

Minutes

Name of meeting	HEALTH AND COMMUNITY WELLBEING SCRUTINY PANEL
Date and time	WEDNESDAY, 1 JUNE 2011 COMMENCING AT 5.00PM
Venue	COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Present	Cllrs Margaret Webster (Chairman), Julie Jones-Evans, Ian Stephens, Arthur Taylor, Ian Ward
Co-opted members (non-voting)	Cllr David Williams (Hampshire Police Authority)
Cabinet Members	Cllrs Dawn Cousins, Roger Mazillius
Officers Present	Ian Anderson, Paul Thistlewood
Apologies	Mr Paddy Noctor (Local Involvement Network)
Other members present	Cllrs Jonathan Bacon, Lora Peacey-Wilcox

1. [Minutes](#)

RESOLVED :

THAT the Minutes of the meeting held on [1 February 2011](#) be confirmed.

2. **Declarations of Interest**

There were no declarations received at this stage.

3. [Review of Children's Congenital Heart Services in England](#)

The chairman welcomed Dr Jenifer Smith, The Island's Director of Public Health; Dr Iain Macintosh, Southampton University Hospital; Carole White, Michelle Richmond, Alison Richmond and Jerry Hammond, parents; Daniel Clarke Deputy Youth MP; Ben Yates, Chair of the IW Youth Council and Adi Volney, member of the IW Youth Council.

The panel was advised that in its statutory scrutiny role it had been asked to respond to the NHS consultation on a review of children's congenital heart services in England. It was noted that there were four options for the future configuration of specialist centres. Of these only one, option B, would see the

retention of the facility at Southampton. This would therefore require patients, and their families, having to travel to a hospital at Bristol, Leicester or London.

Consideration was given to the report submitted to the Isle of Wight NHS Board on 4 May 2011 which outlined patient activities for the Island at hospitals since 2006/07. This identified that out of 18 patients in 2009/10 all but one was treated at Southampton. Dr Jenifer Smith referred to the impact on other services provided at Southampton and this did not appear to be fully addressed within the consultation documents. The Board had agreed to support option B and saw London as the second choice facility.

Dr Iain Macintosh, Paediatric Intensive Care Consultant at Southampton University Hospital gave an overview of the quality of care and service provided at the unit. An independent assessment had been undertaken as part of an evaluation process of all centres and Southampton had scored the second highest. There was a concern that the four options being consulted on was not based on clinical quality and patients choice but more on accountancy.

Dr Macintosh believed that, based upon personal experience, the Isle of Wight should be looked at as a remote location as had been the case for parts of south west England. A centre located other than at Southampton could not meet the four hour critical time limit. It was acknowledged that the travel times had discounted helicopter use and was based on road travel and the reason for this was outlined. It had however been overlooked that travel involved a ferry crossing and that the exercise had utilised post codes which gave no recognition to transport issues.

The panel was also advised that if Southampton lost its status as a children's congenital heart centre this would impact upon a range of other services. This included paediatric intensive care and grown up congenital heart services.

The panel then heard from Michelle Richmond, Alison Richmond, Carole White and Jerry Hammond who had experience of the level of care provided to children at the Southampton unit. They all highlighted the effect that travelling longer distances to a centre at Bristol, Leicester or London would have on families. The support and after care required was a major issue in the overall recovery of a child and would be seriously hampered if Southampton was forced to close its unit. The point was made that if heart problems were picked up during pregnancy then the birth could take place at Southampton so that the child could then receive the necessary treatment in the paediatric heart unit.

Members of the panel believed that the travel times to and from the Island had been completely ignored within the consultation documents. The evidence given at the meeting had demonstrated not only the medical difficulties that would be created if any unit other than Southampton had to be used but also the overall impact on the families both socially and financially. It was noted that the island had a higher incidence of children requiring treatment for heart conditions.

A number of factors had changed since the consultation exercise had commenced and this should be taken into account by those undertaking the review. Members recognised that Southampton had created a culture of quality

care with successful outcomes and had been slowly increasing its volume of work. Southampton was also accessed by patients from the West Country and London.

