Calderdale and Kirklees Local Resolution Session

Independent Report and Recommendations

8 February 2017

Introduction

This report has been produced for Calderdale and Kirklees Joint Health Scrutiny Committee (JHOSC), Calderdale and Greater Huddersfield Clinical Commissioning Groups (CCGs), and Calderdale and Huddersfield NHS Foundation Trust (the Trust) by Brenda Cook, an Independent Consultant and expert in health overview and scrutiny. The report reflects the discussions and outcomes of a local resolution session, which was held on 30 January 2017, and which was planned in accordance with section 23(5) (b) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations, 2013. At the end of the report Brenda makes recommendations for the JHOSC, CCGs and Trust to consider at their meetings in February 2017.

1. Background

In September 2016, the JHOSC produced its response to the consultation on proposals to substantially reconfigure future arrangements for hospital and community health services in Calderdale and Greater Huddersfield area, titled *Right Care, Right Time, Right Place*. The proposals were made and led by the Calderdale and Greater Huddersfield Clinical Commissioning Groups (CCGs) working with the local acute Trust. The JHOSC response made 19 recommendations to the CCGs, and whilst the JHOSC recognised the need for change, it could not support the proposals without the recommendations being addressed.

In October 2016 the CCGs responded to the JHOSC recommendations. The CCGs accepted all of the recommendations that were within the scope of its responsibility, but the JHOSC had asked for further information or evidence in a number of its recommendations and the CCG was unable to provide this until the production of the full business case (FBC). The JHOSC and NHS stakeholders considered that they needed to try and resolve their differences and in November 2016, the JHOSC, CCGs and NHS trust approached Brenda Cook, an expert in health overview and scrutiny policy and practice, and commissioned her to develop and facilitate a local resolution session in line with the Regulations and statutory guidance.[1]

A local resolution session was held on 30 January 2017.

2. Present:

Cllr Liz Smaje Kirklees Council	Cllr Marilyn Greenwood, Calderdale Council
Cllr Julie Stewart-Turner, Kirklees Council	Cllr Jane Scullion, Calderdale Council
Cllr Andrew Marchington, Kirklees Council	Cllr Adam Wilkinson, Calderdale Council
Cllr Carole Pattison	Cllr Chris Pearson, Calderdale Council

[1] Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations, s23(5)(b), 2013

Richard Dunne, Kirklees Officer

Dr Matt Walsh, Calderdale CCG

Carol McKenna, Greater Huddersfield CCG

Penny Woodhead Greater Huddersfield & Calderdale CCG

Jen Mulcahy Greater Huddersfield & Calderdale CCG

Mike Lodge, Calderdale Officer

Anna Basford, Calderdale and Huddersfield NHS Foundation Trust

Vicky Pickles, Calderdale and Huddersfield NHS Foundation Trust

Catherine Riley, Calderdale and Huddersfield NHS Foundation Trust

3. Session practicalities:

The session was planned through telephone and email discussions with all stakeholders involved. Brenda's approach is to aim to reach consensus on the way forward and for everyone to have an opportunity to input into discussions. Following good practice principles the session was held at an independent venue and the ground rules, aims and objectives and process were agreed beforehand. It was also agreed that the outputs from the meeting would be discussed in public by the JHOSC, CCGs and NHS Trusts, and any decisions taken in public to enable transparency and openness.

On the basis of the conversations referred to above, an agenda was developed by Brenda, circulated and agreed by all parties. The agenda is attached as Appendix A.

