INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Thursday, 19 September 2019 at 7.00 p.m.

1. **AGENDA (Pages 5 - 100)**

2. **MINUTES**

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Agenda

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

Date Thursday 19 September 2019

Time 7.00pm – 9.00pm

Venue Council Chamber, Old Town Hall, E15 4BQ, Stratford

Rokhsana Fiaz OBE
Mayor of Newham

Althea Loderick
Chief Executive

London Borough of Newham I Newham Dockside I 1000 Dockside Road I London I E16 2QU

MEMBERSHIP

City of London Corporation
Common Councilman Michael Hudson

London Borough of Hackney
Cllr Ben Hayhurst (vice-Chair)
Cllr Peter Spence
Cllr Yvonne Maxwell

London Borough of Newham
Cllr Anthony McAlmont
Cllr Ayesha Chowdhury
Cllr Winston Vaughan (Chair)

London Borough of Tower Hamlets
Cllr Gabriela Salva-Macallan
Cllr Kahar Chowdhury
Cllr Shad Chowdhury

OBSERVER STATUS

London Borough of Waltham Forest
Cllr Nick Halebi
Cllr Richard Sweden
Cllr Umar Ali

OFFICERS

Chris Kelly - Senior Scrutiny Policy Officer, chris.kelly@newham.gov.uk
Roger Raymond – Senior Scrutiny Policy Officer, roger.raymond@newham.gov.uk

AGENDA

1. WELCOME, APOLOGIES AND INTRODUCTIONS

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 1 - 12)

The Committee are asked to agree the accuracy of the minutes of the previous meeting.

4. LONDON BOROUGH OF WALTHAM FOREST INCLUSION WITHIN INEL JHOSC (Pages 13 - 14)

INEL JHOSC is asked to approve the London Borough of Waltham Forest's inclusion as Members within INEL JHOSC.

5. LONDON BOROUGH OF REDBRIDGE OBSERVER STATUS (Pages 15 - 16)

INEL JHOSC is asked to approve the London Borough of Redbridge's observer status within INEL JHOSC.

6. ELECTION OF VICE-CHAIR (Pages 17 - 18)

INEL JHOSC is asked to appoint a vice-Chair of INEL JHOSC.

7. TERMS OF REFERENCE (Pages 19 - 26)

INEL JHOSC is asked to approve updated Terms of Reference.

8. INEL JHOSC PROTOCOLS (Pages 27 - 38)

INEL JHOSC is asked to approve updated protocols.

9. INEL JHOSC WORK PROGRAMME (Pages 39 - 42)

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

10. SUBMITTED QUESTIONS

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

Submission 1: 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?

11. NORTH EAST LONDON (NEL) LONG TERM PLAN (LTP) (Pages 43 - 60)

INEL JHOSC is asked to note, comment and discuss the North East London NHS Long Term Plan.

12. MOORFIELDS EYE HOSPITAL RELOCATION UPDATE (Pages 61 - 90)

INEL JHOSC is asked to consider proposals and consultation on the relocation of Moorfields Eye Hospital.

13. DATES OF NEXT MEETING

Joint INEL / ONEL JHOSC meeting – Wednesday 30 October 2019, 1600-1800hrs, Old Town Hall, Stratford.

INEL JHOSC meeting – Wednesday 27 November 2019, 1900-2100hrs, Old Town Hall, Stratford.

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

Report title	**Minutes of Previous Meeting**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 3373 6779I roger.raymond@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

The Committee are asked to **AGREE** the accuracy of the minutes of the previous meeting.

Background

- n/a

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

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

Meeting held on 3rd April 2019
in Council 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 Tower Hamlets
Councillors Eve McQuillan and Gabriela Salva-Macallan

In Attendance: London Borough of Waltham Forest
Councillors Saima Mahmud, Richard Sweden, Catherine Saumarez

Robert Brown, Senior Scrutiny Policy Officer

Apologies: City of London Corporation
Common Councilman Chris Boden

London Borough of Newham
Councillors Anthony McAlmont, Dr Rohit DasGupta

London Borough of Tower Hamlets
Councillor Kahar Chowdhury

The meeting commenced at 1915hrs and closed at 2100hrs

1. WELCOME AND INTRODUCTIONS (1900HRS -)

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

2. APOLOGIES FOR ABSENCE

Apologies were received from Common Councilman Christopher Boden (City of London Corporation) and Councillors Rohit DasGupta (London Borough of Newham), Anthony McAlmont (London Borough of Newham) and Kahar Chowdhury (London Borough of Tower Hamlets).

3. DECLARATIONS OF INTEREST (- 1910HRS)

Cllr Eve McQuillan declared that she works at the Royal College of Psychiatrists.

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

Common Councilman Michael Hudson declared that he was a user of various services within Inner London provided by Barts Health NHS Trust.

4. MINUTES OF PREVIOUS MEETING (1910HRS -)

The accuracy of the minutes of the meeting held on 13 February 2019 were considered.

RESOLVED:
That the minutes of the meeting held on 13 February 2019 be agreed as a correct record.

5. INEL JHOSC TERMS OF REFERENCE (- 1920HRS)

To approve the INEL JHOSC Terms of Reference.

RESOLVED:
That the INEL JHOSC Terms of Reference be approved.

6. NHS LONG TERM PLAN AND REFRESHING THE NORTH EAST LONDON (NEL) SUSTAINABILITY AND TRANSFORMATION PLAN (STP) (1920 - 1950HRS)

The Chair welcomed Jane Milligan (Accountable Officer, East London Health and Care Partnership (ELHCP) / North East London Commissioning Alliance (NELCA)), Simon Hall (Director of Transformation, East London Health and Care Partnership), David Maher (Managing Director, City & Hackney Clinical Commissioning Group) and Tracey Fletcher (Chief Executive, Homerton University Hospital, Homerton NHS Trust) and thanked them for attending INEL JHOSC to answer questions from Members.

Jane Milligan explained that the slides previously circulated are the start of North East London (NEL)'s reworking of their 10 year plan following national changes and explained that their deadline for responding to NHS England is August 2019; ELHCP will be attending the joint INEL / ONEL JHOSC in September 2019 to update Members and discuss further.

Jane Milligan explained that as the Long Term Plan has many aspects to it, with moving deadlines depending on the outcome and area, she felt it was better if it was dealt with in the future section by section to ensure a deeper understanding and more in-depth discussions with Members.

Jane Milligan explained that the local health economy faced a number of challenges, especially in population growth with NEL expected to grow in size by one London borough over the next few years, which will challenge health outcomes with the possibility of over-reliance on emergency health services.

Simon Hall explained that there is a highly ambitious 10 year NHS long term plan at national level and the impact of the Social Care Green Paper would also need to be considered as the East London Health and Care Partnership (ELHCP) looked at the impact of national plans on a local scale.

Simon Hall explained that the attraction and retention of holds a significant challenge and will be discussed further at the September 20190 joint INEL / ONEL JHOSC meeting, however officers were keen to hear from Members as to what they felt the priorities should be.

Work has commenced with local Healthwatch organisations and localised public engagement events were planned, along with engagement work with Health and Wellbeing Boards, a Digital Citizens Panel and stakeholder events. Simon Hall highlighted the current recruitment for patients on a new panel and invited members of the public to join.

Directing Members to the previously circulated slides regarding NEL's NHS Long Term Plan, The Chair invited Members to commence questioning witnesses.

Jane Milligan confirmed that if there are any service changes that require consultation, then they would ensure that they take place and be mindful of statutory obligations; depending on the areas that they would be looking into and confirmed that they do not have that level of details as yet.

Responding to Members questions on digital plans and up-skilling pharmacists, Jane Milligan explained that one of the key enablers of the LTP is a new GP contract which is modelled on work undertaken on primary care networks.

Responding to new areas of social prescribing, Jane Milligan informed Members that ELHCP are looking at determining what areas work form a critical plank of their future plans and are looking at doing more joined up work across STP.

Jane Milligan continued to explain that many issues being dealt with at GP practices are not something that GPs can deal with. Have a high use of digital approaches and need to look at what can be done more as they would like to provide the same across INEL.

In response to a question regarding plans and suggestions on where the money will come from and was there a possibility that hospitals be closed or land sold off, Henry Black explained that ELHCP need to put forward local aspirations and how they can do it. There is a number of options being looked at on a local level and will be able to update Members later in the year.

In response to questions around Mental Health, David Maher explained that overall they need to invest 0.7% more than they currently invest, however all CCGs are there to ensure underinvestment is being dealt with, with separate investment for CAMHS. David Maher is the lead for Mental Health across the STP footprint and confirmed that they would be willing to return to INEL JHOSC to update Members on plans for Mental Health across the area.

Jane Milligan reiterated that ELHCP won't look at services in isolation; a lot of investment at local authority level and need to work closer with Local Authorities.

Members questioned ELHCP on priorities over the next quarter with Members explaining that there is a perception of limited governance around the ELHCP and of issues being hoisted upon residents with little or no engagement or consultation.

Jane Milligan responded by explaining that key priorities are about supporting the local system and looking at how ELHCP can deliver that local accountability. Jane Milligan confirmed that their intention is very much to ensure that there are no surprises, however at times issues arise at a national level which they have to deal with.

Jane Milligan explained that accountability is a good thing for ELHCP to look at to ensure ambitions are dealt with and our services are joined up.

Members reiterated that NEL will need increased resources to deliver as GPs will have to deliver more for less, asking what has been done to address the failings over the next 2 years.

Jane Milligan confirmed that within the GP contract there will be extra resources and through joint working, working with social care colleagues and community based care colleagues to understand contributions on a more local level.

ELHCP are moving towards looking at their contribution in the round to ensure less burden on GPs and to look at different ways of working with acute providers; ensuring that there are pathways and a shared commitment with the patient.

Simon Hall confirmed that Health Education England (HEE) provide a level of funding and will make an announcement in the spending review in the Autumn.

In response to questions about the Citizens Panel, Simon Hall explained that it is a self-selecting panel and would forward the link to Scrutiny Officers for circulation.

The Chair allowed a representative from NELSON (North East London Save Our NHS) to submit evidence on various issues around the Long Term Plan and allowed Homerton University Hospital Foundation Trust (HUHFT) the opportunity to respond.

NELSON explained that there is a lack of clarity around specialised services at HUHFT and wondered which current services may be lost. Key areas of concern included the possible downgrading and loss of pathology at HUHFT, implications for ongoing services, is HUHFT merging with Barts Health NHS Trust and issues around the surgical centre and whether there would be a loss of mental health beds with individuals having to travel and / or be relocated out of the Borough for care.

HUHFT responded by confirming that one consequence of working more collaboratively is to look at how they can give better pathways for patients and ensure services they do provide are enhanced.

Members noted the submission from Michael Vidal.

Members accepted various submissions from members of the public with Hackney Councillors having explained that the LTP will be discussed at a Health in Hackney event.

Discussing projected plans and ambitions on the 10 year plan, Jane Milligan explained that for some areas it will take a lot longer than 10 years and shows direction of travel in a number of areas. This is a national plan and how it can reflected on a local level to ensure they deal with health inequalities.

To conclude, Members asked ELHCP what could Members do to support them during this challenging period.

Jane Milligan responded by saying that she will take back to think about this question and let Members know how best local authorities, elected officials and officers can support ELHCP.

Jane Milligan explained that some of the commissioning and provision is still not joined up; especially assessments and they need to look at needs on a more local level to take into account and address some of the challenges to ensure patients are being screened and to work with colleagues outside of NEL. During previous evaluations of integrated care, some of the issues were where apples were being compared to pears and will be taking some of that learning moving forward.

Simon Hall explained that they will need to look at things like air pollution which can be done in conjunction with local authorities and the London Mayor.

It was agreed that sections of the NHS Long Term Plan be brought to future meetings of the Committee to ensure Members are continually updated and engaged with depending on the deadlines and timelines for each area.

Members noted that a more detailed scrutiny of the Long Term Plan would take place at the joint INEL / ONEL JHOSC meeting September 2019.

7. NORTH EAST LONDON (NEL) ESTATES STRATEGY (1950 - 2050HRS)

The Chair welcomed Henry Black (Chief Finance Officer, East London Health and Care Partnership), AnaMarie Icleanu (Programme Director, Estates, East London Health and Care Partnership), Tim Madelin (Programme Director, Estates, East London Health and Care Partnership), Ralph Coulbeck (Group Director of Strategy, Barts Health NHS Trust) and Paul Calaminus (Chief Operations Officer, East London NHS Foundation Trust) and thanked them for attending INEL JHOSC to answer questions from Members.

The Chair invited Henry Black to further explain the Estates Strategy before Members begin asking questions.

Henry Black explained that in the presentation the brief paper sets out their way forward following the capital bidding process and the failure to win any of the Capital Bids submitted by ELHCP. The Strategic Estates Plan is an amalgamation of all the plans produced by all those organisations who are part of the ELHCP so they can look at collaboration and ensure there is no duplication.

The Chair directed Members to the previously circulated slides regarding the NEL Estates Strategy, The Chair invited Members to commence questioning witnesses.

Following a question on the St Leonards site, David Maher confirmed that they are looking at a public sector solution to public sector assets and they will be working up a plan around Summer; which will then lead to an engagement process.

David: Maher explained that a stakeholder engagement group had been created so they can look at what is viable, that services provided are continued to be provided on the campus and how best to utilise the whole site.

David Maher confirmed that when the feasibility study has been completed, they can then engage with others and that they have some funds to kickstart the feasibility.

The Chair accepted a submission from NELSON (North East London Save Our NHS) which can be found here.

In response to NELSON's submission, Jane Milligan explained that the estates plan is a changing document and is a high level overview of NEL (North East London) and the LTP (Long Term Plan) which has been published. In terms of consultation

In response to Members questions on future sales of NHS land, sites and buildings, Henry Black confirmed that any future sales – ie: from Whipps Cross - would be put back within the STP footprint and whilst it is currently under review, Henry Black confirmed that they were making sure funds currently do not go directly to NHS Property Services (NHSPS) and explained that due to uncertainties, infrastructure is being held back due to the lack of a decision by NHSPS.

