

Public Document Pack

Supplementary and late information for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) on 10 April 2014

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

WEDNESDAY, 11TH DECEMBER, 2013

PRESENT: Councillor J Illingworth in the Chair

Councillors D Brown, B Hall, J Hyldon-King,
A McAllister, T Revill, L Smaje and
S Wiseman

9 Chair's Opening Remarks

The Chair welcomed all in attendance to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) meeting.

10 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair agreed to accept the following late information:

- The New Review of Congenital Heart Disease Services in England – Draft Revised Terms of Reference for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Minute 15 refers)
- The New Review of Congenital Heart Disease Services in England – update:
 - John Holden letter to Councillor J Illingworth – 28 November 2013
 - Councillor J Illingworth letter to John Holden – 9 December 2013
 - John Holden letter to Councillor J Illingworth – 10 December 2013
 - Summary of governance arrangements. (Minute 16 refers)
- The New Review of Congenital Heart Disease Services in England – information required and next steps for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber):
 - John Holden letter to Cllr Illingworth – 21 August 2013
 - Councillor J Illingworth letter to John Holden – 28 August 2013
 - John Holden letter to Councillor J Illingworth – 3 December 2013
 - Release of information by NHS England under the Freedom of Information (reference: SDR – 103480) (Minute 17 refers)

The above documents were not available at the time of agenda despatch, but were subsequently made available on the Council's website.

11 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

12 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors M Gibbons, J Bromby, J Clark, C Funnell, B Rhodes, M Rooney and B Steele.

Councillor S Wiseman was in attendance as a substitute member for Councillor C Funnell.

13 Minutes - 13 September 2013

In relation to the Children's Congenital Cardiac Surgery: Service provision at Leeds Teaching Hospitals NHS Trust (minute 7 refers), the Chair reported that the outstanding mortality review report (highlighted as draft within the minutes) had been submitted to NHS England in September 2013.

The draft minutes of the meetings held on 13 September 2013 were considered and agreed as accurate record.

RESOLVED – That the draft minutes of the meeting held on 13 September 2013 be agreed as an accurate record of proceedings.

14 Children's Congenital Cardiac Surgery at Leeds Teaching Hospitals NHS Trust - NHS England's continuing investigations

The Head of Scrutiny and Member Development to provide an update on the current provision of children's heart surgery at Leeds Teaching Hospitals NHS Trust (LTHT) and the progress of the subsequent phases of the review of quality of children's heart surgery services at LTHT.

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Dr Damian Riley (Acting Medical Director – NHS England (North of England))
- Dr Yvette Oade (Medical Director – Leeds Teaching Hospitals NHS Trust)
- Dr Bryan Gill (Medical Director (Quality and Governance) – Leeds Teaching Hospitals NHS Trust)

In addressing the Committee, the Acting Medical Director (NHS England (North of England)) gave a brief summary on the matters associated with the temporary suspension of services at LTHT during March / April 2014 and associated progress.

It was confirmed the three aspects that formed Phase 2 of NHS England's review were:

- A review of mortality;
- A review of parental complaints/ concerns; and,
- A review of concerns raised by other professionals.

Draft minutes to be approved at the meeting
to be held on Thursday, 10th April, 2014

It was outlined NHS England intend to triangulate the outcome of each review and not publish singular reports. NHS England was working towards publishing the outcome of Phase 2 of the report by the end of January 2013.

The Acting Medical Director apologised that progress of the additional reviews had not been as efficient as it could have been and identified a number of matters that had had an impact on progress, including the procurement of specific aspects of work.

The Committee discussed the details presented and highlighted at the meeting. A number of matters were raised, including:

- Timescales of the review process in relation to the new review of Congenital Heart Disease services.
- Repeated concern regarding the validity of data prior to the temporary closure of services.
- The terms of reference for each aspect within the overall Phase 2 review and the procurement timetables for each aspect.
- The importance of a wide range of 'risk adjustments' within outcome data to take account of issues such as ethnicity, socio-economic factors (deprivation), travelling distances, spending patterns and size of unit.
- Broad concerns around NHS England's approach to involvement and engagement.

RESOLVED –

- (a) That the information presented to the meeting be noted.
- (b) That the Committee consider the outcome of NHS England's Phase 2 review, once available.

