Minutes of the meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee held on Tuesday 19th April 2016

Members:
Councillor M James, Calderdale Council, Joint Chair (In the Chair for this meeting), Councillors H Blagbrough, M Burton and A Wilkinson (all Calderdale Council) and Councillors R Barraclough, A Marchington, E Smaje (Joint Chair) and M Walton (all Kirklees Council)

Officers:
Mike Lodge, Scrutiny Support (Calderdale Council) and Richard Dunne (Kirklees Council)

Clinical Commissioning Group (CCG):
Dr Matt Walsh and Carol McKenna, Chief Officers, Calderdale CCG and Greater Huddersfield CCG), Penny Woodhead and Jen Mulcahy.

CHFT
Catherine Riley

Healthwatch:
Rory Deighton, Director at Healthwatch, Kirklees

Unison:
Natalie Ratcliffe

West Yorkshire Ambulance Service (YAS):
Andy Simpson

Calderdale Council
Councillor Barry Collins, Deputy Leader of Calderdale Council and Cabinet Member for Regeneration and Economic Development
Kate Thompson, Lead for Corporate Projects

Kirklees Council
Councillor Peter MacBride, Kirklees Cabinet Member with responsibility for Regeneration, Transportation and Regional Matters
Richard Hadfield, Head of Strategy and Design

1 Members interests

Cllr Elizabeth Smaje declared an interest as a member of the West Yorkshire Combined Authority Transport Committee

2 Admission of the public

There were no items to be discussed in private

3 Deputations / Petitions

The Chair invited members of the public to make their deputations. There were five deputations in person from members of the public at the meeting:

- Dr Adnan Muhamed
- Paul Coney

- Jenny Shepherd
- David Himelfield
- Rosemary Hedges

The Chair thanked them for their contributions

Items for discussion

4 Future model of Care – Trade Unions

Natalie Ratcliffe (Unison) introduced this item. She thanked the Scrutiny Committee for inviting the unions to make representation. Whilst acknowledging good relations generally with the Trust there is no doubt that there will have to be significant job reduction - in spite of recruitment difficulties in certain specialist areas. The CCG and the Trust say that consultation has taken place but the unions challenge that view. The CCG / Trust have asked staff to participate as public in the consultation process and whilst they may have met with certain groups, front line staff have not been consulted. This is apparent from the union's own survey. Survey results shown that of the 1500 returns 93.5% say that the removal of A&E from Huddersfield is not the safest option. 6.95% agree with the proposal. Scrutiny Committee members can have the full survey details to look at the responses including comments from the staff which include responses such as:

- I have been nursing for 38 years – I am not aware of anyone who agrees with these proposals
- This is too large an area to be dealt with by one A&E
- There will be longer blue light runs
- YAS does not have the capacity to deal with this change
- How will staff get to the new A&E if they don't have their own transport
- Waiting times are already 4-6 hours
- CRH is already at capacity
-

Responses for the proposal included comments:

- Experience in another area of the country (Cornwall) where this system is in place demonstrates that it can work
- This could attract and retain more staff

At the public meeting senior clinicians were challenged. This proposal relies on a home contract model. Locala are very concerned about a performance contract. Recruitment is already difficult. What arrangements are there regarding re-location, job remodelling? What consideration has been given to staff who work on the far side of Kirklees in Holmfirth who do not have their own transport? In summary the CCG have not involved the staff early enough in the process.

Question from a Councillor: With regard to consultation – these statistics are in conflict to what we have been told in earlier meetings. We had been assured that there was wide spread support for the change. The staff do not appear to have been consulted adequately – what has been the process?

CHFT: Staff have been encouraged to get involved as members of the public. They have access via email, there have been staff drop-in sessions and more will be arranged. Management have met with staff teams and all staff have been encouraged to get involved. 1-1 discussions have been carried out with consultants and there have been regular talks

with the staff-side forum. We recognise that the union have said there hasn't been enough consultation and so more questionnaires have been sent out.

Question from a Councillor: Are you still saying that the majority of staff support the proposal

CHFT: We need to review this in the light of the Union survey results

Councillor: It is important that you resolve this difference of views – we need a consultation picture that is clear

Natalie Ratcliffe: We are happy to share the survey results with the Trust. The grass roots staff are not being engaged and many are frightened to say something. This is why we carried out the on-line survey

Question from a Councillor: It concerns us that staff feel they can't speak out. What is the CCG view regarding the survey?

CCG: These are shocking percentages – we weren't aware of this. The clinical model was designed with senior doctors in the trust. Senior clinicians are comfortable with the safety and the design.

Councillor comment: We suggest that the Trust and the Union have further discussions regarding the consultation process for staff. Also, when reviewing the consultation returns there should be data showing how many were from staff. Where can staff return their contribution?