Robert Brown explained to those present that he had been in contact with NHSPS on numerous occasions to ensure they were able to attend INEL JHOSC, however they had so far refused to attend and have yet to respond to emails or any other forms of communications for many weeks now.

Members were told that it would be good to look at what Transforming Services Together achieved and to look at how that money was spent, look into the evidence generated from that and utilise moving forward.

Members highlighted that further to NELSON's submission, they would have liked to have had more detail around what it actually means and what is being done to address these issues.

Henry Black reiterated that there were a series of bids to the national process; unfortunately none were successful. Henry Black confirmed that it is not true to say that they can't progress without the funding, however it would have been the easiest way to implement the changes earlier and quicker.

Henry Black further explained that options are now extremely limited due to the lack of central funding. Three-quarters of the funding was for the Whipps Cross redevelopment and they are now looking at doing a wider business case and need to ensure that they have permission to move forward.

Henry Black gave an example of Orthopaedic services which had been able to move forward using own funds.

Jane Milligan explained that there are waves of the capital bidding process and ELHCP will need to identify the needs of residents and requirements for NEL and be able to use this to work with national colleagues and the GLA to ensure they are in pole position for any underspend that many occur elsewhere.

Responding to questions regarding PFI as an option, Jane Milligan explained that it was not an option in its present or any other form.

NELSON explained to Members that private finance for various options had not previously been ruled out and were pleased that they have ruled it out; yet concerned that it is PFI by another name.

Members explained that they had been let down by capital bids and this was raised on a pan-London level.

Members asked ELHCP if they had an explanation as to why the bids had failed and what support does ELHCP need from elected Members.

Henry Black explained to Members that following the collapse of Carillion in January 2018, contributions were made from the £2.9bn STP capital fund towards the cost of completing major NHS construction projects which the company had been contracted to deliver. This meant the overall funding 'pot' available nationally was smaller and, as a result of this, the chances of STPs (including ELHCP) being successful with their capital funding bids was diminished.

Henry Black confirmed that it is not possible to determine whether the ELHCP bids would otherwise have been successful, but this situation had made it more difficult. However, it would not be correct to state that this was the exact reason for the bids being unsuccessful.

Henry Black reiterated that ELHCP confirmed that neither it, nor its partners, suffered any financial loss as a result of Carillion's collapse.

Jane Milligan thank Members for their offer of help and would continue to bring issues to elected members for their input.

Ralph Coulbeck confirmed that St Barts is a longer scheme that is not connected to these Capital Bid decisions. The new heart centre by Nuffield Health is not for profit and will invest significant funds to areas which are currently not fit for purpose. Nuffield Health will pay Barts Health NHS Trust a rental charge to the Trust which will then be handed back to the NHS.

Members asked if it acerbated workplace and workforce issues; Ralph Coulbeck explained that it did not appear to be such.

Members took issue of joint ventures; Jane Milligan explained that they do have examples where they managed to successfully work with third party partners.

The Chair concluded by asking ELHCP what the next stages were and when would a draft be available for Members?

Jane Milligan responded and said they are now looking at individual schemes on a case by case basis and as they start to now get into the details, each timeline would be different.

The Chair thanked all those in attendance for their time.

8. WORKPLAN (2050 - 2055HRS)

Members agreed to forward any comments to Robert Brown at robert.brown@newham.gov.uk and asked that this item be moved to the beginning of the Agenda for future meetings.

9. DATE OF NEXT MEETING (2055HRS)

The date of the next meeting is Wednesday 19 June 2019, 1900-2100hrs, Council Chamber, Old Town Hall, Broadway, Stratford, LONDON E15 4BQ

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

Report title	**Vote on Inclusion of London Borough of Waltham Forest into INEL JHOSC**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 337 37142 robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

- That current INEL JHOS members **APPROVE** the inclusion of the London Borough of Waltham Forest to INEL JHOSC.

Background

The NHS Clinical Commissioning Groups of Waltham Forest, Newham and Tower Hamlets are now led by one Managing Director; whilst the City & Hackney Clinical Commissioning Group continues to be led by another Managing Director.

The above areas, minus the London Borough of Waltham Forest, are included within INEL JHOSC.

Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust cover the areas within INEL JHOSC. In addition, Barts Health NHS Trust are located within the London Borough of Waltham Forest.

It is recommended that the London Borough of Waltham Forest join INEL JHOSC, whilst continuing to have one Councillor within ONEL JHOSC, to improve communication across the INEL JHOSC footprint and ensure residents' health and care issues are discussed in the most appropriate forums.

Key Improvements for Patients

- Less time spent by NHS and Local Authority colleagues, ensuring more time dedicated to residents and patient care.

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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

Report title	**Vote on Inclusion of London Borough of Redbridge into INEL JHOSC as an observer**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 337 37142 robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

- That current INEL JHOS members **APPROVE** the inclusion of the London Borough of Redbridge to INEL JHOSC with observer member status.

Background

The NHS Clinical Commissioning Groups of Waltham Forest, Newham and Tower Hamlets are now led by one Managing Director; whilst the City & Hackney Clinical Commissioning Group continues to be led by another Managing Director.

The above areas, minus the London Borough of Waltham Forest, are included within INEL JHOSC, with the London Borough of Redbridge a key neighbour of INEL JHOSC.

Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust cover the areas within INEL JHOSC. In addition, Barts Health NHS Trust are located within the London Borough of Waltham Forest.

It is recommended that the London Borough of Redbridge join INEL JHOSC with observer member status, to improve communication across East London and ensure neighbouring residents – through locally elected Members – are kept informed of any issues brought to INEL JHOSC.

Key Improvements for Patients

- Less time spent by NHS and Local Authority colleagues, ensuring more time dedicated to residents and patient care.

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

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

Report title	**Election of vice Chair**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 337 37142 robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

The Committee Members are asked to **PROPOSE** and **SECOND** nominations for vice Chair of INEL JHOSC. Members are then asked to **VOTE** for nominations.

Background

Following many AGMs, elected Councillors on various Scrutiny Commissions across the INEL JHOSC footprint have changed; thus changing many of the INEL JHOSC Members. As such, a new vice Chair needs to be proposed, seconded and voted for.

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

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

Report title	**INEL JHOSC Terms of Reference**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 337 37142 robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest • Redbridge

Recommendations:

That INEL JHOSC:

- ENDORSE the updated Terms of Reference to acknowledge the inclusion of Waltham Forest and the London Borough of Redbridge.

Background

With the agreement that the London Borough of Waltham Forest becomes a Member and the London Borough of Redbridge an Observer, INEL JHOSC needs to ensure updated Terms of Reference are endorsed by INEL JHOSC Members.

Key Improvements for Patients

- Clearer understanding of issues by Cllrs to enable them to make informed decisions.

Implications

Financial Implications

none

Legal Implications

none

Equalities Implications

none

Background Information used in the preparation of this report

n/a

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

TERMS OF REFERENCE

(updated 10 September 2019)

INTRODUCTION

1. Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (Reg 30) ensure that there are sufficient scrutiny procedures and policies in place to cover the cross-Borough wide NHS Sustainability and Transformation Plan (STP).

ROLE

2. Consider and respond to any health matter which:
   2.1. Impacts on two or more participating local authorities or on the sub region as a whole, and for which a response has been requested by NHS organisations under Section 244 of the NHS Act 2006; and
   2.2. All participating local authorities agree to consider as an INEL JHOSC

3. To collectively review and scrutinise any proposals within the STP that are a substantial development / variation of the NHS or the substantial development / variation of such service where more than one local authority is consulted by the relevant NHS body pursuant to Reg 30;

4. To collectively consider whether a specific proposal within the STP that's is not a substantial development or variation is only relevant for one authority and therefore should be referred to that local authority's Health Scrutiny Committee for scrutiny;

5. In the event that a participating local authority considers that it may wish to consider a discretionary matter itself rather than have it dealt with by the joint committee it shall give notice to the other participating councils and the joint committee shall then not take any decision on the discretionary matter (*other than a decision which would not affect the council giving notice*) until after the next full Council meeting of the council giving notice in order that the council giving notice may have the opportunity to withdraw delegation of powers in respect of that discretionary matter;

6. To require the relevant local NHS body to provide information about the proposals under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function;

7. Make reports or recommendations to the relevant health bodies as appropriate and/or the constituent authorities' respective Overview and Scrutiny Committees (OSC) or equivalent;

8. Each Council to retain the power of referral to the Secretary of State of any proposed "substantial variation" of service, so this power is not *solely* delegated to INEL JHOSC.

9. To review the procedural outcome of consultations referred to in any substantial development / variation, particularly the rationale behind contested proposals;

10. To undertake in-depth thematic studies in respect of services to which the NHS Trusts contribute and where a study is done on a Trust wide and cross borough basis;

11. To take account of relevant information available and in particular any relevant information provided by Healthwatch under their power of referral;

12. To maintain effective links with Healthwatch and other patient representative groups and give consideration to their input throughout the Scrutiny process;

MEMBERSHIP

13. The INEL JHOSC will be a committee serviced by the participating local authorities on a two-yearly cycle – *the current local authority hosting the INEL JHOSC is the London Borough of Newham* in accordance with section 101(5) of the Local Government 1972;

14. The membership shall be made up of three members from each of the larger participating local authorities and one from the City of London Corporation; making a total of 13 members, with each council's membership being politically proportionate and with non-executive councillors making up the membership.

15. The membership to include one observer from the London Borough of Redbridge and other neighbouring local authorities with the agreement of the majority of INEL JHOSC members, put to a vote at meetings where necessary.

16. Substitutions will be accepted if a councillor is not able to attend a meeting of the INEL JHOSC and that councillor has informed the Chair and Scrutiny Officer at least five working days in advance of the meeting.

17. Guidance suggests that co-opting people is one method of ensuring involvement of key stakeholders with an interest in, or knowledge of, the issue being scrutinised. This is already a power of overview and scrutiny committees by virtue of the Local Government Act 2000. However, the Guidance also recommends other ways of involving stakeholders by, for example, giving evidence or by acting as advisers to the committee.

18. A Chair (from the host authority) will be appointed by INEL JHOSC at the first meeting.

19. A vice-Chair (from non host local authorities) will be appointment by INEL JHOSC at the first meeting. Where agreed, a second vice-Chair may also be nominated to ensure parity across the Membership.

QUORUM

20. The quorum for meetings will be one member from four of the five authorities represented. During any meeting if the Chair counts the number of councillors present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chair. If a date is not fixed, the remaining business will be considered at the next meeting.

DECISION MAKING PROCESS

21. Decisions will be taken by consensus. Where it is not possible to reach a consensus, a decision will be reached by a simple majority of those members present at the meeting. Where there are equal votes the Chair will have the casting vote.

REPORTING ARRANGE MENTS

22. Prior to the agenda for each meeting of INEL JHOSC being finalised officers will convene a planning / pre-meeting with the Chairs of the individual HOSC's or their nominee, along with key individuals presenting papers from the NHS and other informal briefings as considered appropriate;

23. In terms of the INEL JHOSC's conclusions and recommendations the Guidance says that one report has to be produced on behalf of INEL JHOSC if a report is required and sufficient information gathered to ensure a report. The final report shall reflect the views of all local authority committees involved in INEL JHOSC. it will aim to be a consensual report.

24. In the event there is a failure to agree a consensual report the report will record any minority report recommendations. At least nine members of INEL JHOSC must support the inclusion of any separate minority report in the committee's final report.

25. Any report produced by INEL JHOSC will be submitted to respective local authority's council meetings for information.

26. The NHS body or bodies receiving the report must respond in writing to any requests for responses to the report or recommendations, within 28 days (*calendar, not working*) of receipt of the request.

27. In the event that any local authority exercises its right to refer a substantial variation to the Secretary of State, it shall notify the other local authorities of the action it has taken and any subsequent responses.

FREQUENCY AND ADMINISTRATION

28. INEL JHOSC to meet quarterly, with at least one meeting within a 12 month period aligned with ONEL JHOSC to consider issues that cover the STP footprint;

29. To constitute and meet as a Committee as and when participant boroughs agree to do so subject to the statutory public meeting notice period;

30. Meetings will usually be led by each authority rotating on a two-yearly basis with the Chair being a councillor from the current lead local authority;

31. The lead administrative and research support will be provided by the a Scrutiny Officer from the borough which holds the Chair with the assistance, as required, from the officers of the participating boroughs;

32. Meetings of INEL JHOSC will be rotated between participating authorities as agreed by INEL JHOSC. The host authority for each meeting of the INEL JHOSC will be responsible for arranging appropriate meeting rooms; ensuring that refreshments are available, providing spare copies of agenda papers on the day of the meeting; and producing minutes of the meeting within 10 working days;

33. Each authority will identify a key point of contact for all arrangements and Statutory Scrutiny Officers are at all times to be kept abreast of arrangements for INEL JHOSC;

34. If there is a specific reason, for example, if the issue to be discussed relates to a proposal specific to the locality of one Local Authority area the meeting venue can change to a more appropriate venue. The lead Local Authority would remain the same, even if the venue changes;

35. Any changes to the host authority must be agreed by the Committee;

36. Agenda and supporting papers to be circulated and made publicly available at least five working days before the meeting;

37. Actions to be circulated to those with actions as soon as possible after the meeting – no later than three working days following the meeting;

38. Meetings to be held in public, with specific time allocated for pre-submitted public questions;

PETITIONS, STATEMENTS AND QUESTIONS

39. Members of the public and members of council, provided they give notice in writing or by electronic mail to the proper officer of the host authority (and include their name and address and details of the wording of the petition, and in the case of a statement or question a copy of the submission), by no later than 12 noon ***ONE WORKING DAY BEFORE*** the meeting, may present a petition, submit a statement or ask a question at meetings of INEL JHOSC.

