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CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Tuesday 22 March 2016

Present: Councillor Robert Barraclough
Councillor Howard Blagbrough
Councillor Martin Burton
Councillor Malcolm James
Councillor Andrew Marchington
Councillor Elizabeth Smaje (Chair)
Councillor Molly Walton
Councillor Adam Wilkinson

In attendance: Majid Azeb – GP Member Calderdale CCG
Anna Basford – Calderdale & Huddersfield NHS Foundation
Trust (CHFT)
Gemma Berriman - CHFT
David Birkenhead - CHFT
Alan Brook – Calderdale CCG
Mark Davies - CHFT
Rory Deighton – Healthwatch Kirklees
Dr Phil Foster – NHS 111 Clinical Director Urgent Care
Brian Hughes – NHS England Locality Director, West Yorkshire
David Hughes – GP Member Greater Huddersfield CCG
Colin McIlwain – Interim Director West Yorkshire Urgent and
Emergency Care Network
Carol McKenna – Greater Huddersfield CCG
Jen Mulcahy – Calderdale CCG & Greater Huddersfield CCG
Steve Ollerton – Greater Huddersfield CCG
Julie O’Riordan - CHFT
Victoria Pickles - CHFT
Catherine Riley – CHFT
Andy Simpson – Yorkshire Ambulance Service
Professor Chris Welsh – Chair Yorkshire & the Humber Clinical
Senate
Janet Youd - CHFT
Richard Dunne – Principal Governance & Democratic
Engagement Officer Kirklees Council
Mike Lodge – Senior Scrutiny Support Officer Calderdale
Council

1 Minutes of previous meeting

RESOLVED – That the minutes of the meeting of the Committee held on 22 February 2016 be approved as a correct record.

2 Interests

No interests were declared.

3 Admission of the Public

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

4 Deputations/Petitions

The Committee received deputations from the following people regarding the Proposals for the provision of Hospital Services in Calderdale and Greater Huddersfield: Helen Kingston, Rosemary Hedges and Cllr Mark Hemingway.

5. Clinical Senate Review of the Future Model of Hospital Services and NHS England Assurance Process.

The Committee welcomed Professor Chris Welsh Chair Yorkshire and the Humber Clinical Senate and Brian Hughes NHS England Locality Director West Yorkshire to the meeting.

Mr Welsh outlined the key areas of responsibility of the Clinical Senate that included details of the Senates membership; the mechanisms that were followed for carrying out reviews; and the guidance for reporting.

Mr Welsh informed the Committee of the timescales for the Senates involvement in the review of the Calderdale and Greater Huddersfield hospital services proposals.

Mr Welsh stated that Senate had recognised the need for change; that it supported the strategic direction that was outlined in the proposals and the Senate felt that the centralisation of some services that delivered care for patients with serious conditions was entirely appropriate.

Mr Welsh informed the Committee that the Senate had identified a number of concerns that included: a lack of detail in the proposals at the review stage; the effectiveness of the required integration of services in primary, hospital and community care; and the development of network services across West Yorkshire

Mr Welsh stated that the Senate was ready to review the detailed proposals if requested although no further requests had yet been received.

Mr Hughes outlined the key areas of responsibility of NHS England West Yorkshire that included its responsibility in an assurance capacity for health service change proposals.

Mr Hughes informed the Committee of the NHS England 4 key tests for service change and outlined its role in the Calderdale and Greater Huddersfield hospital services change programme and the timetable that had been followed in the assurance process.

Mr Hughes explained in detail the work that had been undertaken by NHS England to check and analyse the proposals against the 4 key tests that included taking account of the view of the Yorkshire and the Humber Clinical Senate.

In response to a question from the Committee on whether the Clinical Senate had been asked to comment on the capacity of the community services programme to support the proposals Mr Welsh stated that the Clinical Senate had been invited to look at the specification for community services but not the resources.

