IRP

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The Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care
39 Victoria Street
London SW1H 0EU

9 March 2018

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
***Right Care Right Time Right Place* – Proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield**
Calderdale and Huddersfield Joint Health Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Liz Smaje (Kirklees Council) and Cllr Adam Wilkinson (Calderdale Council), Joint Chairs, Calderdale and Huddersfield Joint Health Scrutiny Committee (JHSC). NHS England North provided assessment information on 12 February 2018. A list of all the documents received is at Appendix One. The IRP has undertaken an assessment in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services that specifies that advice will be provided within 20 working days of the date of receipt of all required information.

In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that further action is required before a final decision is made about the future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

Background
Calderdale and Huddersfield NHS Foundation Trust (CHFT) provides hospital services at Calderdale Royal Hospital in Halifax (CRH, a 1990s PFI development) and at Huddersfield Royal Infirmary (HRI, a 1960s build). The two hospitals are approximately five miles apart. Both hospitals currently provide accident and emergency services, outpatient and day-case services, acute inpatient medical services, midwife-led maternity

services, theatres and anaesthetics and level 3 intensive care for adults. Other services are provided at one site only.

CRH is situated within the area covered by NHS Calderdale Clinical Commissioning Group (CCG) which is broadly co-terminous with Calderdale Council. HRI lies within the area covered by NHS Greater Huddersfield CCG. Combined, the two CCGs commission services for a population of around 450,000. Greater Huddersfield CCG and the neighbouring North Kirklees CCG are, together, broadly co-terminous with Kirklees Council. Dewsbury and District Hospital, part of the Mid Yorkshire Hospitals NHS Trust, is around eight miles north east of Huddersfield within the area covered by North Kirklees CCG – this hospital and CCG are not part of the proposals that are the subject of this referral.

Right Care Right Time Right Place is a programme of work to transform hospital services. The programme runs alongside two *'Care Closer to Home'* programmes, one in Calderdale and one in Greater Huddersfield.

In July 2012, a strategic review of health services across Calderdale and Greater Huddersfield was launched involving seven healthcare and local authority partner organisations. Four 'care streams' were included in the review – planned care, unplanned care, long term care and children's care.

A review of CHFT's accident and emergency services, carried out in June 2013 by the National Clinical Advisory Team (NCAT), supported *"a one acute care site option as the best for the future safety, value and sustainability of healthcare".*

A strategic outline case, published in February 2014 by CHFT together with the community services provider and mental health and learning disability services provider, proposed the creation of specialist planned and unplanned hospitals in Halifax and Huddersfield and that the option of Huddersfield as the site for unplanned services be tested through stakeholder engagement and public consultation. In April 2014, Calderdale Council established a "People's Commission" to take evidence, lead consultation and produce proposals for the future provision of integrated health and social care services across Calderdale and Greater Huddersfield. Local providers and commissioners held a stakeholder event in August 2014 as part of an engagement process. In November 2014, the provider organisations published an outline business case proposing a 551 bedded unplanned care hospital at Huddersfield and an 85 bedded planned care hospital at CRH.

A report by the Calderdale People's Commission was approved by the Council in February 2015. In April 2015, the Yorkshire and the Humber Clinical Senate completed a report on behalf of Calderdale, North Kirklees and Greater Huddersfield CCGs about proposals for changes to the provision of community services. In September 2015, the

Governing Bodies of Calderdale and Greater Huddersfield CCGs considered their readiness to proceed to consultation and concluded that they were not yet ready to proceed. The CCGs and CHFT established a clinical consensus in October 2015 on the potential outline future model of care. A joint stakeholder event with the public was held in December 2015 to update and seek further views on the developing model and the appraisal criteria to be used to evaluate options. The Yorkshire and the Humber Clinical Senate completed a review of the proposed future model of hospital services.

