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## **CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE**

**Wednesday 7 September 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: Anna Basford – Calderdale and Huddersfield NHS Foundation Trust (CHFT)  
David Birkenhead - CHFT  
Dr Alan Brook – Calderdale CCG  
Juliette Cosgrove - CHFT  
Rory Deighton – Healthwatch Kirklees  
Vicky Dutchburn – Greater Huddersfield CCG  
Carol McKenna – Greater Huddersfield CCG  
Steve Ollerton – Greater Huddersfield CCG  
Marijke Richards - CHFT  
Catherine Riley – CHFT  
Dave Rowson - Midlands and Lancashire Commissioning Support Unit  
Lindsay Rudge - CHFT  
Matt Walsh - Calderdale CCG  
Penny Woodhead - Greater Huddersfield CCG  
Richard Dunne – Principal Governance & Democratic Engagement Officer Kirklees Council  
Mike Lodge – Senior Scrutiny Support Officer Calderdale Council

### **1 Minutes of previous meeting**

The Committee was informed of the following correction to the minutes of the meeting held on 14 June 2016:- That the references made to Mr Brook and Mr Ollerton should be amended to reflect their positions as Doctors

**RESOLVED** – That the minutes of the meetings of the Committee held on 14 June 2016 be approved as a correct record, subject to the agreed amendment.

### **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 Learning 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: Jenny Shepherd, Cristina George (Hands off HRI Campaign Group), Christine Hyde and Jane Rendall (38 degrees)

**5. Independent Report of Findings - Right Care, Right Time, Right Place and Healthwatch Kirklees Consultation Findings.**

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

Mr Dave Rowson from the Midlands and Lancashire Commissioning Support Unit (MLCSU) provided an overview of the approach that MLCSU had taken in producing the report of findings.

Mr Rowson explained that the MLCSU had analysed the responses that had been received through the survey and feedback that had been provided from the public meetings, stakeholder meetings and from a comprehensive enquiry log set up by the CCG's.

The Committee heard that having looked at the evidence that the MLCSU had reviewed it had concluded that the consultation process had been extensive and there had been some real creative attempts to engage with all sections of the community.

Mr Rowson explained the approach and methodology that had been used to analyse the consultation responses and the process that had been followed to identify themes from the feedback.

Mr Rowson informed the Committee of the main findings from the consultation and provided a detailed explanation of the six key areas of focus that had emerged from all of the evidence that had been reviewed.

Mr Deighton informed the Committee of the Healthwatch Trustee Boards directive regarding Healthwatch Kirklees' role throughout the formal consultation process which included remaining completely independent of the process.

Mr Deighton explained the approach that Healthwatch had taken to engaging and consulting with local people which included focusing discussions on two simple open questions.

Mr Deighton stated that the Healthwatch sample size was a lot smaller than the CCG's formal consultation and had received over 800 survey responses from both outreach sessions and via social media.

Mr Deighton explained that the themes from the Healthwatch work were similar to those that had been highlighted from the main consultation and outlined some of the consistent themes that had emerged.

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

- A question on whether any strongly positive or strongly negative correlations had emerged from analyse of the consultation and whether any weighting had been applied to the six key areas of focus.
- Clarification that a further more extensive report had been produced to assess the equality and health inequality impact of the proposals.
- The MLCSU view on the relatively low response rates from Calderdale residents when compared to Kirklees.
- The high levels of response rates when compared to the normal expected levels for this type of consultation exercise.
- A concern that the consultation had not sufficiently communicated the implications of the changes to all residents in Kirklees and Calderdale.
- An explanation of the importance of all of the various reports that had been commissioned by the CCG's to help inform their decision making process.
- A question regarding the quality of engagement with young people.
- An overview of the work that had been carried out by CCG's to try and engage with children and young people.
- The CCG's plans to wait until the end of the process before objectively reflecting on the lessons learned from the consultation and its plans to share the outcomes of the exercise with other systems.
- Healthwatch's view that the consultation findings report was a balanced and thorough document.
- The need to looking at ways to further improve how organisations communicated with local people and create a platform that would encourage open , honest and constructive conversations.
- A query that the consultation findings did not appear to have captured details of the response rates by post code area.
- Confirmation that the post code analysis had been done and would be circulated to members of the Committee.
- A question seeking clarification on the inference from the MLCSU that people hadn't fully understood the proposals.
- The view of MLCSU that some respondents weren't able to fully understand or picture how the new models of care would work.
- The view of Healthwatch that many of the discussions with people had been dominated by the location of the Emergency and Urgent Care Centres.
- Disappointment from the CCG's that many of the discussions that had taken place during the Consultation period had focused on the A&E

issue and not on the wider implications of the proposals such as planned care.

- A concern that the proposals didn't have sufficient enough information and lacked clarity in many areas.

