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

Additional information considered at the meeting held on 22 September 2011.

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

MONDAY, 19TH SEPTEMBER, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors S Ali, D Brown, J Clark, M Gibbons, T Revill, B Rhodes, L Smaje,

K Wilson

Apologies Councillors J Bromby, R Goldthorpe,

B Hall, I Saunders,

S Wiseman and J Worton

17 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents in accordance with Procedure Rule 25 of the Access to Information Procedure Rules.

18 Exempt Information - Possible Exclusion of the Press and Public

There were no resolutions to exclude the public.

19 Late Items

There were no late items, however the following additional documents were circulated in relation to agenda item 7 (Minute 23 refers), as they were not available at the time of the agenda dispatch.

- Letter (dated 14 September 2011) from Sir Neil McKay Chair of the Joint Committee of Primary Care Trusts (JCPCT)
- Letter (dated 16 September 2011) from Jeremy Gylde Programme Director, Safe and Sustainable

20 Declarations of Interest

Councillor Rhodes declared a personal interest in agenda item 7 (Minute 23 refers), in her capacity as a member of UNISON.

21 Apologies for Absence and Notification of Substitutes

The Chair reported that apologies for absence had been received from Councillors Bromby, Goldthorpe, Hall, Saunders, Wiseman and Worton.

There were no substitute members in attendance.

22 Minutes of Last Meeting

As the minutes of the last meeting were not yet available, this item was deferred to the next meeting of the Committee, which would be held on Thursday 22nd September 2011.

23 Proposed Reconfiguration of Children's Congenital Heart Services in England: Questions to the Joint Committee of Primary Care Trusts (JCPCT)

The Head of Scrutiny and Member Development submitted a report introducing the questions posed to the JCPCT by the Joint Health Overview and Scrutiny Committee (HOSC), and seeking agreement of any specific matters for inclusion in the Committee's report to be presented to the JCPCT later in the year.

Members were informed that a representative of the JCPCT had agreed to attend a meeting of the Joint HOSC, which would be held on Thursday 22nd September 2011. Members who would not be available to attend that meeting were asked to submit any questions they wished to be put to the JCPCT's representative.

It was agreed that the following questions / points should be raised with the JCPCT representative as part of the meeting scheduled for 22 September 2011:

- The response from Sir Neil McKay stated that LTHT has 'a relatively low caseload', however the Independent Expert Panel report (Chaired by Sir Ian Kennedy) report stated that LTHT has long waiting lists. Please explain this apparent inconsistency;
- The response from Sir Neil McKay also states that there are gaps in compliance in the Yorkshire and Humber cardiac network. Please provide details on where those gaps are;
- It is unclear why the review of adult congenital heart surgery has not been undertaken in conjunction with the children's review, particularly given the increasing number of adult procedures and that the same surgeons operate on both children and adults. It is not acceptable that decisions will have already been made regarding paediatric provision, before the review of adult provision is completed:
- It is stated that consultation will be undertaken in relation to adult services only if significant changes are recommended. Please provide details of what is meant by 'significant';
- It is unacceptable that the breakdown of assessment scores has not been made available to the Joint HOSC (irrespective of whether or not these have been considered by the JCPCT). Please provide details of under what authority this information is being withheld and whether or not the JCPCT has been authorised to carry out confidential work;
- If the Leeds centre was closed, the population of North East Lincolnshire (160,000) would be the most disadvantaged in terms of urban areas. What provisions are in place to deal with this?; and

 What financial assistance will be provided to families who were subject to increased travelling costs as a result of the review?

