



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

**Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Monday, 19th September, 2011 at 10.00 am
(pre-meeting for all Members at 9.30 a.m.)**

MEMBERSHIP

Councillors

| | | |
|--------------------|---|-----------------------------|
| S Ali | - | Rotherham MBC |
| J Bromby | - | North Lincolnshire CC |
| D Brown | - | Hull City Council |
| J Clark | - | North Yorkshire CC |
| R Goldthorpe | - | Calderdale MDC |
| B Hall | - | East Riding of Yorkshire CC |
| L Mulherin (Chair) | - | Leeds City Council |
| T Revill | - | Doncaster MBC |
| B Rhodes | - | Wakefield MDC |
| I Saunders | - | Sheffield City Council |
| L Smaje | - | Kirklees MDC |
| K Wilson | - | NE Lincolnshire CC |
| S Wiseman | - | York City Council |
| J Worton | - | Barnsley MDC |

Please note: Certain or all items on this agenda may be recorded.

**Agenda compiled by:
Stuart Robinson
Governance Services
Civic Hall
LEEDS LS1 1UR
Tel: 24 74360**

**Principal Scrutiny Advisor:
Steven Courtney
Tel: 24 74707**

A G E N D A

| Item No | Ward/Equal Opportunities | Item Not Open | | Page No |
|---------|--------------------------|---------------|--|---------|
| 1 | | | <p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(*In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p> | |
| 2 | | | <p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p> | |

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATIONS OF INTEREST

To declare any personal/prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES OF LAST MEETING

To follow

7

PROPOSED RECONFIGURATION OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND: QUESTIONS TO THE JOINT COMMITTEE OF PRIMARY CARE TRUSTS (JCPCT)

To receive and consider the attached report of the Head of Scrutiny And Member Development

1 - 22

8

DATE AND TIME OF NEXT MEETING

To be arranged

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Report of the Head of Scrutiny and Member Development

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

Date: 19 September 2011

Subject: Proposed Reconfiguration of Children’s Congenital Heart Services in England: Questions to the Joint Committee of Primary Care Trusts (JCPCT)

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|--|---|
| 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 type="checkbox"/> Yes <input checked="" 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 Joint Health Overview and Scrutiny Committee HOSC (Yorkshire and the Humber) forms the statutory overview and scrutiny body to consider and respond to the proposed reconfiguration of Children’s Congenital Heart Services in England – taking into account the potential impact on children and families across the region.
2. In considering the proposals set out in the *Safe and Sustainable Consultation Document: A new vision for Children’s Congenital Heart Services in England (March 2011)*, Members of the Joint HOSC have sought to consider a wide range of evidence and engage with a range of key stakeholders.
3. As part of the public consultation on the future of Children’s Congenital Heart Services in England, HOSCs have been given until 5 October 2011 to respond to the proposals.
4. In preparation for the previous meeting (2 Septmeber 2011), direct input was sought from the Joint Committee of Primary Care Trusts (JCPCT), as the appropriate decision-making body. However, the invitation to attend the meeting was declined.
5. At the meeting on 2 September 2011, the Joint HOSC resolved to provide a series of questions to the JCPCT for a written response. The questions posed are attached at

Appendix 1. Any written response will be made available to the Joint HOSC as soon as practicable.

6. Representatives from the JCPCT have again been invited to attend the meeting to present the response to the attached questions and address any further questions identified by the members of the Joint HOSC.
7. As previously agreed, concerns expressed by the Joint HOSC have been communicated to the Secretary of State for Health. In addition, Members of Parliament representing Yorkshire and the Humber have been provided with copies of all the relevant correspondence and invited to make a submission to the Joint HOSC. Copies of the relevant correspondence are attached at Appendix 2. Any written submissions will be made available to the Joint HOSC as soon as practicable.

