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Tuesday 8 November 2016

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 **3.00 pm** on **Wednesday 16 November 2016**.

This meeting will be webcast live.

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 Andrew Marchington

Councillor Elizabeth Smaje

Councillor Julie Stewart-Turner

Councillor Carole Pattison

Councillor Adam Wilkinson - Calderdale Council

Councillor Jane Scullion - Calderdale Council

Councillor Marilyn Greenwood - Calderdale Council

Councillor Chris Pearson - Calderdale Council

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of Previous Meeting

1 - 20

To approve the Minutes of the meetings of the Committee held on 7 September 2016 and 30 September 2016.

2: Interests

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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: Calderdale and Kirklees Joint Health Scrutiny
Committee review of proposals for future arrangements
for hospital and community health services in
Calderdale and Greater Huddersfield**

23 - 38

The Committee will consider the Clinical Commissioning Groups response to its recommendations and identify areas of agreement, disagreement and/or where it is not fully satisfied with the response.

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

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CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Wednesday 7 September 2016

Present: Councillor Marilyn Greenwood
Councillor Andrew Marchington
Councillor Chris Pearson
Councillor Jane Scullion
Councillor Julie Stewart-Turner
Councillor Elizabeth Smaje (Chair)
Councillor Adam Wilkinson

In attendance: Anna Basford – Calderdale and Huddersfield NHS Foundation Trust (CHFT)
David Birkenhead - CHFT
Dr Alan Brook – Calderdale CCG
Juliette Cosgrove - CHFT
Rory Deighton – Healthwatch Kirklees
Vicky Dutchburn – Greater Huddersfield CCG
Carol McKenna – Greater Huddersfield CCG
Steve Ollerton – Greater Huddersfield CCG
Marijke Richards - CHFT
Catherine Riley – CHFT
Dave Rowson - Midlands and Lancashire Commissioning Support Unit
Lindsay Rudge - CHFT
Matt Walsh - Calderdale CCG
Penny Woodhead - Greater Huddersfield CCG
Richard Dunne – Principal Governance & Democratic Engagement Officer Kirklees Council
Mike Lodge – Senior Scrutiny Support Officer Calderdale Council

1 Minutes of previous meeting

The Committee was informed of the following correction to the minutes of the meeting held on 14 June 2016:- That the references made to Mr Brook and Mr Ollerton should be amended to reflect their positions as Doctors

RESOLVED – That the minutes of the meetings of the Committee held on 14 June 2016 be approved as a correct record, subject to the agreed amendment.

2 Interests

Cllr Pearson declared an 'other interest' on the grounds that he was a director of CJP Outreach Services Ltd which had a Contract with

Calderdale Council for the provision of Learning Disability and Physical Disability Services.

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 Deputations/Petitions

The Committee received deputations from the following people regarding the Proposals for the provision of Hospital Services in Calderdale and Greater Huddersfield: Jenny Shepherd, Cristina George (Hands off HRI Campaign Group), Christine Hyde and Jane Rendall (38 degrees)

5. Independent Report of Findings - Right Care, Right Time, Right Place and Healthwatch Kirklees Consultation Findings.

The Committee welcomed attendees from Calderdale and Greater Huddersfield Clinical Commissioning Groups, Calderdale and Greater Huddersfield NHS Foundation Trust and Healthwatch Kirklees to the meeting.

Mr Dave Rowson from the Midlands and Lancashire Commissioning Support Unit (MLCSU) provided an overview of the approach that MLCSU had taken in producing the report of findings.

Mr Rowson explained that the MLCSU had analysed the responses that had been received through the survey and feedback that had been provided from the public meetings, stakeholder meetings and from a comprehensive enquiry log set up by the CCG's.

The Committee heard that having looked at the evidence that the MLCSU had reviewed it had concluded that the consultation process had been extensive and there had been some real creative attempts to engage with all sections of the community.

Mr Rowson explained the approach and methodology that had been used to analyse the consultation responses and the process that had been followed to identify themes from the feedback.

Mr Rowson informed the Committee of the main findings from the consultation and provided a detailed explanation of the six key areas of focus that had emerged from all of the evidence that had been reviewed.

Mr Deighton informed the Committee of the Healthwatch Trustee Boards directive regarding Healthwatch Kirklees' role throughout the formal consultation process which included remaining completely independent of the process.

Mr Deighton explained the approach that Healthwatch had taken to engaging and consulting with local people which included focusing discussions on two simple open questions.

Mr Deighton stated that the Healthwatch sample size was a lot smaller than the CCG's formal consultation and had received over 800 survey responses from both outreach sessions and via social media.

Mr Deighton explained that the themes from the Healthwatch work were similar to those that had been highlighted from the main consultation and outlined some of the consistent themes that had emerged.

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

- A question on whether any strongly positive or strongly negative correlations had emerged from analyse of the consultation and whether any weighting had been applied to the six key areas of focus.
- Clarification that a further more extensive report had been produced to assess the equality and health inequality impact of the proposals.
- The MLCSU view on the relatively low response rates from Calderdale residents when compared to Kirklees.
- The high levels of response rates when compared to the normal expected levels for this type of consultation exercise.
- A concern that the consultation had not sufficiently communicated the implications of the changes to all residents in Kirklees and Calderdale.
- An explanation of the importance of all of the various reports that had been commissioned by the CCG's to help inform their decision making process.
- A question regarding the quality of engagement with young people.
- An overview of the work that had been carried out by CCG's to try and engage with children and young people.
- The CCG's plans to wait until the end of the process before objectively reflecting on the lessons learned from the consultation and its plans to share the outcomes of the exercise with other systems.
- Healthwatch's view that the consultation findings report was a balanced and thorough document.
- The need to looking at ways to further improve how organisations communicated with local people and create a platform that would encourage open , honest and constructive conversations.
- A query that the consultation findings did not appear to have captured details of the response rates by post code area.
- Confirmation that the post code analysis had been done and would be circulated to members of the Committee.
- A question seeking clarification on the inference from the MLCSU that people hadn't fully understood the proposals.
- The view of MLCSU that some respondents weren't able to fully understand or picture how the new models of care would work.
- The view of Healthwatch that many of the discussions with people had been dominated by the location of the Emergency and Urgent Care Centres.
- Disappointment from the CCG's that many of the discussions that had taken place during the Consultation period had focused on the A&E

issue and not on the wider implications of the proposals such as planned care.

- A concern that the proposals didn't have sufficient enough information and lacked clarity in many areas.

Ms McKenna informed the Committee that there was a balance between providing the detailed information that people had requested and the need to present details of the proposals in plain and simple language.

Ms McKenna stated that the CCG's had also been asked to provide information on areas of the proposals where it was too early to provide a detailed response because no decision had yet been taken.

Dr Ollerton informed the Committee that nationally few people understood the models of emergency and urgent care and explained that as these models of care developed further work would be required to provide clarity on the new pathways of care.

In response to a question on the gap between the response rates from some ethnic groups and their local demographic profile Mr Rowson explained that the CCGs had gone to great lengths to engage with all sectors of the community.

Mr Rowson stated that the imbalances between the response rates and the demographic profiles of certain groups often occurred during consultation and the CCG's had undertaken good creative attempts to reach out to those communities.

