

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	Health Select Commission
2.	Date:	Thursday 13 March 2014
3.	Title:	Support for Joint Health Overview and Scrutiny Committee
4.	Directorate:	Resources

5. Summary

The report provides the background to the new review of congenital heart disease services and seeks to reaffirm support for the establishment of a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the review.

6. Recommendations

That the Health Select Commission:

6.1 Notes the contents of the report.

6.2 Confirms the Chair of the commission as its nominee to sit on the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the new review of Congenital Heart Disease services, in line with the attached terms of reference.

6.3 Makes the following recommendations to full Council.

- a) That Council reaffirms its support for the establishment of a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber); in relation to the new review of Congenital Heart Disease services, as set out in the attached terms of reference.**
- b) That Council agrees that the relevant functions (in relation to the Council) set out in the attached terms of reference for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) shall be exercisable by that Committee, subject to the terms and conditions set out in the attached terms of reference.**
- c) That Council agrees to appoint the Chair of the Health Select Commission to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber).**
- d) That any necessary amendments are made to the Council Constitution.**

7. Proposals and details

The purpose of this report is to provide the background to the new review of congenital heart disease services and to ask the Health Select Commission to consider and make recommendations to Council regarding reaffirming support for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) [JHOSC] in relation to this new review.

The previous work of the JHOSC with regard to the Safe and Sustainable Review of Children's Congenital Cardiac Services in England (SSR) is well known and well recorded. There is clear support from the constituent authorities for the work of the JHOSC to continue and for the new review of congenital heart disease services to benefit from similar robust scrutiny arrangements.

7.1 Background information

A JHOSC was initially established in March 2011 to consider the SSR – the associated proposals and the impact on children and families across Yorkshire and the Humber. The JHOSC also acted as the appropriate scrutiny body across Yorkshire and the Humber in providing a response to the proposals and reconfiguration options presented for public consultation.

Leeds City Council (through its Scrutiny Support Unit) led the process to establish the JHOSC during the second half of 2010 and has been the administering authority since it was formally established in March 2011.

The membership of the JHOSC comprised a single representative from each of the following 15 top-tier local authorities (i.e. those with specific health scrutiny powers) across Yorkshire and the Humber:

- | | |
|---|--|
| <input type="checkbox"/> Barnsley MBC | <input type="checkbox"/> Leeds City Council |
| <input type="checkbox"/> Calderdale Council | <input type="checkbox"/> North East Lincolnshire Council |
| <input type="checkbox"/> City of Bradford MDC | <input type="checkbox"/> North Lincolnshire Council |
| <input type="checkbox"/> City of York Council | <input type="checkbox"/> North Yorkshire County Council |
| <input type="checkbox"/> Doncaster MBC | <input type="checkbox"/> Rotherham MBC |
| <input type="checkbox"/> East Riding of Yorkshire Council | <input type="checkbox"/> Sheffield City Council |
| <input type="checkbox"/> Hull City Council | <input type="checkbox"/> Wakefield Council |
| <input type="checkbox"/> Kirklees Council | |

At that time, the terms of reference identified that the JHOSC's work 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.

Following a decision on the proposed future model of care and designation of surgical centres in July 2012, the JHOSC made a referral to the Secretary of State for Health in

November 2012. This referral was made on the basis that the proposed changes would not be in the best interests of local NHS services and was subsequently passed to the Independent Reconfiguration Panel (IRP) for consideration and advice. 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 SSR.

The Secretary of State then invited NHS England, as the new body responsible for commissioning specialised services from 1 April 2013, to report how it intended to proceed by the end of July 2013.

7.2 New review of congenital heart disease services

Following the decision to halt the SSR the JHOSC has continued to meet and at its meeting in September 2013 considered the Secretary of State's decision alongside the report of the Independent Reconfiguration Panel (IRP). The committee was also made aware of NHS England intentions for the new review to consider the whole lifetime pathway of care for people with congenital heart disease (CHD) i.e. covering services to both children and adults.

At the meeting Members of the JHOSC expressed support for the work of the JHOSC to continue, insofar as it relates to the new CHD review, and specifically highlighted a number of points, including:

- The strength of joint scrutiny arrangements across Yorkshire and the Humber, vis-à-vis the Safe and Sustainable review and proposals, was clearly evident in the Secretary of State's announcement in June 2013.
- That the new CHD review would benefit from similar robust scrutiny arrangements as those in place for the Safe and Sustainable review.
- Concern regarding the likely timescales for the new review and the processes necessary for agreeing revised terms of reference across fifteen constituent local authorities.

