

RE: NEW CONGENITAL HEART DISEASE REVIEW

**Notes from the meeting with Geoff Alltimes (Local Government Association) and Tim Gilling (Centre for Public Scrutiny),
27 August 2013.**

The following points were raised in the discussion:

- 1) Early engagement with OSCs is appropriate because their role is both overview and scrutiny. It would be for each OSC to manage any potential conflict raised by involvement.
- 2) Concerns were raised that John Holden's blog seemed to suggest that the engagement with local authorities is an 'afterthought' when it prioritised engagement with clinicians and patients. This was not appropriate: local authorities represent patients or potential patients.
- 3) OSCs, although important, are only one part of local government. Engaging with councils therefore needs to be wider than just OSCs and should also include leaders, cabinet, lead members, health and wellbeing boards, executives.
- 4) It is helpful to agree the principles in any proposed health service change before moving on to the detail.
- 5) The NHS has not been good at selling the benefits even when these have been demonstrably achieved – changes to stroke and major trauma services were cited as examples. The benefits of any proposed changes would need to be carefully articulated, ideally by specialist clinicians.
- 6) NHS England considers it important to develop solutions within a year because services are vulnerable having been in 'limbo' for a long time. Any decisions will be developed working closely with the stakeholders.
- 7) NHS England will need to ensure that the stakeholders have trust in the process used to reach the decision and that the decision is strongly supported by those that will be affected by it.

8) NHS England agreed that it should seek to engage with local government early in the process. NHS England will want them to have a strong role in designing services as well as in scrutinising them.

9) The potential for establishing a single joint scrutiny committee was discussed (as envisaged in the relevant directions on overview and scrutiny). This seemed to offer advantages to the NHS in giving a single point of engagement and the opportunity for a more in depth approach. It was considered by CfPS that it was unlikely that a single national committee would be formed because of the practical challenges involved in doing so.

10) NHS England set out the considerable challenge of engaging effectively with every council across England and sought to explore possible approaches.

11) It was agreed that not all local councils, OSCs and Health and Wellbeing Boards would be interested in the review to the same extent. NHS England should make sure that some types of information will be sent to all councils but there will be some who will be interested in additional in-depth briefings.

12) NHS England will also organise a meeting with all concerned local authorities and Health and Wellbeing Boards to explain the issues and ensure there is a national perspective. NHS England will also brief all OSCs, Council leaders and HWBBs in writing about the Review.

13) NHS England will continue to ask CfPS for advice regarding engagement with the OSCs. CfPS suggested that NHS England organise a meeting with the OSCs to explore how they want to be engaged with. The OSCs will be approached through their regional networks.

NHS ENGLAND REVIEW TEAM.