

Appendix F: Copies of scrutiny correspondence

Dear Neil

Views of Inner North East London Joint Health Overview and Scrutiny Committee (JHOSC) on Proposals to Change Specialist Cancer and Cardiovascular Services

As the Chair of the Inner North East London JHOSC, I am writing to confirm the overall views of the Joint Committee on the above proposals. Having undertaken scrutiny of the proposals during the recent engagement process, the Joint Committee is of the view that these proposals do not require formal consultation under section 244 of the NHS Act 2006. The NHS has a duty under section 242 of the NHS Act 2006 to promote involvement and consultation in any service change. This involvement has to be proportionate to the extent of the proposed service changes. The NHS also has a duty under section 244 of the Act and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 to consult with local authorities on any proposal it considers is a substantial development or variation in the provision of the health service.

The Joint Committee has considered the significant engagement that NHS England and UCL Partners have conducted regarding the proposed changes to cancer and cardiac services in north central and north east London and the Joint Committee has been able to scrutinise this matter in a variety of settings on several occasions. This included both committee meetings and informal engagement events with London Cancer and UCL Partners.

As such, the Committee has reviewed the outputs from the engagement process and notes in particular that:

- Many patients and members of the public expressed their strong support for the majority of services to be kept local where possible.
- Travel implications were highlighted by patients and their families in Inner North East London and some concerns were expressed about the inconvenience and difficulty for patients and their families travelling to central London, lack and cost of car parking, and the difficulty and discomfort of travelling when undergoing treatment.
- That integration with the rest of the pathway and continuity of care is essential. It is imperative that the mechanisms are put in place to ensure patients, their records and their treatment plans are managed appropriately as they leave and re-enter a non-specialist part of the pathway. The Joint Committee received evidence from clinicians in regards to this issue and it is noted that there are concerns such as working patterns. However, we note that the commissioners acknowledge that these issues will be addressed and will be satisfactorily resolved. The Joint Committee is of the view that the integration of the pathway in terms of the patients, clinicians and administrators is a fundamental challenge that lies ahead for the

commissioners and providers as this will arguably define a great deal of this new approach to the delivery of Cancer and Cardio specialist care.

The Joint Committee is pleased that the NHS has agreed to send stakeholders a final report on the proposed changes in time for the next meeting on 17 February, and going forward the Joint Committee is particularly interested in the further developments in regards to Trauma and Prostate centres, which we note have some remaining issues to resolve.

The Joint Committee would also like the NHS to address the issues raised in the engagement and provide responses. This would however be in order to ensure any unforeseen challenges are mitigated against (and benefits realised) rather than to reconsider the key decisions to move services.

In conclusion, the Joint Committee wishes to reiterate its view that it is essential that robust engagement and consultation should continue as per section 242, not just internally, but with all relevant parties and stakeholders. The Joint Committee will continue to scrutinise the project business case when it becomes available, the independent prostate cancer report, the full engagement report and the equalities impact assessment. As Chair of the Joint Committee, I am optimistic that these proposals have the potential to deliver world class health outcomes for residents and I look forward to continuing to work closely with London Cancer to make sure that this ambition is realised.

Yours sincerely

A handwritten signature in black ink, appearing to read 'W Vaughan', with a stylized flourish at the end.

Councillor Winston Vaughan
Chair, Inner North East London Joint Health Overview and Scrutiny
Committee

This letter has been copied to:

All Members and Supporting Officers, Inner North East London Joint Health
Overview and Scrutiny Committee

Support Officer for Outer North East London Joint Health Overview and
Scrutiny Committee



Essex County Council

Anthony Clements
Principal Committee Officer

COMMITTEE ADMINISTRATION
London Borough of Havering
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TO:

Neil Kennet-Brown
Programme Director – Transformational
Change
North East London Commissioning Support
Unit
Third Floor
Clifton House
75-77 Worship Street
London
EC2A 2DU

Date: 13 January 2013

Your Reference:

Our Reference: **AC**

Dear Neil

Views of Outer North East London Joint Health Overview and Scrutiny Committee (JHOSC) on Proposals to Change Specialist Cancer and Cardiovascular Services

As the current Chairman of the Outer North East London JHOSC, I am writing to confirm the overall views of the Committee on the above proposals. Having undertaken scrutiny of the proposals during the recent engagement process, the Committee is of the view that these proposals do not require formal consultation under section 244 of the National Health Service Act 2006. The Committee therefore feels that the changes should proceed, subject to the comments shown below.

