

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

1 MARCH 2011

WORK PROGRAMME

Report from: Rose Collinson, Director of Children and Adults

Author: Teri Reynolds, Overview and Scrutiny Co-ordinator

Summary

This item advises Members of the current work programme and allows the Committee to adjust it in the light of latest priorities, issues and circumstances. It gives Members the opportunity to shape and direct the Committee's activities over the year.

1. Budget and Policy Framework

- 1.1 Under Chapter 4 – Rules, paragraph 22.1 (v) General terms of reference, each overview and scrutiny committee has the responsibility for setting its own work programme.

2. Background

- 2.1 Appendix 1 to this report sets out the existing work programme for the Committee.

3. Agenda planning meeting

- 3.1 Members will be aware that Overview and Scrutiny Committees hold agenda planning meetings on a regular basis. These give officers guidance on information that Members wish them to provide when scrutinising an issue. An agenda planning meeting took place on Wednesday 10 February 2011.

4. Cabinet Forward Plan

- 4.1 The following items have been added to the Cabinet Forward Plan and fall within the remit of this committee: -

Gateway 1 Options Appraisal Condition Programme
2011/12: Boiler works

8 Mar 2011

Cabinet approval is sought to commence the procurement process for boiler works at a number of Medway schools.

Cabinet approval is sought to commence the procurement process of roofing works at a number of Medway schools.

Cabinet approval is sought to approve the contract for the primary improvement project at Thames View Federated Schools.

5. Health Scrutiny

- 5.1 To keep Members of this committee informed about key activities relating to the scrutiny of children's health this section provides an update of recent or forthcoming activity for both this committee and the Health and Adult Social Care Overview and Scrutiny Committee.
- 5.2 The committee are reminded that there will be a briefing on 8 March 2011 at 6pm, as the first item on the agenda for a special meeting of Health and Adult Social Care Overview and Scrutiny Committee, to which this committee are invited. The briefing is in relation to the following Department of Health documents: -
- NHS Operating Framework,
 - Legislative Framework and next steps, and;
 - The vision for adult social care – capable communities and active citizens.
- The committee are also reminded that the Health and Adult Social Care Overview and Scrutiny Committee are holding a themed meeting on the transition between children and adult services for children with a disability (physical or learning) on 15 March 2011 at 5pm. The committee are invited to attend these events but should inform the Overview and Scrutiny Co-ordinator (details below) if they intend to do so.
- 5.3 In relation to the NHS National Review of Paediatric Cardiac Surgical Services in England, the committee will be aware that the background to the review is about improving the standard of care for children needing paediatric cardiac intervention. At present services have developed on an ad-hoc basis with no 24/7 cover and there is considerable variation between the clinical centres. Some of the smaller centres are considered unsustainable, particularly as the new clinical standards require a minimum of four surgeons per centre, each performing 100 to 125 procedures a year, with each centre performing 400 to 500 procedures a year. For the Medway area the referral points tend to be the three London centres and it is therefore considered that impact for Medway children and their families will be minimal.
- 5.4 This issue was discussed at recent South East Coast Health Overview and Scrutiny Committee (SEC HOSC) officer network. The network were informed that on 28 February 2011 the consultation will be launched and it would be important for each of the SEC HOSCs to determine its view, which will be collated and put forward informally at the June meeting of the network.
- 5.5. Attached at Appendix 2 to this report is the substantial variation protocol questionnaire, which has been completed by the South East Coast Strategic Commissioning Group (SEC SCG) to help establish whether or not the

proposals are substantial for Medway. It is the view of the SEC SCG Medway will not be affected by the proposals, as there is no surgical centre in the South East Coast at present.

5.6. There was also a meeting of the Joint Committee of PCTs held on 16 February, which discussed options for formal consultation. Four options were presented at the meeting, all of which included the retention of two centres in London. The preferred two centres being the Evelina Children's Hospital and Great Ormond Street Hospital for Children.

5.7. In terms of the review there has already been a high level of engagement with the patients and service users which has generated support by all participants on the basis of an improved specialised service. The list of stakeholders engaged includes: -

- The public
- Parents and children
- Patient groups
- Charities and the voluntary sector
- NHS clinical staff
- NHS executive staff
- Royal colleges and professional associations
- Unions
- NHS commissioners
- Strategic Health Authorities
- Local Authorities/HOSCs
- Department of Health
- Local MPs
- Media

5.5 Due to the minimal impact for Medway children and families the proposals will have, and the large scale consultation in place with stakeholders, it is recommended that the committee agree that the proposals will not be classified as a substantial variation and therefore a joint regional or national HOSC would not be required.