In mid-January 2016, the CCGs finalised a pre-consultation business case (PCBC) in preparation for NHS England (NHSE) assurance and a formal public consultation. As well as describing the case for change, it summarised the engagement undertaken to inform the proposed model of care, the changes to services and their benefits. With regard to acute hospital services, a shortlist of five options was appraised against various criteria. The main difference between the options was finance and as a consequence the CCG's preferred option would see the emergency centre based at CRH with planned care at Acre Mills in Huddersfield, a site adjacent to HRI. On 20 January 2016, the CCGs Governing Bodies agreed to proceed to consultation on a specialist hospital model with CRH as the site for unplanned care. On 16 February, NHSE confirmed that they were assured that the CCGs had met the 4 key tests and were in a position to commence a consultation exercise on the future model of service delivery. A draft consultation document and consultation materials concerning future arrangements for hospital and community health services was presented by the Chief Officers of the CCGs to a meeting of the Calderdale and Kirklees JHSC on 22 February 2016.

A formal public consultation titled *Right Care, Right Time, Right Plac*e began on 15 March 2016, to run for 14 weeks. The consultation document proposed a single option for emergency care, including emergency paediatric care, based at CRH. A new hospital with around 120 beds at Acre Mills was proposed as a centre for planned care. Both sites would have urgent care centres staffed by doctors and emergency nurses. Other proposals included strengthening maternity services provided in the community and strengthening community services. During the consultation period, NHS officials met five times with the JHSC. Three public meetings were held along with 17 information sessions and drop-in events. Consultation closed on 21 June 2016. An independent 'Report of Findings' was published in August 2016 and a stakeholder event to consider the report was held in September 2016. In the same month, the Consultation Institute confirmed that the consultation had been consistent with the Institute's good practice standards. The JHSC considered the proposals at its meeting on 30 September 2016 and, on 3 October 2016, submitted a report to the CCGs setting out 19 recommendations. The Joint Committee accepted 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"*. It recommended that *"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" as well as making recommendations on workforce, finance, reducing demand, public confidence, transport, estate, children's services and other local services.

The Governing Bodies of the two CCGs met separately on 20 October 2016 to consider findings from the consultation and to consider how to proceed. They both decided *"that the findings from the consultation and the subsequent deliberation provided sufficient grounds to proceed to explore implementation in [a/the] Full Business Case".* The CCG Governing Bodies also approved a response to the JHSC's report which was sent to the Committee on 21 October 2016. The response was considered at a JHSC meeting on 16 November 2016. The Committee expressed disappointment with the level of detail included in the response and concluded that arrangements should be put in place *"to take steps to reach agreement on areas of difference between the Joint Committee and the CCGs".*

An independently facilitated mediation workshop between the organisations was held on 30 January 2017. Amongst the outcomes of the workshop it was agreed that the CCGs and Trust would provide a proposed timeline for producing the Full Business Case (FBC)[1] and that the JHSC would identify the time required to review the FBC, make recommendations and decide whether or not to refer the proposals to the Secretary of State. Further informal workshops between the JHSC, CCGs and CHFT were held in April and June 2017.

Work to develop the FBC progressed during the first half of 2017. In July 2017, the NHS Transformation Unit reported its findings on the likelihood of the delivery of an additional 18 per cent capacity in community services to support proposed changes to hospital services. The report stated that such improvements *"would require the CCGs to achieve the best in class upper quartile position".* On 12 July 2017, the JHSC received a report from the CCGs and CHFT providing an update on programme progress and to be presented to the Committee's meeting on 21 July 2017. The draft FBC was made available to the JHSC at a short private meeting prior to the start of the main Committee meeting. A number of changes to the proposals consulted on were noted including the reduction in beds planned for the new hospital at Acre Mills in Huddersfield from 120 to 64 and that building work required at CRH and the new hospital would be financed through a private finance initiative (PFI) arrangement rather than through public funding. Other concerns noted by the JHSC related to reducing demand on hospital services and unplanned admissions, financial sustainability, primary care and a whole system approach, urgent care centre staffing and travel, transport and parking issues. The JHSC concluded that it

[1] The JHSC's referral letter of 1 September 2017 states that *"it was agreed with CHFT and the CCGs that the Full Business Case would be made available by the end of June* [2017]*".* The report of the workshop held on 30 January 2017 states only *"completion of the FBC, currently aimed for June 2017"*

"had not been given sufficient time to fully assess the Full Business Case in line with agreed timescales" and that *"the report presented to the Joint Committee at this meeting does not adequately address the concerns of the Joint Committee expressed through their* [19] *recommendations".* The Committee resolved to exercise its right to refer the proposals to the Secretary of State for Health. A letter of referral was sent on 1 September 2017.

