Councillors Liz Smaje and Adam Wilkinson Joint Chairs
Calderdale and Kirklees Joint Health Scrutiny Committee

1 September 2017

Sent by E-mail only

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

Dear Secretary of State

Referral of NHS Proposal – Right Care Right Time Right Place – Proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield

I write to advise you that on 21 July 2017 the Calderdale and Kirklees Joint Health Scrutiny Committee (Joint Committee) decided to refer to you the proposals *Right Care Right Time Right Place - Proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.*

The Joint Committee has been meeting since September 2014 and was established to respond to the proposals. Both Calderdale Council and Kirklees Council have delegated their power of referral to the Joint Committee.

The Joint Committee has been formally consulted by Calderdale Clinical Commissioning Group and Greater Huddersfield Clinical Commissioning Group (as the joint lead bodies) on the proposals. Details of the proposals are contained in the consultation document Right Care Right Time Right Place – Proposed future arrangements for hospital and community health Services in Calderdale and Greater Huddersfield. The formal public consultation ran from 15 March 2016 – 21 June 2016 with submissions for online surveys extended until 24 June 2016.

The Joint Committee formally responded to the proposals at its meeting held on 30 September 2016 and the Joint Committee report[1] and its recommendations are attached to this letter.

This referral is made in accordance with Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 on the grounds that the Joint Committee:

1. It is not satisfied with the adequacy of content of the consultation with the Joint Committee
2. The amended proposals presented to the Joint Committee are not consistent with the proposals originally consulted on by the CCGs in 2016.
3. 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.

Calderdale and Huddersfield NHS Foundation Trust (CHFT) currently provides its services across two hospital sites located in Halifax (Calderdale Royal Hospital) and in Huddersfield (Huddersfield Royal Infirmary) and both hospitals provide a full Accident and Emergency service.

The model that has been developed proposes to make a number of changes to the arrangements for hospital services including emergency and acute care, urgent care, maternity, paediatrics and planned care and improvement to community health services in Calderdale and Greater Huddersfield.

A key element of the proposals is to have a single Emergency Care Centre that will provide: Emergency/Acute medicine; Accident and Emergency services; and a Paediatric Emergency Department. The proposed site for these services is Calderdale Royal Hospital.

Under the proposals the Huddersfield Royal Infirmary will close and a new hospital developed on a site close by (Acre Mills) that would be dedicated for planned care. Both hospitals would have an Urgent Care Centre that would be available 24 hours a day and 7 days a week.

Work on the Full Business Case during the first half of 2017 led to several changes to the proposals consulted on by the CCGs. The Joint Committee was not aware of these changes until 12 July, when it received a report from the CCGs and CHFT for discussion at the Joint Committee meeting on 21 July. The significant changes were:

- The new hospital at Acre Mills in Huddersfield was reduced in size from 120 beds to 64 beds.
- The number of beds at Calderdale Royal Hospital increased from 612 beds to 674 beds. More planned procedures will take place at CRH than previously planned.
- The overall reduction in beds at both hospitals increased by 20 beds.

[1] Response to proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield published September 2016

- The reduction in posts lost through the proposals has changed from 950 jobs to 450 jobs.
- The original proposals left a deficit of £9.5m at CHFT by 2021. The new proposals create a surplus by 2024.
- The only option available for funding a new hospital in Huddersfield and enhancing facilities at Calderdale Royal Hospital will be a new PFI arrangement.

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.

The Joint Committee agrees that it is right that our local health services embrace advances in medical knowledge and technology to provide new ways to deliver health services; improve care through the provision of specialist teams; increase efficiencies; and improve access to treatments outside of hospital.

However changes must take account of local circumstances and result in improvements to the health provision for local people. The Joint Committee has heard and received significant volumes of evidence from the public that highlights real concerns about the consequences of the clinical model and the Joint Committee feel that people have expressed genuine concerns and that they should not be ignored.