15 The new review of Congenital Heart Disease services in England - draft revised Terms of Reference for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

The Head of Scrutiny and Member Development submitted a report that presented draft terms of reference for the Committee in relation to its work around the new review of Congenital Heart Disease services.

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Steven Courtney (Leeds City Council, Principal Scrutiny Adviser)
- Mark Turnbull (Leeds City Council, Head of Property, Finance & Technology (Legal Services))

The Principal Scrutiny Adviser outlined the draft terms of reference.

The Head of Property, Finance & Technology advised that it may be useful to include reference to specific statutory functions and associated regulations.

RESOLVED –

- (a) That, subject to the inclusion of reference to specific statutory functions and associated regulations (as outlined at the meeting), the terms of reference be agreed.
- (b) That all member authorities be requested to reconfirm committee to the work of the Joint Committee in relation to the new review of Congenital Heart Disease services.

16 The new review of congenital heart services in England - update

The Head of Scrutiny and Member Development submitted a report that sought to provide an update in relation to the new review of Congenital Heart Disease (CHD) services.

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Dr Yvette Oade (Medical Director – Leeds Teaching Hospitals NHS Trust)
- Dr Bryan Gill (Medical Director (Quality and Governance) – Leeds Teaching Hospitals NHS Trust)
- Sharon Cheng (Director – Children’s Heart Surgery Fund)
- Steven Courtney (Leeds City Council, Principal Scrutiny Adviser)

In addressing the Joint Committee, representatives from Leeds Teaching Hospitals NHS Trust outlined the organisations involvement in the new CHD review through its membership of:

- NHS England’s Provider Group
- NHS England’s Clinicians Group
- The relevant Clinical Reference Group

The Director of Children’s Heart Surgery Fund confirmed the Charity’s membership of NHS England’s Patient and Public Group and outlined some recent engagement activity.

There was some concern that not all current service providers were represented on the ‘Provider Group’ and there was shared concern in relation to some communication issues.

The Committee discussed the details presented and highlighted at the meeting. A number of matters were raised, including:

- Concerns regarding NHSE’s decision-making structure in relation to the new CHD review and aspects of transparency.

- The lack of clarity between the ‘advisory’ and ‘engagement’ roles of the various groups established by NHS England.
- Queries regarding the involvement of HealthWatch organisations, either nationally or locally.
- Potential issues associated with the current governance arrangements for the review and the NHS Constitution.

RESOLVED –

- (a) That the information presented to the meeting be noted.
- (b) That NHS England be invited to attend a future meeting of the Joint Committee to report on progress of the new CHD review.

17 The new review of Congenital Heart Disease services in England - information required and next steps for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

The Head of Scrutiny and Member Development submitted a report that sought to help the Joint Committee consider and identify the information required and next steps for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in respect of the new review of Congenital Heart Disease (CHD) services.

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Steven Courtney (Leeds City Council, Principal Scrutiny Adviser)
- Mark Turnbull (Leeds City Council, Head of Property, Finance & Technology (Legal Services))

In considering the information needs of the Joint Committee, members were reminded that all appropriate NHS commissioners and services providers must provide such information about the planning, provision and operation of health services that may be reasonably required in order that the Joint Committee might discharge its relevant functions.

The Chair of the Joint Committee outlined the work undertaken in an attempt to secure some information using the Freedom of Information legislation and commented on his general dis-satisfaction regarding NHS England’s approach to releasing information – both under the Freedom of Information legislation and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulation 2013.

It was proposed that amongst other matters, the Joint Committee required fuller details of the email correspondence between Sir Bruce Keogh and other parties in relation to the temporary suspension of services at Leeds Children’s Heart Surgery Unit in March/ April 2013. Such information included details both pre and post the temporary suspension of services. It was confirmed that such information was required in order for the Joint Committee to discharge its relevant functions.

Draft minutes to be approved at the meeting
to be held on Thursday, 10th April, 2014

RESOLVED –

- (a) That the information presented to the meeting be noted.
- (b) That, under the provisions set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulation 2013 NHS England be required to provide fuller disclosure of the email correspondence between Sir Bruce Keogh and other parties, in relation to the temporary suspension of services at Leeds Children's Heart Surgery Unit in March/ April 2013; and that such disclosure should include information exchanged both pre and post the temporary suspension of services.

