Contact Officer: Richard Dunne

KIRKLEES COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Friday 21st July 2017

Present:
Councillor Anne Collins
Councillor Ashley Evans
Councillor Andrew Marchington
Councillor Carole Pattison
Councillor Chris Pearson
Councillor Elizabeth Smaje (Chair)
Councillor Julie Stewart-Turner
Councillor Adam Wilkinson

In attendance:
Anna Basford – Calderdale and Huddersfield NHS Foundation Trust (CHFT)
Gary Boothby - CHFT
Carol McKenna – Greater Huddersfield Clinical Commissioning Group (CCG)
Jen Mulcahy – Calderdale CCG and Greater Huddersfield CCG
Neil Smurthwaite - Calderdale CCG
Owen Williams - CHFT
Karl Larrad – Kirklees Council Legal Services
Mike Lodge – Senior Scrutiny Support Officer Calderdale Council

1 Minutes of Previous Meeting

RESOLVED - That the minutes of the meeting held on 23 February 2017 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 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

The Committee considered the question of the admission of the public and agreed that all items be considered in public session.

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:

Helen Kingston, Nicola Jowett (Let's Save HRI), Chris Dronsfield (Let's Save HRI), Karl Deitch (Let's Save HRI), Jackie Murphy (Hands off HRI), Jenny Shepherd (Calderdale and Kirklees 999 Call for the NHS), Paul Cooney (Huddersfield Keep Our NHS Public), Bert Jindal (Kirklees Local Medical Committee), Thelma Walker MP and Paula Sherriff MP.

Under the provisions of Council Procedure Rule 36(1) the Committee received representations from Councillors Richard Smith, Bill Armer, Judith Hughes, Rob Walker, Richard Eastwood, Linda Wilkinson, David Hall and John Taylor.

5 Update on the response to the recommendations of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC)

Cllr Smaje informed the Committee of the decision it had reached at its meeting held in February 2017 and outlined details of the Committee's expectations regarding the Full Business Case (FBC) and associated documentation including the timescales that had been agreed with the Clinical Commissioning Groups (CCGs) and Calderdale and Huddersfield NHS Foundation Trust (CHFT).

Cllr Smaje stated that the Committee had provided the CCGs and CHFT with its timescales for a decision on referral which had been based on the timescales provided by the CCGs and CHFT for the completion of the FBC.

Cllr Smaje outlined details of the lines of communication that had been maintained between the Committee, CCGs and CHFT and explained that through this communication the Committee had been informed that the FBC would contain commercially sensitive information and so would not be immediately available to the Committee or public.

Cllr Smaje informed the Committee that the powers of Health Scrutiny meant that it was possible for it to receive commercially sensitive information in confidence to inform its reports and recommendations.

Cllr Smaje stated that the Committee had made a request to see the FBC and confirmed that prior to the meeting it had received a brief presentation on parts of the document.

Cllr Smaje stated that despite having received the presentation the Committee would proceed with the meeting on the basis of the information that it had received and outlined the decisions it would be considering.

Mr Williams informed the Committee that CHFT welcomed input from elected members and campaign groups and stated that the Trust believed that all of the concerns, queries and comments it had received regarding the proposals were legitimate.

Mr Williams outlined the current position of the FBC and stated that the Trust was aiming to publish a redacted version or the full version for its governing body meeting that was scheduled to take place on 3 August 2017.

Mr Williams informed the Committee that whatever decision it decided to take at the meeting would be fully respected by the Trust.

In response to a Committee question Ms McKenna stated that the CCGs had not had yet had sight of the FBC and explained the process that would be followed before the CCGs took a view on the FBC.

In response to a Committee question Ms McKenna outlined the likely timescales for the CCGs consideration of the FBC and confirmed that this would include assessing if the FBC was in line with the model on which they had consulted.

In response to a committee question Ms McKenna outlined the process that had been followed by the CCGs' Quality Committees in considering The Quality and Safety Case for Change.