Members also discussed a range of issues to be considered when drafting the Committee's final report / consultation response to the JCPCT, including:

- It was felt that the formula used to determine the required number of centres was too simplistic and did not appear to take account of all the relevant factors;
- The results of the review of adult congenital heart services should be known before any changes are made as a result of the review of paediatric provision;
- The lack of reference to the support that will be required by families who will have to travel further as a result of the review;
- Concerns that if the Leeds centre was closed, ambulance costs for the Yorkshire and Humber region would increase dramatically. However, the level of such costs and how these would be met was unclear:
- Concerns that the assumped travel times did not take into account anything other than normal driving consitions;
- Concerns that under options A, B and C, children and families across Yorkshire and the Humber would be disproportionally disadvantaged;
- A proposal should be put forward to keep eight centres open, including Leeds, Newcastle and Southampton. Members agreed that it would be favourable to keep both Leeds and Newcastle open rather than one or the other, and that Southampton should be kept open as people living on the Isle of Wight would be disadvantaged if it was closed. It was therefore agreed that the proposed option D should be supported, with the addition of the Newcastle and Southampton centres;
- Reference should be made to the outcome of local consultations and petitions.

It was hoped to circulate the first draft of the Committee's report by Thursday 22 September 2011. It was intended to agree a final report at a further meeting of the Committee'Thursday 29 September 2011

Advice was provided around cirumstances where the committee could legitimately make a referral to the Secretary of State for Health. It was highlighted that such circumstances could be summarised as:

- Inadequate consultation with the committee (it was outlined that this did not relate to consultation with other stakeholders); and,
- On the basis of a proposal not being in the interests of the health service in its area.

It was subsequently agreed to make a formal referral to the Secretary of State for Health on the basis of inadequate consultation with the Committee, highlighting:

- The reluctance of the JCPCT to engage with the Committee;
- The refusal to release the breakdown of assessment scores:
- The lack of a finalised Health Impact Assessment (HIA) report; and,

 The lack of a report detailing the testing of assumptions around patient flows.

The Committee believed it had not been made clear that such information would not be made available at the start of the consultation process.

It was reported that a response had been received from two of the region's MPs and these would be provided to Members (alongside any additional responses) as part of the agenda for the meeting to be held on Thursday 22 September 2011.

RESOLVED:

- (a) That the questions listed above be put to the representative of the JCPCT as part of the Committee's meeting on Thursday 22 September 2011;
- (b) That the issues listed above be taken into account in drafting the Committee's report to the JCPCT; and
- (c) That a formal referral be made to the Secretary of State for Health on the basis of inadequate consultation with the Committee, specifically highlighting the issues outlined above.

24 Date and Time of Next Meeting

It was reported that the next meeting of the Committee would take place on Thursday 22 September 2011 at 10.30am at Civic Hall, Leeds, with a premeeting from 10.00am.

Agenda Item 7 Leeds

Councillor Lisa Mulherin

Chair, Scrutiny Board (Health and Wellbeing and Adult Social Care) 3rd Floor (East) Civic Hall LEEDS LS1 1UR

NHS Yorkshire and the Humber (Headquarters) Blenheim House West One, Duncombe Street Leeds LS1 4PL E-Mail address
Civic Hall Tel.
Civic Fax
Your ref
Our ref
Date

LM/SMC

22nd September 2011

12:00 noon

Dear Ms Claire,

Re Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – 22 September 2011

The Yorkshire and Humber Regional Joint HOSC meeting this morning was convened around your availability to attend as the Yorkshire representative of the JCPCT. The Committee was advised at the start of its meeting that Andy Buck was attending in your place. With every respect to Mr Buck he is not a representative of the JCPCT, he has made it clear to our Committee this morning that he has not been briefed by you on this matter and that he has not attended previous JCPCT meetings. He has no official capacity to represent the JCPCT today.

Mr Buck has offered to listen to what we have to say and to take away any questions he cannot answer and ensure that we will be given those answers in writing. At the eleventh hour in the process this is simply not acceptable.

We have repeatedly asked for a JCPCT member to attend our meetings. We first asked for the availability of a JCPCT member to attend our meeting five months ago. We were finally advised that you would be available to attend a meeting this morning at one week's notice.

We were not given any apology for your failure to attend today and were not given any prior warning that you would not be attending.

