Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of the Head of Scrutiny and Member Development

Report to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Date: 24 July 2012

Subject: Review of Children's Congenital Heart Services in England: Final Decision

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Not applicable Appendix number: Not applicable	☐ Yes	☒ No

Summary of main issues

1. Proposals around the future of Children's Congenital Heart Services in England were launched for public consultation on 1 March 2011, running until 1 July 2011.

2. In March 2011, the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) was formed to act as the statutory overview and scrutiny body considering the future proposals of Children's Congenital Heart Services in England. This included the proposed reconfiguration of designated surgical centres and consideration of the potential impact of proposals on children and families across Yorkshire and the Humber.

3. As part of this public consultation, Health Overview and Scrutiny Committees were subsequently given until 5 October 2011 to respond to the proposals. During that time the Joint HOSC received and considered a wide range of evidence and heard from a number of witnesses.

4. At its meeting on 4 October 2011, the Joint HOSC agreed its consultation response and outline report. The Joint HOSC submitted its formal response to the consultation on 5 October 2011 and subsequently issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT) – as the appropriate decision-making body – on 10 October 2011. A formal response to the Joint HOSC's report has not yet been provided.

5. Following delays to the decision-making process (primarily caused by the Judicial Review (instigated by the Royal Brompton and Harefield NHS Foundation Trust) and subsequent appeal processes), at its meeting on 4 July 2012, the JCPCT agreed

consultation Option B for implementation and the designation of congenital heart networks led by the following surgical centres:

- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Birmingham Children's Hospital NHS Foundation Trust
- University Hospitals of Bristol NHS Foundation Trust
- Southampton University Hospitals NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Guy's and St. Thomas' NHS Foundation Trust

6. The associated Decision-Making Business Case is appended to this report for consideration by the Joint HOSC.

7. A range of interested parties / stakeholders have been invited to attend the meeting and contribute to the Joint HOSC's consideration of the decision. These include:
   - Representatives from the JCPCT and supporting secretariat;
   - Parent representatives;
   - The Children's Heart Surgery Fund;
   - Representatives from Leeds Teaching Hospitals NHS Trust
   - Clinical representatives from Leeds Teaching Hospitals NHS Trust
   - Executive Member for Health and Wellbeing (Leeds City Council)
   - Stuart Andrew (MP) – subject to confirmation

Recommendations

8. That the Joint HOSC consider the details presented in this report, its associated appendices and matters discussed at the meeting, and determines what action (if any) it deems appropriate.

9. That, if appropriate, the Joint HOSC identifies any additional/ supplementary information necessary to undertake any further analysis of the decision, its underpinning methodology and/or the likely implications for children and families across Yorkshire and the Humber.

1.0 Purpose of this report

1.1 The purpose of this report is to enable the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) to consider the decision of the Joint Committee of Primary Care Trusts (and associated Decision-Making Business Case) in relation to the review of Children's Congenital Heart Services in England and the reconfiguration of designated surgical centres.

2.0 Background information

2.1 in 2008 the NHS Medical Director requested a review of Children's Congenital Heart Services in England. The aim of the review was to develop and bring forward recommendations for a *Safe and Sustainable* national service that has:

- Better results in surgical centres with fewer deaths and complications following surgery
- Better, more accessible assessment services and follow up treatment delivered within regional and local networks
- Reduced waiting times and fewer cancelled operations
- Improved communication between parents/ guardians and all of the services in the network that see their child
- Better training for surgeons and their teams to ensure the service is sustainable for the future
- A trained workforce of experts in the care and treatment of children and young people with congenital heart disease
- Surgical centres at the forefront of modern working practices and new technologies that are leaders in research and development
- A network of specialist centres collaborating in research and clinical development, encouraging the sharing of knowledge across the network

2.2 On behalf of the ten Specialised Commissioning Groups in England, and their constituent local Primary Care Trusts, the Safe and Sustainable review team (at NHS Specialised Services) has managed the review process. This has involved:

- Engaging with partners across the country to understand what works well at the moment and what needs to be changed
- Developing standards – in partnership with the public, NHS staff and their associations – that surgical centres must meet in the future
- Developing a network model of care to help strengthen local cardiology services
- An independent expert panel assessment of each of the current surgical centres against the standards
- The consideration of a number of potential configuration options against other criteria including access, travel times and population.