18 Care Quality Commission (CQC) hospital inspection programme: Request for information

The Head of Scrutiny and Member Development to provide a report that sought to outline the arrangements associated with the Care Quality Commission's (CQC's) new Hospital Inspection Programme and determine what, if any, information should be submitted to the CQC in relation to its planned inspection of Leeds Teaching Hospitals NHS Trust during March 2014.

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Steven Courtney (Leeds City Council, Principal Scrutiny Adviser)

The Committee discussed the details presented and highlighted at the meeting and agreed that the CQC should be made aware of the Joint Committee's reports in relation to the (now ceased) Safe and Sustainable Review of Children's Congenital Cardiac Services in England.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the Carer Quality Commission be made aware of the Joint Committee's reports in relation to the (now ceased) Safe and Sustainable Review of Children's Congenital Cardiac Services in England.

Following conclusion of the discussion, the Chair thanked all those in attendance for their contribution to the meeting and discussion.

The meeting concluded at 12:25pm.

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Steven Courtney
Principal Scrutiny Adviser
Leeds City Council
By email

2 April 2014

Dear Steven

Thank you for your email of 26 March inviting the new CHD review team to send a representative to the JHOSC meeting on 10 April.

As I explained when we spoke by phone yesterday, I am afraid the scheduling of your meeting is almost impossible for us. I am on leave that week. Other members of the team are involved in an intensive programme of engagement events for children and young people, travelling around the country to canvass the views of those who use paediatric congenital heart services, and there is an event in Bristol on the same date. Therefore I regret we cannot attend on 10 April.

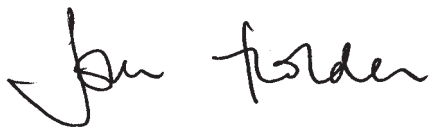
However, I am happy to enclose a written update, as requested, highlighting some of the progress since I last sent an update to the JHOSC in December.

In my letter to you dated 27 February, I acknowledged that it is of course for the JHOSC to determine its own work programme. However I also suggested that as "...we are not developing major service change proposals, and the current focus is on the standards and service specification, there may be scope to revisit your plans for scrutiny input. [T]his could mean that it is more appropriate to have two meetings: first, a meeting at the beginning of the consultation to shape the committee's response to the consultation, and then a further meeting in the autumn to consider the final specification post-consultation and the emerging approach to form, function, commissioning and change".

I think this advice still stands – we are aiming to consult over the summer, probably starting in July, in which case our 12 weeks consultation would complete in the autumn and we would expect to have a finalised specification by winter. So, the ideal time for the next discussion at JHOSC might be nearer the start of consultation (perhaps early July?). I realise that between now and then you have local government elections and this could make it difficult for you to establish a settled timetable. When we spoke yesterday you said you would reflect on this, and consider whether any alternative approaches could work for you.

I hope this is helpful.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Holden'. The signature is fluid and cursive, with a large initial 'J' and 'H'.

John Holden
Director of System Policy

Update for JHOSC – 10 April 2014

Since my last written update to JHOSC dated 11 December 2013, NHS England has continued the process of engagement with stakeholders and the development of work to ensure a standards-based, nationally consistent approach to commissioning congenital heart services.

There are six objectives to the review and we are progressing all of these. The six objectives are:

- To develop standards to give improved outcomes, minimal variation and improved patient experience.
- To analyse demand for specialist inpatient CHD care, now and in the future.
- To make recommendations on function, form and capacity of services needed to meet that demand and meet quality standards, taking account of accessibility and health impact.
- To make recommendations on the commissioning and change management approach including an assessment of workforce and training needs.
- To establish a system for the provision of information about the performance of CHD services to inform the commissioning of these services and patient choice.
- To improve antenatal and neonatal detection rates

We try to ensure that the governance of our work is transparent, and we have been engaging extensively with those who use the service and those who provide it. Amongst other things we have:

