



Agenda

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Date Monday 27th January 2020

Time 7.00 p.m.

Venue Old Town Hall, Stratford, E15 4BQ

Contact: via Roger Raymond
Senior Scrutiny Policy Officer

Rokshana Fiaz OBE
Mayor of Newham

Althea Loddrick
Chief Executive

MEMBERSHIP:

Councillor Winston Vaughan (Chair)	London Borough of Newham
Councillor Ben Hayhurst (Deputy Chair)	London Borough of Hackney
Councillor Gabriela Salva-Macallan (Deputy Chair)	London Borough of Tower Hamlets
Common Councilman Michael Hudson	City of London Corporation
Councillor Patrick Spence	London Borough of Hackney
Councillor Yvonne Maxwell	London Borough of Hackney
Councillor Anthony McAlmont	London Borough of Newham
Councillor Ayesha Chowdhury	London Borough of Newham
Councillor Kahar Chowdhury	London Borough of Tower Hamlets
Councillor Shad Chowdhury	London Borough of Tower Hamlets
Councillor Nick Halebi	London Borough of Waltham Forest
Councillor Richard Sweden	London Borough of Waltham Forest
Councillor Umar Ali	London Borough of Waltham Forest

OBSERVER:

Councillor Neil Zammett	London Borough of Redbridge
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SUBSTITUTES:

Common Councilman Christopher Boden	Substitute Member - City of London Corporation
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Officers Usually In Attendance:

Chris Kelly	London Borough of Newham
Roger Raymond	London Borough of Newham

Agenda

1. WELCOME, APOLOGIES AND INTRODUCTIONS

2. DECLARATIONS OF INTEREST

This is the time for a Member to declare any interest they may have in any matter being considered at this meeting.

3. MINUTES AND NOTES OF PREVIOUS MEETINGS

The Committee is asked to agree the accuracy of the minutes and notes of the previous meetings.

4. INEL JHOSC WORK PROGRAMME

INEL JHOSC is asked to comment, discuss and approve items on the work programme.

5. SUBMITTED QUESTIONS

INEL JHOSC is asked to note and respond to questions submitted by the public.

6. CANCER DIAGNOSTIC HUB

INEL JHOSC is asked to note, comment and discuss the Cancer Diagnostic Hub report.

7. OVERSEAS PATIENTS AND CHARGING

INEL JHOSC is asked to note, comment and discuss the Overseas Patients and Charging report.

8. DATE OF NEXT MEETING

INEL JHOSC meeting – Tuesday 11 February 2020, 1900-2100hrs, Old Town Hall, Stratford.

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INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)

Meeting held on 19th September 2019
in Will Thorne Chamber, Old Town Hall, Broadway, Stratford E15 4BQ

Present: Councillor Winston Vaughan (Chair, London Borough of Newham)

City of London Corporation
Common Councilman Michael Hudson

London Borough of Hackney
Councillors Ben Hayhurst, Yvonne Maxwell and Patrick Spence

London Borough of Newham
Councillor Ayesha Chowdhury

London Borough Tower Hamlets
Councillor Gabriela Salva-Macallan

London Borough of Waltham Forest
Councillors Richard Sweden and Councillor Umar Ali

In Attendance: Selina Douglas, Managing Director Waltham Forest, Newham and Tower Hamlets (WEL) CCGs
Satbinder Sanghera, Director of Corporate Services, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs
Mark Scott, Deputy Director for Transformation, East London Health and Care Partnership
Dr. Dee Hora, Portfolio GP, Camden Named GP, Adult Safeguarding and Planned Care Clinical Lead, North Central London Planned Care Clinical Lead, London Clinical Senate Council Member
Nick Strouthidis, Consultant Ophthalmic Surgeon
Medical Director, Moorfields Eye Hospital
Chris Kelly, Senior Scrutiny Policy Officer
Roger Raymond, Senior Scrutiny Policy Officer

Apologies: London Borough of Newham
Councillor Anthony McAlmont

London Borough of Tower Hamlets
Ashton West, Scrutiny Officer

1. WELCOME AND INTRODUCTIONS

The Chair welcomed Members, witnesses and members of the public to the meeting.

2. DECLARATIONS OF INTEREST

Cllr Yvonne Maxwell declared that she was a Governor at Homerton University Hospital NHS Foundation Trust.

3. MINUTES OF PREVIOUS MEETING

The Committee considered the accuracy of the minutes of the meeting held on 3 April 2019.

One amendment was agreed. On page 6, the word 'hoisted' to be changed to 'foisted'.

RESOLVED:

That the minutes of the meeting held on 3 April 2019 be agreed as a correct record, subject to the above amendment.

4. LONDON BOROUGH OF WALTHAM FOREST INCLUSION WITHIN INEL JHOSC

The Chair informed the Committee that the London Borough of Waltham Forest currently held Observer Status. It was proposed that the Borough should now have full membership of the Joint Committee, as a lot of its health services were provided by Whipps Cross Hospital and Barts Health NHS Trust. It was noted that they would still have one Member on the ONEL JHOSC.

RESOLVED:

The INEL JHOSC approved the inclusion of the London Borough of Waltham Forest to INEL JHOSC.

5. LONDON BOROUGH OF REDBRIDGE OBSERVER STATUS

The Committee discussed the proposal for the London Borough of Redbridge becoming an observer borough to INEL JHOSC.

RESOLVED:

The INEL JHOSC approved the inclusion of the London Borough of Redbridge to INEL JHOSC with observer member status.

6. ELECTION OF VICE-CHAIR

The Chair informed the Committee that there was a vacancy for one of the Vice-Chair positions. The former holder of the position from the London Borough of Tower Hamlets was no longer a member of the Committee.

The Committee proposed the nomination of Councillor Gabriela Salva-Macallan, London Borough of Tower Hamlets.

RESOLVED:

The INEL JHOSC approved the appointment of Councillor Gabriela Salva-Macallan, London Borough of Tower Hamlets as Vice-Chair.

