

Health Overview & Scrutiny Committee

Date: **15 March 2023**

Time: **11.00am**

Venue **Council Chamber, Hove Town Hall**

Members: **Councillors:** Moonan (Chair), West (Group Spokesperson), Barnett, Brennan, Grimshaw, John, Lewry, O'Quinn and Rainey
Invitee: Nora Mzaoui (CVS), Michael Whitty (OPC) and Geoffrey Bowden (Healthwatch)

Contact: **Giles Rossington**
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AGENDA

38 PROCEDURAL BUSINESS

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
 - (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

39 CHAIR'S COMMUNICATIONS

40 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

- (a) **Petitions:** To receive any petitions presented by members of the

- public to the full Council or to the meeting itself;
- (b) **Written Questions:** To receive any questions submitted by the due date of 12 noon on 09 March 2023.
 - (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on 09 March 2023.

41 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
- (b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers (copy attached).
- (c) **Letters:** To consider any letters submitted by Members.
- (d) **Notices of Motion:** To consider any Notices of Motion.

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

7 - 32

Report of the Executive Director, Governance, People & Resources (copy attached)

Contact Officer: *Giles Rossington*

Tel: 01273 295514

Ward Affected: *All Wards*

Date of Publication - Tuesday, 7 March 2023

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FURTHER INFORMATION

For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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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

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

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 constitute a Substantial Variation in Service, and formally agrees to establish a Joint HOSC or join an existing JHOSC for the purpose of scrutinising said plans using the terms of reference appended as Appendix 3.

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
3. Terms of Reference for a JHOSC (to follow)

Appendix 1

Brighton & Hove Overview and Scrutiny Committee

15th March 2023

Changes To Children's Specialised Cancer Services Principle Treatment Centre Programme – South London & South East England

Report from: NHS England – London Region
Author: Hazel Fisher, Director of Transformation and Programmes,
NHS England – London Region

1. Summary

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.

Currently in South 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; Brighton and Hove, East and West Sussex, Kent, Medway, Surrey, South East and South West London.

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.

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 and Hove.

2. Background

2.1 Children in the UK currently receive some of the best cancer care in the world, utilising cutting-edge treatments and technology. However, following a number of national service reviews, NHS England has worked and consulted with professionals, patients and the public on a new set of service specifications which set out how services should be organised in the future. As part of this work, in January 2020 the NHS England Board received a report by Professor Sir Mike Richards that recommended that all Principal

Treatment Centres (PTCs) must be co-located with a Paediatric Intensive Care Unit (PICU) and other specialised children's services.

This work resulted in a new service specification for PTCs which includes a requirement for Principal Treatment Centres to be delivered on site with Paediatric Intensive Care Units, alongside paediatric surgery, radiology, haematology and paediatric anaesthetics, with ideally a range of other specialist children's services too. As a result of this, the current Principal Treatment Centre service provision will need to move from the Royal Marsden Hospital in Sutton to a single site PTC for Brighton and Hove, East and West Sussex, Kent, Medway, Surrey, South East and South West London, subject to public consultation.

2.2 Cancer care for children under 16 would no-longer be provided at the RMH Sutton site, but services for young adults over 16 would continue on the RMH Sutton site.

2.3 The two short listed options being considered are:

- a) To move the RMH service to SGUH who currently provide a component of the PTC service.
- b) To move the PTC service from RMH to the Evelina Children's Hospital, part of Guy's & St Thomas' NHS Foundation Trust (GSTT), which already provide a dedicated children's hospital. Both options will need estates changes to accommodate the new service. Capital monies have been identified for this change.

2.4 In 2019/20, 13 children under between 1 and 15 from Brighton and Hove accessed inpatient care at the PTC.

2.5 This report seeks to inform the discussion on whether this is considered a substantial variation for Brighton and Hove. This discussion will then help to shape the consultation engagement for this service change.

3. Options

NHS England London region established the South London & South East Principal Treatment Centre (PTC) Programme Board to oversee this service reconfiguration.