Detailed below is a summary of the reasons for referral:

Consultation

During the consultation period with the Joint Committee the CCGs and CHFT have cooperated in a positive manner to any requests for information or attendance at meetings.

Representatives from these bodies have attended many Joint Committee meetings to discuss the proposals in detail and have provided a significant level of information that has helped to inform the work of the Joint Committee, although sometimes struggling to address the Committee's concerns.

On the 3 October 2016 the Joint Committee formally submitted to the CCGs its report and recommendations in response to the proposals. The Joint Committee received a formal response to its report on the 21 October 2016 which was considered at its meeting held on 16 November 2016.

During its consideration of the response the Joint Committee expressed its disappointment with the minimal level of detail included in the CCGs response. The Joint Committee concluded that due to the inadequacy of the response steps would have to be taken to reach agreement on areas of difference between the Joint Committee and the CCGs.

As part of the mediation process, 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. This was discussed at the mediation session in January 2017 and it was agreed with CHFT and the CCGs that the Full Business Case would be available by the end of June.

The Full Business Case was not made available to the Joint Committee before they met on 21 July, except for a short private briefing that was presented by CHFT shortly before the start of the Joint Committee meeting.

Consequently, the Joint Committee considers that it has not been given sufficient time to fully assess the Full Business Case in line with agreed timescales. The report produced by CHFT and the CCGs and presented to the Joint Committee at the July meeting did not adequately address the concerns of the Joint Committee expressed through its recommendations.

The Full Business Case only addressed issues of direct concern to CHFT. The Joint Committee expected to receive a "suite of documents" to address issues within the remit of the CCGs. The Joint Committee did not receive these documents. These issues were only addressed very briefly in the report prepared by the CCGs and CHFT for the Joint Committee meeting on 21 July. This is inadequate consultation with the Joint Committee.

The Joint Committee noted that the response rate for the CCGs' public consultation significantly exceeded the rates that would normally be expected, with the vast majority of respondents living in the Greater Huddersfield area. This reinforced the view of the Committee that significant numbers of people were concerned by the proposals and in particular with the loss of the Accident and Emergency Department in Huddersfield.

The Joint Committee also noted that 80% of respondents to the CCGs' public consultation who live in Kirklees believed they would be negatively affected by the proposals and over 60% of respondents from Kirklees did not support any aspects of the proposed changes.

The NHS tests for service change include the requirement to ensure that proposals reflect consistency with current and prospective patient need and take into account the need to develop and support patient choice. In light of the views articulated by local people, and the evidence provided by the CCGs and CHFT, the Joint Committee would question whether sufficient weight has been given to the need and choice of local residents.

The Joint Committee would also ask whether the decision to proceed with the proposals is consistent with NHS values which aim to put the needs of patients and communities first and put in place services that will meet the needs of local communities.

Financial Sustainability

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 2024/25, no information has been provided that explains how this is to be achieved.

It is clear to the Joint Committee that a key driver for these changes is the financial position of CHFT and the wider local health economy. The costly PFI arrangement that allowed Calderdale Royal Hospital to be built has contributed to the financial difficulties faced by the Trust. CHFT is currently running at a significant revenue deficit and the Joint Committee accepts that plans need to be put in place to reduce the deficit and ensure that there is a financially stable local health economy with sufficient resource to deliver sustainable high quality care.

The Joint Committee recognises that the Huddersfield Royal Infirmary is now an outdated building and has a significant maintenance backlog. This is an issue that CHFT need to address.

The latest proposals (which bring CHFT into surplus by 2024/5) have – in part - addressed the Joint Committee's previous concern that reconfiguration would not fully eliminate the deficit, which in turn could lead to further reductions in services. However, no evidence has been provided which shows that the plans will support and improve the financial sustainability of the whole health system.

The Joint Committee has not received information about how the revised proposals turn a £9.5m deficit into a £6m surplus, particularly given that the number of job losses has been reduced from 964 to 479.

