

Right Care, Right Time, Right Place Programme update

1.0 BACKGROUND

In October, 2016, The Governing Bodies of both Calderdale CCG and Greater Huddersfield CCG noted that the consultation in relation to the proposed future arrangements for hospital and community health services had finished and that the findings from consultation and the subsequent deliberation provided sufficient grounds to proceed to explore implementation in the Full Business Case (FBC).

At its meeting on 16th November, the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee (JHOSC) met to formally consider the CCG's response to the recommendations which they submitted in response to the RCRTRP consultation. Broadly speaking, the CCGs accepted each of the recommendations that were directly within the scope of responsibility of the CCGs, save for two recommendations which they were not able to accept for which a clear rationale was provided. The CCGs' commitment was to pick up each of the recommendations from JHOSC in the next stage of the process. The Committee determined that they were not satisfied with the CCGs' response and agreed: to put in place arrangements for the committee and the CCGs to reach agreement; and also that if agreement could not be reached within an agreed timescale then it would consider other steps.

In advance of the February meeting of (JHOSC), there has been an independently facilitated session between JHOSC members, CHFT representatives and CCG representatives. One of the outcomes from that meeting was a request that the CCGs and CHFT submit a report to the February meeting of the Committee outlining the proposed timeline for the FBC and the complementary pieces of work.

2.0 INTRODUCTION

The purpose of this report is to provide the Scrutiny Committee with additional information in order to assist the committee in determining its next steps. This report provides an overview of the work that the CCGs and CHFT are doing, the relationship between this work and the Scrutiny Committee's recommendations; and the outline timetable for completion.

3.0 PLANNED WORK

Calderdale CCG, Greater Huddersfield CCG and Calderdale and Huddersfield Foundation Trust are working together to develop plans for the changes on which the CCGs consulted. The suite of documents produced will build on information in the Trust's Five year plan and the CCGs' Pre-Consultation Business Case and develop the detail needed to explore implementation for the changes on which we consulted.

The Suite of Documents will include information to enable us to address the concerns which emerged in consultation, including capacity concerns in relation to hospital bed numbers, community services and Calderdale Royal Hospital.

**REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
FEBRUARY, 2017**

The Planned pieces of work are:

- Full Business Case in line with the Treasury's Five Case model.
- Refresh of the Benefits and Outcomes in line with any updated clinical standards and any changes to the proposed model.
- Refresh of the Ambulance Travel Analysis
- Activity modelling for Community Services.
- Refresh of Integrated Quality Impact Assessment across hospital and community services.
- Refresh of the Public Travel Analysis

In parallel with the above, the Terms of reference for the Travel and Transport Group have been developed. The Group will advise, inform and provide expert input on transport and access matters and ensure that the programme considers and develops plans to address the implications of the proposed changes in relation to Access, Travel, Parking and Public Transport. The CCGs are progressing the recruitment of an independent chair for this group.

4. RELATIONSHIP WITH JHOSC RECOMMENDATIONS

The Table at Appendix A sets out the relationship between the planned pieces of work and the JHOSC recommendations

5. TIMELINE – AND RISKS

Our system continues to face significant challenges in relation to: patient outcomes and service quality; recruitment and retention of staff; and financial sustainability. CHFT will continue to escalate any potential quality and safety risks to the CCG through the existing arrangements in place. For Calderdale this will be to the Quality Committee and in Greater Huddersfield to the Quality and Safety Committee.

We anticipate that the timescale for completion of the FBC and associated documentation will be end of June, 2017.

There are a number of risks to the achievement of this timescale.

- We are dependent on additional capacity being secured and the formal approval process in relation to capital approval being confirmed. We are working collectively with NHS England and NHS Improvement to progress these matters.
- We will assure our more detailed proposal through the Yorkshire and Humber Clinical Senate. We do not control the timescales or work scheduling for the Senate. The Senate's findings may require us to do further work.
- The Full Business Case will require sign off by the Treasury. The Treasury may require us to do further work.

6.0 RECOMMENDATIONS

The committee is asked to:

- Note the contents of the report

**REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
FEBRUARY, 2017**

- Advise the CCGs and CHFT of the committee's timeline in relation to their decision making following the provision of the additional information described above, including the timescale for any decision in relation to referral to the Secretary of State for Health.

