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Leeds CITY COUNCIL

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

Meeting to be held in on
Friday, 16th November, 2012 at 10.30 am
(Pre-Meeting will be held at 10.00am for all Board Members)

MEMBERSHIP

S Ali	-	Rotherham Metropolitan Borough Council
J Bromby	-	North East Lincolnshire Council
D Brown	-	Hull City Council
J Clark	-	North Yorkshire County Council
P Elliott	-	North Lincolnshire Council
C Funnell	-	City of York Council
M Gibbons	-	Bradford Metropolitan Council
R Goldthorpe	-	Calderdale Council
B Hall	-	East Riding of Yorkshire Council
J Illingworth (Chair)	-	Leeds City Council
T Revill	-	Doncaster Metropolitan District Council
B Rhodes	-	Wakefield Council
M Rooney	-	Sheffield City Council
L Smaje	-	Kirklees County Council
J Worton	-	Barnsley Council

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

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** 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). (*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.)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 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. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **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:-	

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 disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-18 of the Members' Code of Conduct. Also to declare any other significant interests which the Member wishes to declare in the public interest, in accordance with paragraphs 19 -20 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES OF THE PREVIOUS MEETINGS** To confirm as a correct record the minutes of the following meetings: • 24th July 2012 • 19th December 2011 • 4th October 2011 • 29th September 2011 • 22nd September 2011 (Copies attached)	1 - 34

7			**REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND: IMPLEMENTATION** To consider a report by the Head of Scrutiny and Member Development which provides an update on the implementation phase of the review of Children's Congenital Cardiac Services in England. (Report attached)	35 - 78
8			**REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND: REFERRAL TO THE SECRETARY OF STATE FOR HEALTH - DRAFT REPORT** To consider a draft report by the Head of Scrutiny and Member Development which provides support for a 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. (Cover report attached main report to follow)	79 - 86

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

TUESDAY, 24TH JULY, 2012

PRESENT: Councillor J Illingworth in the Chair

Councillors D Brown, J Clark, P Elliott, C Funnell, A Naylor, A McAllister, B Hall, T Revill, Y Crewe and L Smaje.

55 Late Items

It was agreed to admit the following additional information for consideration at the meeting (Minute 59 refers):

- Submission from Leeds Teaching Hospitals NHS Trust (LTHT)
- Formal JCPCT response to the report of the Joint Health Overview and Scrutiny Committee (October 2011)
- City of Bradford MDC – Council resolution – 10 July 2012
- Letter from Sheffield City Council
- Review of Children's Congenital Cardiac Services at Royal Hospital for Sick Children (Yorkhill), Glasgow – Report of the Independent Expert Panel Chaired by Professor Sir Ian Kennedy (February 2012)
- Details of additional Council motions
- Replacement Appendix 2 showing the detailed breakdown of assessment scores for surgical centres produced by the Independent Expert Panel (chaired by Sir Ian Kennedy)

56 Declarations of Interest

Cllr. Naylor declared a personal interest due to ownership of a company that undertook work on behalf of the NHS from time to time. As this was a non-pecuniary interest, Cllr. Naylor remained in the meeting.

There were no other declarations of interest.

57 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors J Bromby, M Gibbons, R Goldthorpe, B Rhodes, M Rooney and J Worton.

Attendance of the following substitute members was confirmed:

- Bradford MDC – Cllr. Adrian Naylor attending as a substitute for Cllr. Mike Gibbons
- Calderdale Council – Cllr. Ann McAllister attending as a substitute for Cllr. Ruth Goldthorpe
- Wakefield Council – Cllr. Yvonne Crewe attending as a substitute for Cllr. Betty Rhodes

58 Review of Children's Congenital Heart Services in England: Revised Terms of Reference

The Head of Scrutiny and Member Development informed the Board that, due to the local elections held in May 2012 and the subsequent changes in appointments within Council's across the region, it was necessary to consider and formally agree changes to the membership of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).

The following proposed changes to the membership of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) were reported:

- Leeds City Council – Cllr. John Illingworth replacing Cllr. Lisa Mulherin (with Cllr. Illingworth to act as Chair of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)).
- North East Lincolnshire Council – Cllr. Peggy Elliott replacing Cllr. Karl Wilson
- Sheffield City Council – Cllr. Mick Rooney replacing Cllr. Ian Saunders

It was also reported that when first established, the Terms of Reference for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) had focused on the proposed changes to Children's Congenital Heart Services in England (including the reconfiguration options and future location of surgical centres) and responding to the formal consultation. However, as the review and consultation processes had progressed, it had become increasingly apparent that potentially there were significant implementation issues that the Joint HOSC may wish to consider on an ongoing basis.

Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) were presented with revised Terms of Reference that reflected the proposed changes in membership and included consideration of issues associated with the implementation stage of the review.

Members considered the revised Terms of Reference and agreed the proposed changes without any additional amendments.

Thanks were expressed to Councillors Wilson and Saunders for their contributions to the work of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber). There was particular thanks reserved for Councillor Mulherin, the former Chair of the Joint Committee.

RESOLVED –

(a) That the information presented in the report and revised Terms of Reference be noted.

(b) That the proposed changes to the membership of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and the scope of the Joint Committee's work, as set out in the revised Terms of Reference be agreed.

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

The report of the Head of Scrutiny and Member Development introduced a range of information related to the decision by the Joint Committee of Primary Care Trusts (JCPCT) regarding the future reconfiguration of Children's Congenital Cardiac Surgical Centres and associated network configuration.

The report reminded members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) of the previous report prepared by the Joint Committee that highlighted a number of areas members believed needed further and more detailed consideration, including:

- 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

The report highlighted the overall view previously expressed by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) 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.

The report also highlighted that, at its meeting on 4 July 2012, the JCPCT had 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

The associated Decision-Making Business Case was appended to the report for consideration by members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).

A range of interested parties / stakeholders were identified in the report as having been invited to attend the meeting and assist the Joint Health

Overview and Scrutiny Committee (Yorkshire and the Humber) in its consideration of the JCPCT's decision.
The Chair advised the meeting that contributions would be received and considered in the following order:

- Elected representatives;
- Children's Heart Surgery Fund and patient and parent representatives;
- Leeds Teaching Hospitals NHS Trust representatives; and,
- Joint Committee of Primary Care Trusts (JCPCT) representatives.

Elected representatives:

The following representatives were in attendance and addressed the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).

- Stuart Andrew – Member of Parliament for Pudsey
- Councillor Lisa Mulherin – Executive Member for Health and Wellbeing (Leeds City Council)

Stuart Andrew MP addressed the meeting, stating he was representing a large number of Members of Parliament from across different political parties. I t was emphasised that MPs were not against the principles of the review but questioned the outcome and some of the assumptions made to support the JCPCT's decision. A number of specific issues, including the following matters, were highlighted:

- Issues associated with the general population around Leeds (14 million people with 2 hours drive of the City) and transport links had not been sufficiently considered as part of the review.
- Concerns around Newcastle's ability to reach the minimum level of 400 surgical procedures per year, and the assumptions used to support this aspect of the review.
- It was clear from the PwC work that patients across Yorkshire and the Humber would not travel to Newcastle and, in the absence of a surgical centre at Leeds, would access services at other centres, including Liverpool, Birmingham and London.
- The JCPCT had assumed that a minimum of 25% of patients from Yorkshire and the Humber would travel to Newcastle. This assumption suggested that Newcastle would just meet the requirement to undertake the minimum level of 400 surgical procedures per year. However, it was unclear what evidence there was to suggest 25% was an accurate assumption and/or how this had been derived.
- The co-location of services was an important factor to take into account, as this would have a direct impact on the level and quality of care accessible at surgical centres. There was concern that the decision to close the surgical centre at Leeds would not result in an improved service and would in fact deliver a worse service for the population of Yorkshire and the Humber.
- Concerns that impacts on specific BME communities had not been adequately reflected in the JCPCTs decision.

On behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), the Chair thanked Mr Andrew for his contribution to the meeting.
Councillor Lisa Mulherin, Leeds City Council's Executive Member for Health and Wellbeing addressed the meeting. It was clarified that until recently, Councillor Mulherin had previously been Chair of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and therefore had a detailed knowledge and understanding the Committee's work to date.

A number of specific issues, including the following matters, were highlighted:

- Concerns that the JCPCT had failed to adequately engage with the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) sufficiently early in the review process, and that the work of the Joint Committee was not viewed as a valuable and constructive part of the process.
- The length of time between the submission of the report from the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and the response now presented, demonstrated the dismissive nature of the JCPCT's approach to much of the Joint Committee's work.
- Issues around travel and access highlighted by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) were not issues of convenience, but related to the real life impacts on children and families.
- Some issues and comments related to 'quality' had been misleading and used disingenuously, however there was no doubt about the quality of services available at Leeds Teaching Hospitals NHS Trust (LTHT).
- The ability of LTHT to meet the minimum standard of 400 procedures per annum under a 4 surgeon model.
- Issues around transparency of decision-making and specifically information repeatedly requested by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) that had not been provided by the JCPCT.
- General concern that the decision to close the surgical centre at Leeds would not result in an improved service. Rather, it would deliver a worse service for the population of Yorkshire and the Humber.

On behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), the Chair thanked Councillor Mulherin for her input into the meeting and continued contribution to the work of the Joint Committee.

<u>Children's Heart Surgery Fund and patient and parent representatives:</u>

The following representatives were in attendance and addressed the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).

- Kevin Watterson[1] (Chair and Trustee) – Children's Heart Surgery Fund
- Lois Brown – parent
- Jon Arnold – parent and Trustee of Children's Heart Surgery Fund

[1] Paediatric Cardiac Surgeon at Leeds Teaching Hospitals NHS Trust

- Steph Ward – parent
- Gaynor Bearder – parent
- Kimberley Botham – adult congenital heart patient

The parent / patient representatives thanked the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) fro the opportunity to highlight their concerns regarding the JCPCT's decision and addressed the meeting.

A summary of the issues highlighted and discussed at the meeting is as follows:

- There was general support for the basis of the review – i.e. fewer, larger surgical centres.
- The concerns around the JCPCT's decision raised by parents and patients across Yorkshire and the Humber had not been raised as a result of unquestionable loyalty to the surgical centre at Leeds. Concerns raised were as a result of wanting the best outcome for children and securing improvements to the services already available across Yorkshire and the Humber.
- The JCPCT's decision would lead to a lesser service for children and families across Yorkshire and the Humber – but with increased travel distances.
- Concern that Newcastle would not reach the minimum number of 400 surgical procedures per annum – thus making the surgical centre unsustainable and potentially leaving the whole north eastern part of England without a surgical centre.
- Concern that the PwC report on patient flows and clinical networks refers to the 'management' of patients and it was unclear how this reflected the right of patient choice (as detailed in the NHS Constitution).
- Concerns over the openness and transparency of the decision-making processes and engagement with children and families across Yorkshire and the Humber.
- The importance of co-location of services with the increasing complexity of needs and co-morbidities of children. It was highlighted that following the JCPCT's decision, Newcastle remained the only 'stand alone' congenital heart surgical unit in England.
- Concern regarding the long-term impacts on children with a congenital cardiac condition, particularly in terms of accessing specialist services where general anaesthesia would be needed.
- Consideration of 'the patient experience' appeared to be lacking within the review process and there was a lack of evidence to confirm the JCPCT's decision would deliver enhanced services for Yorkshire and the Humber.
- It was unclear what would be gained by reviewing the services for adults with congenital heart disease separately from review services for children. The outcome of the children's review was likely to predetermine any review of services for adults with congenital heart disease.
- The impact on capacity should there be an increased number of adults with congenital heart disease referred to Birmingham.

Mr. Watterson addressed the meeting in his capacity as Chair of the Children's Heart Surgery Fund and outlined the following issues:

- As Chair of the Children's Heart Surgery Fund, Mr Watterson had spoken at and received feedback from 17 public events across the region during the period of public consultation (March 2011 – July 2011). As such, Mr. Watterson was well aware of many of the issues and concerns raised by parents and families across the region.
- As far as the North Eastern side of England was concerned, the JCPCT's decision appeared to be illogical and did not reflect the basic health planning principles – i.e. services are placed as close as possible to the general population – thus limiting both the number of individuals needing to travel excessive distance and also limiting the overall impact on those accessing services.
- The JCPCT's decision did not appear to reflect the population projections for Yorkshire and the Humber and the North East.
- Expertise does not reside in bricks and mortar (i.e. hospital buildings), but in the teams and individuals delivering services. This is particularly important when considering the issues of co-location of services and work between different medical specialisms.
- Clinical outcomes were regarded as a key measure of quality across the NHS generally. However, the Kennedy scores (often referred to as the 'quality' scores) did not measure and therefore did not reflect issues associated with current clinical outcome.
- The JCPCT's decision did not appear to take sufficient account on the impact of emergency work undertaken on critically ill children and the associated impact.
- Concern that the petition from Yorkshire and Humber against any closure of Leeds' surgical unit, which included 600,000 signatures had not been given sufficient weighting or consideration as part of the JCPCT's decision-making process.

Mr. Watterson also reflected on his personal experience (in his professional capacity as a Paediatric Cardiac Surgeon at Leeds Teaching Hospitals NHS Trust) of working in a 'stand-alone' surgical centre (at the former Killingbeck Hospital site in Leeds) with that of working in a dedicated Children's Hospital setting – where all the necessary services (including obstetrics and maternity services) on a single site. Mr. Watterson stressed the benefits for patients under a co-location of services model.

Members of the Joint Committee highlighted and discussed a number of issues at this point in the meeting, including:

- Services available at the Freeman Hospital, Newcastle and the location of maternity services;
- The role of referring clinicians in the service model agreed by the JCPCT;
- The role of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) to comment on the standards of care likely to

be experienced as a result of the JCPCTs decision, and the evidence to support the decision.

Members also briefly discussed the content of the report of the Independent Expert Panel Chaired by Professor Sir Ian Kennedy regarding Children's Congenital Cardiac Services at Royal Hospital for Sick Children (Yorkhill), Glasgow (February 2012).

On behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), the Chair thanked those in attendance for their contributions to the meeting and work of the Joint Committee.

