



**Report for: Overview and Scrutiny
Committee**

Date of Meeting:	5 November 2024
Subject:	Mount Vernon Cancer Centre Joint Health Overview and Scrutiny Committee (MVCC JHOSC) Membership
Responsible Officer:	Shumaila Dar, Assistant Director of Corporate Strategy
Scrutiny Lead Member area:	Health Scrutiny Lead Members: Cllr Chetna Halai (also Chair of Health & Social Care Scrutiny Sub-Committee) Cllr Rashmi Kalu Cllr Maxine Henson (Vice-Chair of Health & Social Care Scrutiny Sub-Committee)
Exempt:	No
Wards affected:	All
Enclosures:	Appendix A: NHS England Briefing on the Mount Vernon Cancer Centre Strategic Review Appendix B: Draft Terms of Reference for the MVCC JHOSC (from Hertfordshire County Council)

Section 1 – Summary and Recommendations

1. Specialist cancer services are delivered at the Mount Vernon Cancer Centre (MVCC) in Northwood, treating a number of patients from Harrow. Given long standing concerns about the condition of the buildings and ability to deliver increasingly complex procedures at a stand-alone site, NHS England (NHSE) reviewed services in 2019 and is now developing consultation on proposals for change to services at MVCC.
2. To scrutinise the consultation and proposals a Joint Health Overview Scrutiny Committee (JHOSC) is being established and this report sets out the background issues and guidance for Harrow to participate in this new JHOSC.

Recommendations:

3. That the Overview and Scrutiny Committee recommends to Council that it:
 - a) agrees London Borough of Harrow's full participation in the MVCC Joint Health Overview Scrutiny Committee (JHOSC) that is being set up by and will be chaired by Hertfordshire County Council;
 - b) agrees the appointment of the Chair of Harrow's Health & Social Care Scrutiny Sub-Committee as Harrow's member on the JHOSC;
 - c) the appointment of any further member/s representing Harrow at the JHOSC be delegated to the Chair and Vice-Chair of the Overview and Scrutiny Committee, in the interest of timeliness; and
 - d) requests that Harrow officers work with officers in other authorities on the creation of the JHOSC, its terms of reference and programme of work, and any other administration to expedite its effective working.

Section 2 – Report

4. Detail on the background to the MVCC proposals and proposed consultation on changes to services at MVCC are outlined in the briefing paper from NHS England (appendix A).

Background

5. Originally a tuberculosis sanatorium built in 1901 and becoming a cancer hospital in the 1960s, the Mount Vernon Cancer Centre (MVCC) in Northwood provides non-surgical specialist cancer care for

patients across Hertfordshire, North West London, Bedfordshire and parts of Buckinghamshire and East Berkshire. The main services it provides are radiotherapy, including brachytherapy and Systemic Anti-Cancer Therapies (SACT) which is mainly chemotherapy and immunotherapy.

6. MVCC services are commissioned by NHS England and Improvement (NHSE) and cover a population of more than two million people with approximately 13,000 patients attending the centre each year. The services are run by East and North Hertfordshire NHS Trust (ENHT), which is a district general hospital trust within the Mount Vernon catchment area.
7. North West London ICB has been a partner in the review of MVCC and the development of proposals for its future. Not all cancer patients in Harrow need specialist care and many can be managed locally. However, some do need specialist care, for example for complex treatment, clinical trials or radiotherapy. Some will go into London for their treatment, whilst for others, particularly in the north of Harrow, MVCC is their nearest specialised cancer centre.
8. In 2023/24, 1,089 patients from Harrow attended Mount Vernon Cancer Centre. This was 8.9% of the patients who attended, who in total had 15,303 interactions with the cancer centre.

The need for change at MVCC

9. Following a review of MVCC services, a report of a 2019 Independent Clinical Advisory Group stated:

“There is increasing concern as to whether high quality, safe and sustainable oncology services can continue to be delivered within the existing organisational framework and there is an urgent need to address this concern.”

10. They made several findings, including:
 - a) Maintaining safety of patients cannot be guaranteed in the near future – status quo is not an option and there is a need for urgent action.
 - b) To provide modern oncology care, comprehensive medical and surgical support services including ITU are needed – this is not now available at MVCC.
 - c) Deskilling of existing inpatient nursing staff as acutely unwell patients transferred out. Loss of ability to undertake practical interventions on site e.g. draining ascites.
 - d) Need for an inpatient integrated service in order to manage acutely unwell patients. Concern about the quality of integrated care for patients currently transferred out to non-specialist district general hospitals impacting upon patient management.
 - e) Dividing up the existing catchment to surrounding providers would be unacceptable due to disrupted patient flows, insufficient capacity and access concerns, loss of workforce cohesion and commitment.