Recommendations

8. Members are asked to consider the details associated with this report and identify/ agree any specific matters for inclusion in the Committee's report to be presented to JCPCT later in the year

Background documents

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

Questions posed to the Joint Committee of Primary Care Trusts (JCPCT)

- (1) Why was the Leeds unit not included in all four options on the grounds of population density in the Yorkshire and the Humber region, on the same basis that the units at Birmingham, Bristol, Liverpool and the 2 London centres, which feature in all four options?
- (2) Why isn't the genuine co-location of paediatric services provided at the Leeds Children's Hospital, alongside maternity services and other co-located services and specialisms on the same site at Leeds General Infirmary given greater weighting? Such service configurations have been described as the 'gold standard' for future service provision, yet it appears not to have been given sufficient weighting in the case for Leeds.
- (3) Why isn't the "exemplar" cardiac network which has operated in the Yorkshire and Humber region since 2005 given greater weighting in the drawing up of the four options? The future network model proposed in the consultation document is again described as the 'gold standard' for the future service delivery model, yet three of the four options put forward would see the fragmentation of this unique and exemplary cardiac network.
- (4) Why doesn't the Leeds unit feature in more of the four options put forward given that all surgical centres are theoretically capable of delivering the nationally commissioned Extra Corporeal Membrane Oxygenation (ECMO) service?
- (5) Why isn't travel and access to the Leeds unit given a higher weighting given the excellent transport links to the city by motorway and road network (including access to the M1, M62 and A1(M)), the rail network (including direct access to the high speed East Coast mainline and the Transpennine rail route) and access by air via the Leeds-Bradford airport? Almost 14 million people are within a two hour travelling distance of the Leeds unit.
- (6) We are keen to understand in more detail the relative strengths and weaknesses of each surgical centre. We therefore request the detailed breakdown of the assessment scores determined by the Independent Assessment Panel, Chaired by Sir Ian Kennedy (referred to on page 82 of the consultation documents).
- (7) How has the potential impact of the proposed reconfiguration of surgical centres on families, including the additional stress, costs and travelling times, been taken into account within the review process to date?
- (8) Why have congenital cardiac services for adults been excluded from the review when, in some cases, the same surgeons undertake the surgical procedures?
- (9) We have heard that more children with congenital cardiac conditions are surviving into adulthood, which suggests an overall increase in surgical procedures (for children and adults), which is likely to be beyond the 3600 surgical procedures quoted in the consultation document:
 - (a) As such, what would be the overall impact of combining the number of adult congenital heart surgery procedures with those performed on children, i.e. how many procedures are currently undertaken by the same surgeons and what are the future projections?

- (b) How would this impact on the overall number of designated surgical centres needed to ensure a safe and sustainable service for the future?
 - (c) What would be the affect on the current and projected level of procedures for each of the existing designated centres?
- (10) How has the impact on other interdependent hospital services and their potential future sustainability been taken into account within the review process to date?
 - (11) The Government's Code of Practice on Consultation (published July 2008) sets out seven consultation criteria: Please outline how the recent public consultation process meets each criterion.
 - (12) What specific arrangements have been put in place to consult with families in Northern Ireland?
 - (13) How have ambulance services (relevant to the affected patient populations) been engaged with in the review process – particularly in relation to drawing up the projected patient flows and associated travel times?
 - (14) How has the impact on training future surgeons, cardiologists and other medical/ nursing staff been factored into the review?
 - (15) What are the training records of each of the current surgical centres and how have these been taken into account in drawing up the proposals?
 - (16) Why have services provided in Scotland been excluded from the scope of the review, when the availability and access to such services may have a specific impact for children and families across the North of England and potentially Northern Ireland?
 - (17) Please confirm whether or not a similar review around the provision of congenital heart services for children, is currently being undertaken in Scotland. Please also confirm any associated timescales and outline how the outcomes from each review will inform service delivery for the future.

**Councillor Lisa Mulherin**

Chair, Scrutiny Board
 (Health and Wellbeing and Adult Social Care)
 3rd Floor (East)
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| To all Members of Parliament representing Yorkshire and the Humber | Civic Hall Tel. | 0113 39 51411 |
| | Civic Fax | 0113 24 78889 |
| | Your ref | |
| | Our ref | LM/SMC |
| | Date | 8 September 2011 |

Dear Member of Parliament,

Re: Children's Congenital Cardiac Services Review

With a decision around the reconfiguration of Children's Congenital Cardiac Services and the designation of surgical centres expected in November 2011, you will undoubtedly be taking a keen interest in the review and the decision-making process around it.

As Chair of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC¹) I have enclosed for your reference copies of my recent correspondence with Sir Neil McKay, Chair of the decision-making Joint Committee of Primary Care Trusts (JCPCT). Also enclosed for your reference is a copy of my recent letter to the Secretary of State for Health.