In line with NHS reconfiguration guidance a short list of options was derived from a long list of all potential options through a process of applying fixed points and hurdle criteria. The final short list was evaluated against an agreed set of evaluation criteria, as per NHS England's reconfiguration guidance. From this process, there were a shortlist of two providers who could already meet the requirement to deliver a co-located PICU:

- St George's University Hospital Trust, the current partner with the Royal Marsden in delivering the existing PTC. This would mean all activity for those under 16 moving to St George's from the Royal Marsden; or
- The Evelina Children's Hospital part of GSTT, the largest children's tertiary centre in South London. This would mean all activity for those under 16 moving to the Evelina, and all PTC activity, other than neurosurgery, moving from St George's to the Evelina. All SGUH paediatric oncology shared care

unit (POSCU) activity would remain at SGUH and could potentially be enhanced in line with the new service specification for POSCUs.

Both options would mean that children with cancer from Brighton and Hove going into London for their treatment at a PTC, would continue to travel into London, as is currently the case.

The detail behind both options will be set out in a pre-consultation business case, and consultation document, and shared when formal consultation is launched, planned for June 2023. As with all NHSE consultations there is an internal formal assurance process to work through, including presentation at the clinical senate, which for this reconfiguration will be joint between London and the South East Regions.

4. Advice and analysis

As commissioners of this Principal Treatment Centre service, advice is sought on how best to work with HOSCs across Brighton and Hove, East and West Sussex, Kent, Medway, Surrey, South East and South West London on this service change. It is understood that guidance suggests forming a JHOSC in these circumstances, but that this requires significant time and energy – especially as this programme involves HOSCs from across five areas in London and the South East.

NHS England would want to engage with OSCs at several key points in the process, to:

- Brief all members about the programme and impact in their area
- Present and consult on plans for consultation and seek feedback
- Share key documents like the pre-consultation business case and consultation materials once consultation has begun.
- Share plans for implementation and the impact this may have on each area

Following an initial briefing to OSC chairs over December 2022 and January 2023, it was recommended that this come to the Committee to decide whether this service change is viewed as a substantial variation, given that in 2019/20, 13 children from Brighton and Hove used the existing specialised service, and childhood cancer rates have historically remained relatively static (please refer to accompanying slide 13 deck).

As part of the reconfiguration process for this service change, an Equalities and Health Inequalities Impact Assessment, Pre-Consultation Business Case and Travel Time Analysis are being developed, which are intended to help make decisions by assessing the consequences for different groups within the population to which the decision will apply. There will also be a 12-week consultation period, indicatively to start in summer 2023.

5. Consultation

As NHS England, we understand how critical this service is to those children, young people and families who use it. The services under discussion are small but critical. NHS England's activities are proportionate to this and will take account of people

having varying levels of interest and prior involvement in our proposals. NHS England's consultation activities have been designed to reach and collect feedback from a broad range of audiences, including:

- those most impacted by our proposals
- under-served communities
- those with protected characteristics
- the digitally excluded.

How people want to participate in public consultations varies widely and NHS England will offer different ways to receive information and participate.

NHS England's engagement process is being designed to ensure we deliver effective patient and public engagement and involvement as part of our obligations and legal duties under:

- the five tests for service change laid down by the Secretary of State for Health and Social Care and NHS England
- the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
- the Equality Act 2010

The public consultation will seek to:

- ensure children with cancer, their parents and carers, clinical and non-clinical staff providing the service, and other engaged stakeholders from the impacted geography are aware of and understand the case for change and the proposed options for change. We will do this by providing information in clear and simple language and in a variety of formats.
- hear their views on the proposed options for the future location of the Principal Treatment Centre for children's cancer in the South Thames area
- understand the impact of implementing each option and any mitigations or enhancements that could be put in place
- ensure NHS England, as decision-makers, are made aware of any information which may help to inform the options and the decision-making process.

