

Public Document Pack



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Friday 19 June 2015

Notice of Meeting

Dear Member

Calderdale and Kirklees Joint Health Scrutiny Committee

The **Calderdale and Kirklees Joint Health Scrutiny Committee** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.30 am** on **Monday 29 June 2015**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

**The Calderdale and Kirklees Joint Health Scrutiny Committee members
are:-**

Member

Councillor Robert Barraclough
Councillor Andrew Marchington
Councillor Elizabeth Smaje
Councillor Molly Walton
Councillor Howard Blagbrough - Calderdale Council
Councillor Malcolm James - Calderdale Council
Councillor Martin Burton - Calderdale Council
Councillor Adam Wilkinson - Calderdale Council

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of Previous Meeting

1 - 8

To approve the Minutes of the meeting of the Committee held on 25 March 2015.

2: Interests

9 - 10

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests

3: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

4: Right Care, Right Time, Right Place Programme

11 - 18

Representatives from Calderdale and Greater Huddersfield Clinical Commissioning Groups will be in attendance to provide an update on the work that is being undertaken to support the transformational changes to Health and Social Care Services in Calderdale and Greater Huddersfield and provide details of their approach to pre-consultation engagement.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer - 01484 221000

5: Terms of Reference and Working Arrangements

19 - 20

The Joint Committee will discuss its current Terms of Reference and reaffirm its working arrangements.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer - 01484 221000

Contact Officer: Richard Dunne Tel. 01484 221000

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Wednesday 25 March 2015

Present: Councillor Robert Barraclough
Councillor Anne Collins
Councillor Malcolm James
Councillor Andrew Marchington
Councillor Chris Pillai
Councillor Elizabeth Smaje
Councillor Molly Walton

In attendance: Anna Basford – Director of Commissioning & Partnerships
Calderdale & Huddersfield NHS Foundation Trust
Paul Chandler – Regional Director Monitor
Keith Griffiths – Director of Finance Calderdale & Huddersfield
NHS Foundation Trust
Carol McKenna – Chief Officer Greater Huddersfield CCG
Kemi Oluwole- Senior Regional Manager Monitor
Matt Walsh – Chief Officer Calderdale CCG
Richard Dunne – Principal Governance & Democratic
Engagement Officer Kirklees Council
Mike Lodge – Senior Scrutiny Support Officer Calderdale
Council

1 Minutes of previous meeting

RESOLVED – That the minutes of the meeting of the Committee held on 22 September 2014 be approved as a correct record.

2 Interests

No interests were declared.

3 Admission of the Public

The Committee considered the question of the admission of the public and agreed that all items be considered in public session.

4 Monitor – the Sector Regulator for Health Services in England

The Committee welcomed Paul Chandler Regional Director Monitor and Kemi Oluwole Senior Regional Manager Monitor to the meeting.

Ms Oluwole stated that Calderdale and Huddersfield NHS Foundation Trust (CHFT) was currently in breach of its provider licence and that Monitors key concern was the clinical and financial sustainability of the Trust although there were no significant concerns regarding the operational and quality aspects of the Trust's work.

Ms Oluwole presented the Committee with an overview of the foundation trust (FT) sector financial performance for Quarter 3 2014/15 which showed that approximately half of FT's were currently in deficit.

Ms Oluwole explained that a key reason for the current financial position across the sector was pay costs particularly relating to contract and agency costs.

Ms Oluwole presented a number of charts that highlighted the financial position of CHFT at quarter 3 2014/15 compared to the FT sector. Ms Oluwole explained that CHFT's deficit for 2014/15 showed that it was currently positioned in the middle of the sector although the Trust's financial position for 2015/16 was likely to significantly change.

Ms Oluwole highlighted the costs of contract and agency spend which showed that CHFT was at the lower end when compared to the whole sector and moved to middle of the range when compared to FT's in the north.

Ms Oluwole explained that there were a number of issues that had an impact on contract and agency expenditure which included a general lack of supply of staff particularly relating to the safer staffing requirements and FT's internal capacity to deal with fluctuations in the level of demand.

Ms Oluwole presented an overview of the percentage of revenue spent on Private Finance Initiative (PFI) by CHFT compared to the FT sector. Ms Oluwole explained that due to the differences in scale and scope of PFI schemes it was difficult to provide a true comparison when looking at each FT.