CHFT answer: paper copies are available in the work place and there is a post box for them to use, also a free post address

Question from a Councillor: More information regarding the proposed staffing levels v. the number of staff leaving – how do you intend to get the reduction in posts as described in your case

CHFT: On average, 15% leave the trust annually. By not replacing, turn over will reduce the staffing levels sufficiently so that compulsory redundancy should not be required

Question from a Councillor: However, you already have staff shortages in some areas – how will you balance the numbers overall

CHFT: Within emergency care we have lost 2 consultants and a third is leaving - reasons cited because the 2 site model that we are currently operating is not good enough. We would increase retention if we could give better care. We are doing everything we can to recruit - developing posts to make them more attractive as well as changing work patterns

Question from a Councillor – you say in the document that you will have to reduce staff, yet you have areas that are currently understaffed – how will you balance this?

CHFT: We don't replace like for like when people leave – we recruit for future work force needs and future working practices.

Question from a Councillor – staff relocation issues, change management, retaining staff with relevant skills to go into the new model, staff involvement with the change process – for example moving from acute care to primary care – where are the unions involved in all this?
Natalie Ratcliffe: We should have been involved from the start.

CCG: Workforce development is a key strategy, especially in practice based primary care. We need to invest in the general practices and train staff for them.

Question from a Councillor: how is it made clear that this is a pathway for staff – how will this work across the patch – it is likely to be a lengthy process.

CCG: There is an order to the progress of events – if the new model is taken up after the consultation process then we can start discussions about how we move the services out to the practices. This will be phase two – which will trigger a series of events and start career development over the next 5 years. Once we get the green light we can develop the opportunities – staff can transfer into the community.

Question from a Councillor: Yet the Trust is already beginning to model the workforce?

CHFT: We have already got an established community division in the workforce

Question from a Councillor: There is anecdotal evidence that the model does not relate to the consultation – how have front line staff views been taken into account?

CHFT: Divisional teams have held open forums with regard to the development of the 5 year plan – these have gone to the directorates for peer challenge and up through the structure. Verbal feedback confirms that staff have been involved.

Natalie Ratcliffe: we need more engagement with union officers as well as the staff side reps.

CCG / CHFT: We will add this to the next meeting.

Question from a Councillor: How do you see communication moving forward?

Natalie Ratcliffe: Some change needs to take place. We want to work with the Trust – there are elements that we don't agree with and staff are saying the same. There has definitely been a communication breakdown that needs fixing.

Question from a Councillor: Is it envisaged that the work carried out by the Trust will be largely the same as now or would a significant amount be moved to the private sector?

CCG: Work takes into account people's right to choose. Contracts are in place to support choices. There has been a small steady drift of elective work to the independent sector. NHS care is delivered free at the point of need. The value of work in the independent sector on behalf of the NHS is 5% of the overall spend. There are contractual arrangements in place to take care of this. We want to create a hospital offer that people will choose – to deliver the quality that people want to access.

CHFT: Our ambition is the same. Plans are to keep the community service as local as possible. The new planned care site will be superior to some in the independent sector. Referring GP's offer choice - patients prefer the NHS hospitals where the waiting times are preferable. The planned care facility should be more attractive

CCG: The planned care model will mean fewer cancellations.

Question from a Councillor: We need a better understanding of the staffing numbers in the document. Of the 900 anticipated job losses – how much of this will be in 'back office' functions – labs etc rather than front line? Are you transferring the employment of those who

carry out this kind of work outside the Trust to other organisations or will you improve current practice?

CHFT: Currently half of the posts filled by agency staff. We are also looking at new technology to become more efficient.

Question from a Councillor: Several questions need answers: how will you achieve the reductions - more detail is required. For example, currently your documents show 145,000 patients across both A&E sites planned to rise to 170,000 in 2021 – how does this fit with an overall reduction in staffing. We are having difficulty in understanding seeing how the numbers stack up and how they relate to staffing and locums. Your projected 5 year plan increases patient numbers – how will you support this with reduced staffing? We have no confidence that this looks viable.

CHFT: The Trust agreed to re-confirm the staffing figures.

5 Future Model of Care – Transport Issues

The meeting was attended by Councillor Barry Collins, Deputy Leader of Calderdale Council and Cabinet Member for Regeneration and Economic Development and Councillor Peter MacBride, Kirklees Cabinet Member with responsibility for Regeneration, Transportation and Regional Matters, Kate Thompson, Lead for Corporate Projects, Calderdale and Richard Hadfield, Head of Strategy and Design, Kirklees Council.

