

Report of the Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 19 December 2012

Subject: Review of Children’s Congenital Heart Services in England: Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – referral report to the Secretary of State for Health

Are specific electoral Wards affected? 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? If relevant, Access to Information Procedure Rule number: Not applicable Appendix number: Not applicable	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. The purpose of this report is to present the report of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) to support its referral of the Joint Committee of Primary Care Trusts’ (JCPCT) decision around the reconfiguration of Children’s Congenital Cardiac Surgical Centres across England.
2. At its meeting on 16 November 2012, the Joint HOSC considered and agreed its draft report to be issued to the Secretary of State for Health, subject to a number of drafting amendments identified at the meeting.
3. The Joint HOSCs report (November 2012) and associated appendices, together with the referral letter and a copy of the Joint HOSC’s first report (October 2012) are attached for consideration.

Background

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.
5. In October 2011, the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) agreed its consultation response and a detailed report. The Joint HOSC subsequently referred its formal report to the Secretary of State for Health on the basis of inadequate consultation.
6. 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

Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – Joint HOSC

7. At its meeting on 24 July 2012, the Joint HOSC considered the JCPCT's decision and the associated Decision-Making Business Case 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*
8. At its meeting on 16 November 2012, the Joint HOSC considered a draft report to support the referral of the JCPCT's decision to the Secretary of State for Health and made the following resolutions:
- (a) *That, subject to the amendments identified and discussed at the meeting, the report be agreed in support of the Committee's previous decision to refer the matter to the Secretary of State for Health (minute 59 refers) – on the basis of the decision of the Joint Committee of Primary Care Trusts not being in the best interest of local health services across Yorkshire and the Humber, nor the children and families they serve.*
- (b) *That, following the amendments, the Joint Committee's final report be issued to the Secretary of State for Health, as soon as practicable.*
- (c) *That, in formalising the Joint Committee's referral, the following areas be drawn to the attention of the Secretary of State for Health, recommending these be incorporated into revised terms of reference for the Independent Reconfiguration Panel's review of the Safe and Sustainable review of children's congenital cardiac services in England:*
- *The validity of the Kennedy Panel 'Quality Assessments' in light of recent and/or forthcoming Care Quality Commission reports and/or compliance notices issued to current providers previously assessed by the Kennedy Panel.*
 - *The extent to which the JCPCT took account of the IRP's previous advice (endorsed by the Secretary of State for Health) that the JCPCT should give due consideration to comments from the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the PwC report on assumed patient flows and manageable clinical networks.*

- *The implications of an unpopular solution imposed by the JCPCT for patient choice within the NHS.*
- *Issues associated with potential obstetric referral patterns, the impact these may have on patient numbers at the proposed designated surgical centres and to what extent such matters were taken into account within the JCPCT's decision-making processes.*
- *The JCPCT's use of population projections/ estimates to determine potential future demand for services, both in terms of using the most up-to-date information and the lack of consideration of regional variations that may impact on the long term sustainability of specific/ individual surgical centres.*
- *The appropriateness, or otherwise, of the JCPCT' and its supporting secretariat refusing legitimate requests from the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) for access to non-confidential information during its scrutiny inquiry.*

9. The Joint HOSC's report, together with the supporting appendices and the initial report (published in October 2011), are available on Leeds City Council's website using the following links:

November 2012 (Report):

[http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20\(final\)%20-%20November%202012.pdf](http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20(final)%20-%20November%202012.pdf)

November 2012 (Appendices):

[http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20\(appendices\)%20-%20November%202012.pdf](http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20(appendices)%20-%20November%202012.pdf)

October 2011 (Report & Appendices):

[http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20\(final\)%20-%20October%202011.pdf](http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20(final)%20-%20October%202011.pdf)

10. Copies of the above reports are being distributed to various stakeholders and interested parties, including Members of Parliament (MPs) and all Council Leaders across Yorkshire and the Humber.