In response to a question on a comment from a respondent in the consultation report that both hospitals had at sometime closed their doors to patients due to lack of beds Ms Basford stated that this was incorrect and the Trust would not prevent people from accessing to its services.

Cllr Smaje highlighted the key themes that had emerged from the submissions to the Committee and thanked members of the public who had attended the drop in sessions and had taken time to submit their views including the written and verbal presentations received at the meetings.

RESOLVED:

(1) That all attendees be thanked for attending the meeting.

(2) That the Committee's supporting officers be authorised to liaise with attendees to obtain any information that had arisen from the discussion.

6. Additional Information

In response to a question on whether the development of the Sustainability and Transformation Plans (STPs) would have an impact on the proposals Ms McKenna stated that the development of the local STP's fed into the West Yorkshire plans.

Ms McKenna explained that the proposals being developed were articulated and described through the STP process and the Governance arrangements for the proposals remained with the CCG's.

Mr Walsh informed the Committee that throughout the process the CCG's had been discussing at a West Yorkshire level the need for sustainability and transformation.

Mr Walsh explained that the local STP plans had primacy and the West Yorkshire view was to address the challenges facing the health care system, discussions on transformation would need to be undertaken locally.

Mr Walsh informed the Committee that the STP's would provide greater clarity on the scale of the challenge that needed to be addressed collectively across West Yorkshire.

In response to a question on what implications the West Yorkshire financial gap would have on the proposals Dr Brook stated that the CCG's regarded the proposed changes to be essentially the local STP and that the rest of the region would have to consult on further changes that would be required elsewhere.

Mr Brook explained that the local proposals were being looked at by health economies across the country so they could learn from the process and the consultation of these proposals were one of the first large STP compliant proposals to have taken place.

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

- The usefulness of undertaking an analysis of the proposals in order to establish the impact on absolute travel times.
- An explanation of the reasons for the national focus on performance of ambulance response times.
- A concern that the CCG's hadn't considered undertaking some scenario planning on travel times by using internet journey planners to work out travel times for patients using public transport.
- An explanation of the plans for outpatient services.
- A concern that the travel analysis commissioned by the Trust was two years out of date.
- A commitment that a travel group would be formed and supported should the proposals be taken forward.

- A discussion on whether there was a need to consider amending the commissioning arrangements with the ambulance service to include monitoring ambulance conveyance times.
- The underperformance of ambulance response times in the rural areas of Kirklees and concern that the proposals would create further challenges in achieving the required response time.
- An overview of the Trust's black breaches.
- An explanation of the benefits of having staff covering one emergency care centre site.
- A question on how in light of the issues highlighted by the CQC inspection on maternity services the Trust could be confident that the proposed changes would resolve the work force challenges.
- An overview of the midwifery staffing arrangements.
- The actions developed by the Trust in response to the issues in the obstetric led maternity service highlighted by the CQC inspection.

Ms Basford informed the Committee that there were a number of findings in the CQC inspection report which directly reflected the Trust's clinical case for change.

Dr Ollerton informed the Committee that most outpatient appointments would continue to be available at both hospital sites although in certain cases it could still require additional travelling for patients that required an urgent appointment.

In response to a Committee question on complaints Ms Woodhead stated that the Trust would be able to provide the Committee with a breakdown of the complaints by clinical division.

Ms McKenna informed the Committee that the proposals for the new clinical model had not been imposed by Monitor but had been designed by clinicians across the two CCG's and the Trust and designed to work on either hospital site.

Ms McKenna stated that the two CCG's had also liaised with North Kirklees CCG about the proposals to identify where any further work was required to manage any issues that may arise from the changes.

Ms McKenna explained that the new design for services was about getting the best services for local residents which included the provision of specialist services outside of the local area such as those provided at Leeds Hospital.

In response to a Committee question on how the Trust ensured that children received appropriate care Mr Birkenhead informed the Committee that most sick young children were transferred directly to Calderdale Royal Hospital.

Dr Brook stated that acutely ill children would be taken to the best facility to deal with their illness which in some cases could be significantly outside the local area.

RESOLVED:

(1) That attendees be thanked for attending the meeting.

(2) That the Committee's supporting officers be authorised to liaise with attendees to obtain any information that had arisen from the discussion.

7. Date of Next Meeting

RESOLVED:

That the date of the next meeting be confirmed as 30 September 2016.

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Calderdale and Kirklees Joint Health Scrutiny Committee, 30th September, 2016

PRESENT: Councillor Greenwood (Chair),(Calderdale Council) and Councillors Marchington (Kirklees Council), Councillor Pattison (Kirklees Council), Councillor Pearson (Calderdale Council), Councillor Scullion (Calderdale Council), Councillor Smaje (Kirklees Council), Councillor Stewart-Turner (Kirklees Council) and Councillor Wilkinson (Calderdale Council).

Public and/or Press present: 14

Meeting commenced: 1030

Meeting concluded: 1140

1. MEMBERS INTERESTS

Councillor Pearson declared a personal interest as the organisation he owns and is director of contracts with CMBC in relation to adult social care provision for individuals with learning and/or physical disabilities;

2. DEPUTATIONS / PETITIONS

Councillor Greenwood (Chair) informed all present at the meeting that the Joint Health Scrutiny Committee (JHSC) would receive any petitions and hear any deputations from members of the public. Three persons attending the meeting indicated they had deputations to make:-

- Jenny Shepherd –deputation
- Terry Hallworth - deputation
- Mike Foster, hands off HRI group – deputation

(a) Deputation – Jenny Shepherd. Jenny Shepherd’s deputation focused on various aspects of the JHSC response, adding it failed to scrutinise the STP. Reference was also made to the Health and Social Care Act 2012 and she commented that the NHS privatisation agenda had been ignored. Urgent and emergency care did not follow guidance of Royal College of Medicine. She also mentioned the public health agenda and the impact of austerity and economic and social policies, citing the example of levels of obesity. She also commented on the Commissioning Support Unit (CSU) review and some key areas she felt had been omitted during the consultation.

(b) Deputation - Terry Hallworth – Terry Hallworth’s deputation focused on omissions from what the public had actually said. He made reference to the Clinical Commissioning Group (CCG) and referenced they did not write down and publish the public’s views at the Question and Answer sessions. He also referred to the CK 999 questions and again said they had not been included. He added that the CSU had acknowledged in its correspondence that the public did not understand what he public were being asked about and what was being asked of them?

(c) Deputation – Mike Foster – Mike Foster’s, Hands of HRI campaign group’s deputation made reference to the deputation he had made to the JHSC at its previous meeting in Huddersfield. He added that for members of both local authorities serving on the JHOSC this would be the most serious decision you would have to make as elected members for a long time. He added there was huge opposition to the CCG’s proposals and that decisions were being proposed based on finances rather than health outcomes. This was about the CCG rationalising. He added that having read the recommendations in the report, his group’s views were that the current proposals would not improve the health outcomes of residents of Calderdale or Kirklees. He also referred to the debt attached to the Royal Calderdale Hospital through the Private Finance Initiative (PFI) and had concerns of further debts likely to be incurred by centralising A&E services at Calderdale. He added that there was no evidence that community care would improve outcomes for local people. He also commented on the role of General Practitioners (GPs); the need for road and infrastructure improvements; and maternity services. He added that the group felt that the JHSC already had grounds to refer the matter to the secretary of state.

