Public Document Pack

Service Director – Legal, Governance and Commissioning
Julie Muscroft

The Democracy Service
Civic Centre 3
High Street
Huddersfield
HD1 2TG

Tel: 01484 221000
Please ask for: Penny Bunker
Email: penny.bunker@kirklees.gov.uk
Thursday 28 June 2018

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 **Friday 6 July 2018.**

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

Julie Muscroft

Service Director – Legal, Governance and Commissioning

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 Elizabeth Smaje
Councillor Richard Eastwood
Councillor Julie Stewart-Turner
Councillor Carole Pattison
Councillor Colin Hutchinson - Calderdale Council
Councillor Adam Wilkinson - Calderdale Council
Councillor Anne Collins - Calderdale Council
Councillor Howard Blagbrough - Calderdale Council

Agenda
Reports or Explanatory Notes Attached

Pages

1: Minutes of Previous Meeting — 1 - 12

To approve the minutes of the meeting of the Committee held on 21 July 2017.

2: Interests — 13 - 14

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 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 ad 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.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

To register please contact jenny.bryce-chan@kirklees.gov.uk or phone Jenny Bryce-Chan on 01484 221000 (extension 74994)

5: Response to the Calderdale and Kirklees JHSC Referral of the NHS Proposal - Right Care Right Time Right Place- Proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield

15 - 32

The Panel will receive the Secretary of State's (SoS) response and the Independent Reconfiguration Panel's (IRP) assessment report on the Committee's referral of the NHS proposal on the future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

Contact: Penny Bunker Governance and Democratic Engagement Manager Tel: 01484 221000 or Mike Lodge, Calderdale Council Senior Scrutiny Support Officer Tel: 01422 393249

6: Update from NHS on progress of the actions identified by the IRP and SoS

33 - 34

The Committee will receive an update from NHS on the work that has taken place in response to the actions identified by the IRP and SoS.

Contact: Penny Bunker Governance and Democratic Engagement Manager Tel: 01484 221000 or Mike Lodge, Calderdale Council Senior Scrutiny Support Officer Tel: 01422 393249

7: Next Steps

The Committee will discuss and agree the timeline and process that will be followed including how it will work with the NHS in taking forward the issues highlighted by the IRP and SoS.

Contact: Penny Bunker Governance and Democratic Engagement Manager Tel: 01484 221000 or Mike Lodge, Calderdale Council Senior Scrutiny Support Officer Tel: 01422 393249

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Friday 21st July 2017

Present: Councillor Anne Collins
Councillor Ashley Evans
Councillor Andrew Marchington
Councillor Carole Pattison
Councillor Chris Pearson
Councillor Elizabeth Smaje (Chair)
Councillor Julie Stewart-Turner
Councillor Adam Wilkinson

In attendance: Anna Basford – Calderdale and Huddersfield NHS Foundation Trust (CHFT)
Gary Boothby - CHFT
Carol McKenna – Greater Huddersfield Clinical Commissioning Group (CCG)
Jen Mulcahy – Calderdale CCG and Greater Huddersfield CCG
Neil Smurthwaite - Calderdale CCG
Owen Williams - CHFT
Karl Larrad – Kirklees Council Legal Services
Mike Lodge – Senior Scrutiny Support Officer Calderdale Council

1 Minutes of Previous Meeting

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

2 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

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

4 Deputations and Petitions

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)

Cllr Smaje informed the Committee of the decision it had reached at its meeting held in February 2017 and outlined details of the Committee's expectations regarding the Full Business Case (FBC) and associated documentation including the timescales that had been agreed with the Clinical Commissioning Groups (CCGs) and Calderdale and Huddersfield NHS Foundation Trust (CHFT).

Cllr Smaje stated that the Committee had provided the CCGs and CHFT with its timescales for a decision on referral which had been based on the timescales provided by the CCGs and CHFT for the completion of the FBC.

Cllr Smaje outlined details of the lines of communication that had been maintained between the Committee, CCGs and CHFT and explained that through this communication the Committee had been informed that the FBC would contain commercially sensitive information and so would not be immediately available to the Committee or public.

Cllr Smaje informed the Committee that the powers of Health Scrutiny meant that it was possible for it to receive commercially sensitive information in confidence to inform its reports and recommendations.

Cllr Smaje stated that the Committee had made a request to see the FBC and confirmed that prior to the meeting it had received a brief presentation on parts of the document.

Cllr Smaje stated that despite having received the presentation the Committee would proceed with the meeting on the basis of the information that it had received and outlined the decisions it would be considering.

Mr Williams informed the Committee that CHFT welcomed input from elected members and campaign groups and stated that the Trust believed that all of the concerns, queries and comments it had received regarding the proposals were legitimate.

Mr Williams outlined the current position of the FBC and stated that the Trust was aiming to publish a redacted version or the full version for its governing body meeting that was scheduled to take place on 3 August 2017.

Mr Williams informed the Committee that whatever decision it decided to take at the meeting would be fully respected by the Trust.

In response to a Committee question Ms McKenna stated that the CCGs had not had yet had sight of the FBC and explained the process that would be followed before the CCGs took a view on the FBC.

In response to a Committee question Ms McKenna outlined the likely timescales for the CCGs consideration of the FBC and confirmed that this would include assessing if the FBC was in line with the model on which they had consulted.

In response to a committee question Ms McKenna outlined the process that had been followed by the CCGs' Quality Committees in considering The Quality and Safety Case for Change.

Cllr Wilkinson stated that he felt that the limited response and evidence from the CCGs regarding the Committee's recommendations on a whole system approach was inadequate.

Ms McKenna informed the Committee of the Kirklees Health and Wellbeing Plan that had been submitted to the Kirklees Health and Wellbeing Board that reflected the whole system approach being taken in Kirklees.

Cllr Pearson outlined the concerns highlighted in the Kirklees Local Medical Committee's (LMC) deputation that it had not been involved in any discussions about the choice of solution and asked whether the CCGs agreed with this statement.

Ms McKenna informed the Committee of the communication and discussions that had previously taken place with CCG members and the Kirklees LMC on the proposed changes to the clinical model.