7. INEL JHOSC Terms of Reference

The Committee considered the amended terms of reference. The amendments reflected the inclusion of the London Borough of Waltham Forest as a member and the London Borough of Redbridge as an observer.

RESOLVED:

The INEL JHOSC approved the updated Terms of Reference, to acknowledge the inclusion of Waltham Forest and the London Borough of Redbridge.

8. INEL JHOSC PROTOCOLS

The Committee discussed the protocols and their effect on the work of the INEL JHOSC.

It was suggested that a sentence be added to the protocols to read that “the INEL JHOSOC PROTOCOLS operates underneath any legislation or NHS regulations that governs the scrutinising of any matter relating to the planning, provision and operation of the health services in joint areas and across boroughs.”

RESOLVED:

The INEL JHOSC approved the updated INEL JHOSC protocols, subject to the amendment.

9. WORKPLAN

The Committee discussed the Workplan. The Committee agreed to move the date and time of the next INEL JHOSC meeting, which was due to meet at the same time as the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC). However, the suggested time of the meeting on 30 October 2019 was not considered suitable. Officers advised that they would look to find an alternative date.

The Committee agreed the following items for the next meeting:

- Developing a North East London (NEL) response to the NHS Long Term Plan (including CCG Mergers)
- Consultation on proposal to move Moorfields Eye Hospital from its site in City Road, Islington – update from consultation
- Pathology Services

The Committee agreed the following items for the 27 November meeting:

- ELHCP - AO update
- Cancer Diagnostic Hub
- Update on Estates Strategy
- Pathology Services

It was noted that any additional items to the workplan would be discussed with the Chair.

RESOLVED:

The INEL JHOSC agreed the amended Workplan

10. SUBMITTED QUESTIONS

The following question was submitted to the Committee by:

Jan Savage, North East London Save Our NHS (NELSON):

The Inner North East London (INEL) Joint Health Overview and Scrutiny Committee (JHOSC) is one of the few forums for scrutiny of plans for the local health economy. We would be grateful for an explanation as to:

- a) Why, particularly at this time of massive restructuring of health services and commissioning arrangements, has INEL JHOSC only met on two occasions since February 2018 (ie: February 2019 and April 2019)? and*
- b) How will regular meetings be ensured in future?*

The officers informed the Committee that there were many reasons behind the limited number of meetings of the INEL JHOSC in the last year. Notably, there were three significant factors:

- There was some delay caused by the change of Chair and the related handover of meeting support, which rotated with the Chair, partly due to Newham having to first appoint a Scrutiny Officer to undertake the additional support work;
- One meeting had been cancelled due to adverse weather conditions and concerns about the safety of attendees to that meeting; and
- There had been a meeting scheduled for July 2019 that had to be postponed and rearranged to later in the year (hence, the three dates in autumn/winter), due to reports not being ready

RESOLVED:

That the Committee:

- 1) Noted the question
- 2) Agreed that a written response would be provided to Jan Savage, North East London Save Our NHS (NELSON).

11. DEVELOPING A NORTH EAST LONDON (NEL) RESPONSE TO THE NHS LONG TERM PLAN

The Chair welcomed Selina Douglas, Managing Director, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs, Satbinder Sanghera, Director of Corporate Services, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs, and Mark Scott, Deputy Director for Transformation, East London Health and Care Partnership (ELHCP). He thanked them for attending INEL JHOSC to answer questions from Members.

The Chair invited Mark Scott to further explain the ELHCP's response to the NHS Long Term Plan before Members began asking questions.

Mark Scott told the Committee that the Government's NHS Long Term Plan was its proposal to ensure that local health services were working in a collaborative way. It hoped that CCGs, providers and local authorities would work together to provide high quality care and better health outcomes for patients and their families. He also told the Committee that the top three priority areas for the ELHCP and the local CCGs were:

- Improvement in Preventative Care;
- Improving the health and wellbeing; and
- Integration of all health services and increasing collaborative

working

Mark Scott advised the Committee that the Government issued implementation drivers for the NHS Long Term Plan in July. Further guidance had been issued in August and September 2019. The ELHCP would submit a first draft in response to the NHS Long Term Plan on 27 September 2019. The Regulator would provide feedback to the ELHCP in a timely manner. The ELHCP would also seek feedback from bodies such as Healthwatch bodies and Health and Wellbeing Boards. The ELHCP would submit its final plan by 15 November 2019.

The population growth in the ELHCP catchment area would be the highest in the country over the next 10 years. In light of this, the ELHCP will look to improve its preventative care, and increase the use of technology and collaborative work. Examples of successful collaborative work include the Barts Heart Centre at St Bartholomew's Hospital and the Barts Health Stroke Service. It was reported that the ELHCP was also conducting a number of case studies to investigate ways it could be innovative.

The ELHCP outlined its plans to invest in recruitment and training. It would promote recruitment from the local population through apprenticeships and training opportunities. It intended to develop new and exciting roles for their staff.

Selina Douglas, Managing Director, Waltham Forest, Newham and Tower Hamlets (WEL) CCGs told the Committee that the ELHCP's local priorities consisted of surgery, neurology rehab, mental health and rough sleepers. On the question of rough sleepers, Councillor Sweden noted that Waltham Forest had conducted a Scrutiny Review that looked at rough sleepers' access to primary care. Officers would send the NHS representatives a copy of the Scrutiny Report.

Members were advised that the ELHCP would be looking to expand its use of technology in delivering healthcare. They would look to invest in the infrastructure that supports this objective. A Digital Pathway was also being developed with local hospitals to enhance the use of technology. The way outpatient services were managed across the North East London (Barts Hospital and Homerton University Hospital) catchment area was an example of successful collaborative working. Another example provided was in regards to outpatient appointments for chronic kidney disease. Real-time testing results were relayed to GPs surgeries, which has meant fewer patients travelling to hospital appointments. The ELHCP are also working with out-of-hospital teams to encourage patients to use the online services.