3. INTRODUCTIONS AND PURPOSE OF THIS MEETING

Councillor Greenwood (Chair) welcomed all present and outlined the purpose of this meeting. In addition to the circulated agenda, attention was drawn to a paper containing 19 draft recommendations of the Joint Health Overview and Scrutiny Committee that was tabled and circulated at the start of the meeting and would form the basis of the Committee’s discussions.

In addition, she thanked all who had contributed to the work and discussions of the Joint Committee and attended its meetings, and thanked the Clinical Commissioning Groups and the Calderdale and Huddersfield Foundation Trust for their input into the Joint Committee’s work.

She also mentioned receipt of a letter from Irwin Mitchell Solicitors, representing the “Hands of HRI” campaign group and commented that many of the matters raised in this letter had already been considered by the joint committee at previous meetings. She added that the letter had been drawn to the attention of Calderdale Council, Kirklees Council and the two Clinical Commissioning Groups.

4. RESPONSE TO PROPOSALS FOR THE FUTURE ARRANGEMENTS FOR HOSPITAL AND COMMUNITY HEALTH SERVICES IN CALDERDALE AND GREATER HUDDERSFIELD

Councillor Smaje gave a brief outline of the reasoning behind all 19 draft recommendations of the Joint Health Overview and Scrutiny Committee, with additional comments made by other Members.

The draft recommendations were presented under the following headings:-

Improving outcomes: Draft Recommendation 1

A whole system approach: Draft Recommendation 2

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Councillor Scullion commented on the interdependency of all the recommendations and the need for a whole system approach.

Workforce: Draft Recommendation 3

Councillor Marchington commented on the shift of staff from the acute side to primary care with appropriate skills and the need for a much clearer workforce strategy in place.

Finance: Draft Recommendations 4 and 5

Councillor Marchington commented about the need for resources to be used efficiently and effectively.

Councillor Scullion commented on the proposals that she did not feel fully addressed the existing deficit. She also commented on the Public Finance Initiative (PFI) and what monies would be forthcoming from the department of Health?

Councillor Pattison referred back to draft recommendation 3 – workforce strategy and added that a lack of workforce strategy added to the concerns over the financial strategy.

Reducing Demand: Draft Recommendations 6, 7 and 8

Councillor Wilkinson commented on A&E targets, the many changes proposed, on the care closer to home proposals and lack of detail, noting that the Joint Health Scrutiny Committee did try to fully ascertain from the CCG, but only got anecdotal evidence. He also outlined concerns about the lack of consultation and engagement with General Practitioners (GPs) and other main providers, rather than a proper Primary Care Strategy for Calderdale.

Councillor Greenwood commented on the proposals on Care Closer to Home and how it would take the pressures off hospitals, she would like to see a more clear and concise plan on how Care Closer to Home would work in reality.

Councillor Stewart–Turner commented that she had expected that greater emphasis and more focus would have been given on Care Closer to Home and making it happen.

Councillor Scullion commented that much time had been spent talking about the two hospitals rather than the whole care system, referencing GP's and pharmacists as examples. Not enough information had been presented about "scaling up" proposals about how Care Closer to Home would actually work.

Public Confidence: Draft Recommendations 9 and 10

Councillors Marchington, Pearson and Stewart-Turner all commented on the draft recommendations around public confidence and that much more work needed to be done in this regard.

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Councillor Smaje commented on the Yorkshire and Humber Clinical Senate's consideration of the proposals and re-emphasised her support for the Committee's draft recommendation that before a decision on hospital and community health services is taken that the CCGs should request the Yorkshire and Humber Clinical Senate to reappraise the proposed model of care and seek assurance that there is sufficient detail in the proposals to satisfy the Senate that the new model of care would deliver the required standards of care.

Transport: Draft Recommendations 11, 12, 13 and 14

Councillor Smaje commented that some of transport improvements proposed in the recommendations could be implemented now.

Councillor Stewart-Turner added that she felt some of these changes should be happening already.

Councillor Marchington commented on recording/monitoring issues around the "golden hour", but also the lack of monitoring information after patients had been stabilised / transported to hospital. He also commented on planned care and concerns over geographic areas Calderdale – Huddersfield and Greater Huddersfield / Calderdale.

Councillor Wilkinson echoed Councillor Marchington's comments and added that there was a need for an up to date travel analysis. He also had concerns around the Yorkshire Ambulance Service (YAS), which had rated itself as "requiring improvement" and if it was to take on additional pressures, how would it cope?

Councillor Scullion commented that she had concerns around all journey times, the impact not being just on the roads and the environment, but also how it would disproportionality impact on equalities and some of the most vulnerable in society, the ill and the elderly.

Councillor Greenwood commented on Care Closer to Home and there was no mention of any plans for outpatients?

Councillor Marchington commented on changing clinical provision on neighbouring areas hospital services, referenced an example of someone in the greater Huddersfield area using Barnsley Hospital Services.

Estate: Draft Recommendations 15, 16 and 17

Councillor Mrs Greenwood commented on draft recommendation 15 and added that any building improvements should not be to the detriment to the quality of services, but wherever possible to improve services.

Councillor Marchington referred to decisions taken in the past re the estate that were creating particular problems now, whether financing costs or that of aging infrastructure.

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Councillor Scullion commented on most patients general concerns when attending hospital – how long will it take me to get there? Will I be able to find a parking space? How long will I have to wait to be seen?

Councillor Pattison commented on the lack of detail on the estates proposals.

Children: Draft Recommendation 18

Councillor Stewart-Turner hoped that a more detailed framework to outline the processes and protocols for dealing with a sick young child would be accepted by the CCGs and implemented and that it would be effective.

Local Services: Draft Recommendation 19

Councillor Scullion commented on local services and made reference to the importance of being able to access services closer to home wherever possible. She also referred to Todmorden Health Centre and for the CCGs to use this facility along with other local facilities.

Following the introduction of each of the draft recommendations and the additional comments and observations of the Joint Health Scrutiny Committee Members as outlined above, the nineteen draft recommendations, as tabled at the meeting were put to the vote and the Calderdale and Kirklees Joint Health Scrutiny Committee members agreed unanimously the following recommendations:-

Resolved:-

That the Calderdale and Kirklees Joint Health Scrutiny Committee:

- 1 **Adopts the report, *Response to the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield***
- 2 **Makes the following recommendations to Calderdale CCG and Greater Huddersfield CCG (on attached pages)**
- 3 **Commends the report to Calderdale and Huddersfield NHS Foundation Trust, Calderdale Council, Kirklees Council, Yorkshire Ambulance Service, the West Yorkshire Combined Authority and asks them to respond to the recommendations that are relevant to those bodies.**

Improving Outcomes

Recommendation 1

The prime objective of Right Care Right Time Right Place should be to improve health outcomes for the people of Calderdale and Greater Huddersfield. The Committee accepts that the status quo is not an option and wishes to see improvements in the quality of services provided through hospitals, care closer to home provision and primary care.

Evidence of quality improvement will be demonstrated through clear targets that will be included in contracts between health commissioners and providers that will set out in a clear and transparent way the expectation that there will be better outcomes for people who use services. This should include an explicit target to reduce mortality rates in hospitals. The Committee would wish to see these targets and details of how they will be measured.

