CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Friday 19th March 2021

Present:

Councillor Elizabeth Smaje- Kirklees Council (Joint Chair)
Councillor Andrew Cooper - Kirklees Council
Councillor Will Simpson - Kirklees Council
Councillor Alison Munro - Kirklees Council
Councillor Colin Hutchinson - Calderdale Council (Joint Chair)
Councillor Anne Collins - Calderdale Council
Councillor Howard Blagbrough - Calderdale Council
Councillor Megan Swift - Calderdale Council

In attendance:

Anna Basford - Calderdale and Huddersfield NHS Foundation Trust (CHFT).
Mark Davies - CHFT
Carol McKenna – Greater Huddersfield Clinical Commissioning Group (CCG).
Rob Moisey - CHFT
Neil Smurthwaite - Calderdale CCG

Apologies: None received

IN MEMORIAM – COUNCILLOR MRS GREENWOOD

The Chair and lead Members recorded their deepest sympathies in tribute to the memory of Councillor Mrs Greenwood who had recently passed away. Elected Members of the Council shared their memories and passed their condolences to Mr Edward Greenwood and family.

1 Minutes of Previous Meeting

IT WAS AGREED that the Minutes of the meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee meeting held on 25th September 2020 be approved as a correct record.

2 Interests

No interests were declared.

3 Admission of the Public

All items were taken in public session.

4 Deputations/Petitions

The Committee received deputations from the following members of the public: Rosemary Hedges, Jenny Shepherd and Cristina George.

Deputation 1 – Hands off HRI

The latest plans for Transport are not based on good evidence. How can a survey on transport undertaken in November 2020 hold water? This country was in the middle of a pandemic. Hospital services were not running as they had been 12 months ago. Visitors were not allowed into the hospital and many outpatient clinics were being held remotely. People were being told not to use public transport unless it was necessary, and many people were either shielding or staying at home as the government had asked

Deputation 2 – Care Closer to Home

The Clinical Commissioning Groups must produce evidence that Care Closer to Home services are on track to cut A&E attendance and reduce emergency decisions by more than 10% over five years. The assumption that they will is the basis for the hospitals' planned capacity, which keeps 2019 bed numbers rather than provide more to absorb the forecast increase in A&E attendance and emergency admissions activity caused by demographic growth.

Deputation 3 – Clinical co-dependencies and A&E at HRI

The question of clinical co-dependencies for A&E departments has been considered by, in particular, the NHS South East Coast Clinical Senate and by the Kings Fund. The SECCS carried out an extensive review of the evidence base and a comprehensive clinical review of interdependencies between acute services and A&E departments. They concluded that necessary on-site services required to support any A&E department (even those not taking acute patients) include acute medicine, respiratory medicine, urgent GI endoscopy (upper and lower), cardiology, trauma, adult critical care, urgent diagnostic haematology, and acute mental health services. Similarly, the Kings Fund review of evidence on service reconfiguration2 finds that 'key clinical and service interdependencies' for A&E departments include critical care, acute medicine, acute surgery, paediatric expertise and access to inpatient beds.

Deputation 4 - Calderdale and Kirklees 999 Call for the NHS

Calderdale and Kirklees 999 Call for the NHS response to CHFT's Future Plans engagement is that it is invalid.

The Future Plans public engagement does not provide any information about the capacity of the new A&E buildings.

6 Estate and Service Developments for Calderdale Royal Hospital and Huddersfield Royal Infirmary

The Director, Transformation and Partnerships, Calderdale and Huddersfield NHS Foundation Trust (CHFT) presented the design plans for Calderdale Royal Hospital and Huddersfield Royal Infirmary.

The purpose of this report was to provide the Calderdale and Kirklees JHSC with a further update in relation to:

- The reconfiguration programme timeline;
- The actions taken to involve members of the public and colleagues to inform the proposed development plans for Calderdale Royal Hospital and Huddersfield Royal Infirmary;
- A summary of the current proposed development plans;
- The next steps for public involvement to provide feedback on the proposed development plans.

A detailed Programme plan and timescale was developed in March 2020 however it became clear the plan would need to be revised due to the Covid-19 pandemic impact. In September 2020 an updated timeline was shared with the JHSC.

