

Contact Officer: Richard Dunne

## **KIRKLEES COUNCIL**

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

**Thursday 23rd February 2017**

Present:

Councillor Andrew Marchington  
Councillor Elizabeth Smaje  
Councillor Julie Stewart-Turner  
Councillor Carole Pattison  
Councillor Adam Wilkinson - Calderdale Council  
Councillor Jane Scullion - Calderdale Council  
Councillor Marilyn Greenwood - Calderdale Council  
Councillor Chris Pearson - Calderdale Council

Apologies:

In attendance:

Anna Basford – Calderdale and Huddersfield NHS  
Foundation Trust (CHFT)  
Ian Currell – Greater Huddersfield Clinical Commissioning  
Group (CCG)  
Carol McKenna – Greater Huddersfield CCG  
Catherine Riley - CHFT  
Neil Smurthwaite - Calderdale CCG  
Richard Dunne – Principal Governance & Democratic  
Engagement Officer Kirklees Council  
Mike Lodge – Senior Scrutiny Support Officer Calderdale  
Council

Observers:

#### **1 Minutes of Previous Meeting**

That the minutes of the meeting held on 16 November 2016 be approved as a correct record.

#### **2 Interests**

Councillor Pearson declared a personal interest as the organisation he owns and is a director of contract with Calderdale Metropolitan Borough Council in relation to adult social care provision for individuals with learning and/or physical disabilities.

Councillor Wilkinson declared an 'other interest' on the basis that he had a share/interest in his father's pharmacy business.

**3 Admission of the Public**

That all items be considered in public.

**4 Deputations and Petitions**

The Committee received deputations from the following people regarding the proposals for the provision of hospital and community services in Calderdale and Greater Huddersfield:

Nicola Jowett (Hands of HRI Campaign Group), Aaron Lilley (Hands off HRI Youth Campaign Group), Cristina George (Hands off HRI Campaign Group), Jenny Shepherd (Calderdale and Kirklees 999 Call for the NHS), Paul Cooney (Huddersfield Keep our NHS Public), Martin Jones (Slaithwaite Health Centre SOS), Terry Hallworth ((Calderdale and Kirklees 999 Call for the NHS), Rosemary Hedges (Calderdale 38 Degrees Campaign Group), Jenny Shepherd on behalf of Christine Hyde (North Kirklees NHS Support Group) and Councillor Gemma Wilson, Lindley Ward

**5 Update on the reconciliation process and progress of the development of the Full Business Case**

Cllr Smaje stated that the Committee would like to thank Brenda Cook the Independent Facilitator for her report which was included in the Committee's agenda papers together with the CCG's report and invited committee members to put forward comments or questions about the reports.

Cllr Wilkinson stated that the CCGs report referenced six planned pieces of work and the risks to achieving the work within the anticipated timescale. Cllr Wilkinson highlighted the risk that related to the Trust and CCG's being dependent on securing additional capacity and questioned what this actually meant.

Ms Basford informed the Committee that there were elements of the Full Business Case (FBC) that would require technical input that was not currently available at CHFT. Ms Basford explained that the Trust had been in dialogue with NHS Improvement (NHSI) and NHS England (NHSE) who had indicated that they would be able to put the Trust in touch with the relevant expertise.

Ms Basford stated that the work on developing the FBC was progressing and that the Trust was on track to deliver a FBC by the end of June 2017.

In response to a committee question regarding the timescales for the other planned pieces of work Ms McKenna stated that the CCG's would be happy to proceed with the Independent Facilitators recommendation to hold a workshop by the end of March to clarify what information could be shared with the Committee including timelines.

Cllr Scullion questioned whether the Treasury's Five Case model that would provide the guidance for developing the FBC would contain sufficient enough information to address some of the Committee's recommendations.

Ms Basford stated that the FBC was a capital case that would set out the Trust's requirement for investment in the proposed hospital reconfiguration. Ms Basford added that the FBC's primary audience would be the Treasury and the Trust was required to follow the technical guidance outlined in the Five Case model.

Ms Basford explained that the Five Case model wouldn't answer all of the issues raised by the Committee's recommendation's as the majority of the work related to the FBC and would not be directly relevant to the recommendations.

Ms Basford informed the Committee that there was a commitment to address the Committee's recommendations. This would in part come from the FBC to address technical aspects such as eliminating the Trust's deficit and the broader elements of the recommendations would be addressed through the accompanying suite of documents.

Cllr Pattison questioned whether the plans to assure the more detailed proposal through the Yorkshire and Humber Clinical Senate and the requirement for the FBC to be signed off by the Treasury would happen before the Committee had been given an opportunity to assess the information or afterwards.

Ms Basford stated that the FBC would be submitted to the Treasury with a request for funding. Ms Basford explained that the Trust had always been clear that its preferred option would be to progress the proposals with treasury funding and the format for requesting the funds was through the submission of a FBC.

In response to a question regarding the certainty of meeting the end of June deadline Ms Basford stated that it was the Trust's intention to meet the deadline. Ms Basford explained that the June deadline wasn't the target date for presenting to treasury but the date by which the FBC would be signed off by the Trust's Board.

In response to a question on the deadline for sign off by the Clinical Senate Ms Basford stated that the Trust would revisit the clinical model although there wasn't an absolute requirement to obtain sign off by the Clinical Senate.

Ms Basford informed that Panel that the Trust was aware that assurance from the Clinical Senate was a key recommendation of the Committee. The Trust would therefore wish to have further dialogue with the Senate and provide additional clarification in order to help offer greater reassurance to the Committee.

