

Brighton & Hove City Council

Council

Agenda Item 106

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

Date of meeting: 30 March 2023

Report of: Executive Director, Governance, People & Resources

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Ward(s) affected: All

For general release

1. Action Required of Council

1.1. To receive the recommendations and draft minutes extract of the Health Overview & Scrutiny Committee on 15 March 2023 and agree the recommendations.

2. Recommendations

2.1. That 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.

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Extract from draft Health Overview & Scrutiny Committee (HOSC) Minutes: Special Meeting 15 March 2023

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.

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42.7 In response to a question from Cllr West on journey modelling, Dr Streater 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 Streater 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 Streater 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 Streater 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 Streater 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 Streater 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.

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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.