a substantial variation of service, which we should scrutinise for our B&H residents affected. It is of course up to the committee this morning to decide if they agree.

There is an additional factor that influenced me in coming to the view that we should take part in joint HOSC. As we now have much larger ICPs across the southeast there are likely to be many more service changes that cross local authority borders. As BHCC has not taken part in a joint HOSC for more than a decade, this will be an opportunity for the new HOSC chair and committee to learn about the process and make link with other HOSCs across the region. This should stand us in good stead when much larger service changes are proposed in the future.

Finally, I would like to add in the interests of openness, that on the request of St Georges University Hospitals NHS Foundation Trust I met their chair and some senior clinicians last week. I was briefed about their service and their views on future service

models. This was an informal meeting and did not influence my view that we should take part in the JOSC. And if we do decide to proceed, I will of course offer the same opportunity to meet Guy's & St Thomas' NHS Foundation Trust in order to be fully briefed by all parties prior to formal scrutiny at the joint HOSC.

40 PUBLIC INVOLVEMENT

40.1 There were no public engagement items.

41 MEMBER INVOLVEMENT

41.1 There were no member involvement items.

42 CHILDREN'S CANCER SPECIALIST SERVICES: PLANS FOR SERVICE CHANGE

42.1 This item was presented by Dr Chris Streather, NHS England South East Medical Director. Chris Tibbs (NHS England South East Medical Director, Specialised Commissioning), Sabahat Hassan (NHS England Head of Partnerships & Engagement, South East Commissioning Directorate), and Hazel Fisher, NHS England, also attended the meeting via teams.

42.2 Dr Streather outlined the reasons for making changes to services, noting that there is a new National Service Specification for Paediatric Treatment Centres (PTC) requiring the bulk of services to be provided on a single site. There are currently two PTCs for London and South East England: Great Ormond Street Hospital for Children (GOSH) covers North London and counties to the north of London; St George's University Hospitals NHS Foundation Trust (St George's) and the Royal Marsden NHS Foundation Trust (RM) jointly cover South London, Kent, Sussex and Surrey. Since the southern service currently operates across two sites, a consolidated alternative will need to be identified.

42.3 There are two options for a single-site PTC: St George's or Guy's & St Thomas' NHS Foundation Trust/Evelina Hospital for Children (GSHT). NHS England (NHSE) is the commissioner of specialist children's cancer services, and as such is leading the search for a new PTC. NHSE has scored both potential providers, and has a narrow preference for GSHT. However, NHSE will engage with stakeholders and the public, taking their views into account before a final decision is reached. This will include consultation with any of the Health Overview & Scrutiny Committees in the footprint via a Joint HOSC (JHOSC). As part of its decision-making process, NHSE will conduct a full Health Inequalities Assessment.

42.4 In response to a question from Cllr O'Quinn, Mr Streather confirmed that wherever possible, children's cancer services are provided locally. For Brighton & Hove residents this will be at the Royal Alexandra Children's Hospital, Brighton. Some services may have to be provided at the PTC, typically in the early stages of treatment. There will be means-tested support for families who need to travel to the PTC.

42.5 In answer to a query from Cllr O'Quinn, Dr Streather stressed that the quality of patient and family experience was of paramount importance. There is learning here from the

current joint PTC, but also from GOSH which has been operating an excellent single-site PTC in central London for some time.

42.6 Cllr West challenged the data on deprivation that had been shared with members, noting that a focus on Brighton & Hove as a whole could be misleading, as the relative wealth of parts of the city tends to obscure, but does nothing to alleviate, very real issues of deprivation. Dr Streather responded that NHSE works with more granular data than was represented on the deprivation map shared with members, and a more granular approach will be followed in preparing the Health Inequalities Impact Assessment.

42.7 In response to a question from Cllr West on journey modelling, Dr Streather told the committee that modelling had been undertaken on a number of scenarios (e.g. on both a 50/50 split of journeys by private car/public transport and on a 70/30 split), and he was confident that patient traffic can be managed.

42.8 In answer to a question from Cllr Rainey on the benefits of change Vs the risks of disruption, Dr Streather told members that discontinuity in transition is a significant risk. Commissioners will work closely with the current and future providers, both to identify high performing elements of the current service which must be maintained, and to ensure a smooth handover.

42.9 Cllr Grimshaw asked questions about means-testing and about support for people who don't meet the criteria for receiving support but who may nonetheless be struggling financially. Dr Streather responded that this is always an issue with means-testing and that NHSE have no control at the levels at which support is provided. However, all the providers involved in this provision have well-funded charities and there is likely to be plenty of support on offer to families. The Chair noted that this was an issue that HOSC members would be likely to wish to focus on should it be agreed that the city council should join a Joint HOSC.

42.10 Cllr Hugh-Jones noted that she would welcome a Joint HOSC focus on transport support. Dr Streather responded that NHSE modelling shows that either future provider will be somewhat easier to access via public transport than the current providers, but that car journeys would be slightly longer. Dr Streather reiterated that NHS will use granular data to fully explore the travel implications of its new model.

42.11 Nora Mzaoui asked a question about facilities for parents staying overnight. Hazel Fisher replied that both potential providers have a mix of options including pull-out beds, some capacity for using adjoining rooms, and nearby family accommodation to support longer term stays (Ronald McDonald house options).

42.12 Cllr O'Quinn asked a question about support for families with London congestion and ULEZ charges. Ms Fisher responded that there is the capacity for hospitals to register with ULEZ which allows families to claim back charges. GOSH PTC is often asked to support families with transport costs, so there is a good practice model for the new provider to draw upon.

42.13 The Chair asked a question about the transfer of workforce to a new provider. Dr Streather replied that staff will be offered the opportunity to transfer to the new provider,

although they are under no obligation to do so, so it is not possible to say with certainty what percentage of staff will move across. Under some scenarios surgeons might find themselves working across two sites; however, this is fairly standard practice and one that hospitals are well-used to dealing with.

42.14 In response to a question from the Chair about engagement with a Joint HOSC, Ms Fisher told the committee that this will be negotiated with the Joint HOSC: NHSE are keen to engage as fully as possible, and are also happy to keep HOSCs that do not wish to formally scrutinise the plans informed of progress.

42.15 Members debated whether to recommend that the city council joins a Joint HOSC. They unanimously agreed that the JHOSC option should be pursued.

42.16 RESOLVED – (i) 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); and (ii) that Committee agrees to recommend to full Council that it formally approve the decision that Brighton & Hove Council forms a JHOSC with other local authorities in the region.

The meeting concluded at 13:05

Signed Chair

Dated this day of