

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

**FRIDAY, 12TH JANUARY, 2018**

**PRESENT:** Councillor H Hayden in the Chair

Councillors Clark, Johnson and Smaje

Apologies      Councillor      Brown, Dickerson, Douglas,  
M Greenwood, V Greenwood,  
Hall, Midgley, Mumby-  
Croft, Rhodes, Robinson and  
Sansome

## **42      Late Items**

There were no late items of business and no supplementary information submitted to the meeting.

## **43      Declaration of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interest declared at the meeting.

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

Apologies for absence had been received and were recorded as follows:

- Cllr D Brown – Hull City Council
- Cllr M Dickerson – North East Lincolnshire Council
- Cllr H Douglas – City of York
- Cllr M Greenwood – Calderdale Council
- Cllr V Greenwood – Bradford MBC
- Cllr B Hall – East Riding of Yorkshire Council
- Cllr P Midgley – Sheffield City Council
- Cllr H Mumby-Croft – North Lincolnshire Council
- Cllr B Rhodes – Wakefield Council
- Cllr A Robinson – Doncaster MBC
- Cllr S Sansome – Rotherham MBC

It was noted that Cllr S Evans had replaced Cllr S Sansome as Rotherham MBC's representative on the Joint Committee. Cllr S Evans had also sent his apologies for absence.

There were no substitute members in attendance.

## **45      Minutes of the previous meeting - 5 July 2017**

**RESOLVED** - That the draft minutes of the meeting held on 5 July 2017 be agreed as an accurate and correct record.

Draft minutes to be approved at the meeting  
to be held on Date Not Specified

## **46 Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements**

The Head of Governance and Scrutiny Support (Leeds City Council) submitted a report that presented details of NHS England's final decisions on the commissioning of congenital heart disease services for adults and children across England.

In following representatives were in attendance for consideration of the item:

- Julian Hartley – Chief Executive, Leeds Teaching Hospitals NHS Trust
- Dr Elspeth Brown – Consultant Cardiologist, Leeds Teaching Hospitals NHS Trust
- Debra Wheeler – General Manager, Yorkshire and Humber Congenital Heart Disease Network
- Jo Quirk – Lead Nurse, Yorkshire and Humber Congenital Heart Disease Network
- Dr Michael Gregory, Regional Clinical Director Specialised Commissioning (North of England)

The Joint Committee noted that the Chief Executive of Children's Heart Surgery Fund (CHSF) – Sharon Coyle – who had been due to attend the meeting, had sent her apologies due to illness. However, members of the Joint Committee wished to formally thank the Chief Executive for her support and contributions to the work of the Joint Committee, in addition to the work and on-going support provided by CHSF to children and families across Yorkshire and the Humber.

The representatives in attendance addressed the Joint Committee to summarise the information submitted to the meeting and provide an update on progress at Leeds Teaching Hospitals NHS Trust.

Some of the main points raised included:

- Confirmation that congenital heart disease services for adults and children remained an important issue for Leeds Teaching Hospitals NHS Trust.
- Leeds Teaching Hospitals NHS Trust's appreciation for the work undertaken by the Joint Committee.
- Leeds Teaching Hospitals NHS Trust's appreciation for the continued work and support provided by the Children's Heart Surgery Fund.
- Confirmation of Leeds Teaching Hospitals NHS Trust's commitment to meet all the service standards.
- A reminder of the turbulence that had affected congenital heart disease services for adults and children in recent years.
- Confirmation that NHS England's recent review of congenital heart disease services for adults and children had been thorough, fair and evidence based.
- Leeds Teaching Hospitals NHS Trust contribution and cooperation during NHS England's recent review of congenital heart disease services for adults and children.

- The importance of continuing to build and strengthen ‘the network’ of care for patients with congenital heart disease.
- The need to focus on staff training and development across the network.

