

Calderdale and Kirklees Joint Health Scrutiny Committee, 30th September, 2016

PRESENT: Councillor Greenwood (Chair),(Calderdale Council) and Councillors Marchington (Kirklees Council), Councillor Pattison (Kirklees Council), Councillor Pearson (Calderdale Council), Councillor Scullion (Calderdale Council), Councillor Smaje (Kirklees Council), Councillor Stewart-Turner (Kirklees Council) and Councillor Wilkinson (Calderdale Council).

Public and/or Press present: 14

Meeting commenced: 1030

Meeting concluded: 1140

1. MEMBERS INTERESTS

Councillor Pearson declared a personal interest as the organisation he owns and is director of contracts with CMBC in relation to adult social care provision for individuals with learning and/or physical disabilities’;

2. DEPUTATIONS / PETITIONS

Councillor Greenwood (Chair) informed all present at the meeting that the Joint Health Scrutiny Committee (JHSC) would receive any petitions and hear any deputations from members of the public. Three persons attending the meeting indicated they had deputations to make:-

- Jenny Shepherd –deputation
- Terry Hallworth - deputation
- Mike Foster, hands off HRI group – deputation

(a) Deputation – Jenny Shepherd. Jenny Shepherd’s deputation focused on various aspects of the JHSC response, adding it failed to scrutinise the STP. Reference was also made to the Health and Social Care Act 2012 and she commented that the NHS privatisation agenda had been ignored. Urgent and emergency care did not follow guidance of Royal College of Medicine. She also mentioned the public health agenda and the impact of austerity and economic and social policies, citing the example of levels of obesity. She also commented on the Commissioning Support Unit (CSU) review and some key areas she felt had been omitted during the consultation.

(b) Deputation - Terry Hallworth – Terry Hallworth’s deputation focused on omissions from what the public had actually said. He made reference to the Clinical Commissioning Group (CCG) and referenced they did not write down and publish the public’s views at the Question and Answer sessions. He also referred to the CK 999 questions and again said they had not been included. He added that the CSU had acknowledged in its correspondence that the public did not understand what he public were being asked about and what was being asked of them?

(c) Deputation – Mike Foster – Mike Foster’s, Hands of HRI campaign group’s deputation made reference to the deputation he had made to the JHSC at its previous meeting in Huddersfield. He added that for members of both local authorities serving on the JHOSC this would be the most serious decision you would have to make as elected members for a long time. He added there was huge opposition to the CCG’s proposals and that decisions were being proposed based on finances rather than health outcomes. This was about the CCG rationalising. He added that having read the recommendations in the report, his group’s views were that the current proposals would not improve the health outcomes of residents of Calderdale or Kirklees. He also referred to the debt attached to the Royal Calderdale Hospital through the Private Finance Initiative (PFI) and had concerns of further debts likely to be incurred by centralising A&E services at Calderdale. He added that there was no evidence that community care would improve outcomes for local people. He also commented on the role of General Practitioners (GPs); the need for road and infrastructure improvements; and maternity services. He added that the group felt that the JHSC already had grounds to refer the matter to the secretary of state.

3. INTRODUCTIONS AND PURPOSE OF THIS MEETING

Councillor Greenwood (Chair) welcomed all present and outlined the purpose of this meeting. In addition to the circulated agenda, attention was drawn to a paper containing 19 draft recommendations of the Joint Health Overview and Scrutiny Committee that was tabled and circulated at the start of the meeting and would form the basis of the Committee’s discussions.

In addition, she thanked all who had contributed to the work and discussions of the Joint Committee and attended its meetings, and thanked the Clinical Commissioning Groups and the Calderdale and Huddersfield Foundation Trust for their input into the Joint Committee’s work.

She also mentioned receipt of a letter from Irwin Mitchell Solicitors, representing the “Hands of HRI” campaign group and commented that many of the matters raised in this letter had already been considered by the joint committee at previous meetings. She added that the letter had been drawn to the attention of Calderdale Council, Kirklees Council and the two Clinical Commissioning Groups.

4. RESPONSE TO PROPOSALS FOR THE FUTURE ARRANGEMENTS FOR HOSPITAL AND COMMUNITY HEALTH SERVICES IN CALDERDALE AND GREATER HUDDERSFIELD

Councillor Smaje gave a brief outline of the reasoning behind all 19 draft recommendations of the Joint Health Overview and Scrutiny Committee, with additional comments made by other Members.

The draft recommendations were presented under the following headings:-

Improving outcomes: Draft Recommendation 1

A whole system approach: Draft Recommendation 2

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Councillor Scullion commented on the interdependency of all the recommendations and the need for a whole system approach.

