

Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC)

Date: 16 November 2016

Title of report: Calderdale and Kirklees JHSC review of proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	Not Applicable
Date signed off by <u>Director</u> & name	-
Is it signed off by the section 151 Officer?	N/A
Is it signed off by the Assistant Director - Legal & Governance?	Julie Muscroft - 7 November 2016
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

- 1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with an outline of the next stage of the process following its review of the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

2. Key Points

- 2.1 On the 3 October 2016 the Calderdale and Kirklees JHSC submitted its report and recommendations to the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield to the Clinical Commissioning Groups (CCG's).
- 2.2 On the 20 October 2016 the Governing Bodies of Calderdale CCG and Greater Huddersfield CCG meet in parallel to consider the findings

from the consultation on the proposals and decide how they wished to proceed.

- 2.3 Both Governing Bodies agreed to proceed to Full Business Case (FBC) in relation to the proposals and that the FBC should be considered by key stakeholders, which included the JHSC, prior to implementation. In addition the Governing Bodies also agreed to approve the response to the JHSC's recommendations, which are attached to this report
- 2.4 Following this decision the JHSC will need to consider the CCG's response to its recommendations and identify areas of agreement, disagreement and/or where it is not fully satisfied with the response.
- 2.5 In accordance with guidance of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, should the JHSC decide that there is disagreement and/or has concerns with all or part of the response, the JHSC and CCG's must take such steps as are reasonably practical to try to reach agreement.
- 2.6 If following the reconciliation phase the JHSC is not satisfied with the outcomes of its discussions with the CCG's, which could include the timescales for addressing its concerns, then consideration could be given to exercising its power of referral to the Secretary of State in accordance with the requirements of the regulations.
- 2.7 Some of the JHSC's recommendations were directed to other organisations which included Calderdale Council, Kirklees Council and West Yorkshire Combined Authority. Attached to this report are the responses from two of these organisations and the JHSC will also need to consider these as part of its deliberations.

3. Implications for the Council

None at this time.

4. Consultees and their opinions

Not applicable

5. Next steps

That the Committee take account of the information presented and consider the next steps it wishes to take.

6. Officer recommendations and reasons

That the Committee consider the information provided and determine if any further information or action is required.

7. Cabinet portfolio holder recommendation

Not applicable

8. Contact officer and relevant papers

Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk

9. Assistant Director responsible

Julie Muscroft Assistant Director: Legal, Governance & Monitoring

For the Attention of

Councillor E Smaje – Joint Chair, Calderdale & Kirklees Health Overview and Scrutiny Panel
Councillor M Greenwood – Joint Chair, Calderdale & Kirklees Health Overview and Scrutiny Panel

CC

Chief Executive of Calderdale Council and Chief Executive of Kirklees Council
Senior Scrutiny Support Officer Calderdale Council
Principal Governance & Democratic Engagement Officer, Kirklees Council

Friday 21st October, 2016

Dear Councillors Smaje and Greenwood,

**Public consultation about proposed future arrangements for
hospital and community health services.**

At a Governing Body meeting in parallel on 20th October, Calderdale Clinical Commissioning Group and Greater Huddersfield Clinical Commissioning Group (the CCGs) agreed their response to the Joint Health Overview and Scrutiny's (JHOSC) report and recommendations in relation to the proposals for hospital and community health services in Calderdale and Greater Huddersfield.

Please find attached a copy of the CCGs' agreed response for consideration by the Joint Health Overview and Scrutiny Committee.

Yours sincerely



Carol McKenna
Chief Officer
GHCCG



Dr Matt Walsh
Chief Officer
CCCG



Dr Steve Ollerton
Clinical Leader
GHCCG



Dr Alan Brook
Clinical Chair
CCCG

On 3rd October, 2016, the Calderdale and Kirklees JHOSC sent their formal response to the consultation to the CCGs. The response contains 19 recommendations, grouped into nine areas. These recommendations and the CCGs' response are below.