40. The petition, statement or question must relate to the terms of reference and role and responsibility of the committee;

41. The total time allowed for dealing with petitions, statements and questions at each meeting is fifteen minutes;

42. Statements and written questions, provided they are of reasonable length, will be copied and circulated to all members and will be made available to the public at the meeting;

43. There will be no debate in relation to any petitions, statements and questions raised at the meeting but the committee will resolve;

    43.1. "that the petition / statement be noted"; or
    43.2. if the content relates to a matter on the agenda for the meeting: "that the contents of the petition / statement be considered when the item is debated";

RESPONSE TO QUESTIONS

44. Questions will be directed to the appropriate Director or organisation to provide a written response directly to the questioner. Appropriately redacted copies of responses will be published on the host authority's website within 28 days.

45. Details of the questions and answers will be included on the following meeting's agenda.

46. Any questions submitted by INEL JHOSC to the presenting body must respond in writing within 28 days (*calendar, not working*) of receipt of the request.

PRINCIPLES OF EFFECTIVE SCRUTINY

47. Scrutiny undertaken through INEL JHOSC will be focused on improving the health and health services for residents in areas served by INEL JHOSC through the provision and commissioning of NHS services for those residents;

48. Improving health and health services through scrutiny will be open and transparent to Members of the Local Authority, health organisations and members of the public.

49. All Members, officers, members of the public and patient representatives involved in improving health and health services through scrutiny will be treated with courtesy and respect at all times.

50. Improving health and health services through scrutiny is most likely to be achieved through co-operation and collaboration between representatives of the various Local Councils, NHS Trusts, representatives of Healthwatch and the Clinical Commissioning Groups commissioning hospital services;

51. Co-operation and joint working will be developed over time through mutual trust and respect with the objective of improving health and health services for local people through effective scrutiny.

52. All agencies will be committed to working together in mutual co-operation to share knowledge and deal with requests for information and reports for INEL JHOSC within the time scales set down.

53. INEL JHOSC will give reasonable notice of requests for information, reports and attendance at meetings.

54. INEL JHOSC, whilst working within a framework of collaboration, mutual trust and co-operation, will always operate independently of the NHS and have the authority to hold views independent of other Members of representative Councils and their Executives;

55. The independence of INEL JHOSC must not be compromised by its Members, by other Members of the Council or any of the Councils' Executives, or by any other organisation it works with;

56. Those involved in improving health and health services through scrutiny will always declare any particular interest that they may have in particular pieces of work or investigation being undertaken by INEL JHOSC and thus may withdraw from the meeting as they consider appropriate;

57. INEL JHOSC will not take up and scrutinise any individual concerns or individual complaints;

58. Where a wider principle has been highlighted through such a complaint or concern, INEL JHOSC should consider if further scrutiny is required. In such circumstances it is the principle and not the individual concern that will be subject to scrutiny.

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

Report title	**INEL JHOSC Protocols**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer DDI: 020 337 36779 roger.raymond@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 337 37142 robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest

Recommendations:

The Committee is asked to **APPROVE** the updated INEL JHOSC protocols.

Background

With the agreement that the London Borough of Waltham Forest becomes a Member and the London Borough of Redbridge an Observer, INEL JHOSC needs to ensure updated Protocols are endorsed by INEL JHOSC Members.

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

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

Substantial Variation Protocol

Background

The Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (the "JHOSC") is responsible for undertaking the joint health scrutiny function across local authority boundaries, as set out in:

- National Health Service Act 2006;
- Health and Social Care Act 2012;
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013;
- Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny.

There is also statutory guidance for NHS commissioners that is relevant to health scrutiny and public consultation:

- Patient and Public Participation in commissioning health and care: Statutory guidance for Clinical Commissioning Groups (CCG) and NHS England (NHSE).

The INEL JHOSC is responsible for reviewing and scrutinising any matter relating to the planning, provision and operation of the health services in joint areas and across boroughs.

The 2013 Regulations require that where there are proposed substantial developments / variations to health services in an area, the responsible organisations must consult with INEL JHOSC.

The health scrutiny guidance is clear that the commissioner is responsible for undertaking the consultation (4.3.1):

> *"In the case of substantial developments or variation to services which are the commissioning responsibility of CCGs or NHS England, consultation is to be done by NHS commissioners rather than providers i.e. by the relevant CCG(s) or NHS England. When these providers have a development or variation "under consideration" they will need to inform commissioners at a very early stage so that commissioners can comply with the requirement to consult as soon as proposals are under consideration."*

INEL JHOSC must invite the views of interested parties and take into account any relevant information made available to it; including Healthwatch in particular.

INEL JHOSC has the power to make reports and recommendations, and there is a duty on the local health services and providers to consider and respond formally.

Regulations

Regulations state that where a recommendation is not agreed by the commissioner, it must:

- Notify the committee of the disagreement;
- Work with the committee to take reasonable steps.

The regulations do not define what qualifies a substantial development / variation, however, the guidance suggests that a locally agreed protocol is in place between the health scrutiny function and commissioners.

Principles

This protocol and the guidance on when to submit items to INEL JHOSC is provided to support the following:

- Give a clear understanding of roles and responsibilities for elected officials, commissioners, providers and health scrutiny members;
- Ensure effective delivery of health scrutiny's primary aim:
    - to strengthen the voice of local people;
    - ensure needs and experiences are considered as an integral part of the commissioning and delivery of health services; and
    - that those services are effective and safe."[1]
- Strengthen and enhance the role of public involvement in respect to commissioning health services;
- Ensure compliance with statutory powers and duties related to substantial developments / variations, as well as modelling best practice in respect to the role of joint health scrutiny.

The guidance encourages early engagement with joint health scrutiny in order to establish how best to consult on any proposals.

It is important to note that any agreement with the joint health scrutiny committee does not alter the wider duty to consult service users placed on NHS organisations. In particular, any decision regarding whether a proposed change does not constitute a "substantial reconfiguration" will not impact on the wider duty to consult as set out under sections 14Z2 and 242 of the NHS Act 2006.

This is important as it will ensure there is a clear record of health scrutiny being involved in early planning discussions, and a clear audit trail in case a decision is challenged in the process. Compliance with the process reduces the risk of decisions being delayed, put on hold or subject to judicial review.

What are the other Boards?

Health Scrutiny Board
what is it?

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

Health Scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement of relevant NHS bodies and relevant health service providers with health scrutiny is a continuous process.

Health Scrutiny should be outcome focused, looking at cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services.

Local Authority Health Scrutiny, June 2014

Health and Wellbeing Board
what is it?

The Health and Wellbeing Board is separate from Health Scrutiny and is responsible for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) in each borough. It also has a role in promoting integration between Health and Social care.

Membership of the Health and Wellbeing Board is set out in the Health and Social Care Act 2012 and comprises:

- Relevant Cabinet Members and Chief Officers from the Council;
- Senior Representatives from the local NHS Bodies including the CCG;
- Representatives of Healthwatch and local Voluntary Sector representative body;
- Representatives of other key stakeholders (RBLs, police etc)

What is the JHOSC?

Joint Health and Overview Scrutiny Committee (JHOSC)

what is it?

The Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) is a joint committee made up of a delegated number of scrutiny Councillors from the London Boroughs of Hackney, Newham, Tower Hamlets and the City of London Corporation to consider health scrutiny issues across the subregion.

The Committee's remit is to consider London wide and local NHS service developments and changes that impact all the authorities mentioned above. The Committee meets as required and is established in accordance with section 245 of the NHS Act 2006 and Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

JHOSC

arrangements and items for scrutiny:

Local Authorities may appoint a discretionary joint health scrutiny committee (reg 30) to carry out all or specified health scrutiny functions, eg: scrutiny of issues that cross borough boundaries. Establishing a joint committee of this kind does not prevent the local authorities from separately scrutinising health issues, however there are likely to be occasions on which a joint committee is the best way of considering how the needs of a local population are being met with cross borough commissioning. *(Local Authority Health Scrutiny, June 2014)*

Broadly there are two main types of agenda item:

- Request from NHS for early input to emerging proposals, this could be part of wider engagement eg: a full public consultation or engagement with PPIs or Healthwatch;
- Request from NHS for formal engagement of a specific 'case for change' proposal ie: a service charge. In these cases the JHOSC can either 'endorse' or 'not endorse' the proposal. The JHOSC can also refer the matter to the Secretary of State.

Process for deciding what constitutes a substantial variation and items for consideration:

INEL JHOSC

items for consideration:

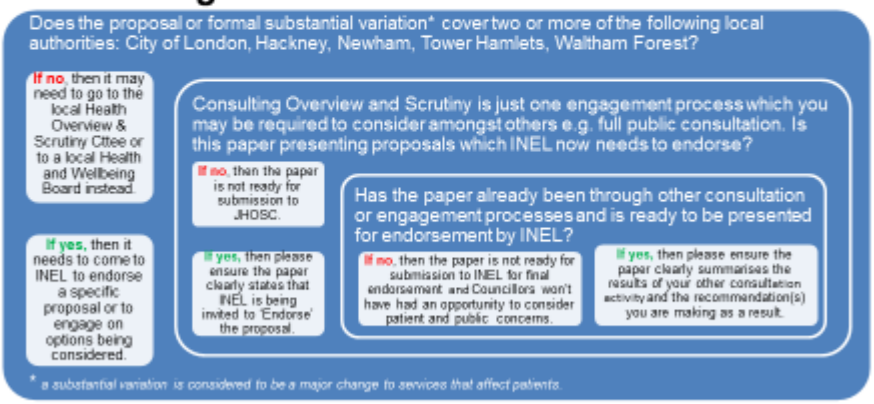
Regulation 30 also requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals. In such circumstances, Reg 30 sets out the following requirements:

- ONLY the JHOSC may respond to the consultation and not the individual local authorities;
- ONLY the JHOSC may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal;
- ONLY the JHOSC may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation.

There should be an initial discussion and agreement between the NHS and local authority Scrutiny Officer about whether or not a proposed change constitutes a substantial development / variation. The commissioner will contact the committee scrutiny officer to discuss the details of the proposed change.

INEL JHOSC

items being submitted:



The item will then be referred to the JHOSC Chair and vice-Chairs, along with any recommendations.

The Chair will make a decision on the basis of the evidence; the following factors should form the basis of their consideration:

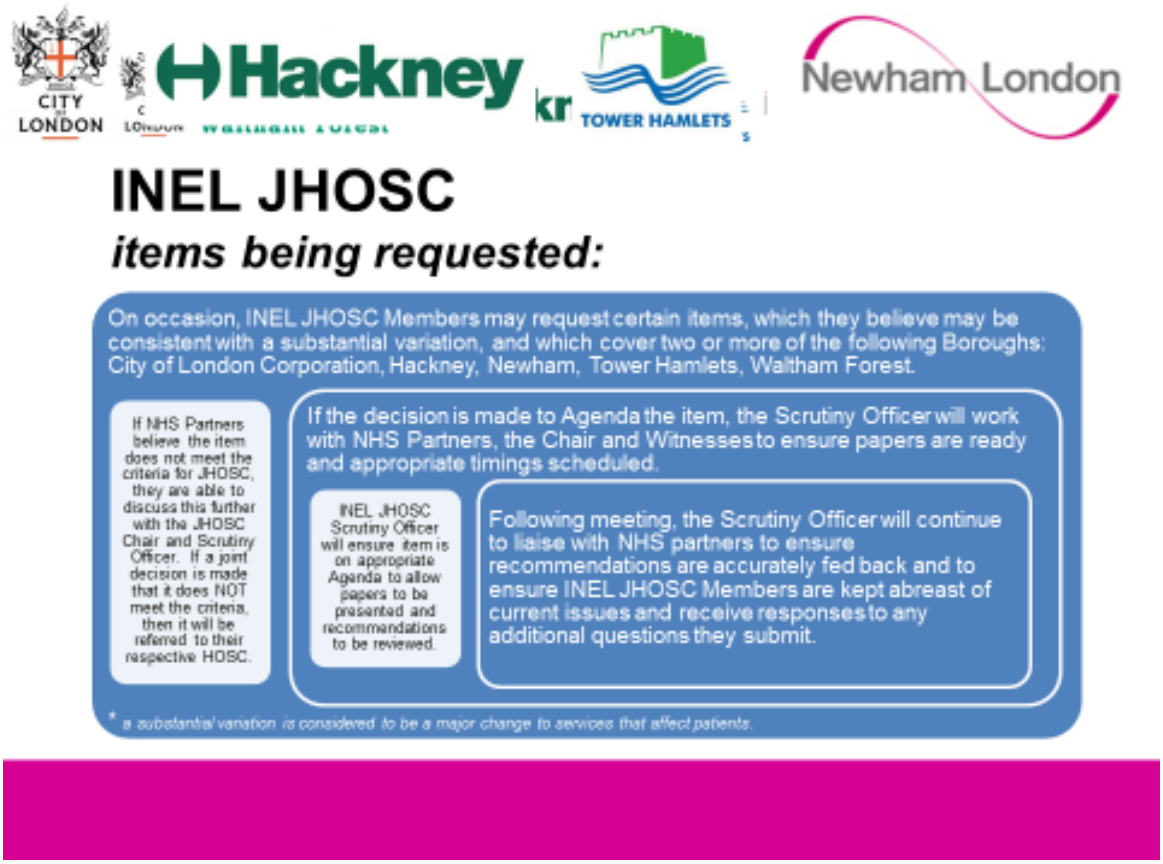
- Changes in accessibility of services;
- Impact of proposal on the wider community;
- Numbers of patients affected;
- Numbers of staff affected;
- Methods of service delivery;
- The impact on specific groups of patients, eg: older people, those with mental health conditions or those with a life-long condition.

