

Report author: Steven Courtney

Tel: 24 74707

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 2013

Subject: Review of Children's Congenital Heart Services in England:

Implementation Update

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		

Summary of main issues

- Following the review of Children's Congenital Cardiac Services in England, at its
 meeting on 4 July 2012, the Joint Committee of Primary Care Trusts (JCPCT) agreed
 consultation Option B for implementation. The JCPCT also agreed the designation of
 congenital heart networks led by the following surgical centres:
 - Newcastle upon Tyne Hospitals NHS Foundation Trust
 - Alder Hey Children's Hospital NHS Foundation Trust
 - Birmingham Children's Hospital NHS Foundation Trust
 - University Hospitals of Bristol NHS Foundation Trust
 - Southampton University Hospitals NHS Foundation Trust
 - Great Ormond Street Hospital for Children NHS Foundation Trust
 - Guy's and St. Thomas' NHS Foundation Trust
- 2. At its meeting on 24 July 2012, the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) agreed to amend its Terms of Reference to cover the implementation stage of the review.
- 3. At its meeting on 16 November 2012, the JHOSC considered *Safe and Sustainable* Children's Congenital Heart Services: Implementation Plan during 2012/13 and Transfer into the NHS Commissioning Board for April 2013 (August 2012) and membership details of the Implementation Advisory Group (September 2012). At that meeting, the JHOSC agreed to consider regular updates and issues associated with the implementation phase of the review.

4. The purpose of this report is to provide an update associated with the implementation phase of the review.

Recommendations

5. That the JHOSC considers the information presented and determines any appropriate actions and/or scrutiny activity at this stage.

1.0 Purpose of this report

1.1 The purpose of this report is to provide an update associated with the implementation phase of the review of Children's Congenital Cardiac Services in England.

2.0 Background information

- 2.1 Following the review of Children's Congenital Cardiac Services in England, at its meeting on 4 July 2012, the Joint Committee of Primary Care Trusts (JCPCT) agreed consultation Option B for implementation. The JCPCT also agreed the designation of congenital heart networks led by the following surgical centres:
 - Newcastle upon Tyne Hospitals NHS Foundation Trust
 - Alder Hey Children's Hospital NHS Foundation Trust
 - Birmingham Children's Hospital NHS Foundation Trust
 - University Hospitals of Bristol NHS Foundation Trust
 - Southampton University Hospitals NHS Foundation Trust
 - Great Ormond Street Hospital for Children NHS Foundation Trust
 - Guy's and St. Thomas' NHS Foundation Trust

3.0 Main issues

- 3.1 At its meeting on 24 July 2012, the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) agreed to amend its Terms of Reference to cover the implementation phase of the Review of Children's Congenital Cardiac Services in England.
- 3.2 At its meeting on 16 November 2012, the JHOSC considered *Safe and Sustainable* Children's Congenital Heart Services: Implementation Plan during 2012/13 and Transfer into the NHS Commissioning Board for April 2013 (August 2012) and membership details of the Implementation Advisory Group (September 2012). At that meeting, the JHOSC agreed to consider regular updates and issues associated with the implementation phase of the review.
- 3.3 At its meeting in November 2012, the JHOSC also raised concerns regarding the membership of the Implementation Advisory Group (i.e. in particular, concern regarding the lack of representation from Yorkshire and the Humber on that body). The JHOSC agreed that such concerns be raised with the appropriate bodies and/or representatives.
- 3.4 Attached at Annex 1 is a report provided by the Programme Implementation Director that describes the arrangements that have been put in place to support the planning and preparation for implementation.
- 3.5 The report outlines that the work of the Programme Board has been solely focussed on planning and preparation: no changes to services have or will be made until the appropriate time.
- 3.6 In addition, the report also provides the following information:
 - An explanation of future governance and lead responsibilities under the new NHS structures. This may be found in section 2.

- Details on membership of the Clinical Implementation Advisory Group (CIAG).
 This may be found in section 3 and appendix 1. Information on CIAG's subgroups may be found in sections 3.1 and 3.2 and appendices 2 and 3.
- An outline of engagement activity, which may be found in section 4 and an update on progress, which may be found in section 5.
- 3.7 A copy of the most recent newsletter (Heartnews: February 2013) is attached at Annex 2.
- 3.8 Appropriate NHS representatives will be in attendance at the meeting.
- 4.0 Corporate Considerations
- 4.1 Consultation and Engagement
- 4.1.1 There are no specific considerations relevant to this report.
- 4.2 Equality and Diversity / Cohesion and Integration
- 4.2.1 When agreeing consultation Option B for implementation, the JCPCT had regard to the Health Impact Assessment (June 2012) report produced by Mott McDonald.
- 4.2.2 The Health Impact Assessment (HIA) report identified the following as vulnerable groups:
 - Children (under 16s)* who are the primary recipient of the services under review and, therefore, most sensitive to service changes;
 - People who experience socio-economic deprivation;
 - People from Asian ethnic groups, particularly those with an Indian, Pakistani, Bangladeshi and other Indian subcontinent heritage;
 - Mothers who smoke during pregnancy; and
 - Mothers who are obese during pregnancy;

These are defined as vulnerable groups because they are more likely to need the services under review and, are most likely to experience disproportionate impacts.

4.2.3 Prior to finalising its initial report in October 2011, and in order to have a better understanding of the extent (number) of vulnerable groups across Yorkshire and the Humber, the Joint HOSC requested a detailed breakdown of the information detailed in the interim HIA report. This information has not been provided.

4.3 Council Policies and City Priorities

4.3.1 There are no specific considerations relevant to this report.

4.4 Resources and Value for Money

4.4.1 There are no specific considerations relevant to this report.

4.5 Legal Implications, Access to Information and Call In

4.5.1 This report does not contain any exempt or confidential information.

4.6 Risk Management

4.6.1 There are no specific considerations relevant to this report.

5.0 Conclusions

5.1 The attached report provides members of the JHOSC with an update associated with the implementation phase of the Review of Children's Congenital Cardiac Services in England.

6.0 Recommendations

6.1 That the JHOSC considers the information presented and determines any appropriate actions and/or scrutiny activity at this stage.

7.0 Background documents¹

Children's Congenital Heart Services Programme Board – minutes from meetings:

- 7 November 2012
- 6 December 2012
- 23 January 2013

Safe and Sustainable Networks Group – minutes from meetings:

- 9 November 2012
- 11 December 2012
- 15 January 2013

Clinical Implementation Advisory Group – minutes from meetings:

- 18 September 2012
- 28 November 2012

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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.