Leeds Teaching Hospitals NHS Trust representatives:

The following representatives were in attendance and addressed the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).

- Stacey Hunter (Divisional General Manager, Children's Services) – Leeds Teaching Hospitals NHS Trust
- Karl Milner (Director of Communications) – Leeds Teaching Hospitals NHS Trust
- Dr Kate English[2] (Consultant in Adult Congenital Heart Disease) – Leeds Teaching Hospitals NHS Trust
- Dr John Thomson[3] (Consultant Cardiologist) – Leeds Teaching Hospitals NHS Trust
- Dr Mark Darowski (PICU Consultant) – Leeds Teaching Hospitals NHS Trust
- Dr Simon Newell (Consultant Neonatologist) – Leeds Teaching Hospitals NHS Trust

The following issues were highlighted and discussed:

- The fragmentation of the existing Yorkshire and Humber clinical network and how the proposed clinical networks will work in practice, with respective cardiology centres.
- Queries around whether the proposed cardiology centre in Leeds would be required to work across three different networks (Newcastle, Birmingham and Liverpool).
- Realities of the proposed patient flows and the respective roles of clinicians (in terms of referrals) and parents (in terms of patient choice).
- The considerable local impact on Leeds Teaching Hospitals NHS Trust (LTHT) associated with the loss of surgical services, including clinical governance risks for cardiologists.
- The use of the Kennedy scores as a 'proxy' for service quality and the apparent arbitrary and irrational nature of the scoring process.
- Concerns around inconsistencies and apparent arithmetical errors in some of the published data.

[2] Council Member of the British Congenital Cardiac Association (BCCA)
[3] Honorary Secretary to the British Congenital Cardiac Association (BCCA)

- One of the impacts of the JCPCT's decision being that Newcastle would remain the only stand alone unit in England (i.e. not a Children's Hospital providing the full range of services available elsewhere).
- Concerns that some of the comments about the review that had been provided by the British Congenital Cardiac Association (BCCA) had not been fully reflected by the JCPCT.
- Significant impacts (operationally and financially) of the JCPCT's decision for the Paediatric Transport Service offered by Embrace.
- The impact of the JCPCT decision on the operation of the Paediatric Intensive Care Unit PICU) in Leeds – including issues around capacity and flexibility during peak (winter) periods. It was highlighted that this may lead to greater use/ access of PICU beds outside Yorkshire and the Humber. This in turn may have a significant impact on the Paediatric Transport Service offered by Embrace.
- The loss of surgical services was likely to have an impact on the cardiology services provided by LTHT and the training programme offered by the Trust.
- The importance of the co-location of services – in particular for children and families from BME communities.
- The impact of additional travelling on children and their families.
- Improved survival rates of neonates leading to increased and greater complexities of needs in children. The co-location of services in this respect being vitally important.
- The well established network arrangements across Yorkshire and the Humber covering cardiac, PICU and neonatal services.
- Issues associated with 'blue' babies and children with complex needs. Without full co-location of services, it was unclear how children with complex needs would be treated/ cared for.
- Concerns around the 'quality' scores and it was felt that these were not representative of the services offered by LTHT.
- Concerns around the relative overall expertise of the Kennedy assessment panel. No expertise from the perspective of adults with congenital heart disease and no practicing UK paediatric cardiologist.
- Concern over the lack of complete information provided by the JCPCT in terms of the assessment process and associated scoring mechanism.
- Consideration of training within the assessment scores. Concern that without the provision and access to surgical services, it was unclear how cardiology trainees in Leeds (and potentially other de-designated centres) would complete their training.
- The BCCA view that cardiac services for children and adults should have been considered jointly.
- The increasing number of adult congenital heart disease patients. Concern that the longer-term impact of increasing numbers in this area had not been fully considered.
- Concerns around the sensitivity testing undertaken by the JCPCT (particular reference to Sensitivity F in the Decision-Making Business Case) in terms of:
    - The accuracy of information provided (no increase in the projected activity at the Birmingham Surgical Centre).

- The assumed 25% level of patients from Sheffield, Doncaster, Leeds and Wakefield travelling to Newcastle did not appear to be in line with the outcome of the PwC work around patient flows.

- Concern that some significant issues arising from the review remained unresolved and had been 'parked' for the implementation phase of the review.

Members discussed the details presented and statements made at the meeting. Members overall assessment being that while the overall service was likely to result in additional costs and investments, the JCPCT's decision would not result in an improved service across Yorkshire and Humber, rather the contrary being the case.

On behalf of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), the Chair thanked those in attendance for their contributions to the meeting and work of the Joint Committee.

The Chair adjourned the meeting for lunch at approximately 1:30pm

The meeting was reconvened at approximately 2:00pm. Members were advised that Councillors D Brown (Hull City Council) and B Hall (East Riding of Yorkshire Council) had left the meeting due to other engagements, and Councillor Shaukat Ali (Rotherham Council) had joined the meeting.

<u>The Joint Committee of Primary Care Trusts (JCPCT) representatives:</u>

The Chair welcomed everyone to the second part of the meeting and advised that the meeting would now focus on the work of the JCPCT and the decision made on 4 July 2012.

The following representatives were in attendance.

- Sir Neil McKay – Chair of the Joint Committee of Primary Care Trusts (JCPCT)
- Andy Buck (Chief Executive) – NHS South Yorkshire & Bassetlaw[4]
- Dr. Leslie Hamilton (Deputy Chair) – Safe and Sustainable Cardiac Surgery Steering Group
- Jeremy Glyde (Programme Director) – Safe and Sustainable Programme

Sir Neil McKay initially addressed the meeting and acknowledged the emotive issue under discussion, stating it would be difficult not to be moved by the statements provided to the Joint Committee earlier in the meeting. Sir Neil went on to make a series of comments, including:

[4] Also Chair of the Specialised Commissioning Group (Yorkshire and the Humber) and the regional (Yorkshire and the Humber) representative on the Joint Committee of Primary Care Trusts (JCPCT).

- There appeared to be a view that the comments and concerns from Yorkshire and the Humber had been ignored by the JCPCT.
- The JCPCT had attempted to manage the process in good faith and had tried to do what's right. Confirmation that the JCPCT had made the decision and that any advisers had only provided advice.
- Some of the arguments already put forward could be made / equally applied elsewhere in England.
- Confirmation that there was no evidence that current centres were unsafe (with the possible exception of Oxford that had been regarded as an outlier in terms of performance).
- Confirmation that the case for change was generally accepted – which supported the need for fewer, larger surgical centres.
- An outline that the JCPCT's work and decision had not been scientifically precise – but a product of processes involving analysis of a large number of different sources of information and advice, coupled with professional judgement.
- The outcome of the recent Court of Appeal process had found the public consultation process to be sound.

Further representatives addressed the meeting and the points highlighted and discussed included:

- Development of the standards of care to be delivered by surgical centres and the supporting networks had been supported by a plethora of evidence.
- The network model of care proposed envisaged a system of local services (excluding surgical procedures) delivered closer to patients' homes.
- Interpretation of the NHS definition of Critical Interdependencies and the implications for co-location of services.
- Confirmation that Sir Ian Kennedy's Expert panel had considered the best available evidence around Critical Interdependencies and re-affirmed previous advice, including that Foetal Medicine and Maternity Services were not critical interdependencies.
- The review of services for adults with congenital cardiac disease was outside the scope/ terms of reference for the JCPCT and could not be considered. The review of Children's Services could not be delayed until 2014 to become part of the adults review process/ timetable.
- The JCPCT had taken advice from a number of bodies regarding issues around with retrieval times.
- Consideration of applications to deliver Nationally Commissioned Services (Transplantation, Extra Corporeal Membrane Oxygenation (ECMO) and Complex Tracheal Surgery) had been considered by a national committee – which had discounted Leeds' application. It was reported that the view of the Advisory Group for National Specialised Services (AGNSS) was that it would take 8/10 years to successfully move transplant services from those centres currently delivering such services (including Newcastle).
- It was highlighted that three from the four options included as part of the public consultation process and that eight from twelve options

considered by the JCPCT on 4 July 2012 would have resulted in moving one or more nationally commissioned services.

- Confirmed that the Kennedy scores/ rankings had been important when assessing quality and undertaking the sensitivity tests.
- NHS London had assessed the proposals against the four tests for reconfiguration of services identified by the Secretary of State for Health – that is, reconfiguration proposals need to demonstrate:
    - Support from GP commissioners
    - Strengthened public and patient engagement
    - Clarity on the clinical evidence base
    - Consistency with current and prospective patient choice
- Issues around access and journey times had been taken into account by the JCPCT.

Members of the Joint Committee went on to highlight and discuss a number of issues, including:

- Travel and access issues to Newcastle.
- Consultation with BME communities and the lack of engagement in this regard. It was highlighted that children from BME backgrounds represented 24% of the surgical cases in Yorkshire and the Humber – often presenting more complex needs. The issues around co-location of services was particularly important in this regard.
- The long-term sustainability of the Newcastle surgical centre.
- Clarity around the Kennedy scores (used as a proxy for quality).
- The significant challenges around implementation.
- Clarity around the improvements to services for the children and families of Yorkshire and the Humber.
- Queries around the 8/10 years timescale quoted to successfully move transplant services from those centres currently delivering such services.
- The availability and provision of services in Leeds covering antenatal care through to adulthood.

The Chair addressed the meeting and in summing up the Joint Committee's deliberations, proposed 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.

For the purpose of the issues under consideration, the local NHS was interpreted as being the NHS across Yorkshire and the Humber.

RESOLVED –

(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.

60 Date and Time of Next Meeting

In order to agree the report to accompany the Joint Committee's referral to the Secretary of State for Health and to continue with any other aspects of work, as appropriate, it was agreed to convene future meetings of the Joint Committee as and when appropriate.

The Chair of the Joint Committee thanked all those present for their attendance and contribution to the meeting.

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

MONDAY, 19TH DECEMBER, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors S Ali, J Bromby, D Brown, J Clark, M Gibbons, R Goldthorpe, L Smaje and K Wilson

45 Declarations of Interest

There were no declarations of interest.

46 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors J Bromby, T Revill, E Rhodes, I Saunders and J Worton.

It was reported that Councillor C Skelton was attending in place of Councillor I Saunders.

47 Minutes of Previous Meetings

Consideration of the minutes from the meetings 22 September 2011, 29 September 2011 and 4 October 2011 was deferred to a future meeting of the JHOSC.

48 Review of Congenital Heart Services in England: Proposed Change in Membership

The report of the Head of Scrutiny and Member Development informed the Board of a proposed change in Membership of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber). It was reported that York City Council had nominated Councillor Christina Funnell to replace Councillor Sian Wiseman.

Thanks were expressed to Councillor Wiseman for her contribution to the work of the Joint Committee.

RESOLVED – That Councillor Funnell be appointed as the City of York Council's representative to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).

49 Review of Children's Congenital Heart Services in England: Scrutiny Referral to the Secretary of State for Health - Update

The report of the Head of Scrutiny and Member Development made reference to the Committee's report into the review of Children's Congenital Heart Services and its subsequent referral to the Secretary of State for consideration on the basis of inadequate consultation with the Joint HOSC by the Joint Committee of Primary Care Trusts (JCPCT), as the appropriate NHS body.

It was reported that the matter had been referred to the Independent Reconfiguration Panel (IRP) and a further response was due in January 2012.

There was a brief discussion around the membership of the IRP and how it conducted reviews.

Andy Buck, Yorkshire and Humber representative on the JCPCT, informed the Committee that the IRP had been established to provide independent advice to the Secretary of State and, in relation to the JHOSC's referral, the JCPCT had been asked to provide information.

The JHOSC was also advised that the IRP membership relating to individual referrals was drawn from a pool of overall members. As such, membership varied on a case-by-case basis.

Members requested specific information on the overall Membership of the IRP and any specific sub-group established to review the JHOSC's referral.

RESOLVED – That the report and discussion be noted.

50 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 invited an update from the JCPCT regarding the proposed reconfiguration of Children's Congenital Heart Services in England. The following were in attendance for this item:-

- Andy Buck, Chief Executive – NHS South Yorkshire and Bassetlaw and Yorkshire and Humber JCPCT representative
- Cathy Edwards, Director – Yorkshire and Humber Specialised Commissioning Group
- Matthew Day, Specialty Registrar in Public Health – Yorkshire and Humber Specialised Commissioning Group

The Committee was reminded of the Judicial Review that had been sought by the Royal Brompton and Harefield NHS Foundation Trust. It was reported that following the Judicial Review, the High Court had ruled in favour of the JCPCT on several items but not in respect of how research and innovation was handled in the consultation document.

As a result. the whole consultation had been declared unlawful and subsequently null and void.

The JHOSC was advised that the JCPCT would be appealing the judgement and that appeal papers had been lodged. It was reported that the JCPCT had also asked for the appeal to be expedited and that the Royal Brompton and Harefield NHS Foundation Trust may also issue a counter appeal.

The JHOSC was informed that if the appeal was upheld and found in favour of the JCPCT, then the consultation already undertaken could be used to proceed to a decision. However if the appeal was to fail, there would have to be a further consultation process.

As a result of the original judgement and ongoing legal proceedings, it was reported that the JCPCT was currently unable to consider any of the responses made during the consultation – including the detailed report submitted by the JHOSC.

Concern was expressed that the report provided by the Joint HOSC would not be considered or responded to. It was reported that the JHOSC's report had been given some initial consideration until the judgement on the Brompton case had been announced, but that no further consideration was currently being given – due to the consultation process being deemed as unlawful.

It was reported that should the JCPCT be successful in its appeal, then the JHOSC should expect a formal response to its report.

Further discussion was held on the potential timescales for the appeal against the decision and for any counter appeal that may follow. It was hoped that a final decision on the consultation would be made within two to three months.

Members expressed further concern around the delay, including the potential impact of local elections (in May 2012) and the impact these may have on the Membership of the JHOSC.

RESOLVED – That the report and discussion be noted.