A Whole System Approach

Recommendation 2

Any changes in hospital services should be in partnership with the whole of the health and social care systems across Calderdale and Greater Huddersfield in order to provide better outcomes in the future. There should be a whole system approach rather than making changes to one part of the system which may detrimentally affect others.

The Committee wants to see that better outcomes are embedded across the whole health and social care system and be satisfied that there is sufficient capacity to serve the diverse populations and address the health inequalities that exist in both areas.

The Committee therefore recommends that the CCGs, in conjunction with key health and social care partners including public health, develop strategies in Calderdale and Kirklees that will strengthen and improve partnership working and support the changes that will be required to improve the health outcomes of our local populations.

Workforce

Recommendation 3

The Committee accepts that improvements and changes to services cannot be made without addressing the workforce challenges, but is not convinced that sufficient attention was given to this issue or that the plans sufficiently take into account the wider challenges that the NHS faces particularly in recruiting specialist staff.

The Committee and the public will only be more confident in these proposals if a clear and costed Workforce Strategy, with timescales, is produced by CHFT and agreed with the CCGs, which demonstrates how shortages of clinical and other staff will be addressed.

In addition the Committee would wish to see consideration given to how increased partnership working across neighbouring NHS Trusts might contribute to addressing workforce issues to develop a financially sustainable model for the future.

Finance

Recommendation 4

The Committee notes that the proposals do not fully eliminate the financial deficit and is aware of the national and regional context to generate further efficiency savings. The Committee is extremely disappointed that the CCGs have not taken this opportunity to produce proposals that fully addresses the revenue deficit.

The Committee is concerned that if CHFT remains in deficit, then local services will not be sustainable and further reconfigurations may result.

The Committee wishes to see a financial plan produced by the CCGs and CHFT that addresses the financial deficit and clearly identifies how local services will be delivered in a safe and sustainable way.

Recommendation 5

The proposals from the CCGs are dependent on capital funding to build a new hospital in Huddersfield and to enhance Calderdale Royal Hospital and the Committee would wish to see full assurance that this proposal will be fully financed without increasing the Trust's deficit.

Should this assurance not be forthcoming the CCGs must inform the public and the Committee how it intends to proceed.

Reducing Demand

The Committee feels that the plans to reduce demand were inconsistent and were not supported by any detailed plans. The following recommendations address the different aspects of the proposals relating to the reduction of demand in the system.

Recommendation 6

The Committee welcomes the target to reduce unplanned hospital admissions by 6% per annum which is ambitious and challenging.

To help support the reductions in unplanned admissions the CCGs and CHFT must develop a plan that has clear targets to reduce attendances at both Accident and Emergency Units and outlines what actions and measures will be introduced to ensure that: the 111 service is effective at directing patients to the right place; there is improved access to GPs; and that the Care Closer to Home programmes provide earlier interventions that will reduce the numbers of those patients with long term conditions needing to attend A&E.

Recommendation 7

The Committee supports the proposals to enhance Care Closer to Home services. Improvements to these services are a matter of priority regardless of any proposals to reconfigure hospital services. However, the CCGs have not demonstrated that there will be

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sufficient capacity in the Care Closer to Home programmes and Primary Care to reduce demand on hospital services.

CCGs must provide full assurance to the Committee and the public on how they will develop this capacity to the scale that will be required and how this will be measured.

Recommendation 8

The Committee believes that GPs and other primary care stakeholders have a key role to play in any developments in health services and is disappointed that, in the Committee's view, most GPs have not been sufficiently involved or engaged in developing these proposals.

The Committee recommends that the CCGs further develop their Primary Care Strategies with the full engagement of GPs and other key primary care services in order to improve access to high quality primary care and help manage and reduce the demand on hospital services.

Public Confidence

Recommendation 9

The Committee believes that the CCGs have not sufficiently explained the model of an Urgent Care Centre to the public and how it will be resourced and this has contributed to a lack of public confidence in the proposals.

The Committee recommends that before a decision on hospital and community health services is taken the CCGs must develop a detailed description of the model and how it will be resourced.

Recommendation 10

The Committee noted that when the Yorkshire and Humber Clinical Senate considered the proposals they concluded that the "lack of detail at this stage left the Senate with questions regarding the ability of this model to deliver the standards proposed"

The Committee recommends that before a decision on hospital and community health services is taken the CCGs should request the Yorkshire and Humber Clinical Senate to reappraise the proposed model of care and seek assurance that there is sufficient enough detail in the proposals to satisfy the Senate that the new model of care will deliver the required standards of care.

Transport

The Committee has a responsibility to reflect the strongly expressed concerns of the public about the potential transport issues following any changes and the following recommendations are focussed on these issues.

Recommendation 11

The CCGs, Calderdale Council, Kirklees Council and West Yorkshire Combined Authority in conjunction with transport providers should develop a clear public transport plan to improve the speed and frequency of bus services to both Calderdale Royal Hospital and Huddersfield Royal Infirmary. This should include introducing a “loop” that will not materially impact on the journey times to some existing services that includes at least one of the hospitals on their route.

Recommendation 12

The CCGs must specify the additional resource that will be required by the Yorkshire Ambulance service to deliver the additional hours of journey time required as a result of hospital reconfiguration. This should include: where that resource will be found; a clear plan to ensure that the Yorkshire Ambulance Service meets its targets; and what measures will be introduced to support a significant improvement in service.

Recommendation 13

In order to fully assess the impact of the proposals the CCGs should commission an up to date Travel Analysis and Journey Time Assessment Study that details the absolute travel times and distances to both hospitals. The study should take account of: patients and visitors using their own private vehicles and public transport; and residents that live at the furthest outlying areas of Calderdale and Greater Huddersfield.

Recommendation 14

To support improved access to both hospital sites, regardless of any hospital implementation, the Committee would wish to see Calderdale Council and Kirklees Council working with the West Yorkshire Combined Authority to make improvements to the A629 a high priority in their road improvement programmes.

Estate

Recommendation 15

The Committee has serious concerns regarding the capacity and sustainability of the Calderdale Royal Hospital site to support an Emergency Centre and Urgent Care Centre providing services to more than 100,000 people every year. The Committee require evidence that the building can be improved so that this substantial increase in usage could be achieved without detriment to the quality of service.

Recommendation 16

To support the increased demand at Calderdale Royal Hospital , CHFT must prepare a clear costed plan that will ensure: that there is sufficient parking available at Calderdale Royal Hospital; accessibility for the potential increase in the numbers of emergency vehicles is fully addressed; and impact on the surrounding neighbourhood is minimised.

Recommendation 17

To address the concerns of the Committee that the proposed numbers of inpatient beds will not be sufficient to meet demand the CCGs must develop a plan that demonstrates how capacity in community services will be provided to support the reduction in bed numbers. This must include details of the approach that will be taken to improving efficiencies in bed occupancy and the modelling and assumptions used in developing alternative provision in a community setting.

Children

Recommendation 18

The new model of care will include a focus on encouraging parents and carers with a sick child to contact NHS 111 for advice.

To ensure that the pathways of care for sick children are clearly understood by the public the CCGs should develop a framework that outlines the processes and protocols for dealing with a sick young child. This should include details of the resources that will be made available to support the quick and easy access to appropriate clinical advice.

Local Services

Recommendation 19

The proposals of NHS providers in 2014 included specialist community centres at Todmorden Health Centre and Holme Valley Memorial Hospital, which the Committee considers would help: manage demand in the hospital setting; contribute to the development of the Care of Closer to Home programmes; and reduce travel time for some patients.