- Held a meeting of our Board's Task and Finish Group, on 7 January
- Held a meeting on 8 January to which we invited all those Local Authorities who host a congenital heart surgery unit, and representatives from local and national Healthwatch
- Held a meeting of our Programme Board on 14 January
- Held a meeting of our Provider group on 15 January
- Provided an update to the main board of England for its meeting on 24 January
- Held a meeting of our Clinicians' group on 30 January
- Held a meeting of our Public and Patients' group on 10 February
- Held a meeting of our Programme Board on 11 February
- Attended a conference of the Royal College of Nursing 26 February
- Held a meeting of our Programme Board on 11 March
- Held a meeting of our Provider Group on 18 March
- Held a meeting of our Public and Patients group on 27 March

The various engagement and advisory groups have been discussing a range of issues, including

- The commissioning of data and literature reviews, and early findings from the data review (16% increase in children's CHD procedures over 10 years)
- The development of standards including "knotty issues" where opinion is divided
- The timetable to consultation on standards and afterwards to implement a new service specification
- The handling of quality/safety issues raised during the progress of the review
- Opportunities for provider engagement in shaping future provision
- Better, earlier diagnosis, including ante-natal testing and neonatal screening.

At the time of writing this (2 April), I am due to attend a meeting of the National Association of Critical Care managers on 4 April, and our Clinicians Group is due to meet again on 7 April. I also expect to have published in my next blog (7 April) some preliminary and un-validated findings from the literature review.

More information - about all of our work, including these meetings (agendas, papers, minutes etc) is freely available via my regular blog:
<http://www.england.nhs.uk/category/publications/blogs/john-holden/>

Report of the Head of Scrutiny and Member Development

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

Date: 10 April 2014

Subject: Work Schedule

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

Purpose

1. The purpose of this report is to consider the Committee's future work schedule in relation to the new review of congenital heart services in England and any associated matters.

Background

2. Following the restructuring arrangements across the NHS that came into force from 1 April 2013, NHS England became the body responsible for commissioning specialised services. This includes commissioning services associated with the diagnosis and treatment of congenital heart disease (CHD).
3. On 12 June 2013, an announcement from the Secretary of State for Health called a halt to the previous Safe and Sustainable review of Children's Congenital Cardiac Services in England. This followed the advice provided by the Independent Reconfiguration Panel (IRP) – the detail of which is presented elsewhere on the agenda. In making that announcement, the Secretary of State invited NHS England to provide details of its proposed approach for undertaking a new review by 31 July 2013.
4. NHS England is now responsible for undertaking a national review of congenital heart services for children and adults, which will consider the whole lifetime pathway of care for people with CHD and aim to:
 - Achieve the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
 - Tackle variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care

- Achieve great patient experience, which includes how information is provided to patients and their families, considerations of access and support for families when they have to be away from home.

5. There are six objectives to the new review, as follows:

- To develop standards to give improved outcomes, minimal variation and improved patient experience. (Objective 1)
- To analyse demand for specialist inpatient CHD care, now and in the future. (Objective 2)
- To make recommendations on function, form and capacity of services needed to meet that demand and meet quality standards, taking account of accessibility and health impact. (Objective 3)
- To make recommendations on the commissioning and change management approach including an assessment of workforce and training needs. (Objective 4)
- To establish a system for the provision of information about the performance of CHD services to inform the commissioning of these services and patient choice. (Objective 5)
- To improve antenatal and neonatal detection rates. (Objective 6)

6. Elsewhere on the meeting agenda, the JHOSC will have considered an update on the progress of the new CHD review.

Main issues and considerations

7. At its meeting in December 2013, the JHOSC agreed its Terms of Reference and the scope of its work associated with the new CHD review. The broad scope of the JHOSC's planned work is set out below:

Part 1

- *Consider the findings and recommendations of the Independent Reconfiguration Panel (IRP) associated with its assessment of the previous Safe and Sustainable review of Children's Congenital Heart Services in England, and make an assessment of the extent to which they have been acted upon as part of the new CHD review;*
- *Consider and make an assessment of the new CHD review processes and any associated formulation of proposed options for reconfiguration and future service models, presented for public consultation;*
- *Consider the views and involvement of local service users, patient groups and/or charity organisation as part of the new CHD review;*