No	JHOSC Recommendation	CCGs' Response as agreed by the Governing Bodies on 20 th October, 2016e
Improving Outcomes		
1	<p>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.</p> <p>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.</p>	<p>The proposed model of care is based on improving the quality of service provided and the health outcomes for the people who use the services.</p> <p>The development of further detail and associated performance metrics in relation to the proposed model would be undertaken as part of the development of the Full Business Case.</p> <p>A key element of that development would be the continued engagement work with the Scrutiny committee, our partners and our stakeholders to help us identify and agree these metrics.</p>
A Whole System Approach		
2	<p>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.</p> <p>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.</p> <p>The Committee therefore recommends that the CCGs, in conjunction with</p>	<p>The CCGs recognise the interdependency between health and social care. We endorse and support Scrutiny's recommendation in relation to a whole system approach, particularly the need for partnership between Health and Social Care in the development and implementation of Care close to home.</p> <p>We will continue work with Key Health and Social Care partners in the development of our proposals and the strategies to deliver strengthened partnership working. The footprints for our STPs, based on HWBB boundaries, present us with an ideal basis on which to take this forward. We also recognise that both Calderdale and Kirklees Councils would have equal influence in ensuring the success of these partnership arrangements.</p>

	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.	The development of the Full Business Case would take account of Scrutiny's recommendations through utilisation of these partnership arrangements, together with the continued engagement of Scrutiny and the populations of Calderdale and Kirklees.
Workforce		
3	<p>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.</p> <p>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.</p> <p>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.</p>	<p>We continue to work with partners in addressing and responding to current workforce challenges to ensure we have a workforce to deliver high quality care.</p> <p>The development of a detailed workforce plan to address the requirements of these proposals would be undertaken as part of the work to develop the Full Business Case.</p>
Finance		
4	<p>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.</p> <p>The Committee is concerned that if CHFT remains in deficit, then local services will not be sustainable and further reconfigurations may result.</p> <p>The Committee wishes to see a financial plan produced by the CCGs and CHFT that addresses the financial deficit and clearly identifies how local</p>	<p>The further development of detailed financial implications in relation to these proposals would be undertaken as part of the work to develop the Full Business Case.</p> <p>The CCGs and the Trust will continue to work together to return the Trust to a balanced financial position. We will continue to proactively engage with stakeholders and the public as appropriate during that process.</p> <p>It should be noted that although the outstanding financial gap of £9.5m at the end of 2021/22 is significant, it is less than the 2% 'business as usual' efficiency that the Trust is required to make every year. We would therefore expect the</p>

	services will be delivered in a safe and sustainable way.	Trust to be able to return to a balanced financial position over a longer time period. CHFT are working on a West Yorkshire basis to identify efficiencies in the provision of back-office functions which may deliver further contribution to the reduction of the deficit.
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.	The capital funding and financing would be developed further at Full Business Case stage. We will not gain clarity on funding until we have completed the Full Business Case. The CCGs accept and will inform the public and the committee how they intend to proceed should the Full Business Case not enable the CCGs to provide assurance in relation to the financial funding for the proposals.
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.		
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.	We support the recommendation to develop a plan that has clear targets to reduce unplanned admissions at both hospitals. The target to reduce unplanned admissions by 6% per annum is based on the CCGs' proposals for Care Closer to Home (CC2H). The foundation and support provided by the existing and proposed changes in relation to CC2H are fundamental to the Prevention of ill health and the better management of Long Term Conditions and Frailty Greater Huddersfield CCG is the lead commissioner for the 111 service on behalf of all CCGs in Yorkshire and the Humber. Since its introduction, the 111 service (provided by YAS) has evolved and will continue to do so, with full commissioner involvement. We will look to identify actions and measures for improvement as part of the Full Business Case.
7	The Committee supports the proposals to enhance Care Closer to Home services. Improvements to these services are a matter of priority	We are confident that the proposed changes to community services will reduce