51 Review of Children's Congenital Heart Services in England: Additional Information

The report of the Head of Scrutiny and Member Development introduced additional information previously requested by Joint HOSC. The following information was appended to the report:-

- Testing Assumptions for Future Patient Flows and Manageable Clinical Networks (Price Waterhouse Coopers (PwC) final Report – October 2011).
- Report (and associated letter) of Sir Ian Kennedy's panel in response to questions made by the JCPCT (17 October 2011).
- Report of Dr Patricia Hamilton CBE, Chair of the Safe and Sustainable Steering Group, on behalf of Steering Group Members (17 October 2011).

The following were in attendance for this item:-

- Andy Buck, Chief Executive – NHS South Yorkshire and Bassetlaw and Yorkshire and Humber JCPCT representative.
- Cathy Edwards, Director – Yorkshire and Humber Specialised Commissioning Group.
- Matthew Day, Specialty Registrar in Public Health – Yorkshire and Humber Specialised Commissioning Group.

Testing Assumptions for Future Patient Flows and Manageable Clinical Networks (Price Waterhouse Coopers (PwC) final Report – October 2011)

Notwithstanding the outcome of the Judicial Review discussed earlier in the meeting, it was reported that the JCPCT was in a position of being able to consider the PwC report on patient flows and clinical networks.

It was confirmed that the JCPCT had been considering the PwC report and the issues highlighted were being given serious consideration. It was also confirmed that such meetings had been held in confidential session.

The following issues were highlighted and discussed by members of the JHOSC:-

- The PwC report cited Leeds, Leicester, Bristol and Southampton as having well developed networks.
- The PwC report supported the findings of the Joint HOSC and this had been information that the Committee had reserved right to pass comment on. It was stressed that this needed to be considered by the JCPCT in conjunction with the JHOSC initial report.
- It was confirmed that the JCPCT was still giving full consideration to the PwC report and the other additional information as these were not part of the consultation process.
- In response to a question as to whether the JCPCT could consider any further response/ comment the JHOSC may wish to issue in light of the PwC report, it was reported that this would be dependant on the outcome of the appeal currently lodged.

It was reported that the JCPCT was endeavouring to arrive at a decision that was in the best interests of children and families across the country. However, it was acknowledged that with fewer centres some would have to travel further than they did at present.

Reference was also made to the provision of outreach arrangements and the focus on services and networks as well as the reconfiguration of centres.

Report (and associated letter) of Sir Ian Kennedy's panel in response to questions made by the JCPCT (17 October 2011)

With regard to the report of Sir Ian Kennedy's Panel, it was reported that the JCPCT would be giving full consideration to the observations regarding co-location of services and critical clinical inter-dependencies. The wider benefits

of different forms of co-location including the experience for families would also be taken into account.

The reassurance provided was welcomed by the JHOSC.

Report of Dr Patricia Hamilton CBE, Chair of the Safe and Sustainable Steering Group, on behalf of Steering Group Members (17 October 2011)

In considering the information presented, the following issues were highlighted and discussed by members of the JHOSC:-

- Transport arrangements, the suggested amalgamation of services and the necessary financial support this would need.

  It was outlined that the introduction of Embrace across Yorkshire and the Humber had been regarded as a significant improvement for neo-natal transfers and retrieval. A national stock take had been carried out on retrieval services by the 10 Specialised Commissioning Groups (SCGs). It was reported that a variety of arrangements were currently in operation across the country and many other areas did not have combined transfer and retrieval services.

  Amalgamation of services and geography were being taken into consideration and transport was considered to be of high priority in the national programme.

- The potential impact on Paediatric Intensive Care Units and subsequent effects on staff retention and recruitment.

  It was reported that the JCPCT was acutely aware of the potential impacts associated with implementation and full consideration would be given to these issues.

- Fragmentation of care and the role of networks

  There was an assumption that with fewer centres, there would be a need to reconfigure existing networks and establish new ones. However, the view of the JHOSC was that Yorkshire and Humber already had an established and well developed network and that this should have been given much greater consideration before and during the consultation process. .

- Treatment of Patent Ductus Arteriosus (PDA)

  The Chair highlighted the seemingly difference of approach/ advice provided by the Steering Group regarding the treatment of PDAs. That is, a cardiac surgical procedure not required to be performed at a designated surgical centre – but through the despatch of a surgical team from a designated surgical centre. Members questioned both the rationale and practicalities associated with this proposed additional standard.

RESOLVED –

(a) That the report and discussion be noted.
(b) That a further submission be made to the JCPCT in relation to the PwC report findings, which reinforced some of the points previously highlighted in the JHOSC's initial report.

52 Review of Children's Congenital Heart Services in England: Children's Heart Surgery Fund (CHSF) - Update

The report of the Head of Scrutiny and Member Development provided an updated from the Children's Heart Surgery Fund.

Sharon Cheng, Charity Director of the Children's Heart Surgery Fund addressed the meeting.

It was reported that at recent meeting of the CHSF Trustees it had been unanimously decided to pursue the possibility of submitting a Judicial Review in order to protect the interests of children and their families across Yorkshire and the Humber.

It was also requested that the JCPCT did not discount the 600,000 signature petition submitted from the Yorkshire and Humber region, as this had clearly not been considered as part of the consultation process.

RESOLVED – That the report and discussion be noted.

53 Review of Children's Congenital Heart Services in England: Leeds Teaching Hospitals NHS Trust (LTHT) - Update

The report of the Head of Scrutiny and Member Development invited representatives of Leeds Teaching Hospitals Trust (LTHT) as the current sole provider of Children's Congenital Heart Surgery in Yorkshire and the Humber to provide the Committee with an update following the recent High Court judgement and provision of additional information.

The Chair welcomed Stacey Hunter, Divisional General Manager, Children's Services, LTHT to the meeting.

The following issues were highlighted:-

- It was clear from the PwC report that people from Yorkshire and the Humber would not travel to Newcastle. Potentially, this could make Newcastle unsustainable in the future and put at risk children and families from the entire North East of the country.
- To date, the JCPCT had given inadequate consideration to the benefits of co-located services such as those available and routinely offered at LTHT. Any change in the availability of and access to such services was likely to represent a retrograde step for many children and families from across Yorkshire and the Humber.
- It was felt that the population density of Yorkshire and the Humber had not been given due consideration.

- The JCPCT had been asked to reconsider the provision of Adult Services as it was felt that such services should not be considered as part of a different review. – the outcome of which may be largely pre-determined.
- That LTHT remained in disagreement with the findings of Sir Ian Kennedy's Panel report, with a number of inaccuracies concerning the provision of services at LTHT remaining a concern.

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

- While it was acknowledged that the JCPCT was not currently in a position to comment on the consultation process and outcomes, it was important for LTHT to continue to document its views on the position regarding the Safe and Sustainable Review.
- LTHT's continued lobbying for the provision of Adult Services to be included within the scope of the Children's review – a position supported by the JHOSC.

It was highlighted that the decision to review only Children's Services was not the decision of the JCPCT. Clear terms of reference had been given to the JCPCT at the outset of the review. The request for Adult Services to be reviewed in conjunction with Children's would be fed back. There was no indication as to when a review of services for Adults would be carried out.

The JHOSC reiterated its view that Children's and Adults Congenital Cardiac Services should not be the subject of separate reviews and should be reviewed together. By undertaking separate reviews, it was unclear how one review would not significantly impact/ pre-determine the outcome of the other review.

RESOLVED – That the Committee's view regarding undertaking separate reviews of Children's and Adults Congenital Cardiac Services remained and should be reiterated.

54 Date and Time of Next Meeting

It was agreed to convene a future meeting of the Joint HOSC at an appropriate time, following any decision of the JCPCT.

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

TUESDAY, 4TH OCTOBER, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors S Ali, J Clark, M Gibbons, R Goldthorpe, T Revill, L Smaje and S Wiseman

41 Late Item

It was agreed to admit the following additional information for consideration at the meeting:-

- A further working draft of the Joint Committees final report (minute 44 refers).

42 Declarations of Interest

There were no declarations of interest.

43 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors J Bromby, D Brown, B Rhodes, I Saunders, K Wilson and J Worton.

No substitute members were in attendance.

44 Review of Children's Congenital Heart Services in England: Final Report (draft)

The Head of Scrutiny and Member Development presented a further draft of the Joint Health Overview and Scrutiny Committee (HOSC) for Yorkshire and the Humber's report in response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres.

Members reviewed the draft report line by line and agreement was reached on suggestions for amendment and inclusion in the final report.

Following the review of the draft report, the Chair of the Joint HOSC recorded her thanks to all members of the Committee for their time, effort and commitment to the Joint Scrutiny inquiry.

Members of the Joint HOSC also asked to place on record their appreciation of the Chair's work conducting this inquiry and producing the substantial report.

Thanks to the officers supporting the work of the Joint HOSC, in particular Steven Courtney, Principal Scrutiny Adviser at Leeds City Council, was also expressed by the Joint HOSC.

RESOLVED –

(a) That the report be amended in line with the discussion and be submitted to the Joint Committee of Primary Care Trusts (JCPCT) as the Joint HOSC's response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres.

(b) That a response to the Joint HOSC's report and its recommendations be sought from the JCPCT in line with the statutory 28 day deadline.

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

THURSDAY, 29TH SEPTEMBER, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors S Ali, J Clark, M Gibbons, R Goldthorpe, B Hall, T Revill and L Smaje

35 Late Items

It was agreed to admit the following additional information for consideration at the meeting:-

- Communication from Hilary Benn MP (Minute 38 refers);
- Communication from Rosie Winterton MP (minute 38 refers);
- A working draft of the Joint Committees final report (minute 39 refers).

36 Declarations of Interest

There were no declarations of interest made.

37 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors J Bromby, D Brown, B Rhodes, I Saunders, K Wilson, S Wiseman and J Worton

No substitute members were in attendance.

38 Proposed Reconfiguration of Children's Congenital Heart Services in England: Additional Information

The report of the Head of Scrutiny and Member Development presented additional information requested by the Committee to enable them to formulate a response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres.

The details presented included:-

- Findings of the survey commissioned by the Children's Heart Federation on parents' priorities for children's heart surgery services (presented to the stakeholder event on 22 October 2009)
- City of Bradford MDC – Health Overview and Scrutiny Committee resolution from 15 September 2011;
- East Riding of Yorkshire Council – Health, Care and Welbeing Overview and Scrutiny Committee resolution from 13 September 2011.

Members considered and discussed the details presented, including the additional information submitted to the meeting, with all relevant matters to be included in the current drafting of the Joint Health Overview and Scrutiny Committee's report.

RESOLVED – That the information presented be noted, with all relevant matters included in the Joint Health Overview and Scrutiny Committee 's final report.

39 Review of Children's Congenital Heart Services in England: Final Report (draft)

The Head of Scrutiny and Member Development presented a first draft of the Joint Health Overview and Scrutiny Committee (HOSC) for Yorkshire and the Humber's report in response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres.

Members reviewed the draft report line by line and agreement was reached on suggestions for amendment and inclusion in the final report.

Members agreed to consider a further draft of the report as soon as practicable.

RESOLVED – That the report be amended in line with discussion and arrangements for consideration of a revised draft be made as soon as practicable.

40 Date and Time of Next Meeting

Tuesday, 4 October 2011 at 10.00 a.m.

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

THURSDAY, 22ND SEPTEMBER, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors S Ali, M Gibbons, R Goldthorpe, B Hall, T Revill, B Rhodes, L Smaje and S Wiseman

25 Late Items

The following late information had been submitted:-

- A copy of the working draft final report (for information only)
- Additional information from North East Lincolnshire County Council (Minute 32 refers).
- Additional information from the Joint Committee of Primary Care Trusts (Minute 29 and 31 refers).

26 Declarations of Interest

There were no declarations of interest.

27 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors Bromby, Brown, Clark, Saunders, Wilson and Worton.

No substitute members were in attendance.

28 Minutes of Meetings Held on 2 and 19 September

RESOLVED – That the minutes of the meetings held on 2 an 19 September be confirmed as correct records.

29 Proposed Reconfiguration of Children's Congenital Heart Services in England: Questions to the Joint Committee of Primary Care Trusts

The report of the Head of Scrutiny and Member Development presented Members with responses to questions which had been submitted to the Joint Committee of Primary Care Trusts (JCPCT).

The Chair invited Ailsa Claire, the current Yorkshire and Humber regional representative on the Joint Committee of Primary Care Trusts (JCPCT) to introduce herself to the meeting.

Andy Buck addressed the meeting. He reported that Ailsa Claire, the current regional representative on the Joint Committee of Primary Care Trusts (JCPCT), was not in attendance at the meeting as planned. Mr. Buck added that he was due to be confirmed as the new Chair of the Yorkshire and the Humber Specialised Commissioning Group at a meeting the following day, and would therefore become the regional representative on the JCPCT.

Mr. Buck was asked whether or not he had attended any of the JCPCT meeting to date, or been involved in any of its deliberations on the issue being considered by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC). Mr. Buck was also asked whether or not he had been briefed by Ms. Claire in advance of the meeting. Mr Buck confirmed that to date he had not attended any JCPCT meetings and had not been briefed by Ms. Claire.

Members expressed extreme disappointment that Ms. Claire was not in attendance at the meeting and that no attempt had been made to notify the Joint Committee in advance of the meeting.

The Chair reminded all those present that, on behalf of the Joint HOSC, she (and her predecessor Cllr. Mark Dobson) had sought to secure the attendance of a decision-making representative on a number of occasions. The Chair also highlighted that the meeting had been arranged specifically to facilitate the attendance of a representative from the JCPCT.

Members aired their frustration at not having a sitting representative of the JCPCT present at a meeting of the Joint HOSC to help their consideration of the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres.

The Joint HOSC agreed to an adjournment of the meeting to allow members to consider whether or not to proceed. The meeting was adjourned at approximately 11:00am.

The meeting was reconvened at approximately 12:10pm.

The Chair advised the meeting that during the adjournment members of the Joint HOSC had discussed a number of options and agreed to proceed with the meeting. The agreement to proceed was confirmed during the meeting.

The Chair added that the Joint HOSC had also agreed to demand the attendance of Ms Claire – the current regional representative on the Joint Committee of Primary Care Trusts (JCPCT) – as previously agreed. This was confirmed during the meeting.