On 3 August 2017, the CHFT Board met to consider the findings of the consultation and, following deliberation, approved the FBC. The Governing Bodies of the CCGs met separately on 12 October 2017 and both agreed *"that the FBC is in line with the model on which we consulted…is affordable to commissioners and…does improve and achieve the financial sustainability of the Calderdale and Greater Huddersfield system of care".* They agreed to indicate to NHS England that they were *"supportive of CHFT's Full Business Case".* Information provided to the IRP by NHS England (North) in response to the JHSC's referral indicates that CHFT has submitted the FBC to its regulator, NHS Improvement (NHSI), but *"that no approval process will commence until the outcome of the JHOSC referral to the Secretary of State has been resolved".*

In November 2017, local campaigners submitted an application for a judicial review of CHFT's decision to approve the FBC. The application was refused permission on papers on 17 January 2018. A notice of renewal of claim was lodged on 22 January 2018.

Basis for referral

The JHSC's letter of 1 September 2017 states that:

"This referral is made in accordance with Regulation 23(9) of the Local Authority (Public 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 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 of the area."*

IRP view

With regard to the referral by the Calderdale and Huddersfield Joint Health Scrutiny Committee, the Panel notes that:

Consultation with JHSC

- There has been a clear effort throughout on the part of the JHSC and NHS to work together in overseeing and scrutinising the development of these major, complicated and controversial changes
- A draft consultation document and associated materials, containing the single option for the location of the emergency centre, were discussed with the JHSC prior to the commencement of the consultation period
- Concerns now relate to action post-consultation, in particular the non-adherence to an apparently agreed timetable for providing further information through the full business case and associated documentation

Lack of consistency with the original proposals consulted on

- The proposals that have evolved into the FBC show a number of changes to those originally described in the consultation
- Concern is expressed about the credibility of workforce, financial projections for the future and a lack of detail on associated community initiatives
- The NHS recognises the need for continuing engagement and even consultation should further changes to the proposals emerge

The proposals are not in the best interests of the people of Calderdale and Greater Huddersfield

- For five years, the case for change and options for service change have been the subject of debate, engagement, external review and consultation
- The JHSC has accepted that maintaining the status quo is not an option and understands the clinical and quality case for change
- Implementation of the proposal for one emergency care and one planned care hospital depends critically on delivering significant changes in out of hospital care and making the case successfully for substantial capital investment
- In the meantime, there are real concerns about the safety and sustainability of some current hospital services

Advice

The Panel considers each referral on its merits and concludes that further action is required before a final decision is made about the future arrangements for hospital and community health services in Calderdale and Greater Huddersfield.

Consultation with the JHSC

The extensive documentation supplied to the IRP makes clear that throughout the review of health services across Calderdale and Greater Huddersfield there has been a commendable effort by both the JHSC and the NHS bodies to support each other in undertaking their respective roles. The Joint Committee has acted with diligence and

patience, adopting a pragmatic approach to the scrutiny of complex and controversial proposals in the face of considerable public disquiet. The Trust and CCGs, in agreeing to hold three joint workshops with the JHSC between January and June 2017, have shown a commitment to explaining the challenges facing the NHS locally and the basis for the changes proposed.

While concern has been expressed by local campaigning groups that the public consultation included a single option for the centralisation of emergency care at CRH, the consultation document and associated materials were discussed with the JHSC ahead of the consultation launch. The IRP has seen no evidence to suggest that the JHSC objected beforehand to the inclusion in the consultation of a single option for centralising emergency care and, indeed, this issue does not form part of the grounds for the Joint Committee's referral.

Concerns now relate to action post-consultation, in particular the non-adherence of the NHS to an apparently agreed timetable for providing further information through the full business case. The JHSC expected to receive the FBC well ahead of its meeting on 21 July 2017. That did not happen with a draft FBC only being made available to the Joint Committee at a private meeting before the main Committee meeting. It is unfortunate that the respective parties should have fallen out of step at that advanced stage. A renewed effort is needed now to re-establish relationships moving forward so that all parties work together on the proposals.

