

**Report of the Head of Scrutiny and Member Development**

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

**Date: 16 November 2012**

**Subject: Review of Children’s Congenital Heart Services in England: Referral to the Secretary of State for Health – draft report**

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|--|---|--|
| Are specific electoral Wards affected?<br>If relevant, name(s) of Ward(s):   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Is the decision eligible for Call-In?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information?<br>If relevant, Access to Information Procedure Rule number: Not applicable<br>Appendix number: Not applicable | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> 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. 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.
3. 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
4. A formal response to the Joint HOSC’s report was received on 18 July 2012 and considered at the Joint HOSC’s previous meeting on 24 July 2012.

5. At the same meeting (24 July 2012) the Joint HOSC considered the JCPCT's decision and the associated Decision-Making Business Case. The Joint HOSC also heard from a range of interested parties / stakeholders, including:
  - The JCPCT and supporting secretariat;
  - Parent representatives;
  - The Children's Heart Surgery Fund;
  - Leeds Teaching Hospitals NHS Trust
  - Executive Member for Health and Wellbeing (Leeds City Council)
  - Stuart Andrew (MP)
6. At that meeting, the Joint HOSC made the following resolutions:
  - (a) *That the 4 July 2012 decision of the Joint Committee of Primary Care Trusts, regarding the future reconfiguration of Children's Congenital Cardiac Surgical Centres, and associated network configuration, be referred to the Secretary of State for Health for consideration, on the basis of the decision not being in the interest of the local NHS.*
  - (b) *That, reflecting the evidence considered and the issues raised by members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), a draft report be prepared to support the referral to the Secretary of State for Health*
7. The purpose of this report is to present the draft report to support the referral to the Secretary of State for Health detailed above.

## **Recommendations**

8. That the Joint HOSC:
  - a. Considers the details presented in draft report and identifies any necessary amendments; and,
  - b. Subject to any amendments, agree the report for submission to the Secretary of State for Health.

## **1.0 Purpose of this report**

- 1.1 The purpose of this report is to present the draft report to support the referral to the Secretary of State for Health of the decision of the Joint Committee of Primary Care Trusts (JCPCT) decision 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 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
- 2.2 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.
- 2.3 A formal response to the Joint HOSC's report was received on 18 July 2012 and considered at the Joint HOSC's previous meeting on 24 July 2012.
- 2.4 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
- 2.5 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 deemed 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 and clinical networks under each of the four options presented for public consultation) should have been made available ahead of the consultation deadline.
- 2.6 Additional comments on the findings of the PwC report that tested the assumed patient travel flows and clinical networks under each of the four options presented for public consultation were issued to the JCPCT at the end of April 2012.

2.7 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

### **3.0 Main issues**

3.1 At its meeting on 24 July 2012, the Joint HOSC considered the JCPCT's decision and the associated Decision-Making Business Case. The Joint HOSC also heard from a range of interested parties / stakeholders, including:

- The JCPCT and supporting secretariat;
- Parent representatives;
- The Children's Heart Surgery Fund;
- Leeds Teaching Hospitals NHS Trust
- Executive Member for Health and Wellbeing (Leeds City Council)
- Stuart Andrew (MP)

3.2 At that meeting, the Joint HOSC made the following resolutions:

- (a) *That the 4 July 2012 decision of the Joint Committee of Primary Care Trusts, regarding the future reconfiguration of Children's Congenital Cardiac Surgical Centres, and associated network configuration, be referred to the Secretary of State for Health for consideration, on the basis of the decision not being in the interest of the local NHS.*
- (b) *That, reflecting the evidence considered and the issues raised by members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), a draft report be prepared to support the referral to the Secretary of State for Health*

3.3 The purpose of this report is to present the draft report to support the referral to the Secretary of State for Health detailed above.

### **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.

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 been completed (dated June 2012) and was referenced as an appendix to the Decision-Making Business Case. A summary analysis of the impacts of the different configurations of surgical centres considered by the JCPCT was included within the Decision-Making Business Case document itself. This provided 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. A regional breakdown of the overall numbers was not provided in the Decision-Making Business Case, however maps of the country identifying the vulnerable postcode districts experiencing significant travel time impacts are included in the final HIA report (June 2012) produced by Mott MacDonald.

4.2.4 Prior to finalising its initial 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 has not been provided.

### **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 were presented in Chapter 14 of the Decision-Making Business Case.

### **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 At its meeting on 24 July 2012, the Joint HOSC considered the JCPCT's decision and the associated Decision-Making Business Case. The Joint HOSC also heard from a range of interested parties / stakeholders, including:

- The JCPCT and supporting secretariat;
- Parent representatives;
- The Children's Heart Surgery Fund;
- Leeds Teaching Hospitals NHS Trust
- Executive Member for Health and Wellbeing (Leeds City Council)
- Stuart Andrew (MP)

5.3 At that meeting, the Joint HOSC made the following resolutions:

- (c) *That the 4 July 2012 decision of the Joint Committee of Primary Care Trusts, regarding the future reconfiguration of Children's Congenital Cardiac Surgical Centres, and associated network configuration, be referred to the Secretary of State for Health for consideration, on the basis of the decision not being in the interest of the local NHS.*
- (d) *That, reflecting the evidence considered and the issues raised by members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), a draft report be prepared to support the referral to the Secretary of State for Health*

5.4 The purpose of this report is to present the draft report to support the referral to the Secretary of State for Health detailed above

## **6.0 Recommendations**

6.1 That the Joint HOSC:

- (a) Considers the details presented in draft report and identifies any necessary amendments; and,
- (b) Subject to any amendments, agree the report for submission to the Secretary of State for Health

## 7.0 Background documents<sup>1</sup>

None used

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.