

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE & THE HUMBER)

FRIDAY, 13TH SEPTEMBER, 2013

PRESENT: Councillor J Illingworth in the Chair

Councillors J Clark, C Funnell, M Gibbons,
R Goldthorpe, B Hall, J Hyldon-King,
T Revill, B Rhodes, L Smaje and B Steele

1 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair agreed to accept the following late information:

- Minutes from the meetings held on 3 December 2012 and 10 April 2013 (Minute 4 refers)
- Notes of the meeting between NHS England, the Local Government Association (LGA) and the Centre for Public Scrutiny (CfPS) – 27 August 2013 (Minute 6 refers).
- Copy of the letter from Sir Bruce Keogh to Dr Tony Salmon – 30 August 2013 (Minute 6 refers).
- Copy of the letter from Sir Bruce Keogh to Professor John Deanfield – 30 August 2013 (Minute 6 refers).
- Copy of letter from Children’s Heart Surgery Fund to Bill McCarthy – 12 September 2013 (Minute 6 refers).

The above documents were not available at the time of agenda despatch, but were subsequently made available on the Council’s website.

The Chair outlined that, following the committee’s previous meeting in April 2013, there had been three separate requests for copies of Sir Bruce Keogh’s e-mail correspondence at and around the time of the temporary suspension of children’s cardiac surgery services in Leeds. The intention had been to present and share such information with members of the joint committee; however non-redacted copies of the information requested had not been provided.

The Chair expressed his deep concern in this regard and stated his intention to continue to pursue this matter on behalf of the joint committee.

2 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

3 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors J Bromby, D Brown, A McAllister and J Worton.

Councillor R Goldthorpe was in attendance as a substitute member for Councillor A McAllister.

4 Minutes - 3 December 2012 and 10 April 2013

RESOLVED – That the minutes of the meetings held on 3 December 2012 and 10 April 2013 be approved as correct records.

5 Safe and Sustainable Proposals for Children's Congenital Cardiac Services in England: Advice from the Independent Reconfiguration Panel (IRP)

The Head of Scrutiny and Member Development submitted a report that presented the advice from the Independent Reconfiguration Panel (IRP), following its review of the Safe and Sustainable Proposals for Children's Congenital Cardiac Services in England.

It was outlined that the report had been submitted to the Secretary of State for Health on 30 April 2013 and subsequently made publicly available following the Secretary of State's announcement on 12 June 2013.

It was reported that representatives from the IRP had been invited to attend the meeting to outline the report in more detail and address any questions from members of the joint committee.

It was reported that while it was customary to invite report authors to present reports to the joint committee, the IRP had advised such attendance would not fit comfortably with its terms of reference, set by the Secretary of State for Health. The submission of the IRP's advice (on 30 April 2013) had effectively ended the IRP's involvement in the matter and, as such, the invitation to attend had been declined.

The Principal Scrutiny Adviser briefly introduced the report and subsequently invited member's comments.

Members of the joint committee welcomed the IRP's report and recommendations, noting the significant reference to the work of the joint committee and specific points raised in the reports published in October 2011 and November 2012. The comments included the following points:

- The Health Impact Assessment encapsulated the issues raised by the joint committee;
- The statement regarding 'flawed analysis' was particularly welcomed;
- The IRP's report was refreshingly helpful;

- Openness and transparency needed to be key characteristics of the new review – something that had been lacking;
- Concern regarding the recruitment practices in establishing the various advisory bodies associated with the Safe and Sustainable Review and potential issues of bias;
- It was important that the new review was subject to the same level of in-depth scrutiny.

While recognising the significant reference to the work of the joint committee within the IRP report, which reflected well on the efforts of members, the Chair expressed his regret that the referral to the Secretary of State for Health and the subsequent IRP report and recommendations, had become necessary parts of the former Safe and Sustainable review process.

RESOLVED – To note the Independent Review Panel’s report and welcome the outcome of its review of the Safe and Sustainable process and proposals.

6 The new review of congenital heart services in England

The Head of Scrutiny and Member Development submitted a report that sought to introduce and present a range of details associated with the new review of congenital heart services in England.