In response to a committee question on how confident the CCGs were that the Care Closer to Home (CC2H) programme would deliver the intended reductions in hospital admissions Ms McKenna stated that the target was a challenge however evidence in Kirklees was showing that admissions to emergency services had reduced over the last two years.

In response to a committee question regarding whether there had been any discussions following the consultation on developing a West Yorkshire collaboration of acute hospitals Mr Williams stated that as part of the developing West Yorkshire Sustainability and Transformation Plan (STP) there had been discussions between those Trusts that came under the STP.

Mr Williams provided an overview of the areas of discussions that had taken place as part of the West Yorkshire Association of Acute Trusts and explained the process that had been put in place to develop a number of clinical and non-clinical acute trust work programmes.

Cllr Stewart–Turner explained the difficulty that the Committee had experienced in obtaining the CHFT Workforce Strategy and outlined the problems that the Committee had faced in cross referencing the strategy to other aspects of the

proposals due to the lack of a detailed response to the Committee's recommendations.

Cllr Marchington stated that the planned reductions in workforce at CHFT should be balanced by an increase in primary and community care and that the Committee had consistently requested a workforce plan that showed how the skills base could be maintained across the health care system.

Cllr Marchington stated that the report to the Committee didn't provide much detail on a workforce plan and the Committee would have appreciated more information on how the future skills base was going to be developed.

Ms Basford provided an overview of the information on workforce planning that was contained in the FBC.

Cllr Pearson outlined in detail the Committees disappointment that the Trust hadn't been able to submit the FBC for discussion at the meeting.

Cllr Marchington stated that the Committee was aware of the financial pressures faced by the Trust and CCGs. Cllr Marchington highlighted the constantly changing financial position and expressed a concern that the Committee was unable to get a full financial picture of the Trusts situation.

Cllr Marchington stated that the Committee was also concerned that the only option that appeared to be available to fund the proposals was through another private finance initiative (PFI).

Mr Boothby provided the Committee with an explanation of the Trust's plans to get back into financial balance and explained in the detail the discussions and the work that had taken place to assess how the proposals could be funded.

Mr Marchington stated that the evidence of PFI arrangements including information that had come from central government select committees had highlighted how inefficient the arrangements were when compared to other alternative funding options.

Cllr Pearson outlined the details of regulation 26 from the Local Authority regulations 2013 that related to the provision of information to a local authority and reiterated the Committee's disappointment that the FBC had not been provided to the Committee as requested.

Ms Basford informed the Committee of the process that the Trust had followed in sharing information from the emerging FBC and explained that subject to legal advice the Trust was aiming to disclose as much of the FBC as possible.

Cllr Smaje stated that the process that the Committee had followed had been in line with the mediators recommendations and outlined the discussions that the Committee had undertaken with the CCGs and the Trust in respect of providing the Committee with the FBC in time for its July meeting.

In response to a committee question Mr Boothby outlined the work that the Trust had undertaken in assessing the various funding routes for the proposals and explained that following advice from the Treasury and the Trust's regulator they had modelled the costs based on the PFI option.

In response to a committee question Mr Smurthwaite informed the Committee that there were financial pressures in the health care system and explained the approach that CCGs were taking to try and bridge the financial gap.

In response to a committee question Ms McKenna provided an overview of the approach that would be required across the whole health and social care system to reduce hospital admissions.

Cllr Pattison stated that it would be helpful to understand how the changes in demographics and planned reductions in hospital staff had been factored into the work that was being developed to reduce hospital admissions.

Ms McKenna and Mr Smurthwaite outlined the approach that CCGs took in identifying the needs of the local population when developing community services.

Ms Basford explained the approach that the Trust took in modelling activity levels and demographic changes and growth to inform the Trust's workforce plans.

Cllr Stewart-Turner stated that the Committee was following an evidence based process and that as well as the FBC the Committee had also expected to receive a suite of additional documents that related to different parts of the proposals.

Cllr Stewart-Turner stated that although committee members had received examples of CC2H that had worked well they had not received sufficient enough evidence to provide members with the confidence that community services could be developed at the scale that would meet the required reduction in demand for hospital services.

In response to a committee question on how achievable it was to meet the target of an 18% reduction in unplanned hospital admissions over five years Ms McKenna stated that the CCGs would do everything they could to achieve the target and outlined the commitment between the CCGs, the Trust and other partners in working together in developing a changed model of care.

Cllr Pearson commented that it may have been a mistake for the CCGs and Trust to focus purely on the reduction in beds and bed numbers and that it may have been better if they had talked about how the services would deal with the expected numbers of patients.

Ms Basford informed the Committee that the numbers of patients visiting the planned hospital would not be significantly different to a year ago when it was proposed to have 120 beds.

Ms Basford stated that in response to the consultation and further dialogue with clinical colleagues it had been agreed on the grounds of quality and safety of care to undertake a proportion of surgical procedures at the unplanned emergency site.

Cllr Wilkinson stated that he was astounded that the CCGs response to the Committee's recommendation on primary care was that the provision of primary care was not within the scope of the consultation.

Cllr Wilkinson stated that he felt that GPs and primary care were intrinsically linked to the proposals and that if you couldn't get the services provided by GPs right then you wouldn't be able to reduce demand for hospital services.

Cllr Wilkinson expressed his frustration that the CCGs had referred the Committee to their primary care strategies despite the fact that there was no evidence of a written Calderdale Strategy.

Mr Smurthwaite informed the Committee that Calderdale CCG did not have a strategic policy but that there was a Primary Care Plan that had been shared at the Calderdale Health and Wellbeing Board and the Overview and Scrutiny Board.

Mr Smurthwaite stated that the plan had also been discussed with Calderdale GPs and there was a vision for primary care and key priorities included a focus on access.

Cllr Marchington stated that although the CCGs had provided more information on staffing in Urgent Care Centres (UCC) the fact that a doctor would not be present all of the time would not help to reassure members of the public.

Ms McKenna explained that although a doctor might not be physically present at an UCC all of the time they would retain clinical responsibility for all patients treated at the Centre.

Ms McKenna informed the Committee that further work was still required to scope out the skill mix of staff in the UCC and this would include developing new roles such as an Emergency Nurse Practioner.

