

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	