The Joint Committee is concerned that the capital development at both Calderdale Royal Infirmary and Acre Mills 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.

The current PFI arrangement that CHFT has is generally accepted to be costly and over an exceptionally long timescale. This leaves the Joint Committee and, more importantly, local people with little confidence that PFI is an efficient way of funding the developments in Huddersfield and Halifax that are essential to implement these proposals.

Care Closer to Home and Primary Care

A key enabler to the transformation of hospital services is the work being undertaken to develop services that will provide integrated care delivered at or closer to people's homes.

The Joint Committee has recommended that better outcomes are embedded across the whole health and social care system and want 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 supports the proposals to enhance Care Closer to Home (CC2H) services and considers that improvements to these services are a matter of priority regardless of any proposals to reconfigure hospital services. The hospital reconfiguration proposals are dependent on reducing demand on hospital services through “care closer to home”.

However, 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” is 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 of the NHS Transformation Unit that few UK health systems have achieved such an improvement. The Trust is currently only achieving an annual reduction of 2% and the scale of the challenge is clearly highlighted in the report from the Transformation Unit which states such improvements “would require the CCGs to achieve the best in Class Upper Quartile position”.

Local experience from the reconfiguration of hospital services at Mid Yorkshire Hospitals NHS Trust shows that improvements to care closer to home services that are designed to increase capacity remain difficult to achieve.

Information supplied to the Joint Committee from the CCGs highlight that a key aim of the CC2H programme is to improve health outcomes; reduce an over-reliance on unplanned and planned hospital care; and shift the balance from unplanned and avoidable hospital admission, to planned integrated care provided in community and primary care settings.

The CC2H programmes are not a new concept and work on developing these programmes have been going on for a number of years. However despite repeated requests for more detail, the Joint Committee has not received sufficient enough information to demonstrate how the programmes will provide the capacity that will be needed in a community setting to take the demand out of hospital services.

This lack of detail also means that the Joint Committee and the public are unable to test the CCGs assumptions against the proposals and because of this the Joint Committee remains unconvinced that the CC2H programmes will adequately support the proposed changes.

Reducing Demand in Hospitals

Demands that are being placed on hospitals are increasing and demands for services are likely to continue to rise as a result of people living longer with increasingly complex conditions resulting in multiple needs.

In the face of this demand for hospital services the Joint Committee believe that any moves to reduce bed capacity must be backed up with robust plans. These plans must ensure that there is sufficient capacity elsewhere in the local health and social care system and can demonstrate that local people will continue to receive safe high quality care.

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 however 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.

The Joint Committee is in no doubt that enhancing and changing the ways that primary care services are delivered is an essential element of this transformation programme.

The General Practice Forward View highlights the unprecedented pressure on practices and the significant increase in demand for GP appointments and their complexity. In order for the proposed reduction in beds to be successfully managed, CCGs must ensure that GPs and primary care services have the capacity to help support and provide alternative provision including greater access to clinical advice through general practice.

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 has recommended 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.

The Joint Committee has been told by Kirklees Local Medical Committee that they had not been consulted on the latest changes to the proposals. Although Greater Huddersfield CCG disagrees with this statement this uncertainty does not give the Joint Committee confidence that enough progress has been made to progress the resilience of local GP provision. This lack of clarity leaves significant doubt over the plans to strengthen community services which will be required to support the planned reduction in beds.

The comments about general practice apply across the whole health and social care system. Demand on hospital services can be managed by reducing both planned and unplanned admissions to hospital, reducing hospital lengths of stay and reducing delayed transfer of care.

This requires a cross-system approach, particularly involving social care services. Although the Joint Committee is aware of initiatives in both Calderdale and Greater Huddersfield, these have not had sufficient impact on hospital throughput. The Joint Committee is not assured that there are sustainable plans that will bring about significant and sustainable reductions in demand for hospital services.

Urgent Care and Emergency Care

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."

