

Report of the Head of Scrutiny and Member Development

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

Date: 13 September 2013

Subject: Future of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

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

Purpose

1. The purpose of this report is to consider the future role of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), as currently constituted.

Background

- 2. In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) was established to consider the emerging proposals from the Safe and Sustainable Review of Children's Congenital Cardiac Services in England and the options for public consultation agreed by the Joint Committee of Primary Care Trusts (JCPCT).
- 3. At that time, the terms of reference identified that purpose of the Joint HOSC's work was to make an assessment of, and where appropriate, make recommendations on the potential options to reconfigure the delivery of Children's Congenital Heart Services in England. It was highlighted that this would specifically include consideration of the:
 - Review process and formulation of options presented for consultation;
 - Projected improvements in patient outcomes and experience;
 - Likely impact on children and their families (in the short, medium and longerterm), in particular in terms of access to services and travel times;
 - Views of local service users and/or their representatives;
 - Potential implications and impact on the health economy and the economy in general, on a local and regional basis;
 - Any other pertinent matters that arise as part of the Committee's inquiry.

- 4. Consideration was also given to the adequacy of the arrangements for consulting on the proposals, which was the subject of an unsuccessful referral to the Secretary of State for Health in October 2011.
- Following the JCPCT's decision on the proposed future model of care and designation of surgical centres on 4 July 2012, it became increasingly apparent that there would be significant issues associated implementation that the Joint HOSC wished to consider on an on-going basis. Revised terms of reference to reflect this position were agreed on 24 July 2012.
- 6. In November 2012, the Joint HOSC referred the JCPCT's decision to the Secretary of State for Health. This was subsequently passed to the Independent Reconfiguration Panel (IRP) for consideration and advice (as reported elsewhere on the agenda).
- 7. Prior to the outcome of the IRP's review and the decision of the Secretary of State for Health being announced, the Joint HOSC considered an update on implementation at its previous meeting in April 2013.

Main issues and considerations

- 8. 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. The IRP's full report and appendices, alongside a covering letter form the Secretary of State for Health in this regard are presented elsewhere on the agenda.
- 9. In addition, details associated with the new review of congenital heart services in England are also presented elsewhere on the agenda. However, there are currently no proposals in terms of changes to services to consider and/or pass comment on.
- 10. As such, in the absence of any standing Joint HOSC arrangements in Yorkshire and the Humber, the Joint HOSC was established with a very clear and defined remit i.e. considering and responding to proposals arising from the Safe and Sustainable review of Children's Congenital Cardiac Services in England. However, as the review and its proposals were halted by the Secretary of State for Health in June 2013 there is no legitimate scope of work for the Joint HOSC to continue in its current form.
- 11. With proposals for a new review in development, a new JHOSC (potentially involving the same membership) may become necessary and established sometime in the future. However, this would require further consideration (and agreement) by each of the constituent authorities and revised terms of reference.
- 12. Experience from establishing the current Joint HOSC would suggest that forming such arrangements can be a complex process, therefore work in this regard would need to be carefully considered and planned. It would also need to reflect and take into account the proposals for taking forward the new review (considered elsewhere on the agenda).
- 13. It is worth considering that there may be outstanding actions arising from other aspects of the meeting agenda – and these should be specifically highlighted and recorded. Nonetheless, it is recommended that consideration be given to dissolving the Joint HOSC in its current form.

Recommendations

- 14. That the Joint HOSC:
 - a. Notes and comments on the content of this report;
 - b. Identifies any specific outstanding actions, including those arising from this meeting;
 - c. Resolves to formally dissolve the Joint HOSC in its current form; and,
 - d. Asks that the regional network of health scrutiny officers works to establish any further Joint HOSC arrangements that may be necessary to reflect the new review of congenital heart services in England, including consideration (and agreement) by each of the constituent authorities.

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.