Ms McKenna informed the Committee that there was a balance between providing the detailed information that people had requested and the need to present details of the proposals in plain and simple language.

Ms McKenna stated that the CCG's had also been asked to provide information on areas of the proposals where it was too early to provide a detailed response because no decision had yet been taken.

Dr Ollerton informed the Committee that nationally few people understood the models of emergency and urgent care and explained that as these models of care developed further work would be required to provide clarity on the new pathways of care.

In response to a question on the gap between the response rates from some ethnic groups and their local demographic profile Mr Rowson explained that the CCGs had gone to great lengths to engage with all sectors of the community.

Mr Rowson stated that the imbalances between the response rates and the demographic profiles of certain groups often occurred during consultation and the CCG's had undertaken good creative attempts to reach out to those communities.

In response to a question on a comment from a respondent in the consultation report that both hospitals had at sometime closed their doors to patients due to lack of beds Ms Basford stated that this was incorrect and the Trust would not prevent people from accessing to its services.

Cllr Smaje highlighted the key themes that had emerged from the submissions to the Committee and thanked members of the public who had attended the drop in sessions and had taken time to submit their views including the written and verbal presentations received at the meetings.

**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. Additional Information

In response to a question on whether the development of the Sustainability and Transformation Plans (STPs) would have an impact on the proposals Ms McKenna stated that the development of the local STP's fed into the West Yorkshire plans.

Ms McKenna explained that the proposals being developed were articulated and described through the STP process and the Governance arrangements for the proposals remained with the CCG's.

Mr Walsh informed the Committee that throughout the process the CCG's had been discussing at a West Yorkshire level the need for sustainability and transformation.

Mr Walsh explained that the local STP plans had primacy and the West Yorkshire view was to address the challenges facing the health care system, discussions on transformation would need to be undertaken locally.

Mr Walsh informed the Committee that the STP's would provide greater clarity on the scale of the challenge that needed to be addressed collectively across West Yorkshire.

In response to a question on what implications the West Yorkshire financial gap would have on the proposals Dr Brook stated that the CCG's regarded the proposed changes to be essentially the local STP and that the rest of the region would have to consult on further changes that would be required elsewhere.

Mr Brook explained that the local proposals were being looked at by health economies across the country so they could learn from the process and the consultation of these proposals were one of the first large STP compliant proposals to have taken place.

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

- The usefulness of undertaking an analysis of the proposals in order to establish the impact on absolute travel times.
- An explanation of the reasons for the national focus on performance of ambulance response times.
- A concern that the CCG's hadn't considered undertaking some scenario planning on travel times by using internet journey planners to work out travel times for patients using public transport.
- An explanation of the plans for outpatient services.
- A concern that the travel analysis commissioned by the Trust was two years out of date.
- A commitment that a travel group would be formed and supported should the proposals be taken forward.

- A discussion on whether there was a need to consider amending the commissioning arrangements with the ambulance service to include monitoring ambulance conveyance times.
- The underperformance of ambulance response times in the rural areas of Kirklees and concern that the proposals would create further challenges in achieving the required response time.
- An overview of the Trust's black breaches.
- An explanation of the benefits of having staff covering one emergency care centre site.
- A question on how in light of the issues highlighted by the CQC inspection on maternity services the Trust could be confident that the proposed changes would resolve the work force challenges.
- An overview of the midwifery staffing arrangements.
- The actions developed by the Trust in response to the issues in the obstetric led maternity service highlighted by the CQC inspection.

Ms Basford informed the Committee that there were a number of findings in the CQC inspection report which directly reflected the Trust's clinical case for change.

Dr Ollerton informed the Committee that most outpatient appointments would continue to be available at both hospital sites although in certain cases it could still require additional travelling for patients that required an urgent appointment.

In response to a Committee question on complaints Ms Woodhead stated that the Trust would be able to provide the Committee with a breakdown of the complaints by clinical division.

Ms McKenna informed the Committee that the proposals for the new clinical model had not been imposed by Monitor but had been designed by clinicians across the two CCG's and the Trust and designed to work on either hospital site.

Ms McKenna stated that the two CCG's had also liaised with North Kirklees CCG about the proposals to identify where any further work was required to manage any issues that may arise from the changes.

Ms McKenna explained that the new design for services was about getting the best services for local residents which included the provision of specialist services outside of the local area such as those provided at Leeds Hospital.

In response to a Committee question on how the Trust ensured that children received appropriate care Mr Birkenhead informed the Committee that most sick young children were transferred directly to Calderdale Royal Hospital.

Dr Brook stated that acutely ill children would be taken to the best facility to deal with their illness which in some cases could be significantly outside the local area.

**RESOLVED:**

(1) That 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. Date of Next Meeting**

**RESOLVED:**

That the date of the next meeting be confirmed as 30 September 2016.