Jen Mulcahy, Programme Manager, NHS Calderdale CCG and NHS Greater Huddersfield CCG

Catherine Riley, Assistant Director, Strategic Planning, CHFT

10th February, 2017

JHOSC No	Planned Work	Notes
1	<p>Benefits and Outcomes: Refresh of the Benefits and Outcomes in line with any updated clinical standards and any changes to the proposed model. Further review by the Clinical Senate to provide assurance. Development of supporting metrics and indicators in line with expected benefits and outcomes and the findings from the updated QIA.</p> <hr/> <p>Integrated Quality Impact Assessment: The Integrated Quality Impact Assessment will consider the implications of service change across Hospital and community as a consequence of proposed service change</p>	<p>We expect a positive impact on mortality rates. We are unable to provide an explicit target to reduce mortality The development of clear targets to be included in contracts will form part of the subsequent contract negotiations. The Health and Wellbeing objectives for the place of Calderdale include:</p> <ul style="list-style-type: none"> • 10% fall in mortality from causes considered preventable by 2020 • Increase number of physically active adults by 10 % by 2020 equal to over 9000 people being more active. • Reduce the health inequalities gap by focussing action with vulnerable communities such as for people with severe and enduring mental health needs. Right Care data suggests we can save 43 lives by working together on this. National benchmarks suggest we can add 10-15 years to the lives of people with long term mental health needs. Our integrated locality model of care will support achievement (under 75 excess mortality indicator). <p>The Kirklees Health and Wellbeing Strategy is focussed on achieving shared outcomes on Economy, Health and Wellbeing. It identifies system change priorities which feed into commissioning and service planning. Specific measures to demonstrate outcomes and benefits will be developed for each system change priority. Right Care, Right Time, Right Place is an important component of both the Calderdale STP and the Kirklees STP, and as such its implementation will contribute to</p>

JHOSC No	Planned Work	Notes
		the delivery of the Calderdale HWB objectives and the Kirklees HWB system change priorities.
2	Whole system approach – Partnership working across the whole of the Health and Social Care systems is undertaken through the work with the Calderdale and Kirklees Health and Wellbeing Boards and the supporting work related to the Better Care Fund.to support the changes is undertaken through the Better Care Fund	
3	Full Business Case: The workforce strategy will be developed as part of the strategic case. The outline workforce model proposed in the CHFT 5YR Plan will receive a full review. The specific detail of the hospital workforce model will be part of a longer term process. This will take into account potential service changes in hospital delivery models across WYAAT and horizon scanning of likely changes in workforce supply and demand. It will also take into account the workforce model for the Urgent care Centres.	
4,5	Full Business Case: In the Financial Case the trust will undertake an assessment of affordability. The Trust will set out the capital and revenue requirement for the proposal over the expected life span of the service, together with an assessment of how implementation of the preferred option will impact upon the Trust’s balance sheet and the income and expenditure account. This will build on and update the work previously undertaken in the CHFT 5YR PLAN with the aim of further improving reduction in the Trust’s underlying deficit and the return on investment.	
6,7, 17,18	Activity Modelling – Community: The work to develop the activity and capacity modelling for the hospital sites would be informed by this work which would provide clarity on how capacity will be provided in community and primary care to support the reduction in bed numbers – including the approach to improving efficiencies in bed occupancy and assumptions used in modelling community care- and the phasing necessary to maintain system balance across community and hospital services. The 111 service will be developed in tandem with the proposed changes to community as the revised pathways they can refer into become clearer. This would be updated further as a greater understanding of the changes to hospital services and their timing is developed. For example the ability to make GP appointments at UCCs..	Primary Care was not within the scope of the consultation.
8	The provision of Primary Care was not within the scope of the consultation.	Both CCGs have developed their Strategies for Primary Care. These have been developed with the full involvement of the respective LMCs and the

JHOSC No	Planned Work	Notes
		CCGs' member practices. Both recognise the need to improve access to high quality Primary Care. The Scrutiny of these plans will be undertaken by the Calderdale and Kirklees Scrutiny committees.
9	Full Business Case: Public Confidence – In the Strategic Case, the proposed service model will be reviewed and described. It is unlikely to fundamentally change. The rationale for a planned and unplanned site is consistent with Keogh. The review will identify if any potential service changes in hospital delivery models across WYAAT.	For example, there is currently a West Yorkshire wide engagement on the provision of Hyper Acute Stroke care. Should this proceed to consultation and then to implementation, any implications for this system would need to be taken into account
10	Yorkshire and Humber Clinical Senate review. This will be undertaken following the development of further detail as described above.	
11	Not for the NHS to progress	
12,13	Refresh of Public and Ambulance Travel Analyses: The Public and Ambulance Travel analysis will be refreshed. Those who are currently able to transport themselves to hospital are unlikely to require emergency care and will continue to receive their care at the Urgent Care centre at the location where they currently attend.	The specification and agreement of additional YAS resource would be undertaken as part of existing commissioning arrangements. It is not possible to model the impact of other changes to community that are proposed or any efficiencies resulting from the A629 improvements. The provision of existing Ambulance services was not within the scope of the consultation. It is not possible to provide absolute travel times.
14	Not for the NHS to Progress	
15, 16	Full Business Case: More work is being undertaken to review the hospital capacity requirements on the proposed unplanned site at CRH and how this can be delivered. This will include assessment of car parking capacity and effective access for emergency vehicles. This will build on the work previously undertaken in the Trust's 5 year strategic plan.	
17	See information above. Activity and Capacity modelling will be revisited.	
18	Full Business Case: See information above. The further development of the clinical model will identify appropriate pathways which would allow the processes and protocols to be updated	
19	Local Services – No further information to add	