5.6 It is also recommended that the committee delegate the Director of Children and Adults, in consultation with the Chairman and opposition spokespersons of this committee, to consider the consultation following its launch on 28 February 2011 and forward any comments to the SEC HOSC network.

6 Child Protection Monitoring Group

6.1 The Child Protection Monitoring Group last met on 2 February 2011. The group has been running for two years, since February 2009 and has monitored Medway's child protection arrangements, spoken to John Hyder-Wilson, from Ingson Ltd, who had carried out an independent review in relation to child protection in Medway, developed a guide for questioning lead officers and members on safeguarding (attached at Appendix 2) and received various performance stats and updates on child protection arrangements and trends in Medway.

6.2 Members will be aware that the amount of scrutiny activity will need to be reduced if the proposals made by Cabinet on 27 January 2011 go ahead and furthermore, Members have always been advised to keep in-depth reviews and task group work time limited.

- 6.3 At the group's last meeting, it discussed the opportunities available for the committee to scrutinise the safeguarding of children, which is fairly extensive and included: -
- Holding the Medway Safeguarding Children Board to account twice a year;
 - Holding the Portfolio Holders for Children Services (lead member) and Children's Social Care to account once a year;
 - Scrutinising performance monitoring for all areas within children's services, including safeguarding, on a quarterly basis;
 - The committee can at any time request a full report on the issue to committee;
 - The committee can at any time request a briefing note on the issue to be sent to the committee.

Members are encouraged to take all the appropriate opportunities to scrutinise safeguarding issues within the Children and Young People Overview and Scrutiny Committee.

- 6.4 In addition, there is further scrutiny of safeguarding carried out by the Corporate Parenting Group and the Medway Safeguarding Children Board, the Care Matters Partnership Group and the Medway Children's Trust.
- 6.5 It is therefore recommended that the Child Protection Monitoring Group is disbanded but that the scrutiny of child protection and safeguarding issues continue via the avenues listed above. Members should however remember that individual concerns should always be routed through Customer First.
- 6.6 The group also recommended that an interim report on the Munro review into child protection arrangements nationally be provided to the April meeting of the committee and a full report on its final outcome, once this is available. In addition, it was suggested that officers provide all members with a briefing on safeguarding and Member's role as corporate parents after the local election in May 2011.

7 Implications for Looked After Children

- 7.1 Scrutinising services and support for looked after children (LAC) is a key aspect of the remit of this committee. Members should ensure they focus attention on the Every Child Matters outcomes for LAC as well as scrutinising every child matters outcomes for all children in Medway.

8 Financial and legal implications

- 8.1 There are no financial implications arising from this report.
- 8.2 Local authorities have power to scrutinise health service in their areas under the Health and Social Care Act 2001. It describes health scrutiny as "reviewing and scrutinising health service matters and making reports and recommendations to NHS bodies on such matters".

8.3 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (the 2002 regulations) require NHS bodies (apart from NHS foundation trusts) considering proposals for substantial developments or variations in health services in the area of a local authority to consult the health OSC of that authority about the proposals. The Secretary of State for Health issued a Direction about joint health OSCs in July 2003 relating to consultation by NHS bodies under the Health and Social Care Act where people from more than one local authority area may be affected by proposed variations or developments to NHS services. In these circumstances, all health OSCs consulted must decide whether they consider the proposals to be 'substantial'. Those health OSCs that do consider them to be substantial must form a joint health OSC to deal with the consultation and to respond on behalf of their communities. NHS bodies have no obligation to provide information to, or attend meetings of, individual OSCs participating in a joint health OSC or those health OSCs that chose not to regard the proposals as substantial. In the case of the review of children's cardiac services this affects all of England so each individual OSC is asked to determine whether or not the proposals are substantial to them.

