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| **Committees in Common Meeting****24 April 2019** | cid:image002.png@01D43095.6B3FA320 |
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| **Report Title** | Launch of consultation for the relocation of Moorfields Eye Hospital from City Road to St Pancras | **Agenda Item** |
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| **GB Member Sponsor** | Helen Pettersen, Accountable Officer, North London Partners in Health and Care |
| **Report Author** | Denise TyrrellProgramme Director | **Tel/Email** | denise.tyrrell@nhs.net  |
| **Name of authorising Finance lead** | Gary Sired, Finance Lead, NCL STP | **Summary of Financial Implications**See appendix 10 Moorfields Commissioner Financial Assurance Letter  |
| **Report Summary** | Moorfields Eye Hospital NHS Foundation Trust and its research partners have been exploring the opportunity to move services from their existing premises to new state-of-the-art, purpose built facilities on the St Pancras Hospital site by 2025/26.NHS services provided at Moorfields are commissioned by 109 CCGs, in part due to the specialist services provided. 14 CCGs hold significant (defined as >£2m per annum) contracts with Moorfields for activity at City Road, including a number of CCGs outside of London. Services at Moorfields City Road are also commissioned by NHS England specialised commissioning.Arrangements for a lead commissioner to work with Moorfields and progress the consultation on the proposals have been put in place, with NHS Camden CCG in this role, representing commissioners across the country. NHS England specialised commissioning will work with Camden CCG so that there is one consultation process as specialised commissioners cannot delegate their public involvement duties to a CCG under s.13Q of the Health and Social Care Act 2012[[1]](#footnote-1).Recognising the importance of clear governance to support effective decision making, which is critical to any service change programme, the 14 commissioners with material contracts are coming together in a decision making capacity (Committees in Common) for the purpose of making decisions relating to the consultation launch and post-consultation service change, taking on board feedback from the consultation and the NCL Joint Health and Care Scrutiny Committee. These arrangements were agreed by the respective CCG Governing Bodies or Joint Commissioning Committees in January and February 2019.In order to proceed to public consultation, a decision of the 14 lead Clinical Commissioning Groups is required to endorse that they have received sufficient assurance in relation to the pre-consultation business case. To enable the decision to be taken in a manner that is consistent and binding as well as in accordance with good practice, the membership of the Committees in Common is drawn from CCG chairs and senior clinicians from each CCG. The Committees in Common is supported by the Moorfields Consultation programme board, comprising commissioners, providers, local authorities and other relevant stakeholders to ensure all relevant information is fed into the change process.Therefore, the purpose of the Committees in Common meeting on 24th April 2019 is to consider all the supporting documentation and assurance in relation to the Moorfields Eye Hospital NHS Foundation Trust proposals, and whether or not sufficient assurance has been received to launch a public consultation on 9th May 2019 for a period of 12 weeks.It is anticipated that the Committees in Common will only be required to meet twice with the second meeting taking place post consultation for the purpose of noting the consultation outcome report and Decision Making Business Case and making a final decision on the proposals.To inform the Committee’s decision on 24th April, there are a series of reports attached to this paper. These are:**The London Clinical Senate Report** which reviewed the Moorfields’ proposals in November 2018 and confirmed that there is “*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*”. The Senate also provided recommendations and feedback to which commissioners and the Trust have responded.Feedback and responses to the Clinical Senate recommendations have been addressed through the Pre-Consultation Business Case, in particular in:**Section 2**, which outlines the links with other hospitals for specialist paediatric support;**Section 5**, which specifies eye health care models, services and benefits and,**Section 7**, on strong public and patient engagement.**The Pre-Consultation Business Case** (PCBC) was completed in early February and reviewed by CCG Governing Bodies, Joint Commissioning Committees, North Central London (NCL) STP, Moorfields Eye Hospital NHS Foundation Trust and NHS Specialised Commissioning. It was presented to NHS England’s Oversight Group for Service Change and Reconfiguration (OGSCR) and NHS Improvement’s Resource Allocation Committee in March 2019 as part of service change assurance process. It was also presented to NHS England London’s Delivery Executive as the Specialised Commissioning decision making process.The PCBC sets out in detail the proposals to move Moorfields Eye Hospital from City Road to the St Pancras hospital site and informs the process of public consultation, in advance of the trust submitting an outline business case (OBC) for the proposed site move. In addition, the document:* Makes the case for change for the proposed relocation as the best solution in terms of benefits for all stakeholders – the ‘preferred option’ for future estates development
* Describes the clinically developed model of care and specification
* Details the process undertaken to engage the public, staff, residents and other stakeholders in the pre-consultation phase and demonstrate how their feedback has shaped the development of the options as well as the proposed option to take forward
* Sets out how the development of the preferred option is compliant with the Secretary of State for Health and Social Care’s four tests of service reconfiguration. (NHS England’s new test to evaluate the impact of any proposal that includes a significant number of bed closures is not relevant in this case).

