



Cllr Betty Rhodes
Chair
Wakefield & Kirklees
Joint Health Scrutiny Committee

Please reply to: Andy Wood

Overview & Scrutiny Officer
Wakefield Council
Room 53 County Hall
Wakefield, WF1 2QW
Tel: 01924 305133
awood@wakefield.gov.uk

By E-mail and Post

**Rt. Hon Jeremy Hunt MP
Secretary of State for Health
Room 47
Richmond House
London
SW1A 2NS**

10 October 2013

Dear Secretary of State

**Referral of NHS Proposal – Meeting the Challenge – Mid Yorkshire Hospitals
NHS Trust Clinical Services Strategy**

I write to advise you that on the 9 October 2013 the Wakefield and Kirklees Joint Health Scrutiny Committee resolved to refer proposals known as Meeting the Challenge – Mid Yorkshire Hospitals NHS Trust Clinical Services Strategy to the Secretary of State for consideration.

Wakefield and Kirklees councils' overview and scrutiny functions have been formally consulted by the Wakefield Clinical Commissioning Group (as the lead body) on proposals to reconfigure local health services. The proposals are contained in the consultation document "Meeting the Challenge" – published in March 2013, and the formal consultation took place between the 4 March 2013 and the 31 May 2013.

A joint committee of councillors from Wakefield and Kirklees councils was established to respond to the proposals, and a copy of their report is attached to this letter.

The Joint Boards of NHS Wakefield Clinical Commissioning and North Kirklees Clinical Commissioning Group at its meeting held on the 25 July 2013 resolved to implement changes to a number of services currently utilised by residents of Wakefield and North Kirklees. These changes relate to:

- Emergency Care
- Surgery
- Inpatient Children's services
- Maternity Services

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 Committee believes that the proposals would not be in the interests of the health service in the area as the changes constitute a downgrade in services in North Kirklees and are viewed by the public as having a negative impact on health provision locally.

The Joint Committee has engaged with the CCGs and the Trust over a prolonged period and they have attended a significant number of meetings to consider the proposals in some detail. The CCGs have responded positively to requests for information during this process, therefore the joint committee is satisfied that the consultation with them has been adequate in relation to the content and time allowed.

The joint committee accepts that to do nothing is not an option and believes the present reconfiguration provides a real opportunity to 'get it right'. On balance the joint committee believes there is a genuine desire on the part of Commissioners to reconfigure clinical services that are safe, sustainable and which meet the needs of local people now and in the future.

The backdrop to the Trust's previous financial position has led many to question the motives for the proposed changes and it is something which the joint committee has carefully considered. There is no doubt that one of the drivers for change was prompted by the Mid Yorkshire's financial sustainability challenge. The Joint Committee accept that financial sustainability is both an enabler to, and a consequence of, the reconfiguration proposals and despite the need for greater public clarity from the Trust agree that success going forward will require services that are both clinically and financially sustainable.

The joint committee does not take the referral lightly and sees this as a last resort. The justification for the referral considers the full context within which the local NHS is operating, including financial sustainability and clinical quality. The joint committee has ensured that the fullest possible debate has taken place over a protracted period in order to exhaust all possible alternatives to referral. This has included consulting with the respective Health and Wellbeing Boards in trying to find a consensual way forward.

However, it is clear that both HWBs have agreed to support the proposals, albeit with some caveats. The HWBs position is in concert with the CCGs and the two local

authorities, who are supporting progression to Full Business Case. In seeking to justify why the joint committee has come to a different view to the HWBs, it should be noted that in exercising its strategic overview role the HWBs have received evidence primarily from a clinical perspective not necessarily a public one, whereas the scrutiny process has conducted a forensic examination of the proposals from a patient and public standpoint.

The joint committee believes there are some positive elements to the proposals and would not want to go back to a blank canvass. Members would welcome the opportunity to work with the local health economy on those areas where there is broad agreement.

The joint committee supports the proposal to separate planned and unplanned care and recognises and accepts the clinical case for change. Members are also supportive of proposals to provide a single centre for children requiring medical admission and would welcome the intention to provide paediatric assessment facilities and out-patient care to be provided on all sites.

However, in terms of emergency care and maternity services the joint committee believes there still remains sufficient doubt to provide the necessary assurance and confidence that the proposals are in the best interests of the local population.

The joint committee would also ask you to consider whether or not the CCGs have met your four tests for service reconfiguration, particularly in relation to consistency with patient choice.

Finally, the joint committee would like you to consider whether or not the proposals are fully consistent with the NHS Constitution.

In summary, the reasons for the referral are as follows:

A critical enabler to change is integrated care and specifically proposals in relation to Care closer to home. Proposals for the establishment of an integrated care system providing more care in the community are broadly accepted. The joint committee's concerns relate to the impact on A&E services and the capacity of the integrated care services to cope with local needs. There has been a significant lack of detail underpinning the proposals for CC2H and as a consequence both the Joint Committee and the public have been unable to test any assumptions against actual proposals. The Joint Committee would have expected any Outline Business Case in relation to CC2H to have been available at the time of the public consultation. At the present time the joint committee are not confident that the CC2H proposals will be delivered on time and at the required level. Without this and a clear commitment to invest there is little confidence in reducing the bed base at a time of unprecedented demand.