Lack of consistency with the original proposals consulted on

The JHSC has expressed concerned that several of the changes now being proposed differ markedly from those that were consulted upon. The pre-consultation business case approved by NHS England and the consultation document and materials are clear in proposing a new 120 bed hospital at Huddersfield. The CHFT's FBC proposes a new hospital with around half that number of beds and an urgent care centre that, although medically led 24/7, may not have a doctor physically present 24/7. The consultation document states that *"Our proposed changes cannot go ahead if we don't get the money from HM Treasury"*. The FBC now proposes that the changes be funded through private finance arrangements. Local residents will naturally be cautious of this funding approach given concerns raised previously about the PFI for CRH.

Further, the Joint Committee has expressed concern that the FBC does not adequately address other areas where detail was lacking in the consultation. These include the credibility of workforce planning, financial projections for the future and a lack of detail on the associated community initiatives. If the last of these areas can be said to be a 'wider' NHS issue it is nevertheless an integral part of the successful implementation of the proposed hospital-based changes. Workforce, not least the detail of how the proposed urgent care centres will be staffed, and projections on its future finances are clearly within

the Trust's ambit and the Panel would expect it to be possible to provide the clarity sought.

The CCGs, in their meetings on 12 October 2017, determined that the FBC was, in their view, in line with the model that was consulted on. However, the Panel considers that the current proposals differ sufficiently from those contained in the consultation to warrant renewed engagement with local stakeholders. Evidence submitted by NHS England (North) in response to this referral states that *"further consideration of the affordability of proposals and the requirement for capital may have an impact on the scale and scope of proposals to be taken forward".* The FBC itself acknowledges that significant variation from the current proposed model may require consideration of whether consultation is required. Were more changes to be proposed, in particular any changes resulting from the scale of funding that may become available, the need for additional public consultation would need to be discussed with the JHSC.

<u>The proposals are not in the best interests of the people of Calderdale and Greater Huddersfield</u>

With some considerable foresight, in 2012 the local health and care system first identified the need to address the future sustainability of services. Early work considered options for reconfiguration between the two acute hospitals located in Halifax and Huddersfield. The clinical case for concentrating all the relevant services for those with emergency needs in one location, and separating these from planned care, is based on the available evidence, the associated professional consensus and relevant standards. In summary, more availability of senior staff across a range of specialist expertise is better for the sickest patients. The conclusion reached with NCAT support in 2013, that one emergency site offered the best way forward, remains at the heart of what is currently proposed. In the Panel's view this is not surprising. In the intervening period, the evidence in its favour has not been contradicted but rather reinforced as the circumstances of existing services have deteriorated.

The Panel agrees with the JHSC that maintaining the status quo is not an option. Further, through a period of extensive engagement, consultation and external scrutiny, an alternative model to that proposed for acute hospital services has not emerged. In these circumstances it is only reasonable to continue to pursue the proposals in more detail in the interests of local health services.

The CCGs, working with CHFT, have tested further the clinical case for change and developed the proposal for hospital services alongside programmes to transform out of hospital services. These were brought together in a PCBC that demonstrated the interdependencies between them and the potential financial implications in terms of both significant capital required and affordability within expected revenue allocations. The consultation and period leading up to the FBC and referral has highlighted the difficulties

for all parties in navigating the processes for getting decisions made that are fully informed. The scale and complexity of the proposals naturally raises questions about whether they can be delivered successfully, articulated comprehensively in the JHSC's response to the consultation. At the point of consultation and still today, whether the proposals for hospital services are capable of being implemented as proposed remains unknown.