As you are aware, The NHS has a duty under section 242 of the above Act to promote involvement and consultation in any service change. This involvement has to be proportionate to the extent of the proposed service changes. The NHS also has a duty under section 244 of the Act and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions)

The Joint Health Overview and Scrutiny Committee is exercising its powers as conferred under the NHS Act 2006, section 245 (as amended by the Health and Social Care Act 2012). This is distinct from and separate to those powers exercised by the Executive of the constituent Councils.

Regulations 2002 to consult with local authorities on any proposal it considers is a substantial development or variation in the provision of health services.

The JHOSC has considered the engagement exercise that NHS England and UCL Partners have conducted regarding the proposed changes to cancer and cardiac services in North Central and North East London. The Committee wishes to place on record its view that, while it may not consider the proposed changes to constitute a sufficiently substantial variation in service that would necessitate section 244 consultation, it considers it essential that clear and continuous consultation on the service alterations continues with the JHOSC and all other relevant stakeholders as the proposals are developed and implemented.

The Committee has considered the outputs from the engagement process and notes in particular that:

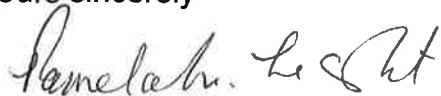
- Many patients and members of the public expressed their strong support for the majority of services to be kept local where possible.
- Travel implications were highlighted by nearly all respondents, particularly among cancer patients and their families in Outer North East London and West Essex. Strong concerns were expressed about the inconvenience and difficulty for patients and their families travelling to central London, lack and cost of car parking, and the difficulty and discomfort of travelling when undergoing treatment.
- The urology proposals, affecting Outer North East London and West Essex in particular will have an external review, by NHS England (London) clinical senate, to provide further evidence before commissioners finalise their decision making on the model. The Joint Committee would support any proposed retention of urological cancer services at either Queen's or King George Hospitals (in conjunction with the centre to be developed at UCLH).
- Many respondents felt that more information was needed as to how proposed specialist centres would work to increase early diagnosis and prevention.
- There is a need for outcome data from the proposed specialist centres to be frequently and publicly available to help inform patient choice and ensure standards are being met.
- Integration with the rest of the pathway and continuity of care is essential. There need to be mechanisms in place to ensure patients, their records and their treatment plans are managed appropriately as they leave and re-enter a non-specialist part of the pathway.

The Committee is pleased that the NHS has agreed to send stakeholders a final report on the proposed changes in February/March in order to provide a final opportunity for comments. The JHOSC would also like the NHS to address the issues raised in the engagement and provide responses. This would however be in order to ensure any unforeseen challenges are mitigated against (and benefits realised) rather than to reconsider the key decisions to move services.

In conclusion, the Committee wishes to reiterate its view that it is essential that robust engagement and consultation should continue, not just with itself, but with all relevant parties and stakeholders. The JHOSC will scrutinise the project business case when it becomes available, the independent prostate cancer report, the full engagement report and the equalities impact assessment.

The Joint Health Overview and Scrutiny Committee is exercising its powers as conferred under the NHS Act 2000 section 245 (as amended by the Health and Social Care Act 2012). This is distinct from and separate to those powers exercised by the Executive of the constituent Councils.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Pamela Light', written in a cursive style.

Councillor Pam Light

Chairman, Outer North East London Joint Health Overview and Scrutiny

This letter has been copied to:

All Members and Supporting Officers, Outer North East London Joint Health Overview and Scrutiny Committee

Luke Byron-Davies, Clerk, Inner North East London Joint Health Overview and Scrutiny Committee

Rob Mack, Clerk, North Central London Joint Health Overview and Scrutiny Committee

9 October 2013

Neil Kennet-Brown
Programme Director – Transformational
Change
North East London Commissioning Support
Unit
Third Floor
Clifton House
75-77 Worship Street
London EC2A 2DU

Dear Neil,

Cancer and Cardiovascular Changes

On behalf of the North Central London Joint Health Overview and Scrutiny Committee (JHOSC), I am writing to respond formally to your proposals for changes to cancer and cardiovascular services in north central and north east London.

The JHOSC supports the proposed changes to cancer and cardiovascular services. It would nevertheless welcome further engagement on them in order to address any outstanding issues and monitor development plans but does not, at this stage, feel that a full public consultation is required on any or all of the proposals. It looks forward to further engagement once the business cases, financial arrangements, and governance arrangements proposed are further developed.

The JHOSC notes that the NHS has a duty under section 242 of the NHS Act 2006 to promote involvement and consultation in any service change. This involvement has to be proportionate to the scale of the proposed service changes. The NHS also has a duty under section 244 of the Act and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 to consult with local authorities on any proposal it considers is a substantial development or variation in the provision of health services.