2.3 At the Joint Committee of Primary Care Trusts (JCPCT) meeting held on 16 February 2011, the following recommendations and options for consultation were presented an agreed:

- Development of Congenital Heart Networks across England that would comprise all of the NHS services that provide care to children with Congenital Heart Disease and their families, from antenatal screening through to the transition to adult services.

- Implementation of new clinical standards that must be met by all NHS hospitals designated to provide heart surgery for children
- Implementation of new systems for the analysis and reporting of mortality and morbidity data relating to treatments for children with Congenital Heart Disease.
- A reduction in the number of NHS hospitals in England that provide heart surgery for children from the current 11 hospitals to 6 or 7 hospitals in the belief that only larger surgical centres can achieve true quality and excellence.
- The options for the number and location of hospitals that provide children's heart surgical services in the future are:

Option A: Seven surgical centres at: • Freeman Hospital, Newcastle • Alder Hey Children's Hospital, Liverpool • Glenfield Hospital, Leicester • Birmingham Children's Hospital • Bristol Royal Hospital for Children • 2 centres in London[1]	**Option B: Seven surgical centres at:** • Freeman Hospital, Newcastle • Alder Hey Children's Hospital, Liverpool • Birmingham Children's Hospital • Bristol Royal Hospital for Children • Southampton General Hospital • 2 centres in London[1]
Option C: Six surgical centres at: • Freeman Hospital, Newcastle • Alder Hey Children's Hospital, Liverpool • Birmingham Children's Hospital • Bristol Royal Hospital for Children • 2 centres in London[1]	**Option D: Six surgical centres at:** • Leeds General Infirmary • Alder Hey Children's Hospital, Liverpool • Birmingham Children's Hospital • Bristol Royal Hospital for Children • 2 centres in London[1]

2.4 Proposals around the future of Children's Congenital Heart Services in England were launched for public consultation on 1 March 2011, running until 1 July 2011

2.5 In March 2011, the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) was formed to act as the statutory overview and scrutiny body considering the future proposals of Children's Congenital Heart Services in England. This included the proposed reconfiguration of designated surgical centres and consideration of the potential impact of proposals on children and families across Yorkshire and the Humber.

2.6 As part of this public consultation, Health Overview and Scrutiny Committees were subsequently given until 5 October 2011 to respond to the proposals. During that time the Joint HOSC received and considered a wide range of evidence and heard from a number of witnesses.

2.7 The Joint HOSC submitted its formal response to the consultation in line with the national deadline and subsequently issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT) – as the appropriate decision-making body – on 10 October 2011. A copy of the full report is available on request or by using the following link:

[1] *The preferred two London centres in the four options are Evelina Children's Hospital and Great Ormond Street Hospital for Children*

http://www.leeds.gov.uk/files/Internet2007/2011/42/1%20review%20of%20children's%20congenital%20cardiac%20services%20-%20joint%20hosc%20final%20report(1).pdf

2.8 The Joint HOSCs report highlighted a number of areas that it believed required further and more detailed consideration, while the overall view of the Joint HOSC was that any future service model that did not include a designated children's cardiac surgical centre at Leeds would have a disproportionately negative impact on the children and families across Yorkshire and the Humber. This view, as detailed in the full report, was specifically based on the evidence considered in relation to:

- Co-location of services;
- Caseloads;
- Population density;
- Vulnerable groups;
- Travel and access to services;
- Costs to the NHS
- The impact on children, families and friends;
- Established congenital cardiac networks;
- Adults with congenital cardiac disease;
- Views of the people across Yorkshire and the Humber

2.9 The full report included a number of recommendations – including an alternative model of designated surgical centres and a summary of the recommendations are attached at Appendix 1. It should be noted that a formal response to the Joint HOSC's report has not yet been provided.

