

Report of the Head of Scrutiny and Member Development

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

Date: 16 November 2012

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

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

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
- 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.
- The purpose of this report is to update the Joint HOSC in terms of implementation phase of the review.

Recommendations

- That the Joint HOSC note the information presented and determines any other appropriate actions and/or scrutiny activity at this stage.

1.0 Purpose of this report

- 1.1 The purpose of this report is to update the Joint HOSC in terms of 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
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- 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 stage of the review.
- 3.2 The details presented in this report provide the Joint HOSC with an update in terms of the implementation phase of the review of Children's Congenital Cardiac Services in England. The following details are appended to this report:
- Appendix 1: *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).
 - Appendix 2: Membership details of the Implementation Advisory Group (September 2012)
- 3.3 It should be noted that the first meeting of the Implementation Advisory Group was held on 18 September 2012. The following extract has been taken from the NHS Specialised Services website:

Professor Deirdre Kelly, Chair of the Implementation Advisory Group, said:

"On Tuesday 18th September I chaired the first Implementation Advisory Group meeting. Attendees included representatives of professional associations, charity groups and NHS commissioners. Members were very positive and committed to developing patient focussed high quality cardiac networks. We are all aware of the need for good communication with our stakeholders, patients and their families and of the importance of ensuring patient safety and the continuity of services during the transition phase. I very much look forward to working with the group."

- 3.4 Members of the Joint HOSC will no doubt be aware that in October 2012, the Secretary of State for Health commissioned the Independent Reconfiguration Panel

(IRP) to undertake a full review following referrals from Lincolnshire County Council's Health Scrutiny Committee and Leicester, Leicestershire and Rutland's Joint Health Overview and Scrutiny Committee.

3.5 The following details are attached at Appendix 3 for information and consideration:

- The IRP initial assessment advice (September 2012);
- The commissioning letter from the Secretary of State for Health (October 2012);
- The Terms of Reference for the IRP's review (October 2012); and,
- A recent IRP media release regarding the review (November 2012).

3.6 It should be noted that since the Secretary of State's announcement to commission a full review by the IRP, the JCPCT has stated that it will work closely with the IRP to assist the panel's review in whatever way possible. The JCPCT has also expressed concerns around delaying the implementation process and that planning for implementation will continue with the professional associations.

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 Financial analysis details considered by the JCPCT were presented in Chapter 14 of the Decision-Making Business Case.

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, however managing potential risks is likely to be a key aspect of the implementation phase of the review.

5.0 Conclusions

- 5.1 At its meeting on 4 July 2012, the JCPCT agreed consultation Option B for implementation and 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

- 5.2 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:

- 5.3 The details presented in this report provide the Joint HOSC with an update in terms of the implementation phase of the review of Children's Congenital Cardiac Services in England and the recently commissioned IRP review..

6.0 Recommendations

- 6.1 That the Joint HOSC note the information presented and determines any other appropriate actions and/or scrutiny activity at this stage.

7.0 Background documents¹

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.