The committee demand your attendance on behalf of the JCPCT as agreed today. We require you to attend before 2:00pm today. I need not remind you that the NHS has a statutory duty to comply with the Committee's request for attendance.

Cont./

We intend to make our views clear about this latest incident and the contempt with which the Joint HOSC for this region and the democratically elected representatives of 5.5 million people have been treated by the JCPCT. This has further undermined our confidence in the process of the Safe and Sustainable Review.

Yours sincerely

Councillor Lisa Mulherin Chair, Joint Health Overview and Scrutiny Committee (HOSC), Yorkshire and the Humber

cc All Members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

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

REVIEW OF CHILDREN'S CONGENITAL CARDIAC SERVICES

ADDITIONAL INFORMATION PROVIDED BY NORTH EAST LINCOLNSHIRE COUNCIL

- The first table gives the local authority summary of the indices of deprivation (ranked out of 326). North Yorkshire is broken down into the seven borough/district councils, in order to show that Scarborough has a higher level of deprivation, compared to other areas in North Yorkshire
- The second table shows the county summary (ranked out of 149) and has an overall figure for North Yorkshire
- The third table shows the information on households with no cars or vans, although the source is the 2001 census, but this is the most recent information available

Indices of Deprivation 2010 - Local Authority Summary

There are 326 local authorities in England - a rank of one is most deprived and a rank of 326 is least deprived.

Indices of deprivation 2010 - local authority summary					
	Average Score	Rank of Average Score			
Barnsley	28.55	47			
Bradford	32.58	26			
Calderdale	23.18	105			
Doncaster	29.76	39			
East Riding of Yorkshire	14.97	202			
Kingston upon Hull, City of	37.53	10			
Kirklees	25.23	77			
Leeds	25.83	68			
North East Lincolnshire	29.3	46			
North Lincolnshire	21.75	120			
Rotherham	28.12	53			
Sheffield	27.39	56			
Wakefield	25.87	67			
York	12.93	234			
Craven	12.13	246			
Hambleton	10.97	264			
Harrogate	10.28	282			
Richmondshire	11.18	261			
Ryedale	13.91	213			
Scarborough	24.75	85			
Selby	12.93	235			
Source: Indices of Deprivation 2010	Communities and Loca	I Government 2011			

Indices of Deprivation 2010 - County summary

A rank of 149 is least deprived, a rank of one is most deprived.

Indice of Deprivation 2010 - County summary					
	Average Score	Rank of Average Score			
Barnsley	28.55	40			
Bradford	32.58	24			
Calderdale	23.18	75			
Doncaster	29.76	33			
East Riding of Yorkshire	14.97	122			
Kingston upon Hull	37.53	10			
Kirklees	25.23	62			
Leeds	25.83	55			
North East Lincolnshire	29.30	39			
North Lincolnshire	21.75	83			
North Yorkshire	13.97	129			
Rotherham	28.12	45			
Sheffield	27.39	47			
Wakefield	25.87	54			
York	12.93	131			

Source: Indices of Deprivation 2010, Communities and Local Government 2011

2001 Census - Cars and Vans

	All Households	Households with no cars or vans	
	Count	Count	Percentage
Barnsley	92165	29633	32.15
Bradford	180246	58592	32.51
Calderdale	80937	25111	31.03
Doncaster	118699	36391	30.66
East Riding of Yorkshire	131084	26536	20.24
Kingston upon Hull, City of	104288	45720	43.84
Kirklees	159031	47059	29.59
Leeds	301614	103987	34.48
North East Lincolnshire	66054	21895	33.15
North Lincolnshire	64014	15122	23.62
Rotherham	102279	30374	29.7
Sheffield	217622	77605	35.66
Wakefield	132212	40465	30.61
York	76920	21008	27.31
North Yorkshire	237583	46398	19.53
Total	2064748	625896	30.31

Source: 2001 Census, Cars and Vans, Neighbourhood Statistics, Office for National Statistics, © Crown Copyright 2003