2.10 Prior to finalising its report in October 2011, Members are reminded that on a number of occasions, the Joint HOSC requested additional information. The additional information requested can be summarised as follows:

- The detailed breakdown of assessment scores for surgical centres produced by the Independent Expert Panel (chaired by Sir Ian Kennedy). These details have now been published and are attached at Appendix 2;

- A finalised Health Impact Assessment report – completed in June 2012 and now available. This is referenced as Appendix X in the Decision-Making Business Case (presented to the JCPCT);

- A detailed breakdown of information on the likely impacts on identified vulnerable groups across Yorkshire and the Humber referred to in the Health Impact Assessment (interim report) – this information was not provided and it is unclear whether this is presented in the final Health Impact Assessment (June 2012);

- The Price Waterhouse Coopers (PwC)report that tested the assumed patient travel flows under each of the four options presented for public consultation - referenced in the Decision-Making Business Case as Appendix AA and considered by the Joint HOSC at its meeting on 19 December 2012.

2.11 It should be noted that in October 2011, the Joint HOSC referred this matter to the Secretary of State for Health on the basis of inadequate consultation. The outcome of this referral was that, while the consultation arrangements overall were

satisfactory, there was agreement that some of the information requested by the Joint HOSC (namely the PwC report that tested the assumed patient travel flows under each of the four options presented for public consultation) should have been made available ahead of the consultation deadline.

3.0 Main issues

3.1 Following delays to the decision-making process (primarily caused by the Judicial Review (instigated by the Royal Brompton and Harefield NHS Foundation Trust) and subsequent appeal processes), at its meeting on 4 July 2012 , the JCPCT agreed consultation Option B for implementation and the designation of congenital heart networks led by the following surgical centres:

- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Birmingham Children's Hospital NHS Foundation Trust
- University Hospitals of Bristol NHS Foundation Trust
- Southampton University Hospitals NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Guy's and St. Thomas' NHS Foundation Trust

3.2 The associated Decision-Making Business Case is appended to this report for consideration by the Joint HOSC.

3.3 A range of interested parties / stakeholders have been invited to attend the meeting and contribute to the Joint HOSC's consideration of the decision. These include:

- Representatives from the JCPCT and supporting secretariat;
- Parent representatives;
- The Children's Heart Surgery Fund (CHSF);
- Representatives from Leeds Teaching Hospitals NHS Trust
- Clinical representatives from Leeds Teaching Hospitals NHS Trust
- Executive Member for Health and Wellbeing (Leeds City Council)
- Stuart Andrew (MP) – subject to confirmation

3.4 A submission from the CHSF following the JCPCT's decision is attached at Appendix 3.

<u>Options available to the Joint HOSC</u>

3.5 Currently there is legislative provision for Health Overview and Scrutiny Committee's to refer NHS decisions around substantial service changes and/or developments to the Secretary of State for Health. All circumstances relate to substantial changes or developments of local health services and the JCPCT's decision around Children's Congenital Cardiac Services represents this type of decision.

3.6 Referrals to the Secretary of State must be on the basis of the consultation on proposals with the relevant Health Overview and Scrutiny Committee or on the basis of the impact of the proposals (decision) being deemed as not in the interests of local health services. In either situation, any referral by a Health Overview and Scrutiny Committee must make its reasons for referral clear and set out the grounds on which the committee has reached its conclusion.

3.7 As outlined elsewhere in the report, the Joint HOSC previously referred this matter to the Secretary of State (for Health) on the basis of inadequate consultation. While it was recommended (and agreed by the Secretary of State) that a full review of the proposals was not warranted on the basis of inadequate consultation, there was agreement that some of the information requested by the Joint HOSC (namely the PwC report that tested the assumed patient travel flows under each of the four options presented for public consultation) should have been made available ahead of the consultation deadline.

3.8 However, it should be noted that making a referral on the basis of inadequate consultation does not preclude the Joint HOSC making a further referral to the Secretary of State, should the Joint HOSC deem that the JCPCT's decision is not in the interests of the local health service.

3.9 Any such referral to the Secretary of State should be made in writing and clearly set out the grounds on which the Joint HOSC has come to its conclusion. In such cases, the Secretary of State may make a final decision on the proposal/ decision and can require the NHS body to take such action or stop taking such action as may be directed.

3.10 Where a referral has been made, the Secretary of State may ask the Independent Reconfiguration Panel (IRP)[2] to advise on the matter. The IRP will wish to be satisfied that all options for local resolution have been fully explored. Only those contested proposals where it is clear that all other options have been exhausted are likely to be considered in detail by the panel. In these cases, the IRP may visit the local NHS body and will also consider the report and recommendations from the overview and scrutiny committee as part of its work.