In reviewing the FBC and associated documents, the Panel found material that addresses some of the JHSC's concerns and is conscious that relevant work, for example around travel, is ongoing. The local NHS and JHSC should now take stock of the current position together to ensure a shared understanding as the basis to move forward. To make progress, the NHS (CCGs, CHFT, NHSI and NHSE) must co-ordinate its next steps to address quickly the key questions. In the Panel's view, there must be a focus on three issues. First, clarification of the programme for changes in out of hospital services and the likelihood of achieving the targeted reduction in demand for hospital care. This is required under all scenarios and is critical for hospital capacity planning which must be the subject of sensitivity testing. Secondly, the question of how in practice, over a prolonged period of implementation, the delivery of out of hospital care that enables the proposals for changing hospitals will meet the fifth test for service change - that services will be in place before changes to bed numbers are made. Finally, the terms of availability, timing and cost of potential capital financing must be clearly signalled by NHS Improvement to avoid nugatory effort in progressing from the FBC and give meaning to the proposals.

Conclusion

Some parties have called for the IRP to undertake a full review of this referral. Yet the Panel's task is advise the Secretary of State for Health in his role as the final arbiter on contested proposals. Were the Panel to undertake a review at this stage, it is clear that such an exercise would not be a review at all. It would inevitably need to cover new ground that is the responsibility of the CCGs, CHFT, NHSE and NHSI. At this point it is not possible to know whether the disputed proposals are feasible. Further work focussing on out of hospital care, hospital capacity and availability of capital is required from the NHS before a conclusion is reached. The JHSC should be kept fully informed and involved throughout this work.

In the meantime, foresight about the sustainability of services has been replaced by real concern and a sense of urgency as it has becomes increasingly difficult to recruit and retain key medical staff stretched across two sites. There is now the prospect of needing to make service changes to protect their safety and quality in which case contingency plans should be shared with the JHSC.

IRP

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

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APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Calderdale and Huddersfield Joint Health Scrutiny Committee

1 Referral letter to Secretary of State for Health from Cllr Liz Smaje (Kirklees Council) and Cllr Adam Wilkinson (Calderdale Council), Joint Chairs, Calderdale and Huddersfield Joint Health Scrutiny Committee (JHSC), 1 September 2017
Attachments:
2 Chronology of events, July 2012 – July 2017
3 Resolution of Joint Committee, 21 July 2017
4 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
5 Calderdale CCG, Huddersfield CCG, Public consultation on proposed future arrangements for hospital and community health services
6 NHS Calderdale and NHS Greater Huddersfield CCG response to the report and recommendations from JHOSC received on 21 October 2016
7 Calderdale CCG, Huddersfield CCG, CHFT – Right care, Right Time, Right Place programme update, July 2017
8 Calderdale and Kirklees local resolution session, independent report and recommendations, February 2017
Supplementary information:
9 JHSC/NHS workshop agenda, 11 April 2017
10 Guidance to support workshop, 11 April 2017
11 JHSC/NHS workshop agenda, 26 June 2017

NHS

1 IRP template for providing initial assessment information
Attachments:
2 National Clinical Advisory Team report, 14 June 2013
3 Jacobs Travel analysis report, June 2014
4 South East Coast Clinical Senate report on clinical co-dependencies
5 Yorkshire and The Humber Clinical Senate report – community services, April 2015
6 Calderdale and Greater Huddersfield hospital and care closer to home - summary of findings from engagement and pre-engagement, March 2013 – December 2015
7 Calderdale CCG Governing Body minutes of meeting, 24 September 2015
8 Greater Huddersfield CCG Governing Body minutes of meeting, 24 September 2015
9 Yorkshire Ambulance Service, travel analysis, November 2015
10 Yorkshire and The Humber Clinical Senate report – hospital services, December 2015
11 Letter to DCO Yorkshire and Humber from Regional Director, NHS England North, 19 January 2016