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

- The process that would be followed for reviewing the risks that had been identified by the Clinical Senate.
- An overview of the post consultation assurance process.
- The Clinical Senate's support of an extensive public consultation.
- The benefit of having an independent clinical view of the proposals.
- The need to ensure that the integration of the whole system was in a position to support the proposals.
- The importance of primary care in the integrated service.
- The national and local challenge of having the availability of workforce to effectively deliver the changes.
- The importance of taking patients directly to the places that provided the specialist treatment.
- The influence of the NHS 5 year forward view and the Keogh report on urgent and emergency care services on the proposals.
- The role of NHS England post consultation.
- The role of the West Yorkshire Urgent and Emergency Care Network in reviewing the proposals and assessing the impact on the West Yorkshire network.
- The recognition at national level of the challenges that local health service providers faced.
- The work that was being done to develop local and regional Sustainability and Transformation plans.

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. West Yorkshire Urgent and Emergency Care Network

Mr McIlwain informed the Committee of the background to the Network that included its structure; membership; and the reasons why the Network had been established.

Mr McIlwain stated that one of the primary objectives of the Network was to help organisations in West Yorkshire to progress the key actions outlined in the Urgent and Emergency Care Route Map.

Mr McIlwain explained that another key aim of the Network was to ensure that there was a consistency in standards of service and that they complied with national guidance.

Mr McIlwain explained the purpose of a Vanguard and outlined details of the Network's Vanguard programme that included four work streams Primary Care, Hear, See and Treat, Mental Health and Acute Care.

Mr McIlwain informed the Committee of the work that was being undertaken on the Hear, See and Treat work stream which included the integration of the ambulance and 111 services and the Mental Health work stream which included the development of a shared mental health outcomes framework.

Mr McIlwain stated that the Network would also be looking at how the urgent care centres and the emergency centre proposed in the changes to hospital services in Calderdale and Greater Huddersfield aligned with national draft standards and how the services would contribute to the network as a whole.

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

- The importance of the network looking at the West Yorkshire footprint of urgent care centres and emergency care and its longer term sustainability including local workforce challenges.
- The work being undertaken on developing preventative measures to reduce demand on acute hospitals.
- An explanation of how the performances of Trust's were monitored.
- An overview of the role of primary care services in the new model.
- The need to move more resources into primary care services to support the new model and address the needs of the local population.

RESOLVED:

(1) That Colin McIlwain be thanked for attending the meeting

(2) That the Committees supporting officers be authorised to liaise with the West Yorkshire UEC network to obtain any information that had arisen from the discussion.

7. Yorkshire Ambulance Service and NHS 111 Service

Mr Foster informed the Committee that the standardisation of services across the region was important and included a clear pathway for people who wished to receive advice or seek treatment.

Mr Foster explained that the Vanguard workstream that was looking at standardising patients healthcare records across West Yorkshire was an important element of the planned improvements to the NHS 111 service offer and would also help to transform the way that paramedics treated patients.

Mr Foster informed the Committee of the challenges that the Yorkshire Ambulance Service (YAS) faced in retaining advanced paramedics who were an attractive resource for other health providers.

Mr Foster stated that to try and combat this issue all providers across the West Yorkshire footprint had agreed to develop a common workforce plan to ensure that each part of system was sharing the appropriate workforce and not just focusing on the recruitment of employees which would result in resources being moved from one area of the region to another.

Mr Foster outlined the work that was being done to integrate the 999 emergency services and the NHS 111 service as part of the Hear, See and Treat Vanguard workstream.

Mr Foster explained how the NHS 111 service operated which included an explanation of the process that was followed to assess a call and direct the person to the most appropriate place to deal with their need.

Mr Foster outlined details of the clinical advisory service that was also part of the Hear, See and Treat workstream and aimed to ensure that people who used the NHS 111 service could get advice at the right level.

Mr Foster informed the Committee that the development of the NHS 111 service was ongoing and explained that nationally there was a lot of working being done on assessing how the 111 service could integrate with primary care both in hours and out of hours.

Mr Foster explained that NHS 111 also wanted to start measuring the whole patient pathway to assess the effectiveness of the whole system and to measure the time it took from the initial contact to the patient receiving definitive care.