Workforce: Draft Recommendation 3

Councillor Marchington commented on the shift of staff from the acute side to primary care with appropriate skills and the need for a much clearer workforce strategy in place.

Finance: Draft Recommendations 4 and 5

Councillor Marchington commented about the need for resources to be used efficiently and effectively.

Councillor Scullion commented on the proposals that she did not feel fully addressed the existing deficit. She also commented on the Public Finance Initiative (PFI) and what monies would be forthcoming from the department of Health?

Councillor Pattison referred back to draft recommendation 3 – workforce strategy and added that a lack of workforce strategy added to the concerns over the financial strategy.

Reducing Demand: Draft Recommendations 6, 7 and 8

Councillor Wilkinson commented on A&E targets, the many changes proposed, on the care closer to home proposals and lack of detail, noting that the Joint Health Scrutiny Committee did try to fully ascertain from the CCG, but only got anecdotal evidence. He also outlined concerns about the lack of consultation and engagement with General Practitioners (GPs) and other main providers, rather than a proper Primary Care Strategy for Calderdale.

Councillor Greenwood commented on the proposals on Care Closer to Home and how it would take the pressures off hospitals, she would like to see a more clear and concise plan on how Care Closer to Home would work in reality.

Councillor Stewart–Turner commented that she had expected that greater emphasis and more focus would have been given on Care Closer to Home and making it happen.

Councillor Scullion commented that much time had been spent talking about the two hospitals rather than the whole care system, referencing GP's and pharmacists as examples. Not enough information had been presented about "scaling up" proposals about how Care Closer to Home would actually work.

Public Confidence: Draft Recommendations 9 and 10

Councillors Marchington, Pearson and Stewart-Turner all commented on the draft recommendations around public confidence and that much more work needed to be done in this regard.

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Councillor Smaje commented on the Yorkshire and Humber Clinical Senate's consideration of the proposals and re-emphasised her support for the Committee's draft recommendation that before a decision on hospital and community health services is taken that the CCGs should request the Yorkshire and Humber Clinical Senate to reappraise the proposed model of care and seek assurance that there is sufficient detail in the proposals to satisfy the Senate that the new model of care would deliver the required standards of care.

Transport: Draft Recommendations 11, 12, 13 and 14

Councillor Smaje commented that some of transport improvements proposed in the recommendations could be implemented now.

Councillor Stewart-Turner added that she felt some of these changes should be happening already.

Councillor Marchington commented on recording/monitoring issues around the "golden hour", but also the lack of monitoring information after patients had been stabilised / transported to hospital. He also commented on planned care and concerns over geographic areas Calderdale – Huddersfield and Greater Huddersfield / Calderdale.

Councillor Wilkinson echoed Councillor Marchington's comments and added that there was a need for an up to date travel analysis. He also had concerns around the Yorkshire Ambulance Service (YAS), which had rated itself as "requiring improvement" and if it was to take on additional pressures, how would it cope?

Councillor Scullion commented that she had concerns around all journey times, the impact not being just on the roads and the environment, but also how it would disproportionality impact on equalities and some of the most vulnerable in society, the ill and the elderly.

Councillor Greenwood commented on Care Closer to Home and there was no mention of any plans for outpatients?

Councillor Marchington commented on changing clinical provision on neighbouring areas hospital services, referenced an example of someone in the greater Huddersfield area using Barnsley Hospital Services.

Estate: Draft Recommendations 15, 16 and 17

Councillor Mrs Greenwood commented on draft recommendation 15 and added that any building improvements should not be to the detriment to the quality of services, but wherever possible to improve services.

Councillor Marchington referred to decisions taken in the past re the estate that were creating particular problems now, whether financing costs or that of aging infrastructure.

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Councillor Scullion commented on most patients general concerns when attending hospital – how long will it take me to get there? Will I be able to find a parking space? How long will I have to wait to be seen?

Councillor Pattison commented on the lack of detail on the estates proposals.

Children: Draft Recommendation 18

Councillor Stewart-Turner hoped that a more detailed framework to outline the processes and protocols for dealing with a sick young child would be accepted by the CCGs and implemented and that it would be effective.

Local Services: Draft Recommendation 19

Councillor Scullion commented on local services and made reference to the importance of being able to access services closer to home wherever possible. She also referred to Todmorden Health Centre and for the CCGs to use this facility along with other local facilities.