The scrutiny officer will confirm with commissioners in writing the outcome of this discussion, and schedule an agenda item for a future meeting.

The guidance states that the JHOSC and the commissioner should try to reach a consensus about what qualifies as a substantial variation. Where disagreement arises, it is recommended that the commissioner seek the advice of the Independent Reconfiguration Panel.

The JHOSC reserves the right to make a referral to the Sectary of State if an agreement cannot be reached (sec 224 (2ZA) National Health Services Act 2006 as amended).

The JHOSC may also request items to be brought to a meeting if members feel strongly that certain areas or items need further scrutiny.



Substantial Development / Variation Discussion Pro-forma form:

Substantial Variation Discussion Pro-forma	
What are the Recommendations you are asking from INEL JHOSC? *(eg: endorse, submit further recommendations).*	
What is the background for this change? *(ie: why is this change required?)*	
What is the change proposed? *(for example relocation of wards, change of service model, closure of services)*	
What is the likely impact of the change for patients?	
How many patients are likely to be affected? *(include specific groups where identified)*	
What are the financial implications if changes do not occur?	
To date, how have people been involved in the planning for the change?	
What is the timescale for the change and what consultation activity is planned?	
What consultation has occurred and is planned?	
Has this topic been considered by the committee before, and if so what was the outcome?	
What equalities impact analysis has been undertaken, and what were the key findings?	

INEL JHOSC cover sheet:

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

Report title	**INEL JHOSC**
Date of Meeting	
Lead Officer and contact details	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Report Author	
Witnesses	
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets
Recommendations: That INEL JHOSC: • •	

Background

xxx

Key Improvements for Patients

- x

Implications

Financial Implications

x

Legal Implications

x

Equalities Implications

x

Background Information used in the preparation of this report

- x

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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	Thursday 19 September 2019
Lead Officer and contact details	**Roger Raymond** Senior Scrutiny Policy Officer 020 337 36779 / roger.raymond@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer 020 337 37142 / robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest

Recommendations:

That INEL JHOSC is asked to:

- COMMENT on the work programme;
- APPROVE items on the work programme.

Background

n/a

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

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 | 3 Apr-19 | 19 Jun-19 | 18 Sep-19 | 30 Oct-19 | 27 Nov-19
1900-2100hrs

	13-Feb-19	03-Apr-19	31-Jul-19	19-Sep-19	30-Oct-19	27-Nov-19	26-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 McQuillan	Cllr Rohit DasGupta Common Councilman Chris Boden	**CANCELLED**	moved from 18 September 2019	this meeting will now be the joint INEL / ONEL JHOSC meeting to discuss STP-wide issues, commencing at 1600hrs - this was rescheduled due to the NHS LTP deadlines for responses					
		moved from 20 March 2019 due to Tower Hamlets Full Council meeting								
	AGENDA	**AGENDA**	**AGENDA**	**AGENDA**		**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**
STANDING ITEMS (20mins)	Chair's Announcement	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions		Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions
	Welcome, Apologies and Introductions (inc substitutes)	Apologies for Absence	Apologies for Absence	Apologies for Absence		Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence
	Declaration of Interest Register	Declaration of Interest	Declaration of Interest	Declaration of Interest		Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest
	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting		Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting
	Submissions	Submissions	Submissions	Submissions		Submissions	Submissions	Submissions	Submissions	Submissions
	Work Plan	Work Plan	Work Plan	Work Plan		Work Plan	Work Plan	Work Plan	Work Plan	Work Plan
AGENDA ITEMS (100mins)		NELCA / ELHCP - AO update and NHS Long Term Plan - *Jane Milligan, Simon Hall*	NELCA / ELHCP - AO update	Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference	ELHCP - AO update	ELHCP - AO update	ELHCP - AO update	ELHCP - AO update	ELHCP - AO update	ELHCP - AO update
				ELHCP - AO update on ICS and CCG status - *Jane Milligan*	STP / NHS Long Term Plan - *Simon Hall / Jane Milligan*	Merger of CCGs - *Jane Milligan*	Homelessness Strategy - *Simon Cribbens*			
			Election of vice Chair vote to include Observer Status for Redbridge Cllr updated Terms of Reference	verbal update on Estates Strategy - *Ana Ilieanu*	Moorfields Eye Hospital - *Denise Tyrrell*	Cancer Diagnostic Hub - *Sarah Watson*	Feedback from Healthwatch Consultation - *tbc*			
	Election of Chair Election of vice Chair Terms of Reference / Membership / Protocols		Early Diagnostic Centre for Cancer - *Sarah Watson*	Review of Non-Emergency Patient Transport Service review - *Ellie Hobart*	**TO BE CONFIRMED:** Pathology Services update across NEL - *Barts Health / Homerton Hospital / Barking, Havering and Redbridge*	Update on STP / Estates Strategy - *Henry Black*	Mental Health - *David Maher*			
	NHS Long Term Plan - *Simon Hall / Alan Steward*	STP / ELHCP Estates Strategy - *Henry Black, Chief Financial Officer* - *Tim Madelin, Estates* - *Anamarie Ilieanu, Estates* - *Marie Burnett, NELSON* - *???, NHS Property Services*	Update on Moorfields Eye Hospital consultation - *Denise Tyrrell*	INEL System Transformation Board - *Ellie Hobart*	Update on STP Estates Strategy - *Henry Black*	Overseas Patients and charging - *Barts Health NHS Trust / Homerton University Hospital NHS Trust*	Digital - *Luke Readman*			
	Patient Transport - *Ellie Hobart*		TO NOTE: INEL System Transformation Board - *Ellie Hobart (to discuss Sep2019)*	Moorfields Eye Hospital - *Denise Tyrrell*						
DOCUMENTS				**Deadline for papers:** **Friday 6 September 2019**	**Deadline for papers:** **Friday 18 October 2019**	**Deadline for papers:** **Friday 15 November 2019**				

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

Report title	**Developing a North East London (NEL) response to the NHS Long Term Plan**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Ellie Hobart** Deputy Director of Transition WEL CCGs (Newham, Tower Hamlets and Waltham Forest) 020 3688 2514 / ellie.hobart@nhs.net
Report Author	**Ellie Hobart** Deputy Director of Transition WEL CCGs (Newham, Tower Hamlets and Waltham Forest) 020 3688 2514 / ellie.hobart@nhs.net
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest

Recommendations:

That INEL JHOSC is asked to:

- NOTE this update;
- COMMENT on update.

Background

n/a

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

Developing a north east London response to the NHS Long Term Plan

Update for inner north east London
Joint Health Overview and Scrutiny Committee

September 2019

Developing a Long Term Plan for north east London

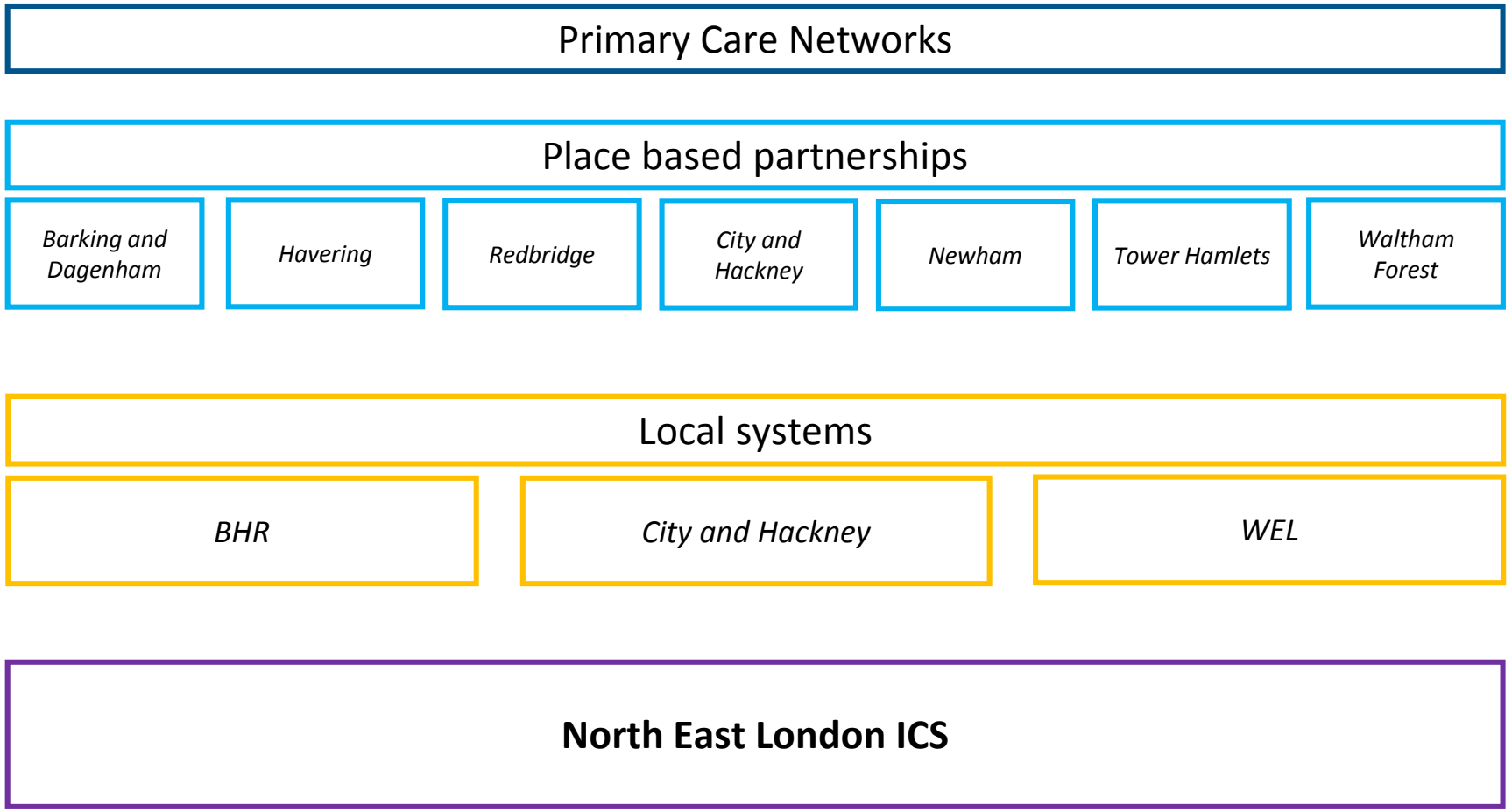
The East London Health and Care Partnership is developing a local response to the Long Term Plan, setting out how partners (CCGs, providers, local authorities) will work together to provide high quality care and better health outcomes for patients and their families, through every stage of life. The document is a strategy for the next five years, which sets out how we will make the ambitions of the Long Term Plan a reality for the communities we serve.

The NHS Long Term Plan will make sure the NHS is fit for the future, providing high quality care for you and your family, throughout your life.

Our envisaged health and care system across north east London

East London Health & Care Partnership

Integrated Care & Collaboration – from the Networks to the ICS level



Long Term Plan background: 1

The national Long Term Plan was released in early 2019. It sets out how to make the NHS fit for the future.

By giving everyone the best start in life

- through better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy.
- by joining up services from birth through to age 25, particularly improving care for children with long term conditions like asthma, epilepsy and diabetes and revolutionising how the NHS cares for children and young people with poor mental health with more services in schools and colleges.

By delivering world-class care for major health problems to help people live well

- with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world.
- supporting families and individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds to people experiencing a mental health crisis.

By helping people age well

- with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people.
- by significantly increasing the numbers of people who can take control of their healthcare through personal budgets.

Long Term Plan background: 2

The national Long Term Plan sets out how the NHS will take action to make this ambitious vision a reality.

- **We will join up the NHS so patients don't fall through the cracks**, such as by breaking down the barriers between GP services and those in the community.
- **The NHS will help individuals and families to help themselves,** by taking a more active role in preventing ill-health, such as offering dedicated support to people to stop smoking, lose weight and cut down on alcohol.
- **The NHS will tackle health inequalities** by working with specific groups who are vulnerable to poor health, with more funding for areas with high deprivation and targeted support to help homeless people, black and minority ethnic (BAME) groups, and those with mental illnesses or learning disabilities.
- **We will back our workforce by increasing the number of people working in the NHS**, particularly in mental health, primary care and community services. We will also create a better working environment by offering better training, support and career progression and we'll crack down on bullying and violence at all levels.
- **We will bring the NHS into the digital age**, rolling out technology such as new digital GP services that will improve access and help patients make appointments, manage prescriptions and view health records on-line.
- **The NHS will spend this extra investment wisely, making sure money goes where it matters most.** The NHS will build on the £6 billion we saved last year by reducing waste, tackling variations and improving the effectiveness of treatments – this will include bearing down on red tape, ensuring the NHS is used responsibly, and curbing fraud and other abuses.

Forming our NEL Long Term Plan

- Determining how the ambitions in the national long term plan and the additional funding we will receive over the next five years should be translated into improved services for people in our area.
- Building on existing plans that local people have already helped us draw up
- Engaging at local system (BHR/WEL/C&H) and workstream (e.g. maternity/diabetes/primary care) level
- Healthwatch-led engagement to help to improve reach into communities and enhance understanding of issues among all parties
- Still more to do

Our vision

- Delivering a 21st century NHS for our local population using the opportunities afforded to us by new technology, quality improvement, urban regeneration, research opportunities, and new models of care that we have already been piloting in NEL.
- Addressing the significant health inequalities challenges for our local population, particularly by improving primary, community and mental health care, promoting earlier and faster diagnostic services, and working with our local authority partners to tackle many of the wider determinants of health (such as housing, air pollution, and promoting a culture of personalised care).
- Pioneering a new approach to the health and care workforce, promoting recruitment from our local population through apprenticeships and training opportunities; we will build and expand our approach to develop new and exciting roles enabling our staff to have portfolio careers.
- Taking a different approach to services for the young and the old in our communities. We will take our ambitions on maternal health further, ensure we have a holistic approach to the health of our 0-25 year olds that dovetails with their social and educational development. For our older people and others with long term health conditions we will pioneer holistic and less dependent models of care, particularly through personalisation and placing prevention at its centre.
- We will take a visionary approach to finance, making population health our key financial driver and investing properly in prevention and longer term planning.