The ELHCP reported that it would be looking to invest in the support for GPs. The ELHCP would be increasing the amount of training posts it offered and would implement a number of initiatives to encourage GPs

to stay in the North East London area. It was noted that the London Boroughs of Newham and Tower Hamlets were investing in accommodation for health professionals.

The Committee was told that the ELHCP would be engaging with the INEL JHOSC plus Health and Adult Social Care Committees in the boroughs over proposals to merge CCGs in the North East London area. Some Members noted that some concerns had been raised locally about proposals to merge CCGs.

Selina Douglas noted that health professionals liked to test patients regularly. Whilst it may seem like there was over-testing, health professionals liked to be in possession of the most up-to-date results. The ELHCP intends to improve its ICT infrastructure to ensure that test results are relayed to health professionals quicker.

Mark Scott responded to a question about the funding of children and adolescent mental health services (CAMHS). The Committee was informed that children's mental health services were centrally funded. There were proposals from NHS England to delegate funding to the sustainability and transformation partnership (STP) level. Selina Douglas told the Committee that NHS England had amended the regulations in respect of purchasing medication. The amended regulations recognised that many medicines could be purchased much cheaper from Supermarkets (compared to pharmacists). The ELHCP told the Committee that there were no plans for PFI contracts in its local plan.

Selina Douglas responded to a number of questions about the Primary Care Network and GPs. The Committee was informed that there were a number of financial incentives available to GPs for joining a Primary Care Network. Members were advised that GPs had been working together across London for over 10 years as part of 'federations'. The ELHCP would continue to support GPs as they worked together in Primary Care Networks. The ELHCP had a programme in place to deliver Primary Care Networks over the next 18 months. Each Network had a clinical lead and would get support as part of a leadership programme to expand the Network. It was reported that even if a GP did not join their local Primary Care Network, any additional services they offered would be available to all patients who resided in that Primary Care Network catchment area.

RESOLVED:

THE INEL JHOSC agreed to receive an update on the Long Term Plan at its next meeting

12. CONSULTATION ON PROPOSAL TO MOVE MOORFIELDS EYE HOSPITAL FROM ITS SITE IN CITY ROAD, ISLINGTON – UPDATE FROM CONSULTATION

Dr. Dee Hora, Portfolio GP and Nick Strouthidis, Consultant Ophthalmic Surgeon Medical Director, Moorfields Eye Hospital informed the Committee about Moorfields Eye Hospital's public consultation.

Moorfields Eye Hospital is consulting about a proposal to move the hospital from its current location on City Road to a new building just north of King's Cross and St. Pancras stations. The rationale for the move was that the current hospital's site was no longer deemed fit for purpose. The hospital was founded in 1805 and had been at its current location since 1899. The nature of treating patients had changed a lot since 1899. The proposed centre would offer better care and significantly improve Moorfields' ability to prevent eye disease, make early diagnoses and deliver effective new treatments for more people.

Members were advised that the move would bring together excellent eye care with world-leading research, education and training with a number of benefits. Moorfields would also be close to research centres such as the Francis Crick Institute, the main campus of UCL, and leading eye charities such as Guide Dogs and the Royal National Institute of Blind People (RNIB).

The Moorfields Eye Hospital received patients from across London, from Croydon University Hospital, and St. George's Hospital in South London for example. It also received many patients from surrounding counties. The new location would also be more accessible for many of those patients from outside of the catchment area.

Dr. Hora said that the headline results from the consultation were:

- 1,111 survey responses had been received, mainly from patients, carers and the public (77%). Staff participation in the survey was at 17%. Key responses were as follows:
 - 73% said a new centre was needed;
 - 8% said they do not think a new centre was needed; the majority of whom agreed with the statement: "I am concerned moving the hospital from City Road to a new site may make my journey to the hospital more difficult";
 - 72% agreed or strongly agreed that the new site should be located at the St Pancras site; and
 - 11% disagreed or disagreed strongly; the majority of which

stated they would like to see developments and expansion in outreach services and services closer to where people lived, or they provided examples of locations considered more convenient to them (e.g. near where they lived, at or near the current location, amongst others)

- 4,833 people had visited the Oriel consultation website, resulting in 15,968 page views
- The main themes of feedback consisted of:
 - Clinical quality – the most important issue;
 - Accessibility – the top theme;
 - Patient experience – what matters most?
 - Improvements for staff;
 - Research opportunities;
 - Improvements in service models; and
 - Engaging people with protected characteristics.

Dr. Hora addressed questions about patient concerns regarding the move. Moorfields had held consultation events to engage with patients. They also had a user of Moorfields' services on the Advisory Board for the consultation. Consultation had also created a number of co-production workstreams to help coordinate and translate consultation feedback into proposed elements of programme delivery. Some examples of the co-production workstreams were 'Accessibility – getting to the proposed site', 'Accessibility – getting around the proposed new centre', and 'Improving the patient experience'.

Dr. Hora told the Committee that Moorfields did not write to all patients, but did engage with patients in focus groups. They also engaged with patients that used Moorfields' services during the periods of the consultation. Nick Strouthidis informed the Committee that the vast majority of funding for buying the new site would come from NHS England and there would need to be some bridging funds. The current Moorfields location was owned by a Special Trust. The financial modelling undertaken by Moorfields demonstrated that the capital investment for the proposal was affordable and the long-term financial position of the trust would remain sustainable. In terms of additional accommodation for the staff close to the new site, Moorfields would discuss further with Islington Council. Nick Strouthidis told the Committee that Moorfields did make an evaluation of the costs and benefits of developing the current site.

Dr. Hora said that Moorfields would engage with the local transport

hubs about improvements to signage and other issues. One proposal involved having volunteers in the King's Cross and St. Pancras to help visitors to the hospital.