The Committee recommends that the CCGs consider developing plans to maximise the use of these facilities together with other local facilities. This should include a focus on the provision of integrated and specialist services.

5. COMMITTEE WORK PROGRAMME AND FUTURE ACTIVITY

Councillor Greenwood (Chair) announced the next meeting of the Joint Health Scrutiny Committee would be held on the afternoon of Wednesday 16th November 2016 in Huddersfield

She also thanked Council Officers Mike Lodge, Calderdale Council and Richard Dunne, Kirklees Council for their support to the work of this Joint Scrutiny Committee

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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 (JHSC)
Date: 16 November 2016

Title of report: Calderdale and Kirklees JHSC review of proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield

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 ?	Not Applicable
Date signed off by <u>Director</u> & name	-
Is it signed off by the section 151 Officer?	N/A
Is it signed off by the Assistant Director - Legal & Governance?	Julie Muscroft - 7 November 2016
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 (JHSC) with an outline of the next stage of the process following its review of the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

2. Key Points

2.1 On the 3 October 2016 the Calderdale and Kirklees JHSC submitted its report and recommendations to the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield to the Clinical Commissioning Groups (CCG's).

2.2 On the 20 October 2016 the Governing Bodies of Calderdale CCG and Greater Huddersfield CCG meet in parallel to consider the findings

from the consultation on the proposals and decide how they wished to proceed.

- 2.3 Both Governing Bodies agreed to proceed to Full Business Case (FBC) in relation to the proposals and that the FBC should be considered by key stakeholders, which included the JHSC, prior to implementation. In addition the Governing Bodies also agreed to approve the response to the JHSC's recommendations, which are attached to this report
- 2.4 Following this decision the JHSC will need to consider the CCG's response to its recommendations and identify areas of agreement, disagreement and/or where it is not fully satisfied with the response.
- 2.5 In accordance with guidance of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, should the JHSC decide that there is disagreement and/or has concerns with all or part of the response, the JHSC and CCG's must take such steps as are reasonably practical to try to reach agreement.
- 2.6 If following the reconciliation phase the JHSC is not satisfied with the outcomes of its discussions with the CCG's, which could include the timescales for addressing its concerns, then consideration could be given to exercising its power of referral to the Secretary of State in accordance with the requirements of the regulations.
- 2.7 Some of the JHSC's recommendations were directed to other organisations which included Calderdale Council, Kirklees Council and West Yorkshire Combined Authority. Attached to this report are the responses from two of these organisations and the JHSC will also need to consider these as part of its deliberations.

3. Implications for the Council

None at this time.

4. Consultees and their opinions

Not applicable

5. Next steps

That the Committee take account of the information presented and consider the next steps it wishes to take.

6. Officer recommendations and reasons

That the Committee consider the information provided and determine 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 221000 E-mail: richard.dunne@kirklees.gov.uk

9. Assistant Director responsible

Julie Muscroft Assistant Director: Legal, Governance & Monitoring

For the Attention of

Councillor E Smaje – Joint Chair, Calderdale & Kirklees Health Overview and Scrutiny Panel
Councillor M Greenwood – Joint Chair, Calderdale & Kirklees Health Overview and Scrutiny Panel

CC

Chief Executive of Calderdale Council and Chief Executive of Kirklees Council
Senior Scrutiny Support Officer Calderdale Council
Principal Governance & Democratic Engagement Officer, Kirklees Council

Friday 21st October, 2016

Dear Councillors Smaje and Greenwood,

**Public consultation about proposed future arrangements for
hospital and community health services.**

At a Governing Body meeting in parallel on 20th October, Calderdale Clinical Commissioning Group and Greater Huddersfield Clinical Commissioning Group (the CCGs) agreed their response to the Joint Health Overview and Scrutiny's (JHOSC) report and recommendations in relation to the proposals for hospital and community health services in Calderdale and Greater Huddersfield.

Please find attached a copy of the CCGs' agreed response for consideration by the Joint Health Overview and Scrutiny Committee.

Yours sincerely



Carol McKenna
Chief Officer
GHCCG



Dr Matt Walsh
Chief Officer
CCCG



Dr Steve Ollerton
Clinical Leader
GHCCG



Dr Alan Brook
Clinical Chair
CCCG

On 3rd October, 2016, the Calderdale and Kirklees JHOSC sent their formal response to the consultation to the CCGs. The response contains 19 recommendations, grouped into nine areas. These recommendations and the CCGs' response are below.

No	JHOSC Recommendation	CCGs' Response as agreed by the Governing Bodies on 20 th October, 2016e
Improving Outcomes		
1	<p>The prime objective of Right Care Right Time Right Place should be to improve health outcomes for the people of Calderdale and Greater Huddersfield. The Committee accepts that the status quo is not an option and wishes to see improvements in the quality of services provided through hospitals, care closer to home provision and primary care.</p> <p>Evidence of quality improvement will be demonstrated through clear targets that will be included in contracts between health commissioners and providers that will set out in a clear and transparent way the expectation that there will be better outcomes for people who use services. This should include an explicit target to reduce mortality rates in hospitals. The Committee would wish to see these targets and details of how they will be measured.</p>	<p>The proposed model of care is based on improving the quality of service provided and the health outcomes for the people who use the services.</p> <p>The development of further detail and associated performance metrics in relation to the proposed model would be undertaken as part of the development of the Full Business Case.</p> <p>A key element of that development would be the continued engagement work with the Scrutiny committee, our partners and our stakeholders to help us identify and agree these metrics.</p>
A Whole System Approach		
2	<p>Any changes in hospital services should be in partnership with the whole of the health and social care systems across Calderdale and Greater Huddersfield in order to provide better outcomes in the future. There should be a whole system approach rather than making changes to one part of the system which may detrimentally affect others.</p> <p>The Committee wants to see that better outcomes are embedded across the whole health and social care system and be satisfied that there is sufficient capacity to serve the diverse populations and address the health inequalities that exist in both areas.</p> <p>The Committee therefore recommends that the CCGs, in conjunction with</p>	<p>The CCGs recognise the interdependency between health and social care. We endorse and support Scrutiny's recommendation in relation to a whole system approach, particularly the need for partnership between Health and Social Care in the development and implementation of Care close to home.</p> <p>We will continue work with Key Health and Social Care partners in the development of our proposals and the strategies to deliver strengthened partnership working. The footprints for our STPs, based on HWBB boundaries, present us with an ideal basis on which to take this forward. We also recognise that both Calderdale and Kirklees Councils would have equal influence in ensuring the success of these partnership arrangements.</p>