The Joint HOSC is meeting again on Monday, 19 September 2011, and I would like to take this opportunity to invite you to make a written submission for consideration at that meeting, with a view to your comments being included in our regional response to the review. If you would like to discuss this any further please contact me or Steven Courtney on (0113) 247 4707 or e-mail steven.courtney@leeds.gov.uk.

I trust you will find the enclosed information useful and look forward to hearing from you, as appropriate. Meanwhile, please do not hesitate to contact me should you have any queries and/or need any additional information.

Yours sincerely

Councillor Lisa Mulherin
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber

Enc.

cc Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

¹ the body acting as the statutory scrutiny body for our region considering and responding to the proposals set out in the "Safe and Sustainable" review. Page 5

Councillor Lisa Mulherin

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Rt Hon Andrew Lansley MP
Secretary of State for Health
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| Your ref | |
| Our ref | LM/SMC |
| Date | 8 September 2011 |

Dear Secretary of State,

Re: Children's Congenital Cardiac Services Review

With a decision around the reconfiguration of Children's Congenital Cardiac Services and the designation of surgical centres expected in November 2011, you will undoubtedly be taking a keen interest in the above review and the supporting decision-making processes.

As Chair of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC¹) I have been asked to draw your attention to some of our concerns. Broadly, these concerns can be summarised around the transparency of the review process and the accountability of the decision-making body (the Joint Committee of Primary Care Trusts (JCPCT)), as set out below:

Transparency

- Given that all of the surgical centres that went out to consultation are recognised as being safe, there seem to be inconsistencies in the way the consultation options for designating surgical centres were drawn up. These inconsistencies appear to disadvantage the communities we represent and undermine the very strong case for retaining the only surgical centre in the Yorkshire and the Humber region, located in the Leeds Children's Hospital at Leeds General Infirmary. These inconsistencies include the consideration of:
 - The population density in the Yorkshire and the Humber region, on the same basis as Birmingham, Bristol, Liverpool and the 2 London centres, which feature in all four options.

Cont./

¹ The statutory scrutiny body for Yorkshire and the Humber considering and responding to the proposals detailed in the above review, representing 15 top-tier local authorities with a combined population of over 5.5 million people.

- The range of co-located paediatric services available at the Leeds Children's Hospital, alongside maternity and other co-located services and specialisms based on the same site at Leeds General Infirmary. Such service configurations have been described as the 'gold standard' for future service provision, yet it appears not to have received sufficient weighting in the case for Leeds.
- The Yorkshire and Humber region's cardiac network which has operated since 2005 and has been recognised as being "exemplar". The future network model proposed in the consultation document is again described as the 'gold standard' for the future service delivery model, yet three of the four options put forward for consultation would see the fragmentation of the unique and exemplary cardiac network currently in operation in our region.
- Anger in our region that the additional work commissioned to test the assumptions about patient flow set out in the consultation document will not be available to us.

Despite having assurance that this information would be available for consideration by the Joint HOSC prior to the 5 October 2011 response deadline set for Overview and Scrutiny Committees, we have recently been advised that this will not be the case. It is worth highlighting that 8 of the 18 post code areas that form the basis of the additional work fall within the Yorkshire and Humber region. As such, we find it unacceptable that such a vitally important source of information will not be available to us to help inform our response, prior to the imposed deadline of 5 October 2011.

- Availability of the detailed breakdown of the Independent Expert Panel scores.
As part of the process for assessing current surgical centres, we have been advised that initially panel members separately assessed each centre in April 2010, based on consideration of a written self-assessment form completed by each centre. The panel then visited each centre between May and June 2010, meeting staff, parents, carers and patients. Panel members took account of what they heard and saw on each centre visit by re-assessing and discussing the initial scores to reach a consensus score for each of the relevant factors. However, while the overall assessment scores are publicly available in the consultation document (page 82) and observations (by way of the Independent Expert Panel Report (December 2010)), the detailed breakdown of those assessment scores have not been made publicly available. We also understand that the assessment scores have not been made available to individual centres – despite requests for that information.