Mr Chandler stated that the PFI scheme at CHFT was one of the first to be established and the term of the contract was 60 years which was unusually long compared to many other schemes.

In response to a question from the Committee querying the length of the PFI contract, when it was signed and who had authorised it Mr Griffiths stated that the contract had been renegotiated from a 30 year term to 60 years but was unable to confirm the date of the new agreement or who had authorised it.

Mr Chandler informed the Panel that although the PFI agreement was an important long term financial commitment it was not the only or primary reason for the Trust's financial difficulties.

Ms Oluwole explained that the configuration of CHFT which operated across two sites and the pressure on staffing were the key issues that had an impact on the Trust's financial sustainability and Monitor was working with the Trust to see how these issues could be more effectively managed.

Ms Oluwole outlined Monitor's regulatory approach to dealing with CHFT and explained that Monitor had accepted enforcement undertakings which was a commitment by the Trust to undertake a number of actions within a defined timeline designed to help deal with its financial position.

Ms Oluwole presented an overview of Monitor's key requirements and the support it would provide which included the development and delivery of a financial stability plan to stabilise its finances over the next two years followed by a strategic sustainability and financial turnaround plan which would address the Trust's longer term financial stability.

Ms Oluwole informed the Committee of other key areas of work that Monitor would require the Trust to undertake that included a well-led governance review that would be linked to the Trust's financial governance.

Ms Oluwole explained that the Trust was making progress and had implemented recommendations from a Pricewaterhouse Coopers financial performance review that had included the appointment of a Turnaround Director and a recommendation to establish a programme management office.

Mr Chandler informed the Committee that although the Trust had focused on investing and strengthening the quality of its services it hadn't been able to deliver the required efficiencies to offset the impact of inflation on the goods and services it purchased and pay awards for its staff. The committee was informed that it was the failure to deliver these efficiencies over the last year or two that had contributed to the Trust's current financial difficulties.

Mr Chandler explained that one issue that was different from many other Trust's in the region was the delivery of key services at two separate hospital sites and although this was good for patient access it was a very expensive way of delivering services.

Mr Chandler stated that the operation of some services being delivered across two sites was made more difficult by the national issue of shortages of substantive staff in key areas such as A&E and locum and agency costs in these areas were high.

Mr Chandler informed the Committee that there was also a compelling clinical case for looking at the delivery of services across two sites and that much work had been done over the last few years examining if the delivery of services across the sites was the best and safest way of delivering services to patients.

Mr Chandler stated that there was a lot of clinical evidence that suggested that consolidating services onto one site would lead to better outcomes and Monitor believed that the Trust and commissioners would need to look

carefully over the next year or two on how services at the Trust were delivered.

A question and answer session followed that covered a number of issues that included:

- An explanation of the costs incurred by the Trust to strengthen and improve the quality of its services and the need to balance this investment by developing efficient pathways to care.
- A more detailed explanation of the Monitor well-led governance framework.
- Clarification on what had changed since the Royal Colleges recommendation that Calderdale and Huddersfield to be brought together under one hospital in order to reach the required level of critical mass in the delivery of key services.
- A concern over the numbers and costs of agency staff and the public perception regarding the numbers of managers employed by the Trust.
- The impact of the European working time directive.
- How the work that Monitor was doing to support the Trust linked to the NHS vision as set out in the five year forward view and the future plans of commissioners both locally and across West Yorkshire.
- The work of commissioners and providers in Calderdale as a vanguard site.
- Clarification of progress of the financial stability plan and the strategic sustainability and financial turnaround plan.
- The significant progress made by the Trust in developing a robust structure to control costs and the positive response by the Trust to the breach of its licence.
- A query on the Trust's ability to adequately cover services at weekends as a result of the working time directive and the impact of national pay agreements and contracts for consultants.
- Clarification on the timeline relating to the work that Monitor required the Trust to undertake and how this linked to the review of the case for change.
- The work that was being done to mitigate the negative impact of the cost improvement plans.

Mr Griffiths informed the Committee that nationally the bar was constantly rising with what was expected on 7 day access and over the years a key challenge for the Trust had been to look at ways to maintain and improve patient safety and outcomes.

Mr Griffiths stated that providing 7 day consultant led access in key services such as A&E and cancer diagnostics added pressure to the Trust's payroll.