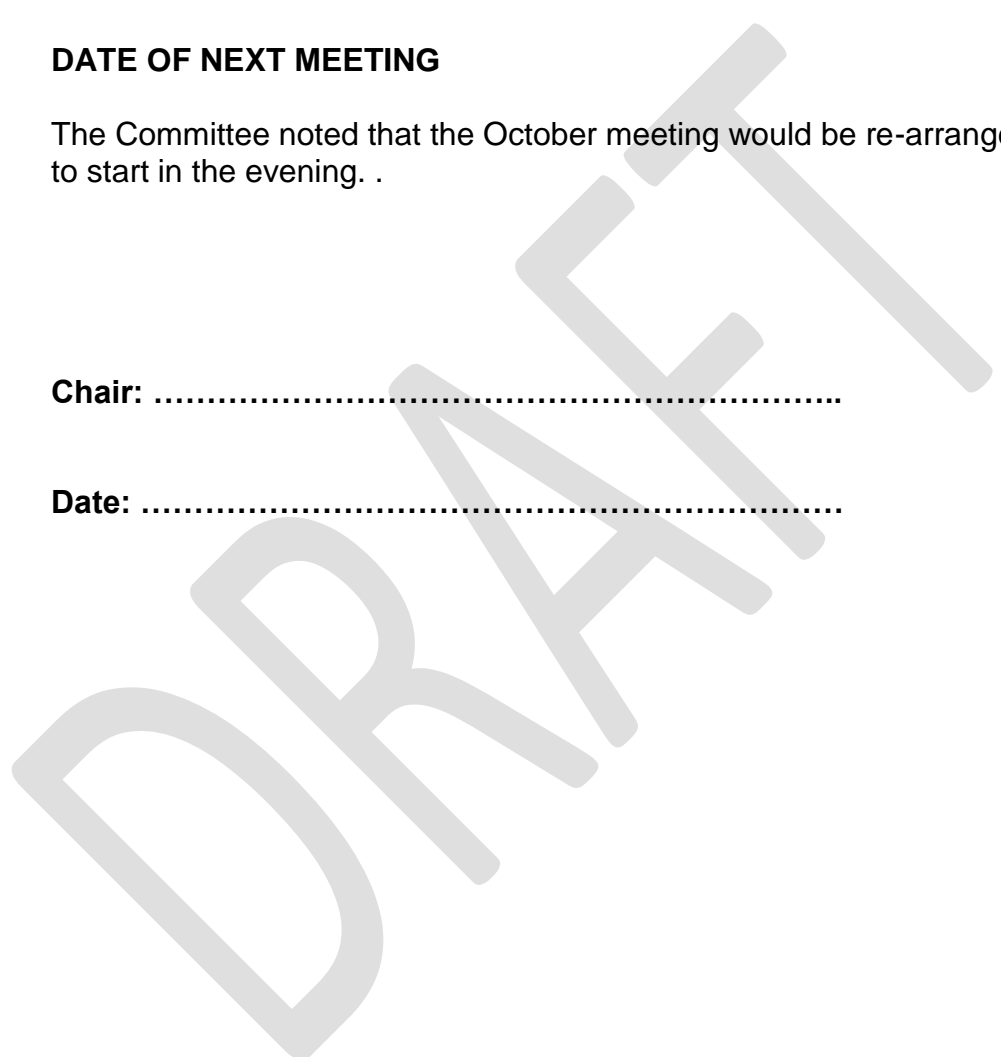
Dr. Hora invited all Committee members to its final consultation event on Thursday 3 October. Moorfields would return for the joint meeting with INEL/ONEL JHOSC meeting. This would give them an opportunity to consult with the larger catchment area. It would also give Members a further opportunity to contribute to Moorfields' consultation before its final submission.

13. DATE OF NEXT MEETING

The Committee noted that the October meeting would be re-arranged, to start in the evening. .

Chair:

Date:





INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)

Meeting held on 6th November 2019
in Council Chamber, Newham Town Hall, East Ham, E6 2RP

Present: Councillor Winston Vaughan (Chair, London Borough of Newham)

London Borough of Waltham Forest
Councillor Richard Sweden

In Attendance: Denise Tyrrell, Consultation Programme Director, North Central
London Clinical Commissioning Groups (CCGs)
Johanna Moss, Director of Strategy and Business Development,
Moorfields Eye Hospital NHS Foundation Trust
Dr. Dee Hora, Portfolio GP, Camden Named GP, Adult
Safeguarding and Planned Care Clinical Lead, North Central
London Planned Care Clinical Lead, London Clinical Senate
Council Member
Anthony Clements, Principal Democratic Services Officer, London
Borough of Havering
Roger Raymond, Senior Scrutiny Policy Officer

Apologies: London Borough of Newham
Councillor Ayesha Chowdhury
Councillor Anthony McAlmont

City of London Corporation
Common Councilman Michael Hudson

London Borough of Hackney
Councillors Ben Hayhurst, Yvonne Maxwell and Patrick Spence

London Borough Tower Hamlets
Councillor Gabriela Salva-Macallan

London Borough of Waltham Forest
Councillor Umar Ali

London Borough of Hackney
Jarlath O'Connell, Scrutiny Officer

1. WELCOME AND INTRODUCTIONS

- 1.1 The Chair welcomed Members, witnesses and members of the public to the meeting.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3. MINUTES OF PREVIOUS MEETING

- 3.1 The minutes would be considered at the next meeting.

4. WORKPLAN

- 4.1 The Members in attendance discussed the Workplan. The Members requested to move the date and time of the next INEL JHOSC meeting. The Scrutiny Team would look to find an alternative date in January 2020.

RECOMMENDATION:

That the INEL JHOSC agree the amended Workplan.

5. SUBMITTED QUESTIONS

- 5.1 The following question was submitted to the Committee by Stephanie Clark, North East London Save Our NHS (NELSON):

“We understand that STPs across the UK, including East London Health and Care Partnership (ELHCP), are proposing to merge CCGs within their area. Details are set out in the document "CCG mergers". Despite proposals for ‘engagement’, no formal consultation is proposed. We believe this is contrary to the clear legal requirement to undertake full consultation on proposed mergers. Details of the legal requirements are set out in detail in the letter from Dr Louise Irvine to Lewisham CCG.

