

**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 and 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.