	key health and social care partners including public health, develop strategies in Calderdale and Kirklees that will strengthen and improve partnership working and support the changes that will be required to improve the health outcomes of our local populations.	The development of the Full Business Case would take account of Scrutiny's recommendations through utilisation of these partnership arrangements, together with the continued engagement of Scrutiny and the populations of Calderdale and Kirklees.
Workforce		
3	<p>The Committee accepts that improvements and changes to services cannot be made without addressing the workforce challenges, but is not convinced that sufficient attention was given to this issue or that the plans sufficiently take into account the wider challenges that the NHS faces particularly in recruiting specialist staff.</p> <p>The Committee and the public will only be more confident in these proposals if a clear and costed Workforce Strategy, with timescales, is produced by CHFT and agreed with the CCGs, which demonstrates how shortages of clinical and other staff will be addressed.</p> <p>In addition the Committee would wish to see consideration given to how increased partnership working across neighbouring NHS Trusts might contribute to addressing workforce issues to develop a financially sustainable model for the future.</p>	<p>We continue to work with partners in addressing and responding to current workforce challenges to ensure we have a workforce to deliver high quality care.</p> <p>The development of a detailed workforce plan to address the requirements of these proposals would be undertaken as part of the work to develop the Full Business Case.</p>
Finance		
4	<p>The Committee notes that the proposals do not fully eliminate the financial deficit and is aware of the national and regional context to generate further efficiency savings. The Committee is extremely disappointed that the CCGs have not taken this opportunity to produce proposals that fully addresses the revenue deficit.</p> <p>The Committee is concerned that if CHFT remains in deficit, then local services will not be sustainable and further reconfigurations may result.</p> <p>The Committee wishes to see a financial plan produced by the CCGs and CHFT that addresses the financial deficit and clearly identifies how local</p>	<p>The further development of detailed financial implications in relation to these proposals would be undertaken as part of the work to develop the Full Business Case.</p> <p>The CCGs and the Trust will continue to work together to return the Trust to a balanced financial position. We will continue to proactively engage with stakeholders and the public as appropriate during that process.</p> <p>It should be noted that although the outstanding financial gap of £9.5m at the end of 2021/22 is significant, it is less than the 2% 'business as usual' efficiency that the Trust is required to make every year. We would therefore expect the</p>

	services will be delivered in a safe and sustainable way.	Trust to be able to return to a balanced financial position over a longer time period. CHFT are working on a West Yorkshire basis to identify efficiencies in the provision of back-office functions which may deliver further contribution to the reduction of the deficit.
5	The proposals from the CCGs are dependent on capital funding to build a new hospital in Huddersfield and to enhance Calderdale Royal Hospital and the Committee would wish to see full assurance that this proposal will be fully financed without increasing the Trust's deficit. Should this assurance not be forthcoming the CCGs must inform the public and the Committee how it intends to proceed.	The capital funding and financing would be developed further at Full Business Case stage. We will not gain clarity on funding until we have completed the Full Business Case. The CCGs accept and will inform the public and the committee how they intend to proceed should the Full Business Case not enable the CCGs to provide assurance in relation to the financial funding for the proposals.
Reducing Demand		
The Committee feels that the plans to reduce demand were inconsistent and were not supported by any detailed plans. The following recommendations address the different aspects of the proposals relating to the reduction of demand in the system.		
6	The Committee welcomes the target to reduce unplanned hospital admissions by 6% per annum which is ambitious and challenging. To help support the reductions in unplanned admissions the CCGs and CHFT must develop a plan that has clear targets to reduce attendances at both Accident and Emergency Units and outlines what actions and measures will be introduced to ensure that: the 111 service is effective at directing patients to the right place; there is improved access to GPs; and that the Care Closer to Home programmes provide earlier interventions that will reduce the numbers of those patients with long term conditions needing to attend A&E.	We support the recommendation to develop a plan that has clear targets to reduce unplanned admissions at both hospitals. The target to reduce unplanned admissions by 6% per annum is based on the CCGs' proposals for Care Closer to Home (CC2H). The foundation and support provided by the existing and proposed changes in relation to CC2H are fundamental to the Prevention of ill health and the better management of Long Term Conditions and Frailty Greater Huddersfield CCG is the lead commissioner for the 111 service on behalf of all CCGs in Yorkshire and the Humber. Since its introduction, the 111 service (provided by YAS) has evolved and will continue to do so, with full commissioner involvement. We will look to identify actions and measures for improvement as part of the Full Business Case.
	The Committee supports the proposals to enhance Care Closer to Home services. Improvements to these services are a matter of priority	We are confident that the proposed changes to community services will reduce

	<p>regardless of any proposals to reconfigure hospital services. However, the CCGs have not demonstrated that there will be sufficient capacity in the Care Closer to Home programmes and Primary Care to reduce demand on hospital services.</p> <p>CCGs must provide full assurance to the Committee and the public on how they will develop this capacity to the scale that will be required and how this will be measured.</p>	<p>demand on hospital services.</p> <p>The proposed changes to both hospital and community services are inextricably linked. The reduction in demand on hospital services, is delivered through prevention of ill health and the better management of Long Term Conditions and Frailty through CC2H and the associated increase in the capacity of community services.</p> <p>We would develop greater clarity on the respective capacity of both hospital and community services and the phasing necessary to maintain system balance across these services as part of the Full Business Case.</p>
8	<p>The Committee believes that GPs and other primary care stakeholders have a key role to play in any developments in health services and is disappointed that, in the Committee's view, most GPs have not been sufficiently involved or engaged in developing these proposals.</p> <p>The Committee recommends that the CCGs further develop their Primary Care Strategies with the full engagement of GPs and other key primary care services in order to improve access to high quality primary care and help manage and reduce the demand on hospital services.</p>	<p>We agree that GPs have a key role to play in the development of health services. As a membership organisation we continually work with our GPs to develop Primary Care Services which complement these proposals. We will continue to engage with GPs and other primary care stakeholders.</p> <p>The Greater Huddersfield Primary Care Strategy has been published, and was developed with the full involvement of the LMC and the CCG's member practices. Calderdale CCG have developed a set of strategic intentions for Primary Care and intend to provide more detail as part of the Calderdale STP. Both the Greater Huddersfield Strategy and the Calderdale strategic intentions recognise the need to improve access to high quality primary care.</p>
Public Confidence		
9	<p>The Committee believes that the CCGs have not sufficiently explained the model of an Urgent Care Centre to the public and how it will be resourced and this has contributed to a lack of public confidence in the proposals.</p> <p>The Committee recommends that before a decision on hospital and community health services is taken the CCGs must develop a detailed description of the model and how it will be resourced.</p>	<p>We acknowledge that we need to do further work to explain and clarify our proposals. We consider that the best way to achieve that would be to:</p> <ul style="list-style-type: none"> • Use direct examples of how the change will affect individuals to clarify: the need for the change; the clinical case for change; and the benefits of the proposed changes. These examples should emphasize Care Closer to Home and be set within the context of the overall NHS picture, collaborative working across hospital and community and honesty about finances. • Use case studies and stories to illustrate and clarify how new services will