Can the JHOSC assure us that the Committee will take all steps Necessary including active support for a judicial review to ensure there is full consultation with all affected communities before any steps are taken to merge CCGs in the ELHCP area.”

The Chair responded on behalf of the Committee:

“It is not the role of this Committee to give active support or otherwise to any application for a judicial review. That would be for the decision making processes of the individual Councils. Should the INEL JHOSC Committee wish to make recommendations to its constituent Councils on this matter that would need to be discussed and agreed at a future meeting.”

5.2 The following question was submitted to the Committee by Christopher Sills:

“I expect to attend the JHOSC on 6th November and would like to ask the following question at the meeting. Although I am a Public Governor of the Homerton Hospital, I am attending in a personal capacity.

The Government has announced that Whipps Cross Hospital is going to be rebuilt. What is the implication of this decision on the 10 year health plan. And what are the implications for other hospitals in the area both in the short and in the long term.

For example it occurs to me that mothers may elect not to give birth on a building site, which will increase demand in other hospitals in the area in the short-term but reduce it in the long term.”

The Chair responded on behalf of the Committee:

“The vision for Whipps Cross Hospital is that it will continue to provide the same core services as today, including A and E and maternity services. East London Health and Care Partnership is, as part of its response to the NHS Long Term Plan, working as a system to plan the co-ordinated delivery of services across the population, including the impact of the redevelopment. The redevelopment programme is currently developing its Strategic Outline Case. At this stage it is not anticipated that there will be changes to patient flows during construction as all services will be maintained during that time. Further detailed work will be done in the next phase of planning at Outline Business Case stage.”

Councillor Sweden also noted that the consultation for the Whipps Cross Hospital Development was still open. He encouraged all attendees to respond to the consultation.

RECOMMENDATION:

That the Committee:

- 1) **Note the questions**
- 2) **Agree that written responses would be provided to Stephanie Clark, North East London Save Our NHS (NELSON) and Christopher Sills.**

6. DEVELOPING A NORTH EAST LONDON (NEL) RESPONSE TO THE NHS LONG TERM PLAN

- 6.1 The Chair informed the Committee that there would be no representatives from ELHCP at the meeting to present the Long Term Plan. He had been advised by Jane Milligan, Accountable Officer, ELHCP, that due to purdah period restrictions, they would not be able to fully participate in the meeting and answer the Committee's questions. The INEL JHOSC and the ONEL JHOSC Members agreed that the draft NEL Long Term Plan should not be submitted to NHS England on 15 November 2019. The Committee members also agreed that NHS England should be asked to defer any decision on this matter until the draft NEL Long Term Plan had been subject to appropriate scrutiny.
- 6.2 The ONEL JHOSC agreed that their clerk would draw up letters on behalf of the Chair. The Chair would write to the Accountable Officer, North East London Commissioning Alliance and the Chief Executive, NHS England expressing the Committee's frustration and displeasure at the refusal of NHS officers to attend the meeting. The Chair of the INEL JHOSC agreed to co-sign the letters.

RECOMMENDATION:

THAT THE INEL JHOSC agreed to receive an update on the Long Term Plan at its next meeting.

7. CONSULTATION ON PROPOSAL TO MOVE MOORFIELDS EYE HOSPITAL FROM ITS SITE IN CITY ROAD, ISLINGTON – UPDATE FROM CONSULTATION

- 7.1 Dr. Dee Hora, Portfolio GP, Denise Tyrrell, Consultation Programme Director, North Central London CCGs and Jo Moss, Director of Strategy and Business Development, Moorfields Eye Hospital NHS Foundation Trust informed the Committee about Moorfields Eye Hospital's public consultation regarding the proposal to move the hospital from its current location on City Road to a new building just north of King's Cross and St. Pancras stations.
- 7.2 Dr. Hora told the Members present that Moorfields had conducted a comprehensive consultation between 24 May and 16 September 2019. The consultation received 1,511 survey responses to the consultation questions, as well as 212 other forms of response including: emails, telephone, social media and formal responses. Over 84,000 letters were sent out to patients regarding the consultation. There were 99 events, meetings and discussions that were held with a number of organisations and charities. Over 17 of these were held in North East London. This included Protected Characteristics groups and seldom heard groups

across the INEL/ONEL catchment area.

Dr. Hora explained that it was proposed to move Moorfields Eye Hospital from its current site which was not fit for purpose and unable to cope well with current demand. Patients often had to navigate their way around the building and to different floors as part of their outpatient appointment which could not only present a challenge for patients physically, but was also time consuming. The UCL Institute of Ophthalmology would move with the hospital to combine with Moorfields on the purpose-built St Pancras site. Members were advised that the move would bring together excellent eye care with world-leading research, education and training with a number of benefits. Moorfields would also be close to research centres such as the Francis Crick Institute, the main campus of UCL, and leading eye charities such as Guide Dogs and the Royal National Institute of Blind People (RNIB).

- 7.3. The main concerns raised by the consultation were not new to Moorfields Eye Hospital officers:
- The last half mile of the journey as public transport stops short of the site entrance
 - Accessibility, both in terms of travelling to the new hospital site, and in terms of navigating around it
 - The King's Cross and St Pancras station is a busy and heavily congested area meaning it could present difficulties for visually impaired, elderly and disabled patients.
- 7.4 However, Dr. Hora told the Members present that 73% of respondents to the consultation had agreed or strongly agreed that the move should take place although this was slightly lower in the North East London area, principally due to concerns over travel times. Travel analysis had however shown only a three minute increase in journey times overall compared to the current site.
- 7.5. Dr. Hora informed the Members present that the Consultation Programme attempted to address the concerns raised in the consultation. Moorfields had held consultation events to engage with patients. They also had a user of Moorfields' services on the Programme Board for the consultation. Consultation had also created a number of co-production workstreams to help understand in more depth the consultation feedback. Some examples of the co-production workstreams were 'Accessibility – getting to the proposed site', 'Accessibility – getting around the proposed new centre', and 'Improving the patient experience'.
- 7.6 Dr. Hora told the Members present that the proposals would go to joint scrutiny for the North-Central London area on 29 November 2019 and a

final decision was expected on 19 December 2019. Johanna Moss addressed questions from Members about Moorfields Eye Hospital's private theatre. The private theatres at the Moorfields site were part of a private business owned by the NHS. All profits from the private business were reinvested into the Moorfields NHS Trust. Investments made in private theatres would be recouped by the time of the move. Moorfields Eye Hospital officers recognised that the children's department was in a newer building compared to the rest of the hospital, however it was not feasible to leave this on the current site as many hospital staff worked across both the adults and children's departments.