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

- The benefits to having a standardised patient healthcare record that would be developed to provide appropriate and relevant information for the end user.
- The benefits of sharing information that was already available such as the risk assessment registers that were held in GP practices.
- A question on the capacity of NHS 111 to deal with sufficient enough enquiries to reduce the numbers of people going direct to hospital.
- The challenges facing NHS 111 in accommodating the increased demands on the service and the trend for higher volumes of calls to take place during late night and early morning.
- The work that was being done to integrate the various IT systems across the system.
- An explanation of the process that NHS 111 would follow to book appointments at the Urgent Care Centres or GP practices.
- The need for consideration to be given to supporting patients who required transportation to an Urgent Care Centre.
- The desire to ensure that there was a consistency in the services being provided by Urgent Care Centres across the region.
- The work that was being done to establish a NHS 111 service provider network.

RESOLVED:

- (1) That attendees be thanked for attending the meeting.
- (2) That the Committees supporting officers be authorised to liaise with attendees to obtain any information that had arisen from the discussion.

8. Urgent Care; Emergency and Specialist Emergency Care; and Intensive Care Unit

Mr Azeb outlined the current location of services at the two hospital sites that included details of common services that were available at both sites and those services that were specific to each site.

Mr Azeb informed the Committee of the location of services under the new proposals that included a detailed explanation of the proposed urgent care centres and the services they covered.

Mr Azeb informed the Committee of the proposed location of the emergency centre that included details of the staff resources; an explanation of the services that would be available; and details of the new paediatric emergency centre

Mr Azeb stated that the Acre Mill site in Huddersfield would be the location for the new hospital for planned inpatient surgery and outlined details of the facilities that would be available.

Mr Azeb explained that the new proposals were in line with national thinking and the Keogh review on urgent and emergency care services and that the proposals were based on a clinical model that would deliver high quality and safe services for patients.

Mr Azeb outlined the key benefits of the proposed model that included undisturbed planned care and significantly fewer cancellations; a consultant and senior doctor led service; and an improved working environment for employees.

Mr Ollerton explained the process that would be followed in the event that a very sick person presented at the Huddersfield Urgent Care Centre that included the procedure for transferring a patient to the Calderdale based Emergency Care Centre.

In response to a committee question Mark Davies provided a detailed explanation of how the Urgent Care Centre would be staffed and the skills and knowledge of the doctors and nurses.

In response to a committee question the Committee was informed that the exact model for the work force had not yet been fully developed and that the doctors who would be providing the services at the Urgent Care Centres would require wide generalist knowledge.

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

- The improved outcomes for patients having an early intervention by a senior consultant.
- An overview of a similar reconfiguration that had taken place in Northumberland.
- An explanation of the services that would be available at the Urgent Care Centres.
- The need for commissioners and health providers to improve their communication methods to help improve the public's understanding of the proposals.
- An overview of the challenges that the Trust currently faced that included: meeting the required A&E standards; recruitment of doctors; retention of staff; the safe staffing of overnight rotas; and access to senior decision makers.
- An example of how the centralisation of one service had led to a significant improvement in mortality rates and the quality of patient care.
- Details of where evidence that the centralisation of services helped to improve patient outcomes could be found.
- The plans to rotate staff working at the Urgent Care Centres so that they would benefit from ongoing supervision and support from experienced clinicians.

- The standards of competency that staff working in the Urgent Care Centres would be required to follow and the advantages of having dedicated staff working and developing skills in specific disciplines.
- The work that was still to be done on modelling the workforce that would be required to support the proposed configuration of hospital services.
- The benefits that operating an emergency centre at one site would have in reducing reliance on middle grade locum doctors to cover the overnight rotas.
- Clarification on the plans for the Todmorden and Holme Valley Health Centres.
- An overview of the expected numbers of attendances at the Urgent Care Centres and the Emergency Care Centre.
- The need to analyse the impact of the new model for community services on reducing the numbers of people being admitted to hospital.
- An explanation on how centralising the expertise of clinicians would lead to earlier decision making and improve the outcomes and quality of care for patients.
- An overview of the approach that was taken in modelling the bed capacity.
- The impact of winter pressures on the Trust's bed capacity.
- Details of the diagnostic facilities that would be available across the two sites and clarification that the intensive care unit would be expanded and located at the Calderdale site.

RESOLVED:

- (1) That attendees be thanked for attending the meeting.
- (2) That the Committees supporting officers be authorised to liaise with attendees to obtain any information that has arisen from the discus

9. Date of Next Meeting

RESOLVED:

That the date of the next meeting be confirmed as 6 April 2016.