		<p>work and inform people further about the overall proposed model, and the difference between emergency care and urgent care.</p> <p>Further work is required to clarify the detail behind the proposals so that it is possible to explain: actual patient pathways; how new ways of working would improve clinical safety; the order and phasing of the implementation; and the implications in relation to workforce planning and finance. This clarity could only be provided by a Full Business Case.</p> <p>The CCGs believe that any final decision on these proposals must be based on the clarity, particularly in relation to finance, which a Full Business Case could provide.</p>
<p>10</p>	<p>The Committee noted that when the Yorkshire and Humber Clinical Senate considered the proposals they concluded that the “lack of detail at this stage left the Senate with questions regarding the ability of this model to deliver the standards proposed”</p> <p>The Committee recommends that before a decision on hospital and community health services is taken the CCGs should request the Yorkshire and Humber Clinical Senate to reappraise the proposed model of care and seek assurance that there is sufficient enough detail in the proposals to satisfy the Senate that the new model of care will deliver the required standards of care.</p>	<p>The Senate’s reports in relation to the proposals were submitted to NHS England as part of the Stage 2 Assurance process and provided sufficient assurance for that process.</p> <p>We have no new information or detail to provide to the Senate at this stage. In the absence of additional information it is likely that the Senate would reach a similar if not the same conclusion as previously</p> <p>The Clinical Senate would provide assurance in relation to the Full Business Case.</p> <p>The CCGs believe that any further assurance by the Clinical Senate on these proposals must be based on the clarity and detail which a Full Business Case could provide.</p>
<p>Transport</p> <p>The Committee has a responsibility to reflect the strongly expressed concerns of the public about the potential transport issues following any changes and the following recommendations are focussed on these issues.</p>		
<p>11</p>	<p>The CCGs, Calderdale Council, Kirklees Council and West Yorkshire Combined Authority in conjunction with transport providers should develop a clear public transport plan to improve the speed and frequency of bus services to both Calderdale Royal Hospital and Huddersfield Royal Infirmary. This should include introducing a “loop” that will not materially</p>	<p>The CCGs understand that West Yorkshire Combined Authority (WYCA) is the lead Commissioners for Bus Services. The CCGs will work with WYCA and both Calderdale and Kirklees Council to develop a transport plan that takes into account the serious concerns about transport raised in the consultation.</p>

	impact on the journey times to some existing services that includes at least one of the hospitals on their route.	The CCGs suggest that any proposed changes should take account of the planned road improvements to the A629
12	The CCGs must specify the additional resource that will be required by the Yorkshire Ambulance service to deliver the additional hours of journey time required as a result of hospital reconfiguration. This should include: where that resource will be found; a clear plan to ensure that the Yorkshire Ambulance Service meets its targets; and what measures will be introduced to support a significant improvement in service.	<p>The CCGs are committed to working collaboratively with the Yorkshire Ambulance Service to ensure that YAS are funded to provide the required support.</p> <p>The 10,000 hours identified in the analysis produced for the Pre-consultation Business Case did not take into account: the proposed changes as part of the Hear, See and Treat model being developed via the West Yorkshire Urgent Care Vanguard programme; any potential reduction in inter facility transfers; or the potential increase in community services which would provide pathways for ambulance clinicians to refer into and avoid unnecessary conveyance to an emergency department; nor did it model the impact of any efficiencies in drive time consequent to the A629 improvements</p> <p>The full detail and implications would be developed as part of the Full Business Case.</p>
13	In order to fully assess the impact of the proposals the CCGs should commission an up to date Travel Analysis and Journey Time Assessment Study that details the absolute travel times and distances to both hospitals. The study should take account of: patients and visitors using their own private vehicles and public transport; and residents that live at the furthest outlying areas of Calderdale and Greater Huddersfield.	<p>The CCGs intend to commission further work to provide greater detail in relation to journey times and to establish a Travel Group to develop proposals for mitigation of the impacts of increased travel.</p> <p>The CCGs recognise that any travel times established at this stage would need to be related to the proposals in recommendation 11 and would not be able to take account the planned improvements to the A629.</p> <p>This is why the CCGs consider it would be appropriate to consider travel as part of the Full Business Case.</p>
14	To support improved access to both hospital sites, regardless of any hospital implementation, the Committee would wish to see Calderdale Council and Kirklees Council working with the West Yorkshire Combined Authority to make improvements to the A629 a high priority in their road improvement programmes.	<p>This recommendation is not directed at the CCGs</p> <p>The CCGs fully support the recommendation.</p>

Estate		
15	<p>The Committee has serious concerns regarding the capacity and sustainability of the Calderdale Royal Hospital site to support an Emergency Centre and Urgent Care Centre providing services to more than 100,000 people every year. The Committee require evidence that the building can be improved so that this substantial increase in usage could be achieved without detriment to the quality of service.</p>	<p>The development of further detail regarding demand and capacity in relation to the proposals would be undertaken as part of the development of the Full Business Case.</p> <p>It would be helpful for the committee to clarify what it means by the word 'sustainability' in relation to the CRH site. Our assumption is that it is a reference to the need to be clear about how the ongoing maintenance and compliance with appropriate standards would be delivered over time. If this is the case, then we would accept that element of the statement and would expect to see the financial implications of this within the FBC as a matter of course</p>
16	<p>To support the increased demand at Calderdale Royal Hospital, CHFT must prepare a clear costed plan that will ensure: that there is sufficient parking available at Calderdale Royal Hospital; accessibility for the potential increase in the numbers of emergency vehicles is fully addressed; and impact on the surrounding neighbourhood is minimised.</p>	<p>The provision of sufficient parking and accessibility for Emergency Vehicles is related to the fuller understanding of the detail in relation to demand and capacity.</p> <p>The CCGs would utilise industry norms to establish parking requirements.</p> <p>The CCGs would continue to work with partners and key stakeholders to understand how the impact could be minimised. The provision of a costed plan could only be addressed by completion of the Full Business Case</p> <p>The CCGs recognise that parking is also a Council responsibility and would work with Calderdale and Kirklees Councils in the development of any proposals.</p>
17	<p>To address the concerns of the Committee that the proposed numbers of inpatient beds will not be sufficient to meet demand the CCGs must develop a plan that demonstrates how capacity in community services will be provided to support the reduction in bed numbers. This must include details of the approach that will be taken to improving efficiencies in bed occupancy and the modelling and assumptions used in developing alternative provision in a community setting.</p>	<p>The development of further detail regarding demand and capacity in relation to the proposals would be undertaken as part of the development of the Full Business Case.</p> <p>The current assumptions that have been used to model activity and capacity have been published as part of the Pre-consultation Business Case.</p> <p>We are confident that the proposed changes to community services will reduce demand on hospital services.</p> <p>We would develop greater clarity on the respective capacity of both hospital and</p>

		community services and the phasing necessary to maintain system balance across these services as part of the Full Business Case.
Children		
18	<p>The new model of care will include a focus on encouraging parents and carers with a sick child to contact NHS 111 for advice.</p> <p>To ensure that the pathways of care for sick children are clearly understood by the public the CCGs should develop a framework that outlines the processes and protocols for dealing with a sick young child. This should include details of the resources that will be made available to support the quick and easy access to appropriate clinical advice.</p>	<p>The CCGs fully accept this recommendation and it is in line with current arrangements.</p> <p>The CCGs would develop further material to explain to members of the public how they should deal with a sick child as this clarity emerges. The detail behind the proposals which would make it possible to explain: actual patient pathways and how new ways of working would improve clinical safety could only be provided by a Full Business Case.</p>
Local Services		
19	<p>The proposals of NHS providers in 2014 included specialist community centres at Todmorden Health Centre and Holme Valley Memorial Hospital, which the Committee considers would help: manage demand in the hospital setting; contribute to the development of the Care of Closer to Home programmes; and reduce travel time for some patients.</p> <p>The Committee recommends that the CCGs consider developing plans to maximise the use of these facilities together with other local facilities. This should include a focus on the provision of integrated and specialist services.</p>	<p>In the current and future development of CC2H services, the CCGs will seek to maximise the potential of any publically owned premises in their area, and agree that opportunities to increase integration of the delivery of health and social care should be considered wherever possible.</p> <p>There are already plans to utilise Todmorden Health Centre as the location for HomeStart Calderdale's Upper Valley Operations; and to provide shared space for CAB, Healthy Minds, Northpoint counselling and Disability Support Calderdale. Discussions are also underway with CHFT on the expansion of clinical services</p>

