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CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Tuesday 14 June 2016

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

In attendance:
Karen Barnett - Calderdale & Huddersfield NHS Foundation Trust (CHFT)
Jim Barwick – Locala Community Partnerships
Anna Basford – (CHFT)
Alan Brook – Calderdale CCG
Paul Butcher – Calderdale Council
Dr Geetha Chandrasekaran – Calderdale Local Medical Committee (LMC)
Rory Deighton – Healthwatch Kirklees
Vicky Dutchburn – Greater Huddersfield CCG
Robert Flack – Locala Community Partnerships
Dr Jayne Ford – Calderdale General Practioner
Debbie Graham – Calderdale CCG
Dr Richard Jenkinson – Kirklees LMC
Dr Bert Jindal – Kirklees LMC
Bev Maybury – Calderdale Council
Carol McKenna – Greater Huddersfield CCG
Dr Seema Nagpaul – Calderdale LMC
Dr Rob Moisey – CHFT
Jen Mulcahy – Calderdale CCG & Greater Huddersfield CCG
Steve Ollerton – Greater Huddersfield CCG
Richard Parry – Kirklees Council
Jackie Ramsey – Locala Community Partnerships
Matt Walsh - Calderdale CCG
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 meetings of the Committee held on 22 March 2016, 6 April 2016 and 19 April 2016 be approved as a correct record.

2 Interests

Cllr Pearson declared an 'other interest' on the grounds that he was a director of CJP Outreach Services Ltd which had a Contract with Calderdale Council for the provision of Leaning Disability and Physical Disability Services.

3 Admission of the Public

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

4 Deputations/Petitions

The Committee received deputations from the following people regarding the Proposals for the provision of Hospital Services in Calderdale and Greater Huddersfield: Murray Seccombe on behalf of the Upper Calderdale Valley Renaissance Sustainable Transport Group and Jenny Shepherd.

5. Care Closer to Home.

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

Ms Graham provided an overview of the report that had been submitted to the Committee and outlined details of phase one of the Calderdale CCG Care Closer to Home (CC2H) programme that included details of the Calderdale Vanguard.

Ms Graham informed the Committee of the position of phase two of the CC2H programme and highlighted the importance of all health and social care partners working together in implementing and delivering the programme.

Ms Dutchburn provided an overview of the report that had been submitted to the Committee and outlined details of the CC2H programme for Greater Huddersfield CCG which was being implemented by the lead provider Locala Community Partnerships.

Ms Dutchburn informed the Committee of the procurement process that had been followed and explained that the CC2H programme had been commissioned jointly by Greater Huddersfield CCG and North Kirklees CCG and covered the whole of Kirklees.

In response to a committee question seeking clarification on the current status of the Community Health Services that had been listed in the Consultation Document the Committee was informed that the services listed were currently being delivered in a hospital setting and were being consulted on as part of the proposal to move them into a community setting under phase two of the CC2H programme.

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

- An overview of the strengths and weaknesses that had been learnt from the strengthening of the services in phase one of the CC2H programmes.
- Examples of services from phase one that had provided an improvement in quality and a reduction in costs.
- A question to the CCG's on how could the Committee have confidence that the CC2H programme would be able to reduce the demands on hospital services when there was still work to be done in developing a service model in Calderdale.
- The aim of the CC2H programme to put more resources and people into the delivery of care outside of the hospital setting and not to expect an increased reliance on general practice.
- The increased role of NHS 111 in the proposals.
- Clarification that no formal consultation had taken place with West Yorkshire Community Pharmacy and confirmation that the main commissioner of community pharmacy was NHS England.
- The role of community pharmacy in the primary care workstream of the West Yorkshire Vanguard programme.
- The impact of the reduction in funding on the Calderdale Vanguard programme.
- A concern over the perceived lack of progress in delivering more care at or closer to home.
- An offer to provide more information to the Committee on the metrics that were being used to measure the outcomes of the CC2H programme in Kirklees.
- A request to provide the Committee with clarification on the data in the Committee report that detailed the numbers of emergency admissions in England and Calderdale.
- A question on how CCG's were going to model the capacity of CC2H to deliver reductions in the demand for hospital services.
- An explanation of the methodology used by the CCGs in Kirklees in modelling the capacity to support services that would move from the hospital into a community setting under phase two of the CC2H programme.

Ms Basford informed the Committee that the modelling that had been used to calculate the number of medical beds required by the Trust had taken into account the development of services out of hospital and the ability for the Trust to provide some of the services and treatments that would normally require an admission to hospital in a community setting.