Cllr Barry Collins: Proposals to upgrade A629 are in line with the flagship policy to improve road connectivity and become a healthy, active borough – improvements to train and bus services are all linked. The A629 project will take 4-5 years to complete – should have a major effect on reducing congestion, improving air quality – particularly at Bradley Bar, Elland by-pass and Ainley Top. The main problem is route from Huddersfield to Halifax - once complete there will be perceivable gains, especially at Salterhebble Junction. There are improvements planned at the Calder and Hebble Junction to alleviate the situation and improve ambulance access. We are also looking at routes around north Halifax. The scheme is designed to improve connectivity and journey times – it will also give employment growth opportunities.

Cllr Peter MacBride: This was a planned road improvement project – it is not linked with the hospital plans. The main beneficiaries will be those who travel from Huddersfield to Halifax. There will be marginal effects on journey times. The major works are planned to commence in 2021 to be completed by 2025 – there will be an attempt to get the programme advanced but there is no guarantee.

Cllr Barry Collins: Some enabling works will start this summer.

Kate Thompson:

- Phase 1 to start end of July 2016 - enabling works at Salterhebble. Main civils work to start Summer 2018
- Phase 2 – Halifax town centre – 2017-2021
- Further phases - timetable to be agreed
- Final phase – Ainley top - Huddersfield, after 2021. Bringing the project forward will depend on the funding streams

Question from a Councillor: Any comments from West Yorkshire Ambulance Service?

YAS: There is a lot of public concern about the Elland bypass – this is no different to other arterial routes in Leeds or Bradford – there are no problems navigating these roads.

Question from a Councillor: Any comments from bus services?

WYCA: We haven't been consulted about these hospital plans. There will be a varied, disproportionate impact. How we can help depends on the issues – but we don't know what they are. There are a number of options available eg managing the link services between the sites. Funding is a concern – current funding has been reduced by 25% for 2016-2017. Councillors should note that the 503 service is entirely commercial - any increase (or not) in service after the improvements to the A629 will be a commercial decision by the operator. Where there have been similar road improvements on the A65 in Leeds there has been no response by the commercial market to increase the services.

Question from a Councillor: Reduced journey times on the A629 are to be welcomed – but there will be road works for the next 6-7 years which will impact on journey times. Is there an analysis regarding patient outcomes in the medium term when considering this?

CCG: There is no analysis on the impact of the road works – we have only just found out about this – but we welcome the scheme.

Kate Thompson: We have not been consulted by the CCG or CHFT – we are ready to work together.

Question from a Councillor: Bus services change over time. Please confirm whether services to Barnsley from Huddersfield have reduced over time?

WYCA: Since the insolvency of the service provider the services have reduced

Question from a Councillor: The assessment regarding journey times was done in 2014. Is this relevant now? Is it as robust as it could be?

CCG: The report is as it is. We are not aware of any significant changes since the report was completed.

Question from a Councillor: Where is the up to date information – we need up to date information about services, especially evening services.

CCG: We have recognised that travel on public transport could be an issue and we have set up a special consultation / discussion about this – especially how it is likely to affect visitors. We are also looking at planned appointments and the use of choose and book systems.

Question from a Councillor: Choose and book is fine for the initial appointment but follow up appointments are made by the various clinics for outpatients – how will this be managed?

CHFT: We are looking at moving outpatients into localities. Also at how appointments can be negotiated. Outpatients and diagnostics will be at both hospital sites.

Question from a Councillor: Journey times are a real issue – for example for people living in Flockton / South Kirklees / North Calderdale – there will be real difficulties. In HD8 currently the Ambulance Service has the lowest response rates in West Yorkshire – how will this affect them?

YAS: Using modelling, we will need an extra 10,000 hours over the region. We anticipate a reduction of 0.6% in response times.

Question from a Councillor: Who will bear the cost of the 10,000 hours?

CCG: We anticipate discussion about this – the costs have not been quantified.

Question from a Councillor: There are issues about waiting times at the A&E location

YAS: The current turnaround time is 20-30 minutes. With the new model we anticipate this will reduce to less than 15 minutes

Question from a Councillor: What are the differences between the extra hours required across the two sites?

YAS: We estimate overall in the region of 10,000 hours. If the central A&E was at Huddersfield this would be 8,500 – if Halifax around 9,500.

Question from a Councillor: What is the impact of longer journey times on clinical outcomes? Is there any assessment of the possibility of improved outcomes of going to one better centre against the possible increase in journey time to get to it?

YAS: There is evidence in other areas that by centralising acute surgery there were improvements. There have been changes to the children's services - all go direct to Calderdale now – not aware that more children have come to harm. We know that taking a major trauma to a centre of excellence gives a better outcome and far outweighs the additional risk that would be caused by extra journey time.

Question from a Councillor: There must be a point where the risk is reached?

CCG: There is a consensus that 45 minutes is the optimum time. Response time to the emergency is important – to get the paramedics there first. No doubt there is a tipping point. Re-configuration has worked in other clinical areas. First responders getting to the scene and beginning treatment started is fundamental.