Ms McKenna stated that there would also be a GP out of hours service co-located with the UCC on both sites and this would provide additional medical presence.

Ms McKenna informed the Committee of the new initiatives from national government on primary care that included a requirement for all CCGs to commission extended access models for General Practice.

Cllr Wilkinson stated that the consultation document had not made it explicitly clear that there would not be a doctor present at all times in the UCC and this raised the question of the adequacy of the consultation with the public.

Cllr Pattison stated that there was a lack of public confidence in the proposals and although the Trust had commented that they welcomed comments and response from the public the planned downgrade of the hospital in Huddersfield and what appeared to be a glorified GP surgery did not help to maintain public confidence.

Cllr Marchington commented that transport was a major concern for many local residents and the proposals would result in a significant increase in transport journeys for emergency services.

Cllr Marchington stated that another concern was the increase in patient journeys for residents in Calderdale and Greater Huddersfield for planned and unplanned treatment and in particular the impact this would have on residents who had to use public transport or taxis.

Cllr Marchington stated that it was important to have an understanding of the clinical outcomes where services had been consolidated onto one site.

Cllr Marchington highlighted the changes that had been made to maternity services and stated that the Committee would want to know what measures would be taken to assess the impacts on clinical outcomes as a result of reconfiguration.

Cllr Pearson commented on the issue of adequate access to emergency services for residents that lived in the outlying areas of the districts and in light of the underperformance in ambulance response times in these areas asked how this issue would be addressed.

Ms McKenna stated that the Yorkshire Ambulance Service (YAS) had recognised the challenges they would face in conveying patients through areas like the Elland bypass although YAS had been clear that this would no different to the challenges it faced in other areas of West Yorkshire.

Ms McKenna explained the process that YAS followed when it arrived at a call out which included a focus on stabilising the patient. Ms McKenna outlined the work that was being by the Public and Transport Group which included details of its objectives.

Cllr Marchington stated that to help confidence in the proposals the public didn't just need to know what happened when an ambulance arrived in response to an emergency call but also more information on the outcomes of the patient.

Cllr Marchington stated that providing information on clinical outcomes would help provide reassurance to members of the public and the Committee that the proposals were delivering what had been promised.

Cllr Marchington added that if it materialised that outcomes weren't being improved a mechanism should be put in place to ensure that the matter could be quickly dealt with.

The Committee adjourned to deliberate on whether the information submitted by the CCGs and CHFT had satisfactorily addressed its recommendations.

The Committee returned from its deliberations and Cllr Smaje thanked everyone for their patience. Cllr Smaje stated that following its deliberations the Committee had agreed that it wished to put forward two recommendations.

Cllr Smaje read out the first recommendation. The first part of the recommendation included an acceptance that maintaining the status quo was not an option and that the delivery of services across two sites had also contributed, in part, to the workforce challenges.

The second part of the recommendation highlighted that the Committee had serious concerns about some of the consequences of the proposed reconfiguration of hospital services and Cllr Smaje read out the significant concerns of the Committee.

Cllr Smaje read out the second recommendation which detailed the Committee's wish to exercise its right to refer the decision of the CCGs to the Secretary of State to Health and the grounds for the referral.

Cllr Collins stated that as a new member she recognised the work that had been done by the Committee in coming to a decision on the matter and appreciated that the Committee had tried to address the issues that affected both Calderdale and Kirklees.

Cllr Collins stated that she felt that reconfiguration was about money and this had set agency against agency and put elected representatives in a difficult position when trying to represent the interests of their own communities.

Cllr Collins stated that she felt that underfunding of health and care services by Government could not be more evident. Cllr Collins stated that she would not support referring the proposals to the Secretary of State and outlined the reasons why.

Cllr Collins stated that a key concern was the referral could result in a greater threat to the delivery of local services with more services being moved outside of both Calderdale and Kirklees.

Cllr Pearson stated that he couldn't vote for referral as he also had concerns that it could result in worse proposals. Cllr Pearson expressed his disappointment that the Committee hadn't received the suite of documents and that he still would wish to see the FBC in order to make a fully informed decision.

Cllr Evans stated he couldn't vote for referral for the same reasons outlined by Cllrs Collins and Pearson. Cllr Evans stated he supported the continuance of the Committee to keep track of the delivery of the process.

Cllr Smaje thanked everyone who had spoken at the meeting and thanked the committee members for their hard work. Cllr Smaje thanked the Committee's supporting officers and the Town Hall staff.

RESOLVED –

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

This page is intentionally left blank

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.

Calderdale and Kirklees Joint Health Scrutiny Committee
6 July 2018

Hospital and Community Health Services Reconfiguration – Response of the Secretary of State for Health and Social Care

Report of Mike Lodge, Senior Scrutiny Support Officer, Calderdale Council

1 Background

The proposals of Calderdale Clinical Commissioning Group and Greater Huddersfield Clinical Commissioning Group to reconfigure hospital and community health services in Calderdale and Greater Huddersfield were referred to Jeremy Hunt, the Secretary of State for Health and Social Care by the Calderdale and Kirklees Joint Health Scrutiny Committee (JHOSC) in September 2017.

As is normal practice, the Secretary of State passed the referral to the Independent Reconfiguration Panel (IRP) for their consideration.

The Secretary of State wrote to Councillor Liz Smaje (Kirklees) and Councillor Adam Wilkinson (Calderdale), the joint Chairs of the Calderdale and Kirklees Joint Health Scrutiny Committee on 10 May forwarding the review by the Independent Reconfiguration Panel and setting out his own conclusions. Both letters are attached to this report as appendices.

2 Issues identified by the Independent Review Panel

Both letters are brief and so are not summarised in this cover report. The IRP asked the local NHS and the JHOSC to take stock of the current situation and, in particular, to focus on; the programme for changes to out of hospital services; hospital capacity; and capital financing.

The Secretary of State has asked NHS England and NHS Improvement to work with the local CCGs and the JHOSC and report back in three months (10 August) on progress in implementing the IRP recommendations.

3 Calderdale and Kirklees Joint Health Scrutiny Committee

Councillor Smaje (Kirklees) and Councillor Hutchinson (Calderdale) met with the Chief Officers of Calderdale CCG and Greater Huddersfield CCG and with the Director of Transformation and Partnerships, CHFT on 15 June 2018 to discuss arrangements for considering the response from the Secretary of State.

