Public Document Pack

Assistant Director, Governance and Monitoring
Julie Muscroft

Governance and Democratic Services
Civic Centre 3
High Street
Huddersfield
HD1 2TG

Tel: 01484 221000 Ext 1783
Direct Line: 01484 221000
Fax: 01484 221707
Please ask for: Richard Dunne
Email: richard.dunne@kirklees.gov.uk
Tuesday 13 October 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 **Wednesday 21 October 2015.**

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

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 - 6

To approve the Minutes of the meeting of the Committee held on 13 August 2015.

2: Interests

7 - 8

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: Deputations/Petitions

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

5: Right Care, Right Time, Right Place Programme Update

9 - 22

Representatives from Calderdale and Greater Huddersfield Clinical Commissioning Groups, Calderdale and Huddersfield NHS Foundation Trust, Monitor and Adult Services in Calderdale and Kirklees Councils will be in attendance to provide an update on the proposals being developed for the future Provision of Hospital Services in Calderdale and Greater Huddersfield and to discuss the associated work that is being carried out to support the required changes to the way that Health and Social Care Services are delivered.

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

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE, 13th August 2015

PRESENT: Councillor Howard Blagbrough
Councillor Martin Burton
Councillor Andrew Marchington
Councillor Elizabeth Smaje
Councillor Adam Wilkinson

IN ATTENDANCE: Dr Alan Brook, Chair of Calderdale CCG
Julie Lawreniuk, Chief Finance Officer, Calderdale CCG and Greater Huddersfield CCG
Mike Lodge, Senior Scrutiny Support Officer, Calderdale Council
Deborah Tynan, Committee Administrator, Calderdale Council
Dr Matt Walsh, Chief Officer, Calderdale CCG
Penny Woodhead, Calderdale CCG and Greater Huddersfield CCG

6 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of the Committee held on 29th June 2015 be approved as a correct record.

7 INTERESTS

No interests were declared.

8 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.

9 RIGHT CARE, RIGHT TIME, RIGHT PLACE PROGRAMME

The Committee had received copies of the Right Care, Right Time, Right Place Programme Update August 2015 which provided background information, details of the pre-consultation engagement, potential future model for future hospital service the pre-consultation business case and details of the progress on Care Closer to Home. Appended to the report was a timeline of risk.

The Committee had also received copies of the Hospital and Community Services Engagement Narrative Toolkit, Questionnaire and copies of engagement presentation slides for information.

Dr Matt Walsh, Chief Officer Calderdale CCG, Dr Alan Brook, Chair of Calderdale CCG, Ms Penny Woodhead, Calderdale CCG and Greater Huddersfield CCG and Ms Julie Lawreniuk, Chief Finance Officer, Calderdale CCG and Greater Huddersfield CCG attended the meeting and addressed the Committee.

Dr Brook advised that discussions had now been held between the two CCGs and members of staff. These discussions had asked for ideas for a future health and social care service which was not restricted by finance or workforce. The plan was to provide more care outside hospitals through

the Care Closer to Home programme with hospital visits being restricted to those who needed this level of care. Specialist services would need to be made available at the two hospital sites with an acute site for people with major illness based at one site. Lots of outpatient care would be required. At the moment the cost and staffing requirement to deliver the suggested model had been ruled out as this had restricted ideas. The viability of proposals would be tested on the clinical model.

Ms Woodhead advised on the engagement which had been carried out over the last year. In 2014 a wider public engagement had been carried out which included public meetings, one to one discussions and meetings of the People's Commission. Work with specialist groups was now being carried out with a plan for further engagement being developed. The pre-consultation discussions had closed on 10th August 2015, however, there were still some groups to consult and these discussions had been scheduled. The consultation work had been carried out by engagement champions and teams in the Calderdale and Greater Huddersfield areas. So far 350 responses had been received and 32 groups had been met. Healthwatch Kirklees would look at the engagement model across the two CCG's. Stakeholder events would be held on 19th and 20th August and this would give an opportunity for feedback.

Members commented on the following issues:-

- A meeting of the Greater Huddersfield CCG and the Calderdale CCG had been arranged for 24th September 2015. Would the consultation process be agreed at that meeting? In response, Mr Walsh and Dr Brook advised that the at the meeting of the 24th September, the two CCG's would discuss readiness to go out to consultation and the right time to start this consultation. If it was deemed that the necessary work had been done then the consultation would be agreed at this meeting.

- The proposals mention a hot and cold site, one hospital was new and one was old and needed modernising. Had a decision been reached on which would be the hot and cold site? In response, Dr Brook advised that a decision hadn't been made on which site would be the hot or cold site. The decision would not be based on convenience and assumptions would be challenged before a final decision on sites was made.