Since September 2020 there had been a third wave of the pandemic which impacted the programme and led to further slippage of approximately 3 months on the timescale previously advised. However, whilst this had required adjustment of some key in-year milestones during 2021 it had not impacted on the overall programme timescale with completion of the build of the new A&E at Huddersfield Royal Infirmary HRI in 2023 and completion of the hospital build at Calderdale Royal Hospital CRH in 2025 remained on track.

Ms Basford advised that the planned dates for submission of planning applications to Calderdale and Kirklees Councils had moved from January / February 2021 to May 2021.

Ms Basford outlined that the detailed design and appearance of the proposals at CRH and HRI had not yet been confirmed and that further information and details were available to view at chftfutureplans.co.uk. The website that was launched on 8th March provided opportunity for members of the public to provide feedback and comments on the proposed plans. Public input would be considered alongside other partners/stakeholders and statutory consultees would be used to inform the design development discussions at this stage of the process, this would also play a key part in the detailed design development at future stages.

The Chair requested clarity around the accident and emergency department which was planned at Huddersfield Royal Infirmary. He advised that the NHS England used a categorisation for accident and emergency departments (type 1, type 2 etc.), which would be helpful for people to understand which category the proposed service at Huddersfield would fall into.

Mr Davies responded to the Chair and stated that they had defined what category of emergency department it would be. In terms of the categories that would be used; Level one was described as a consultant emergency department which would cater for patients with all presentations but advised that this would be for NHS England to define.

Mr Davies further advised that they have emergency physicians on site 24 hours a day, as required for level one emergency department, there would also be senior anaesthetics support to the department 24 hours a day. He clarified that they would have a 24-hour emergency department and specialists on site to manage and

stabilise any patient or transfer them to a more appropriate place such as Halifax or Leeds.

Mr Davies further advised that the availability of surgical specialists at Calderdale was at a level one , but stated there was no acute general surgical orthopaedic provision on the site, which meant that if anyone needed urgent intervention from a surgeon they would be stabilised by the emergency department staff and the anaesthetic staff and then transferred to Huddersfield.

Councillor Smaje wanted to understand how the inequalities would be addressed; the ones that were known before the pandemic and also ones that had widened as a result.

Ms Basford advised that they were actively using the inequalities data to understand the variation in those waiting times, and to proactively ensure that there were not differential waiting times for different parts of the populations to address that inequality. She further advised that she was chairing the Calderdale Black Asian Minority Ethnic (BAME) action plan for Calderdale, working with many partners about what actions could be taken with local populations to better understand their experiences and what adaptations would help to support them.

Ms McKenna advised that the work on health inequalities was system focused and that they needed to be able to build on what was learnt from the events of the previous year.

Ms McKenna stated that the health inequalities was a standing item on the agenda at the Kirklees Integrated Health & Care Board and advised they were using this time to understand more deeply in certain areas. She mentioned that they had done a piece of work on the news of cancer and learning disabilities, and the sort of inequalities that were seen. Colleagues within Calderdale & Huddersfield Foundation Trust CHFT have worked alongside Calderdale Commissioning Group CCG to understand the impact on particular groups within society.

The Chair stated that it was important for digital exclusion not to be added to the inequalities, as there had been a huge impact in the education system over the past year, and also in the retail banking system for many years; so, this should not be aggravated within the NHS system, and hoped that this would be actively considered in the reconfiguration proposals as well as the wider health system.

Councillor Swift commented on the multi-story car park plans at the Calderdale Royal Hospital and wanted to be assured that this would not affect the allotments.

Ms Basford advised provided an absolute assurance that the proposed developments would not impact the allotments.

Councillor Cooper commented on the criticisms received regarding the travel survey, which was carried out in November 2020, during the pandemic. He wanted to know what the Officers views were from the response of this survey.

Councillor Cooper also wanted to know if the capacity had been assessed and if the demographic change had been considered with all the changes that were going to happen within Calderdale & Kirklees. Councillor Cooper wanted to know how many people who were currently being treated in Huddersfield were going to be expected to move across to Calderdale under the new arrangements.