Cllr Wilkinson stated that he felt that the limited response and evidence from the CCGs regarding the Committee's recommendations on a whole system approach was inadequate.

Ms McKenna informed the Committee of the Kirklees Health and Wellbeing Plan that had been submitted to the Kirklees Health and Wellbeing Board that reflected the whole system approach being taken in Kirklees.

Cllr Pearson outlined the concerns highlighted in the Kirklees Local Medical Committee's (LMC) deputation that it had not been involved in any discussions about the choice of solution and asked whether the CCGs agreed with this statement.

Ms McKenna informed the Committee of the communication and discussions that had previously taken place with CCG members and the Kirklees LMC on the proposed changes to the clinical model.

In response to a committee question on how confident the CCGs were that the Care Closer to Home (CC2H) programme would deliver the intended reductions in hospital admissions Ms McKenna stated that the target was a challenge however evidence in Kirklees was showing that admissions to emergency services had reduced over the last two years.

In response to a committee question regarding whether there had been any discussions following the consultation on developing a West Yorkshire collaboration of acute hospitals Mr Williams stated that as part of the developing West Yorkshire Sustainability and Transformation Plan (STP) there had been discussions between those Trusts that came under the STP.

Mr Williams provided an overview of the areas of discussions that had taken place as part of the West Yorkshire Association of Acute Trusts and explained the process that had been put in place to develop a number of clinical and non-clinical acute trust work programmes.

Cllr Stewart–Turner explained the difficulty that the Committee had experienced in obtaining the CHFT Workforce Strategy and outlined the problems that the Committee had faced in cross referencing the strategy to other aspects of the

proposals due to the lack of a detailed response to the Committee's recommendations.

Cllr Marchington stated that the planned reductions in workforce at CHFT should be balanced by an increase in primary and community care and that the Committee had consistently requested a workforce plan that showed how the skills base could be maintained across the health care system.

Cllr Marchington stated that the report to the Committee didn't provide much detail on a workforce plan and the Committee would have appreciated more information on how the future skills base was going to be developed.

Ms Basford provided an overview of the information on workforce planning that was contained in the FBC.

Cllr Pearson outlined in detail the Committees disappointment that the Trust hadn't been able to submit the FBC for discussion at the meeting.

Cllr Marchington stated that the Committee was aware of the financial pressures faced by the Trust and CCGs. Cllr Marchington highlighted the constantly changing financial position and expressed a concern that the Committee was unable to get a full financial picture of the Trusts situation.

Cllr Marchington stated that the Committee was also concerned that the only option that appeared to be available to fund the proposals was through another private finance initiative (PFI).

Mr Boothby provided the Committee with an explanation of the Trust's plans to get back into financial balance and explained in the detail the discussions and the work that had taken place to assess how the proposals could be funded.

Mr Marchington stated that the evidence of PFI arrangements including information that had come from central government select committees had highlighted how inefficient the arrangements were when compared to other alternative funding options.

Cllr Pearson outlined the details of regulation 26 from the Local Authority regulations 2013 that related to the provision of information to a local authority and reiterated the Committee's disappointment that the FBC had not been provided to the Committee as requested.

Ms Basford informed the Committee of the process that the Trust had followed in sharing information from the emerging FBC and explained that subject to legal advice the Trust was aiming to disclose as much of the FBC as possible.

Cllr Smaje stated that the process that the Committee had followed had been in line with the mediators recommendations and outlined the discussions that the Committee had undertaken with the CCGs and the Trust in respect of providing the Committee with the FBC in time for its July meeting.

In response to a committee question Mr Boothby outlined the work that the Trust had undertaken in assessing the various funding routes for the proposals and explained that following advice from the Treasury and the Trust's regulator they had modelled the costs based on the PFI option.

In response to a committee question Mr Smurthwaite informed the Committee that there were financial pressures in the health care system and explained the approach that CCGs were taking to try and bridge the financial gap.