Ms Basford explained that the modelling on the bed numbers had also assumed a greater efficiency in managing the occupancy of beds by reducing the length of time that people spent in hospital.

Ms Basford stated that the modelling on the reduced numbers of admissions into hospital had been based on nationally benchmarked information which had taken account of the proportion of admissions that had been classed as ambulatory care conditions.

Ms Basford explained that ambulatory care included a range of conditions such as respiratory and taking account of the numbers of people with these conditions in Calderdale and Kirklees there was an opportunity to reduce the admissions to hospital by supporting people with these conditions in a more effective way in their own home.

In response to a committee question on how the CCGs would ensure there was capacity in community services to manage the reductions in hospital admissions the Committee was informed that the CCGs would provide clarity through the CC2H specifications on the capacity that would be required in the new community service models.

In response to a committee question on the timeline for developing the specification covering capacity the Committee was informed that the CCGs would need to go through a process that would enable them to reach a procurement decision later in the year.

Ms McKenna informed the Committee that the decision regarding the procurement of phase two of the community services would, subject to the outcome of the consultation, be taken at a later point in time to decide who would be the most appropriate organisation to provide those services.

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. Primary Care Services

Mr Brook informed the Committee that the two CCGs were at slightly different points in the development of their Primary Care Strategies although there had been a lot of shared direction in the strategies.

Mr Brook stated that Calderdale CCG had taken on full delegation of responsibility for co-commissioning primary care at the earliest opportunity and had recognised the importance of general practice in its Care Closer to Home Strategy.

Mr Brook explained that the Calderdale CCG Primary Care Strategy was still under development but had identified that access to a General Practioner (GP) was a high priority.

Mr Brook stated that there was a recruitment crisis in general practice and it was felt that the recruitment and retention of GP’s in Calderdale would

be helped if GP's felt that they were part of a better functioning integrated healthcare system.

Mr Brook informed the Committee of the potential role of GP trained doctors in the Urgent Care Centres and explained that the centres would provide an opportunity for portfolio career doctors who wished to carry out a number of roles.

Mr Ollerton stated that a key element in the Greater Huddersfield Primary Care Strategy was the workforce work stream which recognised that in the future there was likely to be fewer GPs working in primary care.

Mr Ollerton informed the Committee that the Strategy was aimed at addressing the issue of fewer GP's and there was an expectation that there would more allied health professionals working in primary care such a nurses coming from secondary care, pharmacists and health care assistants.

In response to a committee question on how the Greater Huddersfield aim of providing greater access to clinical advice through general practice would work in practice the Committee was informed that the strategy would aim to provide a more consistent offer from practices and if people couldn't get timely access to a GP the CCGs would commission an alternative service that could provide appropriate clinical advice.

Dr Jenkinson informed the Committee that Kirklees Local Medical Committee (LMC) did accept the need for change in the hospital configuration although the Kirklees LMC had not had any direct input into the design of the new service model.

Dr Nagpaul informed the Committee that Calderdale LMC also accepted the need for change and although the Calderdale LMC hadn't been consulted on the options the LMC felt that there was a need to proceed with the process to avoid the risk of losing more hospital services in the local area.

In response to a Committee question on the approach that would be taken to recruiting workers that had the skills to deliver the new ways of working the Committee was informed that the various providers would potentially be looking to recruit staff from the same pool of workers although it was felt that there were sufficient enough resources for everyone.

The Committee was informed that the CCG's recognised that there wouldn't be enough allied health professionals to keep up with the increased demand in services and therefore more emphasise would be put on empowering patients to look after themselves with support from the voluntary sector, carers and the greater use of IT.

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

- An overview of the outcomes of the development of a new integrated workforce in Calderdale which had helped to reduce admissions to hospital and GP call outs to nursing homes.
- An explanation of the vision of the future workforce in health that would provide greater opportunity to workers for career progression and provide a more attractive employment proposition.
- An overview of the work that was being done with the community nursing workforce in Calderdale that included looking at what complimentary skills existed in the community work force to ensure that the workforce and care pathways were working more effectively.
- Confirmation from Kirklees LMC that it had been involved in the development of the Primary Care Strategy.

Dr Jindal informed the Committee that Kirklees LMC was sceptical about the proposals for a number of reasons that included: a concern regarding the accuracy of the financial and demand modelling; the high level of capital that would be required from treasury; the impact on other services and the hidden costs of transformation; the capacity of urgent care and emergency services to meet demand; the capacity of the Yorkshire Ambulance Service; the impact on neighbouring towns; the poor access and parking facilities at Calderdale Royal Hospital; the ability to secure the services of appropriately trained clinicians; the impact of the significantly reduced numbers of hospital beds on the whole system.