Mr Griffiths stated that over the last 12 months the Trust had continued to invest in nursing levels to meet the standards that had resulted from the Francis inquiry but the costs of this investment put added pressure on the need to drive through efficiency measure elsewhere.

Mr Griffiths explained that the Trust was continuing to improve on the safe staffing levels in clinical areas which meant that the efficiencies were coming out of the non-clinical areas.

Mr Griffiths informed the Committee that there was also a focus on obtaining the right level of consultant productivity in outpatients and diagnostics and to be able to move consultant time to other parts of the organisation in order to negate the need to have to go out and employ more people.

Mr Griffiths stated that every cost improvement plan would have to undertake a quality impact assessment and would not be actioned by the Trust's Board unless there was clear evidence that there would be no impact on the quality of care.

Mr Chandler informed the Committee that the Trust currently held significant cash reserves which would be used to repay the Trust's deficit.

Mr Chandler explained that it wasn't unusual for Trusts to run out of cash reserves and once a Trust reached this point it was dependant on the Department of Health for financial support and this would be the case for CHFT.

A further question and answer session ensued that covered a number of issues that included:

- The growing problem of legal costs incurred by the NHS in relation to compensation claims from patients.
- The impact of the increased financial pressures and challenges faced by all Trusts.
- Clarification on the deficit calculation and the restructuring costs incurred by the Trust.
- Concern that employees that had taken advantage of voluntary redundancy would come back onto the Trust's books employed as locums or agency staff.
- Confirmation that the majority of voluntary redundancies had come from administrative and non-medical personnel.
- The need for the Trust to continue to make year on year efficiency savings on top of the cost improvement plans designed to stabilise the Trust's financial position.
- Clarification on the CCG's role in the process that included the CCG contractual relationship with CHFT and the discussions with CHFT and other providers regarding the wider strategic challenge that faced the local health economy.
- Further details of the work that was done as part of the well-led governance review.
- The role of NHSE and the CCG's in monitoring and assessing the performance of CHFT.

RESOLVED

(1) That Paul Chandler Regional Director Monitor, Kemi Oluwole Senior Regional Director Monitor, Keith Griffiths Director of Finance CHFT and Anna Basford Director of Commissioning and Partnerships CHFT be thanked for attending the meeting.

(2) That the Committee's supporting officers be authorised to liaise with Monitor and Calderdale and Huddersfield NHS Foundation Trust to obtain any further information that had arisen from the discussions.

5. Right Care, Right Time, Right Place Programme

The Committee welcomed Carol McKenna Chief Officer Greater Huddersfield CCG and Matt Walsh Chief Officer Calderdale CCG to the meeting.

Mr Walsh provided an overview of the background to the Right Care, Right Time, Right Place Programme which included an outline of the three implementation phases.

Mr Walsh informed the Committee of the work that had been developed by both CCG's in respect of the Care Closer to Home Programme and explained that both CCG's had made a decision to ensure that community services were strengthened and enhanced before implementing changes to hospital services.

Mr Walsh stated that CCG's would use the evidence generated from delivering the new services in community settings to inform the timeline for consultation on changes to hospital services.

Mr Walsh outlined the different approaches that had been taken by Calderdale CCG and Greater Huddersfield CCG to commissioning and developing community services.

Ms McKenna stated that Greater Huddersfield CCG had agreed to re-commission services using a competitive dialogue procurement process and explained that the dialogue phase of the process had been completed and final submissions from bidders were expected in April 2015 with the contract being awarded in May 2015.

Mr Walsh informed the Committee that the timeline for change to hospital services was dependant on the CCG's being confident that the new models of care in the community designed to help reduce the dependency for care in a hospital setting and the work that was being done with local authorities through the Better Care fund was working effectively.

Mr Walsh stated that during the summer of 2015 the CCG's expected to be in a position to determine the impact of community services on reducing dependency on hospital services and to have a discussion on the readiness to go out to consultation.