3.11 The IRP may then conduct an initial review and advise the Secretary of State whether or not there are sufficient grounds for more detailed considerations. The timescales for such work are not known as the IRP responds to any such referrals on a case-by-case basis.

4.0 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 There are no specific considerations relevant to this report.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 When initially considering the potential impact of the proposed changes during the consultation period, the Joint HOSC considered a regional Health Impact Assessment (HIA) produced by the Yorkshire and Humber Specialised Commissioning Group (SCG) and a nationally commissioned Interim HIA report, produced by Mott McDonald.

---

[2] The IRP is an advisory non-departmental public body. It has a chair and members drawn equally from health service professionals, health service managers and patients and citizens. The panel provides advice to ministers on proposals for NHS change in England that have been contested locally and referred to the Secretary of State.

4.2.2 Both reports identified potential negative impacts associated with three of the proposed options put forward for consultation. In particular, the HIA interim report produced by Mott McDonald identified the following as vulnerable groups:

- Children (under 16s)* who are the primary recipient of the services under review and, therefore, most sensitive to service changes;
- People who experience socio-economic deprivation;
- People from Asian ethnic groups, particularly those with an Indian, Pakistani, Bangladeshi and other Indian subcontinent heritage;
- Mothers who smoke during pregnancy; and
- Mothers who are obese during pregnancy;

These are defined as vulnerable groups because they are more likely to need the services under review and, are most likely to experience disproportionate impacts.

4.2.3 A finalised Health Impact Assessment report has now been completed (dated June 2012) and is referenced in the Decision-Making Business Case as Appendix X. Within the Decision-Making Business Case document itself (pages 82 and 83), a summary analysis of the impacts of the different configurations of surgical centres considered by the JCPCT is provided. This provides high level analysis (i.e. on a national level) of the total number of patients, including those living within vulnerable postcode districts, who would experience significant travel impacts under the various configuration models considered. It should be noted that a regional breakdown of the overall numbers is not provided.

4.2.4 As outlined above, prior to finalising its report in October 2011, the Joint HOSC requested a detailed breakdown of information on the likely impacts on identified vulnerable groups across Yorkshire and the Humber (as referred to in the Health Impact Assessment (interim report)). This information was not provided and

4.3 Council Policies and City Priorities

4.3.1 There are no specific considerations relevant to this report.

4.4 Resources and Value for Money

4.4.1 Prior to completing its report in October 2011, the Joint HOSC was advised that the proposed model of care for the delivery of children's congenital cardiac services was likely to result in an increased level of expenditure. The Joint HOSC was also specifically advised of a likely significant increase in costs associated with the transport and retrieval service in Yorkshire and the Humber.

4.4.2 Financial analysis details considered by the JCPCT are presented in Chapter 14 of the Decision-Making Business Case (pages 125-136).

4.5 Legal Implications, Access to Information and Call In

4.5.1 This report does not contain any exempt or confidential information.

4.6 Risk Management

4.6.1 There are no specific considerations relevant to this report.

5.0 Conclusions

5.1 At its meeting on 4 July 2012 , the JCPCT agreed consultation Option B for implementation and the designation of congenital heart networks led by the following surgical centres:

- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Birmingham Children's Hospital NHS Foundation Trust
- University Hospitals of Bristol NHS Foundation Trust
- Southampton University Hospitals NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Guy's and St. Thomas' NHS Foundation Trust

5.2 The associated Decision-Making Business Case is appended to this report for consideration by the Joint HOSC and a range of interested parties / stakeholders have been invited to attend the meeting and contribute to the Joint HOSC's consideration of the decision.

6.0 Recommendations

6.1 That the Joint HOSC consider the details presented in this report, its associated appendices and matters discussed at the meeting, and determines what action (if any) it deems appropriate.

6.2 That, if appropriate, the Joint HOSC identifies any additional/ supplementary information necessary to undertake any further analysis of the decision, its underpinning methodology and/or the likely implications for children and families across Yorkshire and the Humber.

7.0 Background documents[3]

- A new vision for Children's Congenital Heart Services in England (March 2011)

- Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – Scrutiny Report on the Review of Children's Congenital Cardiac Services in England (October 2011).

- Overview and Scrutiny of Health Guidance – Department of Health, July 2003

[3] The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.