- Finances had deteriorated since the first model was discussed and this was listed as a risk. Was it likely that the model would change again if finances were reduced further? In response, Dr Walsh advised that when the financial viability of the clinical model would be established once the model has been agreed. The Trust would develop the case to model finance and any proposals would need funding, a business case would be prepared for the funding. Choosing the right site would be

part of this model, however, this would not make the model financially viable and detailed work around finance would be needed before costings were submitted. The process would be dependent on the estate and reconfiguring needed. Mr Walsh advised that the original strategic outline had been influenced by manpower shortages and these had been taken out of the model.

- Had the distance that patients would travel been taken into account in the clinical model? What was the impact of this assessment? In response, Dr Walsh advised that communication with local communities had asserted control and influence over the change process. Changes would be delivered in a phased approach with Care Closer to Home being key to the changes. This would reduce dependency on hospital services and work would move on from there. The Ambulance Service would need to play a part in the model. Fourteen months ago work had been carried out which got underneath the clinical model to ensure that future work would take account of the needs of patients.

- Work was in place to monitor the financial plan but this was not listed as one of the risks. This had to be a risk for the process. In response, Dr Walsh advised that the financial plan should be included as a risk. Timelines between the two CCG's, the CFT and Monitor were not yet aligned and work was ongoing to ensure that this would happen.

- The Care Closer to Home programme was supposed to relieve pressure on hospital services. When would we see visible results? In response, Dr Walsh advised that there were challenges in seeing the changes to hospital services, the service had made a difference to the quality in care homes and on musculo-skeletal services. The impact of the Care Closer to Home was not in the metrics and would be included in future. The impact of the service could be seen but it was not readily seen by the public and it was only when a patient needed a particular service that the changes could be seen. One of the major issues for the public is getting an appointment to see their GP, however, this was not in the scope for the model.

- Recent discussions at the meeting of full Council at Calderdale had suggested that Councillors did not feel that the Care Closer to Home programme was working. We need to see the evidence base to show that it is. In response, Dr Walsh advised that an evidence pack was available which could be shared. It was hoped that the Task and Finish Group set up by the Health and Wellbeing Board could act as a critical friend, looking for evidence that the Care Closer to Home programme was making a difference and that it was still valid. The evidence needs to demonstrate a reduction in hospital dependency.

- The two Councils need to be confident that there was capacity to make the proposed changes. How would this be done? In response, Mr Walsh advised that there would be a pre-consultation business case and communities would be given the opportunity to look at the clinical model and how finances and staffing would be allocated to provide this model. Dialogue was needed to get the message across.

- Would the consultation go ahead if there was evidence that the Care Closer to Home programme wasn't working? In response, Dr Walsh advised that the Care Closer to Home programme would go ahead as it was the right way forward. Decisions on the hospital were separate to this. Dr Brook advised he agreed with the findings of the People's Commission and they know what the public wants which was care in their local communities. The hospitals were now in more financial distress and it was more important that this work was developed.

- Which groups had been consulted with? What was the form of engagement? In response, Ms Woodhead advised that a list of groups who had been part of the consultation process would be circulated to Members of the Joint Committee. Consultation had been in the form of focus groups and one to one meetings. People were also handed copies of questionnaires which they could send in.

- How had the CCG's engaged with young people? Lack of consultation with young people in the past had been listed as a risk. Why was this not covered? In response, Ms Woodhead advised that maternity and paediatrics had not been covered as they wanted to look at emergency care and closer to home first. Young people would be included in the consultation when the position on this was clearer. Mr Walsh advised that issues around the consultation with young people had only been resolved in the last two weeks and it had not been right to consult with them before these matters had been rectified.

- Was there consensus on the clinical model? Were there areas where we would assess what was right for different communities? In response, Dr Brook advised that acutely ill children should not be expected to attend a central centre and services should be available for them locally. Decisions would need to be made on who would need to attend an urgent care centre and who would be able to attend triage at their local doctor’s surgery. A formula to decide this would be agreed.

- Was there a model to measure the effectiveness of the changes? In response, Dr Walsh advised that it was too early to develop a model to measure effectiveness.

- There were aspects of the questionnaire which were flawed and not relevant. Could Councillors be involved in the development of questionnaires in future? In response, Mr Walsh advised that the

questionnaire had been developed with engagement partners. Similar questionnaires had been used in the past and they had been useful in helping to find out people's real experience. However, he was happy that Councillors could be consulted when questionnaires were drafted in future. Ms Woodhead advised that the questionnaire could not be changed as it was in use.