6. Appendices

- Changes to Specialised Children's Services presentation
- Background papers
 - [NHS England » Children's cancer services: Principal treatment centres service specification](#)

Changes to Children's Specialised Cancer Services Principle Treatment Centre Programme – South London & South East England

15 March 2023

Brighton and Hove Scrutiny Committee

Purpose of the discussion

- Explain how Children's Cancer services are currently organised and which services are in scope for this service change
- Explain why changes to the current service provision is required i.e. the case for change
- Describe the implications for people from Brighton and Hove
- Describe the work of the programme to date
- Demonstrate how we have already been engaging to support our thinking
- Outline the broad timeline we are working to
- Discuss next steps – whether the change is substantial for Brighton and Hove, and developing a JOOSC for this service change

A new national service specification for PTCs

- Children in the UK currently receive some of the best cancer care in the world, utilising cutting-edge treatments and technology. Following a number of reviews of services nationally, NHS England has worked with professionals and patients and consulted the public on a new set of service specifications which set out how services should be organised in the future. These have been published and are available [here](#). In particular they wanted to:
 - **Improve integration** between different children’s cancer services;
 - **Improve experience of care**
 - **Improve participation in clinical trials**
 - Tackle variation, ensuring that patients got the **same high quality care, regardless of where they were treated**
- Standards for Principal Treatment Centres were developed by clinicians, patients, families and providers to ensure that wherever children and young people receive specialist cancer services, it would be the same excellent care across the country from diagnosis to management and follow-up of cancer
- The outcomes of the 2019 consultation on the standards was reflected in a new service specification for PTCs (published [here](#) in November 2021) which includes **a requirement for Principal Treatment Centres to be delivered on site with Paediatric Intensive Care Units**, alongside paediatric surgery, radiology, haematology and paediatric anaesthetics, with ideally a range of other specialist children’s services too.
- These specifications set out how services should be provided in future and meet the highest safety considerations, as well as ensuring that services are able to meet the needs of new technologies and treatments.

Changes are needed to meet the new service specification

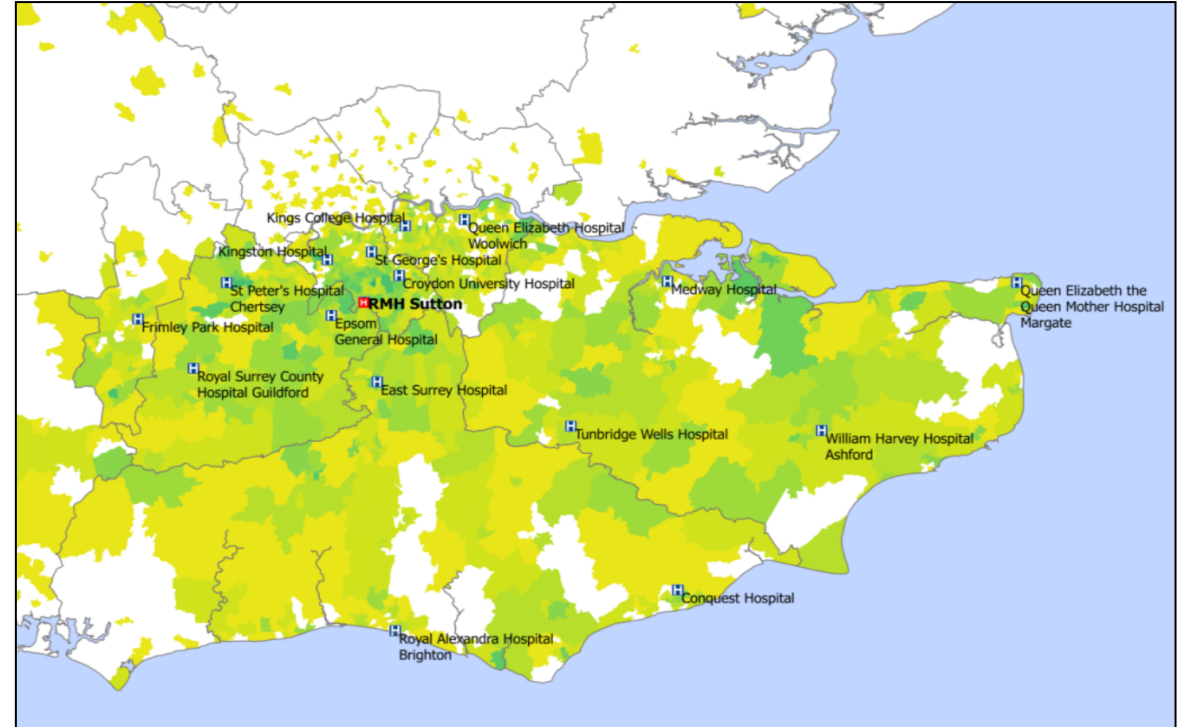
- London has internationally renowned paediatric cancer services – **the new specification helps strengthen them even further** by creating future facing services able to excel in new treatments modalities making the need for an on-site PICU is even more necessary
- The **Royal Marsden NHS Foundation Trust** currently provide high quality and safe specialist children’s cancer services on behalf of London and the south east. The research undertaken by the RMH is outstanding.
- The current PTC is provided across The Royal Marsden (Sutton site) and St George’s University Hospital NHS Foundation Trust, **but there is no PICU at The Royal Marsden (Sutton site)** meaning the PTC does not comply with the new specification
- Professor Nicholas van As, Medical Director for The Royal Marsden NHS Foundation Trust, has said recently: “it is not economic to provide PICU services with a highly specialised workforce at a greater number of locations including The Royal Marsden, Sutton. Given this decision, The Royal Marsden will not be bidding to remain a PTC but will work in partnership for the benefit of children with either St George’s Hospital, our existing partner, or Evelina London Children’s Hospital.”
- The programme is in the process of undertaking an **options appraisal process** on a shortlist of options, in order that services can be **relocated to comply with the new specification**.