As well as agreeing the arrangements for this meeting on 6 July 2018, it was also proposed to arrange a workshop for late July.

4 Recommendation

It is recommended that the Joint Committee formally receives and notes the correspondence from the Secretary of State for Health and Social Care and from the Independent Reconfiguration Panel.

5 Appendices

Appendix 1 – Letter from Jeremy Hunt, Secretary of State for Health and Social Care to Cllrs Smaje and Wilkinson

Appendix 2 – Letter from Lord Ribeiro, Chairman, Independent Reconfiguration Panel to Jeremy Hunt, Secretary of State for Health and Social Care

Mike Lodge
27 June 2018

Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

020 7210 4850

POC_1116484

Councillors Liz Smaje and Adam Wilkinson
Joint Chairs
Calderdale and Kirklees Joint Health Scrutiny Committee
Governance and Democratic Services
First Floor, Civic Centre 3
High Street
Huddersfield HD1 2TG

10 MAY 2018

Dear Cllrs Smaje and Wilkinson,

Referral of NHS Proposal – Right Care Right Time Right Place – Proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield

As you know this case was referred to me for consideration and I asked the Independent Reconfiguration Panel for their advice. They have now reported to me and I have accepted their advice.

As you will know, the proposed changes have provoked huge anxiety among local people who have raised a variety of concerns, many of which have been made to me directly. Despite these concerns, I have felt it important to ensure local health leaders were able to develop their plans without interference from government, and that the expert and independent process of the IRP was given the proper chance to scrutinise these plans. In reaching its judgement, the IRP has observed a wide variety of failings which call into question the benefits of this scheme and the way in which the process has been managed so far.

The IRP points to failings ranging from a lack of consistency with the original proposals and scepticism about whether proposals of this scale and complexity are actually deliverable. In particular, there is concern about the delivery of out of hospital care and whether the reduction in hospital beds as a result of changing hospital services could be justified. It is also not clear that capital financing of this scale, for a project of this type, would be available. Further work focussing on out of hospital care, hospital capacity and availability of capital is required from the NHS before a conclusion is reached. In short, the proposals are not in the best interests of

the people of Calderdale and Greater Huddersfield and I would ask the NHS locally and nationally to reconsider.

After careful consideration, the IRP is of the view that further action is required before a final decision is made about the future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

I have therefore asked NHSE and NHSI to work with the relevant CCGs and the JHSC, and to report back to me on progress.

I enclose a copy of the IRP's advice and would be grateful if you would report back to me in three months on progress with implementing its recommendations.

I am copying this letter to The Lord Ribeiro, Chair of the IRP.

I have written in similar terms to NHSE, NHSI, Calderdale CCG, and Greater Huddersfield CCG.

Yours sincerely

JEREMY HUNT

IRP

157 – 197 Buckingham Palace Road
London
SW1W 9SP

The Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care
39 Victoria Street
London SW1H 0EU

9 March 2018

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Right Care Right Time Right Place **– Proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield**
Calderdale and Huddersfield Joint Health Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Liz Smaje (Kirklees Council) and Cllr Adam Wilkinson (Calderdale Council), Joint Chairs, Calderdale and Huddersfield Joint Health Scrutiny Committee (JHSC). NHS England North provided assessment information on 12 February 2018. A list of all the documents received is at Appendix One. The IRP has undertaken an assessment in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services that specifies that advice will be provided within 20 working days of the date of receipt of all required information.

In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that further action is required before a final decision is made about the future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

Background
Calderdale and Huddersfield NHS Foundation Trust (CHFT) provides hospital services at Calderdale Royal Hospital in Halifax (CRH, a 1990s PFI development) and at Huddersfield Royal Infirmary (HRI, a 1960s build). The two hospitals are approximately five miles apart. Both hospitals currently provide accident and emergency services, outpatient and day-case services, acute inpatient medical services, midwife-led maternity

services, theatres and anaesthetics and level 3 intensive care for adults. Other services are provided at one site only.

CRH is situated within the area covered by NHS Calderdale Clinical Commissioning Group (CCG) which is broadly co-terminous with Calderdale Council. HRI lies within the area covered by NHS Greater Huddersfield CCG. Combined, the two CCGs commission services for a population of around 450,000. Greater Huddersfield CCG and the neighbouring North Kirklees CCG are, together, broadly co-terminous with Kirklees Council. Dewsbury and District Hospital, part of the Mid Yorkshire Hospitals NHS Trust, is around eight miles north east of Huddersfield within the area covered by North Kirklees CCG – this hospital and CCG are not part of the proposals that are the subject of this referral.

Right Care Right Time Right Place is a programme of work to transform hospital services. The programme runs alongside two *'Care Closer to Home'* programmes, one in Calderdale and one in Greater Huddersfield.

In July 2012, a strategic review of health services across Calderdale and Greater Huddersfield was launched involving seven healthcare and local authority partner organisations. Four 'care streams' were included in the review – planned care, unplanned care, long term care and children's care.

A review of CHFT's accident and emergency services, carried out in June 2013 by the National Clinical Advisory Team (NCAT), supported *"a one acute care site option as the best for the future safety, value and sustainability of healthcare"*.

A strategic outline case, published in February 2014 by CHFT together with the community services provider and mental health and learning disability services provider, proposed the creation of specialist planned and unplanned hospitals in Halifax and Huddersfield and that the option of Huddersfield as the site for unplanned services be tested through stakeholder engagement and public consultation. In April 2014, Calderdale Council established a "People's Commission" to take evidence, lead consultation and produce proposals for the future provision of integrated health and social care services across Calderdale and Greater Huddersfield. Local providers and commissioners held a stakeholder event in August 2014 as part of an engagement process. In November 2014, the provider organisations published an outline business case proposing a 551 bedded unplanned care hospital at Huddersfield and an 85 bedded planned care hospital at CRH.