Representatives of the Youth Council considered that given the population of the area it was illogical to close Southampton. It also relieved any pressure on London hospitals. Reference was made to the emotional strain that would be placed on those parents with other young siblings if there was a need to travel longer distances.

The cabinet members spoke of their concern as to any loss of service from Southampton. Councillors Lora Peacey-Wilcox and Jonathan Bacon also raised issues about the review.

The panel considered the nature of its response to the consultation which had to be submitted by 1 July 2011. It was unanimous in its concerns as to the implications of such a substantial change in service provision if children's heart services were removed from Southampton.

RESOLVED :

- (i) THAT the panel fully endorse Option B as Southampton is the only facility that would meet the needs of patients on the Isle of Wight.
- (ii) THAT the panel believe that there is a need for the retention of facilities at both Southampton and Bristol and that this option should be explored further.
- (iii) THAT the wider implications for healthcare and service provision, including that for grown up congenital heart (GUCH) services, for Island residents would be seriously affected if Option B was not implemented.
- (iv) THAT concerns be expressed as to the use of postcodes to assess travel criteria as this has failed to take into account the travel time across the Solent and this also be brought to the attention of the Island's Member of Parliament.
- (v) THAT additional concerns be expressed about the use of post codes for service provision instead of personal preference.
- (vi) THAT the Isle of Wight Youth Council be requested to encourage all young people on the Island to use the text 'Heart' line to support Option B.
- (vii) THAT the Panel's thanks to Dr Jenifer Smith, Dr Iain Macintosh, Michelle Richmond, Alison Richmond, Carole White and Jerry Hammond for attending the meeting and providing valuable evidence on this matter be formally recorded.

4. Performance and Budget

(a) Quarterly Performance and Strategic Risk Management Report – Quarter 4 2010/11

Members were advised of a recommendation from the cabinet following its consideration of the performance report at its meeting on 10 May 2011. This invited the panel to establish a working group with the Children and Young People Scrutiny Panel to look at issues surrounding the rates of hospital admission of young people for alcohol related harm.

Reference was made to the number of people requiring support from adult social care being in receipt of a personal budget. The Strategic Director advised that the national target had been achieved and good progress was being made and it was anticipated that the overall target would be achieved a year ahead of time.

The panel noted that 41% of the targets within community wellbeing and social care had been missed for 2011/12. The Strategic Director advised that no significant areas had failed and those where performance was an issue appropriate action had been identified and actions taken.

The Cabinet Member for Adult Social Care, Housing and Community Safety gave a brief update on the background to some of the figures relating to community safety. Some of the increase in the class A drug related offending rate was due to this being an area for which there was very proactive policing. The numbers involved were small so any increase resulted in a large percentage figure.

Members briefing discussed the work being done with regard bringing empty properties being brought back into use and affordable housing.

RESOLVED :

- (i) THAT the panel, together with the Children and Young People Scrutiny Panel, establish a joint working group to look at the issues regarding the rates of hospital admission per 100,000 for alcohol related harm, recognising this is a partnership issue that involved staff and resources from both health and police services.
- (ii) THAT the performance report be noted.

(b) Budget 2010/11 and 2011/12

The panel considered future arrangements for scrutinising the budget. It was made aware that a draft budget timetable for 2012/13 which identified key events during the process. This would enable scrutiny to be fully involved in looking at the options for 2012/13 as well as monitoring expenditure for 2011/12.

The Overview and Scrutiny Committee had asked that a regular report should be produced on the progress being made with achieving the savings required. Additionally projected areas of overspend would need to be looked at.

RESOLVED :

THAT the arrangements for consideration of the budget be noted.

5. **Forward Plan**

Items of relevance to the panel that were contained in the forward plan for June to September 2011 were outlined.

RESOLVED :

THAT the items be noted.

6. **Members' Questions Time**

Councillor Stephens sought clarification about the recent decision taken by the cabinet in connection with determining the futures of the Gouldings and the Adelaide Resource Centre. The Strategic Director and Cabinet Member outlined the process and timetable. The first stage of the consultation process was likely to commence within the following three weeks.

CHAIRMAN