The proposals for concentrating emergency services on one site and providing Urgent Care Centres in both Halifax and Huddersfield are the part of the proposals that have caused some members of the public most concern. For the proposals to succeed, the public must have confidence in the proposals. The public expect that there will be a doctor available at both Urgent Care Centres all the time. The CCG consultation document gave a very clear impression that this would be the case.

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 staffed. This has contributed to a lack of public confidence in the proposals.

The Committee has recommended 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.

Transport and Travel

Travel and transport is another area where the public have expressed serious concerns about the impact of the proposals on their health. The changes will mean that some people in Calderdale and Greater Huddersfield will have to travel further for their treatment.

The Joint Committee has heard about the reductions in travel time that will result from improvements to the A629 and is pleased that Calderdale Council and Kirklees Council have made improvements to the A629 a priority.

The Joint Committee has also learnt that ambulance services will be commissioned to achieve the same service standards as currently when new arrangements are implemented. The CCGs agreed during the mediation process to refresh their Public Transport Analysis. This is not yet complete. The Travel and Transport Group has also not yet 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.

Many respondents from Kirklees highlighted concerns about the impact of increased travel times particularly for access to emergency treatment by ambulance. They

have also linked these proposals with the service changes that are taking place in North Kirklees.

Later this year the Mid Yorkshire Hospitals Trust reconfiguration of hospital services (Meeting the Challenge) will result in a Single Emergency Care service opening at Pinderfields Hospital Wakefield and Urgent Care Centres located at Dewsbury and Pontefract Hospitals.

This means people living in North Kirklees will no longer have access to Emergency Care in their area and these proposals mean that there will not be an Emergency Centre within the Kirklees boundaries.

The CCGs have assured the Joint Committee that ambulance services will be commissioned to the same standards under any new hospital configuration as they are now.

However, the Joint Committee remains unconvinced that the impact on the Yorkshire Ambulance Services (YAS) has been fully considered. The Joint Committee is aware of the pressures on YAS particularly in relation to the increase in emergency call outs and data has shown that there is significant underperformance in the outlying rural areas of Huddersfield.

Despite a recommendation that CCGs provide details of the measures that will be taken to support a significant improvement in service and ensure targets are met the Joint Committee has not received any evidence that provides sufficient assurance that this underperformance won't worsen, particularly if more ambulances are drawn out of Kirklees to convey patients to specialist hospitals located in neighbouring areas.

Hospital Capacity

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.

Before these revised proposals, the Joint Committee had concerns about hospital capacity.

The Joint Committee accept that the condition of the estate at HRI is far from ideal. The hospital building is 50 years old and has a substantial maintenance backlog. Members of the Committee who visited HRI saw for themselves that areas of the estate were in need of repair and upgrading and were shown the limitations that the building presented in enhancing the infrastructure.

Committee members also visited CRH and heard evidence about how the PFI asset and facilities management contract works and although CRH is less than 20 years old it is a building that also has room for improvement. The Joint Committee remains to be assured that the CRH site has sufficient capacity for expansion.

The Joint Committee noted the modelling work undertaken by Calderdale and Huddersfield NHS Foundation Trust (CHFT) to assess the potential impact on emergency attendances which indicated there would be a significant increase in the overall numbers of people being seen at CRH with over 115,000 each year attending the Urgent Care and Emergency Care Centre[2]. Along with planned episodes of care, this will place the traffic infrastructure under increasing pressure.

The Joint Committee remains concerned about the impact of increased ambulance activity at Calderdale Royal Hospital, both in relation to traffic on site and increases in traffic to and from the hospital. The Joint Committee also questions the ability of the ambulance service to cope with the additional journey times and demand.

The report prepared for the Joint Committee stated that additional parking spaces at Calderdale Royal Hospital would be provided by the development of a 600 multi storey car park and external estates advice was that the site would be of sufficient size to accommodate the additional new build and clinical capacity necessary.

However until such time as 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.

Workforce

The Joint 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.