Though the number of children, young people, families and carers using these services is very small, what is provided is vital and specialist care. Therefore, our Programme Board feels that any changes to these services would be significant and we are planning for a formal consultation.

About the programme – the current service

- NHS England is **responsible** for commissioning specialist services, including **children's cancer services for those aged 1-15 years**.
- In England on average **1,400 children (under 15 years) are diagnosed with cancer every year** – meaning **very small numbers** of children need to access these services.
- The age-specific incidence rates for childhood cancer across the South Thames geography are similar to England as a whole, at around 15 cases per 100,000 population per year.
- **All children and young people** in the UK who are diagnosed with cancer are treated in **one of 19 Principal Treatment Centres (PTCs)** which are responsible for coordinating and delivering care.
- Currently, the joint PTC in this area (**The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust**) covers; **Kent and Medway, Surrey, Sussex, south east and south west London**.
- **Paediatric Oncology Shared Care services (POSCUs)** allow children and young people with cancer to be treated closer to home so that families do not need to travel long distances to the nearest PTC for some procedures. The map shows the POSCU's associated with the joint PTC in London

In 2019/20 **13 children** aged 15 and under from Brighton and Hove accessed inpatient care at the joint PTC.



Paediatric Oncology Shared Care services associated with the joint PTC run by The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust in London.

The current principal treatment service in south London

South Thames Joint PTC (Children aged 1-15 years): c400 referrals per annum
Active caseload of c1500 patients

The Royal Marsden (RM) - primarily oncology, chemotherapy radiotherapy & bone marrow transplant

INPATIENT

- Inpatients (18 beds of which 75% used by <16s, c470 admissions pa).
- Palliative care (c100 palliative and symptom patients per year)

AMBULATORY

- Outpatients (c5,800 attendances pa)
- Chemotherapy (c3,600 attendances pa)
- Radiotherapy (c800 treatments pa)
- Imaging & nuclear medicine (3,700 images pa)
- Day case treatment/procedures (1,800 procedures pa)

Children move between services for care

- Almost all specialist ambulatory cancer care is provided at RM
- Other providers, in particular KCH (for neurosurgery and liver) and GOSH/UCLH (for under 1s) play significant role

St George's Hospital (SGUH) - primarily surgery & critical care

INPATIENT

- PICU (c65 admissions pa, average 1.5 beds)
- Inpatients (4 beds, c135 admissions pa).

PROCEDURES

- Biopsies (c45 pa)
- Line insertion / removal (c190 pa)
- Surgery incl. neuro-surgery and tumour resections (c20 pa)

OTHER

- Neuro-rehab
- Specialist paediatrics including gastroenterology, neurology, dental, bronchoscopy/respiratory, infectious diseases, gynae, urology, Max Fax, plastics

Other specialist centres providing/supporting cancer care for South patients.