A report by the Calderdale People's Commission was approved by the Council in February 2015. In April 2015, the Yorkshire and the Humber Clinical Senate completed a report on behalf of Calderdale, North Kirklees and Greater Huddersfield CCGs about proposals for changes to the provision of community services. In September 2015, the

Governing Bodies of Calderdale and Greater Huddersfield CCGs considered their readiness to proceed to consultation and concluded that they were not yet ready to proceed. The CCGs and CHFT established a clinical consensus in October 2015 on the potential outline future model of care. A joint stakeholder event with the public was held in December 2015 to update and seek further views on the developing model and the appraisal criteria to be used to evaluate options. The Yorkshire and the Humber Clinical Senate completed a review of the proposed future model of hospital services.

In mid-January 2016, the CCGs finalised a pre-consultation business case (PCBC) in preparation for NHS England (NHSE) assurance and a formal public consultation. As well as describing the case for change, it summarised the engagement undertaken to inform the proposed model of care, the changes to services and their benefits. With regard to acute hospital services, a shortlist of five options was appraised against various criteria. The main difference between the options was finance and as a consequence the CCG's preferred option would see the emergency centre based at CRH with planned care at Acre Mills in Huddersfield, a site adjacent to HRI. On 20 January 2016, the CCGs Governing Bodies agreed to proceed to consultation on a specialist hospital model with CRH as the site for unplanned care. On 16 February, NHSE confirmed that they were assured that the CCGs had met the 4 key tests and were in a position to commence a consultation exercise on the future model of service delivery. A draft consultation document and consultation materials concerning future arrangements for hospital and community health services was presented by the Chief Officers of the CCGs to a meeting of the Calderdale and Kirklees JHSC on 22 February 2016.

A formal public consultation titled *Right Care, Right Time, Right Plac*e began on 15 March 2016, to run for 14 weeks. The consultation document proposed a single option for emergency care, including emergency paediatric care, based at CRH. A new hospital with around 120 beds at Acre Mills was proposed as a centre for planned care. Both sites would have urgent care centres staffed by doctors and emergency nurses. Other proposals included strengthening maternity services provided in the community and strengthening community services. During the consultation period, NHS officials met five times with the JHSC. Three public meetings were held along with 17 information sessions and drop-in events. Consultation closed on 21 June 2016. An independent 'Report of Findings' was published in August 2016 and a stakeholder event to consider the report was held in September 2016. In the same month, the Consultation Institute confirmed that the consultation had been consistent with the Institute's good practice standards. The JHSC considered the proposals at its meeting on 30 September 2016 and, on 3 October 2016, submitted a report to the CCGs setting out 19 recommendations. The Joint Committee accepted 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"*. It recommended that *"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" as well as making recommendations on workforce, finance, reducing demand, public confidence, transport, estate, children's services and other local services.

The Governing Bodies of the two CCGs met separately on 20 October 2016 to consider findings from the consultation and to consider how to proceed. They both decided *"that the findings from the consultation and the subsequent deliberation provided sufficient grounds to proceed to explore implementation in [a/the] Full Business Case".* The CCG Governing Bodies also approved a response to the JHSC's report which was sent to the Committee on 21 October 2016. The response was considered at a JHSC meeting on 16 November 2016. The Committee expressed disappointment with the level of detail included in the response and concluded that arrangements should be put in place *"to take steps to reach agreement on areas of difference between the Joint Committee and the CCGs".*

An independently facilitated mediation workshop between the organisations was held on 30 January 2017. Amongst the outcomes of the workshop it was agreed that the CCGs and Trust would provide a proposed timeline for producing the Full Business Case (FBC)[1] and that the JHSC would identify the time required to review the FBC, make recommendations and decide whether or not to refer the proposals to the Secretary of State. Further informal workshops between the JHSC, CCGs and CHFT were held in April and June 2017.

Work to develop the FBC progressed during the first half of 2017. In July 2017, the NHS Transformation Unit reported its findings on the likelihood of the delivery of an additional 18 per cent capacity in community services to support proposed changes to hospital services. The report stated that such improvements *"would require the CCGs to achieve the best in class upper quartile position".* On 12 July 2017, the JHSC received a report from the CCGs and CHFT providing an update on programme progress and to be presented to the Committee's meeting on 21 July 2017. The draft FBC was made available to the JHSC at a short private meeting prior to the start of the main Committee meeting. A number of changes to the proposals consulted on were noted including the reduction in beds planned for the new hospital at Acre Mills in Huddersfield from 120 to 64 and that building work required at CRH and the new hospital would be financed through a private finance initiative (PFI) arrangement rather than through public funding. Other concerns noted by the JHSC related to reducing demand on hospital services and unplanned admissions, financial sustainability, primary care and a whole system approach, urgent care centre staffing and travel, transport and parking issues. The JHSC concluded that it

---

[1] The JHSC's referral letter of 1 September 2017 states that *"it was agreed with CHFT and the CCGs that the Full Business Case would be made available by the end of June* [2017]*".* The report of the workshop held on 30 January 2017 states only *"completion of the FBC, currently aimed for June 2017"*

"had not been given sufficient time to fully assess the Full Business Case in line with agreed timescales" and that *"the report presented to the Joint Committee at this meeting does not adequately address the concerns of the Joint Committee expressed through their* [19] *recommendations".* The Committee resolved to exercise its right to refer the proposals to the Secretary of State for Health. A letter of referral was sent on 1 September 2017.

On 3 August 2017, the CHFT Board met to consider the findings of the consultation and, following deliberation, approved the FBC. The Governing Bodies of the CCGs met separately on 12 October 2017 and both agreed *"that the FBC is in line with the model on which we consulted…is affordable to commissioners and…does improve and achieve the financial sustainability of the Calderdale and Greater Huddersfield system of care".* They agreed to indicate to NHS England that they were *"supportive of CHFT's Full Business Case".* Information provided to the IRP by NHS England (North) in response to the JHSC's referral indicates that CHFT has submitted the FBC to its regulator, NHS Improvement (NHSI), but *"that no approval process will commence until the outcome of the JHOSC referral to the Secretary of State has been resolved".*

In November 2017, local campaigners submitted an application for a judicial review of CHFT's decision to approve the FBC. The application was refused permission on papers on 17 January 2018. A notice of renewal of claim was lodged on 22 January 2018.