- Did the Clinical Senate accept the proposals? In response, Dr Brook advised that the Clinical Senate were not up to date with the proposals, they had supported what they had seen about the Care Closer to Home programme, the hospital standards, the baseline and clinical model. A timescale had not yet been agreed by the Clinical Senate. Reports from the Senate would be circulated to Joint Committee Members for information.

- The evidence pack had stated that there had been no complaints. This wasn't true. In response, Dr Walsh advised that there had been no explicit complaints.

- Would this consultation conflict with other consultations which were ongoing? In response, Ms Woodhead advised that this was pre-consultation work on the Right Care, Right Time, Right Place Programme and this work would inform the next steps in this process. There was other engagement work going on such as one around early pregnancy.

- What feedback had been received from Monitor? In response, Ms Lawreniuk advised that the CCG would work closely with Monitor and that they would provide experts who would support this work. Regular meetings with Monitor and the NHS had been organised.

- How will the West Yorkshire Vanguard work fit into the meeting on 24th September 2015? In response, Dr Walsh advised that at the moment it was not certain how the West Yorkshire Vanguard work will fit into this work. It was not clear how their work will impact and work was needed to shape this. Conversations would need to be had to establish this and to ensure that we were confident that proposals could move forward. Dr Brook advised that the two CCG's were working together on urgent care. Vanguard was already working but had submitted a bid for extra resources. The proposal was focussed on care at home, ambulance services and electronic records.

- If you could start the process again, what would you do differently? In response, Dr Walsh advised that he had realised the importance of including Councillors in conversations. Dr Walsh advised that communication had been an issue. The recommendations made by the People's Commission would be looked at by the Governing Body and it was intended that a relationship would be maintained with the

group which had been established by the Calderdale Health and Wellbeing Board to monitor the recommendations.

- What's critical at the Governance meeting? In response, Dr Walsh advised that a decision would be made on whether there was confidence in the strategy and confidence that the partners would be able to deliver services. The meeting would establish the readiness to move forward. There would still be a need to progress the work no matter what the decision was on 24th September 2015. Dr Brook advised that the Governing body would see the evidence for a positive decision.

- Could this Joint Committee challenge the decisions made on 24th September 2015? In response, Dr Walsh advised that the decision could be challenged.

- Was work around the other risks progressing? In response, Dr Walsh advised that the financial modelling had been carried out and there were risks emerging around governance. At the moment it was not clear when the Senate would give their response to the proposals and the NHS needed to agree a date to go through the process.

RESOLVED that Dr Matt Walsh, Chief Officer Calderdale CCG, Dr Alan Brook, Chair of Calderdale CCG, Ms Penny Woodhead, Calderdale CCG and Greater Huddersfield CCG and Ms Julie Lawreniuk, Chief Finance Officer, Calderdale CCG and Greater Huddersfield CCG be thanked for attending the meeting and answering questions.

10 CALDERDALE AND HUDDERSFIELD JOINT SCRUTINY COMMITTEE - FUTURE MEETINGS

The Joint Committee discussed possible dates for the next meeting and agenda items for this meeting.

RESOLVED that a meeting of the Joint Committee be arranged for the week commencing 14th September 2015 following consultation with the Chair and that the Committee receives the pre-consultation business case prepared by the Greater Huddersfield CCG and the Calderdale CCG for consideration and comment at that meeting.

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: 21 October 2015

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

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 Director & 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

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1. Purpose of report

1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee with an update on the proposals being developed for the future provision of hospital services in Calderdale and Greater Huddersfield.

2. Key Points

2.1 On the 24 September 2015 Calderdale and Greater Huddersfield Governing bodies met in parallel to discuss progress to the proposals being developed to hospital changes and to consider their readiness for consultation.

2.2 Both Governing bodies agreed that as Calderdale and Greater Huddersfield Clinical Commissioning Groups were unable to set out the proposed future model of care, the financial implications and the preferred location of services they were not ready to proceed to consultation.

2.3 Senior representatives from: Calderdale CCG and Greater Huddersfield CCG; Monitor; Calderdale and Huddersfield NHS Foundation Trust (CHFT); and Adult Services in Calderdale and Kirklees Councils will be in attendance to discuss:

- Reasons for the delay to the consultation on a proposed model for hospital reconfiguration;
- The revised timetable;
- The work being carried out by CHFT on a strategic sustainability and financial turnaround plan;
- The implications of delay on CHFT's finances, patient safety, quality of service delivery and staff recruitment and retention;
- The potential need for interim service changes;
- The views of Adult Services on the impact on social care services in light of the direction of travel for changes to hospital services and community services.

2.4 A report produced by Calderdale and Greater Huddersfield CCG's is attached and provides an update to the Right Care, Right Time, Right Place Programme and includes details of the revised timeline.