Kings College Hospital (KCH)

- Provides 2/3 of all neuro-surgery
- All liver surgery
- Endocrine & ophthalmology OPD

GOSH/UCLH PTC

- All children aged under 1
- CAR-T therapy
- Some surgical procedures

Evelina London (GSTT)

- Cardiology service, including echo cardiograms as part of cancer care, and renal.

RNOH – bone sarcoma

Barts - retinoblastoma

Other key providers:

Epsom & St Helier

- Ophthalmology OPD (c40 referrals pa)
- Endocrine OPD
- Audiology OPD (c70 patients pa)

Oxford/Hammersmith

- Fertility services



What are the expected benefits of any change?

A service ready for the future

With paediatric intensive care available on the same site as the principal treatment centre for children's cancer, the service will be ready to deliver new types of care, such as immunotherapies to very sick children.

More care delivered on a single site

We won't address all of the service fragmentation in London, but we do want to maximise the number of other specialist children's services delivered on the same site as the PTC, meaning that children will be able to receive care from clinicians skilled in a wider range of specialist care for children. This will not just mean that treatment transfers are reduced, but coordinated holistic care is also increased.

Good treatment for staff

We aim to match and ideally improve on the current training and support offer to staff.

Compliance with the national service specification

The service specification includes standards which are in place to ensure all children receive the best possible care.

7 Compliance in itself should be seen as a very positive step.

Fewer treatment transfers

Streamlining access to critical care will happen immediately once the PTC is on the same site as a PICU. This will remove the need for emergency transfers. Availability of a wider range of clinical specialties on the same site as the PTC should also reduce the limited number of other transfers that also occur currently. Care models that reduce transfers further will be one of the evaluation criteria.

Although The Royal Marsden/St Georges service is safe and offers excellent care, all treatment transfers carry risk, and the aim should be to minimise these where possible.

Managing Risks during the transition

We are assessing the two short-listed options against four key criteria:

- Clinical
- Research
- Patient and Carer Experience
- Enabling support (workforce, capacity, resilience)

We aim, by taking this approach, to protect what is excellent in the current service, including research, and build on this for the future. We will work with all parties to ensure the benefits of this change are realised.

The picture in Brighton and Hove

Potential impacts

- In 2019/20 13 children aged 15 and under from Brighton and Hove accessed inpatient care at the PTC out of a total of 409 children aged 15 and under who used RMH PTC in 2019/20.
- Any changes proposed are unlikely to be implemented until 2026 at the earliest, following consultation.
- Both options being considered will require travel into London when services for those aged 15 and under cease at the Royal Marsden Hospital in Sutton.
- Travel time has been looked at by deprivation and geography. For both SGUH and GSTT public travel times improve over public transport access to RMH for the majority of patients. However, car transport travel times are longer by at least 15 minutes for 50% of patients when travelling to SGUH and 70% when travelling to GSTT. Travel time impacts have not yet been looked at on a borough basis.
- Travel is only one of a number of considerations in making this change. The equality impact assessment for this service change will look at mitigations for the impact of poorer car travel

Involvement in the programme

- Involvement from ICBs, Trusts and the Children and young peoples cancer network in our governance.
- Heard from parents and young people through our early engagement.
- As we begin planning for consultation we are working to ensure we are connected with charities and local groups working with children and young people with cancer across geography's.



Map depicting where services may be provided in future (St. Georges Hospital or Evelina London) and where they are currently provided (St. Georges Hospital and the Royal Marsden)

Children who use this PTC come from a broad geography and therefore we will want to engage all OSCs likely to be affected as we plan for consultation. We want to discuss with you the most time and resource efficient way to do this.

