

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

**FRIDAY, 2ND SEPTEMBER, 2011**

**PRESENT:** Councillor L Mulherin in the Chair

Councillors S Ali, J Clark, M Gibbons,  
R Goldthorpe, B Hall, J Hancock, T Revill,  
B Rhodes, L Smaje, K Wilson and  
S Wiseman

Apologies Councillor J Bromby, D Brown and  
I Saunders

## **1 Late Items**

The following supplementary information was submitted to Members prior to the meeting:

Item 8 – JCPCT Update: Additional correspondence

Item 12 – Regional Infant and Children’s Transport Service: Impact assessment

Item 14 – Additional submission from LTHT: Bonding and attachment in CHD babies and young children

Item 16 – Feedback from other authorities: additional submissions from Rotherham Council, Leeds City Council and Wakefield Council.

## **2 Chair's Opening Remarks**

The Chair informed the Committee that an invite had been sent for either Sir Neil McKay or some other representative from the Joint Committee of Primary Care Trusts (JCPCT) who would be involved in the decision making process to attend today’s meeting. It was reported that this request had been declined. It was felt the decision not to attend was unacceptable in the fact that this was a democratically elected body and was representative of 15 Local Authority areas and a populace of 5.5million. Further concerns raised by the Committee included the fact that any response to the proposals would not have been done without opportunity to question the decision makers; it did not support democratic processes without attendance from the JCPCT and it was only fair that they should have attended for what was an evidence based process.

A member of the public was also given opportunity to address the Committee and reported on her experiences as a Member of the Leeds Teaching Hospital Trust Patient and Public Involvement Forum and Children’s Hospital arrangements in Leeds.

## **3 Declarations of Interest**

Draft minutes to be approved at the meeting  
to be held on Monday, 19th September, 2011

The following declarations of interest were made:

- Councillor E Rhodes as a retired member of UNISON (Health Service)
- Councillor K Wilson as a Governor of North Lincolnshire and Goole Hospital
- Councillor S Wiseman as a Member of the York Hospital Foundation Trust

#### **4 Apologies for Absence and Notification of Substitutes**

Apologies for absence were submitted on behalf of Councillors J Bromby (North Lincolnshire County Council), D Brown (Hull City Council), I Saunders (Sheffield City Council) and S Worten (Barnsley MBC).

Councillor C Skelton was in attendance as substitute for Councillor I Saunders.

#### **5 Minutes of the Previous Meeting**

**RESOLVED** – That the minutes of the meeting held on 20 March 2011 be confirmed as a correct record.

#### **6 Review of Children's Congenital Heart Services in England: Revised Terms of Reference**

The report of the Head of Scrutiny and Member Development referred to the need to revise the terms of reference for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and a revised copy was circulated. The revisions referred to the change of membership and changes to the consultation period.

**RESOLVED** – That the revised terms of reference be approved.

#### **7 Review of Children's congenital Heart Services in England: Joint Committee of Primary Care Trusts (JCPCT) Update**

The report of the Head of Scrutiny and Member Development informed Members of the contact that had been made with the JCPCT and the Safe and Sustainable Team. As had been previously reported, there would be no representation from the JCPCT or Safe and Sustainable team at this meeting.

Cathy Edwards of the Yorkshire and Humber Specialised Commissioning Group (SCG) was in attendance for this item and gave the Committee an overview of some of the work that had been recently published in respect of the review for children's congenital heart services, namely the Health Impact Assessment and the IPSOS Mori public consultation. Further issues reported included the following:

- All trusts had been asked to report on capacity planning and any constraints or restraints there would be from taking in additional work.
- Analysis of how much work Leeds would take from other areas was now being analysed and would be fed to the JCPCT in October or November.
- Work surrounding the Central Cardiac Audit Database – this gave more up to date figures on the likely number of procedures to be carried out.
- Work that was currently being carried out by Price, Waterhouse & Cooper in respect of patient flow. This looked at 18 postcode areas nationally, 8 of which were in Yorkshire and the Humber. This information would be fed to the JCPCT in November.
- The judicial review relating to Royal Brompton Hospital – an initial hearing had been held and there was to be a full hearing in September.
- There was an expectation of responses from Overview and Scrutiny Committee's to submit responses by 5 October to be fed into the JCPCT meetings in October and November.
- The Clinical Advisory Group was to meet in September and would be looking at Children's Cardiac Services and Co-location.