- 7.7 In response to Members' questions, Johanna Moss said that the valuation of the City Road site was based on current value and officers accepted that this may change due to the effects of Brexit. This would be reflected in the full business case which would be submitted in 2021. Johanna Moss also told the Committee that Moorfields Eye Hospital operated out of 30 sites, but there was a still need for a centralised building that provided specialised services and brought together the care and research.
- 7.8 In response to Members' questions, Dr. Dee Hora said that Moorfields Eye Hospital officers had already started to address some of transport concerns raised in the consultation. For example, a group of visually impaired patients had already tested the walking route from King's Cross station to the site and work on the route had also been undertaken with the RNIB. It was also noted that the nearest station to the current site (Old Street) was not step free whilst this would be available from King's Cross station for the new hospital location.
- 7.9. Members asked Moorfields Eye Hospital and CCG officers whether they had a timescale in respect of improving the bus coverage signage around the new site. Johanna Moss said that Moorfields Eye Hospital wished to have more bus routes serving the new site and to encourage better signposting to the new hospital both from the station and at street level. Engagement work with Transport for London and London Borough of Camden was already underway on these issues.
- 7.10 Members' questions, Johanna Moss said that Moorfields Eye Hospital had considered a number of sites, but only the St Pancras location had met all critical success factors. The existing City Road site would be put on the market once the full business case had been approved which was expected to be confirmed in late 2020. The new building would be formally completed in spring 2026, though a transition period of around six months was likely as services moved over to the new site. It was planned to transfer and reuse existing equipment where possible but detailed work on this had not been undertaken as yet. Moorfields Eye Hospital officers were also aware of the risks of overspends in the project and of rises in inflation but the business case would include contingencies for this and this would be challenged as part of the

business case process.

7.11 In response to Members' questions, Dr. Hora said that the bed capacity of six would remain the same at the new site as nearly all current Moorfields treatment was undertaken on an outpatient and day case basis. Improvements in technology were also likely to mean fewer overnight stays would be needed. Capacity for outpatients would be increased by the design of the new hospital.

7.12 Moorfields Eye Hospital officers were happy to arrange a visit to the current hospital for Members, in order to scrutinise further the issues faced by the hospital.

8. DATE OF NEXT MEETING

It was noted that the next scheduled meeting of the Committee was 11 February 2020.

Chair:

Date:

DRAFT

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INNER NORTH EAST LONDON (INEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	INEL JHOSC Work Programme 2019 – 2020
Date of Meeting	Monday 27 January 2020
Lead Officer and contact details	<p>Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk</p>
Report Author	<p>Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk</p>
Witnesses	n/a
Boroughs affected	<ul style="list-style-type: none"> • City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest
<p>Recommendations:</p> <p>That INEL JHOSC is asked to:</p> <ul style="list-style-type: none"> • COMMENT on the work programme; • APPROVE items on the work programme. 	





Background

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)

Meeting: Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)
 Chair: Cllr Winston Vaughan (Newham) vice-Chair Cllr Ben Hayhurst (Hackney)
 Support: Robert J Brown, Senior Scrutiny Policy Officer
 Venue: Old Town Hall, Stratford, 29 Broadway, LONDON E15

Dates of meetings: 13 Feb-19 18 Sep-19
 1900-2100hrs 3 Apr-19 30 Oct-19
 19 Jun-19 27 Nov-19

	13-Feb-19	03-Apr-19	31-Jul-19	19-Sep-19	06-Nov-19	27-Jan-20	11-Feb-20	24-Jun-20	30-Sep-20	25-Nov-20
APOLOGIES	Cllr Rohit DasGupta Common Councilman Michael Hudson Common Councilman Chris Boden Cllr Eve McCullian	Cllr Rohit DasGupta Common Councilman Chris Boden moved from 20 March 2019 due to Tower Hamlets Full Council meeting	CANCELLED	moved from 18 September 2019	this meeting will now be the joint INEL / ONEL JHOSC meeting to discuss STP-wide issues, commencing at 7pm - this was rescheduled due to the NHS LTP deadlines for responses					
STANDING ITEMS (20mins)	AGENDA Chair's Announcement Welcome, Apologies and Introductions (inc substitutes) Declaration of Interest Register Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan	AGENDA Welcome and Introductions Apologies for Absence Declaration of Interest Minutes of Previous meeting Submissions Work Plan
AGENDA ITEMS (100mins)	Election of Chair Election of vice Chair Terms of Reference / Membership / Protocols NHS Long Term Plan - Simon Hall / Alan Steward Patient Transport - Ellie Hobart	NELCA / ELHCP - AO update and NHS Long Term Plan - Jane Milligan, Simon Hall STP / ELHCP Estates Strategy - Henry Black, Chief Financial Officer - Tim Madelin, Estates - Anamaria Iclanau, Estates - Marie Burnett, NELSON - ???, NHS Property Services	NELCA / ELHCP - AO update Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference Early Diagnostic Centre for Cancer - Sarah Watson Update on Moorfields Eye Hospital consultation - Denise Tyrrell TO NOTE: INEL System Transformation Board - Ellie Hobart (to discuss Sep2019)	Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference ELHCP - AO update on ICS and CCG status - Jane Milligan Review of Non-Emergency Patient Transport Service review - Ellie Hobart INEL System Transformation Board - Ellie Hobart Moorfields Eye Hospital - Denise Tyrrell	ELHCP / NHS Long Term Plan in North East London - Simon Hall / Jane Milligan Moorfields Eye Hospital - Denise Tyrrell	ELHCP - AO update Cancer Diagnostic Hub - Tim Burdsey Overseas Patients and charging - Barts Health NHS Trust / Homerton University Hospital NHS Trust	ELHCP - AO update ELHCP / NHS Long Term Plan in North East London and Barts Surgical Surgery - Simon Hall / Theima E George Transformation Delivery Programme Co-Ordinator Pathology Services update across NEL - Barts Health / Homerton Hospital / Barking, Havering and Redbridge	ELHCP - AO update Review of Non-Emergency Patient Transport Service review - Ellie Hobart Mental Health - David Maher Digital - Luke Readman	ELHCP - AO update Feedback from Healthwatch Consultation & Healthwatch scrutiny work across ELHCP - CEO of Healthwatch Redbridge/David Burnidge (LB Healthwatch) Homelessness Strategy - Simon Cribbens	ELHCP - AO update
ADDITIONAL INFO				Deadline for papers: Friday 6 September 2019	Deadline for papers: 25 October 2019	Deadline for papers: Thursday 16 January 2020	Deadline for papers: Friday 31 January 2020			

