

Report of Head of Governance and Scrutiny Support

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

Date: 12 January 2018

Subject: The Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber): Summary of activity and the future role

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: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1 Purpose of this report

- 1.1 The purpose of this report is to present an activity summary of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), alongside other key events, from January 2011; and provide an opportunity for JHOSC members to consider its future role.

2 Background

- 2.1 In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – the JHOSC – 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).
- 2.2 At that time, the terms of reference identified that purpose of the JHOSC'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.

2.3 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.

2.4 Following the JCPCT's decision on the proposed future model of care and designation of surgical centres on 4 July 2012, 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 reported to the Secretary of State for Health at the end of April 2013.

2.5 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.

2.6 A new CHD review, covering the whole lifetime pathway of care, commenced in July 2013 and public consultation on proposed CHD service specifications and draft standards took place between September 2014 and December 2014.

2.7 In mid-2015 NHS England agreed and published the new set of quality standards for all hospitals providing congenital heart disease.

2.8 In February 2017, launched a public consultation on how the agreed quality standards should be implemented. The proposals were considered by the Joint Health Overview and Scrutiny Committee (Yorkshire and Humber) at its meeting on 5 July 2017.

2.9 A summary timeline of the JHOSCs activity and key events is presented at Appendix 1 and details of the JHOSCs Terms of Reference (as amended in December 2013) are presented at Appendix 2.

3 Main issues

3.1 The work of the JHOSC has been undertaken over an extended time period of approximately 7-years. This has exceeded any expectations when the JHOSC was first established in March 2011 and covered the new review of Congenital Cardiac Disease (commenced in July 2013).

3.2 Elsewhere on the agenda, the JHOSC will consider NHS England's decision on the future commissioning arrangements for Congenital Heart Disease Services for Adults and Children in England, which can be summarised by the following recommendations agreed by the NHS England Board at its meeting on 30 November 2017:

1. *Note the results of the consultation;*
2. *Note the assurances that due process has been followed and that it may appropriately proceed to take decisions;*

3. *Agree the recommendations for changes to the provision of level 1 and level 2 adult and paediatric CHD services and the associated implementation schedules; and*
4. *Agree the proposals for full implementation of all the standards, and in particular confirm its support for the recommendations relating to better information, formal CHD networks and peer review.*

3.3 As such, NHS England's new CHD review could essentially be considered to be complete and is summarised by the following extract from the report submitted to the NHS England Board at its meeting on 30 November 2017:

'We have made a series of recommendations for changes to services for people with CHD. Ultimately, the aim of all our work has been to improve the care that patients receive. We believe that if these recommendations are implemented they will mean that, in time, every hospital will be brought up to the level of the very best in every aspect of care. It will mean that every child with CHD receives their care in a hospital that offers a holistic children's environment, with all the facilities and other specialists on site and readily able to contribute to their care. It will mean that all CHD surgeons and interventional cardiologists are doing enough procedures to develop and maintain their skills, and they will be part of teams large enough to provide full 24 hour / seven day care, resilient enough to continue to do so, even if one of the team leaves or is away for some reason. Occasional practice by non-specialists will be a thing of the past. Over time the full range of standards will be implemented with the help of more formal networked working, and including better information, communication and support which patients told us is so important. Commissioners, hospitals and patients alike will have access to a wider range of measures that can tell us all how well services are doing and help inform further improvements.'

3.4 The details in this report and the associated attachments are presented to the JHOSC to provide an opportunity for members of the JHOSC to formally review its work and consider its future role.

4 Recommendations

4.1 The Joint Committee is asked to consider the details set out this report and consider the future role of the JHOSC.

5 Background papers¹

5.1 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.