It was also clarified that while it would not be necessary to formally dissolve the JHOSC, the existing terms of reference would need to be revised to reflect the changed approach and scope of the new review of CHD services. This would also place the governance arrangements for the committee's work in relation to the CHD review on a firmer footing.

Revised terms of reference associated with the new review of CHD services were agreed at the JHOSC's meeting in December 2013 (see Appendix 1).

Nonetheless, as it is likely that the JHOSC will make recommendations to NHS England and other interested parties, which may include the Secretary of State for Health; it is advisable to provide Council with an opportunity to reaffirm its support for the JHOSC and its refocused terms of reference in relation to the new review of CHD services. It is also recommended that any necessary amendments be made to the Council's Constitution.

8. Finance

Leeds City Council is the administering authority and their Scrutiny Support Unit will continue to provide day-to-day support for the work of the JHOSC. However, in recognition of the level of support already provided and the view from JHOSC members

that the new CHD review would benefit from similar robust scrutiny arrangements to those in place for the SSR, all constituent authorities have been requested to make a financial contribution of £1000 per authority for the financial year 2014/15.

9. Risks and Uncertainties

There is still uncertainty as to the timeframe for consultation on the draft national standards that are currently being developed and which will set a consistent national expectation for patients.

10. Policy and Performance Agenda Implications

Equality and communities

The JHOSC will consider the impact of any future reconfiguration and future service model proposals on specific populations and communities across Yorkshire and the Humber. This will be alongside the general health and equality impacts arising from the new review and in particular, the comparison with existing provision and service configuration. This was a key feature of the JHOSC's previous work.

Legal Implications

Under Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, two or more local authorities may appoint a joint overview and scrutiny committee of those authorities and arrange for relevant functions to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate. As the proposed terms of reference below for the JHOSC include discharging the authorities' functions under Regulation 23, this means that the authorities cannot report to the Secretary of State themselves if they are dissatisfied with the consultation on the new review of CHD services or if they consider the proposals are not in the interests of the health service in their areas.

Where a health body is required to consult with more than one authority in relation to a proposal for a substantial development of the health service or for a substantial variation in the provision of such a service, those authorities must appoint a joint overview and scrutiny committee for those purposes, and the powers to make comments on proposals consulted on, require information, and require witnesses can only be exercised by that joint committee.

Subject to the matters mentioned above, the usual statutory rules relating to overview and scrutiny committees will apply to the JHOSC.

11. Background Papers and Consultation

Leeds City Council Report to General Purposes Committee 4 March 2014

12. Contact

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Appendix 1

THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER)

INQUIRY INTO THE NEW REVIEW OF CONGENITAL HEART DISEASE (CHD) SERVICES IN ENGLAND

TERMS OF REFERENCE

1.0 Introduction

- 1.1 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).
- 1.2 The membership for the JHOSC shall made in accordance with the Joint Health Scrutiny Protocol (Yorkshire and the Humber) and drawn from the following constituent local authorities:
- | | |
|---|--|
| <input type="checkbox"/> Barnsley MBC | <input type="checkbox"/> Kirklees Council |
| <input type="checkbox"/> Calderdale Council | <input type="checkbox"/> Leeds City Council (Chair) |
| <input type="checkbox"/> City of Bradford MDC | <input type="checkbox"/> North East Lincolnshire Council |
| <input type="checkbox"/> City of York Council | <input type="checkbox"/> North Lincolnshire Council |
| <input type="checkbox"/> Doncaster MBC | <input type="checkbox"/> North Yorkshire County Council |
| <input type="checkbox"/> East Riding of Yorkshire Council | <input type="checkbox"/> Rotherham MBC |
| <input type="checkbox"/> Hull City Council | <input type="checkbox"/> Sheffield City Council |
| | <input type="checkbox"/> Wakefield Council |
- 1.3 The JHOSC submitted a formal response to the options presented for public consultation in October 2011.
- 1.4 Following the JCPCT’s decision on the proposed future model of care and designation of surgical centres on 4 July 2012, the JHOSC referred the JCPCT’s decision to the Secretary of State for Health in November 2012. This was subsequently passed to the Independent Reconfiguration Panel (IRP) for consideration and advice.
- 1.5 1.5 The IRP’s findings and recommendations were set out in its report to the Secretary of State for Health at the end of April 2013. A summary of the IRP’s recommendations is attached at Appendix 1 (available on request).