Question from a Councillor: What about the 'golden hour'?

CCG: Treatment should be started within the golden hour, which would be at the scene.

Question from a Councillor: Most traffic has to go through Ainley Top – what impact will this have on extra journey time?

Kate Thompson: Current modelling has been around the current traffic flows. We need to design this change into the scheme. We are also talking to Highways England about an additional 24a junction on the M62 which could take traffic away.

Question from a Councillor: What is the significance of the 45 minute journey time?

CHFT: anything over that would be considered very significant.

Question from a Councillor: Has the YAS modelling considered the 'golden hour', getting treatment started, journey, handover time to hospital staff, turnaround time and readiness for the next call, end location of the ambulance which could be Huddersfield / Calderdale / Pinderfields – how have you modelled the back fill required in order that you can continue to meet response time?
YAS: All of the above have been used to come to the 10,000 hours figure. We have actively modelled activity and we believe 10,000 hours will fill the gap.

Question from a Councillor: Rapid response teams often get there first – how many extra will you need?

YAS: The job cycle has increased – not the activity. Rapid response stay in the area after a call out – there will be no impact on those resources.

Question from a Councillor: Will you expect to use more St. John's ambulances or will you be able to reduce dependency on these?

YAS: We currently use St John's ambulances and private sources. The plan is to increase YAS resources and staffing and move away from these providers.

Question from a Councillor: If one centre has to go on divert – where will you go and will they be able to cope?

YAS: In the last 6 years there has not been a divert – and this centralised system will be more efficient so even less chance of a divert. It would be a very last resort – but there are plans in place should this happen.

Question from a Councillor: Have you discussed capacity requirements that you will need at CRH?

YAS: Yes we know what is needed and have been in discussions about this.

CCG: Further discussion will take place about the location of ambulances after they leave the site.

Question from a Councillor: Are plans in place in case of a major emergency from Syngenta (or similar engineering site) or the like?

CCG: When we know what we are going to deliver we will develop emergency plans. We need to deliver resilience and a better service – we have to improve emergency services. We have plans to improve care at home and in the community and so reduce the need to transport to hospital.

Councillor: We need these figures again – they don't match the aspiration to providing local care.

CCG / YAS: The figures reflect what we are doing now.

CCG: We had discussions with Sygenta - they have their own emergency response teams.

Question from a Councillor: What account has been taken over future planning – where the houses / industry is likely to be?

CCG: We are open to suggestion as to how we engage with local authority planning in the future.

Question from a Councillor: When do you intend to establish your travel / transport group?

CCG: We are looking at this, but don't want to set up anything before the decision is made

Question from a Councillor: Have any timings been calculated for blue light runs?

YAS: Not as such – the modelling takes this into account.

Cllr Collins: When the proposals were first made we set up a People's Health Commission. We spoke to YAS, pharmacists, GP's, hospitals and unions. We took the position that we wanted to see a proper balance between both hospitals. Important to consider what's best for the people of Kirklees and Calderdale. Given the background created by current government and the strength of public feeling we need to find the best solution

Councillor: The Jacob's report (journey time report) needs updating.

Rory Deighton (Healthwatch): Journey times are of a concern. We also need more explanation about proposals around treatment closer to home.

Future Model of Care - Patient Flow

CCG: We are working on data around the impact on neighbouring trusts – we have shared information and will continue to work with them

Question from a Councillor: We want to see this – also the other details asked for – flow of people between Barnsley Trust and Kirklees – and the impact on other routes. Are you talking to all neighbouring trusts?

*CCG: W*e will have completed the data collection by June.

Future Model of Care - Estate:

Question from a Councillor: With reference to the PFI and the proposed changes to the CRH site – what is the risk if the PFI provider will not agree? What are the risks of not getting planning permission to build the required extensions?

Question from a Councillor: Who owns the Acre Mill site in Huddersfield? How will you deal with the backlog of work at HRI – how will you finance this going forward?

CHFT: The site at Acre Mill is owned by a joint venture company. We did not have the condition survey from HRI before we started the report. The major issue is one of capacity of existing services (electrical / gas / water) – they are all at full capacity - any extension would mean a new sub-station.

Update regarding the consultation process

CCG: So far carried out 440 hours of consultation time and information events. 356 people have attended the information events. 2 public meetings, continuing surveys – still receiving them. Returns are low considering the size of the population.

The public meetings are only one method. The information sessions have been well populated with specialists who have helped people to understand the rationale behind the proposals.

Member of the public question to the Joint Committee: Please could we have access to the reports you are working from – can these come into the public domain? The Chair noted this request.

Chair – noted

The meeting closed at 6.45pm