A question and answer session followed that covered a number of issues that included:

- Feedback on a positive personal experience of the service provided by a consultant and a specialised nurse in a community setting.
- The perception that care provided in a hospital setting was superior to that delivered from a community setting.
- The involvement of patient representatives in the procurement process.
- The role of the three scrutiny panels in Calderdale and Kirklees in the process and the need to ensure that there was a framework in place to enable robust scrutiny of the work that is being developed in the care closer programmes and the changes to hospital services.
- The importance of scrutinising the quality and safety aspects of the case for change.
- Clarification on the key drivers for change which included the views of clinician's that reconfiguration was important for quality, safety and clinical sustainability.
- How the two CCG's were working together to reach a shared understanding on the changes that would be required.
- The need to communicate a clear and honest message on why changes to services were required.
- The importance of introducing better prevention and earlier interventions in the pathways of care to help reduce demand on hospital services.
- How the performance framework would be used to measure the impact of changes to community services and to provide the confidence that services were working well.
- How the CCG's would model and reflect periods of pressure in the health system to ensure that they were confident that the proposed changes in hospital services scheduled for summer 2015 could cope with demand during a winter period.
- Clarification on how the timeline for change being developed by the CCG's would link to the timeline on the work that Monitor required the Trust to do.

RESOLVED: - That Carol McKenna Chief Officer Greater Huddersfield CCG and Matt Walsh Chief Officer Calderdale CCG be thanked for attending the meeting.

6. Joint Scrutiny Development Session – Developing Health Services in Calderdale and Kirklees

Cllr Smaje highlighted a number of background documents that had been included in the development session resources pack and proposed that the documents be circulated to committee members and included as evidence in the Joint Committees work.

Cllr Smaje proposed that the Joint Committee consider and understand the requirements of the relevant Royal College Speciality at the appropriate stages of the Joint Committees' work.

It was also proposed that the report produced by the last Calderdale and Kirklees Joint Health Scrutiny Committee on proposals for future Health Services in Calderdale and Huddersfield be circulated so that members of the Joint Committee could identify the changes from the last review of services.

Cllr James made reference to the report produced by the People's Commission that had been established by Calderdale Council and suggested that consideration be given to including the report as an item in a future meeting.

RESOLVED:

- (1) That feedback on the recent development session be noted.
- (2) That the documents identified in the development session resources pack be circulated to Committee Members and included as evidence to support the work of the Committee.
- (3) That information from the relevant Royal College Speciality be considered at the appropriate stage of the Committee's review and included as evidence.
- (4) That the report produced by the last Calderdale and Kirklees Joint Health Scrutiny Committee on proposals for future Health Services in Calderdale and Huddersfield be circulated to Committee Members.

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 29 June 2015

Title of report: Right Care, Right Time, Right Place Programme

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	No
Date signed off by <u>Director</u> & name Is it signed off by the Director of Resources? Is it signed off by the Acting Assistant Director - Legal & Governance?	No – The report has been produced to provide the context to the information that has been provided by Calderdale and Greater Huddersfield CCG's.
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

- 1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee with an update on the work that is being undertaken to support the transformational changes that are being developed to Health and Social Care Services in Calderdale and Greater Huddersfield.

2. Key Points

- 2.1 At the meeting of the Joint Committee that was held on 25 March 2015 members were presented with an update from Calderdale CCG and Greater Huddersfield CCG on progress of the work that had taken place in their respective Care Closer to Home programmes and an

explanation on how these will be used to support changes to hospital services.

- 2.2 In addition the Committee was informed of the work of the Hospital Services Programme Board; the planned work for demonstrating readiness for consultation; and an outline of the planned future work that would take place on phase one of community services.
- 2.3 Senior representatives from Calderdale CCG and Greater Huddersfield CCG will be in attendance to provide the committee with:
- A brief re-cap of the journey so far;
 - A progress up-date since the last meeting of the Committee that will include the work that has taken place on the CCG's respective Care Closer to Home Programmes;
 - Details of the approach that will be taken to pre-consultation engagement;
 - An overview of the timeline and key milestones leading to consultation.
- 2.4 It should be noted that a report covering the issues highlighted above is expected and will be included in the agenda papers as supplementary information. Copies of the report will be available at the meeting.

3. Implications for the Council

This is a report for information.

4. Consultees and their opinions

Not applicable

5. Next steps

That the Joint Committee takes account of the information presented and considers the next steps it wishes to take.

6. Officer recommendations and reasons

That the Joint Committee considers the information provided and determines if any further information or action is required.