The Chair reported that a letter had been emailed to Ms. Claire's office, advising of the Joint HOSC's decision to require Ms. Claire's attendance before 2:00pm. A copy of the letter was also handed to Mr. Buck in order to help resolve the situation.

It was agreed to defer any further consideration of the item until Ms. Claire was in attendance.

30 Proposed Reconfiguration of Children's Congenital Heart Services in England: Additional Information from Leeds Teaching Hospitals NHS Trust (LTHT)

The report of the Head of Scrutiny and Member Development introduced additional information provided by Leeds Teaching Hospitals NHS Trust (LTHT) in response to information provided by the JCPCT.

The Chair welcomed the following to the meeting:

- Stacey Hunter, Divisional General manager, Children's Services, LTHT
- John Thomson, Paediatric Cardiologist, LTHT

Additional information relating to the potential delivery of three nationally commissioned services, namely Extra Corporeal Membrane Oxygenation (ECMO), Heart Transplant services and Complex Tracheal Surgery, by LTHT was outlined in the report.

Following a brief presentation and introduction of the report, the following issues, including comments and questions from members of the Joint HOSC, were discussed:

- LTHT felt that the JCPCT evaluation of their ability to be capable of providing an Extra Corporeal Membrane Oxygenation (ECMO) service was inconsistent and it was unclear how the conclusion had been reached that the Trust would be unable to deliver such a service. It was felt that LTHT did have the capacity to develop the service within the timescale for development and providing the necessary training. It was felt that there had not been a comprehensive options appraisal. .
- There were 18 beds in the Paediatric Intensive Care Unit at LTHT.
- LTHT had still not had a detailed breakdown of how the assessments had been scored by the JCPCT or been given an opportunity to reply.
- It was felt that population density across Yorkshire and the Humber had not been taken properly into account when the overall options had been prepared for public consultation.
- LTHT did not consider themselves to be a low volume centre. Four of the other centres in the proposed options carried out a significantly smaller number of procedures, two other centres carried out a comparable number of procedures and only three centres carried out more procedures.
- While it was recognised that the review only considered services in England, it was felt it would have been appropriate to include Scotland when considering the likely total number of surgical procedures and therefore the number of surgical centres required.
- It was felt that services for adults should have also been included within the scope of the review, and not subject to a separate review process that would not be concluded until the outcome of the

Children's review was known. Members believed that this approach would inevitably predetermine the review of services for adults.

- There were significant issues relating to capacity planning and, yet to be resolved issues, around projected patient flows, and concern that children and families (many from Yorkshire and the Humber) would have to travel further so that other hospitals/ surgical centres could reach the suggested number of procedures.
- It was reported that the patient flow analysis carried out by Price, Waterhouse and Cooper would not be available before the Joint HOSC's October 2011 consultation deadline. This was felt to be unsatisfactory as the Joint HOSC had to submit its response to the JCPCT by 5 October, 2011.
- It had been accepted by the JCPCT that there had been some factual inaccuracies associated with the assessment of LTHT.
- Work carried out between the SCG and LTHT that demonstrated that LTHT provided more co-located services than other units in other options that did not include Leeds..

RESOLVED –

(a) That the report and discussion be noted.

(b) That the issues raised be incorporated into the Joint HOSCs response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres, and its associated report.

31 Proposed Reconfiguration of Children's Congenital Heart Services in England: Questions to the Joint Committee of Primary Care Trusts (continued)

The Chair welcomed Ailsa Claire, Chief Executive of NHS Barnsley and the current Yorkshire and Humber representative on the JCPCT to the meeting.

Also in attendance for this item was:

- Andy Buck, Chief Executive, South Yorkshire and Bassetlaw Primary Care Trusts.
- Cathy Edwards, Director, Yorkshire and Humber Specialised Commissioning Group
- Matthew Day, Yorkshire and Humber Specialised Commissioning Group

The Chair referred back to the relevant report on the agenda, which introduced a series of written questions (including supplementary questions) previously identified by the Joint HOSC and the associated responses provided on behalf of the JCPCT. The questions covered a range of issues, including:

- Co-location of services;
- Caseloads and 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;
- Nationally commissioned services;
- The Kennedy assessment scores and associated processes.

Following a brief presentation and introduction of the report, the following provides a summary of the issues, including comments and questions from members of the Joint HOSC, discussed:

- It was reported that due diligence was given to Yorkshire and Humber in the review, but the overall decision that would be taken by the JCPCT would be the best for all of the country to ensure the delivery of safe and sustainable. All centres (with the exception of Oxford) had demonstrated strong, capable organisations able to deliver quality services.
- The JCPCT felt a reduction in the number of centres nationwide, would enable the development of more specialist centres.
- Concerns that, despite repeated requests, details of the scoring exercise used to inform the public consultation would not be available until after the JCPCT had reached its decision. Members highlighted the impact of this approach on overall accountability and transparency.
- Access, journey and retrieval times had all been taken into account as part of the overall assessment of viable configuration options..
- The significant impact on families with increased travel times and costs, particularly those from deprived areas – and the disproportional impact across Yorkshire and the Humber.
- Concern that information identified from the Health Impact Assessment and around the Patient Flow Analysis had not been available before the preparation of the options. In response, it was felt that enough information had been available to develop the options whilst still giving due diligence to the centres concerned.
- It was felt that not enough weighting had been given to the existing outreach network across Yorkshire and the Humber, which under three of the four consultation option would be dismantled due to the proposed network configurations.
- Concern that Adult Services had not been reviewed at the same time – it was reported that this view would be reported to the JCPCT and it was recommended that this should be reflected in the Committee's consultation response and associated report.
- It was suggested that if Adult Services had been included in the review, then there would have been a case for retaining at least two more centres based on the overall number of procedures carried out.
- The option to keep all centres open was considered and the decision to reduce the centres was not a cost cutting exercise. It was unlikely that

any reconfiguration would give any cost benefits and additional expenditure was highly likely..

- It was felt that insufficient consideration had been given to the co-location of other related medical services in Leeds – with similar services not available in some other centres, including Newcastle.
- Concern that the consultation document was difficult for some people to understand.
- Concern that full weighting may not be given to the petition from Yorkshire and the Humber.and may not be adequately reflected in the JCPCT's deliberations and decision-making process..
- Consultation responses from BME communities, with the Joint HOSC expressing disappointment that consultation documentation had not been available in other languages when first issued, particularly given the region's large number of BME communities .

It was highlighted that the final meeting of the JCPCT, when the decision would be announced, would be held in public. However, the date of the meeting had not yet been agreed.

In conclusion, the Chair outlined the Joint HOSC's extreme disappointment that, despite its best efforts, not all information requested had been made available – nor would it become available ahead of the consultation deadline. It was agreed that the Joint HOSC's report would particularly emphasise and reinforce this point.

RESOLVED –

(a) That the report and discussion be noted.

(b) That the issues raised be incorporated into the Joint HOSCs response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres, and its associated report

32 Proposed reconfiguration of Children's Congenital Heart Services in England: Details of Council Motions from across Yorkshire and the Humber

The Head of Scrutiny and Member Development provided the Joint Health and Overview and Scrutiny Committee (Yorkshire and the Humber) with details of motions passed and associated correspondence from Councils across the region.

The information presented included details from the following Councils:

- City of York Council
- East Riding of Yorkshire
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- Rotherham Metropolitan Borough Council
- Sheffield City Council

- Wakefield Metropolitan Borough Council

Additional information from North East Lincolnshire County Council was considered. The information related to:

- Levels of deprivation across Yorkshire and the Humber; and,
- The proportion of car/van ownership across Yorkshire and the Humber.

The information presented was discussed and it was agreed that the details be included the Joint HOSCs response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres, and its associated report.

RESOLVED –

(a) That the report and details presented be noted.
(b) That the information be included the Joint HOSCs response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres, and its associated report

33 Proposed Reconfiguration of Children's Congenital Heart Services in England: Submissions from Members of Parliament (Yorkshire and the Humber)

The Head of Scrutiny and Member Development provided the Joint Health and Overview and Scrutiny Committee (Yorkshire and the Humber) with details of correspondence from MPs across the region following an invitation from the Joint HOSC (on 8 September 2011) to provide any comments regarding the Safer and Sustainable review.

RESOLVED –

(a) That the report and details presented be noted.
(b) That the information be included the Joint HOSCs response to the proposed changes to Children's Congenital Heart Services in England and the proposed reconfiguration of designated surgical centres, and its associated report

34 Date,Time and Venue of Next Meeting

Thursday, 29 September 2011, 10.00 a.m. in the Civic Hall, Leeds.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of the Head of Scrutiny and Member Development

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

Date: 16 November 2012

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

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

Summary of main issues

1. Following the review of Children's Congenital Cardiac Services in England, at its meeting on 4 July 2012, the Joint Committee of Primary Care Trusts (JCPCT) agreed consultation Option B for implementation. The JCPCT also agreed 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

2. At its meeting on 24 July 2012, the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) agreed to amend its Terms of Reference to cover the implementation stage of the review.

3. The purpose of this report is to update the Joint HOSC in terms of implementation phase of the review.

Recommendations

4. That the Joint HOSC note the information presented and determines any other appropriate actions and/or scrutiny activity at this stage.

1.0 Purpose of this report

1.1 The purpose of this report is to update the Joint HOSC in terms of the implementation phase of the review of Children's Congenital Cardiac Services in England.

2.0 Background information

2.1 Following the review of Children's Congenital Cardiac Services in England, at its meeting on 4 July 2012, the Joint Committee of Primary Care Trusts (JCPCT) agreed consultation Option B for implementation. The JCPCT also agreed 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 Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) agreed to amend its Terms of Reference to cover the implementation stage of the review.

3.2 The details presented in this report provide the Joint HOSC with an update in terms of the implementation phase of the review of Children's Congenital Cardiac Services in England. The following details are appended to this report:

- Appendix 1: *Safe and Sustainable* Children's Congenital Heart Services: Implementation Plan during 2012/13 and Transfer into the NHS Commissioning Board for April 2013 (August 2012).
- Appendix 2: Membership details of the Implementation Advisory Group (September 2012)

3.3 It should be noted that the first meeting of the Implementation Advisory Group was held on 18 September 2012. The following extract has been taken from the NHS Specialised Services website:

Professor Deirdre Kelly, Chair of the Implementation Advisory Group, said:

"On Tuesday 18th September I chaired the first Implementation Advisory Group meeting. Attendees included representatives of professional associations, charity groups and NHS commissioners. Members were very positive and committed to developing patient focussed high quality cardiac networks. We are all aware of the need for good communication with our stakeholders, patients and their families and of the importance of ensuring patient safety and the continuity of services during the transition phase. I very much look forward to working with the group."

3.4 Members of the Joint HOSC will no doubt be aware that in October 2012, the Secretary of State for Health commissioned the Independent Reconfiguration Panel

(IRP) to undertake a full review following referrals from Lincolnshire County Council's Health Scrutiny Committee and Leicester, Leicestershire and Rutland's Joint Health Overview and Scrutiny Committee.

3.5 The following details are attached at Appendix 3 for information and consideration:

- The IRP initial assessment advice (September 2012);
- The commissioning letter from the Secretary of State for Health (October 2012);
- The Terms of Reference for the IRP's review (October 2012); and,
- A recent IRP media release regarding the review (November 2012).

3.6 It should be noted that since the Secretary of State's announcement to commission a full review by the IRP, the JCPCT has stated that it will work closely with the IRP to assist the panel's review in whatever way possible. The JCPCT has also expressed concerns around delaying the implementation process and that planning for implementation will continue with the professional associations.

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 agreeing consultation Option B for implementation, the JCPCT had regard to the Health Impact Assessment (June 2012) report produced by Mott McDonald.

4.2.2 The Health Impact Assessment (HIA) report 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 Prior to finalising its initial report in October 2011, and in order to have a better understanding of the extent (number) of vulnerable groups across Yorkshire and the Humber, the Joint HOSC requested a detailed breakdown of the information detailed in the interim HIA 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 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, however managing potential risks is likely to be a key aspect of the implementation phase of the review.

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 Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) agreed to amend its Terms of Reference to cover the implementation stage of the review:

5.3 The details presented in this report provide the Joint HOSC with an update in terms of the implementation phase of the review of Children's Congenital Cardiac Services in England and the recently commissioned IRP review..

6.0 Recommendations

6.1 That the Joint HOSC note the information presented and determines any other appropriate actions and/or scrutiny activity at this stage.

7.0 Background documents[1]

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.

Safe and Sustainable Children's Congenital Heart Services Implementation Plan during 2012/13 and Transfer into the NHS Commissioning Board for April 2013

2 August 2012

Introduction

Implementation of the JCPCT's decision on the future configuration of children's congenital heart services will present complex challenges. The NHS in England will need to respond to these challenges in a coordinated way; maintaining safe services throughout, whilst many organisations themselves are subject to organisational change and a tighter financial environment.

The NHS Commissioning Board (NHS CB) will assume responsibility for commissioning children's congenital heart services from April 2013 and will need to start to contract for the services from October 2012. There will need to be a smooth transition of responsibility as this passes from the current specialised commissioning arrangements to the NHS CB. The collective working of the pre-existing SCGs and the four transitional Cluster SCGs will continue with clarity of roles passing to the new regional and local teams of the NHS CB as they are established in 2012. National coordination maintaining the corporate memory will remain important in the medium term to ensure a consistent approach to implementation and compliance with a national model of care.

It will be crucial for NHS commissioners and the professional associations to support the NHS Trusts and NHS staff affected by the eventual decision, and clear communication will be needed with the public and parents throughout the process of implementation. Strong leadership and open engagement will be required at all levels.

Phased approach to developing the implementation plan

A final and detailed implementation plan can only be developed once the JCPCT has made a decision on the future configuration of services on 4 July 2012, and once the implications of that decision have been considered and discussed between NHS commissioners, relevant NHS trusts and other key stakeholders such as user groups and professional associations. This document therefore represents the first iteration of the strategy for implementation.

