

## ROTHERHAM BOROUGH COUNCIL – REPORT

<b>1. Meeting:</b>	<b>Health Select Commission</b>
<b>2. Date:</b>	<b>6 December, 2012</b>
<b>3. Title:</b>	<b>Review of Children’s Congenital Cardiac Services in England: Update</b>
<b>4. Directorate:</b>	<b>Resources All wards</b>

### **5. Summary**

To update members of the Health Select Commission of developments with regards to the Joint Committee of Primary Care Trust (JCPCT) Review of Children’s Congenital Cardiac Services in England and subsequent decision of the Joint Health Overview and Scrutiny to refer the JCPCT’s decision to the Secretary of State for Health.

### **6. Recommendations**

That the Health Select Commission

- Notes the update;
- Notes the referral of JCPCT’s decision by the Joint Health Overview and Scrutiny Committee to the Secretary of State for Health;
- Considers making a submission to the Independent Review Panel outlining its concerns about the review process.

## 7. Background

7.1 In March 2011, a Joint Health Overview and Scrutiny Committee made up from the 15 top-tier local authorities across Yorkshire and the Humber, was formed as the statutory overview and scrutiny body to consider and respond to the Review of Children's Congenital Cardiac Services in England and the associated reconfiguration proposals.

The former Children and Young People's Scrutiny Panel (in its health scrutiny role) nominated one member from Rotherham Council (Cllr Shaukat Ali) to be part of this joint committee and formed a small member working group consisting of Cllrs Ali, Falvey and Sims to inform Rotherham's input to the process. The Health Select Commission agreed (in July 2011) that these arrangements should continue until the conclusion of the exercise.

7.2 Given the complexity and sensitivity of the issue, the working group held initial meetings with colleagues from Rotherham Foundation Trust and NHS Rotherham to discuss how the proposals may impact upon local services.

In particular, concerns have been raised about the following:–

- access to facilities for Rotherham children and families, particularly in emergency or acute situations;
- sustainability of local clinics;
- retention and future development of specialist skills;
- sustainability of intensive care facility at Leeds Teaching Hospital Trust should it no longer be a specialist facility.

A further meeting was held with local parents of children with congenital heart diseases who have accessed services in Leeds. Whilst many of the concerns reflected the views of clinicians, further questions were asked about:

- lengthy 'blue light' journeys across busy road networks;
- support networks for children and their carers and increased disruption and costs, particularly for families on low incomes, if services are re-located;
- collocation of services and whether sufficient emphasis had been placed on the benefits of this in the review;
- transition to adult services.

These comments were submitted to the Joint HOSC as part of its evidence gathering and reflected similar concerns raised in other parts of the Yorkshire and Humber region.

7.3 In early October 2011, the Joint HOSC presented its consultation response to the proposals and issued a formal report to the JCPCT – the decision-making body – for consideration. A copy of the full report is available on the Council's website using the following link:

[http://www.rotherham.gov.uk/downloads/file/5872/review\\_of\\_childrens\\_congenital\\_cardiac\\_services](http://www.rotherham.gov.uk/downloads/file/5872/review_of_childrens_congenital_cardiac_services)

The Joint HOSC put made a number of recommendations, the major one being

the retention of specialist surgical children's heart services within Leeds.

- 7.4** The JCPCT at its meeting on 4 July 2012, agreed an option for implementation and the designation of congenital heart networks which did not include the retention of a specialist surgical centre at Leeds Teaching Hospital Trust.

Since that point, the Joint HOSC has met on a number of occasions to consider additional information and seek further details from the JCPCT and associated bodies.

- 7.5** On the basis of the JCPCT's decision and subsequent information, the Joint HOSC met on 16 November 2012 and reaffirmed its position (originally made on 24 July 2012) in support of its referral to the Secretary of State for Health of the decision of the Joint Committee of Primary Care Trusts (JCPCT).

(See attached link for further information

<http://democracy.leeds.gov.uk/documents/s85829/Review%20of%20Childrens%20Congenital%20Heart%20Services%20in%20England%202nd%20Report.pdf>)

- 7.6** The Joint HOSC referred the JCPCT's decision on the basis that it was not in the best interest of local health services across Yorkshire and the Humber, nor the children and families they serve. This referral was made in accordance with the provisions set out in the Health and Social Care Act (2001) (as amended) and the associated regulations<sup>1</sup> (specifically regulation 4(7)) and current Department of Health guidance<sup>2</sup>.

The conclusions reached by the Joint HOSC are as follows:

- The range of interdependent surgical services, maternity and neonatal services are not co-located at proposed alternative surgical centres available to Yorkshire and the Humber children and their families;
- The dismantling of the already well established and very strong cardiac network across Yorkshire and the Humber – and the implications for patients with the proposed Cardiology Centre at Leeds essentially working across multiple networks;
- The current seamless transition between cardiac services for children and adults across Yorkshire and the Humber;
- Considerable additional journey times and travel costs – alongside associated increased accommodation, childcare and living expense costs and increased stress and strain on family life at an already stressful and difficult time;
- The implications of patient choice and the subsequent patient flows – resulting in too onerous caseloads (i.e. overloading) in some surgical centres, with other centres unable to achieve the stated minimum number of 400 surgical procedures.

- 7.7** Throughout the process, concerns have been expressed about the availability and timeliness of information and lack of transparency about the decision making process. The Joint HOSC have reported it had not been able to consider all the

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<sup>1</sup> *The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 – Statutory Instrument 2002/ 3048*

<sup>2</sup> *Overview and Scrutiny of Health – Guidance (Department of Health (July 2003))*

information identified as being necessary to conclude its review and that all Joint HOSC Members felt that they have been unreasonably denied access to non-confidential information believed to be relevant to the review and the associated decision-making processes. A complaint has been lodged with the Information Commissioner's Office regarding the lack of disclosure.

- 7.8** Along with the Joint HOSC (Yorkshire and Humber), a number of HOSCs have subsequently referred the JCPCT's decision to the Secretary of State for Health. On the basis of these referrals, the Secretary of State has asked for the Independent Review Panel to examine the JCPCT's decision making process.

Members of the Joint HOSC may wish to contact the IRP to raise specific issues particularly relevant to their local areas. A letter has been previously submitted to the Secretary of State for Health outlining the Council's concerns about the process. This could be used as a basis, should the Commission be minded to contact the IRP. The deadline for submission of comments to IRP is 7 December, 2012.

- 7.9** Following the JCPCT's decision, a legal challenge was initiated by the Children's Heart Surgery Fund (now being taken forward by Save Our Surgery (SOS) Ltd.). The legal challenge is based on the premise that the decision making process was inconsistent and flawed. The hearing of the Judicial Review is deferred pending the outcomes of the Independent Review Panel.

## **8. Finance**

- 8.1** The Joint HOSC believes that the overall financial implications associated with the proposed model of care are likely to be very significant – both in terms of establishing new arrangements and the on-going delivery of the proposed model of care. However, based on the information available during the inquiry and at the time of preparing its report, the Joint HOSC believed there had been insufficient consideration of the financial implications and that the level of detail publicly available to date has been inadequate.

## **9. Risks and Uncertainties**

There are no specific considerations relevant to this report.

## **10. Policy and Performance Agenda Implications**

There are no specific considerations relevant to this report.

## **11. Background Papers and Consultation**

- A new vision for Children's Congenital Heart Services in England (March 2011)
- Scrutiny Inquiry Report: Review of Children's Congenital Cardiac Services (October 2011).
- Review of Children's Congenital Heart Services in England: 2nd report of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – draft (November 2012)

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