Reducing dependency on agency staff is essential to both improving the quality of care, bringing down rates of unplanned admissions to hospital and achieving financial savings. This remains a substantial challenge for CHFT.

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.

[2] Modelling based on the assumption that CRH is the unplanned site and using the proposed clinical model of having an Urgent Care Centre co-located at each hospital site.

External Assurance

The Joint Committee welcomes external assurance on the proposals. The CCGs have sought assurance from the Yorkshire and Humber Clinical Senate and from NHS England. Additionally CHFT has sought assurance from NHS Improvement.

The Joint Committee has received evidence from all three of these organisations and believes the process will be strengthened by receiving the views of the Independent Reconfiguration Panel through this referral process.

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 has recommended 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. We believe that this external assurance is essential both to ensure that the plans deliver the intended objectives and to build public confidence in the proposals.

Mediation

The Joint Committee, the CCGs and CHFT arranged a mediation session that was independently chaired by Brenda Cook, an independent consultant and regional adviser for the Centre for Public Scrutiny. This session was attended by all the Members of the Joint Committee and by senior managers from both CCGs and CHFT. The report produced by Brenda Cook which includes her recommendations is attached to this letter.

Following the mediation session, two workshops took place. Present at these workshops were members of the Joint Committee and senior managers from both CCGs and CHFT. These workshops were arranged in response to an agreement at the mediation session "that where information becomes available, such as modelling or scenarios, the partner agencies may hold informal briefing or discussion sessions".

The first workshop, in April 2017 focussed on the impact on general practice of the hospital reconfiguration and community health proposals and on the need to commission ambulance services differently when the hospital reconfiguration proposals are implemented.

The second workshop, in June 2017, focused on "Care Closer to Home" and travel and transport issues.

Members of the Joint Committee received assurance at the first workshop that ambulance services will be commissioned to the same quality standards that currently exist when the hospital reconfiguration proposals are implemented.

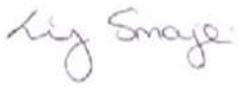
The Joint Committee considers that the mediation session and the two workshops were honest attempts to address the differences between the Joint Committee, the CCGs and CHFT. Although some progress was made, many of the Joint Committee's concerns remain unanswered.

Conclusions

This letter summarises the outstanding concerns that the Joint Committee has following a piece of intensive and thorough work over many months. We hope that your view of this issue will provide a way forward that addresses these concerns.

We have attached a number of supporting documents. Should you require any further information, please do not hesitate to contact Mike Lodge, Senior Scrutiny Support Officer, Calderdale Council (mike.lodge@calderdale.gov.uk 01422 393249) or Richard Dunne, Principal Governance & Democratic Engagement Officer (richard.dunne@kirklees.gov.uk 01484 221000).

Yours sincerely,



Councillor Liz Smaje, Kirklees Council

Councillor Adam Wilkinson, Calderdale Council

cc Members of Calderdale and Kirklees Joint Health Scrutiny Committee.
Jacqui Gedman, Chief Executive, Kirklees Council
Robin Tuddenham, Chief Executive, Calderdale Council
Richard Dunne, Principal Governance & Democratic Engagement Officer, Kirklees Council
Mike Lodge, Senior Scrutiny Support Officer, Calderdale Council

Attached Documents

1. Chronology of events, July 2012 – July 2017

2. Resolution of Joint Committee, 21 July 2017

3. Calderdale and Kirklees Joint Health Scrutiny Committee report,
   Response to proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield

4. Calderdale CCG, Greater Huddersfield CCG, Public Consultation on Proposed Future Arrangements for Hospital and Community Health Services

5. NHS Calderdale CCG and NHS Greater Huddersfield CCG response to the report and recommendations from JHOSC received on 21st October 2016

6. Calderdale CCG, Greater Huddersfield CCG, CHFT,
   Right Care, Right Time, Right Place Programme Update July 2017

7. Calderdale and Kirklees Local Resolution Session,
   Independent Report and Recommendations, February 2017