4. Discussions

The discussion started with a suggestion to work through the 19 recommendations and identify where the concerns were and how or when they might be addressed. However, it became apparent that there were a number of core and interlinked issues underpinning the recommendations that need to be resolved and addressed in order to give the JHOSC Members assurance.

a) Relationship between the proposals and strategic plans, e.g. the Sustainability and Transformation Plans (STPs) and related work streams

Questions to the CCGs about the relationship between the STP and the case for change and consultation document, highlighted concerns that national requirements for service planning and service change on a different geographical footprints might make the current proposals obsolete. CCG and Trust representatives were quick to reassure that they had been engaged, alongside other colleagues across West Yorkshire and Harrogate, in developing the STP as well as the proposals being discussed. In making the submission on the financial returns for the STP, the financial modelling for the pre consultation business case had been taken into account and had also included the capital requirement for the scheme. Assurance was given that the case for change was as relevant now as it was at the beginning of the consultation. However, it was also suggested that there are a number of work streams running in parallel to the development of the FBC that the JHOSC will need to consider alongside the FBC in order to gain a whole system view of the proposed reconfiguration.

b) Evidence, Modelling and Scenarios

The importance of evidence and information to demonstrate how proposals will result in improved outcomes for local people was discussed in some detail. It was recognised by all that there cannot be cast iron guarantees about the impact of all proposed changes and therefore it is important to have a shared understanding about what is meant by the term 'evidence' in the context of proposed changes. The CCGs explained that it may not be possible to identify evidence on the impact of change in some areas, but agreed that in these cases it is important for the JHOSC to understand how judgements have been made and what information, model or data has been used. The CCGs agreed that modelling the impact of change could be informed by existing examples which would provide a useful basis for further assumptions. There are opportunities to develop these into case studies or scenarios that might assist the JHOSC and members of the public to understand proposals and their implications more effectively. This approach to modelling change will be built into the FBC and used as part of the wider strategic planning and work streams.

c) Care Closer to Home - capacity and a whole systems approach

Concern was expressed that as Care Closer to Home is a key component to making the proposed changes work, the JHOSC is looking for assurances that there is evidence to demonstrate that it can pick up the increased demand that will be generated by the reconfiguration. Whilst there was discussion about the need to modernise the current system and release funding that has historically been invested in areas that may no longer be needed, it was recognised that more modelling and examples of how the proposals will increase capacity in the areas where it is needed would be helpful. The discussion linked closely to the recurring theme of the need for 'evidence' and explanation of how change would occur, what it might look like and the assumptions used to underpin proposals. Members of the JHOSC continue to be concerned and are keen to see more detail both on this and the work to reduce demand and improve outcomes before they can be confident that the service change will achieve the projected outcomes.

d) Workforce capacity and capability

Recommendation 3 from the JHOSC focusses on workforce issues. JHOSC Members raised concern about the workforce challenges in all contexts of the proposals, including Care Closer to Home and GPs in primary care. Concerns were also raised about the need for specialist urgent care staff, staff that would need to transition from acute to community services, GPs, paramedics and Accident and Emergency staff. It was explained that whilst the FBC would include numbers of staff, it is not an implementation plan and would not go into great detail. The CCG suggested that the JHOSC might also want to consider the transition and workforce strategies that will be developed alongside the FBC and which will link into implementation plans at a later date. These documents will focus on the reconfiguration workforce needs and should not be confused with a new workforce strategy for the Trust that had recently been agreed and which focused on current workforce needs. JHOSC Members were also informed that Yorkshire Ambulance Service (YAS) was already involved in the workforce discussions and had not raised concerns about the changes in skills mix that would be required as a result of reconfiguration.

e) Finance

The JHOSC Members continue to be have concerns regarding the current financial deficit at the Trust and are disappointed that the reconfiguration proposals will not fully eliminate it. This concern was discussed in the context of the STP and the regional agenda for change. There was also some discussion that further modelling across the STP footprint may positively impact on the outstanding deficit especially taking into account opportunities that the wider context might provide.

f) Travel and transport

There were clear concerns about the need for more examples and modelling of the travel and transport routes between localities and the different sites where change is proposed. These were raised both for patients and carers responsible for their own transport and the capacity of YAS to respond across the different routes. It was recognised that, whilst most travel is not the responsibility of NHS partners, unless there are associated strategies involving providers and local groups the proposed clinical developments may be less successful. The need for the Travel Group to develop its strategy when the independent Chair has been appointed was recognised and supported. CHFT Clarified that the group would only be looking at the additional implications of these proposed changes – not Travel and Transport overall. As patient flow is already happening between hospitals there is an opportunity to collect experiences and identify challenges that can be used to inform the travel strategy.

