REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
OCTOBER 2015

Right Care, Right Time, Right Place Programme update

1.0 BACKGROUND

The Right Care, Right Time, Right Place programme is the Commissioners' response to the Case for Change that was developed as part of the Strategic Services Review. From this Case for Change and the feedback from our engagement, we know that significant changes are required in order to ensure health and social care services are fit for the future. There are three interlinked pieces of work: Calderdale Care Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme. Collectively, these programmes are developing proposals for what the future Community services in Calderdale and Kirklees and the future Hospital Services in Calderdale and Greater Huddersfield could look like. These proposals will be implemented in three separate phases over the next five years:

Phase 1 - Strengthen Community Services in line with the new model of care.
Phase 2 - Enhance Community Services - which is likely to require more engagement.
Phase 3 - Hospital Changes.

2.0 INTRODUCTION

The purpose of this report is to provide an update in relation to Phase 3 – Hospital Changes. At the meeting of the Joint Health Overview and Scrutiny Committee on the 13th August, the committee received an update on progress from Commissioners in relation to: Pre-Consultation engagement; development of the potential outline model and the Pre-Consultation Business Case; Care Closer to Home; and Capacity and Capability to deliver the programme's work.

At that meeting Commissioners agreed to provide a list of the Community Groups with whom they had undertaken engagement – this is attached at Appendix A and to invite members of Scrutiny to the Stakeholder events on the 19th and 20th August – which was actioned after the meeting. Commissioners also discussed the risks to their timeline and, whilst acknowledging that the risks in relation to being ready for consultation in September were increasing, restated their commitment to test their readiness for consultation at the CCGs' Governing Body meeting in parallel on 24th September.

The Joint Scrutiny committee determined that they would schedule a further meeting in advance of the Governing Body meeting in Parallel on 24th September to consider the progress made in relation to the Commissioners 'readiness for consultation' and the recommendation regarding this that the CCGs' Governing Bodies will be considering. The meeting was scheduled for the 22nd September but was later cancelled by the Joint Scrutiny and re-scheduled for the 21st October.

Calderdale and Greater Huddersfield CCGs' Governing Bodies met in parallel on the 24th September to consider the progress made in relation to 'readiness for consultation'. Each

Governing Body agreed that as the CCGs were unable to set out the proposed future model of care, the financial implications; and the preferred location of services, they were not ready to proceed to consultation.

Calderdale CCG, Greater Huddersfield CCG and Calderdale and Huddersfield Foundation Trust are working together to set out the proposals for the future provision of Hospital services across Calderdale and Greater Huddersfield. They have collectively agreed the pieces of work that they still need to do and established which organisation is taking the lead on delivery. They have also agreed that they will develop a joint timeline to complete this work. This can be seen in Appendix B.

The joint timeline reflects both the work that Commissioners are doing to be able to complete the PCBC and be ready to proceed to consultation and the work that the Provider is doing to complete their Strategic Turnaround Plan and demonstrate financial sustainability.

3.0 JOINT TIMELINE

The three organisations have collectively agreed the pieces of work that still need to be completed by each organisation and a high level joint timeline has been developed. It is expected that Commissioners will re-test their readiness for Consultation early in the New Year but acknowledge that further detailed planning needs to take place in order to test the achievability of this timeline. For those pieces of work where CHFT are the lead organisation, the CCG's would be sighted on the individual pieces of work as they are produced for the Trust's Strategic Turnaround plan and would provide assurance on them in order to ensure suitability for the PCBC and to identify any gaps.

In order for the Trust to complete their strategic turnaround and sustainability plan it was agreed with the external regulator that the Trust would commission external support to enable development of these plans. The Trust has completed the procurement and the contract was awarded to Ernst and Young, who started with the Trust on the 1st October. It is expected that the Provider's Strategic Turnaround plan will be produced by the end of Dec 2015. This will then be subject to an authorisation process by the external regulator.

Whilst the work to describe a sustainable model is likely to be completed by the end of 2015, any decision about readiness for consultation will need to be taken once any such plans have been subject to the scrutiny of the commissioners and to the external assurance processes operated by NHS England.

There are a number of risks that that we expect to arise in relation to the joint timeline that the Hospital Services Programme Board will be managing. These can be seen in section 7.0 below. An operational group has also been set up that will meet on a fortnightly basis in order to closely manage the joint timeline and will provide regular updates to the Hospital Services Programme Board.

The following sections of the report provide an update on the development of the Commissioners Pre-Consultation Business Case (section 4.0) and the Provider's Strategic Turnaround Plan (section 5.0).

4.0 PRE- CONSULTATION BUSINESS CASE

In order to be ready for consultation Commissioners need to be able to set out: The Proposed Future Model of Care; The financial implications; and the preferred location of services. In order to determine these elements, Commissioners need to be able to explain:

- Why we need to Change;
- What our Engagement has told us;
- The changes we are proposing;
- The impact of these proposals and;
- Our assessment of these proposals against NHS England's four key tests:

They will provide this explanation in a document called a Pre-Consultation Business Case (PCBC).

We have agreed the pieces of work that we still need to do to complete the PCBC and have established which organisation is taking a lead on delivery. The next few sections of this report considers each element of the PCBC and provides an update on the progress made in completing the required work and an assessment of any work that is still required.

4.1 WHY WE NEED TO CHANGE

This part of the PCBC is often called 'The Case for Change' and comprises three parts: The overall Case for Change; the Financial Case for Change; and The Quality and Safety Case for Change. All these elements have been completed.