Dr Nagpaul informed the Committee that Calderdale LMC shared the same concerns as Kirklees LMC and explained that the LMC also saw the proposals as an opportunity to deal with the concerns although it would require all health partners to work together to build a more attractive local health economy.

Dr Jindal stated that the improvement in information technology services could help improve patient access to primary care and emergency and urgent care services and explained that although there would be an opportunity to give NHS 111 access to GP appointments it would need to be limited to ensure that the additional volumes did not destabilise practices.

Dr Jindal informed the Committee that the proposed changes to community services would have a significant impact on the services in the Care Closer to Home Programme and would require re-engineering in order to meet the anticipated demand.

Dr Nagpaul stated that Calderdale LMC felt that more clarity was required on the strategy for community services and how the Care Closer to Home Programme would work in Calderdale.

Ms McKenna outlined the roles and structures of the CCG and the LMC and provided the Committee with an overview of the work that Greater Huddersfield CCG had done with its member practices to involve them and keep them informed of the proposals as they developed.

Mr Ollerton informed the Committee that the LMC's had not been involved in the design of the proposals although the eight GP's that were on the Greater Huddersfield CCG Governing Body and those GP's on the Calderdale CCG Governing Body were all involved in the design.

Dr Jindal informed the Committee of the role of the LMC which had a statutory function and explained in detail the work of the LMC in helping to shape and influence the Departments of Health's policies.

Dr Jindal stated that Kirklees LMC did have a close relationship with Greater Huddersfield CCG and met with the CCG every month. Dr Jindal explained that the LMC had discussed aspects of the Primary Care Strategy although on the specific issue of reconfiguration the LMC had not been involved in the decision making or given any choices regarding the proposals.

Mr Brook informed the Committee that Calderdale CCG was in a similar position to Greater Huddersfield CCG in its involvement with Calderdale LMC and explained the role of GP's as providers and commissioners.

In response to a Committee question Dr Jindal stated that Kirklees LMC would have liked to have had the opportunity to have been included in making the decision on the proposals and that there was a feeling amongst the membership of the LMC that it would have been helpful to have had input during the early discussions on reconfiguration.

Dr Nagpaul informed the Committee that those members of the LMC who sat on the Calderdale CCG Governing Body did provide some feedback to the LMC and confirmed that the Calderdale LMC would also have welcomed an opportunity to have had early input into the discussions on reconfiguration.

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

- A question on the role of walk in centres in Calderdale in reducing demand in emergency admissions and other hospital services.
- An explanation on the services provided by the walk in centres and there role in the wider community services offer.
- An overview of the work that had taken place in developing the urgent care centres; the potential for urgent care centres to attract newly trained GP's as a place to work; and the further work that was required to fully develop a future workforce model.
- The work that was undertaken in modelling the urgent care centres and an explanation on the assumptions that were used to calculate the provision of staff that would be required for the centres.
- An explanation on how the new model of care could be an attractive working environment for the next generation of GP's.

- The challenge of dealing with an ageing health GP work force and the strategies that were being developed to try and retain the services of GP's who were nearing retirement.
- The importance of ensuring that the plan to deal with the challenges facing primary care that had been outlined in the recently published General Practice Forward View was backed by the required investment and implemented.
- The challenges facing CHFT in staff retention due to the challenge of having to work across two hospital sites and the work that was currently being done to attract, retain and support staff.

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.

7. Adult Social Care and Public Health

Mr Parry informed the Committee of the role of Public Health in helping to support people to self-manage their own care which would contribute to managing the demand on the subsequent health care services including those in a hospital setting.

Mr Parry stated that from a social care perspective an important element was the work that the Council was doing alongside Locala; the broader primary care approach; and the development of holistic community based teams that enabled people to be as independent as possible.

Mr Parry explained that it was important to have robust processes in place to deal with hospital discharges and even more important from a public perspective to focus on avoiding admissions to hospital in the first instance.

Mr Parry stated that where hospital admission was unavoidable it was important that there was a seamless delivery of health and social care and there was a clear plan to provide a holistic package of care that would support the person when they went home.

Mr Parry informed the Committee that there was also a need to plan for the reconfiguration of services and to understand how social care would interact with a split site model which would mean for Kirklees more staff working on the Calderdale site.

Mr Parry stated that the split site model could be managed and Kirklees already supported a similar model for the Mid Yorkshire Hospitals Trust although Kirklees would still need to work through the practical operational implications.

Ms Maybury informed the Committee that Calderdale agreed with Kirklees regarding the implications for social care and explained that social care would need to support the wider health care system by preventing people going to hospital and by helping to accelerate their discharge home.