**The Consultation Mandate** is a clear statement of intent to undertake a public consultation and it sets out the proposals being consulted on. This is not a legal document but it constitutes best practice.**The Consultation Communication and Engagement Plan,** sets out the plans for public consultation on the proposed new centre for Moorfields Eye Hospital. It includes a summary of the feedback and learning from the engagement to date. **The Assurance Letter from NHS England Oversight Group for Service Change and Reconfiguration** contains assurance that the PCBC has made the case to consult with patients, staff, residents and other stakeholders on the preferred option. In addition, it is important that the development of the preferred option has met the Secretary of State for Health and Social Care’s four tests of service reconfiguration:* Strong public and patient engagement
* Consistency with current and prospective patient choice
* Clear, clinical evidence base
* Support for the proposals from clinical commissioners

The Moorfields Oriel Programme and the lead commissioner have worked closely with The Consultation Institute during the last six months to ensure quality assurance and this oversight of our communications, consultation and engagement will continue during the public consultation. |
| **Recommendation** | To **APPROVE** the Pre-Consultation Business CaseTo **NOTE** the London Clinical Senate Report, Recommendations, Cover Letter and Response LetterTo **APPROVE** the Consultation MandateTo **NOTE** the Consultation, Communications and Engagement PlanTo **NOTE** the Assurance Letters from the NHS England Oversight Group for Service Change and the NHS Improvement Resource Allocation CommitteeTo **NOTE** the NHS England London Specialist Commissioning view on launching the consultationTo **APPROVE** proceeding to launch public consultation |
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| **Identified Risks and Risk Management Actions** | Previous risks have been mitigated:* 14 lead CCG Governing Bodies do not approve Committees in Common approach leading to delay – approved, no longer a risk.

The two most significant risks to progress of the programme that have been identified are:1. Lack of sufficient resources to coordinate and deliver statutory consultation and engagement (both in NCL, London-wide, and nationally)
2. Stakeholder objections which lead to delays.

MitigationsThese risks are to be expected on a programme of this size and complexity. They are being managed through:1. A programme to deliver comprehensive and statutory stakeholder communications and engagement is being partitioned into work packages to identify correct balance of resources
2. A robust and detailed communications and engagement strategy and action plan.
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| **Conflicts of Interest** | None noted at this stageA Register of Interests of all the Nominated Representatives will be available at the meeting |
| **Resource Implications** | We have established a resource team, which comprises of programme management, engagement and communications expertise, for the pre-engagement, to progress the public consultation and the assurance process. |
| **Engagement** | **Engagement overview**There are five phases of engagement leading to consultation.**Pre- Consultation Engagement**Moorfields Eye Hospital NHS Foundation Trust has been engaging with patients, staff and the public since 2012. Further comprehensive pre-consultation engagement activities were undertaken between November 2018 and April 2019. Staff, patients, community representatives and voluntary sector partners have been engaged in discussions to shape the proposal for consultation. Over 1,300 people have expressed their views covering travel, care, patient priorities and initial views on the proposed move through online surveys, open discussion groups, discussions with vulnerable people and key groups.Most of those who participated in discussions were supportive of a proposed new hospital and expressed views about:* The level of services should continue, with an expectation of improvements
* Minimal disruption, with a well-managed transition and continuity of service
* Accessibility of the new centre would be very important for service users and visitors