The picture across the entire affected geography – slide 1

(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities)

CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Kent and Medway CCG	88	842	28	78	12	14	94	934
Maidstone	12	81	3	11	1	1	13	93
Tonbridge and Malling	12	130	5	15	3	3	12	148
Swale	10	73	2	3			10	76
Thanet	10	77	2	5	2	2	10	84
Medway	7	47	3	4	1	2	9	53
Sevenoaks	8	134	3	14	2	2	8	150
Canterbury	6	93	2	6	1	1	6	100
Tunbridge Wells	4	31	2	6			5	37
Niravesham	4	32	1	2			5	34
Dover	5	33	1	1			5	34
Folkestone and Hythe	4	16	2	8	1	1	5	25
Dartford	4	79	2	3	1	2	4	84
Ashford	2	16					2	16
NHS South West London CCG	80	958	23	53	10	11	84	1,022
Croydon	26	379	9	28	5	5	28	412
Wandsworth	18	187	3	3	3	4	18	194
Sutton	13	156	4	6	1	1	15	163
Merton	15	140	5	13	1	1	15	154
Kingston upon Thames	6	57	1	2			6	59
Richmond upon Thames	2	39	1	1			2	40
NHS South East London	80	666	26	89	10	12	83	767
Bromley	17	171	8	18	3	4	19	193
Lambeth	15	96	5	13	3	3	16	112
Bexley	14	110	3	19	2	2	14	131
Southwark	13	134	5	18	1	2	13	154
Greenwich	12	80	3	6	1	1	12	87
Lewisham	9	75	2	15			9	90

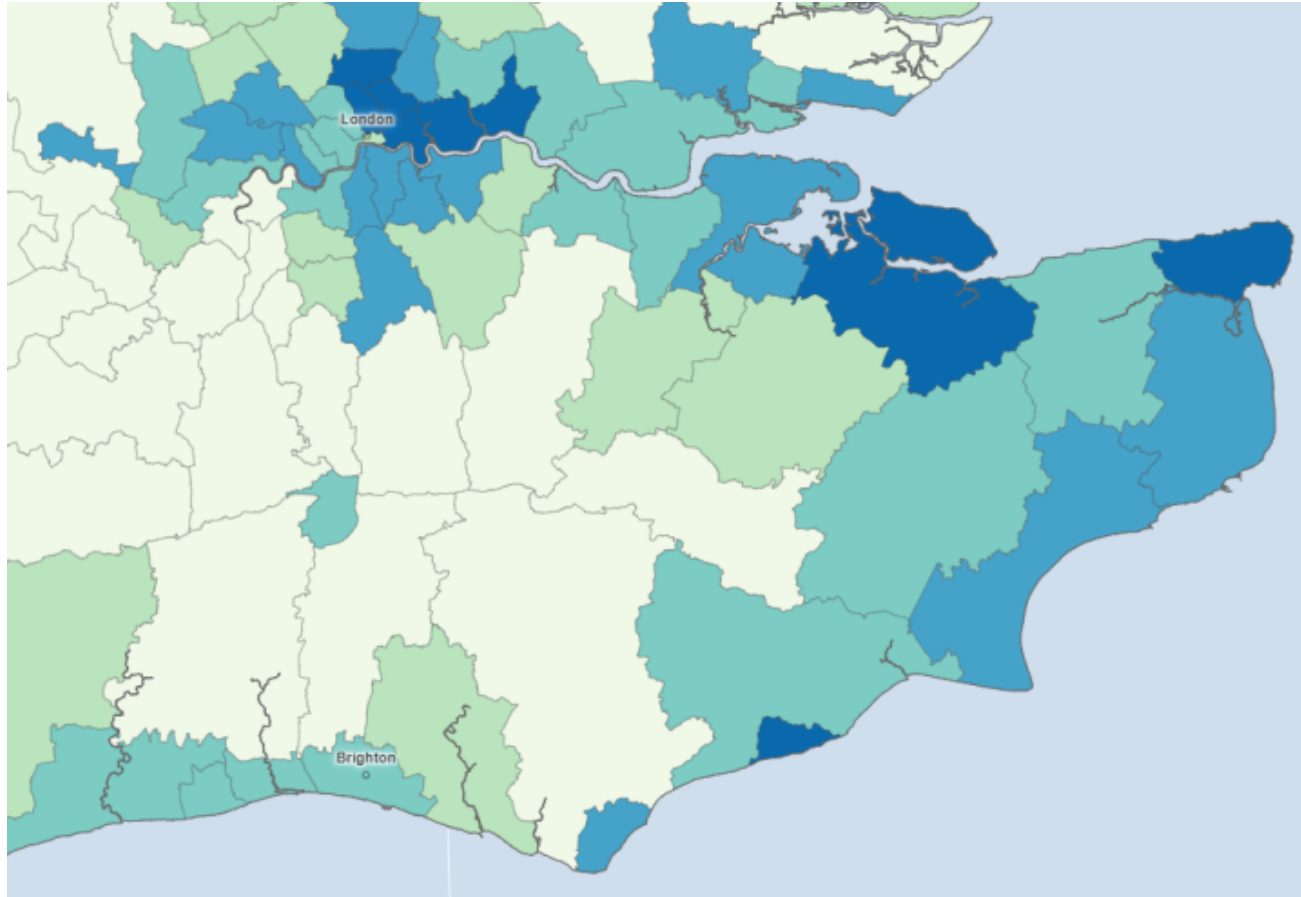
The picture across the entire affected geography slide 2