Ms Maybury stated that it was recognised that people who spent long periods of time in hospital deteriorated quickly so the cost to the person needed to be paramount in the process.

Ms Maybury informed the Committee that it was very important to provide the support people needed to go home to either recover or ultimately to end their lives at home and the system therefore needed to as effective as it could be.

Ms Maybury stated that the care and support that people received needed to be as seamless as is possible and be delivered in a sensitive and effective manner.

Ms Maybury informed the Committee that there needed to be a lot of attention focused on developing the home care market. Ms Maybury explained that Calderdale had an integrated team that looked at reablement services which had highlighted a number of lessons that included the need to get people home by providing a greater supply of home care support before they benefited from the input of reablement services.

Ms Maybury stated the issue of where the hospital services were located would not present Calderdale with a significant challenge and the Council was used to working across the two sites and would continue to do so.

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

- A concern over the difficulties facing the care home sector and the impact of care home closures.
- The additional resources allocated by Calderdale to develop extra care facilities.
- The need for local authorities to work with the market to deal with particular problems in areas such as specialist nursing provision for people with dementia.
- The duty of the local authority under the Care Act to develop the market, manage failure and ensure that there was a diverse and sustainable supply of resources.
- The desire of the vast majority of providers in the social care market to work with the local authority to improve the services they delivered.

Mr Butcher informed the Committee that the impact of hospital reconfiguration on health outcomes was be expected to be very small as

academic research indicated that health services only contributed between 10% - 20% of health outcomes in the population.

Mr Butcher outlined a number of public health initiatives that could take demand out of the system that included work that had been done to reduce the numbers of heart attacks.

Mr Butcher informed the Committee on how the hospital reconfiguration proposals aligned with the priorities identified in the Calderdale Joint Strategic Needs Assessment (JSNA) and explained that there had been a real focus on how to support chronic disease management which was where most of the need was in the local system.

In response to a Committee question Mr Butcher provided an explanation on how the whole system could work together to improve outcomes and highlighted the work that was being done to tackle social isolation as an example of how the system could work together in an effective manner and generate a real benefit in the longer term.

Mr Brook explained that the GP contract included a number of public health measures that included areas such as the immunisations programme and GP's recognised the important role they played and were active participants in public health.

Mr Parry informed the Committee that the Sustainability and Transformation Plans (STP's) that were being developed contained a significant prevention element both at a local level and a West Yorkshire level.

Mr Parry explained that it was hoped that the STP's would start to co-ordinate interventions across the system that in the longer term would help to reduce demand in hospitals.

Mr Parry stated that from a Kirklees perspective that there was work being developed around the wellness service that public health was re-procuring in conjunction with CCG's.

Mr Parry provided an overview of the areas that the wellness service covered and explained that the service would be developed into a holistic model.

In response to a question Mr Parry informed the Committee that the majority of Kirklees social care activity currently took place at the Huddersfield site.
Mr Parry explained that it was likely that people who received the complex non elective activity at the Calderdale site were the most likely to require a social care need intervention and the authority would need to assess the volume of demand coming from each site before deciding on how to structure its operations.

In response to a question Mr Parry informed the Committee that the overall level of activity across both sites was unlikely to significantly change. Mr Parry explained that the authority was used to supporting services that cut across two sites and the authority would have to work closely with Locala and CHFT to understand the impact on the flow of patients and the resources that would be required to match the demand.

Ms McKenna informed the Committee that a formal submission date for the West Yorkshire STP had not yet be confirmed by NHS England. Ms McKenna provide the Committee with an overview of the work that was taking place in developing the STP that identified a number of priorities in West Yorkshire that included urgent and emergency care.

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. Calderdale and Kirklees Joint Health Scrutiny Committee Project Plan

Ms Mulcahy informed the Committee that the public consultation would finish on the 21 June 2016 and the CCG's expected to get the draft report of emerging findings 2 weeks after the consultation period had finished.

Ms Mulcahy stated that the CCG's currently didn't have a date for the completion of the final consultation report which would be dependent on the volume of responses that had been received.

Cllr Smaje requested that officers' supporting the Committee meet with the CCG's to discuss the timelines going forward so that the Committee could receive a clearer picture of the post consultation time frame.

Cllr Smaje confirmed that the Committee would proceed with drop in sessions to receive public comments and views and the dates for the sessions would be advertised.

RESOLVED:
(1) That the next meeting be arranged to receive the outcomes of the public consultation at a date to be confirmed

(2) That the Committee agree to publicise dates for 2 public drop-in-sessions