The Principal Scrutiny Adviser introduced the report that confirmed NHS England as the responsible body for undertaking a national review of congenital heart services for both children and adults. It was reported that the new review would consider the whole lifetime pathway of care for people with congenital heart disease (CHD) and aim to:

- Achieve the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
- Tackle variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care.
- Achieve great patient experience, which includes how information is provided to patients and their families, considerations of access and support for families when they have to be away from home.

It reported that NHS England Board had established a committee (or sub-group) to provide formal governance for the new review work going forward. The membership of that committee was reported as follows:

- Sir Malcolm Grant (NHS England’s Board Chairman) – Chair
- Margaret Casely-Hayford (Non-Executive Director)
- Ed Smith (Non-Executive Director)
- Sir Bruce Keogh (Medical Director)
- Bill McCarthy (National Director for Policy)

A range of further information relevant to the new review was appended to the report, as follows:

- A copy of the report setting out broad proposals for undertaking the new review, which was considered by the NHS England Board at its meeting on 18 July 2013.
- Details provided by NHS England to the Secretary of State for Health, via a letter from the Chair of NHS England (dated 31 July 2013).
- Notes from the first meeting of the Congenital Heart Disease (CHD) sub-group, held on 29 July 2013.
- Notes from a series of different stakeholder meetings, as follows:
 - National charities and patient groups – 16 July 2013;
 - National clinical organisations – 16 July 2013;
 - Clinicians from surgical centres – 22 July 2013; and,
 - Local charities and patient groups – 7 August 2013.

Having been submitted earlier in the meeting (minute 1 refers) the following supplementary information was also considered:

- Notes of the meeting between NHS England, the Local Government Association (LGA) and the Centre for Public Scrutiny (CfPS) – 27 August 2013.
- Copy of the letter from Sir Bruce Keogh to Dr Tony Salmon – 30 August 2013.
- Copy of the letter from Sir Bruce Keogh to Professor John Deanfield – 30 August 2013.
- Copy of letter from Children's Heart Surgery Fund to Bill McCarthy – 12 September 2013.

The following representatives were in attendance to address the joint committee and respond to appropriate questions:

- John Holden, Systems Director (NHS England);
- Sharon Cheng, Director (Children's Heart Surgery Fund (CHSF)); and,
- Lois Brown, Parent and member of Children's Heart Surgery Fund.

In providing an introduction to the joint committee a number of specific points were highlighted, including:

Children's Heart Surgery Fund (CHSF)

- Welcomed the content of the IRP report and recommendations.
- Welcomed the new review of congenital heart services in England.
- To-date, the contact and engagement work from NHS England had been good.
- There were some concerns regarding the relevant Clinical Reference Group (Congenital Heart Services) and some of its 'patient experience members'. The recruitment/ appointment process was unclear and questions had been raised regarding the appropriateness of some of

the appointed members. Reference was made to the letter from Children's Heart Surgery Fund to Bill McCarthy (12 September 2013).

- A meeting with NHS England's Deputy Medical Director was scheduled to take place in the near future.

NHS England

- NHS England was the new, single NHS organisation responsible for commissioning congenital heart services in England.
- It was hoped the discussion would represent the start of a new relationship and dialogue between the joint committee and NHS England.
- It was intended that the new review would consider:
 - The 'whole lifetime pathway' of care – covering prior to birth through to end of life care.
 - Achieving high quality standards and services – now and in the future.
 - A national service, working to national standards, and seek to address variations across the country.
 - Provision of information for patients.
- The review would be undertaken at pace, due to some services being 'vulnerable', with the aim of achieving an implementable solution within a year.
- Achieving an implementable solution within a year (that was not simply a top-down solution) represented a significant challenge.
- The new review would adopt the following principles:
 - Putting patients first – the needs of patients and families being at the heart of the review, over-riding organisational boundaries;
 - Transparency and openness – ensuring everything of substance is shared and available for public scrutiny;
 - Evidence based decisions – being clear on the nature and limitations of the evidence, and the use of 'judgement'.
 - Retaining good elements from the Safe and Sustainable review – although the precise scope was still to be determined.
- In terms of addressing any perceived 'bias' it was important to be:
 - As transparent as possible.
 - Clear about advisory and decision-making processes.
 - Judged on actions and not words i.e. be held to account.
- CRGs have an important role to develop standards for all nationally commissioned services, however it was important to recognise the concerns raised and the sensitivities associated with the CRG for Congenital Heart Services: It would be important for the concerns raised to be addressed by the Chair of the CRG.