CoLC City of London Corporation
 ELHCP East London Health Care Partnership
 LBH London Borough of Hackney
 LBN London Borough of Newham
 LBTH London Borough of Tower Hamlets
 NELSON North East London Save Our NHS
 RBR London Borough of Redbridge

C&HCCG City & Hackney CCG
 NCCG Newham CCG
 NEL North East London
 THCCG Tower Hamlets CCG
 WEL WF and East London
 WFCCG Waltham Forest CCG

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INNER NORTH EAST LONDON (INEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	Mile End Early Diagnosis Centre – Update
Date of Meeting	27 th January 2020
Lead Officer and contact details	<p>Roger Raymond Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk</p>
Report Author	<p>Dr Angela Wong, Clinical Lead, Barts Health NHS Trust Naser Turabi, Programme Director, NCEL Cancer Alliance Karen Conway, interim Programme Manager, NCEL Cancer Alliance</p>
Witnesses	n/a
Boroughs affected	<ul style="list-style-type: none"> • City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest
<p>Recommendations:</p> <p>That the Joint Committee considers the information presented and notes the development of the centre and the benefits it will bring to cancer diagnosis for residents of East London.</p>	



Background

Summary

Evidence shows that north-east London has poor patient outcomes for both liver and upper/lower gastrointestinal (GI) cancers, with evidence of variation in practice. A reliance on premium rate activity out-of-hours in evenings and weekends demonstrates a need for additional capacity, and demand is expected to increase as a key goal is to increase the number of people tested for cancer to enable earlier diagnosis and therefore an improvement in survival.

Funding for the north-east London Early Diagnosis Centre (NEL EDC) is provided from NHS England's Cancer Transformation Fund (CTF), and is being developed by the North Central and East London Cancer Alliance (NCELCA). This funding was specifically awarded to develop an EDC to focus on providing high quality diagnostics for the local population. This is an innovative partnership approach between three main trusts in east London (Barts Health NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust and Homerton University Hospital NHS Foundation Trust), with the Cancer Alliance to create additional capacity and become a centre of excellence in the diagnosis of lower GI cancers. Whilst Barts Health NHS Trust is the host provider, leading on the development of the full business case, this project is very much a system project and a shared resource for the system.

The EDC will be located at Mile End Hospital, which is part of Barts Health NHS Trust. The site was selected following an assessment of suitable sites in each of the three trusts (at Homerton University Hospital, King George Hospital, and Mile End Hospital) for their ability to provide the right estates location within the £5.106m capital allocation. The EDC Steering Group agreed in June 2018 to be guided by the outcome of an independent options appraisal which resulted in a recommendation of Mile End Hospital as the EDC site. This was subsequently approved by the JCC and STP Executive in September 2018.

About the centre

The North East London Early Diagnosis Centre is due to open in May 2020. The EDC in the current phase will have two endoscopy suites (with a decontamination unit), and two ultrasound rooms, co-located with an existing CT scanner. In a future phase, the ambition is to add other diagnostic facilities, such as an MRI scanner.

The EDC will be person centred, with patient choice, attendance and patient experience supported by new clinical nurse specialist roles, which Macmillan have already indicated an interest in funding.

There is a co-located Education Centre, and this will be used to host a range of health and wellbeing events to educate on the rationale for screening and surveillance. The Centre will also host events, building on the piloted health and wellbeing school developed to safety net pathways, educate on cancer prevention, provide health promotion, screening services and

the small “c” symptoms to inform of the symptoms and signs of cancer with the intention of promoting a clinical review.

The EDC will be the first of its kind. The facility will be staffed with a mixture of existing members of provider staff and new staff, and as such will be a new model for service delivery at a system level. It will be a centre of excellence ensuring best practice surveillance and screening services whilst removing variation in delivery across providers. This means all patients across north east London, whether receiving their diagnostics at a provider hospital or the EDC, will receive the same high quality care and standardised procedure. The EDC will act as a lasting platform for improvement by providing a centre for training, where new skills and techniques can be used and then disseminated across NEL

The EDC aligns to a number of the aims within the NHS Long Term Plan (LTP) for cancer service improvement, included increasing early diagnosis with a national aim of 75% of cancers being diagnosed at stage 1 and 2, personalised follow-up, and the development of rapid diagnosis centres (RDCs).

Key Improvements for Patients

The EDC will improve access to earlier diagnosis and treatment for cancer, in particular, which will improve life expectancy and begin to address health inequalities across the patch. Patients who have the opportunity to benefit from the EDC in phase one include those with gastrointestinal conditions such as polyps, Barrett’s Oesophagus and inflammatory bowel disease, as well as those with liver cirrhosis and Hepatitis B and C. Phase two will extend to patients with early stage prostate cancer who are on active surveillance. The patient cohorts will be reviewed as the service becomes more established.

