CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE, 13th August 2015

PRESENT: Councillor Howard Blagbrough
Councillor Martin Burton
Councillor Andrew Marchington
Councillor Elizabeth Smaje
Councillor Adam Wilkinson

IN ATTENDANCE: Dr Alan Brook, Chair of Calderdale CCG
Julie Lawreniuk, Chief Finance Officer, Calderdale CCG and Greater Huddersfield CCG
Mike Lodge, Senior Scrutiny Support Officer, Calderdale Council
Deborah Tynan, Committee Administrator, Calderdale Council
Dr Matt Walsh, Chief Officer, Calderdale CCG
Penny Woodhead, Calderdale CCG and Greater Huddersfield CCG

6 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of the Committee held on 29th June 2015 be approved as a correct record.

7 INTERESTS

No interests were declared.

8 ADMISSION OF THE PUBLIC

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

9 RIGHT CARE, RIGHT TIME, RIGHT PLACE PROGRAMME

The Committee had received copies of the Right Care, Right Time, Right Place Programme Update August 2015 which provided background information, details of the pre-consultation engagement, potential future model for future hospital service the pre-consultation business case and details of the progress on Care Closer to Home. Appended to the report was a timeline of risk.

The Committee had also received copies of the Hospital and Community Services Engagement Narrative Toolkit, Questionnaire and copies of engagement presentation slides for information.

Dr Matt Walsh, Chief Officer Calderdale CCG, Dr Alan Brook, Chair of Calderdale CCG, Ms Penny Woodhead, Calderdale CCG and Greater Huddersfield CCG and Ms Julie Lawreniuk, Chief Finance Officer, Calderdale CCG and Greater Huddersfield CCG attended the meeting and addressed the Committee.

Dr Brook advised that discussions had now been held between the two CCGs and members of staff. These discussions had asked for ideas for a future health and social care service which was not restricted by finance or workforce. The plan was to provide more care outside hospitals through

the Care Closer to Home programme with hospital visits being restricted to those who needed this level of care. Specialist services would need to be made available at the two hospital sites with an acute site for people with major illness based at one site. Lots of outpatient care would be required. At the moment the cost and staffing requirement to deliver the suggested model had been ruled out as this had restricted ideas. The viability of proposals would be tested on the clinical model.

Ms Woodhead advised on the engagement which had been carried out over the last year. In 2014 a wider public engagement had been carried out which included public meetings, one to one discussions and meetings of the People's Commission. Work with specialist groups was now being carried out with a plan for further engagement being developed. The pre-consultation discussions had closed on 10th August 2015, however, there were still some groups to consult and these discussions had been scheduled. The consultation work had been carried out by engagement champions and teams in the Calderdale and Greater Huddersfield areas. So far 350 responses had been received and 32 groups had been met. Healthwatch Kirklees would look at the engagement model across the two CCG's. Stakeholder events would be held on 19th and 20th August and this would give an opportunity for feedback.

Members commented on the following issues:-

- A meeting of the Greater Huddersfield CCG and the Calderdale CCG had been arranged for 24th September 2015. Would the consultation process be agreed at that meeting? In response, Mr Walsh and Dr Brook advised that the at the meeting of the 24th September, the two CCG's would discuss readiness to go out to consultation and the right time to start this consultation. If it was deemed that the necessary work had been done then the consultation would be agreed at this meeting.

- The proposals mention a hot and cold site, one hospital was new and one was old and needed modernising. Had a decision been reached on which would be the hot and cold site? In response, Dr Brook advised that a decision hadn't been made on which site would be the hot or cold site. The decision would not be based on convenience and assumptions would be challenged before a final decision on sites was made.

- Finances had deteriorated since the first model was discussed and this was listed as a risk. Was it likely that the model would change again if finances were reduced further? In response, Dr Walsh advised that when the financial viability of the clinical model would be established once the model has been agreed. The Trust would develop the case to model finance and any proposals would need funding, a business case would be prepared for the funding. Choosing the right site would be

part of this model, however, this would not make the model financially viable and detailed work around finance would be needed before costings were submitted. The process would be dependent on the estate and reconfiguring needed. Mr Walsh advised that the original strategic outline had been influenced by manpower shortages and these had been taken out of the model.

- Had the distance that patients would travel been taken into account in the clinical model? What was the impact of this assessment? In response, Dr Walsh advised that communication with local communities had asserted control and influence over the change process. Changes would be delivered in a phased approach with Care Closer to Home being key to the changes. This would reduce dependency on hospital services and work would move on from there. The Ambulance Service would need to play a part in the model. Fourteen months ago work had been carried out which got underneath the clinical model to ensure that future work would take account of the needs of patients.

- Work was in place to monitor the financial plan but this was not listed as one of the risks. This had to be a risk for the process. In response, Dr Walsh advised that the financial plan should be included as a risk. Timelines between the two CCG's, the CFT and Monitor were not yet aligned and work was ongoing to ensure that this would happen.

- The Care Closer to Home programme was supposed to relieve pressure on hospital services. When would we see visible results? In response, Dr Walsh advised that there were challenges in seeing the changes to hospital services, the service had made a difference to the quality in care homes and on musculo-skeletal services. The impact of the Care Closer to Home was not in the metrics and would be included in future. The impact of the service could be seen but it was not readily seen by the public and it was only when a patient needed a particular service that the changes could be seen. One of the major issues for the public is getting an appointment to see their GP, however, this was not in the scope for the model.

- Recent discussions at the meeting of full Council at Calderdale had suggested that Councillors did not feel that the Care Closer to Home programme was working. We need to see the evidence base to show that it is. In response, Dr Walsh advised that an evidence pack was available which could be shared. It was hoped that the Task and Finish Group set up by the Health and Wellbeing Board could act as a critical friend, looking for evidence that the Care Closer to Home programme was making a difference and that it was still valid. The evidence needs to demonstrate a reduction in hospital dependency.

