

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.