

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
East Ham Town Hall**

6 November 2019 (7.15 - 8.30 pm)

**(Meeting held simultaneously with meeting of the Inner North East London
Joint Health Overview and Scrutiny Committee)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham**

Eileen Keller and Mohammed Khan

**London Borough of
Havering**

Nisha Patel (Chairman)

**London Borough of
Redbridge**

Beverley Brewer

**London Borough of
Waltham Forest**

Richard Sweden (substituting for Councillor Umar Alli)

Epping Forest District

Alan Lion (observer member)

Apologies were received for the absence of Councillors Paul Robinson (Barking & Dagenham) Nic Dodin & Ciaran White (Havering) Stuart Bellwood & Neil Zammatt (Redbridge) Umar Alli (Waltham Forest) and Chris Pond (Essex). Apologies were also received from Ian Buckmaster (Healthwatch Havering co-opted member).

Also present:

Councillor Winston Vaughan, London Borough of Newham

Dr Dee Hora, Portfolio GP, Camden Named GP Adult Safeguarding and Planned Care Clinical Lead, North Central London Planned Care Clinical Lead, London Clinical Senate Council Member

Jo Moss, Director of Strategy, Moorfields Eye Hospital NHS Foundation Trust

Denise Tyrell, Consultation Programme Director, North Central London CCGs

Masuma Ahmed, Democratic Services Officer, London Borough of Barking & Dagenham

Anthony Clements, Principal Democratic Services Officer, London Borough of Havering (minutes)

Roger Raymond, Senior Scrutiny Policy Officer, London Borough of Newham

Jilly Szymanski, Scrutiny Co-Ordinator, London Borough of Redbridge

Approximately eight members of the public were also present.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

19 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

20 DEVELOPING A RESPONSE TO THE NHS LONG TERM PLAN

The Joint Committee noted with regret and frustration that NHS officers had not attended the meeting due to legal advice that they could not discuss this item during the pre-election purdah period. Members disagreed strongly that this non-appearance was justified. It was felt that the draft long term plan should not be submitted to NHS England without its having been subject to appropriate scrutiny first and that NHS England should be asked to defer any decision on this matter until such scrutiny had first taken place.

It was agreed that the clerk would draw up letters on behalf of the Joint Committee to the Accountable Officer for the North East London Commissioning Alliance and to NHS England expressing the Committee's frustration and displeasure at the refusal of NHS officers to attend the meeting. It was also agreed that a further joint meeting should be arranged in order to scrutinise the Long Term Plan.

21 MOORFIELDS HOSPITAL PLANNED RELOCATION

Moorfields officers explained that it was proposed to move Moorfields Eye Hospital from its current site in City Road to a new location in St Pancras in 2026. The current site was felt to be too small and restrictive and could lead to appointments taking the best part of a day to complete. The Institute of Ocular Ophthalmology would move with the hospital to combine with Moorfields on the purpose-built St Pancras site.

A lot of engagement work had taken place during the consultation to date which had included how visually impaired people could navigate the new site itself as well as the distance from the nearest transport hubs to the site. Seventy-three per cent of respondents to the consultation had agreed or strongly agreed that the move should take place although this was slightly lower in the North East London area, principally due to concerns over travel times. Travel analysis had however shown only a three minutes increase in journey times overall compared to the current site.

The St Pancras site was located close to partner organisation such as the Royal National Institute for the Blind, the Crick Institute and UCL Partners.

The proposals would go to joint scrutiny for the North-Central London area on 29 November and a final decision was expected on 19 December.

The private theatres at the Moorfields site were part of a private business owned by the NHS. All profits from the private business were reinvested into the Moorfields NHS Trust. Investments made in private theatres would be recouped by the time of the move.

It was accepted that the children's department was in a newer building compared to the rest of the hospital but it was not feasible to leave this on the current site. Many hospital staff worked across both the adults and children's departments.

The valuation of the City Road site was based on current value and officers accepted that this may change due to the effects of Brexit. This would be reflected in the full business case which would be submitted in 2021. Moorfields operated a networked model of care covering 30 sites which would not be affected by any move of services based at the main hospital site.

Some 71% of respondents to the consultation survey were current users of the hospital services. Quality assurance for the consultation had been undertaken by the Consultation Institute and the proposals would also be scrutinised by the Mayor of London.

The nearest station to the current site (Old Street) was not step free whilst this would be available from Kings Cross station for the new hospital location. A group of visually impaired patients had already tested the walking route from Kings Cross station to the site and work on the route had also been undertaken with the Royal National Institute for the Blind.

Officers wished to have more bus routes serving the new site and to encourage better signposting to the new hospital both from the station and at street level. Engagement work with Transport for London and London Borough of Camden was already underway on these issues.

A number of alternative sites had been considered but only the St Pancras location had met all critical success factors. The existing City Road site would be put on the market once the full business case had been approved which was expected to be confirmed in late 2020. The new building would be formally completed in spring 2026 though a transition of period of around six months was likely as services moved over to the new site. It was planned to transfer and reuse existing equipment where possible but detailed work on this had not been undertaken as yet.

The bed capacity of six would remain the same at the new site as nearly all current Moorfields treatment was undertaken on a day patient basis. Improvements in technology were also likely to mean less overnight stays would be needed. Capacity for outpatients would be increased by the design of the new hospital.

Officers were aware of the risks of overspends in the project or of rises in inflation but the business case would include contingencies for this and this would be challenged as part of the business case process.

It was agreed that a visit to the current hospital site should be arranged for Members in order to scrutinise further the issues faced by the hospital. The Committee thanked the officers for their attendance and noted the overall position.

Chairman