Basis for referral
The JHSC's letter of 1 September 2017 states that:

"This referral is made in accordance with Regulation 23(9) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 on the grounds that the Joint Committee:

1. *It is not satisfied with the adequacy of the consultation with the Joint Committee.*
2. *The amended proposals presented to the Joint Committee are not consistent with the proposals originally consulted on by the CCGs in 2016.*
3. *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 of the area."*

IRP view

With regard to the referral by the Calderdale and Huddersfield Joint Health Scrutiny Committee, the Panel notes that:

Consultation with JHSC

- There has been a clear effort throughout on the part of the JHSC and NHS to work together in overseeing and scrutinising the development of these major, complicated and controversial changes
- A draft consultation document and associated materials, containing the single option for the location of the emergency centre, were discussed with the JHSC prior to the commencement of the consultation period
- Concerns now relate to action post-consultation, in particular the non-adherence to an apparently agreed timetable for providing further information through the full business case and associated documentation

Lack of consistency with the original proposals consulted on

- The proposals that have evolved into the FBC show a number of changes to those originally described in the consultation
- Concern is expressed about the credibility of workforce, financial projections for the future and a lack of detail on associated community initiatives
- The NHS recognises the need for continuing engagement and even consultation should further changes to the proposals emerge

The proposals are not in the best interests of the people of Calderdale and Greater Huddersfield

- For five years, the case for change and options for service change have been the subject of debate, engagement, external review and consultation
- The JHSC has accepted that maintaining the status quo is not an option and understands the clinical and quality case for change
- Implementation of the proposal for one emergency care and one planned care hospital depends critically on delivering significant changes in out of hospital care and making the case successfully for substantial capital investment
- In the meantime, there are real concerns about the safety and sustainability of some current hospital services

Advice

The Panel considers each referral on its merits and concludes that further action is required before a final decision is made about the future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

Consultation with the JHSC

The extensive documentation supplied to the IRP makes clear that throughout the review of health services across Calderdale and Greater Huddersfield there has been a commendable effort by both the JHSC and the NHS bodies to support each other in undertaking their respective roles. The Joint Committee has acted with diligence and

patience, adopting a pragmatic approach to the scrutiny of complex and controversial proposals in the face of considerable public disquiet. The Trust and CCGs, in agreeing to hold three joint workshops with the JHSC between January and June 2017, have shown a commitment to explaining the challenges facing the NHS locally and the basis for the changes proposed.

While concern has been expressed by local campaigning groups that the public consultation included a single option for the centralisation of emergency care at CRH, the consultation document and associated materials were discussed with the JHSC ahead of the consultation launch. The IRP has seen no evidence to suggest that the JHSC objected beforehand to the inclusion in the consultation of a single option for centralising emergency care and, indeed, this issue does not form part of the grounds for the Joint Committee's referral.

Concerns now relate to action post-consultation, in particular the non-adherence of the NHS to an apparently agreed timetable for providing further information through the full business case. The JHSC expected to receive the FBC well ahead of its meeting on 21 July 2017. That did not happen with a draft FBC only being made available to the Joint Committee at a private meeting before the main Committee meeting. It is unfortunate that the respective parties should have fallen out of step at that advanced stage. A renewed effort is needed now to re-establish relationships moving forward so that all parties work together on the proposals.

Lack of consistency with the original proposals consulted on

The JHSC has expressed concerned that several of the changes now being proposed differ markedly from those that were consulted upon. The pre-consultation business case approved by NHS England and the consultation document and materials are clear in proposing a new 120 bed hospital at Huddersfield. The CHFT's FBC proposes a new hospital with around half that number of beds and an urgent care centre that, although medically led 24/7, may not have a doctor physically present 24/7. The consultation document states that *"Our proposed changes cannot go ahead if we don't get the money from HM Treasury"*. The FBC now proposes that the changes be funded through private finance arrangements. Local residents will naturally be cautious of this funding approach given concerns raised previously about the PFI for CRH.

Further, the Joint Committee has expressed concern that the FBC does not adequately address other areas where detail was lacking in the consultation. These include the credibility of workforce planning, financial projections for the future and a lack of detail on the associated community initiatives. If the last of these areas can be said to be a 'wider' NHS issue it is nevertheless an integral part of the successful implementation of the proposed hospital-based changes. Workforce, not least the detail of how the proposed urgent care centres will be staffed, and projections on its future finances are clearly within

the Trust's ambit and the Panel would expect it to be possible to provide the clarity sought.

The CCGs, in their meetings on 12 October 2017, determined that the FBC was, in their view, in line with the model that was consulted on. However, the Panel considers that the current proposals differ sufficiently from those contained in the consultation to warrant renewed engagement with local stakeholders. Evidence submitted by NHS England (North) in response to this referral states that *"further consideration of the affordability of proposals and the requirement for capital may have an impact on the scale and scope of proposals to be taken forward".* The FBC itself acknowledges that significant variation from the current proposed model may require consideration of whether consultation is required. Were more changes to be proposed, in particular any changes resulting from the scale of funding that may become available, the need for additional public consultation would need to be discussed with the JHSC.

The proposals are not in the best interests of the people of Calderdale and Greater Huddersfield

With some considerable foresight, in 2012 the local health and care system first identified the need to address the future sustainability of services. Early work considered options for reconfiguration between the two acute hospitals located in Halifax and Huddersfield. The clinical case for concentrating all the relevant services for those with emergency needs in one location, and separating these from planned care, is based on the available evidence, the associated professional consensus and relevant standards. In summary, more availability of senior staff across a range of specialist expertise is better for the sickest patients. The conclusion reached with NCAT support in 2013, that one emergency site offered the best way forward, remains at the heart of what is currently proposed. In the Panel's view this is not surprising. In the intervening period, the evidence in its favour has not been contradicted but rather reinforced as the circumstances of existing services have deteriorated.

The Panel agrees with the JHSC that maintaining the status quo is not an option. Further, through a period of extensive engagement, consultation and external scrutiny, an alternative model to that proposed for acute hospital services has not emerged. In these circumstances it is only reasonable to continue to pursue the proposals in more detail in the interests of local health services.

