

**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: The new review of congenital heart services in England – update**

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 provide an update associated with the new review of congenital heart services in England.

**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. At its previous meeting on 11 December 2013, the JHOSC received and considered a written update on the progress of the review.

### **Main issues and considerations**

6. To assist the JHOSC's consideration of progress of the new review, NHS England has been invited to send an appropriate representative to attend the meeting. However, at the time of drafting this report, attendance has not yet been confirmed (or otherwise).
7. However, it should be noted that NHS England has produced regular updates regarding progress of the review via its dedicated 'blog'. Updates have generally been given at fortnightly intervals and its latest (20<sup>th</sup>) update was published on 24 March 2014 and is available using the following link:  
<http://www.england.nhs.uk/2014/03/24/john-holden-20/> .

#### Input from other stakeholders

8. In order to provide the JHOSC with a rounded picture of progress, representatives from other key stakeholders/ organisations with a specific role in the new review have been invited to the meeting to provide an update of their involvement and input to date.
9. The following organisations have been invited to provide an update on their involvement and input into the new review to date and respond to questions from members of the JHOSC:
- a. Leeds Teaching Hospitals NHS Trust (LTHT); and,
  - b. Children's Heart Surgery Fund (CHSF).
10. A written submission from CHSF is attached at Appendix 1.

### **Recommendations**

11. That the JHOSC considers the details presented in this report and outlined at the meeting, and identifies any specific actions and/or additional scrutiny.

### **Background documents<sup>1</sup>**

12. None used

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<sup>1</sup> 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.