11. After the review, and following expressions of interest, agreement was reached that the management would be transferred from ENHT to University College Hospital London (UCLH) following a process of due diligence which includes identification of the capital required to deliver the essential clinical and estates changes highlighted in the review.
12. In addition, the review identified two main options to address the long-term issues. These are full replacement on an acute site or an ambulatory¹ hub. Both would require capital investment. Following further analysis the ambulatory hub option was deemed unacceptable as it would still require a full complement of services and be located at an acute district general hospital site to ensure the maximum levels of care are available (consultant, nursing, radiographer, physiotherapy and oncology pharmacy staff, and chemotherapy or radiotherapy).
13. This led to the development of a proposed solution to relocate the MVCC to an acute hospital site, with Watford General being identified as the preferred solution. This followed a significant amount of patient and public involvement. However, at that time no source of capital had been identified and there was no agreement to move towards public consultation.
14. Watford is the closest acute hospital to the current site and so presents the smallest change in travel times of any option. It is not anticipated that the change would mean a significant difference in travel times for Harrow patients.
15. Harrow's Health & Social Care Scrutiny Sub-Committee were kept abreast of progress by NHSE through briefings and reports to committee in February and June 2021.
16. Capital funding routes for the preferred option continue to be explored and a national planning committee has now agreed that this is a priority and that the proposals should be consulted on in public so that detailed planning can take place on urgent short-term and long-term changes to the services whilst the capital issue is resolved.

Joint Health Overview Scrutiny Committee (JHOSC)

17. NHSE is now working with stakeholders to develop proposals for a permanent solution to the issues flagged by the 2019 review. The consultation will potentially include all authorities from which patients are drawn. This will require the creation of a JHOSC comprising those areas. The consultation is scheduled to commence late 2024. Under regulation 30, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires local authorities to appoint joint committees where relevant NHS body or health service providers consult more than one local authority's health scrutiny function about substantial reconfiguration proposals.

¹ Ambulatory care means services provided as an outpatient, where you do not need to stay in hospital.

18. Membership of the joint committee has not yet been finalised. Each Local Authority that wishes to participate on the JHOSC will be allocated places depending on the number of patients from their area that access services provided by MVCC and will need to go through their own council governance processes to agree participation in the JHOSC and appoint member(s).
19. Given that Harrow has just over 1,000 patients accessing services provided by MVCC, it is likely that Harrow will need to nominate two members to join the JHOSC, dependant on the final number of Local Authorities that join the joint committee. It is suggested that these members are taken from the current membership on the Health & Social Care Scrutiny Sub-Committee and the Scrutiny Lead members for Health.
20. As Hertfordshire is the local authority area with the largest patient flow to MVCC, it is proposed that a Hertfordshire member chairs the JHOSC. Hillingdon has the next largest patient flow and will take the vice chair position. Hertfordshire County Council will therefore host the joint committee and provide officer and administrative support.
21. Officers have worked on the draft Terms of Reference for the JHOSC including quoracy, number of meetings, administrative support. This is provided in Appendix B. It is proposed that meetings take a thematic approach, exploring areas such as co-location at Watford General Hospital; UCLH management of services; transport and access; services closer to home including radiotherapy and chemotherapy; and consultation.

Options for participation in JHOSC

22. The London Borough of Harrow has been asked to consider whether it wishes to participate in a Joint Health Overview and Scrutiny Committee on the MVCC, with the following options for the level of its participation.
 - a. OPTION A: To be involved in the full joint committee and take the necessary steps to formalise this. This option includes voting rights.
 - b. OPTION B: To attend joint committee meetings as an interested party, participating in discussions affecting the Harrow population but not undertaking a formal scrutiny role on the joint committee.
 - c. OPTION C: To not participate in the joint committee but to receive formal communication.
23. It is recommended that Harrow pursues Option A given the patient numbers of Harrow residents accessing services at MVCC (1,089 in 2023/24, representing the third highest patient flow of all Local Authorities), the geographical location of the MVCC as well as the proposed new site of Watford General Hospital, in addition to the impact on Harrow residents of the proposed additional services at Northwick Park Hospital. Under the proposals, there will be increased

chemotherapy facilities at Northwick Park Hospital so that more patients can have chemotherapy nearer to where they live.

Ward Councillors' comments

24. Not applicable as affects all wards.

Financial Implications

25. There are no financial implications directly associated with this report.

Performance Issues

26. There are no performance implications directly associated with this report.

Environmental Impact

27. There are no environmental implications directly associated with this report.

Risk Management Implications

28. There are no risk implications directly associated with this report.

29. Risks included on corporate or directorate risk register? **No**

30. Separate risk register in place? **No**

31. The relevant risks contained in the register are attached/summarised below. **n/a**

Legal Implications

32. The terms of reference of the Overview and Scrutiny Committee includes responding to consultations from local health trusts, Department of Health and any organisation which provides health services outside the local authority's area to inhabitants within it.

33. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires local authorities to appoint joint committees where relevant NHS body or health service providers consult more than one local authority's health scrutiny function about substantial reconfiguration proposals.

Equalities implications / Public Sector Equality Duty

34. Was an Equality Impact Assessment carried out? No

35. An EQIA is not relevant to participation in a JHOSC. NHS England has reflected on the relevant NHS Health Impact Assessment in their development of proposals for changes to the MVCC services. The JHOSC can scrutinise this in their deliberations of the proposals.

Council Priorities

36. Participation in the MVCC JHOSC will help the council deliver the priorities on:

- A council that puts residents first and;
- A place where those in need are supported

Section 3 - Statutory Officer Clearance

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 17 October 2024

Chief Officer: Shumaila Dar

Signed by the Assistant Director of Corporate Strategy

Date: 23 October 2024

Mandatory Checks

Ward Councillors notified: **NO**, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Nahreen Matlib, Deputy Head of Policy,
Nahreen.matlib@harrow.gov.uk

Background Papers: none

If appropriate, does the report include the following considerations?

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|-----------------|----------|
| 1. Consultation | YES / NO |
| 2. Priorities | YES / NO |