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

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

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 Programme. 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 purpose of this report is to provide an update in relation to Phase 3 – Hospital Changes. At the meeting of the Joint Health Overview and Scrutiny Committee on the 13th August, the committee received an update on progress from Commissioners in relation to: Pre-Consultation engagement; development of the potential outline model and the Pre-Consultation Business Case; Care Closer to Home; and Capacity and Capability to deliver the programme's work.

At that meeting Commissioners agreed to provide a list of the Community Groups with whom they had undertaken engagement – this is attached at Appendix A and to invite members of Scrutiny to the Stakeholder events on the 19th and 20th August – which was actioned after the meeting. Commissioners also discussed the risks to their timeline and, whilst acknowledging that the risks in relation to being ready for consultation in September were increasing, restated their commitment to test their readiness for consultation at the CCGs' Governing Body meeting in parallel on 24th September.

The Joint Scrutiny committee determined that they would schedule a further meeting in advance of the Governing Body meeting in Parallel on 24th September to consider the progress made in relation to the Commissioners 'readiness for consultation' and the recommendation regarding this that the CCGs' Governing Bodies will be considering. The meeting was scheduled for the 22nd September but was later cancelled by the Joint Scrutiny and re-scheduled for the 21st October.

Calderdale and Greater Huddersfield CCGs' Governing Bodies met in parallel on the 24th September to consider the progress made in relation to 'readiness for consultation'. Each

Governing Body agreed that as the CCGs were unable to set out the proposed future model of care, the financial implications; and the preferred location of services, they were not ready to proceed to consultation.

Calderdale CCG, Greater Huddersfield CCG and Calderdale and Huddersfield Foundation Trust are working together to set out the proposals for the future provision of Hospital services across Calderdale and Greater Huddersfield. They have collectively agreed the pieces of work that they still need to do and established which organisation is taking the lead on delivery. They have also agreed that they will develop a joint timeline to complete this work. This can be seen in Appendix B.

The joint timeline reflects both the work that Commissioners are doing to be able to complete the PCBC and be ready to proceed to consultation and the work that the Provider is doing to complete their Strategic Turnaround Plan and demonstrate financial sustainability.

3.0 JOINT TIMELINE

The three organisations have collectively agreed the pieces of work that still need to be completed by each organisation and a high level joint timeline has been developed. It is expected that Commissioners will re-test their readiness for Consultation early in the New Year but acknowledge that further detailed planning needs to take place in order to test the achievability of this timeline. For those pieces of work where CHFT are the lead organisation, the CCG's would be sighted on the individual pieces of work as they are produced for the Trust's Strategic Turnaround plan and would provide assurance on them in order to ensure suitability for the PCBC and to identify any gaps.

In order for the Trust to complete their strategic turnaround and sustainability plan it was agreed with the external regulator that the Trust would commission external support to enable development of these plans. The Trust has completed the procurement and the contract was awarded to Ernst and Young, who started with the Trust on the 1st October. It is expected that the Provider's Strategic Turnaround plan will be produced by the end of Dec 2015. This will then be subject to an authorisation process by the external regulator.

Whilst the work to describe a sustainable model is likely to be completed by the end of 2015, any decision about readiness for consultation will need to be taken once any such plans have been subject to the scrutiny of the commissioners and to the external assurance processes operated by NHS England.

There are a number of risks that that we expect to arise in relation to the joint timeline that the Hospital Services Programme Board will be managing. These can be seen in section 7.0 below. An operational group has also been set up that will meet on a fortnightly basis in order to closely manage the joint timeline and will provide regular updates to the Hospital Services Programme Board.

The following sections of the report provide an update on the development of the Commissioners Pre-Consultation Business Case (section 4.0) and the Provider's Strategic Turnaround Plan (section 5.0).

4.0 PRE- CONSULTATION BUSINESS CASE

In order to be ready for consultation Commissioners need to be able to set out: The Proposed Future Model of Care; The financial implications; and the preferred location of services. In order to determine these elements, Commissioners need to be able to explain:

- Why we need to Change;
- What our Engagement has told us;
- The changes we are proposing;
- The impact of these proposals and;
- Our assessment of these proposals against NHS England's four key tests:

They will provide this explanation in a document called a Pre-Consultation Business Case (PCBC).

We have agreed the pieces of work that we still need to do to complete the PCBC and have established which organisation is taking a lead on delivery. The next few sections of this report considers each element of the PCBC and provides an update on the progress made in completing the required work and an assessment of any work that is still required.

4.1 WHY WE NEED TO CHANGE

This part of the PCBC is often called 'The Case for Change' and comprises three parts: The overall Case for Change; the Financial Case for Change; and The Quality and Safety Case for Change. All these elements have been completed.

The overall Case for Change was initially established as part of the Strategic Services Review. It identified that transformational change was needed in order to respond 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.