The Joint Committee considered the progress updates and discussed the range of information submitted and presented at the meeting. Members raised a number of matters, including:

- The positive and successful outcome for patients across Yorkshire and the Humber following NHS England’s recent decision on the future commissioning arrangements for congenital heart disease services for adults and children in England.
- NHS England’s recent decision reflecting a number of matters raised and recommended by the Joint Committee as part of the original Safe and Sustainable review; including the joint consideration of services for adults and children; the significant focus on strong networks of care; and the retention of services at Leeds and Newcastle.
- Any potential impact of Accountable Care Organisations and Systems on congenital heart disease services and other specialised services – with NHS England confirming that only around 10% of the 200 specialised services its commissions may be suitable for commissioning as part of any future Accountable Care Systems arrangements; but congenital heart disease services did not fall into this category.
- The improved outcomes being achieved through the focus on service standards.
- Future arrangements for reviewing transplant services and the ‘conditions’ placed on Newcastle in order to continue to provide services in the longer-term.
- Assurance around Leeds Teaching Hospitals NHS Trust meeting all service standards by August 2018 and the need for a further report to be provided in this regard.
- The impact of Leeds Teaching Hospitals NHS Trust’s desire to develop a distinctive Children’s Hospital at the current Leeds General Infirmary site.

At the end of the discussion, the Chair thank those present for their attendance and contribution to the discussion.

## **RESOLVED**

- (1) That all the details presented at the meeting be noted.
- (2) That, as part of its future commissioning arrangements for congenital heart disease services for adults and children across England, NHS England’s decision to retain Level 1 services at Leeds Teaching Hospitals NHS Trust be welcomed.
- (3) That, before December 2018, a further report be jointly provided by NHS England (as service commissioners) and Leeds Teaching Hospitals NHS Trust (as service providers) that provides:

- a. Further assurance around and Leeds Teaching Hospitals NHS Trust's progress against all the service standards (including any that remain outstanding);
- b. Details of the development of the Yorkshire and Humber Network (including its relationships with other network areas).
- c. An update on the redevelopment of the Leeds General Infirmary (LGI) and any specific impact or implications on Congenital Heart Disease Services for Adults and Children.

#### **47 The Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber): Summary of activity and the future role**

The Head of Governance and Scrutiny Support (Leeds City Council) submitted a report that presented a summary of the Joint Committee's work, key activities and outcomes, since being formally established in 2011.

The Principal Scrutiny Adviser (Leeds City Council) introduced the report and highlighted the main information presented to allow members of the Joint Committee to formally review its work and consider its future role.

Members commented on the summary timeline of the Joint Committee's activity and other significant events since January 2011. Members also commented that the summary provided a useful reminder of the collaboration between the 15 top-tier Yorkshire and Humber local authorities and significant work undertaken by all those involved over an extended period of time.

While reflecting on the positive outcomes achieved through the work of the Joint Committee, members also recognised that, as NHS England's review of Congenital Heart Disease Services for Adults and Children had essentially concluded, so too had the work of the Joint Committee.

It was also recognised that:

- The local health and care landscape had changed significantly since January 2011, which included the development of Sustainability and Transformation Plans and associated Health and Care Partnerships across England, including Yorkshire and the Humber.
- Other joint health scrutiny arrangements were in place and being developed to reflect the changing health and care landscape.
- There had been a reduction in the overall level of resources available to support the work of scrutiny committees.
- Any residual matters, including the further report identified during previous item (minute 46 refers), could be considered by individual local authority health overview and scrutiny committees, and/or as part of the other emerging joint health scrutiny arrangements across Yorkshire and the Humber.

With no future meetings planned and the alternative health scrutiny arrangements discussed at the meeting, it was therefore proposed that the

Joint Committee would cease to be operational from the end of the current 2017/18 municipal year.

At the end of the meeting, the Chair paid tribute to the work of the Joint Committee, including past and present members, and the officer support provided over an extended period, primarily through Leeds City Council's attending Principal Scrutiny Adviser.

Other members of the Joint Committee, including original members from when the Joint Committee was initially established, echoed the Chair's comments, stating the work and outcomes achieved provided an excellent example of successful joint scrutiny arrangements.

## **RESOLVED**

- (1) That the work and the outcomes achieved by the Joint Committee, including the contributions of past and present members, be recognised as an excellent example of successful joint health scrutiny arrangements.
- (2) That, with no future meetings planned and the alternative health scrutiny arrangements discussed at the meeting, the Joint Committee would cease to be operational from the end of the current 2017/18 municipal year.
- (3) That the further progress and assurance report identified and requested by the Joint Committee (minute 46 refers), be circulated to each constituent health overview and scrutiny committee for appropriate consideration, as determined by the respective individual local authority.

The meeting closed at 11:35 am.