7. Cabinet portfolio holder recommendation

Not applicable

8. Contact officer and relevant papers

Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221687 E-mail: richard.dunne@kirklees.gov.uk

9. Assistant Director responsible

Julie Muscroft, Assistant Director: Legal, Governance & Monitoring

Right Care, Right Time, Right Place Programme update

1.0 BACKGROUND

The Right Care, Right Time, Right Place programme is the Commissioners' response to the Case for Change that was developed as part of the Strategic Services Review. From this Case for Change and the feedback from our engagement, we know that significant changes are required in order to ensure health and social care services are fit for the future. There are three interlinked pieces of work: Calderdale Care Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme¹. Collectively, these programmes are developing proposals for what the future Community services in Calderdale and Kirklees and the future Hospital Services in Calderdale and Greater Huddersfield could look like. These proposals will be implemented in three separate phases over the next five years:

Phase 1 - Strengthen Community Services in line with the new model of care.

Phase 2 - Enhance Community Services - which is likely to require more engagement.

Phase 3 - Hospital Changes.

2.0 INTRODUCTION

The aim of the Calderdale Care Closer to Home Programme is to define and commission the future model of community services for Calderdale. In recognition: of what people have told us through our engagement; the duplication and inconsistency in the current service delivery; and the need for more integration with Social Care, the programme is closely aligned with the Better Care Fund plans and focused on commissioning services that will result in fewer people being admitted to hospital. The Programme covers care provided to children, young people and adults.

The Kirklees Care Closer to Home (CC2H) is a flagship programme for both NHS North Kirklees CCG and NHS Greater Huddersfield CCG. The Care Closer to Home vision is for the development of integrated community-based healthcare services across Kirklees for all, from children and young people through to and including the frail, vulnerable and older people. It aims to make lasting changes to the Kirklees health and social care system to ensure that services are fit for purpose and sustainable in the future.

The aim of the Hospital services Programme is to define and commission the future model of Hospital services for Calderdale and Greater Huddersfield. Calderdale CCG and Greater Huddersfield CCG are working together in relation to Phase 3. We are clear that transformational change is needed in our hospital services to meet current and future

¹ There is also an inter-relationship with the Meeting the Challenge programme (which covers North Kirklees and Wakefield) that is looking at improving and modernising hospital services provided by the Mid Yorkshire Hospitals NHS Trust (MYHT) and services in the community; Kirklees Care closer to Home is integral to the success of the MYHT's clinical services strategy.

healthcare needs. We believe that we will gain public support for change when we can demonstrate that we have put in place enhanced and integrated community services that will meet local population needs.

The purpose of this report is to provide the Joint Health Overview and Scrutiny Panel with an overview of our journey so far for new members of the panel and an update on progress since September for all members of the panel. In addition, the report provides an update on our approach to engagement and an overview of our key milestones in relation to these three programmes and our approach to demonstrating readiness for consultation.

3.0 OUR JOURNEY SO FAR

The Right Care, Right Time, Right Place Programme (originally called the Strategic Review) was established to bring together the seven partners across Calderdale and Greater Huddersfield to develop proposals for transformational change across the health and social care economy of Calderdale and Greater Huddersfield.

The programme produced the overall Case for Change which identified that significant change is essential because we want to ensure that everyone gets the right care at the right time and in the right place whilst responding to the challenges of:

- An ageing population with increased needs;
- National shortages of key elements of the workforce that mean new service models are required
- Continuing to meet ever increasing external standards
- Significant financial pressures facing commissioners and providers.

In response to the case for change, three of our existing Providers produced a jointly developed proposal for changing the way community and hospital services in Calderdale and Greater Huddersfield could be provided. They described their proposals in the form of a draft Strategic Outline Case (SOC), which was presented to members of both CCGs' Governing Bodies in January, 2014. It was presented to both the Kirklees and Calderdale Health and Wellbeing Boards (HWB) and Overview and Scrutiny Committees (OSC) in February and March.

The Providers subsequently developed the Strategic Outline Case into an Outline Business Case (OBC). This Outline Business Case was lodged with the NHS Procurement Portal Bravo in June 2014, but was not accessed by Commissioners until September 2014.

In May, 2014 the scope of the programme was revised and the partnership of seven was set aside as part of the transition arrangements. Additionally, in response to the national agreement to transfer £3.8bn of NHS funding to Local Authorities to create the Better Care Fund; a single pooled budget for health and social care, we developed integrated commissioning arrangements, to ensure effective collaborative working across health and social care and so that we could commission in line with our shared objectives of reducing

**REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
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demand for urgent and emergency acute hospital care and for permanent admissions to care homes. Finally, in order to signal the transition, the name changed from Strategic review to Right Care, Right Time, Right Place. The revised scope and approach is set out in the three separate phases described above.