We have very recently requested the scoring details from the JCPCT and await its response. Nonetheless, we do not believe the approach to date is in the spirit of open and transparent decision-making and feel such details should be in the public domain and open to external challenge as part of the review process.

- Cynicism around the availability of independent organisations commissioned by the JCPCT and/or the Safe and Sustainable review team to attend Joint HOSC meetings.
To help ensure consideration of a broad base of evidence, at its meeting on 2 September 2011, the Joint HOSC formally considered recently published reports pertinent to the review produced by independent organisations commissioned by the JCPCT and/or the Safe and Sustainable review team. The reports considered were an Ipsos MORI report on the outcome of public consultation and a Health Impact Assessment report produced by Mott MacDonald.

In line with recognised good practice, representatives from both organisations were invited to attend the Joint HOSC to present their reports and address any questions of the committee. Unfortunately, following discussions with the Safe and Sustainable review team, both organisations declined the invitation to attend as it was not usual practice and/or it was felt inappropriate to accept invitations to individual HOSC sessions, as this could lead to an inconsistent approach across different regions.

- Frustration that despite repeated requests for a member of the JCPCT to attend the Joint HOSC meeting they have been unwilling to do so.

The Joint HOSC was left in a position where neither the report commissioners nor the report authors (for the Health Impact Assessment and report on the Public Consultation) were in attendance to present the reports or address any questions from the committee.

The Joint HOSC took exception to this and have made it clear that we believe that a failure to engage with us on the part of the JCPCT demonstrates contempt for local democracy, and has increased cynicism and a lack of confidence in the decision-making process.

Accountability

- Unwillingness of the JCPCT to engage with the Joint HOSC and the scrutiny process in Yorkshire and the Humber.

The Joint HOSC has been established as the statutory scrutiny body for Yorkshire and the Humber to consider and respond to the review proposals – representing the 15 top-tier local authorities and a population in excess of 5.5 million. Therefore, not only does the Joint HOSC form a key and legitimate part of the democratic process, it also represents a statutory element of the current arrangements for public accountability within the NHS.

As such, the Joint HOSC has been keen to formally engage with the JCPCT as part of its consideration of the proposals and the associated methodology. The former Chair of the Joint HOSC formally raised this matter in April 2011 and in August I wrote twice to the Chair of the JCPCT requesting the attendance of a JCPCT representative at our meeting on 2 September 2011. This invitation was declined. For your information, I have enclosed a copy of this correspondence.

As democratically elected representatives, all members of the Joint HOSC act in the best interest of the communities they represent and take this responsibility very seriously. Three of the four currently proposed options around the reconfiguration of designated surgical centres are likely to have very significant implications for the children and families across our region. It is important therefore that representatives of those communities are afforded the opportunity to question, scrutinise and interrogate the available evidence and appropriately hold decision-makers to account.

It is difficult to find the words to fully demonstrate the depth of feeling expressed by members of the Joint HOSC. However, I feel it is only right and proper to emphasise the high degree of contempt members feel the JCPCT has displayed to date in relation to the legitimate scrutiny process.

I trust this information is helpful and I look forward to your response. Meanwhile, should you need any clarification and/or additional information, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Lisa Mulherin', written in black ink.

Councillor Lisa Mulherin
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber

Enc.

cc All Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)
All Members of Parliament (Yorkshire and the Humber)

Councillor Lisa Mulherin

Chair, Scrutiny Board
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| Safe and Sustainable Programme | Civic Fax | 0113 24 78889 |
| 2nd Floor, Southside | Your ref | |
| 105 Victoria Street | Our ref | LM/SMC |
| London | Date | 7 September 2011 |
| SW1E 6QT | | |

Dear Sir Neil,

Re: Children's Congenital Cardiac Services Review – Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Further to the meeting of the Joint Health Overview and Scrutiny Committee (HOSC) on 2 September 2011 and our related correspondence beforehand, on behalf of the Joint HOSC, I must advise you of the anger and frustration of the Committee members that the JCPCT has yet to formally engage with the Joint HOSC, despite a number of written requests to do so.

Members of the Joint HOSC feel it is imperative for there to be some direct input from the JCPCT (as the appropriate NHS decision-making body), in order to inform our response to the proposals around the future provision and configuration of Children's Congenital Cardiac Services. As previously outlined, in considering and responding to the proposals, the Joint HOSC is acting as the statutory scrutiny body for Yorkshire and the Humber – representing the 15 top-tier local authorities and a population in excess of 5.5 million.