The subsequent key points of discussion included:

- Concerns over potential bias at such an early stage in the new review: It would be important to maintain an overview of such matters going forward.

- The importance of NHS England maintaining a close dialogue with all stakeholders.
- The need to avoid mistakes and learn the lessons from the previous review that produced a situation of ‘winners and losers’.
- The new review needed to be undertaken in a robust manner in order to establish credibility and maintain the confidence of all stakeholders.
- Concerns regarding the proposed timescales of the new review.
- The direction of research / analysis of the impact of variables (such as ethnicity, socio-economic factors, size of unit, distance travelled) on the outcomes of cardiac surgery.
- General issues around the scope and boundary of the new review, in particular the inclusion of the treatment neonates within the review.

In summing up, the Chair acknowledged members general view that, in order to ensure any future proposals were in the best interest of patients and families across Yorkshire and the Humber, the new review was likely to require the same level of external scrutiny as the previous Safe and Sustainable review of services.

RESOLVED –

- (a) That the contents of the report, its appendices and the information provided at the meeting be noted.
- (b) That, subject to the outcome of the discussion around the future role of the Joint HOSC, the joint committee maintain an overview of progress of the new review of congenital heart services in England.

7 Children's Congenital Cardiac Surgery: Service provision at Leeds Teaching Hospitals NHS Trust

The Head of Scrutiny and Member Development to provide an update on the current provision of children’s heart surgery at Leeds Teaching Hospitals NHS Trust (LTHT) and the progress of the subsequent phases of the review of quality of children’s heart surgery services at LTHT.

The report reminded members of the matters relating to the temporary suspension of children’s heart surgery at Leeds Teaching Hospitals NHS Trust in late March 2013, as discussed at the joint committee’s previous meeting in April 2013. Appended to the report, for completeness, were copies of the following reports (referred to at the meeting in April 2013):

- Report of the External Review of Children’s Congenital Cardiac Surgery Service at Leeds Teaching Hospitals NHS Trust
- Report from NICOR National Institute for Cardiovascular Outcomes Research (NICOR) following its investigation of mortality from Paediatric Cardiac Surgery in England 2009-12.

The following representative was in attendance to address the joint committee and respond to appropriate questions:

- Andy Buck, Director – West Yorkshire Area Team (NHS England)

It was confirmed that since the temporary suspension and subsequent recommencement of children's heart surgery at LTHT in March/ April 2013, a number of other activities had been taken forward. These were summarised as follows:

- Clinically led mortality review (April 2009 – 2013)
 - Covering all child deaths at LTHT within 30 days after undergoing heart surgery.
 - The review had been completed and a draft report was being considered by NHS England and LTHT.
 - Whilst the report was still in draft form, that the review had found no major safety issues.
 - The review, in line with the vast majority of clinical audits in the NHS, some areas for improvement – which were likely to benefit other units performing children's heart surgery.
- Independent review of concerns/ complaints raised by parents and families
 - Review commissioned by NHS England – to be undertaken by Professor Pat Cantrill.
 - Professor Cantrill will meet with parents and families to listen to concerns and will subsequently draft a report for consideration by NHS England and LTHT.
 - Any necessary / additional actions will then be agreed.
- Confirmation of any other outstanding issues requiring attention

It was reported that LTHT was taking proactive steps to ensure the provision of a safe, robust and high quality service.