Summary of main issues

11. There are a number of significant issues highlighted in both of the Joint HOSC's reports (October 2011 and November 2012). Nonetheless, the overall view is that, as a result of the JCPCT's decision and without the retention of the surgical centre at Leeds Children's Hospital, the overall patient experience for children and families across Yorkshire and the Humber will be significantly worse. The conclusions reached by the Joint HOSC are based on a number of reasons, in particular:

- The range of interdependent surgical services, maternity and neonatal services are not co-located at proposed alternative surgical centres available to Yorkshire and the Humber children and their families;
- The dismantling of the already well-established and very strong cardiac network across Yorkshire and the Humber – and the implications for patients with the proposed Cardiology Centre at Leeds essentially working across multiple networks;
- The current seamless transition between cardiac services for children and adults across Yorkshire and the Humber;

- Considerable additional journey times and travel costs – alongside associated increased accommodation, childcare and living expense costs and increased stress and strain on family life at an already stressful and difficult time;
 - The implications of patient choice and the subsequent patient flows – resulting in too onerous caseloads (i.e. overloading) in some surgical centres, with other centres unable to achieve the stated minimum number of 400 surgical procedures.
12. The Joint HOSC remains unconvinced by the adequacy of the Public Consultation conducted by the JCPCT – bearing in mind that the public were supplied with potentially misleading and unreliable information from Professor Kennedy's assessment panel, and unreasonably denied access to other information necessary to make an informed response. The Joint HOSC's reports highlight this issue and also raise concerns around a number of other areas – including the Health Impact Assessments and the sensitivity testing undertaken by the JCPCT.
 13. The Joint HOSC believes the above aspects warrant specific and more detailed consideration as part of the review of the JCPCT's decision and associated decision-making processes.
 14. The Secretary of State for Health passed the issues raised by the Joint HOSC to the Independent Reconfiguration Panel (IRP) for initial assessment and requested the outcome to be reported by 7 December 2012. On 10 December 2012, it was confirmed that the IRP had advised the Secretary of State for Health that the Joint HOSC's referral warranted a full review and could form part of the review already commenced by the IRP. The Secretary of State for Health accepted this advice and asked the IRP to report back on its findings by 28 March 2012 (which represents a month extension to the original review timetable).
 15. However, it should be noted that it is not yet clear whether or not the IRP's terms of reference will be revised to reflect the points identified by the Joint HOSC.

Implementation Phase of the Review

16. Notwithstanding the Joint HOSCs agreement to refer the JCPCT's decision to the Secretary of State for Health, at its meeting on 24 July 2012 it was agreed that the Terms of Reference for the Joint HOSC be extended to cover the implementation stage of the review – so that the work of the Joint HOSC could continue and Members' views and/or concerns be expressed appropriately.
17. At its meeting on 16 November 2012, the Joint HOSC identified some concerns regarding the implementation phase of the review and the implementation plan presented at the meeting. These concerns are being presented to the relevant body for consideration.

Other matters for consideration

18. At a further meeting on 3 December 2012, the Joint HOSC considered a range of further information and agreed to forward these to the Secretary of State for Health for consideration and inclusion within the IRP's current review. The details included:
 - a) Spending patterns for Nationally Commissioned Services – which may have influenced the JCPCT's decision;

- b) Membership and attendance details of the JCPCT and various supporting/ advisory bodies – which the Joint HOSC believes warrant further and more detailed examination, in terms of the governance and general transparency arrangements associated with the review; and,
 - c) A transport impact assessment produced by a Lead Clinician at Leeds Teaching Hospitals NHS Trust (LTHT).
19. These details are in the process of being referred to the Secretary of State for consideration.

Scrutiny Board (Health and Wellbeing and Adult Social Care)

20. At its meeting on 25 July 2012, the Scrutiny Board (Health and Wellbeing and Adult Social Care) considered an update on the work of the Joint HOSC and received an update from the Chair in this regard. Such were the implications of the JCPCT's decision on the Leeds Teaching Hospitals Trust (LTHT) and patient care in Leeds, that the Scrutiny Board concluded that it was appropriate to refer the decision to the Secretary of State.
21. The Joint HOSCs report (November 2012) and associated appendices, together with a copy of the referral letter to the Secretary of State for Health and a copy of the Joint HOSC's first report (October 2012) are attached for members consideration.

Recommendations

22. To consider the attached information and determine any specific and/or additional matters to support the Scrutiny Board's referral report to the Secretary of State for Health.

Background documents¹

23. None used

¹ 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.