

Report of the Head of Scrutiny and Member Development

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

Date: 11 December 2013

Subject: 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)

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 checked="" type="checkbox"/> Yes	<input 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 assist members consider 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 in England.

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 longer-term), 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.
 5. 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 JHOSC wished to consider on an on-going basis. Revised terms of reference to reflect this position were agreed on 24 July 2012.
 6. However, notwithstanding the issues associated implementing the JCPCT's decision, in November 2012 the JHOSC 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, which was report to the Secretary of State for Health at the end of April 2013.
 7. On 12 June 2013, an announcement from the Secretary of State for Health accepted the IRP's report and recommendations in full and called a halt to the Safe and Sustainable review of Children's Congenital Cardiac Services in England.
 8. The IRP's full report and appendices, alongside a covering letter from the Secretary of State for Health were considered by the JHOSC at its previous meeting held on 13 September 2013. At that meeting, Members expressed their broad support for the work of the JHOSC to continue, insofar as it relates to the new CHD review, and specifically highlighted a number of points, including:
 - The strength of joint scrutiny arrangements across Yorkshire and the Humber, vis-à-vis the Safe and Sustainable review and proposals, was clearly evident in the Secretary of State's announcement in June 2013.
 - That the new CHD review would benefit from similar robust scrutiny arrangements as those in place for the Safe and Sustainable review.
 - Concern regarding the likely timescales for the new review and the processes necessary for agreeing revised terms of reference across fifteen constituent local authorities.
 - The need for a fair acceptance from those undertaking the new review (i.e. NHS England) that establishing joint health scrutiny arrangements could be a complex and time-consuming process that needed to be taken into account.

Main issues and considerations

9. It is proposed to present revised draft terms of reference for the work of the JHOSC elsewhere on the agenda. In addition, members will also consider a progress updates around the new CHD review and the progress made by NHSE in terms of its on-going investigations/ assurance work regarding the quality of children's cardiac surgery services provided by Leeds Teaching Hospitals NHS Trust.
10. In order to take the work of the JHOSC forward, it is necessary to consider its next steps and identify, in general terms, what information may be necessary for the JHOSC's future work.

11. Members of the JHOSC may also wish to consider the frequency of its future meetings, particularly in light of the proposed timescales of the new CHD review considered elsewhere on the agenda.

Information associated with the temporary suspension and subsequent commencement of children's cardiac surgery at LTHT in March/ April 2013

12. Members will be aware that immediately after the temporary suspension and subsequent commencement of children's cardiac surgery at LTHT in March/ April 2013, the Chair of the JHOSC made a number of requests for information using Freedom of Information (FOI) requests. This included associated details of correspondence to/ from Sir Bruce Keogh around that time. This resulted in the release of a large volume of correspondence (previously shared with members of the JHOSC) – however the details included a large number of redactions. In the main the redactions obscured the names of individuals.
13. As mentioned above, it is the FOI legislation that has been used to obtain this information, rather than the legislation that underpins the Health Overview and Scrutiny function. However, the views of members of the JHOSC are being sought in terms of:
 - (a) Whether or not the full (i.e. un-redacted) correspondence is considered relevant and necessary information as part of the JHOSC's consideration of the new CHD review.
 - (b) If considered relevant and necessary information, the extent to which the aforementioned correspondence should be sought on behalf of the JHOSC.
 - (c) Any limitations, for example time and/or resource constraints, that should be placed on taking forward the pursuit of the aforementioned correspondence.
 - (d) Any other considerations and/or discussions that should be taken into account prior to seeking the aforementioned correspondence.

Recommendations

14. That the JHOSC notes the content of the report and:
 - (a) Identifies and agrees any specific information/ details necessary to inform the JHOSC's future work;
 - (b) Considers and agrees the timing and frequency of its future meetings;
 - (c) Considers and agrees the JHOSC's position regarding the correspondence associated with the temporary suspension and subsequent commencement of children's cardiac surgery at LTHT in March/ April 2013, as detailed in paragraphs 12 and 13 of this report.

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.