

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

### **RECOMMENDATIONS ON PROPOSALS FOR FUTURE ARRANGEMENTS FOR HOSPITAL AND COMMUNITY HEALTH SERVICES IN CALDERDALE AND GREATER HUDDERSFIELD**

#### **Improving Outcomes**

##### **Recommendation 1**

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.

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.

#### **A Whole System Approach**

##### **Recommendation 2**

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.

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.

The Committee therefore recommends that the CCGs, in conjunction with 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.

## **Workforce**

### **Recommendation 3**

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.

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.

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.

## **Finance**

### **Recommendation 4**

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.

The Committee is concerned that if CHFT remains in deficit, then local services will not be sustainable and further reconfigurations may result.

The Committee wishes to see a financial plan produced by the CCGs and CHFT that addresses the financial deficit and clearly identifies how local services will be delivered in a safe and sustainable way.

### **Recommendation 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.

## **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.

### **Recommendation 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.

### **Recommendation 7**

The Committee supports the proposals to enhance Care Closer to Home services. Improvements to these services are a matter of priority 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.

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.

### **Recommendation 8**

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.

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.

## **Public Confidence**

### **Recommendation 9**

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.

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.

### **Recommendation 10**

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”

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.

## **Transport**

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.

### **Recommendation 11**

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 impact on the journey times to some existing services that includes at least one of the hospitals on their route.

### **Recommendation 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.

### **Recommendation 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.

### **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.

### **Estate**

### **Recommendation 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.

### **Recommendation 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.

### **Recommendation 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.

## **Children**

### **Recommendation 18**

The new model of care will include a focus on encouraging parents and carers with a sick child to contact NHS 111 for advice.

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.

## **Local Services**

### **Recommendation 19**

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.

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.