12 Letter to Accountable Officers, Calderdale CCG and Greater Huddersfield CCG from NHE England North, 16 February 2015
13 Letter to officials, Calderdale CCG and Greater Huddersfield CCG, from NHS England (West Yorkshire) 2 December 2016
14 Calderdale CCG Governing Body minutes of meeting, 20 January 2016
15 Greater Huddersfield CCG Governing Body minutes of meeting, 20 January 2016
16 Right Care Right Time Right Place pre-consultation business case, 15 January 2015
17 Right Care Right Time Right Place public consultation on proposed future arrangements for hospital and community health services, 15 March - 21 June 2016
18 Kirklees Local Medical Committee statement on proposals, June 2016
19 Kirklees LMC survey of practices
20 Right Care Right Time Right Place consultation report of findings, August 2016
21 Consultation Institute report on consultation, 5 September 2016
22 Equality and heath inequality impact assessment, September 2016
23 Calderdale CCG Governing Body minutes of meeting, 20 October 2016
24 Greater Huddersfield CCG Governing Body minutes of meeting, 20 October 2016
25 Report to Calderdale CCG Governing Body, 20 October 2016
26 Presentation to Governing Bodies of Calderdale CCG and Greater Huddersfield CCG, 20 October 2016
27 Terms of reference for travel and transport group
28 Travel and transport group final report and appendices, 30 January 2018
29 Letter to Dewsbury MPs from Chair, Mid Yorkshire NHS Trust, 13 January 2017
30 Letter to CHFT from Joint Medical Director, NHS England (North), 4 April 2017
31 Yorkshire and The Humber Clinical Senate letter to Chief Officers, Calderdale CCG and Greater Huddersfield CCG, 6 June 2017
32 CHFT draft full business case for reconfiguration of hospital services
33 CHFT full business case for reconfiguration of hospital services, 3 August 2017
34 CHFT full business case, update quality and safety case for change, June 2017
35 Quality impact assessment, June2017
36 CHFT Board minutes of meeting, 3 August 2017
37 Greater Huddersfield CCG Governing Body minutes of meeting, 11 October 2017
38 Greater Huddersfield CCG Governing Body report, 11 October 2017
39 Calderdale CCG Governing Body minutes of meeting, 12 October 2017
40 Calderdale CCG Governing Body report, 12 October 2017
41 Equality impact assessment, 17 October 2017
42 NHS Transformation unit report, July 2017
43 Outcome of application for judicial review, 17 January 2018
44 Letter to Chief Executive, CHFT from Prof T Briggs, 31 January 2018
45 Equality duty guidance, NHS England
46 s14Z2 NHS Act 2006
47 Planning, assuring and delivering service change, NHS England

Other evidence

1 Letter to Secretary of State for Health from Cllr Liz Smaje (Kirklees Council) and Cllr Adam Wilkinson (Calderdale Council), Joint Chairs, Calderdale and Huddersfield Joint Health Scrutiny Committee (JHSC), 24 November 2017
2 Letter to R Dunne, Principal Governance Democratic Engagement Officer, Kirklees Council, from Phillip Dunne, Minister of State for Health, 22 December 2017
3 JHSC papers for Joint Committee meeting, 22 March 2016
4 Submission to Secretary of State for Health from Huddersfield over 50s Forum
5 Letter and submission to IRP from Calderdale and Kirklees 999 Call for the NHS, 28 September 2017
6 Submission to IRP from Let's Save HRI group, October 2017
7 Letter and submission to IRP from Hands off HRI campaign, 26 January 2018
8 Notification of judge's decision on application for judicial review, 18 January 2018
9 Notice of renewal of claim for permission to apply for judicial review
10 Kirklees Local Medical Committee statement to IRP, 2018
11 Kirklees LMC deposition to JHSC, 21 July 2017
12 Kirklees LMC statement on proposals, June 2016
13 Kirklees LMC – JHSC report, 21 July 2017
14 Kirklees LMC – JHSC decision summary, 21 July 2017
15 Kirklees LMC - CHFT full business case
16 Kirklees LMC – Consultation report of findings, August 2016
17 Kirklees LMC – final statement, 16 October 2016
18 Letter to Secretary of State for Health from Holly Lynch MP for Halifax, 25 October 2017
19 Letter to IRP from Paula Sherriff MP for Dewsbury, 15 February 2018
20 Letter to IRP from Barry Sheerman MP for Huddersfield, 16 February 2018
21 Letter to IRP from Thelma Walker MP for Colne Valley, 20 February 2018
22 Petition, Hands off HRI, signed by 1,122 people (a hard copy petition with around 13,400 signatures was delivered to Secretary of State)