Themes of interest

- Population is growing and changing, things can't continue as they are
- We want to make sure they are treated by the right person, in the right place, at the right time – this is not necessarily in a hospital.
- Need to invest in our estate e.g. Whipps Cross redevelopment
- Primary Care Networks - covering around 30-50,000 patients in a neighbourhood, the network is a group of separate GP practices choosing to join forces:
  - with each other to address the challenges faced by general practice, and
  - with other community-based services to enable integration of care for patients.

Networks will be funded to recruit a new workforce and given support to make primary care more attractive for GPs in their 30s and 40s to work more than part time.

- Significant workforce challenges present an opportunity to engage with health and care workforce to design things differently for the future (roles, ways of working, use of technology etc).

Joint priorities across local systems - surgery

There are examples of excellence in surgery across north east London, typically where there are large numbers of patients being treated in one place, such as the heart centre at St Bartholomew's, or the bariatric centre at Homerton. Yet other surgical services are dispersed and have lower volumes, resulting in variable quality and outcomes. This affects their ability to attract staff and undertake research.

Clinicians are looking at surgical services at the Homerton and across Barts Health to identify opportunities for working in partnership to improve quality and outcomes.

Five opportunities for improvement in surgery have been identified:

1. Ensuring all patients can access the same high quality care.
2. Tackling the workforce challenges across sites. Staffing levels, experience and skill-mix will help us recruit, train and retain the staff we need to deliver exceptional care.
3. Developing a network approach in some pathways to enable more cross-site and cross-organisational working, thus improving access to expertise and resilience of services.
4. Embedding education and research into our clinical services to drive improvements in patient outcomes and staff development.
5. Aiming for our local NHS hospitals to be the first choice for patients in north east London and beyond for all relevant tertiary services.

Joint priorities across local systems – neuro-rehabilitation

Traumatic brain injury is responsible for around 900,000 A&E attendances and over 200,000 hospital admissions per year in England. Surviving patients face a multiplicity of physical, cognitive, emotional and behavioural problems, compounded by a lack of access to appropriate rehabilitation.

Clinical leads from the Homerton and Barts Health have been reviewing the latest research and evidence to define an optimal neuro-rehabilitation pathway.

Two linked proposals in support of implementing this optimal pathway are now in development:

- A new model of care to introduce early neuro-rehabilitation through a Rapid Access Rehabilitation Unit at the bedside for the most critically ill patients while still in the care of the major trauma centre at the Royal London.
- A proposal to increase access to neuro-rehabilitation for other patients both within hospital (at the Homerton) and in the community through the development of new local services, with the potential to improve patient outcomes and reduce long-term care needs for some patients.

Joint priorities across local systems - outpatients

Rising demand means outpatient services under pressure and long waiting lists in some specialties and delays in patients accessing advice and treatment. This has a knock-on effect on primary care, with some patients accessing their GP multiple times for support

Emerging proposals

- Redesigning clinical pathways with patients, working with a number of specialties to design and implement new models of care which avoid the need for outpatient attendances and support the provision of care closer to home
- Improving access to diagnostics and reducing diagnostic over-testing in secondary care.
- Using technological solutions to improve patient access to advice and help patients to manage their conditions in a way that suits them
- Increasing the availability of electronic advice and guidance
- Developing a multi-professional learning and education programme to support knowledge sharing across primary and secondary care

Joint priorities across local systems – mental health

As part of work to develop centres of excellence in mental health, looking at how to best deliver inpatient mental health services for adults and older people living in City and Hackney, Tower Hamlets and Newham. We want to make sure that where possible people are supported in the community, however, for those people who need inpatient services we want them to have the very best support and treatment, in a safe and therapeutic environment that delivers:

- improved service user experience and outcomes
- improved staff experience
- community neighbourhood and crisis services that will support people to remain at home, through more preventative integrated services, including with primary and social care
- an inpatient clinical model that promotes high-quality treatment and support that addresses peoples mental, physical and psychosocial needs, and supports them to return home as quickly as possible
- an improved and modern therapeutic environment
- operational effectiveness and value.

Joint priorities across local systems – people sleeping rough

- There is an increase in the numbers of people sleeping rough and a variation in provision and services.
- Lack of communication and co-ordination across sectors e.g. health and housing and across individual services
- Mobility of client group and tendency towards late presentation
- Complexity of needs –tri-morbidity of physical health, mental health and addiction

Emerging proposals

- Develop common standards and pathways for specialist primary care / community provision
- Improving inpatient/discharge care coordination from the acute setting based on best practice such at MDT models operating at the Royal London
- Enhanced mental health and safeguarding approaches to managing care for the vulnerable.

Timelines and key dates

Implementation guidance issued on 27 June 2019:
https://www.longtermplan.nhs.uk/publication/implementation-framework/

Process of compiling a draft for submission to NHS England on **27 September** is underway.
This process involves:

- Regular partnership meetings to review progress and content
- 31 July workshop to explore working together over the course of this planning period and beyond, and how we enhance local delivery of the work while facilitating a co-ordinated approach where helpful
- Drafts shared with partners for comment
- Updates to all HWBBs with opportunity for feedback and comments
- Sharing draft sections on our website for comment as we're able: www.eastlondonhcp.nhs.uk

Once the draft is submitted we will share and ask for further comments in **October.** Concurrently, NHSE/I will respond and feedback on this draft version allowing us to further amend and update before to final submission on **15 November.**

Our **16 October** event (save the date), will further engage partners in reviewing the first draft. This event will also provide an initial opening for discussion on how we move from planning towards an implementation phase.

Next steps

What happens after 15 November?

Focus on delivery

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

Report title	**Consultation on proposal to move Moorfields Eye Hospital from its site in City Road, Islington – update from consultation.**
Date of Meeting	Thursday 19 September 2019
Lead Officer and contact details	**Denise Tyrrell** Consultation Programme Director Denise.tyrrell@nhs.net
Report Author	**Denise Tyrrell** Consultation Programme Director Denise.tyrrell@nhs.net
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Waltham Forest

Recommendations:

That INEL JHOSC is asked to:

- NOTE this update and initial feedback from consultation;
- COMMENT on further action to ensure a meaningful consultation process.

Background

n/a

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

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

Report title	**A report from NHS England Specialised Commissioning and NHS Camden Clinical Commissioning Group (CCG) on behalf of all commissioners of Moorfields' services.**
Date of Meeting	18 September 2019, 7:00 PM
Lead Officer and contact details	
Report Author	Denise Tyrrell, Consultation Programme Director. Denise.tyrrell@nhs.net
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets
Recommendations: The INEL JOSC is asked to: • **NOTE** this update • **NOTE** the responses to date during the public consultation on the proposal • **PROVIDE an indication of the committee's views** on the proposal.	

Purpose and scope of report

NHS Camden CCG and NHS England Specialised Commissioning are leading a public consultation on a proposed new centre for Moorfields Eye Hospital.

This report updates on the progress made on the proposal to move Moorfields Eye Hospital from its site in City Road, Islington. It outlines the themes of the views received to date during the consultation; plans in place to respond to those views; and the next steps for decision-making.

This paper invites the Inner North East London Joint Health Overview and Scrutiny Committee to respond to the consultation.

The paper provides:

- A summary of the proposal
- An update on discussions and feedback received to date, and
- An outline of next steps and decision-making process.

For further information and consultation documentation, please refer to the consultation website www.oriel-london.org.uk where you can read or download the consultation document and other background information.

Proposed move of Moorfields Eye Hospital's City Road services – closing date for feedback 16 September 2019

1. Introduction

1.1. On 26 May 2019, a consultation was launched to seek the views from as many people as possible about the proposal to move services from Moorfields' City Road site and build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

1.2. This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations.

1.3. NHS Camden CCG, on behalf of all clinical commissioning groups with NHS England/Improvement Specialised Commissioning, in partnership with Moorfields Eye Hospital, is leading the consultation, which is running between 24 May and 16 September 2019; the outcome of which will influence the decision-making business case.

1.4. The outcome of this will influence a decision-making business case, which will be presented to NHS England and Improvement for assurance and, for decision-making, to the CCGs and NHS England Specialised Commissioning.

1.5. In line with scrutiny regulations, the North Central London Joint Health Overview and Scrutiny Committee is leading a joint scrutiny process for the consultation and proposed move.

2. Case for change – the story so far

Clinical case for change

2.1. Moorfields provides eye health services to more than 750,000 people each year. Its main site at City Road in Islington has a 24-hour ophthalmic A&E and provides a range of routine elective eye care for London residents and specialised services for patients from all over the UK.

2.2. The current facilities at City Road date from the 1890s. There is very little space to expand and develop new services; the lay-out of the buildings affects efficiency and patient access, and the age of the estate creates difficulties for installing new technologies.

2.3. 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 for locally or in primary care, as well as in specialist hospital clinics.

2.4. It would bring together excellent eye care with world-leading research, education and training with the following benefits:

- Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve car
- More space to expand and develop new services and technology to improve care, including at home or locally, without the need for a hospital visit
- A smoother hospital appointment process, particularly where there are several different tests involved
- Shorter journeys between test areas and instantly shared results between departments, reducing waiting times and improving communications between patients and staff
- Modern and comfortable surroundings that would provide easier access for disabled people and space for information, counselling and support.

2.5. The independent London Clinical Senate has stated its support for the pre-consultation business case and, in discussions with patients and public leading up to the consultation, people were supportive of the proposed new centre, which would greatly improve care and the patient experience.

Financial case for change

2.6. Financial modelling for Moorfields undertaken at the time of developing the pre-consultation business case (PCBC) demonstrated that the capital investment for the proposal was affordable and the long-term financial position of the trust would remain sustainable.

2.7. This was based on capital costs of £344m (which includes 19% of optimism bias as well as normal planning and related contingencies), planned to be financed by a combination of proceeds from the sale of the City Road site, STP capital funding, philanthropy, and trust internal cash.

2.8. The commissioners considered the capital investment for this proposal to be affordable on the basis of assumed annual activity growth of 3%, which is consistent with historic growth levels at Moorfields based on the financial statements presented in the PCBC, which showed the latest financial year (2018/19) plan and committed to updating the baseline for the outline business case.

2.9. Additionally, projections for NHS income assume a capped income growth of 3% following occupation of the new facility in 2025/26, which is consistent with the commissioner assurance letters provided in support of the PCBC. Income growth up until occupation is assumed at 2% falling to 1% from 2022/23 due to capacity constraints at the City Road site.

2.10. Since approval of the PCBC, commissioners in partnership with Moorfields, have appointed independent analytic consultancy support to develop a detailed future demand, capacity and activity model to understand the impact of known education, workforce, technological and innovations that will result in new models of care affecting the type and levels of service to be provided within the Moorfields site with more granularity.

2.11. The scope of this work is looking at historic activity trends by clinical sub-specialty and examining how new models of care could meet projected demand, both in terms of service delivery changes planned by Moorfields, specialised commissioning pathway changes and STP plans designed to shift activity from hospital to primary and community settings, as well as optimising in workforce education and technological advances.

2.12. The outputs of this updated demand, capacity and activity analysis will inform the financial and economic case and provide commissioners with further assurance about the sustainability and affordability of the proposed relocation.

Commissioning of Moorfields services at City Road

2.13. 14 CCGs from London and Hertfordshire hold significant (defined as >£2m per annum) contracts with Moorfields for activity at City Road, accounting for 45% of all patient activity in England. Services at Moorfields City Road are also commissioned by NHS England Specialised Commissioning.

2.14. The following table refers to spend by INEL CCG area on services and patients attending at Moorfields' City Road site only.

CCG area	NHSE Specialised Commissioning spend (£)	SpecComm patients (number)	CCG spend (£)	CCG patients (number)
City & Hackney	£677,839	3,179	£5,682,412	30,290
Newham	£580,861	2,436	£3,787,005	19,867
Tower Hamlets	£390,978	1,790	£3,795,769	18,864
	£1,649,678	**7,405**	**£13,265,186**	**£69,021**

INEL residents – summary

2.15. Over 7,400 INEL residents use Moorfields' eye care services at the City Road site.

- Of the 14 CCGs with the highest spend on services at Moorfields' City Road site, east London CCGs are expecting to see a higher increase in people under 65 with serious visual impairment and people over 75 with registrable eye conditions from 2019 to 2035 than other CCGs in the Moorfields catchment area (City and Hackney, Newham and Tower Hamlets currently account for 16.1% of patients attending the City Road site)
- The relocation of Moorfields to St Pancras may result in more patients from other CCG areas with a higher proportion of patients living with blindness (eg. Newham) attending Moorfields
- The prevalence of type 2 diabetes indicates that, within the Moorfields catchment area, Ealing, Enfield, Newham and Redbridge have the highest prevalence, significantly higher than the London and national rates. The likely driver for the prevalence rates is ethnicity, certainly in the case of Redbridge and Newham who have the largest proportions of black and minority ethnic (BAME) residents, and specifically South Asian and Black African ethnicities
- In the Moorfields catchment area, Tower Hamlets is in the top 10% most income deprived boroughs in England, with five others in the top 20% most income deprived; it is likely that income deprivation-related presentations to the Moorfields service will most likely arise from these areas
- Newham and Redbridge have large numbers of people in temporary accommodation or dispersal accommodation respectively, when compared to other CCGs in Moorfields catchment area. This would need consideration when making strategies to engage homeless, rough sleepers or asylum seekers
- Camden and the City of London have the highest numbers of rough sleepers in London (there are 599 rough sleepers in the surrounding areas of Moorfields City Road site).