The frustrations expressed by members of the Joint HOSC are by no means any reflection on the input and support provided to date by Cathy Edwards (Director, Yorkshire and the Humber SCG) – which has been extremely helpful and of high quality. There are however some aspects of the Joint HOSC's inquiry and specific questions that need to be addressed by those on the decision-making body.

As all of the units that went out to consultation are recognised as being safe, and there seems to be a reluctance (at best) to engage directly with us, there is a growing cynicism within the Committee about the way in which the four options that went out to consultation were drawn up.

As such, we formally request written responses to the following questions which Committee members had wished to put to you or any other JCPCT member at our meeting last week:

- (1) Why was the Leeds unit not included in all four options on the grounds of population density in the Yorkshire and the Humber region, on the same basis that the units at Birmingham, Bristol, Liverpool and the 2 London centres, which feature in all four options?

- (2) Why isn't the genuine co-location of paediatric services provided at the Leeds Children's Hospital, alongside maternity services and other co-located services and specialisms on the same site at Leeds General Infirmary given greater weighting? Such service configurations have been described as the 'gold standard' for future service provision, yet it appears not to have been given sufficient weighting in the case for Leeds.
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- (4) Why doesn't the Leeds unit feature in more of the four options put forward given that all surgical centres are theoretically capable of delivering the nationally commissioned Extra Corporeal Membrane Oxygenation (ECMO) service?
- (5) Why isn't travel and access to the Leeds unit given a higher weighting given the excellent transport links to the city by motorway and road network (including access to the M1, M62 and A1(M)), the rail network (including direct access to the high speed East Coast mainline and the Transpennine rail route) and access by air via the Leeds-Bradford airport? Almost 14 million people are within a two hour travelling distance of the Leeds unit.
- (6) We are keen to understand in more detail the relative strengths and weaknesses of each surgical centre. We therefore request the detailed breakdown of the assessment scores determined by the Independent Assessment Panel, Chaired by Sir Ian Kennedy (referred to on page 82 of the consultation documents).
- (7) How has the potential impact of the proposed reconfiguration of surgical centres on families, including the additional stress, costs and travelling times, been taken into account within the review process to date?
- (8) Why have congenital cardiac services for adults been excluded from the review when, in some cases, the same surgeons undertake the surgical procedures?
- (9) We have heard that more children with congenital cardiac conditions are surviving into adulthood, which suggests an overall increase in surgical procedures (for children and adults), which is likely to be beyond the 3600 surgical procedures quoted in the consultation document:
 - (a) As such, what would be the overall impact of combining the number of adult congenital heart surgery procedures with those performed on children, i.e. how many procedures are currently undertaken by the same surgeons and what are the future projections?
 - (b) How would this impact on the overall number of designated surgical centres needed to ensure a safe and sustainable service for the future?
 - (c) What would be the affect on the current and projected level of procedures for each of the existing designated centres?
- (10) How has the impact on other interdependent hospital services and their potential future sustainability been taken into account within the review process to date?

- (11) The Government's Code of Practice on Consultation (published July 2008) sets out seven consultation criteria: Please outline how the recent public consultation process meets each criterion.
- (12) What specific arrangements have been put in place to consult with families in Northern Ireland?
- (13) How have ambulance services (relevant to the affected patient populations) been engaged with in the review process – particularly in relation to drawing up the projected patient flows and associated travel times?
- (14) How has the impact on training future surgeons, cardiologists and other medical/nursing staff been factored into the review?
- (15) What are the training records of each of the current surgical centres and how have these been taken into account in drawing up the proposals?
- (16) Why have services provided in Scotland been excluded from the scope of the review, when the availability and access to such services may have a specific impact for children and families across the North of England and potentially Northern Ireland?
- (17) Please confirm whether or not a similar review around the provision of congenital heart services for children, is currently being undertaken in Scotland. Please also confirm any associated timescales and outline how the outcomes from each review will inform service delivery for the future

Bearing in mind the 5 October 2011 deadline for the Joint HOSC to formally submit its response to this review, the Joint HOSC is proposing to hold a further meeting to consider this matter on **19 September 2011**, and we feel it is imperative that detailed responses to the above questions are available for consideration at that meeting. As such, **I would be pleased to receive your written response within 5 working days.**

Furthermore, I would request your attendance and that of any other member of the JCPCT (as you feel appropriate) at the above meeting, which is due to commence at 10:00am in Leeds Civic Hall. Please be aware that I believe previous requests for your attendance at meetings of the Joint HOSC have been legitimate and form part of the accountability framework for the NHS – set out in Section 38 of the Local Government Act 2000 and clarified in the Overview and Scrutiny of Health Guidance (Department of Health, July 2003).