Mr Sugarman advised that they received a really good response from the travel survey which was conducted during a global pandemic. 1500 responses were received from staff which was about 25% of the workforce. He further advised that Leeds had conducted a similar survey which was not during a pandemic and only had a 2.52% response rate from staff. They also encouraged the staff to think how they might have travelled pre pandemic.

The Chair wanted to know how many visitors and patients participated in the travel survey.

Mr Sugarman advised that 240 patients and visitors had completed the travel survey however he did not have a breakdown of this figure.

Councillor Cooper requested for some clarification to Mr Sugarman's response and asked how it would it have been possible for visitors and patients to conduct the survey and encouraged to think 'pre pandemic'.

Mr Sugarman's advised that the statement on the survey was for visitors and patients to think about how they would typically travel to hospital before the coronavirus. He further advised that they had regular outpatients and visitors who made regular trips to the hospital. They acknowledged that the travel survey had been undertaken during a global pandemic and would be difficult.

Ms Basford responded to Councillor Cooper's second question regarding capacity. She advised that she did not have all the numbers to hand but could advise in terms of process around capacity modelling. The strategic outline case had gone through a rigorous scrutiny, through NHS England. They looked at the plans based on activity modelling and the projections forward over the next 5 years.

Ms Basford informed the Committee that they had looked at activity on the two sites, Calderdale & Huddersfield and confirmed that both hospitals would provide outpatient services, diagnostic services and midwifery services locally.

Mr Davies advised that a significant number of Huddersfield residents currently went to Halifax for inpatient care and a significant number of Calderdale residents had their care in Huddersfield. He confirmed that they would be able to provide an estimate net movement for Councillor Cooper.

Councillor Cooper commented on the response from the Officers and mentioned that they had been providing qualitative answers and not quantitative answers and advised that if that assessment had been done, they would have been able to advise on how many patients would be requiring services at Calderdale Hospital.

Mr Davies advised that the calculations had been up to date and was based around how much space they required to deliver the care. The modelling was based on a 2% per annum increase in non-elective attendance to the emergency department and operations, which was an average of the last five years demographic growth, before the Coronavirus pandemic.

Councillor Simpson mentioned that as reflected in one of the deputations, the key issues were around the integrated care closer to home, which had a demonstrable impact in reducing the demand for hospital services. He stated that as a committee they had not yet seen the evidence of the impact in a sustained way. He asked the Officers if the Trust would be able to provide this to them so they could provide an evidenced recommendation.

Ms McKenna advised that Care Commissioning Group CCG had been working on a strategy for care closer to home and the levels of investment to support this. They had continued to focus efforts in responding to the pandemic. In Huddersfield they commissioned an interim community phlebotomy service, which supported the backlog and also continued providing support to care homes above national requirements.

Ms McKenna informed the committee that the CCG had introduced dedicated services that specifically focussed on the impact of Covid-19. Pulse Oximetry was introduced where patients were given equipment at home to monitor oxygen levels.

Councillor Munroe notified the Board that Kirklees had a population of 420,000 and Calderdale 210,000. She further advised that the Government had proposed 32,000 new homes to be built in Kirklees and 10,000 new homes to be built in Calderdale.

Councillor Munro wanted to know if the strategic assessment could be revisited due to the predicted increases in population within Kirklees and Calderdale in the future years.

Councillor Munro also mentioned that the plan stated to increase the parking by 50% at Calderdale. She wanted to know would there be enough places for the public to park as there would be additional staff to consider as well.

Councillor Munro wanted to know how the carbon footprint would be reduced and requested for quantitative data to be provided regarding this.

Mr Sugarman advised that they had promoted cycling, active travel and public transport for staff. They were working on improving the bike storage and looking to install electric vehicle charging in car parks at both sites. He further advised that they had received a promotion of the metro bus schemes which would develop park and ride for staff.

Mr Sugarman mentioned that sustainability was being incorporated throughout the design stage of the reconfiguration plans and all the work that was carried out had been designed to be as sustainable as possible. He stated that they were committed to construct a new estate which would help to ensure maximise sustainability in all areas; energy efficiency, mitigating pollution, waste segregation and recycling.

Mr Sugarman advised that they would be incorporating low carbon heating within the design, including air source and ground source heating pumps and looking at other technologies such as solar photovoltaic.