The Committee has considered the engagement that NHS England and UCL Partners have conducted regarding the proposed changes. It notes that the case for change was distributed in paper and online formats and the engagement was promoted on trust intranets, publications and in staff meetings. It also notes the drop-in sessions in the locality for informal one-to-one discussions, staff events at trusts across the locality, presentations at 10 patient group meetings, including NEL Cancer Partnership Group and The Heart Hospital Patient Group, and various discussions with CCGs.

The Committee has considered the responses from this engagement and has concludes that:

- There is strong clinical and public support and understanding of the need for the consolidation of specialist services and improvement in outcomes across the area;
- Many patients and members of the public expressed their strong support for the majority of services to be kept local where possible;
- There is strong support for development of integrated cancer systems across London to improve outcomes and ensure equality, in terms of access and quality, to cancer patients. There is also a recognition that common pathways, data collection and governance are crucial to achieve this;
- Travel implications were highlighted by nearly all respondents, particularly among cancer patients and their families in outer north east London and West Essex. Strong concerns were expressed about the inconvenience and difficulty for patients and their families travelling to central London, lack and cost of car parking and the difficulty and discomfort of travelling when undergoing treatment;
- The urology proposals that affect outer north east London and West Essex will have an external review by NHS England (London) clinical senate in order to provide further evidence before commissioners finalise their decision making on the model;
- Many people felt that more information was needed as to how proposed specialist centres would work to increase early diagnosis and prevention;
- There is a need for outcome data from the proposed specialist centres to be publicly available on a frequent basis to help inform patient choice and ensure standards are being met; and
- Integration with the rest of the pathway and continuity of care is essential. There needs to be mechanisms in place to ensure patients, their records and their treatment plans are managed appropriately as they leave and re-enter a non-specialist part of the pathway.

The Committee has reviewed the process for selecting the preferred options and understands why the preferred options have been selected, subject to the finalisation of the business case.

The Committee has requested to be engaged going forward to ensure that any changes to the proposals are properly shared and discussed and that the issues raised in the engagement are addressed and sufficiently scrutinised (for instance regarding travel, the challenges around integrated working and a specific challenge by a number of clinicians at the Royal London which relate to concerns on the impact of the proposed cancer changes on the major trauma centre). We would also like to be able to scrutinise the business case when it becomes available, the independent prostate report, the full engagement report and the equalities impact assessment.

We are pleased that the NHS has agreed to send stakeholders a final report on the proposed changes in February/March in order to provide a final opportunity for any comments. We would also like the NHS to address the issues raised in the engagement and provide responses. However, we are clear that this is in order to ensure that any unforeseen challenges are mitigated against and benefits realised rather than to reconsider the key decisions to move services.

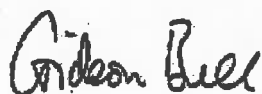


2005-2006
Getting Closer to Communities



INVESTOR IN PEOPLE

Yours sincerely



Councillor Gideon Bull
Chair, North Central London Joint Health Overview and Scrutiny Committee

c.c. Councillor John Bryant, Vice Chair



2005-2006
Getting Closer to Communities



INVESTOR IN PEOPLE



COUNCILLOR DAVID HARVEY
Chairman, Adults, Health & Community
Protection Committee

Councillor Winston Vaughan
Chairman, Inner North East London Joint
Health Overview and Scrutiny Committee
London Borough of Newham,
Newham Dockside
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20th November 2013

Dear Cllr Vaughan,

On the basis of visits made to University College London Hospitals NHS Foundation Trust's Heart Hospital and Westminster's own community cardiology services, in conjunction with evidence given to the Adults, Health & Community Protection Committee on Monday 18th November by UCL Partners, the Committee understands and accept the case for the changes being proposed to cardiovascular services. We believe that the decision as to whether the matter warrants a full public consultation under Section 242(1B) obligations contained within the National Health Service Act 2006 and the Local Government & Public Involvement in Health Act 2007 is best taken by more affected boroughs.

My Committee and Westminster City Council would wish to be kept informed in advance of any changes being implemented and will therefore remain in touch with officers and commissioners of the service. We particularly wish to be involved in the co-design of future use of the facilities in Westmoreland Street for UCLH's elective services to maximise benefits to residents and mitigate adverse impacts.

Yours sincerely,

Cllr David Harvey,
Chairman, Adults, Health & Community Protection Committee
Westminster City Council

cc. Cllr Luke Akehurst, Vice-Chairman, INELJHOSC, London Borough of Hackney