The key points of the joint committee's discussion included the following points:

- Welcomed the report of no major safety issues at LTHT in its provision of children's heart surgery.
- Looked forward to the formal conclusion and reporting of NHS England's investigation and associated learning points.
- Some concern regarding timescales associated with NHS England's investigations – which commenced in late March 2013, with no target date for completion.
- Recent personnel changes at LTHT, including the appointment of a new Chief Executive, Medical Director, Nurse Director and additional surgeons.
- Public perception around the movement / changes in personnel at LTHT and any relationship to the Trust's stance/ position in relation to the Safe and Sustainable review.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the formal conclusion and outcome of NHS England's investigations, alongside the associated learning points, be reported to a future meeting of the joint committee.

8 Future of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

The Head of Scrutiny and Member Development submitted a report that considered the future role of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), as currently constituted.

The Principal Scrutiny Adviser reminded Members that – in the absence of any standing Joint Health Overview and Scrutiny Committee (HOSC) arrangements in Yorkshire and the Humber – in March 2011, the Joint HOSC was established with a very clear and defined remit – i.e. to consider and respond to proposals arising from the Safe and Sustainable review of Children's Congenital Cardiac Services in England.

It had been reported and considered elsewhere on the agenda (minute 5 refers) that, on 12 June 2013, the announcement from the Secretary of State for Health had called a halt to the previous Safe and Sustainable review of Children's Congenital Cardiac Services in England. As such, it was noted that there was no legitimate scope for the Joint HOSC to continue in its current form

Furthermore, while details associated with the new review of congenital heart services in England had been presented and considered elsewhere on the agenda (minute 6 refers), it was also noted that currently there were no explicit NHS proposals to consider and/or pass comment on.

It was noted that further legal advice had been sought and clarified that, while the terms of reference for the Joint HOSC would need to be revised to reflect the changed approach to reviewing services and, potentially, making future proposals – which may need approval from the constituent local authorities – it would not be necessary to formally dissolve the committee.

Members discussed the report and information presented, making a number of comments, including:

- The strength of joint scrutiny arrangements across Yorkshire and the Humber, vis-à-vis the Safe and Sustainable review and proposals, was clearly evident in the Secretary of State's announcement in June 2013.
- That the new review of congenital heart services in England would benefit from similar robust scrutiny arrangements as those in place for the Safe and Sustainable review.

- General support for the current joint scrutiny arrangements (with revised/ appropriate terms of reference) continuing for the new review of congenital heart services in England.
- Concern regarding the likely timescales for the new review and the processes necessary for agreeing revised terms of reference across fifteen constituent local authorities.
- The need for a fair acceptance from those undertaking the new review (i.e. NHS England) that establishing joint health scrutiny arrangements could be a complex and time-consuming process that needed to be taken into account.
- Recognising the need for broader political discussions, support, in principle, for establishing standing joint health scrutiny arrangements across Yorkshire and the Humber.

Summing up, the Chair reflected on the broad support for the work of the Joint HOSC to continue – insofar as it relates to the new review of congenital heart services in England, with appropriately revised terms of reference – alongside the need to facilitate broader political discussions associated with the potential establishment of any standing joint health scrutiny arrangements.

RESOLVED –

- (a) That the existing Joint HOSC arrangements be maintained, insofar as it might relate to the new review of congenital heart services in England.
- (b) That, in collaboration with health scrutiny support officers across Yorkshire and the Humber, the Principal Scrutiny Adviser takes the necessary and appropriate action in support of (a) above, including:
 - i. Producing revised draft terms of reference to reflect the new review of congenital heart services in England (as it is currently understood);
 - ii. Ensuring the appropriate consideration and agreement of the draft revised terms of reference with the constituent local authorities.
- (c) That the Chair and Principal Scrutiny Adviser undertake the necessary and appropriate action to help facilitate broader political discussions associated with the potential establishment of a standing joint health overview and scrutiny committee across Yorkshire and the Humber.

Following conclusion of the discussion, Members formally recorded their thanks and appreciation for the on-going support and administration of the work of the Joint HOSC, provided by Leeds City Council in general and specifically the Principal Scrutiny Adviser in attendance.

The Chair thanked everyone for their attendance and closed the meeting at 12:25pm.