	<p>regardless of any proposals to reconfigure hospital services. However, the CCGs have not demonstrated that there will be sufficient capacity in the Care Closer to Home programmes and Primary Care to reduce demand on hospital services.</p> <p>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.</p>	<p>demand on hospital services.</p> <p>The proposed changes to both hospital and community services are inextricably linked. The reduction in demand on hospital services, is delivered through prevention of ill health and the better management of Long Term Conditions and Frailty through CC2H and the associated increase in the capacity of community services.</p> <p>We would develop greater clarity on the respective capacity of both hospital and community services and the phasing necessary to maintain system balance across these services as part of the Full Business Case.</p>
<p>8</p>	<p>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.</p> <p>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.</p>	<p>We agree that GPs have a key role to play in the development of health services. As a membership organisation we continually work with our GPs to develop Primary Care Services which complement these proposals. We will continue to engage with GPs and other primary care stakeholders.</p> <p>The Greater Huddersfield Primary Care Strategy has been published, and was developed with the full involvement of the LMC and the CCG's member practices. Calderdale CCG have developed a set of strategic intentions for Primary Care and intend to provide more detail as part of the Calderdale STP. Both the Greater Huddersfield Strategy and the Calderdale strategic intentions recognise the need to improve access to high quality primary care.</p>
<p>Public Confidence</p>		
<p>9</p>	<p>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.</p> <p>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.</p>	<p>We acknowledge that we need to do further work to explain and clarify our proposals. We consider that the best way to achieve that would be to:</p> <ul style="list-style-type: none"> • Use direct examples of how the change will affect individuals to clarify: the need for the change; the clinical case for change; and the benefits of the proposed changes. These examples should emphasize Care Closer to Home and be set within the context of the overall NHS picture, collaborative working across hospital and community and honesty about finances. • Use case studies and stories to illustrate and clarify how new services will

		<p>work and inform people further about the overall proposed model, and the difference between emergency care and urgent care.</p> <p>Further work is required to clarify the detail behind the proposals so that it is possible to explain: actual patient pathways; how new ways of working would improve clinical safety; the order and phasing of the implementation; and the implications in relation to workforce planning and finance. This clarity could only be provided by a Full Business Case.</p> <p>The CCGs believe that any final decision on these proposals must be based on the clarity, particularly in relation to finance, which a Full Business Case could provide.</p>
<p>10</p>	<p>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”</p> <p>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.</p>	<p>The Senate’s reports in relation to the proposals were submitted to NHS England as part of the Stage 2 Assurance process and provided sufficient assurance for that process.</p> <p>We have no new information or detail to provide to the Senate at this stage. In the absence of additional information it is likely that the Senate would reach a similar if not the same conclusion as previously</p> <p>The Clinical Senate would provide assurance in relation to the Full Business Case.</p> <p>The CCGs believe that any further assurance by the Clinical Senate on these proposals must be based on the clarity and detail which a Full Business Case could provide.</p>
<p>Transport</p> <p>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.</p>		
<p>11</p>	<p>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</p>	<p>The CCGs understand that West Yorkshire Combined Authority (WYCA) is the lead Commissioners for Bus Services. The CCGs will work with WYCA and both Calderdale and Kirklees Council to develop a transport plan that takes into account the serious concerns about transport raised in the consultation.</p>

	impact on the journey times to some existing services that includes at least one of the hospitals on their route.	The CCGs suggest that any proposed changes should take account of the planned road improvements to the A629
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.	<p>The CCGs are committed to working collaboratively with the Yorkshire Ambulance Service to ensure that YAS are funded to provide the required support.</p> <p>The 10,000 hours identified in the analysis produced for the Pre-consultation Business Case did not take into account: the proposed changes as part of the Hear, See and Treat model being developed via the West Yorkshire Urgent Care Vanguard programme; any potential reduction in inter facility transfers; or the potential increase in community services which would provide pathways for ambulance clinicians to refer into and avoid unnecessary conveyance to an emergency department; nor did it model the impact of any efficiencies in drive time consequent to the A629 improvements</p> <p>The full detail and implications would be developed as part of the Full Business Case.</p>
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.	<p>The CCGs intend to commission further work to provide greater detail in relation to journey times and to establish a Travel Group to develop proposals for mitigation of the impacts of increased travel.</p> <p>The CCGs recognise that any travel times established at this stage would need to be related to the proposals in recommendation 11 and would not be able to take account the planned improvements to the A629.</p> <p>This is why the CCGs consider it would be appropriate to consider travel as part of the Full Business Case.</p>
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.	<p>This recommendation is not directed at the CCGs</p> <p>The CCGs fully support the recommendation.</p>

