

# 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 assumed travel times did not take into account anything other than normal driving conditions;
- Concerns that under options A, B and C, children and families across Yorkshire and the Humber would be disproportionately 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 circumstances 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 pre-meeting from 10.00am.