Councillor Munro advised that she would like to see some hard data and asked if an assessment had been done to assess how many people were currently travelling from Kirklees to Calderdale.

Mr Sugarman confirmed that they had worked on the park and ride scheme where they analysed data in relation to staff travelling to the hospital. They analysed postcodes and the site they work at and designed a park and ride scheme following this; information which had been picked up from the travel survey.

Mr Rob Dadzie further advised that there was a lot that they had achieved in trying to address carbon emissions. They embarked on an LED lighting replacement scheme, approved the green plan for the next five years across the Trust and the next steps was to try and reach the net zero target for 2040.

The Chair advised that there was not enough time to discuss the carbon budget and for this to be returned to at a future meeting, to see what the carbon budget was and if this building was working for its construction and its operations to the future; so this could be fully understood.

Mr Baron responded to Councillor Munro's question regarding the parking provisions at Calderdale Hospital. He advised that they were looking for a multi-story car park which would increase the number of spaces on site for Calderdale. The spaces would increase by 1300 spaces which would provide increased access for patients, visitors and staff.

Councillor Munro wanted to know how many additional staff would be recruited for Calderdale.

Mr Baron confirmed that additional staff/recruitment was not required for the Trust, however they would expect around 900 more colleagues to be working at the site, this would however be within the 24 hour provision. He stated that through the pandemic more colleagues had been working off site and this so this would be encouraged post reconfiguration as well.

Councillor Collins advised the officers to get the data as soon as possible so the plans could be amended if they needed to be, as she stated that from a Calderdale point of view the committee was determined that care closer to home worked and they got these reductions in demand, and advised if this was not to work then it would be a disaster.

Councillor Smaje asked the following questions:

- Not received the changes to the financial case or the pin in the proposals, could we have details of this?
- They required the clarification on the timelines for the Business Cases

- Officer mentioned that they would start building once there is a final Business Case. Councillor Smaje wanted to know why they had not done an OBC for Huddersfield Royal Infirmary and why the full business case had not been done?
- With regards to the Travel Plan, she wanted to know why the results contradicted previous travel surveys, in terms of the distance travelled, the number of people travelling, patients and visitors travelling; and does not consider the travel group recommendations.

Mr Baron responded to the financial modelling of the business case. He advised that they were commencing the modelling for financial modelling for Huddersfield Royal Infirmary and this would be developed as a full business case by May. He further advised that the financial modelling for the Outline Business Case would be available in August.

Mr Baron further commented on the £30m that was invested overall in Huddersfield Royal Infirmary and advised that this would be phased due to the residual element of the investment through the Outline Business Case for total reconfiguration.

Ms Basford clarified the dates for business cases being completed and advised that there would be an internal process to go through and mentioned that the business case for Huddersfield Royal Infirmary would be ready by August and the business case for Calderdale Royal Hospital would be ready by November.

The Chair asked if the timelines for submission of the business cases to this committee, was distinct from the submission of the business cases to NHS England and Department of Health and Social Care? Ms Basford advised that in terms of the dates the documents would need to be submitted by the above dates and then forwarded to the NHS England for a thorough review.

Ms Basford clarified that the business case would be not be ready until late Autumn so they would not be able to bring anything to discuss at the committee meeting with regards to this, however points around care closer to home, detail around sustainability and ongoing scrutiny could be discussed and that she would welcome any questions regarding this at the next meeting.

Councillor Smaje advised that the JHSC should be looking at the information which will be going in the business case, in tandem with it going to the NHS and stated that they needed to see the full business case. Councillor Smaje also mentioned that the JHSC needed to be aware of the financial assumptions that had been made to support the reconfiguration. She clarified to the committee that the Full Business Case was only for the A&E part of Huddersfield reconfiguration and the Calderdale reconfiguration was be set out in an Outline Business Case.

IT WAS AGREED that the updated be noted.

7 Travel and Transport Update

Managing Director, Calderdale Solutions, Stuart Sugarman submitted a written report and provided a Travel and Transport update to the committee. In May 2017, a Travel and Transport group was established following the public consultation on the

proposed future arrangements for hospital and community health services in Calderdale and Greater Huddersfield, after analysis identified travel and transport as key areas highlighted by the public.