In response to Members comments and questions, the following issues were discussed:

- The JCPCT was due to meet on 25 October and 17 November when the final decision on the options was expected.
- It was felt to be unacceptable that the scrutiny responses had to be submitted by 5 October when information such as the patient flow analysis had not yet been completed. An interim report on this was due in the last week of September.
- The review of the impact on other services at Royal Brompton was being carried out due to the judicial review and to look at the overall sustainability of the hospital.
- The results of the patient flow analysis were critical to the Yorkshire and Humber region as all the other options would increase travelling time for the majority of residents. It was felt that to not have this information this was against the interest of open and accountable decision making.
- If the Judicial Review ruled in favour of Royal Brompton Hospital it was likely that the whole process would have to be reconsidered.
- It was felt that the process was flawed when information such as the patient flow analysis was not available. This could have significant impact on the options available and other options may have been developed in light of this knowledge.
- The Yorkshire and Humberside SCG had previously expressed concerns regarding the assumptions on projected numbers, as had other SCGs across the country, and this was part of the reason that the work on patient flow analysis was being carried out. It was regrettable that this information was not yet available.
- The basis for a centre to have the capacity to carry out 400 procedures a year was a clinical decision. It was also based on requiring 4

surgeons, one of which would be available 24 hours a day all year round.

- The JCPCT meeting in November was planned to be held publicly.
- Any organisation could seek judicial review and there were other methods of appeal including going to an Independent Review Panel.
- There was a strong argument that Leeds should have been given more consideration on population density. 14 million people live within a 2 hour drive of the city.

**RESOLVED** – That the report and discussion be noted.

## **8 Review of Children's Congenital Heart Services in England: Health Impact**

This item was deferred to be considered in conjunction with Agenda Item 13, Impact Assessment for Yorkshire and the Humber.

## **9 Review of Children's Congenital Heart Services in England: Report on the Public Consultation**

The report of the Head of Scrutiny and Member Development referred to the Safe and Sustainable Review of Children's Congenital Heart Services in England: Report on the Public Consultation produced by Ipsos MORI. The full report on the consultation was included with the agenda along with a press release from the Safe and Sustainable team.

In response to the consultation, the following issues were discussed:

- A large response was received from the East Midlands area which gave an obvious preference to the options that favoured that area.
- There was no weighting given to petitions which had seen a high response in the Yorkshire and Humber region.
- Questions should have been included that related to the 5 key principles.
- There should have been questions based on travel time.
- Absence of information on the patient flow analysis – this would have been beneficial to the consultation.
- No reference to motions passed by Local Authorities.
- It was felt that the consultation exercise asked leading questions to get the answers required to support the decision makers and that vital considerations such as patient flow and travel times should have been included.

**RESOLVED** – That the report and discussion be noted.

## **10 Review of Children's Congenital Heart Services in England: Feedback from Yorkshire and the Humber Congenital Cardiac Network**

The report of the Head of Scrutiny and Member Development introduced the Regional Congenital Cardiac Network Strategy which had been developed by the Yorkshire and the Humber Regional Congenital Cardiac Network Board. A copy of the strategy was attached to the report along with the Network's response to the Safe and Sustainable Consultation Document: A new vision for Children's Congenital Heart Services in England.

Ruth Lund, Yorkshire and Humber Congenital Cardiac Network Manager was in attendance for this item along with Cathy Edwards.

The Committee was informed that the Yorkshire and the Humber Regional Congenital Cardiac Network was established in 2005 and supported those with heart defects right through from detection of problems at the foetal stage to children's and adults heart surgery and care. It was the only network of its kind in the country and their work was recognised nationally. The Strategy prepared set out the local position for the next two years and had consultation had taken place with all key stakeholders. Key points of the strategy included the following:

- Effectiveness of the service and the reliance of early identification of problems.
- Commitment to ongoing support for patients and their parents.
- Support given to the regional centre, Leeds Teaching Hospitals Trust, and support during the national review.