Following the introduction of each of the draft recommendations and the additional comments and observations of the Joint Health Scrutiny Committee Members as outlined above, the nineteen draft recommendations, as tabled at the meeting were put to the vote and the Calderdale and Kirklees Joint Health Scrutiny Committee members agreed unanimously the following recommendations:-

Resolved:-

That the Calderdale and Kirklees Joint Health Scrutiny Committee:

- 1 **Adopts the report, *Response to the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield***
- 2 **Makes the following recommendations to Calderdale CCG and Greater Huddersfield CCG (on attached pages)**
- 3 **Commends the report to Calderdale and Huddersfield NHS Foundation Trust, Calderdale Council, Kirklees Council, Yorkshire Ambulance Service, the West Yorkshire Combined Authority and asks them to respond to the recommendations that are relevant to those bodies.**

Improving Outcomes

Recommendation 1

The prime objective of Right Care Right Time Right Place should be to improve health outcomes for the people of Calderdale and Greater Huddersfield. The Committee accepts 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.

Evidence of quality improvement will be demonstrated through clear targets that will be included in contracts between health commissioners and providers that will set out in a clear and transparent way the expectation that there will be better outcomes for people who use services. This should include an explicit target to reduce mortality rates in hospitals. The Committee would wish to see these targets and details of how they will be measured.

A Whole System Approach

Recommendation 2

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. There should be a whole system approach rather than making changes to one part of the system which may detrimentally affect others.

The Committee wants to see that better outcomes are embedded across the whole health and social care system and be satisfied that there is sufficient capacity to serve the diverse populations and address the health inequalities that exist in both areas.

The Committee therefore recommends that the CCGs, in conjunction with key health and social care partners including public health, develop strategies in Calderdale and Kirklees that will strengthen and improve partnership working and support the changes that will be required to improve the health outcomes of our local populations.

Workforce

Recommendation 3

The Committee accepts that improvements and changes to services cannot be made without addressing the workforce challenges, but is not convinced that sufficient attention was given to this issue or that the plans sufficiently take into account the wider challenges that the NHS faces particularly in recruiting specialist staff.

The Committee and the public will only be more confident in these proposals if a clear and costed Workforce Strategy, with timescales, is produced by CHFT and agreed with the CCGs, which demonstrates how shortages of clinical and other staff will be addressed.

In addition the Committee would wish to see consideration given to how increased partnership working across neighbouring NHS Trusts might contribute to addressing workforce issues to develop a financially sustainable model for the future.

Finance

Recommendation 4

The Committee notes that the proposals do not fully eliminate the financial deficit and is aware of the national and regional context to generate further efficiency savings. The Committee is extremely disappointed that the CCGs have not taken this opportunity to produce proposals that fully addresses the revenue deficit.

The Committee is concerned that if CHFT remains in deficit, then local services will not be sustainable and further reconfigurations may result.

The Committee wishes to see a financial plan produced by the CCGs and CHFT that addresses the financial deficit and clearly identifies how local services will be delivered in a safe and sustainable way.

Recommendation 5

The proposals from the CCGs are dependent on capital funding to build a new hospital in Huddersfield and to enhance Calderdale Royal Hospital and the Committee would wish to see full assurance that this proposal will be fully financed without increasing the Trust's deficit.

Should this assurance not be forthcoming the CCGs must inform the public and the Committee how it intends to proceed.

Reducing Demand

The Committee feels that the plans to reduce demand were inconsistent and were not supported by any detailed plans. The following recommendations address the different aspects of the proposals relating to the reduction of demand in the system.

Recommendation 6

The Committee welcomes the target to reduce unplanned hospital admissions by 6% per annum which is ambitious and challenging.

To help support the reductions in unplanned admissions the CCGs and CHFT must develop a plan that has clear targets to reduce attendances at both Accident and Emergency Units and outlines what actions and measures will be introduced to ensure that: the 111 service is effective at directing patients to the right place; there is improved access to GPs; and that the Care Closer to Home programmes provide earlier interventions that will reduce the numbers of those patients with long term conditions needing to attend A&E.

Recommendation 7

The Committee supports the proposals to enhance Care Closer to Home services. Improvements to these services are a matter of priority regardless of any proposals to reconfigure hospital services. However, the CCGs have not demonstrated that there will be

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sufficient capacity in the Care Closer to Home programmes and Primary Care to reduce demand on hospital services.

CCGs must provide full assurance to the Committee and the public on how they will develop this capacity to the scale that will be required and how this will be measured.

Recommendation 8

The Committee believes that GPs and other primary care stakeholders have a key role to play in any developments in health services and is disappointed that, in the Committee's view, most GPs have not been sufficiently involved or engaged in developing these proposals.