Accessibility was the top theme and whilst people expressed their appreciation of the clinical excellence of services, they felt that the current facilities do not live up to the same high standards.**Public Consultation Communications and Engagement Plan**The consultation programme proposed has an emphasis on action and participation as well as a dedicated website to help publish and coordinate the many opportunities and channels for engagement and feedback. The plan outlines opportunities to get involved, give views and access further information. As outlined in the PCBC, we would be consulting people on:* How they view the proposal and the way in which it might affect them
* What matters to patients and families and how this could influence decisions, designs and plans
* The wider implications of the proposed change – its impact on healthcare, social care, environmental issues and London’s infrastructure.
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| **Equality Impact Analysis** | To ensure commissioners discharge their statutory duty to pay ‘due regard’ to the matters covered by Public Sector Equality Duty, an equality impact assessment (EIA) process has been put in place to ensure that any proposals do not discriminate against any people or groups that are subject to Protected Characteristics. The EIA for the proposal to move Moorfields Eye Hospital from its site at City Road to the St Pancras hospital site is being conducted in two parts, with the initial (desktop research) phase completed for the PCBC, prior to consultation, and a second stage to be completed following the consultation itself. The initial phase EIA, conducted in January 2019, focused on: • How the services might impact on protected and vulnerable groups in the community• How the CCGs and providers should ensure equality and fairness in terms of access to these services, and appropriate provision for all patients based on their clinical, personal, cultural and religious needs• How the CCGs would work together with local providers and patients and carers to ensure a high quality of services that all patients can experience. The majority of vulnerable or protected groups identified as part of the EIA have been judged as achieving greater equality, improved outcomes or increased accessibility through the proposal: • Both inpatient and community developments are expected to provide improved disabled access for service users, staff and visitors• For many other groups, the purpose-built facilities would offer an improvement in therapeutic environment, access to outdoor space and care delivered closer to home.The communication and engagement activities pre-, during and post-consultation will continue to focus on ensuring that proposals do not discriminate against any disadvantaged or vulnerable people or groups. |
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| **Report History and Key Decisions** |

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| **Governance and reporting**The Committees in Common process approved by: |
| **Committee name** | **Date discussed** | **Outcome** |
| North East London Joint Commissioning Committee | 09/01/2019 | Approved |
| NHS Ealing CCG Governing Body | 23/01/2019 | Approved |
| NHS East & North Hertfordshire CCG Governing Body | 24/01/2019 | Approved |
| North Central London Joint Commissioning Committee | 07/02/2019 | Approved |
| NHS Herts Valleys CCG Governing Body | 28/02/2019 | Approved |

The Pre-Consultation Business Case and Clinical Senate report were discussed at the following:

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| **Committee name** | **Date discussed** | **Outcome** |
| North Central London Joint Commissioning Committee | 7 March 2019 | Noted |
| NHS Herts Valleys CCG Governing Body | 14 March 2019 | Noted |
| NHS Ealing CCG Governing Body | 27 March 2019 | Noted |
| NHS East & North Hertfordshire CCG Governing Body | 28 March 2019 | Noted |
| North East London Joint Commissioning Committee | 10 April 2019 | Noted |

Pre-Consultation Business Case considered at:

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| **Committee name** | **Date discussed** | **Outcome** |
| NHS England Oversight Group for Service Change and Reconfiguration (OGSCR) | 11 March 2019 | Assurance Given |
| NHS Improvement Resource Committee | 12 March 2019 | Assurance Given |
| NHS England Specialist Commissioning Delivery Executive  | 16 April 2019 | TBC |

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| **Next Steps** | Subject to a positive outcome of the Committees in Common decisions, the following next steps will be undertaken:* The Consultation, Communications and Engagement Plan will be discussed at a specially constituted North Central London Joint Health and Overview and Scrutiny Committee on 29 April 2019
* Subject to the decisions and approvals of the Committees in Common meeting on 24 April 2019, a letter will be sent to Joint Health Overview and Scrutiny Committees notifying of the Committees in Common decision and approvals
* Consultation will commence on 9th May 2019 for a 12 week period.
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| **Appendices** | * Supporting Documents

01 Committees in Common Agenda 24 April 201903 Moorfield Pre Consultation Business Case04 Cover Letter for the Moorfields Clinical Senate Review 21 Dec 201805 Moorfields Clinical Senate Review Final06 Response to draft Clinical Senate Report 14 Jan 201907 Clinical Senate Response Letter 28 Jan 201908 Consultation Mandate 15.4.19 v1.109 Consultation Plan for Public and Patients10 Moorfields Commissioner Financial Assurance Letter to NHSE 26 Feb 201911 NHSE OGSCR Letter April 2019 |

1. 13Q: Public Involvement duty: National Health Service Act 2006 [↑](#footnote-ref-1)