In response to Members comments and questions, the following issues were discussed:

- Early diagnosis and the ability to arrange delivery of babies at a specialist centre.
- Issues surrounding early births and time to get to specialist care and emergency transfers.
- The outcome of the whole review would place a reliance on these kind of networks and the model in Yorkshire and Humber would be suitable for whatever option was chosen although different network arrangements would have to be put in place.
- One of the SCG concerns was whether there would be a dilution of outreach services in the area. 17 outreach services were currently in operation and there was concern whether these could be maintained if Leeds was not selected.
- Issues relating to co-location of services.
- Scotland was not included in the review. Members felt that Glasgow could have been used as an alternative option to Newcastle particularly to reach target numbers. It was reported that Scotland would have its own review.
- The impact on services for adults if Leeds was not included in the preferred option. There was a separate workstream associated with services for adults and although the same surgeons were usually involved, adult services were carried out by different cardiology teams.

- Provision of services for those with multiple health needs. It was acknowledged that co-located services in Leeds were exemplary and something to aspire to. This was taken into account during the preparation of the options but it was felt it was not given enough weighting.
- Greater weighting was given to issues such as ECMO provision than co-location or the network service. The SCG had stressed the need of co-location and the value of the network at a national level to the JCPCT.

**RESOLVED** – That the report and discussion be noted.

## **11 Review of Children's Congenital Heart Services in England: Impact Assessment on the Regional Infant and Children's Transport Service**

The report of the Head of Scrutiny and Member Development informed the Committee of the role of Embrace, which was the country's first combined infant and children's transport service. The service provided neo-natal transfers and paediatric retrievals across Yorkshire and the Humber and the Committee was provided with an impact assessment of the service following the key issues surrounding the Safe and Sustainable Children's Review.

The following were in attendance for this item:

- Dr Derek Burke (Medical Director) – Sheffield Children's NHS Foundation Trust
- Dr Steve Hancock (Lead Paediatric Consultant) – Embrace, Sheffield Children's NHS Foundation Trust
- Liz Murch (Clinical Nurse Manager) – Embrace and Paediatric Critical Care at Sheffield Children's NHS Foundation Trust

The Committee was given an overview of the services provided by Embrace and it was reported that the impact assessment carried out showed that there would be a four fold increase in cardiac activity should option A, B or C be chosen. Embrace had recommended that further work be carried out on transport options nationally and also the financial implications of this under the Safe and Sustainable review.

In response to Members comments and questions, the following issues were discussed:

- Journey times were considered in the impact assessment.
- A financial assessment had not been done as to what the alternative options would cost, there would need to be at least provision for another dedicated team and this could not be established under current staffing and financial arrangements.
- The medical impacts due to increased time to transfer patients.
- Embrace had not been consulted regarding the Price. Waterhouse and Cooper Patient Flow Analysis.

- Potential effects of adverse weather conditions.
- At present, approximately 10% of Embrace's work involved travelling out of the Yorkshire and Humber region.
- There was concern over the increased distance to be travelled for those with critical problems and the knock on for other services provided by Embrace such as emergency calls.
- Members requested information on retrieval and transfer times between the different hospitals involved in the options.
- Concern that transport arrangements had not been given full consideration in the Safe and Sustainable review.

**RESOLVED** – That the report be noted

## **12 Review of Children's Congenital Heart Services in England: Impact Assessment for Yorkshire and the Humber**

The report of the Head of Scrutiny and Member Development referred to the impact assessment on the proposed reconfiguration models for Children's Congenital Heart Services that was produced by the Specialised Commissioning Group (Yorkshire and the Humber) and also included activity data for Leeds Teaching Hospitals NHS Trust (LTHT).

The SCG had considered all information that had fed into the review and had provided the impact assessment, although this was not part of the formal consultation. A number of issues were highlighted including the following:

- Clarification on multiple health issues on a national basis.
- Provision of outreach services.
- Future sustainability of children's cardiology services in Yorkshire and the Humber
- Retrieval services

In response to Members comments and questions, the following issues were discussed:

- 75% of patients with congenital heart disease had other health needs and this should be considered along with the issue of co-location.
- There were significant levels of outreach service in Yorkshire and the Humber which was well supported by a network.
- It was anticipated that the chosen option would be implemented in 2013-14.
- Further concern that full consideration had not been given to the following issues
  - Impact on transport networks
  - Patients expectations
  - Population density
  - Accessibility
  - Accommodation for families
  - Co-location

**RESOLVED** – That the report and discussion be noted.

**13 Review of Children's Congenital Heart Services in England: Submission from Leeds Teaching Hospitals NHS Foundation Trust**

The report of the Head of Scrutiny and Member Development referred to submissions made by Leeds Teaching Hospitals NHS Trust (LTHT) in response to the Safe and Sustainable Review.