As Commissioners, we have used the engagement we have done over the past three years, including Call to Action and previous Strategic Review engagement, to develop these proposals.

As well as influencing our proposals for the models of Health and Social Care that we need to commission, our engagement also: confirmed the fundamental need for more integrated care delivered in community and primary care settings; and provided feedback that the people in our communities will only gain confidence in our new model through experiencing the improvements for themselves. Therefore, we know that we need to phase any implementation of change over at least five years. We also know that in making these changes we create an additional driver for change to the way our Hospital Services are configured. This would impact across Calderdale and Greater Huddersfield.

4.0 PHASE 1 STRENGTHEN COMMUNITY SERVICES

The Calderdale Care Closer to Home Programme and The Greater Huddersfield Care Closer to Home Programme have both set out proposals for what our future Community Services could look like.

The Calderdale Care Closer to Home Programme has submitted a successful bid to NHS England to join the new models of care programme (Vanguard) to be a lead site for the multispeciality community provider's model. The Programme is working collectively with: Patients and the Public; Calderdale Pennine GP Alliance; GP Practices in Upper Valley; Calderdale CCG; Calderdale MB Council, Calderdale and Greater Huddersfield Foundation Trust; Locala; SWYPFT and the 3rd Sector to develop and deliver the Programme.

The Greater Huddersfield Care Closer to Home Programme proposals have been developed with North Kirklees CCG and Kirklees Council. Following a competitive procurement process, the Governing Bodies made a decision on the award of contract at their meeting in May, 2014 and this decision will be made public following the standstill period.

Once the standstill period is complete, a mobilisation plan will be confirmed with the successful provider and appropriate actions in the plan will commence to ensure the service is ready a start as soon as possible. The new Contract will commence on the 1st October 2015.

The full list of services covered by Phase One of both CCGs' Care Closer to Home Programmes was provided to the March meeting of the Joint Scrutiny Committee.

5.0 PHASE 2 ENHANCE COMMUNITY SERVICES

Both Care Closer to Home Programmes have identified the services that could potentially be included in Phase 2. We are in the process of confirming these services and will then commence engagement if we have any gaps in our existing engagement.

6.0 PHASE THREE - HOSPITAL SERVICES PROGRAMME

Calderdale CCG and Greater Huddersfield CCG are working together in relation to Phase Three.

To date we have:

- Agreed our hospital standards and the outputs and outcomes that we expect these standards to achieve.
- Established a Hospital Services Programme Board and agreed:
 - To produce a Commissioners' Future Model of Care in relation to Hospital Services that reflects our proposed changes to Community and our Hospital Standards.
 - That in setting out this future model of care, we will work with our clinicians to establish the factors that affect the location of the provision of services and the currencies we will use to determine when it is safe and sensible to change the location of services.
 - That we would engage the Clinical Senate in relation to both Hospital and Community Services.
 - That we would continue our work in relation to the Case for Change.
 - We will consolidate this work into a pre-consultation Business Case in 2015.
 - We will continue to fulfil the requirements of the NHS England Assurance Process

In the March update to Joint Scrutiny we reported that we had completed three clinicians' workshops and intended to hold two further clinicians' workshops during April.

There was a joint CCGs' Clinicians workshop on 14th April where Commissioners developed a joint position on options for what the potential future provision of Hospital Services could look like. The thinking from this workshop was then taken into a joint CCGs' and CHFT's Clinicians workshop on 16th April. This was a strategic session to allow commissioners to share with the Provider, their joint thinking in relation to a potential model for Emergency and Urgent Care, and to understand the Provider's initial views in relation to this. The session then went on to explore the detail of the Providers' Planned Care model as presented in their Outline Business Case. The overall aim being the further development of a consistent, collective view from the local health economy on what our ideal outline model for the future provision of hospital services could look like.

Following that session we agreed to extend the membership of the Hospital Services Board, to include representation from CHFT.

On 7th May, the CCGs' Chief Officers attended a round table meeting with CHFT, Monitor and NHS England where they outlined our plans for taking both Community and Hospital work forward.