The Financial Case for Change was also established as part of the Strategic Services Review and refreshed during 2015. The refresh identified that, within the context of the overall national gap of £30 billion by 2020/2021, Calderdale and Greater Huddersfield have a gap of £155 million over the next five years.

The Quality and Safety Case for change has been developed through the work of the Hospital Services Programme. The Commissioners and Provider have agreed a set of Hospital Standards that any future service provision should aim to meet. We have set out the outcomes for patients that we expect these standards to achieve, we have baselined our

existing performance and we have made an assessment of how much sustainable improvement we could achieve without reconfiguration of services.

We have engaged with the Clinical Senate for them to consider our hospital standards and our current baseline position together with our potential future model of care for hospital services and provide an assessment of the extent to which they support the model's potential to deliver the Hospital Standards and address the issues outlined in our Quality and Safety Case for Change. We are expecting the first draft of their report by mid-October.

4.2 WHAT OUR ENGAGEMENT HAS TOLD US

This part of the PCBC brings together all the engagement that we have done in relation to the services that are within scope of this programme and sets out the key things that our engagement has told us. We have completed a composite report, developed independently by Healthwatch Kirklees on behalf of the two CCG's, that brings together a review of all our engagement from Mar 13 – August 2015, including recent pre-engagement in summer 2015 on Urgent, Emergency and Planned Care. This report is published on the CCGs' websites.

The key themes raised throughout all the engagement activity are documented in the report and the key things local people want to see from service transformation are:

- Services that are coordinated and wrap around all the persons needs
- Staff that are caring and competent and treat people with dignity and respect
- Services that are properly planned and that are appropriately staffed and resourced and maintain quality
- More information available about health conditions and more communication about what is available
- Services that everyone can access including the buildings, appropriate information and staff that represent the community they serve.
- Any barriers to travel and transport addressed with a clear plan which takes account of diversity and locality
- Improved communication between all agencies involved in a person care and treatment
- Services that are responsive and flexible - particularly in an urgent care situation
- Reduce delays in getting the care and treatment required and improving waiting times
- As many services as possible should be close to home in local settings such as a GP practice

The report of findings from the stakeholder event in Greater Huddersfield on 19 August 2015 and the stakeholder event held in Calderdale on 20 August 2015 has been written and published on the CCGs' websites. The joint key messages from both stakeholder events are:

- A need to communicate our plans to the wider public, explain our reasons clearly and in plain language and be honest about our constraints and resources.
- That Care Closer to Home is the way forward and some progress can be seen, more should be done to demonstrate it is working, again more publicity.

- The public want to stay involved in the development of any plans and want us to improve our engagement to ensure everyone has an opportunity to influence services in the future.
- There was a general consensus that change needs to happen, but the pace of change is slow and we need to evidence why change is necessary to wider audiences.
- Travel and transport need to be considered as part of Care Closer to Home as much as hospital services and we need a plan to address this.
- Partnerships need to be strengthened we need to show we are working with colleagues from the local authority, ambulance service and the voluntary sector to ensure our plans work.
- We have a diverse population and we need to consider all our population when designing new services, current services still don't address patient needs in terms of access, culture, information and communication.
- Workforce skills and capacity, estates and new technology are all highlighted as key areas requiring thorough consideration if models are to be delivered.

Communication briefings for staff and key stakeholders have now commenced in relation to Maternity and Paediatric services. These briefings will be delivered throughout October. Targeted conversations with children, young people, carers, families and women, particularly those of Pakistani heritage as identified in the equality analysis, will start in early November. This approach is supported by two questionnaires;

- A maternity questionnaire which will gather views on maternity services in both a hospital and community setting
- A child and young people friendly paediatric questionnaire which will gather children and young people's views on urgent, emergency, planned care, new technology and therapies

The two questionnaires will be shared with the Joint Scrutiny in mid-October for comments. The Paediatric survey has been produced in conjunction with Children and Young People in order to ensure that it is suitable and accessible for the intended audience.

4.3 THE CHANGES WE ARE PROPOSING

This part of the PCBC sets out the changes we are proposing to make. We have reached clinical consensus across Commissioners and the Provider on the potential outline future model of care for hospital services. The CCGs' and Trust's clinicians developed the potential future model of care through a series of joint clinical workshops and clinical working groups from Feb – Aug 2015. The CCGs and Trust are in agreement that the model presented would be the ideal model for the potential future provision of Hospital services in order to achieve the best outcomes for the people of Calderdale and Greater Huddersfield.

In the PCBC Commissioners will need to set these proposals within the context of existing and proposed Primary Care and Community Care provision.