g) Support and assurance from the Clinical Senate – confidence in the plans

The JHOSC raised its concern that the Clinical Senate was currently unable to provide assurance to the proposals. It was informed that this would be addressed by the development and finalisation of the FBC and that the outcomes of discussions with the Clinical Senate would be shared when they happen.

There was recognition within the meeting that some of the issues highlighted above need further work and discussion between scrutiny and the CCGs before a judgement can be made on whether the proposals can be supported or consensus reached. In addition, the following topics identified in the JHOSC recommendations and CCG responses were identified as needing further information before a view could be taken by the JHOSC:

- reducing demand;
- improving outcomes;
- the provision of further information to enable public confidence;
- capacity within the system to support the reduced number of beds;
- workforce; and
- Care Closer to Home.

6. The importance of timelines

The participants learned that Anna Basford from the Trust was leading on the development of the FBC. The discussion about the process of producing the FBC, highlighted the need for a clear timeline to include:

- completion of the FBC, *currently aimed for June 2017*

- consultation of the JHOSC on the FBC, *need to ensure that there is sufficient and agreed time*
- making of recommendations to NHS *by the JHOSC*,
- response to recommendations from NHS,
- trying to resolve any outstanding issues (if required),
- taking a view on whether a referral to the Secretary of State should be made,
- making a referral, if the JHOSC believes it is the way forward.

It was also recognised that the FBC should be considered within the wider context of the STP and parallel work streams.

All stakeholders should recognise the need to identify and agree a realistic time frame as soon as they have the information to do so. It is recommended that the NHS stakeholders engaged in the work strands within the FBC maintain communication with the JHOSC about how the work is progressing and share models and ideas as soon as they can. If there is a risk that the deadline for completion may shift, this should be shared as soon as it becomes apparent. Likewise, it is recommended that the JHOSC identify a reasonable timeframe for considering the FBC and making comments or recommendations. Linked to this should be an indicative timeline for considering responses to recommendations, trying to resolve differences (if they still exist) and the timeline and process for deciding whether a referral will be made, or not.

7. Outcomes - Agreed Next Steps

The following next steps were agreed at the end of the meeting.

a) More work is needed on the priority areas listed above before a final decision on the proposals will be taken. The JHOSC will discuss this at its meeting on 23 February.

b) It was agreed that the CCGs and Trust will produce a report for the meeting of the JHOSC on 23 February outlining the proposed timeline for the FBC and identifying the work streams that will feed into and/or complement the FBC and relate to the issues identified in the recommendations.

c) The JHOSC will identify how long it will need to review and analyse the FBC and will agree a timeline for reviewing the information, making recommendations and ultimately deciding whether or not to refer the proposals to the Secretary of State for Health.

d) It was agreed that where information becomes available, such as modelling or scenarios, the partner agencies may hold informal briefing or discussion sessions.

8. Recommendations from the independent consultant

As a result of the discussions, the issues raised and the difficulty in reaching consensus on the proposals at this stage, I recommend that:

i. A decision on whether to support the proposals within *Right Care, Right Time, Right Place* or whether it should be referred to the Secretary of State should be postponed until the JHOSC has had an opportunity to consider the FBC when it is published later in the year.

ii. The JHOSC should consider the FBC within the wider context of other strategies and plans, making use of its role in taking an overview as well as scrutinising the detailed proposals.

iii. Agreement needs to be reached on what level of information, data or examples should be provided to the JHOSC to enable it to understand risks and implications of proposals, and when this can be provided. It is therefore recommended that a meeting or workshop is held by the end of March to discuss and agree the level of information and its timeliness.