- 1.6 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 and asked NHS England – as the new body responsible for commissioning specialised services following the restructuring arrangements across the NHS that came into force from 1 April 2013, to report how it proposed to proceed by the end of July 2013.
- 1.7 NHS England's response to the Secretary of State for Health, which included a report presented to the NHS England Board on 18 July 2013, is attached at Appendix 2 (available on request).

2.0 Scope of the inquiry

- 2.1 The overall purpose of this inquiry is to consider the arrangements and outcomes associated with the new review of congenital heart disease (CHD) services in England.
- 2.2 As such, specifically in relation (but not limited) to the population of the constituent authorities' areas, the JHOSC may:

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.

2.3 In addition, the JHOSC may generally:

- 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.

2.4 As the administering authority, arrangements for the JHOSC shall be in accordance with Leeds City Council's Scrutiny Procedural Rules.

3.0 Desired Outcomes and Measures of Success

- 3.1 The decision to undertake this inquiry has been based on the JHOSC's previous consideration and reports relating to the Safe and Sustainable Review of Children's Congenital Cardiac Services in England.
- 3.2 In conducting this inquiry and responding to any future proposals presented for public consultation, the JHOSC wishes to secure high quality, accessible services for patients suffering congenital heart disease (CHD) and their families across Yorkshire and the Humber in the immediate and longer-term.

- 3.3 It is also important to consider how the JHOSC will deem if its inquiry has been successful in making a difference to local people across Yorkshire and the Humber.
- 3.4 Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.
- 3.5 Some initial measures of success are:
- Ensuring the recommendations identified by the Independent Reconfiguration Panel (IRP) have been appropriately acted upon as part of the new CHD review.
 - Ensuring the new CHD review processes are rigorous and fit for purpose.
 - Ensuring the involvement, engagement and consultation arrangements associated with the new CHD review are appropriate and fit for purpose.
 - Ensuring any proposed future service model will deliver improved or enhanced services for patients and families across Yorkshire and the Humber.
 - Ensuring any projected service improvements arising from the new CHD review are realistic and have a high prospect for success.

4.0 Comments of the relevant Director and Executive Member

- 4.1 In line with Leeds City Council's Scrutiny Board Procedure Rule 12.1, the relevant Director(s) and Executive Member(s) shall be consulted on these terms of reference.

5.0 Timetable for the inquiry

- 5.1 NHS England is currently working toward securing 'an implementable solution' by the end on June 2014. As such, the timetable of this inquiry will broadly reflect NHS England's review timetable.
- 5.2 The length of the inquiry may be subject to change.

6.0 Submission of evidence

- 6.1 NHS England is currently working toward securing 'an implementable solution' by the end on June 2014. The timetable of this inquiry and the submission of evidence will broadly reflect NHS England's review timetable.
- 6.2 The JHOSC will determine the evidence it 'reasonably requires' to discharge its statutory functions and advise those bodies responsible accordingly.

7.0 Witnesses

- 7.1 The JHOSC will determine those witnesses it may 'reasonably require' and/or may wish to invite to attend its meetings, in order that it may discharge its statutory functions.
- 7.2 The JHOSC will advise any identified witnesses accordingly.

8.0 Equality and Diversity / Cohesion and Integration

- 8.1 The Equality Improvement Priorities 2011 to 2015 have been developed to ensure Leeds City Council's legal duties are met under the Equality Act 2010. The priorities will help ensure work takes place to reduce disadvantage, discrimination and inequalities of opportunity.
- 8.2 Equality and diversity will be a consideration throughout the inquiry and due regard will be given to equality through the use of evidence, written and verbal, outcomes from consultation and engagement activities.
- 8.3 The JHOSC may engage and involve interested groups and individuals to inform any recommendations.
- 8.4 Where an impact has been identified this will be reflected in any inquiry report and associated recommendations and the body responsible for implementation or delivery should give due regard to equality and diversity, conducting impact assessments where it is deemed appropriate.

9.0 Post inquiry report monitoring arrangements

- 9.1 Following the completion of this inquiry and the publication of any inquiry report and recommendations, the initial response and subsequent progress against such recommendations will be monitored.
- 9.2 Any inquiry report will include information on the arrangements for monitoring the implementation of any recommendations.