4.4 THE IMPACT OF OUR PROPOSALS

This part of the PCBC sets out the impact of our proposals. There are four main elements that are used to describe the Impact of our Proposals: Outcomes for Patients; Affordability;

Clinical Viability; and Achievability. Some of these elements are not complete. In order to complete these elements there are a number of pieces of work that need to be completed:

- Technology Analysis.
  We know that the Trust is in the process of implementing an Electronic Patient Record. We need to assess the implications of this for: the delivery of our Clinical Model; the impact on Patients' demand for, and access to, services; and the relationship between Hospital Care, Primary Care and Community Care. CHFT are leading this piece of work.
- Commissioner Requested Services (CRS) Designation Matrix.
  CRS are services which are identified by Commissioners as those which would have to remain in the locality should a provider fail because either: there is no alternative provider close enough or; removing them would increase health inequalities or; removing them would make dependent services unviable. As part of the transfer to the new licensing regime on 1st April, 2013, all Foundation Trusts' mandatory services were designated as CRS. Commissioners have until 31st March, 2016 to review those services and confirm or reject their designation. The CCG's are leading on this piece of work.
- Activity Analysis
  An activity analysis provides a predicted demand for services. It starts with current service utilisation, and then adjusts it to take account of changes in demand as a result of demographic changes and other changes being made in the Health and Social Care Economy (e.g. The Hospital Services Programme, CC2H Programmes, Better Care Fund, QIPP schemes). This provides a new utilisation profile which can then be used in the assessment of: Workforce Capacity; Estate Capacity; and Transport and Access impact. CHFT are leading this piece of work.
- Workforce Analysis
  As with Activity Analysis, we would first baseline our existing workforce. We would then adjust it to take account of the predicted change in demand. This change in demand would reflect changes in the way that services could be provided as well as changes to the volume of services to be provided. CHFT are leading this piece of work.
- Quality Impact Assessment
  From the work completed above we will establish a number of viable options for delivery. We will then complete a Quality Impact Assessment so that we identify and take account of the potential impact on safety, clinical outcomes and patient experience. CHFT are leading this piece of work.
- Estate Analysis
  From the Activity Analysis we would be able to model the amount and type of Estate required (numbers of Beds, Theatres etc.). This would generate possible options for future configuration. CHFT are leading this piece of work.
- Travel Analysis
  This would be done in parallel with the Estate Analysis and used to identify the access and travel implications for each of the possible configuration options. The CCGs are leading this piece of work.

- Financial Analysis
  From the previous pieces of work we should have identified the high level Capital and Revenue implications of our options. This piece of work would provide the detailed analysis to properly understand the anticipated capital and revenue implications. CHFT are leading this piece of work.
- Equality Impact Assessment
  When we have established a number of viable options for delivery we will complete an Equality Impact Assessment so that we understand and can properly consider the Equality considerations of our proposals. The CCGs are leading this piece of work.

In order to set out the impact of the proposals in a coherent way, we would utilise the information from the work set out above, together with our Case for Change, Our Engagement and our Clinical Model to undertake an Options Appraisal and to determine our preferred configuration.

4.5 ASSESSMENT AGAINST THE FOUR KEY TESTS.

All our Service Change proposals are expected to comply with the Department of Health's four tests for service Change. These are:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- A clear clinical evidence base; and
- Support for proposals from Clinical commissioners

For significant service changes, NHS England operates an Assurance process whereby they provide support and guidance to Commissioners so that they can demonstrate compliance with the four tests and other best practice checks. The assurance process concludes with an Assurance checkpoint at which time NHS England provide a recommendation regarding whether Commissioners are ready to proceed to consultation.

In determining their recommendation NHS England will consider the Pre Consultation Business Case together with other external assurance from the Clinical Senate in order to form a view. We have engaged with the Clinical Senate and expect the first draft of their report of findings by mid-October.

A meeting was held with NHS England and the two CCG's on the 21st September where the CCG's agreed with NHS England that it is vital that the assurance process keeps pace with the agreed joint timeline and will therefore run in parallel where possible.

5.0 PROVIDER'S STRATEGIC TURNAROUND PLAN

During 2014/15 Calderdale and Huddersfield NHS Foundation Trust reported an unplanned continuity of service risk rating and an unplanned deficit to the financial year end 2014/2015. Monitor determined the Trust was in breach of its licence and the Trust agreed a number of undertakings with Monitor. Since January 2015 significant progress has been made. The Trust achieved the revised financial plan for FY14/15 and is delivering a robust CIP programme for FY15/16. This has improved stabilisation of the Trust's position.

One of the undertakings agreed with Monitor was that the Trust would commission external support to enable development of a longer term strategic turnaround and sustainability plan. The procurement of external support has been completed and Ernst and Young commenced working with the Trust on 1st October to develop the Strategic Plan by the end December 2015.