Implications of challenge to the JCPCT's decision

In view of the high-profile nature of the review it is reasonable to assume that the JCPCT's decision may meet with future challenge, either by way of further judicial review or by referrals to the Secretary of State for Health from Health Overview and Scrutiny Committees. While the NHS would be unable to finalise implementation to the point of making irremediable changes until the challenge has been resolved, the NHS commissioners and NHS trusts are free to pursue a process of active preparation for implementation.

The implementation plan for 2012/13 therefore assumes a process of active preparation for implementation until around April 2013 when it is reasonable to assume that the process for defending challenge will be complete. At this point, it is planned that permanent changes to service delivery can begin to be implemented and embedded assuming that the challenge has been successfully defended.

The defence against challenge will be led by the National Specialised Commissioning Team in view of its management of the review process since 2008 and its accumulated knowledge of the process.

Structures for implementation

i. National project team

A small national project team will be established by the Director of National Specialised Commissioning in July 2012. It is likely that the team will comprise members of the current *Safe and Sustainable* team and be led by the current *Safe and Sustainable* Programme Director. The national project team will facilitate a collective oversight of the process of implementation to ensure consistent, coherent and legally robust implementation strategies across the country. The national project team will:

- Manage the process of defence against challenge
- Act as secretariat to the **Project Board**
- Provide a formal link to the Department of Health and NHS Commissioning Board Authority through the Specialised Commissioning National Transition Team up to April 2013
- Deliver stakeholder forums on specific issues, as required
- Act as secretariat to the **Implementation Advisory Group**

- Manage the process of developing standards, outcome measures and quality measures, for the proposed Children's Cardiology Centres and District Children's Cardiology Services (this work is planned to commence by September 2012)
- Develop an implementation model of Operational Delivery Networks integrated to the NHS Commissioning Board. These will be established by the Local Area Directors[1] of the NHS Commissioning Boards. The national team will develop a national specification for the networks.
- Develop a national network of operational delivery networks (ODNs) integrated with the Clinical Reference Group for Congenital Heart Services. This group will lead on the annual cycle of delivering the 'products' of commissioning – the service specification, the unified national service policies, the quality measures, CQUIN, QIPP, and innovation portfolio
- Provide management support to the Congenital Heart Services Clinical Reference Group as it develops its commissioning products
- Coordinating developmental work with the network leads including shared learning across professions and organisations
- Establish a long-term peer-review process for the networks
- Coordinate formal engagement with relevant professional associations for the development of minimum standards of provision of care for support services (such as clinical psychology) and for scoping national training and educational needs (such as with the Royal College of Nursing around specialist cardiac nursing roles and Royal College of Paediatrics and Child Health around increasing the number of Paediatricians with Expertise in Cardiology)
- Develop and manage national communications and engagement strategies, including a coordinated response to Freedom of Information requests

[1] The Local Area Director posts are currently being advertised by the NHS CB and will be in post by the end of July. Ten of the Local Area Teams will be responsible for specialised services commissioning, they have the responsibility to establish the Operational Delivery Networks (ODNs)

- Support the work of the national Clinical Reference Groups for Paediatric Intensive Care and Neonatal Intensive Care on setting strategic direction and setting specifications to strengthen PICU and paediatric retrieval services

Provide a formal link to the separate review of services for adults with congenital heart disease

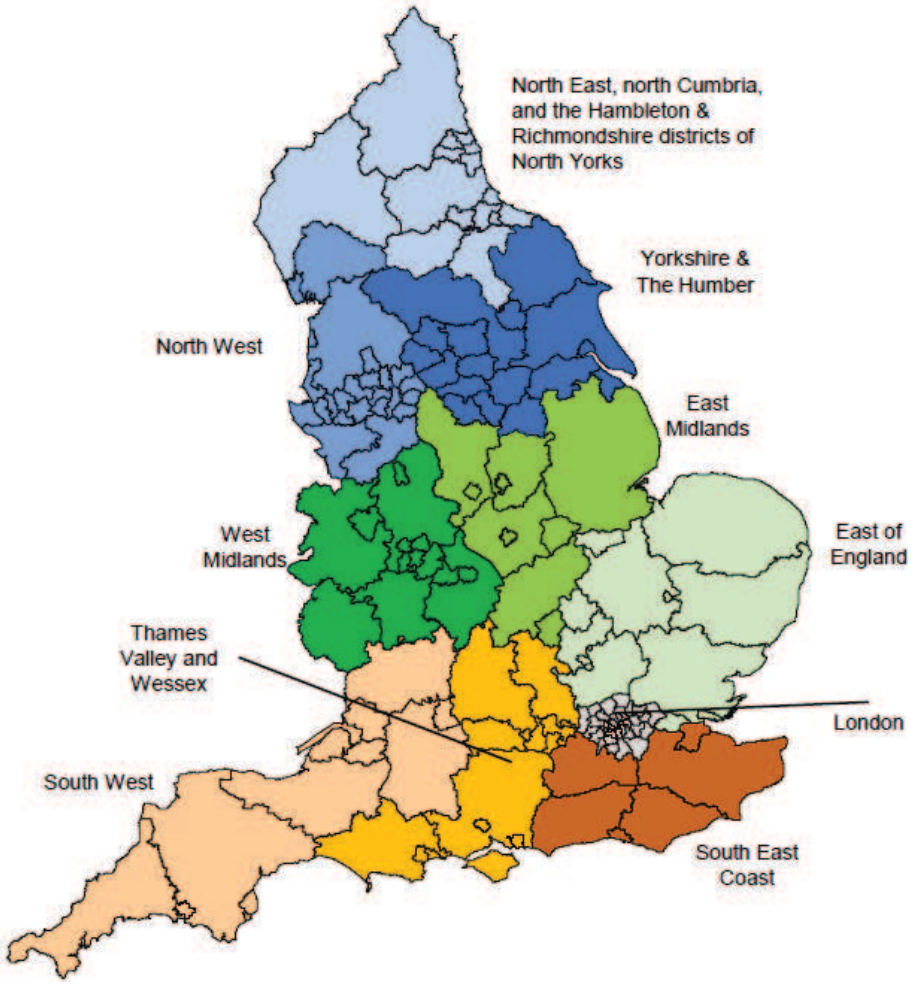
The national project team will establish a **Project Board** that will oversee implementation in a formal process of monitoring progress against the implementation plan and the key principles of implementation (the first such meeting will be held as soon as possible, ideally in **August 2012**). The **Project Board** will include the Director of National Specialised Commissioning and the Specialised Commissioning Group Chief Operating Officers for the four regions in the first instance, to be replaced with the newly appointed Local Area Teams by November 2012. Terms of reference will be published for the **Project Board** in August 2012.

ii. Regional commissioning leads

From July 2012 the Specialised Commissioning Group Chief Operating Officers for each of the four Regions in England will act as the **Regional Commissioning Lead** for the formation of each of the new congenital heart networks.

During August the Local Area Teams will be formed with a responsibility for specialised commissioning namely:

- Cumbria, Northumberland, Tyne and Wear
- South Yorkshire and Bassetlaw
- Cheshire, Warrington and Wirral
- East Anglia
- Leicestershire and Lincolnshire
- Birmingham and the Black Country
- Bristol, North Somerset, Somerset and South Gloucestershire
- Wessex
- Surrey and Sussex
- London



The National Project Team will provide the newly formed Local Area Teams the specification for the Operational Delivery Networks and the Service Specifications for Designated Paediatric Cardiac Surgery Centres.

As the new Local Area Team structure is embedded the SCG Chief Operating Officer will hand over the commissioning leadership for the development of networks to the Local Area Director for Direct Commissioning and no later than 1 November 2012. The region will then take an oversight and assurance role on behalf of the NHS CBA through the Regional Director of Direct Commissioning.

The Local Area Teams will work with the **national project team** and NHS services in their networks to produce the first iteration of a local implementation plan by November 2012 that will:

- Establish a local implementation commissioning team that covers, finance, contracting and information and support from the Public Health England hubs alongside their other specialised commissioning responsibilities

- Establish a formal congenital heart network using the nationally defined specification
- Through the Local Area Team Medical Director oversee the implementation of the *Safe and Sustainable* standards in NHS trusts that are designated as providers of children's heart surgical services (addressing any particular weaknesses of current and future compliance with the standards in each centre as reported to the JCPCT by the Kennedy panel) including increasing capacity to the required levels in the surgical centre (for example: Paediatric Intensive Care, High Dependency, ward beds and theatres). The national team will provide a quality legacy document to be handed over to the Local Area Team Medical Director with particular issues related to their local service that emerged as part of the Safe and Sustainable review.
- For those relevant local area teams oversee the de-commissioning of NHS trusts that are not designated as providers of children's heart surgical services
- Identify implementation resource issues in NHS trusts across the networks, including a plan to minimise workforce risks and to minimise financial risk to NHS trusts and NHS commissioners
- Ensure stability at all parts of the patient pathway, including compliance with central access and waiting time requirements
- Plan and oversee changes that may be required to interdependent services including paediatric intensive care and paediatric retrieval services
- Working with the National Specialised Commissioning Team / Highly Specialised Portfolio of the NHS CB[2] on planning and overseeing changes that may be required to nationally commissioned services
- Effective maintenance of contractual relationships

A priority for the SCG Cluster COO / Local Area Director will be to establish formal processes of active engagement with the NHS trusts in their networks and the development of systems to achieve the necessary structural change. Initial meetings will begin from July 2012. This will include ensuring that each of the NHS Trusts that currently provide children's heart surgical services develop detailed project plans, undertake full risk assessments and set up credible internal project management

[2] The work of the National Specialised Commissioning Team will pass to the Highly Specialised Portfolio of the NHS Commissioning Board. This handover will be complete by April 2013

arrangements by September 2012 to take forward change effectively. The SCG Cluster COO / Local Area Director will ensure that each Trust's internal project plan complements and informs the development of, and eventual outputs of, the **Congenital Heart Networks**.

iii. Congenital Heart Network Boards

The SCG Cluster COO / Local Area Director will put in place a commissioner-led process for working towards establishing Congenital Heart Network Boards.

It is well recognised that clinical networks thrive best when there is mutual professional respect and trust, and a shared vision of the benefits that a well managed clinical network can bring to the delivery and quality of care for the patient. Developing this climate when there are complex changes to take forward that affect NHs staff and patients, as well as institutions, will require significant leadership and sensitivity.

The new congenital heart networks will embrace many organisations and professionals needed to deliver care to patients and their families, but the contract between commissioner and provider delivering specialised congenital heart services must be with a legal entity.

The contract for the Operational Delivery Network will preferentially be held with the Trust that provides the surgical centre, Local Area Teams may wish to consider other options for provider hosting. The Trust will host the network[3], be responsible for overseeing its development and creating the working partnerships with clinical teams and organisations that will take forward the changes required. This host trust will receive transitional resources to deliver these complex integrated services across the organisations providing the pathway of care, including for example, outreach specialist clinics in DGHs. The host trust will

[3] It is assumed for the purpose of this paper that there will be (depending on the JCPCT's eventual decision on the number of surgical units in London) two or three congenital heart networks covering London, the East and South East of England rather than one. In any event there are potentially unique challenges in London given the number and proximity of the current surgical units. The eventual arrangements, including project arrangements, will be determined by London commissioners and the London Trusts as a matter of priority.

need to develop formal agreements with each organisation in the network that reflect mutual responsibilities.

The host trust will need to establish appropriate project arrangements (that accord with the national approach) by engaging key organisations affected by the decision, and will be responsible (with assistance from the **Local Area Team**) in establishing a **Congenital Heart Network Board**. This will necessitate each host Trust establishing a senior project team by September 2012.

The **Congenital Heart Network Board** will eventually comprise members from a range of NHS and external organisations across each network and will include parent and patient representation and NHS commissioners. A national template for terms of reference and membership will be included in the national service specification for the Operational Delivery Network produced by the **national project team** by September 2012 (though each **Congenital Heart Network Board** will be able to apply for derogation from the network specification if local issues apply).

Each **Congenital Heart Network Board** should be established in shadow form by January 2013, including the appointment of a senior clinician to lead the **Congenital Heart Network Board**, as envisaged by the *Safe and Sustainable* standards. Managerial and administrative support should also be identified by the host Trust[4]. The **Local Area Director** will oversee a commissioner-led process that is appropriate for local circumstances (but which is consistent with the national approach) to identify and secure appropriate membership to each Board.

Each **Congenital Heart Network Board** will be expected to ensure that membership and scope sufficiently reflects the various NHS services that see children with congenital heart disease, and their families including pregnant mothers, for the entirety of the patient pathway from antenatal diagnosis, maternity and obstetrics through to the transition to adult congenital heart services.

[4] The potential resource implications of establishing the Congenital Heart Network Boards have been addressed in the financial analysis that will be presented to the JCPCT on 4 July 2012

Each **Congenital Heart Network Board** will have senior representation on the national **Implementation Advisory Group**.

Formal terms of reference for the **Congenital Heart Network Boards** will included in the network specification delivered by the **national project team** in September 2012 but as broad principles they will be expected to achieve the following:

- A network approach across the entirety of the patient pathway which reasonably responds to any particular local issues identified by respondents to public consultation, and which is reasonably aligned with networks for fetal services, trauma networks, services for adults with congenital heart disease[5], neonatal and paediatric retrieval services, and other relevant services

- Integration with the Clinical Senates developing as part of the NHS CB clinical advice structure. Each Congenital Heart Network will need to identify a lead Clinical Senate it relates to.

- Common clinical protocols and guidelines across the network for the management of patient pathways and treatment thresholds, including the care of children with cardiac conditions requiring non-cardiac interventions

- Protocols for the transfer of children requiring interventional treatment and protocols for the transfer of children by ambulance from home to the most appropriate point in the pathway

- A strong network of specialist cardiac nursing support which accords with the role descriptions developed by the Royal College of Nursing[6]

- Guidelines for communication between services in the network

[5] The *Safe and Sustainable* Steering Group has advised the JCPCT that the eventual aim should be integrated networks covering paediatric and adult congenital heart networks. Emerging work from the x Clinical Reference Group also supports this approach.