Direct Line: 0113 251 7224

Your Ref: PB/SN

Our Ref:

21 October 2016

Councillor L Smaje and Councillor M Greenwood
Calderdale and Kirklees Joint Health Scrutiny Committee
Calderdale Council
c/o Chief Executive's Office
Democratic and Partnership Services
Westgate House
Westgate
HALIFAX
HX1 1PS

Dear Councillor Smaje and Councillor Greenwood

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Thank you for contacting me and sharing with me the report of Calderdale and Kirklees Joint Health Scrutiny Committee into the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

It is clear from the report that the proposed arrangements will require people to travel further for their health appointments and the transport network will need to accommodate this

West Yorkshire Combined Authority is the Transport Authority for West Yorkshire with a responsibility for public transport coordination and accessibility. The Combined Authority will take a lead role in developing a clear public transport plan to improve the frequency and speed of bus services to both hospitals and also to develop proposals that would include other modes.

It will be necessary for officers of the health and transport authorities to work closely to identify solutions, which both work for patients and are deliverable by transport providers. Our starting point will be to explore solutions, which will generate sufficient passengers to enable commercial bus operators to implement them without additional public subsidy. If operators are unwilling to provide solutions, we will need to work with all agencies to identify potential funding streams to secure the ambitions of Calderdale and Kirklees Councils.

Yours sincerely



**Councillor Peter Box
Chairman - WYCA**

Cllr Peter McBride

**Cabinet Member for Economy,
Skills, Transportation and Planning**

Leadership & Cabinet Office
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2 November 2016

Dear Councillor Smaje and Councillor Greenwood

Thank you for sharing the report of Calderdale and Kirklees Joint Health Scrutiny Committee into the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield and for providing Kirklees Council with the opportunity to comment on the recommendations.

For transport there are 4 recommendations proposed, to which I would like to respond. For ease I have reproduced them below and provided some commentary, where appropriate.

Before I go into detail, I thought it might be worthwhile to give you an overview of the work currently being undertaken as part of the West Yorkshire Transport Fund project: A629 Corridor, Huddersfield to Halifax, as I believe it is not altogether clear from your report.

The project is divided into 5 phases, but for construction purposes phases 2 and 3 will be combined. Each phase comprises a number of transport schemes that seek to improve accessibility for all road users, reduce bi-directional journey times and enhance journey time reliability between Huddersfield and Halifax (and vice versa) by targeting known points of delay and congestion along the A629 and increasing provision for sustainable modes. Kirklees Council and Calderdale Council are jointly developing the range of interventions proposed along the corridor.

- Phase 1: Southern Section (Elland Bypass to Free School Lane);
- Phases 2 and 3 combined: Halifax Town Centre and Free School Lane into Halifax;
- Phase 4: Ainley Top (M62 Junction 24) and Wider Strategic Interventions;
- Phase 5: Ainley Top to Huddersfield.

Whilst phases 1, 2, 3 and 5 are mainly concerned with physical improvements to highways infrastructure to reduce current journey times between Huddersfield and Halifax at all known pinch points, phase 4 will initially explore potential solutions at Ainley Top, including but not limited to potential consideration of Park and Ride viability. This phase 4

work will also consider additional proposals necessary to achieve the bus benefits targeted by the scheme as a whole, for which a holistic corridor-wide approach consideration is necessary. This may include an express (limited stop) bus service between Huddersfield and Halifax or the introduction of specially diverted services to serve the hospital.

Following on from this work, discussion will be required with bus operators to understand the commercial viability of such a service and if this cannot be achieved, then other ways of funding will need to be investigated.

Turning now to your recommendations:

Recommendation 11

The Clinical Commissioning Groups, Calderdale Council, Kirklees Council and West Yorkshire Combined Authority in conjunction with transport providers, should develop a clear public transport plan to improve the speed and frequency of bus services to both Calderdale Royal Hospital and Huddersfield Royal Infirmary. This should include introducing a “loop” that will not materially impact on the journey times to some existing services that includes at least one of the hospitals on their route.

Kirklees Response

Kirklees Council will work with the West Yorkshire Combined Authority, public transport providers and any other interested bodies to develop a clear plan to improve the journey times between Calderdale Royal Hospital and Huddersfield Royal Infirmary. Through production of this plan, specific proposals will be investigated, costed and tested with partners. I see no reason why this work could not be carried out in conjunction with the A629 West Yorkshire Transport Fund study work phase 4 (explained above) that is currently taking place between Huddersfield and Halifax.

Recommendation 12

The Clinical Commissioning Groups must specify the additional resource that will be required by the Yorkshire Ambulance Service to deliver the additional hours of journey time required as a result of hospital reconfiguration. This should include: where that resource will be found; a clear plan to ensure that the Yorkshire Ambulance Service meets its targets; and what measures will be introduced to support a significant improvement in service.

Kirklees Response

Kirklees Council supports this recommendation.

Recommendation 13

In order to fully assess the impact of the proposals, the Clinical Commissioning Groups should commission an up to date Travel Analysis and Journey Time Assessment Study that details the absolute travel times and distances to both hospitals. The study should take account of: patients and visitors using their own private vehicles and public transport; and residents that live at the furthest outlying areas of Calderdale and Greater Huddersfield.

Kirklees Response

Kirklees Council supports this recommendation and if necessary is willing to provide technical support from its own Transport Planning staff to input into the study. I would ask

that as part of this work, consideration is given to providing a risk log that tries to factor in unplanned events occurring on both the local roads and motorways such as adverse weather or accidents and what effect these might have on journey times.

Recommendation 14

To support improved access to both hospital sites, regardless of any hospital implementation, the Committee would wish to see Calderdale Council and Kirklees Council working with the West Yorkshire Combined Authority to make improvements to the A629 a high priority in their road improvement programmes.

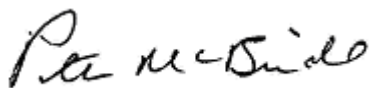
Kirklees Response

Kirklees Council is fully committed to bringing forward the physical infrastructure elements of the West Yorkshire Transport Fund scheme on the A629 between Huddersfield and Ainley Top as soon as is practically possible. We offer to work with any of the health service providers in developing the detail of the funded scheme but also around the temporary construction proposals, which could have a significant effect on the A629 corridor journey times during the construction period. In addition we are of course willing to share any progress and if it's considered prudent, invite a member from the Calderdale and Greater Huddersfield Clinical Commissioning Group to actively participate in the phase 4 study (detailed above) by sitting on the steering group.

I feel this last point may prove mutually beneficial as from my perspective it will allow Kirklees Transport Planning staff to fully understand the range of data the Clinical Commissioning Group has access to and hopefully allow the Group to utilise Kirklees' expertise to provide you with answers to some of your technical recommendations.

I trust you will find my comments useful and I look forward to hearing about the close collaboration between the Clinical Commissioning Groups and Kirklees Transport Planning staff in the future.

Yours sincerely



Cllr Peter McBride

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