Part 2

- *Examine the projected service improvements arising from the new CHD review and any proposed reconfiguration and future service model including, but not limited to, the basis of projected improvements to patient outcomes and experience;*
- *Consider the likely impact arising from the new CHD review on patients and their families accessing services in the short, medium and longer- term, particularly in terms of access to services and travel times;*

- *Consider the health and equality impacts arising from the new CHD review and any associated reconfiguration and future service model proposals and, in particular, the comparison with existing provision and service configuration;*
- *Consider other potential implications of any reconfiguration options arising from the new CHD review and presented for consultation, including the impact on the local and regional health and general economy.*

Part 3

- *Formally respond to the findings of the new CHD review and any reconfiguration options or proposed future service models arising from the new CHD review and presented for public consultation.*

Part 4

- *Consider and maintain an overview of any plans for implementation associated with the agreed future service model and reconfiguration of services arising from the new CHD review.*

General matters

- *Consider any other pertinent matters that may arise as part of the Committee's inquiry (as agreed by the JHOSC).*
- *Make any recommendations deemed appropriate in relation to any or all of the above matters.*
- *Review and scrutinise the effects of the new CHD review on the planning, provision and operation of the health service in the constituent authorities' areas pursuant to Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, and make reports and recommendations on such matters pursuant to Regulation 22.*
- *Act as consultee and discharge the constituent authorities' functions under Regulation 26 in relation to the new CHD review.*
- *Discharge the constituent authorities' functions under Regulation 26 and Regulation 27.*

Proposed work schedule

8. At a local government engagement event in January 2014, NHS England highlighted it would be highly unlikely for there to be any formal, statutory consultation on service reconfiguration before January 2015 (at the earliest). As such, following that meeting and based on information available at that time (by way of a Programme Stocktake report presented to NHS England's Task & Finish Group at its meeting on 7 January 2014), it was highlighted to NHS England that there were some significant elements against the objectives of the review that were likely to warrant scrutiny input as the review progresses (as follows):

Early spring 2014

- Objective 2 - *Consider demand for specialist inpatient care & proposed approach for assessing future activity (NICOR data)*
- Objective 6 - *Consider proposals to improve antenatal and neonatal detection rates*

Spring 2014

- Objective 3 - Consider evidence around the function, form and capacity of services to meet demand - spring 2014
- Objective 5 - Consider 'transition dashboard' currently in use - spring 2014

Late spring 2014

- Objective 1 - Response to draft standards - late spring 2014
- Objective 2 - Consider future projections and sensitivity analysis - late spring 2014

Summer 2014

- Objective 4 - Consider proposals on commissioning and change management approach
- Objective 5 - Consider future comprehensive quality dashboard
- Objective 6 - Consider progress against proposals to improve antenatal and neonatal detection rates

Autumn 2014

- Objective 1 - Consider finalised standards
- Objective 6 - Consider further progress against proposals to improve antenatal and neonatal detection rates

9. It was also highlighted that the above approach would be in contrast to the Safe and Sustainable review – where the review process was not considered until the options for consultation were presented (i.e. March 2011).
10. Clearly, some the proposed timing is no longer achievable and it may be necessary to request a further Programme Stocktake report to refine the timing of any future activity by the JHOSC. However, in considering these details, it should be noted there are no details of any further meetings of the Task and Finish Group since 7 January 2014.
11. Proposed activity of the JHOSC was presented to NHS England in early February 2014 and, while it has been acknowledged that the JHOSC will set its own work schedule; in its response later that month, NHS England made the following observations:
 - *NHS England is not developing major service change proposals, and the current focus is on the standards and service specification.*
 - *There may be scope to revisit plans for the JHOSC's input, via two meeting:*
 - *An initial meeting at the beginning of the consultation (currently likely to commence in July 2014) to shape the committee's response to the consultation;*
 - *A further meeting in the autumn to consider the final specification post-consultation and the emerging approach to form, function, commissioning and change.*
12. NHS England's position has been reaffirmed and Members of the JHOSC will have considered these comments elsewhere on the agenda.
13. Members of the JHOSC are asked to consider the above details when setting its future work schedule.

Recommendations

14. That the JHOSC considers and comments on the details presented in this report and:
 - a. Agrees its future work schedule; and,
 - b. Identifies any additional specific actions and/or additional scrutiny.

Background documents¹

15. 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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