Please contact me should you have any queries and/or need any additional information, otherwise I look forward to hearing from you in the very near future.

Yours sincerely



Councillor Lisa Mulherin
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber

cc All Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Jeremy Glyde, Safe and Sustainable Programme Director (NHS Specialised Services)

Ailsa Claire, Chair (Yorkshire and the Humber Specialised Commissioning Group)
Cathy Edwards, Director (Yorkshire and the Humber Specialised Commissioning Group)
Rt Hon Andrew Lansley MP, Secretary of State for Health
All Members of Parliament (Yorkshire and the Humber)

Councillor Lisa Mulherin

Chair, Scrutiny Board
(Health and Wellbeing and Adult Social Care)
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| 2nd Floor, Southside | Your ref | |
| 105 Victoria Street | Our ref | LM/SMC |
| London | Date | 26 August 2011 |
| SW1E 6QT | | |

Dear Sir Neil,

Re: Children's Congenital Cardiac Services Review – Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Thank you for your response, dated 26 August 2011.

I note your comments regarding regional SCGs being best placed to represent the NHS at local scrutiny committees to speak to this review and am sorry that you will be unable to attend the meeting on 2 September 2011.

As you may be aware, for some time the Joint HOSC has worked very closely with Cathy Edwards (as Director of Yorkshire and the Humber SCG) at different stages during the review process. Cathy has attended a number of meetings – both formal committee meetings and briefing sessions, and I am sure all members of the Joint HOSC (both past and present) are grateful for Cathy's input into the regional scrutiny process.

That said, I would like to reiterate the desire of the Joint HOSC to formally engage with the JCPCT directly – as the decision-making body – and invite a representative from its membership to attend next week's meeting. As outlined in my previous letter, the purpose being to provide an update on the work of the JCPCT, address any questions raised, and to hear first hand any comments and/or concerns raised by the Joint HOSC.

Despite Cathy already attending for a separate item on next week's agenda, I would respectfully remind you that Cathy is neither part of the JCPCT, nor part of the secretariat supporting the decision-making process.

Finally, I would like to take this opportunity to remind you that, in considering and responding to the review proposals, the Joint HOSC is acting as the statutory scrutiny body for Yorkshire and the Humber – representing the 15 top-tier local authorities and a population of 5.5 million. As such, I hope you will reconsider the invitation previously extended and ensure that the JCPCT is appropriately represented at next week's meeting.

Please contact me should you have any queries and/or need any additional information, otherwise I look forward to hearing from you in due course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lisa Mulherin', with a long horizontal flourish extending to the right.

Councillor Lisa Mulherin
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber

cc Jeremy Glyde, Safe and Sustainable Programme Director (NHS Specialised Services)
Ailsa Claire, Chair (Yorkshire and the Humber Specialised Commissioning Group)
Cathy Edwards, Director (Yorkshire and the Humber Specialised Commissioning Group)
All Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Safe and Sustainable

Paediatric Congenital Cardiac
Services



Specialised Services

2nd Floor, Southside
105 Victoria Street
London SW1E 6QT
Tel: 0207 932 3128

Councillor Lisa Mulherin
Chair, Scrutiny Board
Leeds City Council
3rd Floor East
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26 August 2011

Dear Councillor Mulherin

Thank you for your letter received on 23 August.

The report on the outcome of the analysis of patient flows, which is being prepared by an independent third party at the request of the Joint Committee of PCTs, forms part of the evidence that the JCPCT will consider before making any final decision. It is not a document that will itself be subject to public consultation but I can reassure you that we will publish it once it is received. I expect this to be in October, which will not be before the seven-month deadline for scrutiny committees to submit their final response to consultation, but will be before the JCPCT has made a decision.