In response to a committee question Ms McKenna provided an overview of the approach that would be required across the whole health and social care system to reduce hospital admissions.

Cllr Pattison stated that it would be helpful to understand how the changes in demographics and planned reductions in hospital staff had been factored into the work that was being developed to reduce hospital admissions.

Ms McKenna and Mr Smurthwaite outlined the approach that CCGs took in identifying the needs of the local population when developing community services.

Ms Basford explained the approach that the Trust took in modelling activity levels and demographic changes and growth to inform the Trust's workforce plans.

Cllr Stewart-Turner stated that the Committee was following an evidence based process and that as well as the FBC the Committee had also expected to receive a suite of additional documents that related to different parts of the proposals.

Cllr Stewart-Turner stated that although committee members had received examples of CC2H that had worked well they had not received sufficient enough evidence to provide members with the confidence that community services could be developed at the scale that would meet the required reduction in demand for hospital services.

In response to a committee question on how achievable it was to meet the target of an 18% reduction in unplanned hospital admissions over five years Ms McKenna stated that the CCGs would do everything they could to achieve the target and outlined the commitment between the CCGs, the Trust and other partners in working together in developing a changed model of care.

Cllr Pearson commented that it may have been a mistake for the CCGs and Trust to focus purely on the reduction in beds and bed numbers and that it may have been better if they had talked about how the services would deal with the expected numbers of patients.

Ms Basford informed the Committee that the numbers of patients visiting the planned hospital would not be significantly different to a year ago when it was proposed to have 120 beds.

Ms Basford stated that in response to the consultation and further dialogue with clinical colleagues it had been agreed on the grounds of quality and safety of care to undertake a proportion of surgical procedures at the unplanned emergency site.

Cllr Wilkinson stated that he was astounded that the CCGs response to the Committee's recommendation on primary care was that the provision of primary care was not within the scope of the consultation.

Cllr Wilkinson stated that he felt that GPs and primary care were intrinsically linked to the proposals and that if you couldn't get the services provided by GPs right then you wouldn't be able to reduce demand for hospital services.

Cllr Wilkinson expressed his frustration that the CCGs had referred the Committee to their primary care strategies despite the fact that there was no evidence of a written Calderdale Strategy.

Mr Smurthwaite informed the Committee that Calderdale CCG did not have a strategic policy but that there was a Primary Care Plan that had been shared at the Calderdale Health and Wellbeing Board and the Overview and Scrutiny Board.

Mr Smurthwaite stated that the plan had also been discussed with Calderdale GPs and there was a vision for primary care and key priorities included a focus on access.

Cllr Marchington stated that although the CCGs had provided more information on staffing in Urgent Care Centres (UCC) the fact that a doctor would not be present all of the time would not help to reassure members of the public.

Ms McKenna explained that although a doctor might not be physically present at an UCC all of the time they would retain clinical responsibility for all patients treated at the Centre.

Ms McKenna informed the Committee that further work was still required to scope out the skill mix of staff in the UCC and this would include developing new roles such as an Emergency Nurse Practioner.

Ms McKenna stated that there would also be a GP out of hours service co-located with the UCC on both sites and this would provide additional medical presence.

Ms McKenna informed the Committee of the new initiatives from national government on primary care that included a requirement for all CCGs to commission extended access models for General Practice.

Cllr Wilkinson stated that the consultation document had not made it explicitly clear that there would not be a doctor present at all times in the UCC and this raised the question of the adequacy of the consultation with the public.

Cllr Pattison stated that there was a lack of public confidence in the proposals and although the Trust had commented that they welcomed comments and response from the public the planned downgrade of the hospital in Huddersfield and what appeared to be a glorified GP surgery did not help to maintain public confidence.

Cllr Marchington commented that transport was a major concern for many local residents and the proposals would result in a significant increase in transport journeys for emergency services.

Cllr Marchington stated that another concern was the increase in patient journeys for residents in Calderdale and Greater Huddersfield for planned and unplanned treatment and in particular the impact this would have on residents who had to use public transport or taxis.