The Committee recommends that the CCGs further develop their Primary Care Strategies with the full engagement of GPs and other key primary care services in order to improve access to high quality primary care and help manage and reduce the demand on hospital services.

Public Confidence

Recommendation 9

The Committee believes that the CCGs have not sufficiently explained the model of an Urgent Care Centre to the public and how it will be resourced and this has contributed to a lack of public confidence in the proposals.

The Committee recommends that before a decision on hospital and community health services is taken the CCGs must develop a detailed description of the model and how it will be resourced.

Recommendation 10

The Committee noted that when the Yorkshire and Humber Clinical Senate considered the proposals they concluded that the "lack of detail at this stage left the Senate with questions regarding the ability of this model to deliver the standards proposed"

The Committee recommends that before a decision on hospital and community health services is taken the CCGs should request the Yorkshire and Humber Clinical Senate to reappraise the proposed model of care and seek assurance that there is sufficient enough detail in the proposals to satisfy the Senate that the new model of care will deliver the required standards of care.

Transport

The Committee has a responsibility to reflect the strongly expressed concerns of the public about the potential transport issues following any changes and the following recommendations are focussed on these issues.

Recommendation 11

The CCGs, Calderdale Council, Kirklees Council and West Yorkshire Combined Authority in conjunction with transport providers should develop a clear public transport plan to improve the speed and frequency of bus services to both Calderdale Royal Hospital and Huddersfield Royal Infirmary. This should include introducing a “loop” that will not materially impact on the journey times to some existing services that includes at least one of the hospitals on their route.

Recommendation 12

The CCGs must specify the additional resource that will be required by the Yorkshire Ambulance service to deliver the additional hours of journey time required as a result of hospital reconfiguration. This should include: where that resource will be found; a clear plan to ensure that the Yorkshire Ambulance Service meets its targets; and what measures will be introduced to support a significant improvement in service.

Recommendation 13

In order to fully assess the impact of the proposals the CCGs should commission an up to date Travel Analysis and Journey Time Assessment Study that details the absolute travel times and distances to both hospitals. The study should take account of: patients and visitors using their own private vehicles and public transport; and residents that live at the furthest outlying areas of Calderdale and Greater Huddersfield.

Recommendation 14

To support improved access to both hospital sites, regardless of any hospital implementation, the Committee would wish to see Calderdale Council and Kirklees Council working with the West Yorkshire Combined Authority to make improvements to the A629 a high priority in their road improvement programmes.

Estate

Recommendation 15

The Committee has serious concerns regarding the capacity and sustainability of the Calderdale Royal Hospital site to support an Emergency Centre and Urgent Care Centre providing services to more than 100,000 people every year. The Committee require evidence that the building can be improved so that this substantial increase in usage could be achieved without detriment to the quality of service.

Recommendation 16

To support the increased demand at Calderdale Royal Hospital , CHFT must prepare a clear costed plan that will ensure: that there is sufficient parking available at Calderdale Royal Hospital; accessibility for the potential increase in the numbers of emergency vehicles is fully addressed; and impact on the surrounding neighbourhood is minimised.

Recommendation 17

To address the concerns of the Committee that the proposed numbers of inpatient beds will not be sufficient to meet demand the CCGs must develop a plan that demonstrates how capacity in community services will be provided to support the reduction in bed numbers. This must include details of the approach that will be taken to improving efficiencies in bed occupancy and the modelling and assumptions used in developing alternative provision in a community setting.

Children

Recommendation 18

The new model of care will include a focus on encouraging parents and carers with a sick child to contact NHS 111 for advice.

To ensure that the pathways of care for sick children are clearly understood by the public the CCGs should develop a framework that outlines the processes and protocols for dealing with a sick young child. This should include details of the resources that will be made available to support the quick and easy access to appropriate clinical advice.

Local Services

Recommendation 19

The proposals of NHS providers in 2014 included specialist community centres at Todmorden Health Centre and Holme Valley Memorial Hospital, which the Committee considers would help: manage demand in the hospital setting; contribute to the development of the Care of Closer to Home programmes; and reduce travel time for some patients.

The Committee recommends that the CCGs consider developing plans to maximise the use of these facilities together with other local facilities. This should include a focus on the provision of integrated and specialist services.

5. COMMITTEE WORK PROGRAMME AND FUTURE ACTIVITY

Councillor Greenwood (Chair) announced the next meeting of the Joint Health Scrutiny Committee would be held on the afternoon of Wednesday 16th November 2016 in Huddersfield

She also thanked Council Officers Mike Lodge, Calderdale Council and Richard Dunne, Kirklees Council for their support to the work of this Joint Scrutiny Committee