2.16. We will continue to investigate the impacts on equality and consider any issues as part of the decision-making business case following consultation.

3. The preferred way forward

3.1. The main consultation document explains how Moorfields and its partners have considered various options for developing a new centre, including rebuilding and refurbishment at the City Road site.

3.2. For specialised services, London is the most accessible UK location for patients and for recruiting and retaining specialists, technicians, researchers and students. There are critical benefits from close links with other major specialist centres, research and education facilities.

3.3. Of eight potential sites on the London property market that are close to public transport hubs, the proposal for consultation puts forward the view that land available at the current St Pancras Hospital site has greater potential benefits, including:

- Enough space for the size required and potential for future flexibility.
- Proximity to two of the largest main line stations in London, King's Cross and St Pancras, with Euston station also in the area.
- Proximity to other major health and 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).

Accessibility

3.4. Insights from people have also raised potential challenges around the change to their journey to the proposed new centre for people who have used Moorfields services for many years.

3.5. Moorfields commissioned an independent travel analysis in September 2018 which identified that for some patients travelling to the St Pancras Hospital site, rather than the City Road site, travel times could increase on average by just over 3 minutes.

3.6. The analysis showed that overall a relatively small number of patients (less than 1.5% would see travel times increase by more than 20 minutes, with the maximum increase being 25 minutes. Most of the increases are postcode areas that are to the east of London, where access to the proposed new site could involve a longer route for some people via bigger and more complicated rail and underground stations than Old Street.

3.7. We recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras, and are engaging with patients, carers, Transport for London, Network Rail, the Local Borough of Camden and other stakeholders as we progress designs for the new site.

3.8. For more information on access and travel times to the proposed location at St Pancras, please visit http://oriel-london.org.uk/public-consultation/travel-and-access/.

4. Consultation update – What we have learned so far

4.1. From the consultation survey responses received to date, and from face-to-face discussions undertaken, the majority of people agree with the proposal to build a new centre for eye care, research and education. The overall pattern of feedback responses is consistent across age groups and STP areas.

4.2. As of 2 September 2019:

- **1,111 survey responses have been received**, mainly from patients, carers and the public (77%). Staff participation in the survey is at 17%
  - **73% say a new centre is needed**
  - **8%** say they don't think a new centre is needed; the majority of whom agree 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% agree or strongly agree that the new site should be located at the St Pancras site**
  - 11% disagree or disagree strongly; the majority of which stating they would like to see developments and expansion in outreach services and services closer to where people live, or they provide examples of locations considered more convenient to them (eg near where they live, at or near the current location, amongst others)
- **4,833 people** have visited the Oriel consultation website, resulting in **15,968 page views**

- **35 public meetings** held, with a total of **710 participants**, plus around 100 participants in the RDCEC 'lessons learned' exercise
- Facebook posts have reached **7,800 people, with 87 engagements**
- Twitter posts have reached around **10,000 people, resulting in around 130 engagements**
- LinkedIn activity has generated **1,900 impressions and 22 engagements**
- **26 internal/Moorfields' staff meetings** have been held with staff from across the Moorfields network. Around **85% of staff respondents** support the proposal.

4.3. The main themes of feedback are as follows.

1. **Clinical quality – the most important issue.** The issue most highlighted as "very important" by people is high quality clinical expertise; above all other aspects of the proposal
2. **Accessibility – the top theme.** Accessibility in terms of getting to the proposed new centre and interior design is often the first point raised in discussions. People have a range of needs for information, effective communications and practical support
3. **Patient experience – what matters most?** People place a high value on empathy and understanding from staff, better facilities and comfort while they wait, shorter waiting times and better information
4. **Improvements for staff.** Most people view a proposed new centre as an opportunity to improve conditions for staff and to attract and retain best talent
5. **Research opportunities.** Many people also take a keen interest in the research aspect of the proposal and express positive views about the potential for more patients to be involved in clinical trials
6. **Improvements in service models.** The development of local care is raised at every face to face session leading to discussions about using the opportunity of a proposed new centre to improve care pathways and relationships across the whole eye care network
7. **Engaging people with protected characteristics.** We have identified potential positive impacts on people with protected characteristics and insights into ways in which some people may need more support than others to adapt to potential change.

4.4. A key priority for the public consultation has been to reach out to people with protected characteristics. We have received feedback on equality issues from 23 protected groups, including people with disabilities, rare conditions, learning disabilities, older and younger people, people of transgender and diverse sexual orientation, as well as people from diverse ethnic groups and those who live in deprived areas where the proposed move could have a greater impact.

4.5. Feedback from these groups remains consistent with the main themes outlined through survey responses and open discussion groups.

5. How we are engaging people

5.1. Our approach has an emphasis on active participation, as well as seeking written responses to the proposals. The programme of consultation activities includes open discussion workshops, discussions with key groups and meetings on request.

5.2. We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service. To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes. We have undertaken an initial equality impact assessment and will continue to gather views and data during the consultation assessment.

5.3. We are also working with 45 organisations that can lead us to people with a range of protected characteristics, so that we may capture their views on the proposal itself and any potential impact on equality. They include networks of children and young people, older people, people

with learning disabilities, mental health problems, physical disabilities, multiple disabilities and sensory impairment. We are also meeting people from LGBTQ+ and BAME groups, including people with these characteristics and with sight loss.

5.4. We continue to engage with partners in London, Essex, Hertfordshire and Kent, as well as further afield; providing briefings to overview and scrutiny committees, health and wellbeing boards and Healthwatch.

5.5. And we have heard from residents in north, south, east and west London, Essex, Hertfordshire, Bedfordshire, Suffolk and Norfolk. Over a quarter of survey responses have come from people who live outside London.

5.6. Communications, engagement and consultation with Moorfields staff has increased with a combination of drop-ins, quick conversation events, discussions at divisional meetings and discussions at clinical governance workshops.

6. How we are responding to what people say

6.1. Since the consultation was launched in May 2019, we have been seeking responses from a wide range of people from across the country, using both online and face to face channels.

Co-production workstreams

6.2. Given the repeating pattern of feedback, which has continued since January 2019, a clear and consistent view is emerging about how the proposal could affect people.

6.3. To respond to this, we have set up six co-production workstreams to help coordinate and translate consultation feedback into proposed elements of programme delivery. These six workstreams are as follows:

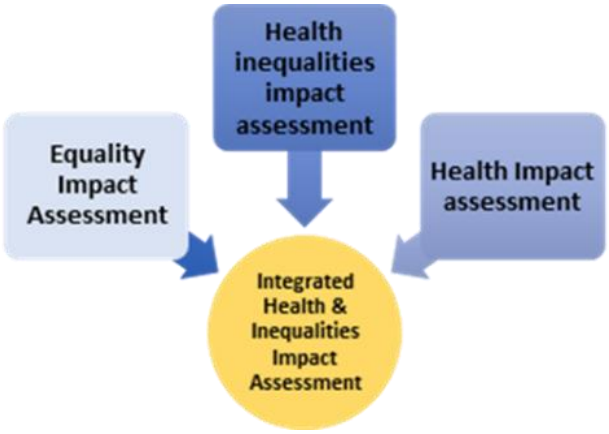
- Accessibility – getting to the proposed site
- Accessibility – getting around the proposed new centre
- Improving the patient experience
- Managing transition
- Innovation and research
- Options refresh – a task and finish group of patient and public representatives is already involved in the options refresh.

6.4. These co-production workshops, whose membership includes representatives from the Oriel Advisory Group (patient group), patients and residents, as well as experts from RNIB, Transport for London, and other interested parties, began in July and will continue through into October and beyond.

Integrated health inequalities and equality impact assessment

6.5. As part of the consultation process, we have commissioned a full integrated health inequalities and equality impact assessment.

6.6. An integrated impact assessment supports decision-making by evaluating the impact of a proposal, informing public debate and supporting decision makers to meet their Public Equality Sector Duty.



6.7. The assessment uses techniques such as evidenced based research, engagement and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services.

6.8. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative impacts of the proposed change.

Phase 1	Phase 2	Phase 3
A rapid scoping report to identify potentially impacted groups to inform pre-engagement activities	A desktop review of "best practice evidence" to identify and develop relevant health outcomes and understand priorities and challenges for key groups.	A revised and final Integrated Health and Inequalities Impact Assessment published to reflect the results of the public consultation

6.9. We have already completed phases 1 and 2 and this assessment, with phase 3 being scheduled for completion in October 2019, post consultation.

Accessibility workshops

6.10. The first co-production workshop took place on 31 July. The group, was attended by people with sight loss, carers and members of the Royal National Institute for the Blind (RNIB), Guide Dogs, South East Vision, London Vision, Organisation for Blind African and Caribbean's, Thurrock CCG, Herts Vision and Beyond Sight Loss as well as building designers AECOM. The group discussed the current routes to the proposed new site, as well as some of the new technologies that could be used to support people on their journey.

6.11. Further accessibility workshops will take place in September and October designed to build on these initial discussions.

Intensive engagement periods

6.12. As a result of this earlier engagement we have undertaken an intensive two-week period at Moorfields City Road site, with 'talk to me' volunteers, tasked with one clear mission – to get visitors and staff talking about Oriel and the proposal; a special Oriel information hub in the centre of the City Road site, staffed by the Oriel team with clinicians on hand to answer questions about the proposal and how it may affect patients; increased social media and media outreach work, as well as a mailing to stakeholders, Oriel mailing list and OAG for a final push for views and responses.

6.13. The inclusion of a letter about the proposal in all appointment letters continues to generate a steady number of emails and phone calls to the consultation team from people keen to provide their views.

6.14. This resulted in an impressive level of engagement despite the summer break. In just one week, the number of survey responses rose significantly with 156 surveys completed, plus an additional 100 conversations about Oriel were had by colleagues with patients, carers and staff throughout the week.

Stakeholder communications update

6.15. In August, we issued a strategic update email to stakeholders across England which covered the main themes from consultation so far and a summary of the proposal. It also explained how we are engaging with people and gave information on the co-production workstreams.

6.16. **All STP and CCG leads** were asked to forward it to their local authority/ OSC and other local stakeholders, such as Healthwatch and other voluntary organisations, updating them on progress and reminding them of the end-date of the consultation and asking them to respond to the consultation in writing.

6.17. **The 14 CCG communication and engagement leads** were asked to arrange for an agenda item on their patient and public commissioner reference groups and other representative groups.

7. Assurance and scrutiny

Quality assurance

7.1. The Consultation Institute (tCI) is a well-established not-for-profit best practice institute which promotes high-quality public and stakeholder consultation. It provides an independent quality assurance service for consultations and was commissioned by the consultation programme board to review documentation, plans and processes prior to consultation, ensuring best practice standards are observed.

7.2. In July 2019, the tCI's quality assistance team undertook a mid-term review which confirmed the programme's compliance with best practice standards at that stage.

7.3. Preparations for the review and the main meeting with the tCI involved members of the consultation team from Moorfields, Camden and Islington CCGs and NHS England Specialised Commissioning. It was an opportunity to consider our reach, adapt our approach and respond to feedback. We have subsequently taken actions to close identified gaps.

7.4. The tCI assessor noted our improvements in process and commended our plan to develop the initial proposal for consultation through the co-production workstreams.

The Secretary of State's four tests

7.5. The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

- Strong public and patient engagement
- Patient choice
- Clinical evidence base
- Support from clinical commissioners.

7.6. NHS England's bed closures test: In April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures.

7.7. Appendix A has the detail of how the programme is meeting these five tests.

The Mayor of London's six tests

7.8. The King's Fund and Nuffield Trust published a report in September 2017 which recommended that greater city-wide leadership is needed to successfully implement the five NHS Sustainability and Transformation plans (STPs) for London. In response to this, the Mayor of London set six assurances required to give his support to major service reconfigurations in London. While not directly required for this public consultation, compliance with these when implementing service change is considered best practice.

- **Patient and public engagement –** Proposals must show credible, widespread and ongoing patient and public engagement including with marginalised groups.
- **Clinical support –** Proposals must demonstrate improved clinical outcomes, widespread clinical engagement and support, including from frontline staff.
- **Impact on health inequality –** The impact of any proposed changes to health services in London must not widen health inequalities. Plans must set out how they will narrow the gap in health equality across the capital.
- **Impact on social care –** Proposals must take into account the full financial impact any new models of healthcare, including social care, would have on local authority services, particularly in the broader context of the funding challenges councils are already facing.
- **Hospital capacity –** Given that the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently reviewed to ensure all factors have been taken into account. Any plans to close beds must be an absolute last resort, and must meet at least one of the NHS' 'common sense' conditions.
- **Sufficient investment –** Proper funding must be identified and available to deliver all aspects of the STP plans.

7.9. This is the first time that the Mayor of London's six tests have been applied, and he will respond formally (early September) with his assessment of the first four tests (health inequalities, beds, financial investment and savings, and social care), and the final two tests (clinical support and patient and public engagement) in the new year after the decision making process has taken place.

7.10. Appendix A has the detail of how the programme is meeting these six tests.

8. Steps post-consultation

Consultation outcome report

8.1. After the consultation closes on 16 September 2019, the responses received will be independently analysed and a consultation outcome report prepared for the consultation programme board.

8.2. This report will be published and shared widely as we seek feedback on the outcome and any recommendations.

8.3. Following this, representatives from the consultation programme board, CCG Governing Body members and NHS England/Improvement Specialised Commissioning will then consider the report, any impact people's views may have on the proposals, and the effect these views and any impacts may have on the decision-making process.

8.4. These will then be summarised in the Decision-Making Business Case to assist CCGs, through the Committee in Common to be held in December 2019, in their decision-making on the

proposals. Specialised commissioners will follow NHS England's governance processes in their decision-making.

8.5. The outcomes of the consultation will also be presented to Local Authority Scrutiny Committees for assurance that the consultation process has been completed satisfactorily.