The Five Year Strategic Plan will:

- Lay out a clear vision and direction for the Trust that will transform the organisation to optimise the quality of care and outcomes delivered and achieve sustainable financial balance;
- Demonstrate how the Trust will contribute and respond to health economy-wide and commissioner-led plans. In particular the plan will enable Greater Huddersfield CCG and Calderdale CCG to make the decision to commence public consultation on the configuration of hospital services across the two hospital sites in early 2016. This will support the longer term sustainability of the local health and social care economy;
- Demonstrate how the Trust will align with and maximise the opportunities presented by the national strategic landscape including NHS Five Year Forward View and its respective provider models.

The Trust has previously undertaken extensive work regarding the clinical case for change to address the quality and safety challenges it faces delivering services on two sites. These challenges include:

- An inability to substantively recruit to meet the medical staffing rotas of the two sites and reliance on gaps in rotas being filled by locum staff. A number of medical recruitment processes have failed due to lack of applicants.
- The Trust is not compliant with many of the standards for Children and Young People in Emergency Care settings;
- The Trust is not-compliant with the prescribed NHS England standards related to seven day working and access to senior clinical review.

The Trust's 5 year strategy will develop plans for service transformation and reconfiguration to optimise the deployment of clinical staff with the aim of improving safety, service quality, experience and outcomes for our patients and delivery of high quality care 24/7, 7 days a week. This will include joint care pathways with partners to ensure seamless care is delivered in primary, community care and third sector settings.

6.0 INTERIM SERVICE CHANGES

The Trust's high level of concern regarding the sustainability of delivering A&E services on two sites has resulted in the Trust developing a business continuity plan should there be an urgent need on the grounds of safety to temporarily close one of the A&E sites. This plan has been shared with CCGs.

The Trust has also undertaken work to review possible interim service changes that could mitigate service risks and improve the sustainability and safety of service delivery. The Trust is currently working with CGGs to engage on proposals related to changes in the

configuration of Cardiology and Respiratory inpatient services and the Early Pregnancy Assessment and Emergency Gynaecology services.

Targeted conversations in Calderdale and Greater Huddersfield with voluntary and community groups and local support groups will take place on respiratory and cardiology this autumn. A questionnaire on hospital and community services will support the conversation. The engagement and equality plan for delivering this approach will be managed under the CCGS' Care Closer to Home programmes in conjunction with the Trust and will be delivered throughout November and December 2015.

CHFT will continue to escalate any potential quality and safety risks to the CCG through the existing arrangements in place. For Calderdale this will be to the Quality Committee and in Greater Huddersfield to the Quality and Safety Committee.

7.0 POTENTIAL RISKS TO THE TIMELINE

A number of potential risk areas in relation to the consolidated timeline have been identified;

- The Clinical Senate findings require re-work
- Commissioners do not satisfy the assurance process
- There are delays to the work being completed
- CHFT are not successful in securing central funding
- Support from Scrutiny not secured
- CHFT work does not satisfy CCG assurance causing a delay to the development of the PCBC
- The proposed model is not affordable
- Communications
- Managing interim quality and safety issues for the Provider

8.0 NEXT STEPS

Early in the New Year, Calderdale CCG and Greater Huddersfield CCG will meet in parallel, in public to consider if they are 'ready for consultation'.

Jen Mulcahy, Programme Manager, NHS Calderdale CCG and NHS Greater Huddersfield CCG
Anna Basford, Director of Commissioning and Partnerships, CHFT
8th October, 2015