9. Recommendations

- 9.1 That, subject to changes made at the meeting, the work programme is agreed as set out at the attached Appendix 1 of the report;
- 9.2 That the Child Protection Monitoring Group is disbanded and the scrutiny of safeguarding children is continued as detailed in section 6 of the report;
- 9.3 That an interim report on the Munro review into child protection nationally is provided to the April meeting and a full report on the final findings is provided when this is available;
- 9.4 That officers provide a member briefing on safeguarding and Members' role as corporate parents after the local elections in May 2011;
- 9.5 That the proposals in relation to the NHS National Review of Paediatric Cardiac Surgical Services in England, will not be classified as a substantial variation in Medway and therefore a joint regional or national HOSC will not be required;
- 9.6 That, the Director of Children and Adult Services, in consultation with the Chairman and opposition spokespersons of this committee, consider the consultation of the NHS National Review of Paediatric Cardiac Surgical Services in England, following its launch on 28 February 2011, and forward any comments to the SEC HOSC network.

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Background papers:

None

Work Programme
Children and Young People Overview and Scrutiny Committee

Policy framework documents – Children and Young People’s Plan and Youth Justice Plan

Item	Work Type	Responsible officer	Objectives	Timescale	Every Child Matters outcome
Themed meeting – Countering bullying	Scrutiny	Juliet Sevier Assistant Director Inclusion / Zoe Barkham Wellbeing Strategy Manager	To consider action being taken to prevent bullying in Medway, following the results of the TellUs Survey 2009.	1 March 2011	Enjoy and achieve Stay safe
Council Plan monitoring – third quarter	Performance monitoring	Abi Cooper, Research and Review Manager	To scrutinise performance against targets in the Council Plan.	1 March 2011	All
Portfolio Holder for Children’s Social Care	Executive accountability		To hold the Portfolio Holder for Children’s Social Care to account	1 March 2011	Stay safe
Medway Safeguarding Children Board (MSCB)	Performance management	Sally Mortimore, MSCB Manager	To consider and scrutinise the activity of the MSCB and its draft Business Plan.	5 April 2011	Stay safe
Review of healthy eating amongst children and young people – six month update	Scrutiny	Nicky Ling, Senior Public Health Manager (healthy weight), Zoe Barkham, Wellbeing Strategy Manager	To receive an update on the implementation of the recommendations from the in-depth review.	5 April 2011	Be healthy
Council Plan monitoring – fourth quarter	Performance monitoring	Abi Cooper, Research and Review Manager	To scrutinise performance against targets in the Council Plan.	To be determined	All
Vetting and barring	Service information	Rose Collinson, Director of Children and Adults	To receive an update on national guidance in relation to vetting and barring	To be determined	Stay safe

Forthcoming meetings:

2011: 1 March and 5 April.

Work completed in 2010/2011:

20 January 2011

- Portfolio Holder for Children's Services (lead member) in attendance
- Report from the SEN Monitoring Group
- The White Paper – The importance of teaching
- Draft Capital and Revenue budgets 2011-12
- School Admission Arrangements 2012

14 December 2010

- Council Plan monitoring – second quarter
- Children's Services Assessment 2010

20 October 2010

- Child Development Centre – update on the future location of the service
- Transition between Year 6 and Year 7
- Barnsole Schools – location of new school buildings
- Update on academy programmes
- Redesignation of Rivermead School
- Sure Start Children Centres

9 September 2010

- Council Plan monitoring – first quarter
- Healthy eating amongst children and young people
- Medway Safeguarding Children Board
- Options for Barnsole – location of new school building

12 July 2010

- Update – future location of the Child Development Centre
- Youth Justice Plan
- Looked after children attainment
- Ofsted inspections

27 May 2010

- Common assessment framework
- Tell Us Survey 2009
- End of year performance report 2009/10

MEDWAY COUNCIL

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**Health Overview and Scrutiny****Health Service development or variation -
assessment form**

In order that the relevant Health Overview and Scrutiny Committee can assess whether it agrees that a proposed service change or development is “substantial” please provide the following details.

A brief outline of the proposal with reasons for the change and timescales

Congenital Heart Disease is relatively rare. Around 8 of every 1000 babies born will have some form of Congenital Heart Disease¹. Services for children with Congenital Heart Disease are becoming increasingly complex. Surgical and cardiology interventions demand great technical skill and expertise from all of the professionals in the cardiac teams.

The Safe and Sustainable review began in January 2008. At the request of national parent groups, NHS clinicians and their professional associations the National Specialised Commissioning Team has reviewed how the NHS in England delivers congenital heart services to children in England and Wales through the *Safe and Sustainable* review.

The *Safe and Sustainable* review was instigated in response to long-standing concerns that some congenital heart services for children are too small to be able to deliver a safe and sustainable 24/7 service. There are also concerns that the NHS in England is over-reliant on foreign countries for the training of its next generation of surgeons.