The Travel and Transport Group included a wide ranging membership, with representatives from Calderdale and Greater Huddersfield CCGs, Calderdale and Huddersfield NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust, Calderdale Council, Kirklees Council, Healthwatch, Upper Calder Valley Renaissance Sustainable Transport Group, West Yorkshire Combined Authority and others.

The purpose of the report was to provide the Calderdale and Kirklees JHSC with an update in relation to the Travel and Transport work that had been undertaken recently and to share the Travel Plan that had been developed. This followed and refreshed the previous work done by the Travel and Transport Working Group and set out the current and future actions around travel and transport.

The Trust had established a travel and transport workstream as part of the reconfiguration work to consider related travel matters and had most recently developed a Travel Plan which was shared within the update report.

Members of the Joint Health Scrutiny Committee were requested to:

- Note the Travel and Transport update provided;
- Note the Travel Plan included and the associated action plan which had been developed by the Trust.

The Chair mentioned that they had been told from within the report that the responsibility for travel transport and highways was led primarily by local authorities rather than the NHS.

Ms Basford clarified that Stuart Sugarman, was the board level director lead for travel and transport in the trust.

Mr Sugarman advised that CHFT had continuing dialogue with the West Yorkshire Combined Authority, which was to seek the improved provision of commercial bus services between the two sites.

Mr Sugarman further advised that the commercial bus service was available, bus number 343 which linked between the two hospital sites, and with ongoing dialogue with both authorities, this could be further developed.

The following points were raised during discussion:

- Specific points about the shuttle bus service recommendations were made by the independent chair that it was required to be upgraded, so that it would be

suitable for patients, including people with wheelchairs and limited mobility and children, whereas the shuttle bus service currently was very much directed at staff who were travelling between the two sites.

- Recommendations for improving the patient transport service, which did not start early enough in the day to be able to get patients to hospital in time for morning operating lists.

The Chair wanted to know if the shuttle bus and patient transport service was being addressed.

Mr Sugarman confirmed that the shuttle bus was being addressed and that changes were being made; however, the Trusts view was that shuttle service was only for staff use.

Mr Sugarman further advised that CHFT had previously advised the shuttle should be provided by the bus providers and not the trust, as they had more licenses experience and the infrastructure. He also confirmed that they had been working on improving the shuttle bus and looking at different routes and park and ride options; however, stated that this would be for the staff, and not visitors and patients.

Councillor Smaje advised that this had been done before in the Northern part of Kirklees where a shuttle bus was reconfigured as a park and ride service for patients and visitors and stated that this was commercially viable.

Mr Sugarman advised that they had been in discussion with the combined authorities to implement this.

The Chair advised that this discussion would need to return to the committee so that they could ensure there was equity in certain services that people accessed and were not limited by the cost of accessing transport to get to those health services.

IT WAS AGREED that the updated be noted.

VOTE OF THANKS – COUNCILLOR ANNE COLLINS

The Chair advised the committee that this would be the last meeting for Councillor Collins as she would not be standing for re-election and thanked her for the hard work and dedication she had shown to this committee over the years and that she would be missed.

IT WAS AGREED that the Calderdale and Kirklees Joint Health Scrutiny Committee extended its gratitude and best wishes to Councillor Collins.

The Chair advised that they would need to arrange a date with Officers for the next meeting which was to be held in June. He mentioned that Councillor Smaje and himself could conduct an informal meeting to discuss the following points and for these to be brought to the future Calderdale and Kirklees Joint Health Scrutiny meeting:

- The delivery of care close to home, and how it matched up with the assumptions in the capacity plans in the strategic outline case.

- The written report on the financial actual case underpinning the strategic outline case, including the impact of the write off of the trust's historic debt.
- The impact of the pandemic and the recovery projections
- The impact on the financial case on the chain, in turn, changes in NHS financing that had taken place with the rollback from payment by results to block contracts.
- Revisit the travel arrangements
- Further details about the carbon budget of the building work and the subsequent operation of services that its working to.
- Need to be assured that the hospital capacity planning is fit for purpose, now and in the future, bearing in mind the capacity needs that will be needed in the future.
- The committee would need to see the revised modelling business case for the Yorkshire Ambulance Service before they are submitted.

The Chair thanked the committee members for their attendance and closed the meeting.