



**Service Director – Legal, Governance and
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Decision Summary

**Committee:
HEALTH SCRUTINY COMMITTEE**

Date:

Committee Clerk:

TEL:

CALDERDALE AND KIRKLEES JOINT

FRIDAY 21 JULY 2017

Richard Dunne

01484 221000

Councillors Attended

Councillor Elizabeth Smaje

Councillor Andrew Marchington

Councillor Julie Stewart-Turner

Councillor Carole Pattison

Councillor Adam Wilkinson - Calderdale Council

Councillor Chris Pearson - Calderdale Council

Councillor Ashley Evans - Calderdale Council

Councillor Anne Collins - Calderdale Council

1 Minutes of Previous Meeting

To approve the Minutes of the meeting of the Committee held on 23 February 2017.

That the minutes of the meeting held on 23 February 2017 be approved as a correct record.

2 Interests

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.

Councillor Pearson declared a personal interest as the organisation he owns and is a director of contract with Calderdale Metropolitan Council in relation to adult social care provision for individuals with learning and/or physical disabilities.

Councillor Wilkinson declared an 'other' interest on the basis that he had a share/interest in his father's pharmacy business.

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.

That all items be considered in public.

4 Deputations and 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.

“Please note that due to the numbers of deputations that have been received no more requests to speak at the meeting will be permitted. This decision has been made at the discretion of the Chair in order to ensure there is sufficient time available for the Committee to discuss its business as outlined in item 5 of the agenda.”

The Committee received deputations from the following people regarding the proposals for the provision of hospital and community services in Calderdale and Greater Huddersfield:

Helen Kingston, Nicola Jowett (Let's Save HRI), Chris Dronsfield (Let's Save

HRI), Karl Deitch (Let's Save HRI), Jackie Murphy (Hands off HRI), Jenny Shepherd (Calderdale and Kirklees 999 Call for the NHS), Paul Cooney (Huddersfield Keep Our NHS Public), Bert Jindal (Kirklees Local Medical Committee), Thelma Walker MP and Paula Sherriff MP.

Under the provisions of Council Procedure Rule 36(1) the Committee received representations from Councillors Richard Smith, Bill Armer, Judith Hughes, Rob Walker, Richard Eastwood, Linda Wilkinson, David Hall and John Taylor.

5 Update on the response to the recommendations of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC)

The JHSC will consider a report from Calderdale and Greater Huddersfield Clinical Commissioning Groups (CCGs) and Calderdale and Huddersfield NHS Foundation Trust that provides additional information in relation to the JHSC's recommendations contained in its report 'Response to proposals for hospitals and community health services in Calderdale and Greater Huddersfield'.

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

- 1) That the Joint Committee wishes to place on record the following comments regarding the proposals on future arrangements for hospital and community health services in Calderdale and Greater Huddersfield :

The Joint Committee has accepted that maintaining the status quo is not an option and understands the CCGs' clinical and quality case for change. The Joint Committee also accepts that delivering services across two sites has contributed, in part, to the workforce challenges particularly in recruiting to key specialist areas at senior levels. It has expressed no view about the location of an "unplanned" hospital or a "planned" hospital. However, the Joint Committee has serious concerns about some of the consequences of reconfiguring hospital services in this way.

The significant concerns are:

- a) The Joint Committee agreed that it would make a decision on referral to the Secretary of State in the knowledge of the content of the Full Business Case, as discussed at the mediation session in January 2017. The Joint Committee has not been given sufficient time to consider the Full Business Case in line with agreed timescales

The report presented to the Joint Committee at this meeting from CHFT and the CCGs does not adequately address the concerns of the Joint Committee expressed through their recommendations. This is inadequate consultation with the Joint Committee.

- b) The hospital reconfiguration proposals are dependent on reducing demand on hospital services through “care closer to home”. Although some reduction in unplanned admissions to hospitals has been reported, the Joint Committee is not assured that the proposal for “care closer to home” are sufficiently robust to deliver the reductions in demand on hospital services at a sufficient scale to allow the number of beds in the two hospitals to be reduced by more than one hundred.

The Joint Committee is not convinced that an 18% reduction in unplanned admissions is achievable given the advice from NHS Transformation Unit is that few UK health systems have achieved such an improvement and that the Trust is currently only achieving an annual reduction of 2%.

- c) The Joint Committee has not received sufficient information to be assured that the proposals are financially sustainable. Although the latest proposals reported to the Joint Committee indicate that CHFT will achieve a surplus after 2024/5, no information has been provided that explains how this is to be achieved.
- d) The Joint Committee is concerned that the capital development is to be funded through PFI, particularly when no detail about this has been made available to the Joint Committee. The Joint Committee is disappointed that support for the proposals has not been forthcoming from the Treasury or other national Government sources especially in the light of the PFI arrangement that is already in place in Calderdale and Greater Huddersfield.
- e) The CCGs have not consulted on primary care. However, the Joint Committee has heard evidence that General Practice has an important part to play in reducing demand on hospitals. The consultation document says, “Both CCGs are planning improvements to in-hours and out of hours GP services to reduce the need for patients to attend hospital when they have an urgent care need.”

The Joint Committee is not assured that progress in introducing these improvements will be fast enough or substantial enough to have a significant effect on demand at the hospitals, particularly given the scale of the workforce crisis in General Practice.

- f) The Joint Committee has recommended that better outcomes are embedded across the whole health and social care system and wants to be satisfied that there is sufficient capacity to serve the diverse populations and address the health inequalities that exist across both areas. The Joint Committee is not satisfied that this has been satisfactorily addressed.
- g) The Joint Committee is concerned to learn that there will not be a doctor present at the proposed Urgent Care Centres all the time. This is not consistent with the statement in the Consultation Document that “the Urgent Care Centre would be open 24/7 staffed by highly experienced doctors and nurses who have trained and worked in emergency care over many years.”

- h) The Joint Committee has heard about the reductions in travel time that will result from improvements to the A629 and that ambulance services will be commissioned to achieve the same service standards as currently when new arrangements are implemented.

However, the Public Transport Analysis refresh is not complete and the Travel and Transport Group has not reported. Consequently, the Joint Committee still has concerns that the hospital reconfiguration proposals will have a detrimental effect on patients making their own way to hospital and for their visitors.

- i) The report prepared for the Joint Committee states that 600 car parking spaces will be provided at Calderdale Royal Hospital and that external estates advice is that the site at Calderdale Royal Hospital is of sufficient size to be able to accommodate the additional new build and clinical capacity necessary. Until the Joint Committee receives more detail about this, it cannot be assured about the capacity of Calderdale Royal Hospital to provide a service to a significantly larger number of patients, particularly given the proposed increase in beds at Calderdale Royal Hospital from 612 to 676.
 - j) The reasons for the proposed further reduction in beds from 120 to 64 at the new hospital in Huddersfield have not been adequately described and so the Joint Committee cannot be assured that there will be sufficient capacity in Huddersfield. This change is so significant in size that the Joint Committee does not consider that the public have been properly consulted on this aspect of the proposals.
- 2) That the Joint Committee exercises its right to refer the decision of the CCGs to the Secretary of State for Health on the grounds that:
- a) It is not satisfied with the adequacy of content of the consultation with the Joint Committee
 - b) The amended proposals presented to the Joint Committee are not consistent with the proposals originally consulted on by the CCGs in 2016.
 - c) It considers that the proposal would not be in the interests of the people of Calderdale and Greater Huddersfield and hence not in the interests of the health service in the area.
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