The CCGs maintain that the consultation was to consider changes to hospital services and *not* on the detail of the proposals of care closer to home. This is a point of contention. The Committee would say that care closer to home was integral to the consultation and indeed that the public were consulted on this specific point (Questions 5a and 5b in the consultation document).

The joint committee's view is that it would not be unreasonable for the public to want assurance on the means by which the proposals would be delivered. Clearly CC2H is a key dependency and the clinical services strategy and the wider transformation programme are inextricably linked.

Much has been said about the national policy direction in relation to integration and, in particular care closer to home. The joint committee fully supports this direction of travel. Although the policy direction is clear, there is much less certainty about how to make a reality of integrated care in practice.

Because of the paucity of examples of 'what works' the joint committee is concerned that the consultation document did not contain specific proposals about primary, community and social services that will need to be put in place alongside the acute changes.

The joint committee have expressed concerns around the wider transformation programme and CC2H and would question if there has been enough information about how services will work, are they affordable and is there sufficient capacity to implement changes.

Members have recognised the arguments being articulated that the NHS will restructure itself around community services and deliver transformational change. However, there is much, if not more, of a challenge facing community health services and general practice, whose models of care have not yet faced the scrutiny and modernisation experienced by most hospital trusts in recent years. Consequently, the Joint Committee remains to be convinced that the CC2H programme will result in the successful delivery of the Mid Yorkshire Clinical Services Strategy.

The joint committee believes the proposed location of hospital inpatient services could result in a worse or lost service to residents of North Kirklees. There are clearly concerns around maternity services and emergency care. These concerns centre on capacity and sustainability, but equally on access.

The Wakefield centric focus on many of the planned changes could imply a better service for Wakefield residents than those of North Kirklees. There is no doubt that a 24/7 consultant led obstetric unit at Pinderfields Hospital will result in a better service for the residents of Wakefield. The joint committee is concerned however that the loss of consultant led obstetric services at Dewsbury District Hospital will be a significant down grading of service for local people and the committee has doubts about the robustness of the data used to model the assumptions on use, particularly the proposed MLU at Dewsbury and capacity in relation to the Obstetric unit at Pinderfields.

The joint committee is supportive of midwife-led care and the principle of midwife-led maternity units but believes the proposed configuration has not been fully thought through.

The joint committee has been told by the Trust that the capacity plan for the MLU at Dewsbury is robust and allows for future growth as the model becomes established.

However, members are mindful of comments made by NCAT regarding the expected number of births at Dewsbury, which confirms that the expected 500 births a year is an ambitious target.

There are significant health inequalities in the North Kirklees area with high rates of infant mortality and low birth-weight babies. The Committee accepts that the place of delivery is not a factor in relation to infant mortality. However, it does mean that a significant number of births from areas with high rates of inequality will be high –risk deliveries.

The consequence of this will result in many mothers choosing (or being directed) to deliver in a consultant led unit rather than an MLU. As a result this will put increased pressure on Pinderfields in terms of capacity and bring into question the sustainability of the MLU at Dewsbury. The birth rate for Kirklees as a whole is increasing and the joint committee is concerned that there needs to be broader, strategic planning at a regional level about the type and location of maternity provision.

The issue of transfer times remains a concern despite assurances from both commissioners and the Yorkshire Ambulance Service. Given the inconsistency of information provided to the joint committee in this regard the public can have little confidence in the claims that there is no risk in emergency transfers of mothers from an MLU to the consultant-led unit.

It is accepted that the development of specialist emergency care in a centralised Emergency Care Centre will enhance clinical assessment 24/7 as well as enable specialist rotas. However, there remains a concern in relation to Pinderfields acute admissions, which went up by 10% last year (the second highest increase in the North of England) and that 30% of the sickest patients presenting at Dewsbury A&E will be transferred to Pinderfields. Given the current pressures in relation to A&E the joint committee has serious doubts that the Trust will be able to cope with the extra influx from Dewsbury District Hospital. This is compounded by the lack of detail underpinning proposals to off-set hospital admission and redirection of patients away from A&E.

From a clinical perspective the joint committee is asked to rely on the views of NCAT who have given repeated assurances that the proposals are safe. The Committee would concur with this view provided the assumptions on capacity modelling, emergency transfer times, and CC2H were robust. However, members are not sufficiently confident that this is the case.

It cannot go unnoticed that there is significant opposition to the proposals, particularly in the North Kirklees area. 78% of North Kirklees people who responded to the consultation exercise expressed concerns about the reconfiguration. Significantly, 51% of North Kirklees respondents disagreed with all aspects of the proposed changes.

Taking into account that under 1% of North Kirklees residents responded to the consultation the joint committee would ask whether the decision to proceed with the

proposals reflects consistency with patient choice – which as you know, is one of your four tests to service reconfiguration.

Health services should be planned and commissioned on the needs of local people. The NHS Constitution is very clear on this. One of the key principles is that NHS Services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Given the particularly low response rate and the high level of opposition to these proposals can it be considered that the commissioners have fully taking into account the NHS Constitution?

Having carefully considered the outcome of the consultation, the case for change and the specific proposals, the joint committee believes there still remains sufficient doubt to provide the necessary assurance and confidence that the proposals are in the best interests of the local population, and as a result seek an independent assessment and review through the referral process.

Yours sincerely

A handwritten signature in black ink that reads "Betty Rhodes". The signature is written in a cursive, flowing style.

Cllr Betty Rhodes
Chair
Wakefield & Kirklees Joint Health Scrutiny Committee