The review is managed by National Specialised Commissioning Team (NSCT) on behalf of the 10 Specialised Commissioning Groups in England and their constituent Primary Care Trusts.

There have been long-standing concerns that medical expertise is spread too thinly across England to be able to deliver the highest quality service around the clock in every centre. Services have developed on an ad-hoc basis and standards of care vary across the country. In some areas assessment and ongoing care are available locally. In other areas families have to travel long distances for these services. There is also considerable variation between the different surgical centres.

In 2010 a review panel visited each of the 11 hospitals to meet clinical and management staff, and while (as would be expected) there were differing opinions on the preferred outcome of the review there was widespread support for the aims of the review based on a belief that smaller paediatric cardiac teams – sometimes staffed by only one or two surgeons – are sub-optimal and have no place in the modern

¹ *Children's Heart Federation website*

NHS.

This view has developed over many years amongst experts in the field, and there is an almost over-whelming feeling that in 2010 the time for change is overdue. The review is supported by:

- The Children's Heart Federation
- The British Heart Foundation
- The Royal College of Surgeons of England
- The Royal College of Paediatrics and Child Health
- The Royal College of Nursing
- The Society for Cardiothoracic Surgery in Great Britain and Ireland
- The British Congenital Cardiac Association
- The Paediatric Intensive Care Society and
- The Specialised Healthcare Alliance

A public consultation regarding proposed future options for England is currently planned to begin on the 28th February 2011. Public consultation will run for 4 months to allow for local elections in some regions in England and in Wales and the implications for the local councils/HOSCs.

Extent of consultation

- (a) Have patients and the public been involved in planning and developing the proposal?
- (b) List the groups and stakeholders that have been consulted
- (c) Has there been engagement with the Medway LINK?
- (d) What has been the outcome of the consultation?
- (e) Weight given to patient, public and stakeholder views

Safe and Sustainable has been a transparent and inclusive process. Both the Office of Government Commerce 'Gateway' Review Team and National Clinical Advisory Team have commended the review for its transparency, objectivity and engagement and communication with stakeholders.

Stakeholders have included parents and children, patient groups, charities, NHS clinical staff, NHS Executive staff, NHS commissioners, SHAs, local authorities/OSCs, Royal Colleges and professional associations, DH, local MPs and the media.

Every LINK in England was contacted directly by the national team in the autumn of 2009. In August / September 2009 we issued every LINK with an invitation to the national stakeholder event (held in October 2009). We also provided every LINK with a copy of the draft clinical standards in September 2009, and invited comment. Additionally, the public engagement event that we convened in June 2010 was designed to provide LINKs, OSCs and parent groups with the opportunity to take part in the debate.

Additionally the national team has worked with the Centre for Public Scrutiny since the summer of 2009 to ensure that the review has been publicised to LINKs and OSCs via existing scrutiny networks. The CPS has published updates on the review

over the past year.

The Safe and Sustainable Team has also issued a briefing for LINKs in August.

The public consultation is expected to launch on 28th February 2011 and end on 1st July 2011. There will be a series of engagement events and South East Coast consultation event is being planned for 19th May at Gatwick. This event will be widely publicised.

The stakeholders have influenced the process from the beginning. For example, the patients and the public have influenced the proposed model of care and the clinical standards, criteria and weightings for evaluation of the potential options. They have raised a number of concerns and the consultation documentation will outline how the NHS has taken these into consideration so far.

Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

The proposed options for reconfiguration of services will be confirmed on 16 February 2011. The *Safe and Sustainable* review has assumed a current national caseload for the English surgical centres as 3,600 operations on children per year. This includes children seen in English surgical units who live in Wales, Scotland, Northern Ireland, Channel Islands and Isle of Man. On average, every PCT in England has about 20 patients per year.

At present the majority of children and young people across South East Coast use 3 surgical centres in London; Guys, Great Ormond Street and Royal Brompton as well as Southampton. 08/09 data shows that there were 21 hospital stays at Royal Brompton for Medway children. In addition, a larger group will be seen as outpatients through outreach arrangements with Royal Brompton provide a service locally in Medway.

No service will be withdrawn from patients. It is possible that depending on their clinical needs some patients might travel further for surgery than at present; however, this is a relatively infrequent procedure (in the last 10 years, only 1 in 9 children had more than 1 operation). This is necessary to ensure the service is safe and sustainable. Many children, however, do not have access to the routine follow-up care service locally at present and have to travel longer distances unnecessarily currently to receive this care from a surgical unit. The proposed model of care will ensure that all children have access to a paediatrician with expertise in cardiology locally and that all follow up routine care is provided closer to patients' homes.

Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

CCAD and the professional associations advise that the incidence of CHD in children over recent years has been steady. In proposing, for planning purposes, an assumption of limited growth consistent with the projected birth rate for England and

Wales, the review has considered a number of factors that may individually contribute towards an increase (eg projected growth in the birth rate , more timely and accurate antenatal diagnosis , improved neonatal care, population growth for specific populations, or decrease (eg more timely and accurate antenatal diagnosis, better quality surgical services , new technology and drugs , more sophisticated cardiology interventions) in future need.

The Joint Committee of Primary Care Trusts (JCPCT), a decision-making body for the review, is expected to recommend which options will be put forward to public consultation on 16 February 2011. The SCG will inform the Medway OSC about the patient flows for its constituents.

Can you estimate the impact this will have on specific groups?

- (a) What will be the impact on children?
- (b) What will be the impact on people with disabilities?
- (c) What will be the impact on older people?
- (d) Has an equalities impact assessment been carried out of this proposal?

The Health Impact Assessment will be undertaken on each of the options for change and it will be available to the JCPCT when it meets to decide about the final configuration option. The Health Impact Assessment Scoping Report will be available for the patients and public during the consultation to inform their responses during the consultation. The Scoping Report includes some high-level findings about the potential impact on families, older people, those with disabilities and other 'at risk' populations in England and Wales. These high-level findings will be explored in depth during the consultation phase.

Choice and commissioning

- (a) Will the change generate a significant increase or decrease in demand for a service arising from patient choice, payment by results and practice based commissioning?
- (b) Have plans been made for "financial cushioning" if additional capacity is not taken up?
- (c) Is the proposal consistent with World Class Commissioning and reflected in NHS Medway commissioning plans?

This national consultation reflects World Class Commissioning principles. The change should not create a significant change in service demand. While the changes are driven by the need to improve patient outcomes, a robust financial analysis has been undertaken on affordability and the value for money. NHS will not consult on any potential configuration options that are not affordable to NHS commissioners.

Clinical evidence

- (a) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (b) Will any groups be less well off?
- (c) Will the proposal contribute to achievement of national and local priorities/targets?

International data demonstrates that large, appropriately staffed specialist centres

produce better outcomes for patients. The NCAT, an independent clinical review, has concluded that 'there is a good case for reducing the number of units, supported by the available clinical evidence and the need to create sustainable units which can train staff and produce subspecialisation.'

The Health Impact Assessment will look in detail into how many, if any, vulnerable groups will be affected by the proposals, and if they are, how can these negative impacts be mitigated and the positive ones enhanced.

The proposals will be in line with national and local strategies, priorities and targets.

Joint Working

- (a) How will the proposed change contribute to joint working and improved pathways of care?

The current model of care is fragmented and the service that a child receives can depend on where s/he lives. The proposed future configuration will ensure that specialist centres work as part of improved congenital heart networks which will bring clinicians together to further improve patient care.

Health inequalities

- (a) Has this proposal been created with the intention of addressing health inequalities and health improvement goals in this area?
(b) What health inequalities will this proposal address?
(c) What modelling or needs assessment has been done to support this?
(d) How does this proposal reflect priorities in the JSNA?

A Health Impact Assessment has been commissioned that will consider the positive and negative impacts that each option for future children's heart surgery services could have on:

- health outcomes and existing health inequalities;
- equality groups and deprived populations;
- travel and access to the services; and
- the resulting carbon dioxide emissions.

The HIA is also required to consider mitigation measures for any adverse consequences identified; highlight ways in which to enhance positive impacts; and make any suggestions for ways in which options could be improved to maximise the quality of treatment and equality of outcomes.

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
(b) Please comment on transport implications in the context of sustainability and access

Clinical pathways are unlikely to change significantly for Medway patients. Travel distances and access are key considerations in this process.

Do you believe the outlined proposal is a substantial variation or development?

In our view, the patients from Medway will not be affected by the proposals as there is no surgical centre in the South East Coast at present. However, we would recommend that the Medway OSC waits until the proposals for consultation are known and then takes a view whether it considers them to be a substantial variation or development.

Is there any other information you feel the Committee should consider in making its decision?

Further information is available on the national website
www.specialisedservices.nhs.uk/safeandsustainable

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