The following were in attendance for this item.

- Stacey Hunter –divisional General Manager, Children's Services, LTHT
- Karl Milner – Director of Communications, LTHT

Stacey Hunter gave the Committee an overview of the position with regards to LTHT. The following issues were highlighted:

- Disappointment that Leeds was only included in one of the four options.
- When the consultation commenced the JCPCT declined to consider other options. LTHT had formulated another feasible option.
- Yorkshire and the Humber had a significant population density that was different to other regions and there were well documented reasons that surgical provision should remain
- The issue of co-location was not reflected appropriately in the options to the public.
- There was no evidence to support the fact that a centre that could provide 400 procedures a year would provide better care.
- Concern that Adult Services weren't part of the review.
- Further consideration should have been given to the impact on families, especially for mothers to bond with newborn babies.

In response to Members comments and questions, the following issues were discussed:

- Matters of factual accuracy and consistency as outlined in the report – LTHT had raised these concerns on a number of occasions without response.
- LTHT would consider options available to them following the Jucial Review regarding Royal Brompton.
- Black and Minority Ethnic Groups and vulnerable people – LTHT supported these groups successfully and there would be concern over accessibility, travel and the effect on family life if Leeds wasn't a chosen option. The questionnaire from the JCPCT had not been made available in other languages.
- If Adult Services had been included in the review, a model that supported up to 9 centres across England and Wales would have been feasible.



- Other services not provided at Leeds such as ECMO and transplants – it was reported that services would be transferred to the centres supported in the options of the Safe and Sustainable review.
- Concern that other centres did not have maternity and cardiac services close together.
- Further details regarding how the weighting had been applied in the development of the options had not been released due to the ongoing consultation. Freedom of Information requests had been sent. This would also be requested on behalf of the Committee.

**RESOLVED** – That the report and discussion be noted.

#### **14 Review of Children's Congenital Heart Services in England: Feedback from Other Key Stakeholders**

The report of the Head of Scrutiny and Member Development presented the Committee with details of a range of views expressed by other key stakeholders including Hospital Trusts, BME communities and the general public.

The following were in attendance for this item:

- Judith Huntley – Cardiac Nurse, LTHT
- Elspeth Brown – Consultant Cardiologist, LTHT
- Kevin Watterson – Paediatric Cardiac Surgeon, LTHT and Children's Heart Surgery Fund (CHSF) Trustee
- Lois Brown – Parent

The following key issues were raised:

- Leeds could carry out the 400 required procedures now, but would require another surgeon. Recruitment was not possible whilst the review was ongoing.
- The role and work of the CHSF.
- Leeds was one of only 2 centres in the country with fully co-located services.
- Mrs Brown gave the Committee an overview of her experiences and the difficulties she would face and would have faced if there was no provision in Leeds.
- The potential impact on cardiac services if cardiac surgery was carried out elsewhere.
- The loss of continual services from childhood through to adulthood as currently available in Leeds.

In response to Members comments and questions, the following issues were discussed:

- The figure for 400 procedures was based on having a centre with 4 surgeons.

- It was felt the findings of the Ipsos/MORI survey were predictable due to the nature of the questions and the complicated nature of the survey.
- Lasting effects when mothers and babies are separated at birth.
- Cost effects on families having to make long journeys – CHSF did make contributions in some cases, the reality often meant less visiting.
- All networks across the country were given the same score in the proposed options even though Leeds was classed as exemplary.
- Further concern that the decisions were taken by a non-democratic process. The JCPCT did not represent the people concerned.

**RESOLVED** – That the report and discussion be noted.

## **15 Review of Children's Congenital Heart Services in England: Feedback from other Authorities**

The report of the Head of Scrutiny and Member Development presented the Committee with details of ranges and views/findings identified by individual Health Overview and Scrutiny Committees with regards to the proposed reconfiguration of Children's congenital Heart Services in England.

Members discussed the issues identified and also made reference to motions made by their respective Councils and other responses made. It was agreed that all this information be collated.

**RESOLVED** – That the report and discussion be noted.

## **16 Date and Time of Next Meeting**

To be confirmed.

Subsequent to the meeting, the date was confirmed for Monday, 19 September at 10.00 a.m. Meeting to be held in the Civic Hall, Leeds with a 9.30 a.m. pre-meeting for all Members.