[6] The role descriptions are annexed to the *Safe and Sustainable* standards

- Common record-keeping throughout the network, ensuring each professional has access to records at the point of treatment
- Regular multi-disciplinary team meetings, the composition of which is pathway driven
- Agreed outcome measures and plans to achieve them, including consistent processes for data collection, analysis, benchmarking, reporting and acting on conclusions, including notification recording and dissemination of serious incidents that occur across the network
- Audit of referral, waiting time and cancellation data
- Development of tele-medicine across the network
- Research activities across the network to instil and disseminate best practice, including in partnership with Higher Education institutions
- Education and training strategy for the range of professionals in the network
- Best practice quality assurance and an annual report on the achievements and weaknesses of the network (and a description of remedial action plans)
- Consistent high quality information for parents and children, ensuring that services in the network are culturally sensitive to the needs of the local population
- Ongoing active engagement with local and national parent / patient groups and other community groups

iv. Implementation Advisory Group

An **Implementation Advisory Group** (IAG) comprising clinical experts (nominated by the relevant professional associations), lay experts, **Congenital Heart Network leads** and the **Local Area Directors** will be established in

September 2012, chaired by Professor Deirdre Kelly. Formal terms of reference (including membership) will be delivered by the **national project team**[7].

The **IAG** will provide expert advice to the **Local Area Directors** and **national project team** on relevant clinical issues during the period of implementation including:

- Establishing congenital heart networks and referral pathways that accord with the agreed model of care, and their alignment with other clinical networks
- De-commissioning of surgical services in centres that are not designated as providers of surgery;
- Lead on the development of standards for Children's Cardiology Centres and District Children's Cardiology Services, including a process of engagement with key stakeholders
- Implementation of the *Safe and Sustainable* standards in centres that are designated as providers of surgery, including compliance with other relevant national guidance
- Advise the National Clinical Reference Group on the development of service specifications for services in the congenital heart networks
- Impact to inter-dependent clinical services, including paediatric intensive care services, retrieval services and nationally commissioned services
- Safe service planning for rare and complex congenital heart procedures
- Roles, responsibilities and relationships between the various services in a network that see children with congenital heart disease, and the contracting arrangements between them
- Improving the collection, analysis and reporting of outcome data by surgical units

This advice will cover *inter alia*:

- Workforce and training implications
- Capacity and resource requirements
- Clinical governance, audit and reporting
- Identification of potential risks to successful implementation and mitigations

[7] The National Specialised Commissioning Team has consulted with relevant professional associations and NHS organisations on potential membership

- Communications with staff and the public

The **IAG's** deliverables will include:

- Advice to NHS commissioners that will inform the updating of the implementation plan over the period of implementation, responding to the various challenges and opportunities of implementation
- Quality standards for Children's Cardiology Centres and District Children's Cardiology Services that are endorsed by key stakeholders, and the development of a designation process
- Exceptional reports, as required, to NHS commissioners and key stakeholders that provide advice on significant implementation issues
- A planned process for the implementation of recommendations around improving the reporting of outcome data, agreed with key stakeholders

The IAG will need to continue into the 2013/14 year following transition of service commissioning into the NHS CB. They will become advisory to the Highly Specialised Portfolio of the Medical Directorate in the NHS Commissioning Board. The group will be stood down by the National Clinical Director of Specialised Commissioning once the networks have been established and the fundamental changes of service provision have been delivered.

v. Clinical Reference Group

Synergistic working across the **IAG** and the **Congenital Heart Clinical Reference Group** (chaired by Dr Graham Stuart of the British Congenital Cardiac Association) will enhance the quality of advice offered to NHS commissioners. The IAG will provide the detailed advice on implementation issues that will benefit NHS commissioners in the short to medium term once the JCPCT has made a decision. The CRG will be responsible for assuring the commissioning products such as service specification, and assuring the quality measures, service policies, CQUIN, and QIPP plan for the NHS CBA and NHS CB. Hence the IAG will act as a sub-group of the Clinical Reference Group for the commissioning products but report into the National Specialised Commissioning Team and transfer to the Portfolio Board of the NHS CB by April 2013 for its wider remit of supporting this set of major service change. It is proposed that Dr Stuart is a member of the **IAG** to ensure appropriate cross-

cover across the two groups, in addition to other senior representatives of the relevant professional associations who are expected to sit on both groups (such as the President of the British Congenital Cardiac Association).

Specific work streams in 2012/13

1. National workshop in October 2012

A facilitated national workshop will be delivered by the **national project team** in October 2012 for representatives of NHS trusts (including those who deliver support services in the network), Local Area Directors, members of the **Implementation Advisory Group** and representatives of the professional associations. The purpose of the workshop will be to identify priority issues that would benefit from a coordinated approach, discuss the proposed specification for the establishment of **Congenital Heart Networks**, and to agree principles for the next iteration of the national implementation strategy.

2. Events for specific professions

Facilitated events will also be delivered by the **national project team** for specific professional groups in the autumn of 2012. For example, the National Specialised Commissioning Team has begun discussions with the Royal College of Nursing about planning for a national event for nurses that covers issues such as: training and education, career pathways, workforce planning and role descriptions. Related to these events will be a need for the **national project team** to work with the professional associations and the NHS Trusts to scope potential staff movement and future workforce and training needs so that the NHS is able to commission appropriately specialist education courses as required.

3. Event for national user groups and parent groups

The national project team will hold a small facilitated event with national user groups and national parent groups in September 2012. The purpose of will be to consider immediate issues presented by the JCPCT's decision in terms of communication with parents and users, and to review the various issues for implementation suggested by these groups during consultation in light of the JCPCT's decision. The outcome of this event will inform the next iteration of the implementation plan and the communications plan.

4. Defining network boundaries

An immediate priority for the **national project team** and the **Cluster SCG COO / Local Area Directors** will be to determine in detail the precise geographical area to be served by each of the congenital heart networks. There will be minimum deviation from the JCPCT's high level decision on postcodes assigned to networks but a further 'precision approach' will

be required to define the networks at the boundaries using local intelligence. This work should be completed by October 2012.

5. Coordinated Hand Over to the NHS CB

As described the leadership for the initiation of the first stages of preparation for implementation will be from the Cluster SCG Chief Operating Officers. The recently appointed Regional Directors of the NHS CB will appoint a Regional Director of Direct Commissioning. The Cluster SCG COOs will hand over the leadership to this Director (at a point that may be at different times). The Regional Director for Direct Commissioning will be appointing a Regional Programme Manager for the Women and Children National Programme of Care during 2012. Once all 4 regional Programme Managers are in place the national team will progressively handover components of the change programme to the National Programme Director for the Women and Children National Programme of Care.

The national transformation team is proposed to continue as part of the Improvement and Transformation Directorate (subject to further discussion). The Programmes of Care will need to support of a transformation team that has full knowledge of the history of the programme of work.

Following the NHS CB Local Area Directors appointments in July the Local Area Directors of Direct Commissioning, Medical Director, Nursing Director, and Finance Director will be appointed. It will be the Local Area Teams responsibility to establish contracting arrangements for the network and services using national defined specifications and supporting products. At the earliest opportunity it is proposed that the Local Area Director pick up the forward planning of the establishment of the Congenital Heart Networks.

6. Planning for the transfer of activity

Local implementation plans developed by the **Cluster SCG COO / Local Area Directors** will plan for a transfer of activity in the medium term, by April 2014. They will work to a plan that assumes maintaining current referral patterns and no significant change to service delivery in the short term, and a phased approach to transferring activity to designated surgical units. However, mindful of the potential risks of more immediate change highlighted by some respondents to consultation, there will need to be active response to staff changes if they prove to be significant. A more detailed analysis of potential risks in this respect will be included in the second iteration of the national implementation plan (October 2012) after the JCPCT's decision has been announced and after the national workshop has been held in September.

Cluster SCG COO / Local Area Directors will also address how to manage the process of embedding change in local NHS settings. All of the JCPCT's viable options for reconfiguration envisage significant change in the relationship between some local NHS Trusts and the relevant surgical unit. Some local hospitals will become part of a congenital heart network that is led by a surgical unit that has not previously been the lead surgical unit for the local hospital's population; in many cases outreach clinics will have been held in the local hospital by the previous surgical unit.

There will need to be a well managed process for identifying local areas that will experience significant change, establishing effective relationships across the surgical units and local hospitals and planning for the eventual transfer of responsibility (including outreach clinics) to the new surgical unit. The plans for addressing these issues will be part the local implementation plans developed by each **Cluster SCG COO / Local Area Director** but responsibility will also rest with the **Congenital Heart Network Boards**, for example in the development of patient pathways and clinical protocols.

7. Workforce and Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE)

While it is clear that responsibility for addressing the employment and workforce implications of the JCPCT's decision rests with the NHS Trusts (in their roles of current and potential employing bodies) the process of implementation will benefit from a common understanding between the Local Area Teams, the national project team and the NHS Trusts on the potential employment implications of the JCPCT's decision, including the application of the TUPE regulations. The national project team, taking legal advice, will develop a document that establishes the legal principles that are relevant to the next iteration of the implementation plan in light of the JCPCT's decision.

8. Potential impact to PICU and retrieval services

There are a number of potential risks that the JCPCT has identified[8] that will require mitigation. These include: diminished resilience and flexibility in PICUs that would no longer accept cardiac admissions, future ability to attract and retain skilled staff in diminished PICUs, the need to develop sufficient capacity in the PICUs that would accept cardiac admissions in the future and the impact of changes in PICUs to associated paediatric retrieval teams. Mitigation strategies will be developed and overseen by the **Cluster SCG COO / Local Area Director** as part of the local implementation plan but national

[8] As set out in the Pre Consultation Business Case, consultation document and Decision Making Business Case

coordination is desirable. To this end, the Director of National Specialised Commissioning has established a small working group to scope the current delivery of paediatric and neonatal retrieval services across the country to inform the development of a national plan to strengthen retrieval services across the country. The work stream will integrate with the Paediatric Intensive Care and Neonatal Intensive Care national clinical reference groups and is working with the President of the Paediatric Intensive Care Society and representatives of PICANET. The work will inform the CRG on the development a specification for a programme of work to assist NHS commissioners in planning and delivering sufficient capacity in PICUs across England. A formal process for feeding the outcome of the national work into local project plans will be developed by the Director of National Specialised Commissioning by September 2012.

9. Children's Cardiology Centres

The professional associations, via the *Safe and Sustainable* steering group, have advised that the proposed Children's Cardiology Centres are a viable proposition. However, potential risks to the viability of the CCCs have been highlighted during the process of consultation and the steering group has advised that mitigation plans are developed.

The **national project team** will manage a process of engagement with the professional associations and other key stakeholders, including the development of standards for the CCCs (timeline to be confirmed by the **Implementation Advisory Group** in due course). A formal process will be established by the **national project team** that enables local implementation plans to benefit from the advice offered by the professional associations in this respect.

10. Contracts and finance

The contracts for paediatric cardiac surgery centres will be part of the single operating model for specialised services of the NHS CB. A single provider contract will cover all prescribed services of the NHS CB and will refer to the national contract specification. There will be no variance in the content of the contract specification but providers may apply for derogation with their Local Area Team from the specification to the NHS CB. This for example would be how the contracts for the decommissioned services would be handled.

A nationally coordinated finance sub-group will be established by the national project team in September 2012 with time-limited terms of reference to develop, for the benefit of the Local Area Teams, the next iteration of the implementation plan in so far as it relates to financial issues (this will include a plan for addressing the implementation issues identified in the capacity review and Decision Making Business Case and a formal means of capturing

provider issues). SCG Chief Operating Officers will advise the national project team on membership of this group. The finance sub-group will publish its report by November 2012 to inform the development of local implementation plans. The Local Area Teams will jointly decide in November 2012 whether it would be helpful for a nationally coordinated sub-group to continue for the remainder of the 2012/13 year

11. . Communications and engagement strategy

It will be important that the public and key stakeholders are kept informed of the emerging implementation plan, and progress against the plan. This is likely to require local engagement in addition to printed literature. A detailed plan will be published by the **national project team** in July 2012 and updated throughout the 2012/13 year.

4 July 2012	JCPCT's final decision
August 2012	National project team established with Cluster SCG COOs
August 2012	First meeting of the national project team and Cluster SCG COOs
August 2012	First meetings between Cluster SCG COOs and NHS Trusts
August 2012	First meeting between the national project team and national user / parent groups
August 2012	First iteration of communications and engagement strategy published by national project team
September 2012	Establishment of the finance sub-group
September 2012	First meeting of the Implementation Advisory Group
September 2012	National workshop for NHS Trusts, Local Area Directors and IAG members
September 2012	National project team delivers national specification for Congenital Heart Networks (legal, governance, terms of reference)
September 2012	NHS Trusts confirm internal project management arrangements
September 2012	First workshops for specific professional associations delivered by national project team
September 2012	Formal process relating to national coordination of work around PICU and paediatric retrieval services delivered by Director of National Specialised Commissioning
October 2012	Work to define network boundaries completed by national project team and Local Area Directors
October 2012	Second iteration of national implementation plan delivered by national project team
November 2012	Finance sub-group delivers its report on finance-related implementation issues
November 2012	Local Area Directors produce first iteration of local implementation plans assured by the Regional Director of Direct Commissioning
December 2012	Hand over of agreed parts of the programme of change to the Women and Children National Programme of Care with continued support from the National project team
January 2013	Congenital Heart Network Boards established in shadow form, including appointment of a senior clinical lead
April 2013	NHS Commissioning Board assumes commissioning responsibility for paediatric congenital heart services
April 2014	Transfer of activity to newly designated surgical units complete