Estate		
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.	<p>The development of further detail regarding demand and capacity in relation to the proposals would be undertaken as part of the development of the Full Business Case.</p> <p>It would be helpful for the committee to clarify what it means by the word 'sustainability' in relation to the CRH site. Our assumption is that it is a reference to the need to be clear about how the ongoing maintenance and compliance with appropriate standards would be delivered over time. If this is the case, then we would accept that element of the statement and would expect to see the financial implications of this within the FBC as a matter of course</p>
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.	<p>The provision of sufficient parking and accessibility for Emergency Vehicles is related to the fuller understanding of the detail in relation to demand and capacity.</p> <p>The CCGs would utilise industry norms to establish parking requirements.</p> <p>The CCGs would continue to work with partners and key stakeholders to understand how the impact could be minimised. The provision of a costed plan could only be addressed by completion of the Full Business Case</p> <p>The CCGs recognise that parking is also a Council responsibility and would work with Calderdale and Kirklees Councils in the development of any proposals.</p>
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.	<p>The development of further detail regarding demand and capacity in relation to the proposals would be undertaken as part of the development of the Full Business Case.</p> <p>The current assumptions that have been used to model activity and capacity have been published as part of the Pre-consultation Business Case.</p> <p>We are confident that the proposed changes to community services will reduce demand on hospital services.</p> <p>We would develop greater clarity on the respective capacity of both hospital and</p>

		community services and the phasing necessary to maintain system balance across these services as part of the Full Business Case.
Children		
18	<p>The new model of care will include a focus on encouraging parents and carers with a sick child to contact NHS 111 for advice.</p> <p>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.</p>	<p>The CCGs fully accept this recommendation and it is in line with current arrangements.</p> <p>The CCGs would develop further material to explain to members of the public how they should deal with a sick child as this clarity emerges. The detail behind the proposals which would make it possible to explain: actual patient pathways and how new ways of working would improve clinical safety could only be provided by a Full Business Case.</p>
Local Services		
19	<p>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.</p> <p>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.</p>	<p>In the current and future development of CC2H services, the CCGs will seek to maximise the potential of any publically owned premises in their area, and agree that opportunities to increase integration of the delivery of health and social care should be considered wherever possible.</p> <p>There are already plans to utilise Todmorden Health Centre as the location for HomeStart Calderdale's Upper Valley Operations; and to provide shared space for CAB, Healthy Minds, Northpoint counselling and Disability Support Calderdale. Discussions are also underway with CHFT on the expansion of clinical services</p>

Direct Line: 0113 251 7224

Your Ref: PB/SN

Our Ref:

21 October 2016

Councillor L Smaje and Councillor M Greenwood
Calderdale and Kirklees Joint Health Scrutiny Committee
Calderdale Council
c/o Chief Executive's Office
Democratic and Partnership Services
Westgate House
Westgate
HALIFAX
HX1 1PS

Dear Councillor Smaje and Councillor Greenwood

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Thank you for contacting me and sharing with me the report of Calderdale and Kirklees Joint Health Scrutiny Committee into the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

It is clear from the report that the proposed arrangements will require people to travel further for their health appointments and the transport network will need to accommodate this

West Yorkshire Combined Authority is the Transport Authority for West Yorkshire with a responsibility for public transport coordination and accessibility. The Combined Authority will take a lead role in developing a clear public transport plan to improve the frequency and speed of bus services to both hospitals and also to develop proposals that would include other modes.

It will be necessary for officers of the health and transport authorities to work closely to identify solutions, which both work for patients and are deliverable by transport providers. Our starting point will be to explore solutions, which will generate sufficient passengers to enable commercial bus operators to implement them without additional public subsidy. If operators are unwilling to provide solutions, we will need to work with all agencies to identify potential funding streams to secure the ambitions of Calderdale and Kirklees Councils.

Yours sincerely



**Councillor Peter Box
Chairman - WYCA**



Cllr Peter McBride

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2 November 2016

Dear Councillor Smaje and Councillor Greenwood

Thank you for sharing the report of Calderdale and Kirklees Joint Health Scrutiny Committee into the proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield and for providing Kirklees Council with the opportunity to comment on the recommendations.