8.6. On approval of the Decision-Making Business Case, Moorfields would then proceed in developing its Outline Business Case. Feedback provided during the consultation process will be used to inform the Trust's proposals and next steps. Moorfields will implement the proposal, having factored in considerations from the consultation process.

8.7. NHS England/Improvement requires Moorfields to submit a Strategic Outline Case, Outline Business Case and Full Business Case for approval for their capital investment proposals.

9. Decision-making process – next steps

9.1. The feedback and responses received from members of the public and organisations will be independently analysed and a **consultation outcome report** prepared for the consultation programme board, the Committee in Common NHS England/Improvements London Region Executive Team for Specialised Commissioning.

9.2. In October we will consider the recommendations from the consultation outcome report and the integrated health inequalities and equality impact assessment.

9.3. This will ensure that the responses received to the consultation and the impact assessments are evaluated, fully considered, and that any changes are incorporated into the decision-making process.

9.4. The consultation outcome report will also be presented to the **local authority scrutiny committee** (specifically the NCL joint health overview and scrutiny committee) to scrutinise that the consultation process has been completed satisfactorily.

9.5. The decision-making process and recommendations will be **reviewed by The Consultation Institute** who will produce their final assurance gateway report.

9.6. These assurances, recommendations and impacts will be included in the **decision-making report** that will be presented to the Committee in Common and to NHS England/Improvement Specialised Commissioning **for approval in December 2019.**

10. Timeline

16 September	Consultation closes
October	Publish consultation outcome report
	Workshops held
November	Approval of economic and financial cases
	Socialisation of draft DMBC
	Scrutiny and assurance
December	Decision-making by Committee in Common and NHS England/Improvement
January 2020	Announcement of decision.

Appendix A

The Secretary of State's four tests

The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

- **Strong public and patient engagement:** Robust and strategic stakeholder engagement has been undertaken since 2013. Strengthening patient engagement for the project has been a priority in 2018/19, hearing from more than 1,000 people, including people of varying ages, interests and backgrounds; people living with mental health problems, learning disabilities, physical disabilities and sensory impairment; and included professionals such as optometrists, social care staff and sight care experts from the voluntary sector.
- **Patient choice:** Access to the current care pathways would remain the same, with the existing full range of services continuing to be delivered from a new site, including the transfer of emergency surgery and ophthalmic A&E care. Based on the current proposals to relocate the hospital from City Road to the St Pancras hospital site, there would be no change to district hubs, local surgical centres and community-based outpatient clinics. Patient choice would be improved from a quality perspective as the proposed streamlined, modern and fit-for-purpose estate footprint would allow a more efficient patient journey time through the hospital and provide a higher quality experience for patients.
- **Clinical evidence base:** The proposal gives the opportunity for integration between cutting-edge clinical care and cutting-edge research. This would have a huge impact on the quality of clinical care with patients having more access to the research from UCL. This will be central to the design of the proposed new hospital, providing a platform to create more efficient clinical journeys and continue to deliver innovative care currently hampered by the ageing estate. The London Clinical Senate has reviewed these proposals and confirmed that the proposal has a clear clinical evidence base for the proposed move from Moorfields' City Road site to a new, purpose-built integrated facility at the St Pancras hospital site.
- **Support from clinical commissioners:** Moorfields' services are commissioned by 109 CCGs across the country and NHS England Specialised Commissioning. Some 14 CCG commissioners hold significant contracts. NHS Islington CCG and NHS Camden CCG have been significantly involved in the process to consult on the proposal to transfer services to the St Pancras hospital site. NHS England specialised commissioners are the single largest commissioner of services at the trust.

NHS England's bed closures test: In April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures. There are no plans to reduce beds, therefore this test does not apply.

The Mayor of London's six tests

The King's Fund and Nuffield Trust published a report in September 2017 which recommended that greater city-wide leadership is needed to successfully implement the five NHS Sustainability and Transformation plans (STPs) for London. In response to this, the Mayor of London set six assurances required to give his support to major service reconfigurations in London. While not directly required for this public consultation, compliance with these when implementing service change is considered best practice.

1. **Impact on health inequality**: The initial health inequalities and EIA assessment for the consultation has identified any inequalities which are being addressed. This will be strengthened by phase 3 of the process; the recently commissioned integrated health inequalities and equality impact assessment.

2. **Impact on social care** – We believe the proposed move would not have an impact on social care as there is no change to the service models or redesigning of pathways. Additionally, Moorfields as a specialist service provider, does not regularly discharge patients directly to social care services
3. **Hospital capacity** – There are no plans to reduce beds, therefore this test does not apply.
4. **Sufficient investment** – Commissioners consider the capital investment for this proposal to be affordable as it assumes annual activity growth of 3%, which is consistent with historic growth levels at Moorfields. This is well below the expected increase in demand for ophthalmology services among the population
5. **Patient and public engagement** – Proposals must show credible, widespread and ongoing patient and public engagement including with marginalised groups
6. **Clinical support** – Our proposals demonstrate widespread clinical engagement and support, including from frontline staff. Significant engagement work has been done with Moorfields clinicians and staff through a combination of meetings, drop-ins, quick conversation events, discussions at divisional meetings and discussions at clinical governance workshops. Additionally, the London Clinical Senate reviewed the proposals and confirmed that the proposal has a clear clinical evidence.

This is the first time that the Mayor of London's six tests have been applied, and he will respond formally (early September) with his assessment of the first four tests (health inequalities, beds, financial investment and savings, and social care), and the final two tests (clinical support and patient and public engagement) in the new year after the decision making process has taken place.

ENDS

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UPDATE: Proposed move of Moorfields Eye Hospital's City Road services – closing date for feedback 16 Sep 2019

5 August 2019

You may remember we contacted you earlier in the year to tell you about the proposal to move services from Moorfields' City Road site and build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology. This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.

NHS Camden CCG, on behalf of all clinical commissioning groups, and NHS London Specialised Commissioning, in partnership with Moorfields Eye Hospital, are consulting people between **24 May and 16 September 2019**; the outcome of which will influence the decision-making business case.

The case for change – our story so far

Moorfields provides eye health services to more than 750,000 people each year. Its main site at City Road in Islington has a 24-hour ophthalmic A&E and provides a range of routine elective eye care for London residents and specialised services for patients from all over the UK.

The current facilities at City Road date from the 1890s. There is very little space to expand and develop new services; the lay-out of the buildings affects efficiency and patient access, and the age of the estate creates difficulties for installing new technologies.

The proposed new centre would offer better care for the future and significantly improve Moorfields' ability to prevent eye disease, make early diagnoses and deliver effective new treatments for more people at home or locally in primary care, as well as in specialist hospital clinics.

What we have learned so far

From the consultation survey responses received so far, and in face-to-face discussions, the majority of people agree with the proposal to build a new centre for eye care, research and education. The main themes of feedback are as follows.

Clinical quality – the most important issue

The issue most highlighted as "very important" by people is high quality clinical expertise. In discussions, people suggest that this is the most important above all aspects of the proposal.

Accessibility – the top theme
Accessibility in terms of getting to the proposed new centre and interior design is often the first point raised in discussions. People have a range of needs for information, effective communications and practical support.

Patient experience – what matters most?
People place a high value on empathy and understanding from staff, better facilities and comfort while they wait, shorter waiting times and better information.

Improvements for staff
Most people view a proposed new centre as an opportunity to improve conditions for staff and to attract and retain best talent.

Research opportunities
Many people also take a keen interest in the research aspect of the proposal and express positive views about the potential for more patients to be involved in clinical trials.

Improvements in service models
The development of local care is raised at every face to face session leading to discussions about using the opportunity of a proposed new centre to improve care pathways and relationships across the whole eye care network.

Engaging people with protected characteristics
We have identified potential positive impacts on people with protected characteristics and insights into ways in which some people may need more support than others to adapt to potential change.

How we are engaging people

Our approach has an emphasis on active participation, as well as seeking written responses to the proposals. The programme of consultation activities includes open discussion workshops, discussions with key groups and meetings on request.

We are working with 45 organisations that can lead us to people with a range of protected characteristics, so that we may capture their views on the proposal itself and any potential impact on equality. They include networks of children and young people, older people, people with learning disabilities, mental health problems, physical disabilities, multiple disabilities and sensory impairment. We are also meeting people from LGBTQ+ and BAME groups, including people with these characteristics and with sight loss.

We continue to engage partners in London, Essex, Hertfordshire and Kent, as well as further afield; providing briefings to overview and scrutiny committees, health and wellbeing boards and Healthwatch.

Co-production workstreams

Given the repeating pattern of feedback, which has continued since January 2019, a clear and consistent view is emerging about how the proposal could affect people.

To respond to that, we are setting up six co-production workstreams to help coordinate and translate consultation feedback into proposed elements of programme delivery. These six workstreams are as follows:

1. Accessibility – getting to the proposed site
2. Accessibility – getting around the proposed new centre
3. Improving the patient experience
4. Managing transition
5. Innovation and research
6. Options refresh – a task and finish group of patient and public representatives is already involved in the options refresh.

If you would like to be involved in any of the areas listed above, please contact the consultation team at moorfields.oriel@nhs.net or phone 020 7521 4684.

How people can have their say

During the consultation, we are seeking responses from a wide range of people from across the country. You can give your views through several channels, including an online feedback survey, via social media, email and post and through face-to-face discussions.

Three new dates have been added to the programme of open discussion events. These three sessions are open to anyone with an interest in the consultation. They are all taking place in the Lecture Room at Moorfields Annexe, 15 Ebenezer Street, N1 7NR – on the corner of Ebenezer Street and Provost Street. The dates and times are:

- **Tuesday 10 September, 2pm to 3.30pm**
- **Thursday 12 September, 2pm to 3.30pm**
- **Friday 13 September, 2pm to 3.30pm**

Please visit our website at https://oriel-london.org.uk/get-involved/events/ for further information and to book places.

We welcome written feedback, which you can send either to moorfields.oriel@nhs.net or by mail to Freepost ORIEL (no need for a stamp or any other address details) and you can contact us to request a meeting.

Information on our website is offered in accessible formats, including large print, audio versions, Easy Read summaries and languages on request.
Please visit **www.oriel-london.org.uk**

Contact the Oriel consultation team office:
moorfields.oriel@nhs.net 020 7521 4684

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Oriel
Creating the centre for advancing eye health

NHS

Proposed move of Moorfields Eye Hospital's City Road services

Summary of a proposal to move Moorfields Eye Hospital's City Road services to a brand new centre just north of St Pancras and Kings Cross stations by 2026.

We need your views

Public consultation 24 May – 16 September 2019
Closing date for feedback – 16 September 2019

Published by NHS Camden Clinical Commissioning Group and NHS England Specialised Commissioning, in partnership with Moorfields Eye Hospital NHS Foundation Trust
24 May 2019

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

The proposal for public consultation

A proposal called "Oriel"

Moorfields Eye Hospital is proposing to build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology. We call this proposal Oriel. You can read the background to Oriel at **www.oriel-london.org.uk**

The proposed new site

The proposed new centre would be a multi-million pound development on land that has become available at the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.

Eye care services would move two and a half miles to the new centre from the current hospital on City Road in Islington, along with Moorfields' partner in research and education, the UCL Institute of Ophthalmology.

If the move were to go ahead, Moorfields and UCL would sell their current land at City Road and all proceeds of the sale would be reinvested in the new centre.

The decision will be made by January 2020

A decision to proceed to the next planning stages will be taken by the NHS organisations who plan and buy Moorfields' services. NHS Camden Clinical Commissioning Group (CCG) is leading this on behalf of all CCGs together with NHS England Specialised Commissioning, which commissions specialised services for the whole of England. They will decide whether the proposed move is:

- **in the interests of the health of our populations, locally and nationally**
- **in line with our long-term plans to improve health and care**
- **an effective use of public money.**

We need your views to help reach this decision

Already the views we have heard so far have introduced new ideas to the proposal since November 2018. This is your opportunity to influence eye care for future generations.

Timescales

If the proposal were to proceed, there would be a planning application by Autumn 2020, with construction starting in 2022. The proposed new centre could be open in 2025/26.

See page 9 for details on how to give your views.

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

Why change?

We aim to provide the best care

Despite the age of the hospital at City Road, Moorfields provides excellent clinical care. The Care Quality Commission, which inspects NHS hospitals, recently rated Moorfields "outstanding" for the effectiveness of its services.

However, the experience of visiting Moorfields' City Road site for patients and their families often involves long walks through confusing corridors and long waits in uncomfortable and sometimes overcrowded spaces.

We need to plan for the future

The number of people in older age groups who may be vulnerable to sight loss is expected to rise rapidly over the next 15 years. We need to plan for this growing population and find new ways to improve diagnosis and treatment, as close to home as possible and without the need for a hospital visit.

We need the best research

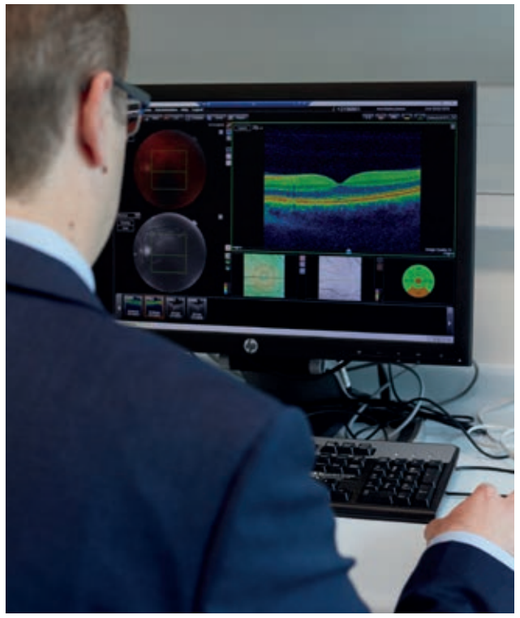
With new techniques and technology, we can improve prevention and discover new treatments for sight loss.