At its meeting on 20th May the Hospital Services Programme Board agreed that we would establish two clinical working Groups, one for Planned Care and one for Urgent Care to establish more detailed proposals that would enable the high level workforce and finance implications of potential models to be scoped.

In addition to the above, we have developed the first draft of our Quality and Safety Case for Change in line with the Hospital Standards and the outcomes that we expect these standards to achieve; we are working with CHFT to develop this further. CHFT are developing a Business Case to clarify the capital requirements for the options currently being considered; and Commissioners are considering our options in relation to any joint governance arrangements between both CCGs in advance of any requirement to make decisions in relation to consultation.

7.0 APPROACH TO ENGAGEMENT

We have established and gained approval through the CCGs' Quality (and Safety) Committees for our overall approach to Pre-consultation engagement. This engagement will cover any services in Phases Two and Three where we have gaps in our engagement to date.

It is our intention to take an approach that will:

- enable us talk to the right people about the right things and focus our efforts on gathering quality information.
- be considerate of what people can or can't influence and that asks the questions which will help the decision-making process.
- inform people what we have already done and what we already know and;
- doesn't repeat previous engagement conversations but uses pre-engagement as an opportunity to further explore our thinking.

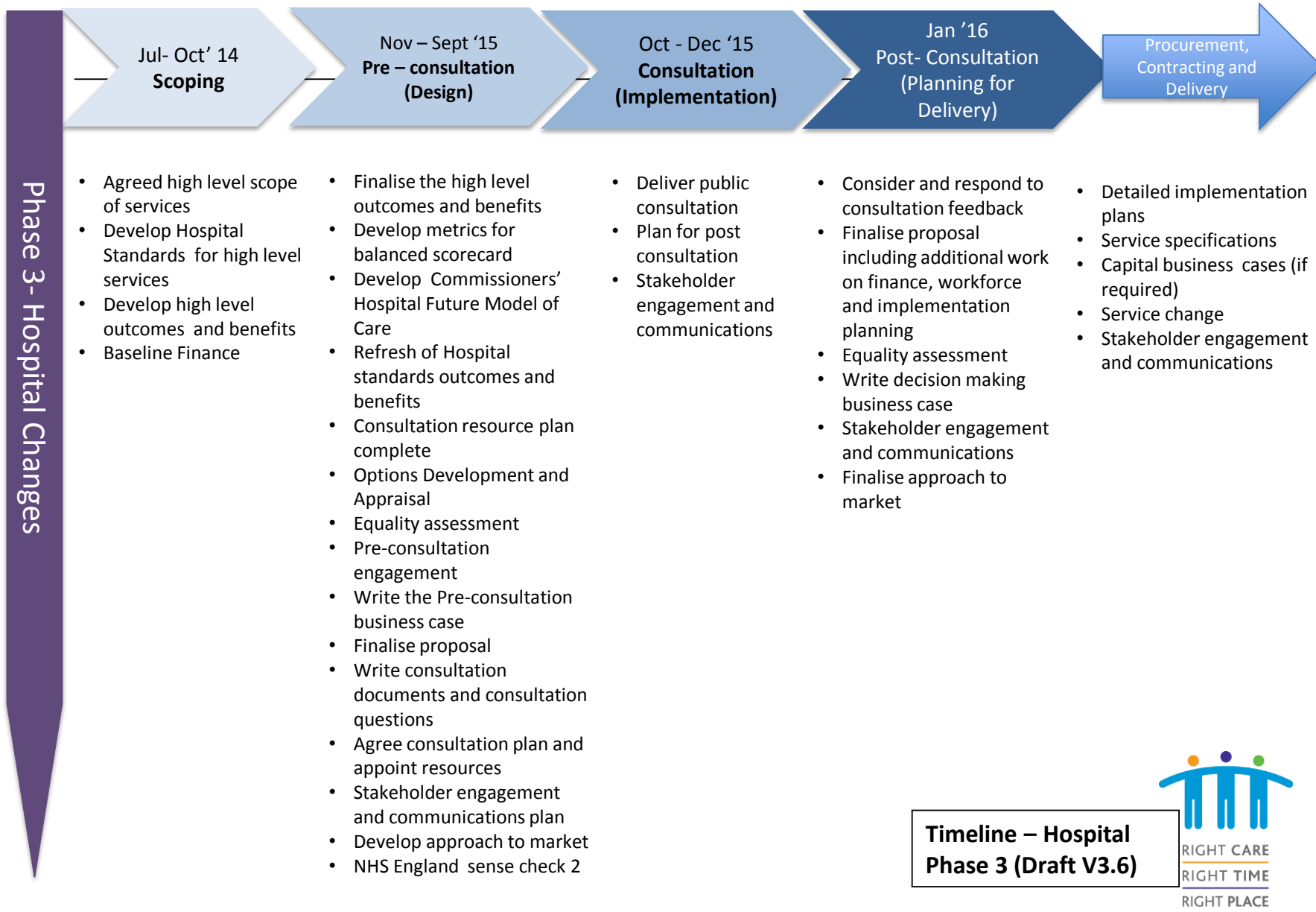
8.0 OVERALL TIMELINE AND NEXT STEPS (High Level Timeline Attached)