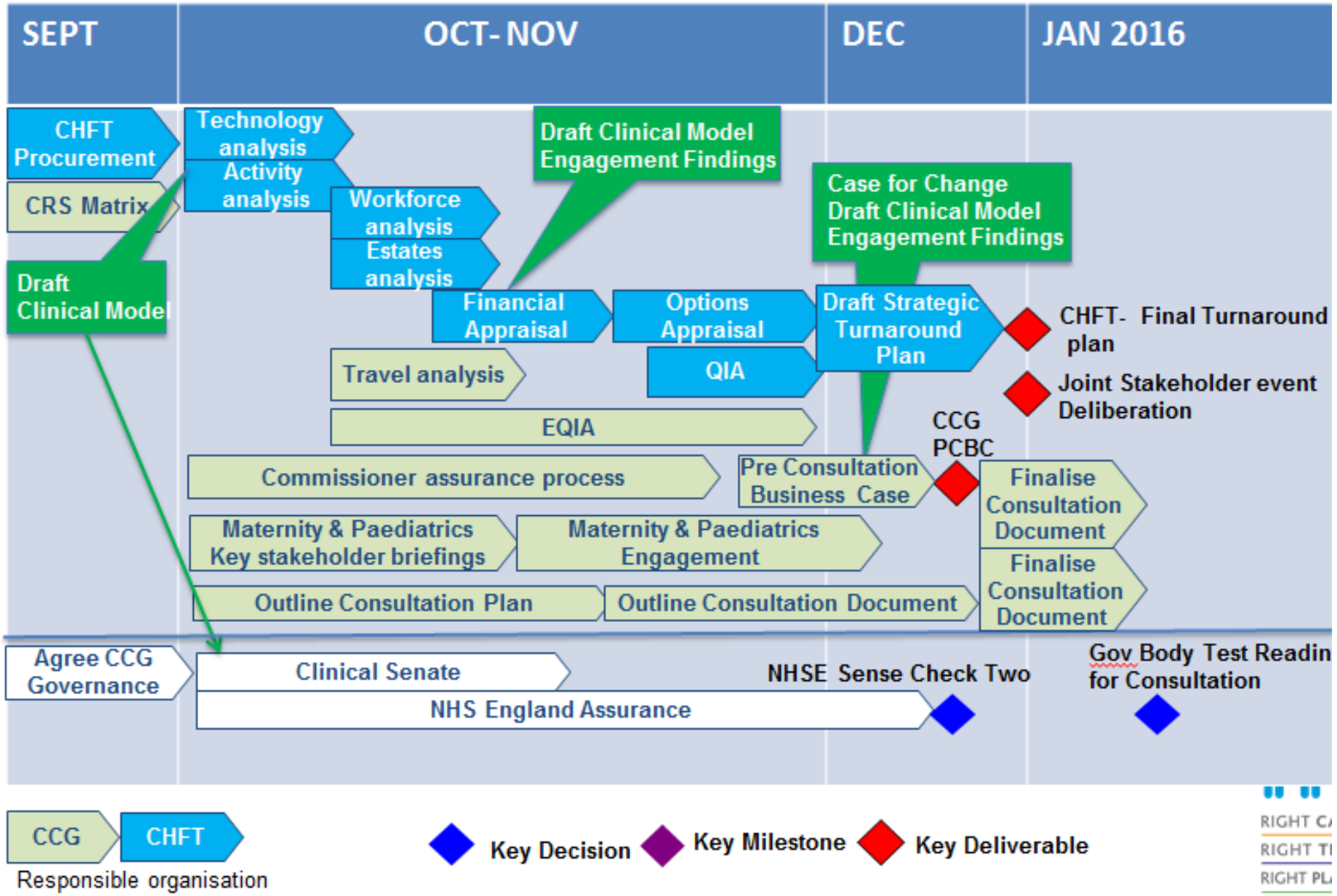
Appendix A

Groups engaged with between 2nd July and 10th August, 2015 in relation to: Emergency Care; Urgent Care; Planned Care; Rehabilitation, Therapies and Technology; and Travel and Transport.

Calderdale	
Provider / Forum	Protected Characteristic / group
Halifax Opportunities Trust:	Ethnicity
Calderdale Carers Project	Carers
Calderdale BME Network	Race
Cornholme & Portsmouth Old Library, Cornholme, Todmorden	Mixed – rural
Calderdale Interfaith Council,	Religion or belief
Disability Support Calderdale	Disability
Healthy Minds	Disability
Health Connections Consultation	Disability
Calderdale Parents & Carers	Carers (Parents)
Disability Partnership, Calderdale,	Disability
Age UK	Age
The LABRYs Trust	Sexual orientation
Women's Centre	Gender
Pennine Magpie	Disability (Learning Difficulties)

Greater Huddersfield	
Provider / Forum	Protected Characteristic / group
Sister Shout	Sexual orientation
HUGG	Sexual orientation
Chinese community centre	Ethnicity
APNA Health	Ethnicity
Reach out Project	Refugees & asylum seekers
Kirklees visually impaired network	Disability
Polish Elderly group	Ethnicity
Friends of Beaumont Park	Locality mixed
Volunteers Together	Asylum seekers
Huddersfield Pakistani Association	Ethnicity
Ukelele Group	Locality mixed
Honeyzz	Diabetes
Kirklees Older People Forum	Age
Network/over 50s	Age
Indian Workers Association	Ethnicity
Huddersfield Deaf Community	Disability
Huddersfield African Caribbean Cultural Trust	Ethnicity
Ahmadiyya Muslim Association	Religion or belief
Hillhouse Gurdwara	Ethnicity
Sikh Leisure Centre	Religion or belief
Kirklees Involvement Network (KIN)	Disability (Learning Difficulties)

Appendix B- Hospital Services Programme Board – High Level Joint Plan CCGs and CHFT



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