iv. It is recommended that the NHS stakeholders engaged in the work strands within the FBC maintain communication with the JHOSC about how the work is progressing and share models and ideas as they develop.

v. The JHOSC should be updated about the development of partnership arrangements and a whole system approach as the FBC is developed. The JHOSC should be aware of any barriers to achieving this across health and social care and it is recommended that key lines of questioning are identified for social care in addition to those for health services.

vi. The JHOSC should identify the key lines of inquiry that need addressing in relation to the workforce capacity, taking into account the pressures and risks that exist in the current system. Clarity will be needed in identifying which questions relate to the FBC and which questions are not part of the business case but will need to be considered by an implementation plan in the future.

vii. The JHOSC should identify the key lines of inquiry in relation to Care Closer to Home, taking into account the relationships between health and social care and the pressures and risks that exist in the current system. Robust lines of inquiry will help to address a number of the recommendations and should result in a clearer understanding of the improved outcomes, prevention of ill health and reduction of unplanned admissions. Clarity will be needed in identifying which questions relate to the FBC and which relate to parallel strategies and plans, including the future implementation plan.

viii. Those present at the meeting should discuss the impact and risks for local communities and health services if the proposals were not taken forward.

Brenda Cook MA
9 February 2017

Appendix A

Consensus Building Session

Calderdale and Kirklees Councils Joint Health Overview and Scrutiny Committee, and Calderdale and Greater Huddersfield CCGs and Calderdale & Huddersfield Foundation NHS Trust

Introduction: the session will be held on 30 January 2017 at 2.30pm at the Stockholm Room at the Elsie Whiteley Centre. It will be facilitated by Brenda Cook MA, an independent consultant and facilitator with experience of working within the context of health overview and scrutiny. The cost of the venue and Brenda's input will be paid for jointly by the local authorities and NHS bodies engaged in the session.

Session Aim: to reach a consensus view on the next steps and the actions required in the development of Right Care, Right Time, Right Place.

Session Objectives:

- To ensure a common understanding of the roles and responsibilities in relation to overview and scrutiny of the Right Care, Right Time, Right Place proposals;
- To clarify the specific issues need further work and agree how these will be addressed;
- To establish a shared timeline for key actions:
  - the FBC and supporting documents (including CHFT/CCG Governance and any requirements from NHSE/NHSI/DH);
  - CCGs' report to JHOSC as a result;
  - JHOSC's response to the CCGs' report;
  - JHOSC to take a view on whether proposals will be referred or not.
- To identify the issues to be addressed in JHOSC paper for 23rd Feb; Update for Governing Bodies (8th and 9th Feb) and; CHFT Board (2nd Feb?).
- To confirm CCG/CHFT attendance at formal JHOSC meeting on 23rd Feb
- To agree key messages that can be shared with other stakeholders after the meeting and before decisions are taken in public.

Ground Rules

a) All participants agree to work together to reach consensus by the end of the session.

b) Participants will participate honestly and respectfully, aiming to build trust and agree how we work together on this and other issues. This includes how we behave; how we demonstrate courtesy and respect; and how we deal with differences.

c) Participants accept that the session is aimed at moving the process forward.

d) *Any other ground rules that participants consider should be added?*

Agenda

2.30pm **Welcome and Introductions**

Outline of the consensus building process that the session will follow and agree ground rules – record on flip chart

Recap on the role of the JHOSC and powers and duties of overview and scrutiny.

Agree outcomes and method for reporting/accounting

2.45pm **Discussion:**

a) Identify the key issues that need to be developed further.
b) Reach a common understanding on the process for how these could be progressed
c) Agree a potential timeline and the process for finalising it in the February meetings.
d) Agree the criteria by which success at the end of the FBC process will be judged

3.45pm **Recap conclusions and outline timeline –** this will be done on flip chart

Identify core messages to be fed back at the various meetings – to be recorded on flip chart

Any Other Business – Brenda to provide date for draft report of this meeting to be circulated

4.40pm **End**