(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities)

CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Surrey Heartlands CCG	81	667	25	74	5	5	83	746
Elmbridge	15	139	3	8	2	2	16	149
Reigate and Banstead	13	114	1	4			13	118
Tandridge	9	104	4	5			9	109
Waverley	5	60	3	19	2	2	5	81
Woking	6	52	3	7			6	59
Runnymede	8	47	4	11			8	58
Guildford	6	48	2	5			6	53
Mole Valley	7	38	1	9			7	47
Epsom and Ewell	6	38	4	6	1	1	7	45
Spelthorne	5	26					5	26
Surrey Heath	1	1					1	1
NHS West Sussex CCG	24	300	12	27	1	1	26	328
Crawley	11	131	4	10	1	1	12	142
Horsham	4	121	2	5			4	126
Adur	2	19	1	3			2	22
Chichester	2	14	3	4			3	18
Mid Sussex	3	11	1	4			3	15
Worthing	2	4	1	1			2	5
NHS East Sussex	28	284	9	17	1	1	28	302
Hastings	11	130	2	3			11	133
Eastbourne	6	96	2	3			6	99
Wealden	7	43	2	5	1	1	7	49
Rother	3	14	2	5			3	19
Lewes	1	1	1	1			1	2
NHS Brighton and Hove CCG	10	69	5	10	1	1	13	80
Brighton and Hove	10	69	5	10	1	1	13	80
Grand Total	389	3,786	126	348	40	45	409	4,179

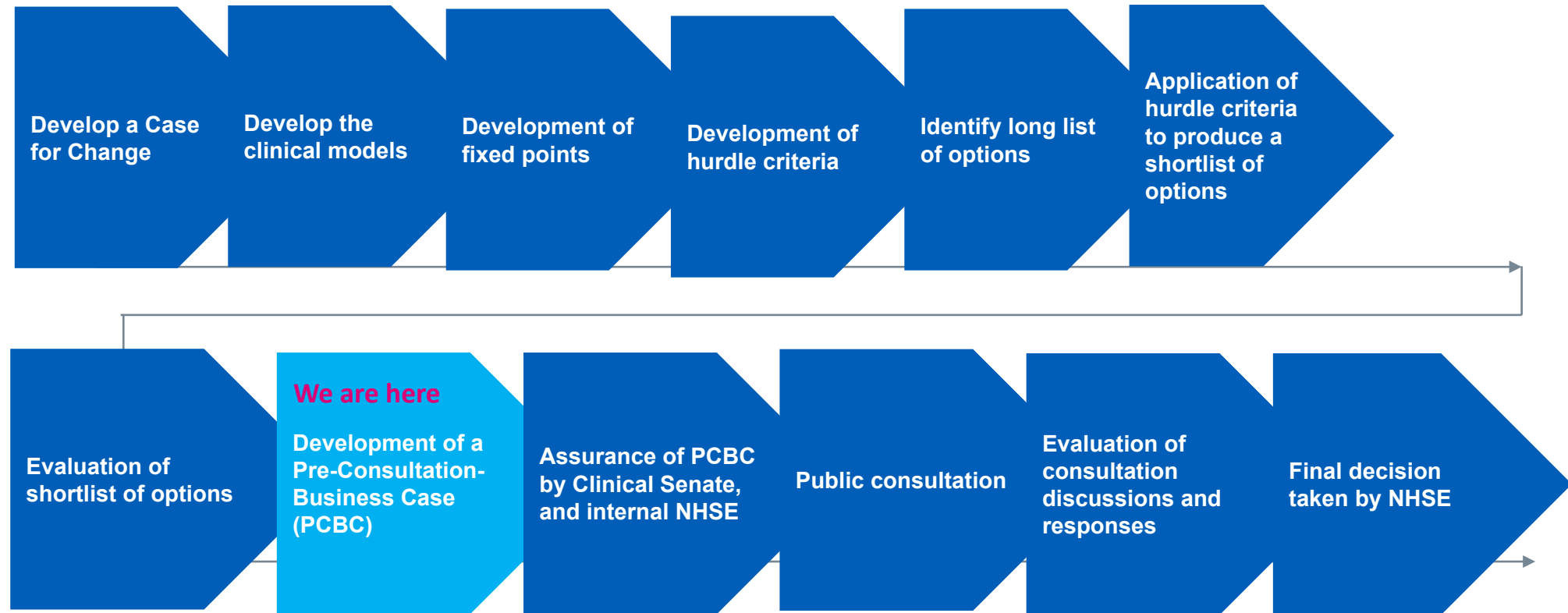
Deprivation across London and the South East