For transport there are 4 recommendations proposed, to which I would like to respond. For ease I have reproduced them below and provided some commentary, where appropriate.

Before I go into detail, I thought it might be worthwhile to give you an overview of the work currently being undertaken as part of the West Yorkshire Transport Fund project: A629 Corridor, Huddersfield to Halifax, as I believe it is not altogether clear from your report.

The project is divided into 5 phases, but for construction purposes phases 2 and 3 will be combined. Each phase comprises a number of transport schemes that seek to improve accessibility for all road users, reduce bi-directional journey times and enhance journey time reliability between Huddersfield and Halifax (and vice versa) by targeting known points of delay and congestion along the A629 and increasing provision for sustainable modes. Kirklees Council and Calderdale Council are jointly developing the range of interventions proposed along the corridor.

- Phase 1: Southern Section (Elland Bypass to Free School Lane);
- Phases 2 and 3 combined: Halifax Town Centre and Free School Lane into Halifax;
- Phase 4: Ainley Top (M62 Junction 24) and Wider Strategic Interventions;
- Phase 5: Ainley Top to Huddersfield.

Whilst phases 1, 2, 3 and 5 are mainly concerned with physical improvements to highways infrastructure to reduce current journey times between Huddersfield and Halifax at all known pinch points, phase 4 will initially explore potential solutions at Ainley Top, including but not limited to potential consideration of Park and Ride viability. This phase 4

work will also consider additional proposals necessary to achieve the bus benefits targeted by the scheme as a whole, for which a holistic corridor-wide approach consideration is necessary. This may include an express (limited stop) bus service between Huddersfield and Halifax or the introduction of specially diverted services to serve the hospital.

Following on from this work, discussion will be required with bus operators to understand the commercial viability of such a service and if this cannot be achieved, then other ways of funding will need to be investigated.

Turning now to your recommendations:

Recommendation 11

The Clinical Commissioning Groups, 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.

Kirklees Response

Kirklees Council will work with the West Yorkshire Combined Authority, public transport providers and any other interested bodies to develop a clear plan to improve the journey times between Calderdale Royal Hospital and Huddersfield Royal Infirmary. Through production of this plan, specific proposals will be investigated, costed and tested with partners. I see no reason why this work could not be carried out in conjunction with the A629 West Yorkshire Transport Fund study work phase 4 (explained above) that is currently taking place between Huddersfield and Halifax.

Recommendation 12

The Clinical Commissioning Groups 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.

Kirklees Response

Kirklees Council supports this recommendation.

Recommendation 13

In order to fully assess the impact of the proposals, the Clinical Commissioning Groups 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.

Kirklees Response

Kirklees Council supports this recommendation and if necessary is willing to provide technical support from its own Transport Planning staff to input into the study. I would ask

that as part of this work, consideration is given to providing a risk log that tries to factor in unplanned events occurring on both the local roads and motorways such as adverse weather or accidents and what effect these might have on journey times.

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.

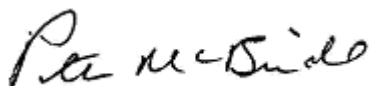
Kirklees Response

Kirklees Council is fully committed to bringing forward the physical infrastructure elements of the West Yorkshire Transport Fund scheme on the A629 between Huddersfield and Ainley Top as soon as is practically possible. We offer to work with any of the health service providers in developing the detail of the funded scheme but also around the temporary construction proposals, which could have a significant effect on the A629 corridor journey times during the construction period. In addition we are of course willing to share any progress and if it's considered prudent, invite a member from the Calderdale and Greater Huddersfield Clinical Commissioning Group to actively participate in the phase 4 study (detailed above) by sitting on the steering group.

I feel this last point may prove mutually beneficial as from my perspective it will allow Kirklees Transport Planning staff to fully understand the range of data the Clinical Commissioning Group has access to and hopefully allow the Group to utilise Kirklees' expertise to provide you with answers to some of your technical recommendations.

I trust you will find my comments useful and I look forward to hearing about the close collaboration between the Clinical Commissioning Groups and Kirklees Transport Planning staff in the future.

Yours sincerely



Cllr Peter McBride