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- The two Councils need to be confident that there was capacity to make the proposed changes. How would this be done? In response, Mr Walsh advised that there would be a pre-consultation business case and communities would be given the opportunity to look at the clinical model and how finances and staffing would be allocated to provide this model. Dialogue was needed to get the message across.

- Would the consultation go ahead if there was evidence that the Care Closer to Home programme wasn't working? In response, Dr Walsh advised that the Care Closer to Home programme would go ahead as it was the right way forward. Decisions on the hospital were separate to this. Dr Brook advised he agreed with the findings of the People's Commission and they know what the public wants which was care in their local communities. The hospitals were now in more financial distress and it was more important that this work was developed.

- Which groups had been consulted with? What was the form of engagement? In response, Ms Woodhead advised that a list of groups who had been part of the consultation process would be circulated to Members of the Joint Committee. Consultation had been in the form of focus groups and one to one meetings. People were also handed copies of questionnaires which they could send in.

- How had the CCG's engaged with young people? Lack of consultation with young people in the past had been listed as a risk. Why was this not covered? In response, Ms Woodhead advised that maternity and paediatrics had not been covered as they wanted to look at emergency care and closer to home first. Young people would be included in the consultation when the position on this was clearer. Mr Walsh advised that issues around the consultation with young people had only been resolved in the last two weeks and it had not been right to consult with them before these matters had been rectified.

- Was there consensus on the clinical model? Were there areas where we would assess what was right for different communities? In response, Dr Brook advised that acutely ill children should not be expected to attend a central centre and services should be available for them locally. Decisions would need to be made on who would need to attend an urgent care centre and who would be able to attend triage at their local doctor’s surgery. A formula to decide this would be agreed.

- Was there a model to measure the effectiveness of the changes? In response, Dr Walsh advised that it was too early to develop a model to measure effectiveness.

- There were aspects of the questionnaire which were flawed and not relevant. Could Councillors be involved in the development of questionnaires in future? In response, Mr Walsh advised that the

questionnaire had been developed with engagement partners. Similar questionnaires had been used in the past and they had been useful in helping to find out people's real experience. However, he was happy that Councillors could be consulted when questionnaires were drafted in future. Ms Woodhead advised that the questionnaire could not be changed as it was in use.

- Did the Clinical Senate accept the proposals? In response, Dr Brook advised that the Clinical Senate were not up to date with the proposals, they had supported what they had seen about the Care Closer to Home programme, the hospital standards, the baseline and clinical model. A timescale had not yet been agreed by the Clinical Senate. Reports from the Senate would be circulated to Joint Committee Members for information.

- The evidence pack had stated that there had been no complaints. This wasn't true. In response, Dr Walsh advised that there had been no explicit complaints.

- Would this consultation conflict with other consultations which were ongoing? In response, Ms Woodhead advised that this was pre-consultation work on the Right Care, Right Time, Right Place Programme and this work would inform the next steps in this process. There was other engagement work going on such as one around early pregnancy.

- What feedback had been received from Monitor? In response, Ms Lawreniuk advised that the CCG would work closely with Monitor and that they would provide experts who would support this work. Regular meetings with Monitor and the NHS had been organised.

- How will the West Yorkshire Vanguard work fit into the meeting on 24th September 2015? In response, Dr Walsh advised that at the moment it was not certain how the West Yorkshire Vanguard work will fit into this work. It was not clear how their work will impact and work was needed to shape this. Conversations would need to be had to establish this and to ensure that we were confident that proposals could move forward. Dr Brook advised that the two CCG's were working together on urgent care. Vanguard was already working but had submitted a bid for extra resources. The proposal was focussed on care at home, ambulance services and electronic records.

- If you could start the process again, what would you do differently? In response, Dr Walsh advised that he had realised the importance of including Councillors in conversations. Dr Walsh advised that communication had been an issue. The recommendations made by the People's Commission would be looked at by the Governing Body and it was intended that a relationship would be maintained with the

group which had been established by the Calderdale Health and Wellbeing Board to monitor the recommendations.

- What's critical at the Governance meeting? In response, Dr Walsh advised that a decision would be made on whether there was confidence in the strategy and confidence that the partners would be able to deliver services. The meeting would establish the readiness to move forward. There would still be a need to progress the work no matter what the decision was on 24th September 2015. Dr Brook advised that the Governing body would see the evidence for a positive decision.

- Could this Joint Committee challenge the decisions made on 24th September 2015? In response, Dr Walsh advised that the decision could be challenged.

- Was work around the other risks progressing? In response, Dr Walsh advised that the financial modelling had been carried out and there were risks emerging around governance. At the moment it was not clear when the Senate would give their response to the proposals and the NHS needed to agree a date to go through the process.

RESOLVED that Dr Matt Walsh, Chief Officer Calderdale CCG, Dr Alan Brook, Chair of Calderdale CCG, Ms Penny Woodhead, Calderdale CCG and Greater Huddersfield CCG and Ms Julie Lawreniuk, Chief Finance Officer, Calderdale CCG and Greater Huddersfield CCG be thanked for attending the meeting and answering questions.

10 CALDERDALE AND HUDDERSFIELD JOINT SCRUTINY COMMITTEE - FUTURE MEETINGS

The Joint Committee discussed possible dates for the next meeting and agenda items for this meeting.

RESOLVED that a meeting of the Joint Committee be arranged for the week commencing 14th September 2015 following consultation with the Chair and that the Committee receives the pre-consultation business case prepared by the Greater Huddersfield CCG and the Calderdale CCG for consideration and comment at that meeting.