SAFE AND SUSTAINABLE: MEMBERSHIP OF IMPLEMENTATION ADVISORY GROUP, SEPTEMBER 2012

Professor Deirdre Kelly	Chair of the Implementation Advisory Group	Professor of Paediatric Hepatology at Birmingham Children's Hospital NHS Foundation Trust, and Commissioner of the Care Quality Commission
Jeremy Glyde (secretariat)	*Safe and Sustainable*	*Safe and Sustainable* Programme Director, National Specialised Commissioning Team
Dr Graham Stuart	Chair of the Congenital Heart Services Clinical Reference Group	Consultant Cardiologist, University Hospitals of Bristol NHS Foundation Trust
Dr Ian Jenkins (Past President) Dr Peter Marc-Fortune	Paediatric Intensive Care Society	Consultant in Paediatric Intensive Care & Anaesthesia, University Hospitals of Bristol NHS Foundation Trust Consultant Paediatric Intensivist and Clinical Director of Critical Care, Central Manchester University Hospitals NHS Foundation Trust
Mr David Barron Mr Leslie Hamilton (Past President)	Society for Cardiothoracic Surgery of Great Britain and Ireland	Consultant Congenital Cardiac Surgeon, Birmingham Children's Hospital NHS Foundation Trust Consultant Cardiac Surgeon and former Deputy Chair of *Safe and Sustainable* Steering Group, Newcastle-upon-Tyne Hospitals NHS Foundation Trust

Dr Tony Salmon (President) Dr Robin Martin (President-Elect) Dr Alan Magee	British Congenital Cardiac Association	Consultant in Paediatric and Adult Congenital Cardiology, Southampton University Hospitals NHS Foundation Trust Consultant in Paediatric and Adult Congenital Cardiology, University Hospitals of Bristol NHS Foundation Trust Consultant Paediatric Cardiologist, Royal Brompton & Harefield NHS Foundation Trust
Dr David Mabin Dr. P. Venugopalan	Royal College of Paediatrics and Child Health	Consultant Paediatrician with Expertise in Cardiology, Royal Devon & Exeter NHS Foundation Trust Honorary Secretary of the Paediatricians with Expertise in Cardiology Special Interest Group
Fiona Smith Elizabeth Aryeetey	Royal College of Nursing	Adviser in Children and Young People, Royal College of Nursing Lead Nurse, East Midlands Congenital Heart Centre, University Hospitals of Leicester NHS Trust
Dr Ravi Gill	Association of Cardiothoracic Anaesthetists	Consultant in Cardiac Anaesthesia and Intensive Care Medicine, Southampton

		University Hospitals NHS Foundation Trust
Dr Vimal Tiwari	Royal College of General Practitioners	General Practitioner
Donna Kirwan	NHS Fetal Anomaly Screening Programme	National Projects Officer, NHS FASP
Professor Baskan Thilaganathan	Royal College of Obstetrics and Gynaecology	Professor of Fetal Medicine, St George's Healthcare NHS Trust
Dr Sara O'Curry	British Psychological Society	Clinical Psychologist specialising in Paediatric Cardiology, Great Ormond Street Hospital for Children NHS Foundation Trust
Anne Keatley-Clarke	Children's Heart Federation	Chief Executive, Children's Heart Federation
Michael Cumper	The Somerville Foundation	Chairman, Somerville Foundation
Jo Sheehan	NHS Commissioners	Acting Director of National Specialised Services
	Devolved administrations in:	
Dr Miriam McCarthy (observer)	Northern Ireland	Consultant in Public Health Medicine, Public Health Agency for Northern Ireland
To be nominated (observer)	Wales	
Kathy Collins (observer)	Scotland	Nursing and Quality Adviser, National Services Division

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IRP

6th Floor
157 – 197 Buckingham Palace Road
London
SW1W 9SP

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

21 September 2012

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
The *Safe and Sustainable* review of children's congenital heart services
Health Scrutiny Committee for Lincolnshire
Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee

Thank you for forwarding copies of the referral letters from Cllr Christine Talbot, Chair of the Health Scrutiny Committee for Lincolnshire (HSC), and from Michael Cooke, Chairman and Ruth Camomile, Vice Chairman of the Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee (LLR Scrutiny Committee) The National Specialised Commissioning Team (NSCT) provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that these referrals are suitable for full review.**

Background
Following a higher than expected number of deaths of children receiving heart surgery between 1984 and 1995, the Bristol Royal Infirmary Inquiry report (the Kennedy report) was published in 2001 recommending that specialist expertise be concentrated in fewer surgical units in England. Further consideration by the Department of Health (DH) and relevant medical bodies followed until, in May 2008, the NSCT was asked to undertake a review with a view to reconfiguring surgical services for children with congenital heart disease. Taking into consideration concerns that surgeons and resources may be spread too thinly across the centres, the review considered whether expertise would be better concentrated on fewer sites than the current eleven in England.

The *Safe and Sustainable* team was established to manage the review process on behalf of the ten Specialised Commissioning Groups (SCG) and their local primary care trusts (PCT). In December 2008, an expert clinical Steering Group was formed to direct the process of developing a report to the NHS Management Board and DH Ministers.

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Draft quality standards, against which surgical centres would be assessed, were published in September 2009 and sent directly to all health overview and scrutiny committees (HOSC) and other organisations for comment. The final version of the standards was published in March 2010. Also in March 2010, following a number of post- surgical deaths, surgery at the paediatric cardiac unit at the John Radcliffe Hospital, Oxford, was suspended.

A process of self-assessment by surgical centres commenced in April 2010. In the same month, the *Safe and Sustainable* team published *Children's Heart Surgery – the Need for Change.* Later in April 2010, the NHS Operations Board recommended to DH Ministers that PCTs delegate their consultation responsibilities and decision-making powers to a joint committee of PCTs (JCPCT). The Secretary of State for Health approved the establishment of the JCPCT in June 2010. The revised NHS Operating Framework confirmed that the *Safe and Sustainable* review was expected to deliver recommendations for consultation in the autumn of 2010.

Between May and June 2010, an expert panel, chaired by Professor Sir Ian Kennedy, visited each surgical centre to meet staff and families and to assess each centre's ability to comply with the standards. Pre-consultation engagement events commenced in June 2010. In September 2010, the case for change was supported by the National Clinical Advisory Team and proposed processes for consultation were endorsed by OGC Gateway review. The JCPCT met for the first time as a formally constituted body in October 2010. Briefings for HOSCs by SCG representatives began the following month.

In August 2010, a review conducted by South Central strategic health authority (SHA) recommended that the paediatric cardiac surgical service at the John Radcliffe Hospital, Oxford, should remain suspended pending the outcome of the *Safe and Sustainable* review.

In November 2010, on behalf of the JCPCT, a panel of experts chaired by Mr James Pollock, consultant congenital cardiac surgeon, investigated historical deaths at three surgical units in Leeds, Leicester and London (the Evelina Children's Hospital). The outcome of this investigation was presented to the Kennedy panel to consider whether it was necessary to revise its assessment of any of the three centres. The Kennedy panel found no cause to revise its assessment and the panel's report was published in December 2010.

Options for consultation were agreed by the JCPCT in February 2011 and a four-month public consultation began in March 2011. The consultation proposed concentrating clinical expertise on fewer sites by reducing the number of surgical centres from eleven to either six or seven. A judicial review of the proposal to reduce the number of surgical centres in London from three to two centres was initiated by the Royal Brompton & Harefield NHS Foundation Trust.

A briefing for HOSCs, informing them of the forthcoming launch of the consultation, had been issued in February 2011. Earlier communications to HOSCs, notably a Centre for Public Scrutiny briefing in April 2010, had alerted them to the intention to conduct a formal

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consultation and encouraged them to consider the need for a joint committee. In recognition of changes to membership resulting from local elections in May 2011, the deadline for receipt of consultation responses from HOSCs was extended to 5 October 2011. In the event, no national joint committee was formed and arrangements for scrutiny varied around the country with a mixture of individual and area and regional joint committees ultimately responding to the consultation.

Representatives of East Midlands SCG provided a presentation on the *Safe and Sustainable* review to a meeting of the LLR Scrutiny Committee on 21 March 2011 and Lincolnshire HSC in April 2011 and to two Deliberative Stakeholder Events in Lincoln and Sleaford in May 2011.

On 22 June 2011, it was announced that an independent panel of national and international experts, chaired by Adrian Pollitt, had been appointed to advise the JCPCT on the potential impact of the children's congenital heart proposals on other services at the Royal Brompton Hospital.

The formal public consultation closed on 1 July 2011 (except for HOSCs). An independent analysis of the consultation, commissioned from Ipsos MORI, was published in August 2011. That analysis acknowledged that the impact of the proposed changes on other services had been raised as an issue during consultation.

During August 2011, representatives of East Midlands SCG provided briefings for East Midlands HOSCs about responses to the public consultation and on a draft final Health Impact Assessment. Further briefings were held in the run-up to the JCPCT decision-making meeting in July 2012.

In September 2011, the *Safe and Sustainable* Steering Group considered clinical issues raised during the consultation and advised the JCPCT to agree the quality standards and model of care as set out in the consultation document. A supplementary report in response to issues raised during the consultation was published by the Kennedy panel in October 2011.

The Report of the Independent Panel on the Relationship of Interdependencies at the Royal Brompton Hospital (the *"Pollitt Report"*) was published on 15 September 2011. It stated that *"... although there would be an impact on the range of activity at the RBH the panel has concluded that paediatric respiratory services would remain viable at the RBH site in the absence of an on-site PICU"*.

The formal consultation with HOSCs concluded on 5 October 2011. Also in that month, at the JCPCT's request, the Kennedy panel published a supplementary report in response to issues raised during consultation. The panel clarified that University Hospital of Leicester NHS Trust did not meet the requirement for the co-location of core paediatric services.

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The Yorkshire and Humber Joint Health Overview and Scrutiny Committee (Joint HOSC) referred the *Safe and Sustainable* review of children's congenital cardiac services to the Secretary of State on 14 October 2011. The referral was particularly concerned with services currently provided at Leeds General Infirmary and the potential effects of the proposals on patients and residents in Yorkshire and the Humber.

On 7 November 2011, the judgement was delivered in the judicial review brought by the Royal Brompton & Harefield NHS Foundation Trust. The judge, whilst rejecting a number of the arguments put forward, found against the JCPCT on a matter of process. An appeal against the judgement was lodged.

Later in November 2011, the JCPCT invited the 11 centres providing children's congenital heart services to submit new evidence demonstrating their compliance with the national quality standards relating to innovation and research.

The IRP submitted its initial assessment advice on the referral by the Yorkshire and Humber Joint HOSC on 13 January 2012. As well as commenting on the consultation process and on communication and relationships between the Joint HOSC and the JCPCT, the Panel offered advice in relation to a number of outstanding requests for information sought by the Joint HOSC. The Secretary of State announced on 23 February 2012 that he had accepted the Panel's advice in full.

The Royal Borough of Kensington and Chelsea Health Environmental Health and Adult Social Care (HEHASC) Scrutiny Committee referred the *Safe and Sustainable* review of children's congenital cardiac services to the Secretary of State on 27 March 2011. The referral was particularly concerned with services currently provided at the Royal Brompton Hospital and the potential effects of the proposals on patients and residents in west London and south east England.

On 19 April 2012, the Court of Appeal announced its decision, dismissing the grounds raised by the Royal Brompton & Harefield NHS Foundation Trust and finding the public consultation to be lawful and proper.

The IRP submitted its initial assessment advice on the referral by the Kensington and Chelsea HEHASC Scrutiny Committee 23 May 2012. The Panel offered comments on the JCPCT's efforts to address concerns raised by respondents to the consultation process that would inform the JCPCT ahead of its forthcoming decision-making meeting. The Secretary of State announced on 15 June 2012 that he had accepted the Panel's advice in full.

In line with the IRP's initial assessment advice on the referrals by Yorkshire and Humber Joint HOSC and by Kensington and Chelsea HEHASC Scrutiny Committee, further work was undertaken and completed to inform the JCPCT before its decision-making meeting.

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The JCPCT held its decision-making meeting on 4 July 2012 and agreed that seven managed clinical networks should be established across England (and serving Wales). Each network would be led by a surgical centre - based in the Freeman Hospital Newcastle (north), Alder Hey Children's Hospital Liverpool (north west and north Wales), Birmingham Children's Hospital (midlands), Bristol Royal Hospital for Children (south west and south Wales), Southampton General Hospital (south central) and Great Ormond Street Hospital for Children and Evelina Children's Hospital (London, East Anglia and the south east).

On 13 July 2012, the Secretary of State for Health, having accepted the advice of the Advisory Group for National Specialised Services, designated Birmingham Children's Hospital as a nationally commissioned provider of ExtraCorporeal Membrane Oxygenation (ECMO) services for children with respiratory failure – in place of the existing unit at Glenfield Hospital, Leicester.

The Lincolnshire HSC referred the *Safe and Sustainable* review of children's congenital cardiac services to the Secretary of State on 27 July 2012. The referral was particularly concerned with services currently provided at Glenfield Hospital, Leicester and the potential effects of the proposals on patients and residents in Lincolnshire.

The LLR Scrutiny Committee referred the *Safe and Sustainable* review of children's congenital cardiac services to the Secretary of State on 7 September 2012. The referral was particularly concerned with services currently provided at Glenfield Hospital, Leicester and the potential effects of the proposals on patients and residents in Leicester, Leicestershire and Rutland.

Basis for referral

The referral letter of 27 July 2012 from Cllr Talbot, Chair of the Lincolnshire HSC states that:

"This referral is made pursuant to Regulation 4(7) of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, which means that the proposal is not in the interests of the health service in Lincolnshire.

The referral is made with the following supporting grounds:-

(1) the impact of the closure of the Glenfield Children's Heart Surgery Unit on Lincolnshire families, in terms of clinical safety and accessibility;
(2) the impact of the removal of the ExtraCorporeal Membrane Oxygenation equipment from Glenfield to the Birmingham Children's Hospital;

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(3) the decision making process of the Joint Committee of Primary Care Trusts."

The documentation supplied with the referral letter of 7 September 2012 from Michael Cooke, Chairman and Ruth Camomile, Vice Chairman of the LLR Scrutiny Committee states that:

"This referral is made pursuant to regulation 4(7) of the Local Authority (Overview and Scrutiny Health Scrutiny Functions) Regulations 2002.

The LLR Scrutiny Committee supports the principles of the Safe and Sustainable Review but is concerned at the outcome, believing that the decision of the JCPCT is not in the best interest of the local health service and the population it serves. The grounds for challenge are summarised below.