As I say, the PwC report will form just one element of the evidence to be considered by the JCPCT. Whilst the PwC report will be an important contribution to consultation, just as important will be the views of your own committee members based on their local intelligence of patient flows and based on responses to consultation to date.

Where possible the JCPCT has published evidence arising from consultation to help inform the final submission by scrutiny committees: two very detailed reports prepared by Ipsos Mori on the responses received during consultation and on the outcome of focus groups held with parents and members of the Black and Ethnic Minority

communities; a Health Impact Assessment scoping report prepared by Mott McDonald; a report on the consultation events; and letters received during consultation from organisations and associations. I would, therefore, respectfully refute any suggestion that this is anything but a transparent process.

I am sorry that I am unable to attend your meeting on 2 September. I understand that Jeremy Glyde responded to Councillor Dobson's letter of 14 April by clarifying with Steven Courtney that the 10 Specialised Commissioning Groups in England have agreed that local SCG representatives are best placed to represent the NHS at local scrutiny committee meetings to speak to this review. I understand that Cathy Edwards of Yorkshire & Humber SCG will be present at your meeting.

I would be most grateful if you were to share my response with members of your committee.

Kind regards.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Neil McKay', with a large, stylized flourish at the end.

Sir Neil McKay CB
Chair of the Joint Committee of PCTs

Cc Ailsa Claire, Chair of Yorkshire & Humber SCG
Cathy Edwards, SCG Director

DRAFT

Councillor Lisa Mulherin

Chair, Scrutiny Board
(Health and Wellbeing and Adult Social Care)
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Sir Neil McKay (Chair, JCPCT)
NHS Specialised Services
Safe and Sustainable Programme
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| Civic Hall Tel. | 0113 39 51411 |
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| Your ref | |
| Our ref | LM/SMC |
| Date | 22 August 2011 |

Dear Sir Neil,

Re: Children's Congenital Cardiac Services Review – Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

As Chair of the Yorkshire and Humber Joint Health Overview and Scrutiny Committee (HOSC) considering the proposed reconfiguration of Children's Congenital Cardiac Services and the potential impact on children and families across the region, I am writing to express our frustration that the outcome of the additional work to test assumptions around patient flows will not be available for HOSCs to consider prior to the 5 October 2011 consultation deadline: This is a vital source of evidence that warrants detailed consideration to help the Joint HOSC prepare a more fully informed consultation response and it is unacceptable that this will not be available to us.

I also note with some concern that this information will not be publicly available until after the JCPCT has made a decision on the reconfiguration proposals – a situation that is quite astounding and certainly not in the spirit of open and transparent decision-making.

At our next meeting on 2 September 2011, and in the absence of the PwC report, the Joint HOSC will be considering patient flow details provided in the regional impact assessment prepared by the SCG, alongside an impact assessment produced by EMBRACE – the regional body responsible for delivering a dedicated paediatric transport service.

With this in mind, I would like to take this opportunity to invite you and/or Ailsa Claire, in your respective roles within the formal decision-making body, to attend this meeting to provide an update on the work of the JCPCT and to address questions on the role of the JCPCT within the review process to date. This will also provide an opportunity for you to hear first hand the details presented by EMBRACE.

Cont./

I appreciate that this formal invitation to attend on 2 September 2011 may be relatively short notice; however the former Chair of the Joint HOSC first outlined the committee's intentions to involve appropriate representatives of the JCPCT and the Safe and Sustainable Team in April 2011 (copy enclosed). Despite the apparent lack of a formal response to that letter, I trust the content of this letter will have previously been communicated to you.

I look forward to hearing from you in the very near future. However, please do not hesitate to contact me should you have any queries and/or need any additional information.

Yours sincerely



Councillor Lisa Mulherin
Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber

Enc.

cc Jeremy Glyde, Safe and Sustainable Programme Director (NHS Specialised Services)
Ailsa Claire, Chair (Yorkshire and the Humber Specialised Commissioning Group)
Cathy Edwards, Director (Yorkshire and the Humber Specialised Commissioning Group)
All Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Councillor Mark Dobson

Chair, Scrutiny Board
(Health)

3rd Floor (East)

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Mr. Jeremy Glyde, Programme Director
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| Your ref | |
| Our ref | MD/smc |
| Date | 14 April 2011 |

Dear Mr. Glyde,

Re: Review of Children's Congenital Heart Services in England

Thank you for your recent communication (8 April 2011), highlighting concerns associated with comments attributable to Leeds Teaching Hospitals NHS Trust (LTHT). I have sought a response to these concerns from the Trust's Chief Executive, Ms. Maggie Boyle.