- In August, 2015, Calderdale CCG's Governing Body will be asked to agree the approach to the future commissioning of phase one community services
- We are aiming to complete our Design and produce our pre-consultation Business Case by the end of August, 2015.
- We expect to ask our Governing Bodies to make a decision in relation to our Readiness for Consultation at the end of September.

Jen Mulcahy, Programme Manager

18th June, 2015

REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
JUNE 2015



CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

TERMS OF REFERENCE AND WORKING ARRANGEMENTS

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide for local NHS bodies to consult with the appropriate health scrutiny committee where there are any proposed substantial developments or variations in the provisions of the health service in the area(s) of a local authority.

Under the legislation health officers from NHS bodies are required to attend committee meetings; provide information about the planning, provisions and operation of health services; and must consult with the health scrutiny committee on any proposed substantial developments or variations in the provision of the health service.

Where proposals to change health services cross local authority boundaries there is a requirement to establish a joint health committee. In Yorkshire and the Humber, a protocol has been established between the 15 upper tier local authorities for establishing a joint health scrutiny committee where proposed changes affect more than one local authority area.

Over the past two years work has been undertaken on a strategic review that has looked at the way that health and social care in Calderdale and Kirklees is delivered. This has resulted in the publication of the Greater Huddersfield and Calderdale Strategic Outline Case (SOC) which presented the case for changing the way NHS community and hospital services are provided.

Health scrutiny members from both Calderdale and Kirklees have considered the implications of the SOC and members from both authorities have concluded that should the options outlined in the document be developed into formal proposals they would constitute a substantial development and variation to health service.

This joint committee has therefore been established to respond to any proposals that may emerge from the strategic review and impact on the residents of Calderdale and Kirklees.

The Calderdale and Kirklees Joint Health Scrutiny Committee has the following roles and functions:

- To scrutinise any proposed service configuration and its impact on patients and the public.
- To require the commissioners (Calderdale Clinical Commissioning Group and Greater Huddersfield Clinical Commissioning Group) to provide information about any proposed hospital and community based service configuration and where appropriate to require the attendance of representatives from relevant organisations to answer such questions as reasonably required.
- To prepare a report for the Calderdale and Greater Huddersfield Clinical Commissioning Groups (CCG's) and participating local authorities, setting out the

matter reviewed; a summary of the evidence considered; a list of the participants involved; and an explanation of any recommendations on any service configuration.

- To receive from the CCG's their formal response to the report and to determine whether any concerns expressed by the Committee have been addressed.
- To take reasonable steps to reach agreement if the CCG's disagree with any of the Committee's concerns or recommendations.
- To report to the Secretary of State in writing if it is not satisfied that the consultation with the Committee on the proposals has been adequate in relation to the content or time allowed.
- To report to the Secretary of State in writing if it considers that the proposals are not in the interests of the health service in Calderdale and Kirklees.

The Calderdale and Kirklees Joint Health Scrutiny Committee will consider the likely implications across Calderdale and Kirklees (Greater Huddersfield). This will include consideration of the:

- Projected improvements in patient outcomes;
- Likely impact on patients and their families, in particular in terms of access to services and travel times;
- Views of local people and of local service users and/or their representatives;
- Potential impact on the local health economy; the local economy in general; and any financial implications.
- Any other pertinent matters that arise as part of the Committee's review.

In addition where it is deemed appropriate the Calderdale and Kirklees Joint Health Scrutiny Committee will seek independent advice to help support and inform its work.