The CCGs, working with CHFT, have tested further the clinical case for change and developed the proposal for hospital services alongside programmes to transform out of hospital services. These were brought together in a PCBC that demonstrated the interdependencies between them and the potential financial implications in terms of both significant capital required and affordability within expected revenue allocations. The consultation and period leading up to the FBC and referral has highlighted the difficulties

for all parties in navigating the processes for getting decisions made that are fully informed. The scale and complexity of the proposals naturally raises questions about whether they can be delivered successfully, articulated comprehensively in the JHSC's response to the consultation. At the point of consultation and still today, whether the proposals for hospital services are capable of being implemented as proposed remains unknown.

In reviewing the FBC and associated documents, the Panel found material that addresses some of the JHSC's concerns and is conscious that relevant work, for example around travel, is ongoing. The local NHS and JHSC should now take stock of the current position together to ensure a shared understanding as the basis to move forward. To make progress, the NHS (CCGs, CHFT, NHSI and NHSE) must co-ordinate its next steps to address quickly the key questions. In the Panel's view, there must be a focus on three issues. First, clarification of the programme for changes in out of hospital services and the likelihood of achieving the targeted reduction in demand for hospital care. This is required under all scenarios and is critical for hospital capacity planning which must be the subject of sensitivity testing. Secondly, the question of how in practice, over a prolonged period of implementation, the delivery of out of hospital care that enables the proposals for changing hospitals will meet the fifth test for service change - that services will be in place before changes to bed numbers are made. Finally, the terms of availability, timing and cost of potential capital financing must be clearly signalled by NHS Improvement to avoid nugatory effort in progressing from the FBC and give meaning to the proposals.

Conclusion

Some parties have called for the IRP to undertake a full review of this referral. Yet the Panel's task is advise the Secretary of State for Health in his role as the final arbiter on contested proposals. Were the Panel to undertake a review at this stage, it is clear that such an exercise would not be a review at all. It would inevitably need to cover new ground that is the responsibility of the CCGs, CHFT, NHSE and NHSI. At this point it is not possible to know whether the disputed proposals are feasible. Further work focussing on out of hospital care, hospital capacity and availability of capital is required from the NHS before a conclusion is reached. The JHSC should be kept fully informed and involved throughout this work.

In the meantime, foresight about the sustainability of services has been replaced by real concern and a sense of urgency as it has becomes increasingly difficult to recruit and retain key medical staff stretched across two sites. There is now the prospect of needing to make service changes to protect their safety and quality in which case contingency plans should be shared with the JHSC.

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Calderdale and Huddersfield Joint Health Scrutiny Committee

1 Referral letter to Secretary of State for Health from Cllr Liz Smaje (Kirklees Council) and Cllr Adam Wilkinson (Calderdale Council), Joint Chairs, Calderdale and Huddersfield Joint Health Scrutiny Committee (JHSC), 1 September 2017
Attachments:
2 Chronology of events, July 2012 – July 2017
3 Resolution of Joint Committee, 21 July 2017
4 Calderdale and Kirklees Joint Health Scrutiny Committee report. Response to proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield
5 Calderdale CCG, Huddersfield CCG, Public consultation on proposed future arrangements for hospital and community health services
6 NHS Calderdale and NHS Greater Huddersfield CCG response to the report and recommendations from JHOSC received on 21 October 2016
7 Calderdale CCG, Huddersfield CCG, CHFT – Right care, Right Time, Right Place programme update, July 2017
8 Calderdale and Kirklees local resolution session, independent report and recommendations, February 2017
Supplementary information:
9 JHSC/NHS workshop agenda, 11 April 2017
10 Guidance to support workshop, 11 April 2017
11 JHSC/NHS workshop agenda, 26 June 2017

NHS

1 IRP template for providing initial assessment information
Attachments:
2 National Clinical Advisory Team report, 14 June 2013
3 Jacobs Travel analysis report, June 2014
4 South East Coast Clinical Senate report on clinical co-dependencies
5 Yorkshire and The Humber Clinical Senate report – community services, April 2015
6 Calderdale and Greater Huddersfield hospital and care closer to home - summary of findings from engagement and pre-engagement, March 2013 – December 2015
7 Calderdale CCG Governing Body minutes of meeting, 24 September 2015
8 Greater Huddersfield CCG Governing Body minutes of meeting, 24 September 2015
9 Yorkshire Ambulance Service, travel analysis, November 2015
10 Yorkshire and The Humber Clinical Senate report – hospital services, December 2015
11 Letter to DCO Yorkshire and Humber from Regional Director, NHS England North, 19 January 2016

12 Letter to Accountable Officers, Calderdale CCG and Greater Huddersfield CCG from NHE England North, 16 February 2015
13 Letter to officials, Calderdale CCG and Greater Huddersfield CCG, from NHS England (West Yorkshire) 2 December 2016
14 Calderdale CCG Governing Body minutes of meeting, 20 January 2016
15 Greater Huddersfield CCG Governing Body minutes of meeting, 20 January 2016
16 Right Care Right Time Right Place pre-consultation business case, 15 January 2015
17 Right Care Right Time Right Place public consultation on proposed future arrangements for hospital and community health services, 15 March - 21 June 2016
18 Kirklees Local Medical Committee statement on proposals, June 2016
19 Kirklees LMC survey of practices
20 Right Care Right Time Right Place consultation report of findings, August 2016
21 Consultation Institute report on consultation, 5 September 2016
22 Equality and heath inequality impact assessment, September 2016
23 Calderdale CCG Governing Body minutes of meeting, 20 October 2016
24 Greater Huddersfield CCG Governing Body minutes of meeting, 20 October 2016
25 Report to Calderdale CCG Governing Body, 20 October 2016
26 Presentation to Governing Bodies of Calderdale CCG and Greater Huddersfield CCG, 20 October 2016
27 Terms of reference for travel and transport group
28 Travel and transport group final report and appendices, 30 January 2018
29 Letter to Dewsbury MPs from Chair, Mid Yorkshire NHS Trust, 13 January 2017
30 Letter to CHFT from Joint Medical Director, NHS England (North), 4 April 2017
31 Yorkshire and The Humber Clinical Senate letter to Chief Officers, Calderdale CCG and Greater Huddersfield CCG, 6 June 2017
32 CHFT draft full business case for reconfiguration of hospital services
33 CHFT full business case for reconfiguration of hospital services, 3 August 2017
34 CHFT full business case, update quality and safety case for change, June 2017
35 Quality impact assessment, June2017
36 CHFT Board minutes of meeting, 3 August 2017
37 Greater Huddersfield CCG Governing Body minutes of meeting, 11 October 2017
38 Greater Huddersfield CCG Governing Body report, 11 October 2017
39 Calderdale CCG Governing Body minutes of meeting, 12 October 2017
40 Calderdale CCG Governing Body report, 12 October 2017
41 Equality impact assessment, 17 October 2017
42 NHS Transformation unit report, July 2017
43 Outcome of application for judicial review, 17 January 2018
44 Letter to Chief Executive, CHFT from Prof T Briggs, 31 January 2018
45 Equality duty guidance, NHS England
46 s14Z2 NHS Act 2006
47 Planning, assuring and delivering service change, NHS England