As you are undoubtedly aware, the 15 local authorities (with Health Scrutiny responsibilities) across the Yorkshire and Humber Region have established a Joint Health Overview and Scrutiny Committee (HOSC) to consider the proposals of this national review and provide a consultation response in this regard. As such, I will share your communication with other members of the Joint HOSC, alongside any response from LTHT.

I understand that Steven Courtney (Principle Scrutiny Adviser to Leeds City Council's Scrutiny Board (Health) and the Joint HOSC) has already been in contact with you, advising of the current progress and future work of the Joint HOSC. As such, I will not repeat the content of that communication, other than perhaps to re-emphasise the following points:

Involvement of Safe and Sustainable/ the JCPCT in the work of the Joint HOSC

Members of the Joint HOSC are keen to meet with appropriate representatives and would therefore wish to formally invite you (as Programme Director), along with the Chair of the JCPCT (Sir Neil McKay) and the Yorkshire and Humber SCG representative on the JCPCT (Ms. Ailsa Claire) to contribute to a future meeting (or meetings) of the Joint HOSC in this region. The main purpose of this attendance being to help the Joint HOSC consider in more detail the:

- Review process and formulation of options presented for consultation;
- Projected improvements in patient outcomes and experience; and,
- Likely impact on children and their families (in the short, medium and longer-term), in particular in terms of access to services and travel times.

I would appreciate your cooperation in this regard and trust you will provide details of availability as a matter of urgency.

Cont./

Consultation process and associated timescales

Members of the Joint HOSC were concerned about the general accessibility of the proposals, given:

- (a) The length and complexity of the consultation document (which exceeds 230 pages);
- (b) That a summary document had not been provided; and
- (c) The accessibility of the consultation questions

The Joint HOSC also expressed significant concern regarding the timing of the consultation, its proximity to local elections and the impact of purdah. There was a strongly held view that this demonstrated a lack of appreciation (or regard for) local democracy and the potential impact on the work (and membership) of a Joint HOSC.

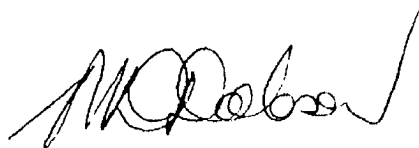
As you are already aware, one of the outcomes of the Joint HOSC meeting held on 29 March 2011, was to formally seek a three month extension to the consultation period. In part, this is to allow the Joint HOSC to complete its work and issue its report and any recommendations. A report to this effect is currently being prepared and will be formally directed to the JCPCT in the near future.

I trust you appreciate that, as democratically elected representatives of local communities, the overall health and wellbeing of all citizens across the Yorkshire and Humber region is without question an underlying consideration for all local councillors. Nonetheless, I think it is worth reinforcing that this is not only a cornerstone of the work of the Joint HOSC but its primary purpose when considering the proposals put forward. Furthermore, the consultation document detailing the proposed changes states, '*We would like to hear from anyone with a view on the future of congenital heart services...*'. This is precisely one of the aims of the Joint HOSC – in order to help inform its view and any recommendations it may put forward.

In addition, as Chair of the Joint HOSC and as an advocate of openness and transparency, I will be working hard to ensure that we seek as wide a range of views as possible and that the vast majority of the committee's work is undertaken in public. Undoubtedly, this is likely to attract local media interest – particularly during a period of a public consultation and engagement. As such, I make no apologies for the range of views that may be expressed as part of the scrutiny process and which may be subsequently reported – even where some of those views may be unpalatable and seen as unhelpful to the review team and/or the JCPCT.

Finally, I hope you take the opportunity to engage with the Health Scrutiny process in this region and look forward to receiving your response in the very near future.

Yours sincerely



Councillor Mark Dobson
Chair, Scrutiny Board (Health)

cc Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)
Cathy Edwards, Director – Specialised Commissioning Group (Yorkshire and the Humber)

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