The current facilities at City Road date from the 1890s. There is very little space to expand our research capability, and the ageing buildings make it difficult to install new technology.

We need to train and develop our workforce

Our future patients need talented and caring people to become optometrists, orthoptists, nurses, consultants, technicians, researchers and support workers.

Moorfields and UCL provide the best eye care training in the world, but our education facilities are outdated and unsuited to modern methods of hands-on training.



We need a modern centre for all

The proposal is to build a new centre that we anticipate would have many benefits:

- Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care.
- More space to expand and develop new services and technology to improve care, including care that could be available at home or locally, without the need for a hospital visit.
- Design for a smooth hospital appointment process, particularly where there are several different tests involved.
- Shorter journeys between test areas and instantly shared results between departments, which would reduce waiting times and improve communications between patients and staff.
- Modern and comfortable surroundings would provide easier access for disabled people and space for information, counselling and support.

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

Why St Pancras?

It is important to be in London

- London is the best place to recruit specialists, technicians, researchers and students.
- There are particular benefits from being close to other major specialist centres and research and education facilities at the main UCL campus at Euston.
- London is the most accessible UK location for most people, regardless of where they live.

A new building is preferable to rebuilding or refurbishment

We have looked at options for rebuilding and refurbishing at City Road.

The main advantage of staying where we are is that people are familiar with the route and there is relatively easy access by bus and underground, with a short walk to the hospital.

The main disadvantages:

- Limited space and scope for development, even with the possibility of demolishing some of the current buildings and building new ones.
- Rebuilding and even refurbishment would involve major disruption to services requiring some services to move out and then move back in again when the work is completed.
- Staying in the same place means that money would need to be spent on new buildings, but there would be no proceeds from a land sale to pay for the development.
- Our estimate of costs over the next 50 years shows that it would cost more to maintain the existing site than to build a new centre.

The proposed St Pancras site offers several benefits

There are several potential sites in London that are close to public transport hubs. Our research narrowed this down to eight possible options including the land that has become available at the St Pancras Hospital site.

- Four of the eight potential sites (Elephant and Castle, Vauxhall, Stratford and White City) had high land costs and were considered too far away from other research and education establishments.
- Two potential sites in Southwark had high land costs.
- One site in Hammersmith and Fulham had limited size for future flexibility.

The main advantages of the land at St Pancras:

- It has enough space for the size of new build that we require and potential for future flexibility.
- It is reasonably near to two of the largest main line stations in London.
- It is close to other major health and research centres, the main campus of UCL and eye charities, such as Guide Dogs and the Royal National Institute of Blind People (RNIB).
- There is potential to build with minimal disruption to current services, which would continue until the new centre was open.
- The eventual sale of the City Road site would create funds to invest in the proposed new centre.
- Our estimate of costs over the next 50 years shows that it would cost less to run the new centre than to maintain the current site.

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

The main disadvantages:

- Changes in transport routes and access for people who have used Moorfields services for many years.
- Potential challenges in getting to the proposed site via bigger and more complicated rail and underground stations.
- Potential challenges of a longer route from public transport hubs to the proposed site.

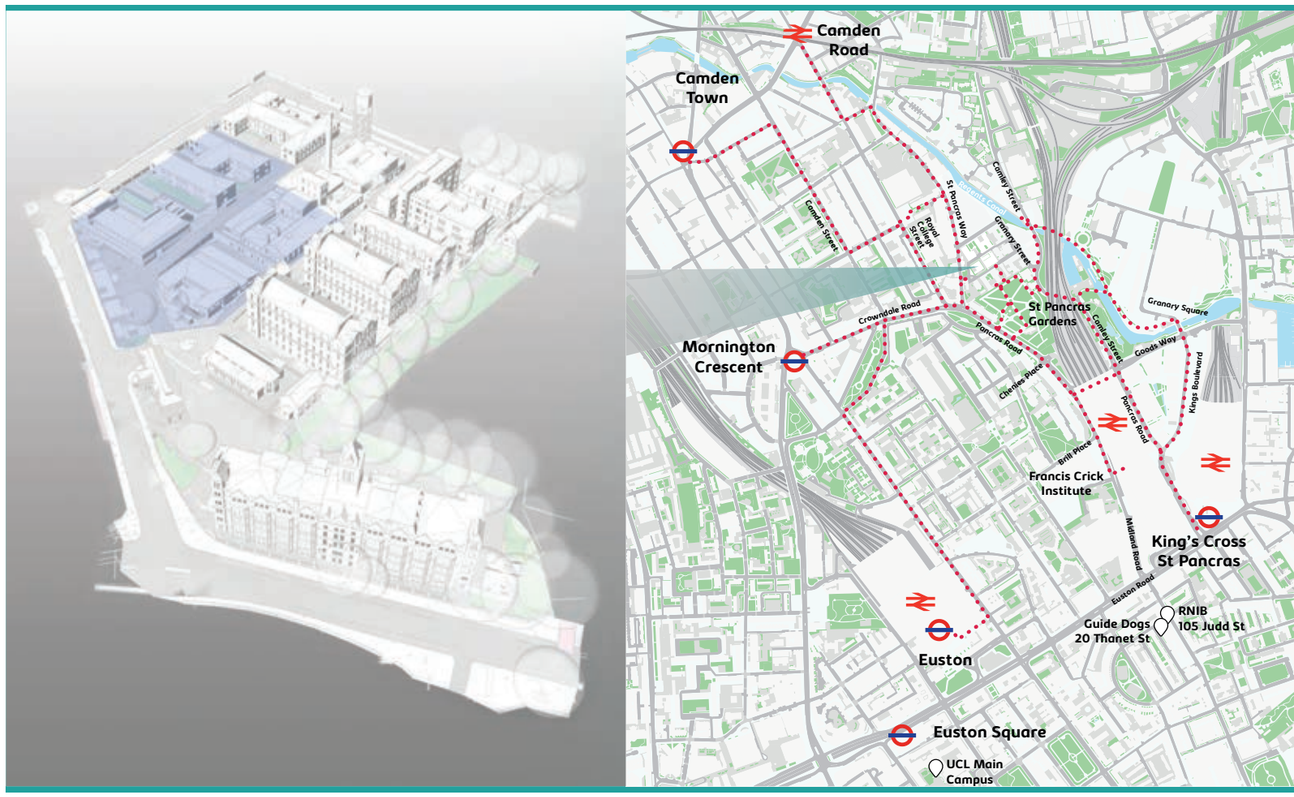
The proposed move from City Road to St Pancras does not include changes to Moorfields' services at its 30 other sites, although over time these will be considered as part of a wider review of ophthalmology across London.

For more information on access and travel times to the proposed location at St Pancras, please visit **www.oriel-london.org.uk**

What would a new build at St Pancras cost?

To build a new centre would cost the NHS around £344m, which would come from:

- the sale of the City Road site
- donors to Moorfields Eye Charity
- central government funding
- funds from Moorfields Eye Hospital NHS Foundation Trust.



For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

What people have told us so far

Between December 2018 and April 2019, we ran several surveys, discussion groups and drop-in events to get some initial thoughts on the proposed move.

What is clear from the feedback is that for many people who visit Moorfields, their relationship with City Road services is a critical part of their lives. Many people are regular visitors to the hospital and have been for decades. Any potential change could have significant impacts both negative and positive.

A recurring theme is stress and anxiety associated with a visit to the hospital. Most people feel that a new centre could be designed to reduce feelings of stress, to build patient confidence and improve the outcomes of the care we provide.

The main concerns are about the period of the potential move and getting used to a different location. People have told us how they may need support to learn the new route, for example, and to learn how to use the new service.

In summary, we have heard about the following priorities for patients and families:

- Clinical expertise above all else, even if this means travelling further to receive the highest quality specialist care.
- A smooth clinical pathway through the whole system from getting the first appointment to follow-up care and support.
- Easy, obstacle-free access from public transport.
- Efficient and caring experience at the hospital.
- Good communications and information.
- Person-to-person support, when needed.
- Being close to public transport hubs.
- Provision for access by ambulance and motor vehicles.
- Interior design to support wayfinding for people with sight loss.

For further information on how we have involved people and a detailed summary of feedback, you can find a full report on our website at **www.oriel-london.org.uk**

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

How to give your views

Closing date for feedback – 16 September 2019

We want to receive as many views as possible from patients, public, staff and partners during our public consultation. This includes views or suggestions on alternative solutions.

Taking into account your views, as well as other evidence for service change and value for public money, NHS England Specialised Commissioning and the 14 clinical commissioning groups, who buy the majority of Moorfields' services, will decide by January 2020 whether the proposed move should proceed to the next stages of planning.

You are welcome to make suggestions about what the buildings might look like, but that is not what we are consulting on at this stage. There will be opportunities in the future for you to give us your thoughts on these and other aspects of the new centre, should the proposal proceed to the next stage.

Here are the ways to get involved:

- **Come along to one of our open discussion groups. The dates and venues are listed overleaf.**
- **Visit www.oriel-london.org.uk where you will find a more detailed consultation document and other information, including Easy Read, text only and audio versions.**
- Let us know your views by completing the feedback survey online at **http://oakhamwarp.dinksurveys.com/Moorfields**
- You can also download print copies and return your completed survey by email or freepost (no stamp needed).
- Write to us by post or email. Send your views to the consultation team at the address below.
- If your group or organisation would like to meet to discuss the proposed move, please contact the consultation team at the address below.
- The team can arrange printed copies, braille and versions of the consultation document or summary in languages other than English. Please get in touch if you need help.

Contact us

Please contact us via our consultation team, using the contact details below:

Email:	moorfields.oriel@nhs.net
Phone:	020 7521 4684
Mail to:	Freepost ORIEL (no need for a stamp or any other address details)

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

Open discussion groups

The proposed move of Moorfields needs your views. Come and join the discussion at any of the open discussion groups listed opposite.

To book your place at any of the events below, you can book online at **https://oriel-consultation.eventbrite.co.uk** or you can contact the consultation team at **moorfields.oriel@nhs.net** or **020 7521 4684**.

Tuesday **4 June**	2pm to 3.30pm	**London Vision South East**, 7-14 Great Dover Street, London SE1 4YR
Monday **10 June**	11am to 12.30pm	**St Pancras and Somers Town Living Centre**, 2 Ossulston Street, King's Cross, London NW1 1DF
Monday **10 June**	2pm to 3.30pm	**St Pancras and Somers Town Living Centre**, 2 Ossulston Street, King's Cross, London NW1 1DF
Thursday **13 June**	1pm to 3pm	**Albert Jacob House**, Room 101, 62 Roman Road, Bethnal Green E2 OPG
Monday **17 June**	2pm to 3.30pm	**The Beehive Centre**, Healthwatch Thurrock, West Street, Grays, RM17 6XP
Wednesday **19 June**	11am to 12.30pm	**Voluntary Action Islington**, 200A Pentonville Rd, London N1 9JP
Wednesday **19 June**	2pm to 3.30pm	**Voluntary Action Islington**, 200A Pentonville Rd, London N1 9JP
Thursday **20 June**	2pm to 3.30pm	**Welwyn Garden City Central Library**, Campus West, Hertfordshire AL8 6AJ
Monday **24 June**	2pm to 3.30pm	**The Pocklington Hub**, Entrance D Tavistock House South, Tavistock Square, London WC1H 9LG
Tuesday **25 June**	2pm to 3.30pm	**Tooting Library**, 75 Mitcham Rd, Tooting, London SW17 9PD
Wednesday **26 June**	2pm to 3.30pm	**West Acton Community Centre,** Churchill Gardens, West Acton, London W3 0JN
Monday **1 July**	2pm to 3.30pm	**Kesgrave Community Centre**, Twelve Acre Approach, Kesgrave, Ipswich IP5 1JF
Thursday **4 July**	2.30pm to 4pm	**London Vision East**, Waltham Forest Resource Hub (South), 90 Crownfield London E15 2BG
Thursday **4 July**	6pm to 7.30pm	**London Vision East**, Waltham Forest Resource Hub (South), 90 Crownfield London E15 2BG

For further information about the proposed move and public consultation, please visit www.oriel-london.org.uk

Please contact us via our consultation team, using the contact details below:

Email:	moorfields.oriel@nhs.net
Phone:	020 7521 4684
Mail to:	Freepost ORIEL (no need for a stamp or any other address details)

For further information about the proposed move and the consultation, please visit www.oriel-london.org.uk

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Oriel
Creating the centre for advancing eye health

NHS

It's time to have your say

Join the discussion on the proposed move of Moorfields Eye Hospital's City Road services

Consultation – open discussion groups

- Tuesday 10 September 2 - 3.30pm
  Moorfields Annexe, 15 Ebenezer Street, N1 7NR
- Thursday 12 September 2 - 3.30pm
  Moorfields Annexe, 15 Ebenezer Street, N1 7NR
- Friday 13 September 2 - 3.30pm
  Moorfields Annexe, 15 Ebenezer Street, N1 7NR

Themed workshops

- **Accessibility – getting around the proposed new centre**
  Tuesday 17 September 2.30 – 4.45pm
  National Council for Voluntary Organisations, Regents Wharf, 8 All Saints Street, London, N1 9RL
- **Managing the transition**
  Thursday 19 September 10.30am – 12.30pm
  15 Ebenezer Street, N1 7NR
- **Accessibility – getting to the proposed new site**
  Thursday 3 October 2.30 – 4.45pm
  National Council for Voluntary Organisations, Regents Wharf, 8 All Saints Street, London, N1 9RL

To sign up to an event visit:
oriel-consultation.eventbrite.com
Email moorfields.oriel@nhs.net
Call 020 7521 4684

Can't attend one of these events?

Contact the Oriel team by email or phone to get them to come to one of your meetings or request to join the Oriel mailing list to remain up to date with the latest news.

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