Other evidence

1. Letter to Secretary of State for Health from Cllr Liz Smaje (Kirklees Council) and Cllr Adam Wilkinson (Calderdale Council), Joint Chairs, Calderdale and Huddersfield Joint Health Scrutiny Committee (JHSC), 24 November 2017
2. Letter to R Dunne, Principal Governance Democratic Engagement Officer, Kirklees Council, from Phillip Dunne, Minister of State for Health, 22 December 2017
3. JHSC papers for Joint Committee meeting, 22 March 2016
4. Submission to Secretary of State for Health from Huddersfield over 50s Forum
5. Letter and submission to IRP from Calderdale and Kirklees 999 Call for the NHS, 28 September 2017
6. Submission to IRP from Let's Save HRI group, October 2017
7. Letter and submission to IRP from Hands off HRI campaign, 26 January 2018
8. Notification of judge's decision on application for judicial review, 18 January 2018
9. Notice of renewal of claim for permission to apply for judicial review
10. Kirklees Local Medical Committee statement to IRP, 2018
11. Kirklees LMC deposition to JHSC, 21 July 2017
12. Kirklees LMC statement on proposals, June 2016
13. Kirklees LMC – JHSC report, 21 July 2017
14. Kirklees LMC – JHSC decision summary, 21 July 2017
15. Kirklees LMC - CHFT full business case
16. Kirklees LMC – Consultation report of findings, August 2016
17. Kirklees LMC – final statement, 16 October 2016
18. Letter to Secretary of State for Health from Holly Lynch MP for Halifax, 25 October 2017
19. Letter to IRP from Paula Sherriff MP for Dewsbury, 15 February 2018
20. Letter to IRP from Barry Sheerman MP for Huddersfield, 16 February 2018
21. Letter to IRP from Thelma Walker MP for Colne Valley, 20 February 2018
22. Petition, Hands off HRI, signed by 1,122 people (a hard copy petition with around 13,400 signatures was delivered to Secretary of State)

This page is intentionally left blank

REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
JULY, 2018

Right Care, Right Time, Right Place Programme update

1.0 BACKGROUND

At its meeting on 21st July, 2017, the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee (JHOSC) met to determine whether its recommendations, in relation to the proposed future arrangements for hospital and community health services across Calderdale and Greater Huddersfield, had been satisfactorily addressed.

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 Committee decided to exercise its right to refer the decision of the CCGs to the Secretary of State for Health on the grounds that:

- It is not satisfied with the adequacy of content of the consultation with the Joint Committee.
- The amended proposals presented to the Joint Committee are not consistent with the proposals originally consulted on by the CCGs in 2016.
- 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.

The Committee wrote to the Secretary of State in September, 2017

2.0 INTRODUCTION

The Independent Reconfiguration Panel (IRP)'s report into the proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield was received by the CCGs in May, 2018.

The IRP has reached the conclusion that the status quo is not an option and pursuing the proposal in more detail is reasonable in the interests of local health services. It has recognised that the clinical case for concentrating all the relevant services for those with emergency needs in one location, and separating these from planned care has been reinforced, not contradicted, and accepted that an alternative model was not identified during the consultation.

Additionally, the report identifies real concern and a sense of urgency as it has becomes increasingly difficult to recruit and retain key medical staff stretched across two sites and that there is now the prospect of needing to make service changes to protect their safety and quality. Should this be the case, contingency plans would be shared with the JHSC.

The IRP report identifies three areas which require further focus, those being; out of hospital (community) care, hospital capacity and the availability of capital financing.

3.0 AREAS OF FURTHER WORK

To date, the development of our thinking to address the three areas has identified three potential options: do nothing; continue with the proposed plan; progress with a phased approach. The option to do nothing has been rejected on the basis that all partners are agreed that maintaining the status quo is not an option. The second option has been rejected at this stage, as the IRP, supported by the Secretary of State has asked that we look at the three areas.

Therefore, in line with the Secretary of State for Health and Social Care's request, the CCGs and CHFT have agreed with NHSE and NHSI that they will explore the implications of a phased approach to implementation of the proposals in relation to Out of Hospital Care, hospital capacity and capital financing. CHFT is leading work to look at the phasing of capital financing and hospital capacity. The CCGs are leading the work in relation to Out of Hospital Care.

We will continue our planned work with partners to further develop our thinking on the three areas highlighted and identify the necessary action required to safeguard the quality and safety of hospital and community services into the future and report back to the Secretary of State on progress.

4.0 TIMESCALES

The NHS response will be submitted to the Secretary of State by NHSE/I. This will be completed by 10th August in line with his request.

An initial discussion with the Chairs of the Joint Scrutiny committee has identified that it would be useful for a workshop between members of the Committee, CHFT and the CCGs to be held prior to submission of the NHS response to the Secretary of State. This would be followed by a formal meeting of the joint committee post submission of the NHS response.

5.0 RECOMMENDATIONS

The committee is asked to:

a) Note the NHS' proposed approach to responding to the Secretary of State for Health
b) Discuss and agree the next steps for how the NHS and the Joint Committee should work together to take this work forward

Jen Mulcahy, Programme Manager,
NHS Calderdale CCG and NHS Greater Huddersfield CCG
27th June, 2018