Index of Multiple Deprivation (IMD) 2019 score by lower tier local authority (LTLA)



The darker colours relate to areas classified as being the most deprived (according to the IMD 2019).

Where we are in the formal reconfiguration process



Programme timeline/ expected milestones

January - June

- Options appraisal concluded
- Planning for consultation
- Development of Pre Consultation Business Case
- Development of Equalities Impact Assessment
- Meeting with Clinical Senate
- **Meeting with OSCs/JOSCs**
- Commissioning of expert organisation(s) to support engagement
- Preparing consultation materials and questions

June - September

- **Expect to launch and conduct consultation**
- Equalities Impact Assessment updated
- Conduct mid-point review

September - December

- Consultation feedback analysed and outcome report prepared
- Programme Board considers feedback ahead of decision making
- Decision Making Business Case Prepared
- Decision confirmed and communicated – consultation respondents notified
- Begin planning to implement decision

Engagement to date with Overview and Scrutiny Committees

In November, we started a cycle of early conversations with OSC Chairs from all areas affected by the programme, to brief them and discuss how we best work together. Since then, we have met, informally, with all democratic services officers and most OSC Chairs as well as attending several committees, formally. We are attending further, formal committee briefings in February and March.

We are engaging, at this point, to understand if you believe the changes are substantial for your residents. If more than one committee agrees the changes are substantial, then there will need to be a Joint HOSC. The services involved cover a large geographic area and each population will have unique concerns and views which we will want to take into account as we plan further engagement work. Those affected areas include: Kent, Medway, Surrey, Sussex and South East and South West London).

Formal committee meetings attended – to date

Date	Committee	Feedback/ decision on whether the change is substantial
25.01.23	SWL and Surrey JOSOC	Further information required in order for a decision to be made.
31.01.23	Kent OSC	Change not felt to be substantial but wish to continue to be engaged.
02.03.23	Medway OSC	Change not felt to be substantial but wish to continue to be engaged.
02.03.23	East Sussex OSC	Change not felt to be substantial but wish to continue to be engaged.
08.03.23	West Sussex OSC	Change not felt to be substantial but wish to continue to be engaged.

Discussion and next steps

- Do you, as a committee, view this change as **substantial**?
- If you do not think it is substantial, how would you like us to engage with you moving forward?
- If you think it is substantial, what further information would be helpful at this time?

We are working with SWL & Surrey JOSC on how other JOSCs could join them (possibly via a sub-committee) to form a single JOSC to consider this change.

Next steps:

- Agreeing arrangements for engagement and working together moving forward
- Meetings with other OSCs involved to understand their views
- Background work with democratic services teams to take forward feedback from today's session