Cllr Julie Stewart-Turner stated that she was surprised that the notes on the planned work including a statement that Primary Care was not within the scope of the consultation.

Cllr Julie Stewart-Turner stated that Primary Care had been referenced throughout the consultation and felt that Primary Care was a key dependency of the proposals and without the support of GP's Care Closer to Home could not be delivered.

Cllr Julie Stewart-Turner stated that Primary Care was a key concern of the Committee and would want to see the concerns addressed in the suite of documents that were being developed alongside the FBC.

Ms McKenna informed the Committee that there had been no specific proposals to change Primary Care in the model that the CCG's had consulted on. However the CCG's did recognise that Primary Care would have a crucial role in supporting the new model of care.

Ms McKenna explained that Primary Care Strategies had been developed and these would be discussed with scrutiny and the CCG's would fully expect to maintain an ongoing dialogue on the plans.

Cllr Marchington stated that early in the discussions on the proposals the Committee had been advised that there need to be a shift of staff working in the acute sector to primary care and it was concerning that this had not been further developed.

Cllr Marchington stated that the Committee would appreciate if the FBC could include looking at a work force strategy to include addressing the retention of staff in the acute sector that had key and transferable skills.

Ms McKenna informed the Committee that the CCG's would consider the Committee's comments regarding the workforce and would look to reflect this in the next stage of the planned work.

Cllr Marchington questioned why it wasn't possible to provide an analysis of absolute travel times.

Ms McKenna informed the Committee that the CCG's would be revisiting some of the work on travel times but because of the way the information was recorded it wasn't possible to provide absolute travel times.

Ms McKenna explained that she didn't have the full information on travel times to hand but would look at this again and provide a detailed explanation.

Cllr Marchington stated that from a public transport perspective it would also be useful to understand the journeys that people would have to make in order to get to the locations where their care would be provided.

Ms Riley informed the Committee that the Yorkshire Ambulance Service (YAS) didn't capture the information that would measure absolute travel times. Ms Riley explained that YAS captured the data which showed the time that the ambulance got to the incident because that was when the care of the patient started.

Cllr Smaje stated that the Committee would like to see the absolute travelling times and that YAS should be modelling overall travel times based on the proposed model.

Cllr Wilkinson stated that in the previous travel analysis it had showed the additional times that people were expected to travel and the Committee's point was that it

would not be possible to work out the additional times under the new model unless you knew what the absolute travel time was.

Cllr Greenwood stated that to have more confidence in the proposed reconfiguration the FBC would have to demonstrate more assurance to the Committee and members of the public.

Cllr Greenwood made reference to the planned work on benefits and outcomes and expressed a concern that social care services wouldn't be able to cope with the reductions in admissions in respect of frail elderly people living with disabilities.

Cllr Greenwood stated that the focus on early preventative measures did not take into consideration a generation that would not see the outcomes and the ever growing elderly population with life threatening chronic illness would impact on the system over the next 20 years.

Cllr Greenwood stated that preventive measures would not correct the system in the next three of four years and the current proposals did not take fully account the increased demand on the health and social care system.

Mr Currell informed the committee that the CCG's modelling work did take account of the increase demand from the growing elderly population and that it would be factored into the FBC and other planned work.

In response to a question on how this acknowledgement of the increased demand would provide assurance to the Committee Mr Currell explained that the next phase of the process would include working through the detail in order to provide that assurance.

Cllr Smaje highlighted the issue that had been raised by a deputation which had suggested that Sustainability and Transformation Plan (STP) Boards were able to overrule CCG's.

Ms McKenna outlined the approach and process that had been followed in developing the West Yorkshire STP and explained that although there wasn't a West Yorkshire STP Board from April 2017 the West Yorkshire CCG's would come together to form a joint committee but only to make decisions in those areas where CCG's governing bodies had given delegated authority to take a decision on a West Yorkshire basis.

Ms McKenna explained that the Joint Committee would not have the power to overrule CCG boards because the CCGs would remain the statutory and accountable organisations.

In response to a question on the timescales for obtaining the Clinical Senates views Ms Basford stated that there wasn't a definitive timescale arranged with the Senate but the Trust had been in dialogue through NHSE with a number of colleagues and clinical leads who were working on the clinical model and the Trust would be looking to schedule the work with the Senate.

In response to a question on the decision making processes that the Trust and CCG's would have to follow in developing the FBC and associated documentation Ms Basford stated that the FBC was a capital case and the document would be submitted to NHSI to seek support and subject to that support it would be presented to treasury.

Cllr Marchington highlighted a number of key areas from the Committee's recommendations and stated that it would be helpful for the Committee to have early sight of the planned work that was relevant to these areas of concern.

Cllr Smaje summarised the views of the Committee which included requiring the views of the Clinical Senate and the FBC and associated documentation by the end of June 2017 and that the Committee would continue to keep lines of communication open with the CCG's and the Trust.

**RESOLVED -**

- 1 That representatives from Greater Huddersfield Clinical Commissioning Group (CCG), Calderdale CCG and Calderdale and Huddersfield NHS Foundation Trust (CHFT) be thanked for attending the meeting.
- 2 That the CCG's and CHFT submit to the Committee the completed Full Business Case and associated documentation by the end of June 2017.
- 3 That a meeting of the Committee be arranged by the end of July 2017 to consider:
  - a. Whether the Committee's recommendations contained in its report 'Response to proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield' have been satisfactorily addressed.
  - b. Exercising the Committee's power of referral to the Secretary of State in accordance with the requirements of the regulations.