Cllr Marchington stated that it was important to have an understanding of the clinical outcomes where services had been consolidated onto one site.

Cllr Marchington highlighted the changes that had been made to maternity services and stated that the Committee would want to know what measures would be taken to assess the impacts on clinical outcomes as a result of reconfiguration.

Cllr Pearson commented on the issue of adequate access to emergency services for residents that lived in the outlying areas of the districts and in light of the underperformance in ambulance response times in these areas asked how this issue would be addressed.

Ms McKenna stated that the Yorkshire Ambulance Service (YAS) had recognised the challenges they would face in conveying patients through areas like the Elland bypass although YAS had been clear that this would no different to the challenges it faced in other areas of West Yorkshire.

Ms McKenna explained the process that YAS followed when it arrived at a call out which included a focus on stabilising the patient. Ms McKenna outlined the work that was being by the Public and Transport Group which included details of its objectives.

Cllr Marchington stated that to help confidence in the proposals the public didn't just need to know what happened when an ambulance arrived in response to an emergency call but also more information on the outcomes of the patient.

Cllr Marchington stated that providing information on clinical outcomes would help provide reassurance to members of the public and the Committee that the proposals were delivering what had been promised.

Cllr Marchington added that if it materialised that outcomes weren't being improved a mechanism should be put in place to ensure that the matter could be quickly dealt with.

The Committee adjourned to deliberate on whether the information submitted by the CCGs and CHFT had satisfactorily addressed its recommendations.

The Committee returned from its deliberations and Cllr Smaje thanked everyone for their patience. Cllr Smaje stated that following its deliberations the Committee had agreed that it wished to put forward two recommendations.

Cllr Smaje read out the first recommendation. The first part of the recommendation included an acceptance that maintaining the status quo was not an option and that the delivery of services across two sites had also contributed, in part, to the workforce challenges.

The second part of the recommendation highlighted that the Committee had serious concerns about some of the consequences of the proposed reconfiguration of hospital services and Cllr Smaje read out the significant concerns of the Committee.

Cllr Smaje read out the second recommendation which detailed the Committee's wish to exercise its right to refer the decision of the CCGs to the Secretary of State to Health and the grounds for the referral.

Cllr Collins stated that as a new member she recognised the work that had been done by the Committee in coming to a decision on the matter and appreciated that the Committee had tried to address the issues that affected both Calderdale and Kirklees.

Cllr Collins stated that she felt that reconfiguration was about money and this had set agency against agency and put elected representatives in a difficult position when trying to represent the interests of their own communities.

Cllr Collins stated that she felt that underfunding of health and care services by Government could not be more evident. Cllr Collins stated that she would not support referring the proposals to the Secretary of State and outlined the reasons why.

Cllr Collins stated that a key concern was the referral could result in a greater threat to the delivery of local services with more services being moved outside of both Calderdale and Kirklees.

Cllr Pearson stated that he couldn't vote for referral as he also had concerns that it could result in worse proposals. Cllr Pearson expressed his disappointment that the Committee hadn't received the suite of documents and that he still would wish to see the FBC in order to make a fully informed decision.

Cllr Evans stated he couldn't vote for referral for the same reasons outlined by Cllrs Collins and Pearson. Cllr Evans stated he supported the continuance of the Committee to keep track of the delivery of the process.

Cllr Smaje thanked everyone who had spoken at the meeting and thanked the committee members for their hard work. Cllr Smaje thanked the Committee's supporting officers and the Town Hall staff.

RESOLVED –

1) That the Joint Committee wishes to place on record the following comments regarding the proposals on future arrangements for hospital and community health services in Calderdale and Greater Huddersfield:

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 significant concerns are:

a) The Joint Committee agreed that it would make a decision on referral to the Secretary of State in the knowledge of the content of the Full Business Case, as discussed at the mediation session in January 2017. The Joint Committee has not been given sufficient time to consider the Full Business Case in line with agreed timescales.