(a) The JCPCT prediction of demand and capacity at Birmingham Children's Hospital;
(b) The impact of moving ECMO services and increased mortality;
(c) Impact on paediatric intensive care capacity in the Midlands
(d) Impact on medical research at University Hospitals of Leicester NHS Trust and Leicester University;
(e) Accessibility of services;
(f) The decision-making process of the JCPCT."

IRP view
With regard to the referrals by the Lincolnshire HSC and LLR Scrutiny Committee, the Panel notes that:

- The proposals have aroused considerable national interest
- These are the third and fourth referrals to date relating to the *Safe and Sustainable* proposals for children's congenital cardiac services
- It is understood that further referrals are anticipated
- Common themes have been raised in the referrals so far received, including
  the impact on patients and residents in the localities concerned, notably travel times and use of post code analysis to assess the likely impact
  the impact on other services provided by the hospitals affected in those localities, including possible impact on staff retention
  the consultation and decision-making process adopted by the JCPCT
  the impact on medical research

Conclusion
The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral.

The *Safe and Sustainable* proposals for children's congenital heart services have already been the subject of two referrals to the Secretary of State for Health. The IRP provided initial assessment advice on referrals from the Yorkshire and Humber Joint HOSC on 13

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January 2012 and from the Kensington and Chelsea Health HEHASC Scrutiny Committee on 23 May 2012. Both referrals were made prior to final decisions being made by the JCPCT. In both cases, the Panel offered advice designed to enable the consultation process to be completed prior to the JCPCT's decision-making meeting to be held on 4 July 2012.

In addition to the referrals referenced above, and these referrals from the Lincolnshire HSC and the LLR Scrutiny Committee, the Panel is aware that the Yorkshire and Humber Joint HOSC has written to the Secretary of State advising of its intention to refer the proposals again following the JCPCT's decision of 4 July 2012. The Panel has been advised that referrals from other HOSCs are also expected.

Further, the Panel understands that a letter before action has been issued to the JCPCT on behalf of a Leeds based charity prior to making an application for a judicial review of the JCPCT's decision of 4 July 2012. The JCPCT's concern, that further legal proceedings may lead to delay in making changes to services, is noted.

Clearly, these developments mean that there is a high risk of uncertainty for the services concerned. Alongside the considerable public interest in this, the first national consultation to have been conducted since the introduction of health scrutiny by local authorities, the IRP considers that the issues raised merit further consideration. The Panel believes that a full review would be appropriate and stands ready to undertake such a review if requested.

Yours sincerely

Lord Ribeiro CBE
IRP Chairman

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APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Health Scrutiny Committee for Lincolnshire

1 Letter of referral from Cllr Talbot, Chair, Health Scrutiny Committee for Lincolnshire to Secretary of State for Health, 27 July 2012

Attachment:

2 Document in support of submission produced by Health Scrutiny Committee for Lincolnshire

Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee

1 Letter of referral from Cllr Cooke, Chairman, and Cllr Camomile, Vice-Chairman, Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee to Secretary of State for Health, 7 September 2012

Attachment:

2 Document setting out evidence gathered by LLR Scrutiny Committee in support of referral to the Secretary of State for Health, with supporting appendices:
3 Projected demand
4 Capacity at Birmingham Children's Hospital
5 Effect of the Review on ECMO Provision
6 Impact on Paediatric Care Services
7 Evidence provided by the University of Leicester
8 purpose and Scope of the Review
9 Initial letter to the Secretary of State for Health
10 Minutes of Leicester City Council's Health and Community Involvement Scrutiny Commission, 26 July 2012
11 Minutes of Leicester City Council meeting, 28 June 2012
12 Minutes of Leicestershire County Council Cabinet meeting, 23 July 2012
13 Report to the University Hospitals of Leicester Trust Board, 26 July 2012
14 Leicester LINk email to east Midlands MPs and LINk briefing paper
15 Report of Dr Nichani, Consultant paediatric Intensivist, University Hospitals of Leicester
16 Report to the University Hospitals of Leicester Trust Board, 30 August 2012
17 Responses of east midlands health and overview scrutiny committees
18 Minutes of the Leicester, Leicestershire and Rutland Health Overview Scrutiny Committee, 4 September 2012

National Specialised Commissioning Team

1 Lincolnshire HSC specific IRP template for providing initial assessment information

Links and attachments:

2 Referral from the Lincolnshire OSC to the Secretary of State for Health, 27 July 2012
3 Response to the consultation from the Lincolnshire OSC (via response form)

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Response form (for reference)

4 Letter from Cllr Mrs Christine Talbot, Chair of the Health Scrutiny Committee for Lincolnshire, 24 May 2012

5 Letter from Dr Kevin Harris, Medical Director, University Hospitals of Leicester NHS Trust to Jo Sheehan, Deputy Director, NSCT, 26 October 2012

6 Letter from Mr Giles Peek, Director, Paediatric and Adult ECMO programme, Glenfield Hospital, to Teresa Moss, Director, NSCT, 11 June 2012

7 Ipsos MORI report of the public consultation, August 2011

8 *Safe and Sustainable* Steering Group – membership, 2010

9 Decision Making Business Case, Appendix LL – *Safe and Sustainable* Capacity Review, May 2012

10 NSCT's statement on children's respiratory ECMO

11 Statement: ECMO and children's congenital heart services, 10 July 2012

12 *Safe and Sustainable* general IRP template for providing initial assessment information

Links and attachments:

13 Report of the Public Inquiry into children's heart surgery at the Bristol Royal infirmary 1984-1995: Learning from Bristol, July 2001

14 The relation between Volume and Outcome in Paediatric Cardiac Surgery. A Literature Review for the National Specialised Commissioning Group. Henrietta Ewart, Consultant in Public Health Medicine, PHRU, Oxford, September 2009

15 Children's Heart Surgery Centres in England: Comments on Draft Service Specification Standards (Comments received up to 17 February 2010), February 2010

16 Letter from Cllr Christopher Buckmaster, Chair, Health Scrutiny Committee, the Royal Borough of Kensington and Chelsea, to Jeremy Glyde, Programme Director, *Safe and Sustainable*, 8 September 2010

17 Children's Heart Surgery in England – A Need for Change, April 2011

18 Papers from the JCPCT meeting in public (launch of the consultation), 16 February 2011

19 Pre-consultation Business Case, February 2011

20 Consultation document, February 2011

21 Better care for your heart – a summary (consultation document for young people), March-July 2011

22 Consultation document and questionnaire in Welsh, March-July 2011

23 Consultation document and questionnaire in minority languages

24 Consultation document – improving children's congenital heart services in London, March-July 2011

25 National Clinical Advisory Team (NCAT) report, September 2010

26 OGC Gateway Report, September 2010

27 NHS London's approval to launch consultation, 8 February 2011

28 NHS London's assurance report, 8 February 2011

29 Health Impact Assessment – Key Emerging Findings, 21 June 2011

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30 Health Impact Assessment – draft final report (interim report), 5 August 2011
31 Ipsos MORI – *Safe and Sustainable* Review of Children's Congenital Heart Services in England: Report of the public consultation, 24 August 2011
32 Report of the Independent Panel on the relationship of interdependencies at the Royal Brompton Hospital ("Pollitt Report"), 15 September 2011
33 Report from Sir Ian Kennedy's independent expert panel to the JCPCT, 17 October 2011
34 Testing assumptions for future patient flows and manageable clinical networks for *Safe and Sustainable* (PWC), October 2011
35 Report to the JCPCT by Dr Patricia Hamilton CBE, Chair of the *Safe and Sustainable* Steering Group, on behalf of Steering Group members, 17 October 2011
36 Judgement – High Court, 7 November 2011
37 Report of Sir Ian Kennedy's Panel in response to the additional evidence submitted in relation to "innovation and research", 14 February 2012
38 Judgement – Court of Appeal, 19 April 2012
39 Responses from organisations to an independent report on family travel analysis, 24 April 2012
40 Safe and Sustainable: Implementation Plan during 2012/13 and Transfer into the NHS Commissioning Board for April 2013, August 2012
41 Papers presented at the JCPCT meeting in public, 4 July 2012
42 Transcript from the JCPCT's decision-making meeting in public, 4 July 2012
43 Letter from professional associations regarding the JCPCT's decision on the future configuration of children's congenital heart services

Other information received

Information forwarded by Dr Peter Barry, Department of Child Health, Leicester Royal Infirmary:

1 Document: Congenital Heart Surgery Review – The clinical case for keeping surgery at Glenfield Hospital, Leicester
2 Letter to Sir Neil McKay CB, Chair Joint Committee of Primary Care Trusts, from Dr Peter Carter, Chief executive and General Secretary, Royal College of Nursing, 7 September 2012
3 Email from Dr W Lynch, Chairman Extracorporeal Life Support Organisation, 17 September 2012
4 Email from Mrs Nicky Morgan, MP for Loughborough, 18 September 2012

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From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

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Lord Bernard Ribeiro
Chair
Independent Reconfiguration Panel
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22 OCT 2012

De Lord Ribeiro,

REFERRALS FROM LINCOLNSHIRE COUNTY COUNCIL'S HEALTH SCRUTINY COMMITTEE AND LEICESTER, LEICESTERSHIRE AND RUTLAND'S JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE "SAFE AND SUSTAINABLE REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES"

Thank you for your letter of 21 September 2012 providing initial advice in relation to the above referrals.

Your letter states the Panel would be willing to undertake a full review. I would be grateful if this review could commence as early as possible.

Your report should be submitted to me no later than 28 February 2013 in line with the agreed terms of reference between the Department of Health and the Independent Reconfiguration Panel, subject to any further instruction I may need to issue in relation to timing in the light of the judicial review challenge brought against the Joint Committee of Primary Care Trusts.

Should I be in receipt of any additional referrals regarding the Safe And Sustainable Review Of Children's Congenital Heart Services, these will be passed to the Panel for initial advice and, if appropriate, dealt with as part of this review.

The decision of the Secretary of State taken regarding the removal of the Extracorporeal Membrane Oxygenation equipment from Glenfield to Birmingham should not form part of the review as this decision was not taken by the Joint Committee of Primary Care Trusts.

I will write to you again regarding this review should the court grant permission to bring the judicial review proceedings.

Yours sincerely

Jeremy Hunt

JEREMY HUNT

Appendix 3

Terms of reference

With due regard to the general terms of reference as agreed between DH and the IRP, the Panel is to advise by 28 February 2013:

a. whether it is of the opinion that the proposals for change under the "Safe and Sustainable Review of Children's Congenital Heart Services" will enable the provision of safe, sustainable and accessible services and if not, why not

b. on any other observations the Panel may wish to make in relation to the changes; and

c. on how to proceed in light of a. and b. above and taking account of the issues raised by the Health Scrutiny Committee for Lincolnshire and by the Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee - subject to the proviso at d. below

d. The decision of the Secretary of State taken regarding the designation of Birmingham Children's Hospital as a nationally commissioned provider of the Extra Corporeal Membrane Oxygenation service for children with respiratory failure - in place of the existing unit at Glenfield Hospital, Leicester - should not form part of the review as this decision was not taken by the Joint Committee of Primary Care Trusts.

This deadline for this review is subject to any further instruction the Secretary of State may need to issue in relation to timing in the light of the judicial review challenge brought against the Joint Committee of Primary Care Trusts

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Appendix 3

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Press release
6th November 2012

IRP undertaking independent health review

The Independent Reconfiguration Panel (IRP), the independent expert on NHS service change, has started a full review to consider whether the *Safe and Sustainable* proposals for children's congenital heart services will enable the provision of safe, sustainable and accessible services.

The IRP provided initial assessment advice in September 2012 following two referrals from the Health Scrutiny Committee for Lincolnshire, and from the Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee. The Health Secretary, Rt Hon Jeremy Hunt MP, accepted the IRP's advice that a full review should be undertaken.

Lord Ribeiro, Chairman of the IRP, said: "The Panel's key focus throughout the review will be children with congenital heart disease and the quality of care they need to receive. During the course of the review we will gather evidence from a range of people and listen to all interested parties to ensure that the recommendations we make are in the best interests of the children - and their families - across England that need to access these services."

As part of the review process the IRP will visit the hospitals currently providing children's congenital heart surgery to see the facilities and meet patients, clinicians and other staff. Over the coming weeks, Health and Overview Scrutiny Committees and MPs in England and Wales will be invited to share their views and any new evidence they may have with the IRP. IRP panel members will also hold a series of meetings to hear directly from a range of interested parties, including local authority representatives and interest groups.

The IRP strives to ensure that its reviews are open and accountable to the people using the services that are affected by this review. Anyone wishing to share their views or provide new evidence as part of this review can contact the IRP in the following ways:

- By email: info@irpanel.org.uk
- In writing: IRP, 6th Floor, 157-197 Buckingham Palace Road, London SW1W 9SP
- By leaving a voice message on: 020 7389 8046

The IRP is not able to respond to individual emails, letters or phone calls, however all information and views will be taken into account by the IRP and contributors will be acknowledged in the final report.

The IRP will make recommendations to the Health Secretary by 28 February 2013 in relation to the changes (subject to any changes of date that may be made). The final decision on changes to services will be made by the Health Secretary.

ENDS

For further information, contact the IRP press office on 020 7478 7835 or email press@irpanel.org.uk

Notes to editors:

1. The IRP will publish the findings of this review on the website - www.irpanel.org.uk - once they have been considered by the Health Secretary
2. The IRP was set up in 2003 to provide advice to the Secretary of State for Health on contested proposals for health service change in England
3. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 require NHS organisations to consult their Health Overview and Scrutiny Committees (OSCs) on any proposals for substantial changes to local health services. If a Health Overview and Scrutiny Committee is not satisfied that either a thorough consultation process has taken place or that the proposal meets the needs of the local community, it may refer the proposals to the Secretary of State for Health under regulation 4(7) of the Local Authority (Overview and Scrutiny Committee Health Scrutiny Functions) Regulations 2002
4. IRP panel members have wide ranging expertise in clinical healthcare, NHS management, public and patient involvement and handling and delivering successful changes in the NHS
5. Further information, including details of all panel members, is available from www.irpanel.org.uk

Leeds CITY COUNCIL

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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: 16 November 2012

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

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

Summary of main issues

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

2. 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[1]

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.

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