The centre is the first of its kind in the UK and is an example of effective system working. The centre aims to:

- Reduce variation and enable standardisation of care across the system, meaning better outcomes for patients.
- Provide additional capacity for 2ww referrals in NEL by decanting pre-cancerous patients under surveillance for cancer out to the centre.
- Provide a lasting platform for improvement, it will be a centre for best practice and training in surveillance and will spread specialist knowledge across the region
- Embed research in clinical practice and to link data to primary care records. This will lead to improved cancer detection and quality of life.

The guiding principles of the centre are that:

- It is a shared service for NEL region: for patients, referrers and providers.
- It will be run collaboratively by the NEL providers, with commissioner support.
- It will only diagnose patients who are in surveillance or in follow-up.
- It will be person centred, with patient choice, attendance and patient experience supported by new clinical nurse specialist roles.

The EDC's aims are not simply to increase diagnostic capacity; it aims to offer a suite of provision that addresses the needs of its patient cohort in a holistic way—for instance, by offering health and wellbeing events to provide advice and support to patients to enable them to manage their condition post-diagnosis.

Patient cohorts

The centre will cater for surveillance patients with GI and liver symptoms. This is the patient cohort of greatest need in NEL, with the exception of only of lung cancer, which is already benefitting from the SUMMIT study, which implements lung screening for NEL residents. Any additional capacity can be used for suspected cancer referrals from GPs with low procedural risk. As the centre becomes established the intention is to expand the number of patient groups.

Timeline and next steps

Milestones achieved to date:

Milestone	Completion date
Commissioners case approved	January 2019
Full provider Business Case approved	September 2019
Building works at Mile End commenced	October 2019
EDC Workforce project lead appointed	October 2019
COGS (Healthwatch Enfiled) survey on patients and public perceptions completed	October 2019
Project task and finish groups for operational phase established	December 2019

Next steps:

Milestone	Due date
ICT Project Manager to be appointed	January 2020
EDC General manager to be appointed	January 2020
Project/ Clinical Governance framework to be approved	February 2020
Workforce planning to be complete	March 2020
Patient and public facing information to be complete	March 2020
Communication strategy to go live	April 2020
EDC Operating model to be finalised	April 2020
Building works to be completed	May 2020

The current go live date is May 2020



Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

n/a

Overseas visitors - eligibility for funded NHS treatment

Barts Health NHS Trust serves an ethnically diverse community of around 2.5 million people living in east London including many nationals from other countries. We take pride in providing vital care for all our patients, and do not wish to deter anyone from seeking treatment.

National regulations stipulate that patients must be “ordinarily resident” in the United Kingdom to qualify for NHS-funded hospital care without charge. This means living here lawfully, with a settled purpose, for the time being. Nationals of countries outside the European Economic Area (EEA) who have indefinite leave to remain in the UK are eligible for free care, but many British nationals who now live overseas may not be.

The Trust has a legal duty to recover costs from patients who are not entitled to NHS treatment. Any patient not entitled to free care must be charged for treatment they receive unless a medical or service exemption applies.

Those who need care clinically deemed immediately necessary including maternity care or urgent care will always be treated in a timely way and we do not turn such patients away. However, treatment is not made free of charge by virtue of being provided on an immediately necessary or urgent basis. Where charges apply the Trust cannot waive the fees in whole or part.

We have a well-established, experienced Overseas Visitors Team and do our best to help and support patients to understand their and our obligations around payment.

A number of the Overseas Visitors Team have language skills, which is beneficial in providing support to the local community. In addition where appropriate our Advocacy Service is available to support interactions for those patients whose first language is not English.

Key Developments in 2019/20

The Trust understands the Department of Health and Social Care (DHSC) Overseas Visitor Charging Regulations can be complex and welcomes inquiries from our patients and community to provide timely clarity and support where needed. During 2019/20 we have made a number of improvements to support our patients and community which are summarised below. We continue through our Overseas Visitor Steering Group to review our compliance with national policy and how we can best support our patients in this regard.

We have worked extensively with community groups and other patient support services including our patient panel during the year to understand their concerns and



engage them in the Trusts plans in order to obtain feedback and inform our approach to implementing the policy

The Trust has refreshed its policy in line with current national guidance from the DHSC. With the support of community groups and the Trusts Associate Director of Inclusion we have also developed an Equality Impact Assessment.

A Task and Finish Group chaired by the Deputy CEO has been in place for some time to consider implications and prepare the Trust for an EU Exit. The work of this group includes any implications for reciprocal healthcare.

Improvements to our staff intranet and the Trusts website have included the addition of more information and contact details for our specialist Overseas Visitors Team who support both colleagues and patients. Further development and improvements will continue during the year ahead.

We continue to review and develop our communications materials for patients. A patient facing leaflet will be made available in our Patient Advice and Liaison Service office on each site. This includes details of external agencies that provide independent patient support and guidance. A short film has also been developed that will provide information for patients and outline how the Trust implements the national regulations.

Following feedback from local campaigners the Trust has developed the DHSC standard pre-attendance form to provide greater clarity to patients in the area's they recommended. In addition the form has been enhanced to include the option for a patient to name an advocate for communication purposes. This revised form will be introduced in the near future and now includes a point of reference document that incorporates Overseas Visitors Team contact points to support our patients.

The Trust has enhanced the DHSC standard clinical assessment form to enable clinical colleagues to readily identify and communicate to the Overseas Visitors Team patients being treated for exempt medical conditions. This facilitates improved communication to the patient by the Overseas Visitors Team and enables early reassurance to be provided at a potentially anxious time.

A comprehensive training package has been developed to increase knowledge and awareness to our frontline and clinical staff in regard to overseas visitors and entitlement to free care. This will form part of statutory and mandatory training for these staff groups. It is anticipated that this improved awareness will ensure that patients are referred in a timely manner to the Overseas Visitors Team in order that specialist support can be provided at the earliest opportunity. The training will be rolled out in the coming months on a phased basis across all our sites.



Barts Health
NHS Trust

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