   The report presented to the Joint Committee at this meeting from CHFT and the CCGs does not adequately address the concerns of the Joint Committee expressed through their recommendations. This is inadequate consultation with the Joint Committee.

b) The hospital reconfiguration proposals are dependent on reducing demand on hospital services through "care closer to home". Although some reduction in unplanned admissions to hospitals has been reported, the Joint Committee is not assured that the proposal for "care closer to home" are sufficiently robust to deliver the reductions in demand on hospital services at a sufficient scale to allow the number of beds in the two hospitals to be reduced by more than one hundred.

   The Joint Committee is not convinced that an 18% reduction in unplanned admissions is achievable given the advice from NHS Transformation Unit is that few UK health systems have achieved such an improvement and that the Trust is currently only achieving an annual reduction of 2%.

c) The Joint Committee has not received sufficient information to be assured that the proposals are financially sustainable. Although the latest proposals reported to the Joint Committee indicate that CHFT will achieve a surplus after 2024/5, no information has been provided that explains how this is to be achieved.

d) The Joint Committee is concerned that the capital development is to be funded through PFI, particularly when no detail about this has been made available to the Joint Committee. The Joint Committee is disappointed that support for the proposals has not been forthcoming from the Treasury or other national Government sources especially in the light of the PFI arrangement that is already in place in Calderdale and Greater Huddersfield.

e) The CCGs have not consulted on primary care. However, the Joint Committee has heard evidence that General Practice has an important

part to play in reducing demand on hospitals. The consultation document says, “Both CCGs are planning improvements to in-hours and out of hours GP services to reduce the need for patients to attend hospital when they have an urgent care need.”

The Joint Committee is not assured that progress in introducing these improvements will be fast enough or substantial enough to have a significant effect on demand at the hospitals, particularly given the scale of the workforce crisis in General Practice.

f) The Joint Committee has recommended that better outcomes are embedded across the whole health and social care system and wants to be satisfied that there is sufficient capacity to serve the diverse populations and address the health inequalities that exist across both areas. The Joint Committee is not satisfied that this has been satisfactorily addressed.

g) The Joint Committee is concerned to learn that there will not be a doctor present at the proposed Urgent Care Centres all the time. This is not consistent with the statement in the Consultation Document that “the Urgent Care Centre would be open 24/7 staffed by highly experienced doctors and nurses who have trained and worked in emergency care over many years.”

h) The Joint Committee has heard about the reductions in travel time that will result from improvements to the A629 and that ambulance services will be commissioned to achieve the same service standards as currently when new arrangements are implemented.

However, the Public Transport Analysis refresh is not complete and the Travel and Transport Group has not reported. Consequently, the Joint Committee still has concerns that the hospital reconfiguration proposals will have a detrimental effect on patients making their own way to hospital and for their visitors.

i) The report prepared for the Joint Committee states that 600 car parking spaces will be provided at Calderdale Royal Hospital and that external estates advice is that the site at Calderdale Royal Hospital is of sufficient size to be able to accommodate the additional new build and clinical capacity necessary. Until the Joint Committee receives more detail about this, it cannot be assured about the capacity of Calderdale Royal Hospital to provide a service to a significantly larger number of patients, particularly given the proposed increase in beds at Calderdale Royal Hospital from 612 to 676.

j) The reasons for the proposed further reduction in beds from 120 to 64 at the new hospital in Huddersfield have not been adequately described and so the Joint Committee cannot be assured that there will be sufficient capacity in Huddersfield. This change is so significant in size that the Joint Committee does not consider that the public have been properly consulted on this aspect of the proposals.

2) That the Joint Committee exercises its right to refer the decision of the CCGs to the Secretary of State for Health on the grounds that:

   a) It is not satisfied with the adequacy of content of the consultation with the Joint Committee

   b) The amended proposals presented to the Joint Committee are not consistent with the proposals originally consulted on by the CCGs in 2016.

   c) 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