

**Right Care, Right Time, Right Place Programme update**

**1.0 BACKGROUND**

At its meeting on 21<sup>st</sup> July, 2017, the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee (JHOSC) met to determine whether its recommendations, in relation to the proposed future arrangements for hospital and community health services across Calderdale and Greater Huddersfield, had been satisfactorily addressed.

The Joint Committee has accepted that maintaining the status quo is not an option and understands the CCGs' clinical and quality case for change. The Joint Committee also accepts that delivering services across two sites has contributed, in part, to the workforce challenges particularly in recruiting to key specialist areas at senior levels. It has expressed no view about the location of an "unplanned" hospital or a "planned" hospital. However, the Joint Committee has serious concerns about some of the consequences of reconfiguring hospital services in this way.

The Committee decided to exercise its right to refer the decision of the CCGs to the Secretary of State for Health on the grounds that:

- It is not satisfied with the adequacy of content of the consultation with the Joint Committee.
- The amended proposals presented to the Joint Committee are not consistent with the proposals originally consulted on by the CCGs in 2016.
- It considers that the proposal would not be in the interests of the people of Calderdale and Greater Huddersfield and hence not in the interests of the health service in the area.

The Committee wrote to the Secretary of State in September, 2017

**2.0 INTRODUCTION**

The Independent Reconfiguration Panel (IRP)'s report into the proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield was received by the CCGs in May, 2018.

The IRP has reached the conclusion that the status quo is not an option and pursuing the proposal in more detail is reasonable in the interests of local health services. It has recognised that the clinical case for concentrating all the relevant services for those with emergency needs in one location, and separating these from planned care has been reinforced, not contradicted, and accepted that an alternative model was not identified during the consultation.

Additionally, the report identifies real concern and a sense of urgency as it has become increasingly difficult to recruit and retain key medical staff stretched across two sites and that there is now the prospect of needing to make service changes to protect their safety and quality. Should this be the case, contingency plans would be shared with the JHSC.

The IRP report identifies three areas which require further focus, those being; out of hospital (community) care, hospital capacity and the availability of capital financing.

**REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL  
JULY, 2018**

**3.0 AREAS OF FURTHER WORK**

To date, the development of our thinking to address the three areas has identified three potential options: do nothing; continue with the proposed plan; progress with a phased approach. The option to do nothing has been rejected on the basis that all partners are agreed that maintaining the status quo is not an option. The second option has been rejected at this stage, as the IRP, supported by the Secretary of State has asked that we look at the three areas.

Therefore, in line with the Secretary of State for Health and Social Care's request, the CCGs and CHFT have agreed with NHSE and NHSI that they will explore the implications of a phased approach to implementation of the proposals in relation to Out of Hospital Care, hospital capacity and capital financing. CHFT is leading work to look at the phasing of capital financing and hospital capacity. The CCGs are leading the work in relation to Out of Hospital Care.

We will continue our planned work with partners to further develop our thinking on the three areas highlighted and identify the necessary action required to safeguard the quality and safety of hospital and community services into the future and report back to the Secretary of State on progress.

**4.0 TIMESCALES**

The NHS response will be submitted to the Secretary of State by NHSE/I. This will be completed by 10<sup>th</sup> August in line with his request.

An initial discussion with the Chairs of the Joint Scrutiny committee has identified that it would be useful for a workshop between members of the Committee, CHFT and the CCGs to be held prior to submission of the NHS response to the Secretary of State. This would be followed by a formal meeting of the joint committee post submission of the NHS response.

**5.0 RECOMMENDATIONS**

The committee is asked to:

- a) Note the NHS' proposed approach to responding to the Secretary of State for Health
- b) Discuss and agree the next steps for how the NHS and the Joint Committee should work together to take this work forward

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27<sup>th</sup> June, 2018**