The overall Case for Change was initially established as part of the Strategic Services Review. It identified that transformational change was needed in order to respond to the challenges of:

- An ageing population with increased needs
- National shortages of key elements of the workforce that mean new service models are required
- Continuing to meet ever increasing external standards
- Significant financial pressures facing commissioners and providers.

The Financial Case for Change was also established as part of the Strategic Services Review and refreshed during 2015. The refresh identified that, within the context of the overall national gap of £30 billion by 2020/2021, Calderdale and Greater Huddersfield have a gap of £155 million over the next five years.

The Quality and Safety Case for change has been developed through the work of the Hospital Services Programme. The Commissioners and Provider have agreed a set of Hospital Standards that any future service provision should aim to meet. We have set out the outcomes for patients that we expect these standards to achieve, we have baselined our

existing performance and we have made an assessment of how much sustainable improvement we could achieve without reconfiguration of services.

We have engaged with the Clinical Senate for them to consider our hospital standards and our current baseline position together with our potential future model of care for hospital services and provide an assessment of the extent to which they support the model's potential to deliver the Hospital Standards and address the issues outlined in our Quality and Safety Case for Change. We are expecting the first draft of their report by mid-October.

4.2 WHAT OUR ENGAGEMENT HAS TOLD US

This part of the PCBC brings together all the engagement that we have done in relation to the services that are within scope of this programme and sets out the key things that our engagement has told us. We have completed a composite report, developed independently by Healthwatch Kirklees on behalf of the two CCG's, that brings together a review of all our engagement from Mar 13 – August 2015, including recent pre-engagement in summer 2015 on Urgent, Emergency and Planned Care. This report is published on the CCGs' websites.

The key themes raised throughout all the engagement activity are documented in the report and the key things local people want to see from service transformation are:

- Services that are coordinated and wrap around all the persons needs
- Staff that are caring and competent and treat people with dignity and respect
- Services that are properly planned and that are appropriately staffed and resourced and maintain quality
- More information available about health conditions and more communication about what is available
- Services that everyone can access including the buildings, appropriate information and staff that represent the community they serve.
- Any barriers to travel and transport addressed with a clear plan which takes account of diversity and locality
- Improved communication between all agencies involved in a person care and treatment
- Services that are responsive and flexible - particularly in an urgent care situation
- Reduce delays in getting the care and treatment required and improving waiting times
- As many services as possible should be close to home in local settings such as a GP practice

The report of findings from the stakeholder event in Greater Huddersfield on 19 August 2015 and the stakeholder event held in Calderdale on 20 August 2015 has been written and published on the CCGs' websites. The joint key messages from both stakeholder events are:

- A need to communicate our plans to the wider public, explain our reasons clearly and in plain language and be honest about our constraints and resources.
- That Care Closer to Home is the way forward and some progress can be seen, more should be done to demonstrate it is working, again more publicity.

- The public want to stay involved in the development of any plans and want us to improve our engagement to ensure everyone has an opportunity to influence services in the future.
- There was a general consensus that change needs to happen, but the pace of change is slow and we need to evidence why change is necessary to wider audiences.
- Travel and transport need to be considered as part of Care Closer to Home as much as hospital services and we need a plan to address this.
- Partnerships need to be strengthened we need to show we are working with colleagues from the local authority, ambulance service and the voluntary sector to ensure our plans work.
- We have a diverse population and we need to consider all our population when designing new services, current services still don't address patient needs in terms of access, culture, information and communication.
- Workforce skills and capacity, estates and new technology are all highlighted as key areas requiring thorough consideration if models are to be delivered.

Communication briefings for staff and key stakeholders have now commenced in relation to Maternity and Paediatric services. These briefings will be delivered throughout October. Targeted conversations with children, young people, carers, families and women, particularly those of Pakistani heritage as identified in the equality analysis, will start in early November. This approach is supported by two questionnaires;

- A maternity questionnaire which will gather views on maternity services in both a hospital and community setting
- A child and young people friendly paediatric questionnaire which will gather children and young people's views on urgent, emergency, planned care, new technology and therapies

The two questionnaires will be shared with the Joint Scrutiny in mid-October for comments. The Paediatric survey has been produced in conjunction with Children and Young People in order to ensure that it is suitable and accessible for the intended audience.

4.3 THE CHANGES WE ARE PROPOSING

This part of the PCBC sets out the changes we are proposing to make. We have reached clinical consensus across Commissioners and the Provider on the potential outline future model of care for hospital services. The CCGs' and Trust's clinicians developed the potential future model of care through a series of joint clinical workshops and clinical working groups from Feb – Aug 2015. The CCGs and Trust are in agreement that the model presented would be the ideal model for the potential future provision of Hospital services in order to achieve the best outcomes for the people of Calderdale and Greater Huddersfield.

In the PCBC Commissioners will need to set these proposals within the context of existing and proposed Primary Care and Community Care provision.

4.4 THE IMPACT OF OUR PROPOSALS

This part of the PCBC sets out the impact of our proposals. There are four main elements that are used to describe the Impact of our Proposals: Outcomes for Patients; Affordability;

Clinical Viability; and Achievability. Some of these elements are not complete. In order to complete these elements there are a number of pieces of work that need to be completed:

- Technology Analysis.
  We know that the Trust is in the process of implementing an Electronic Patient Record. We need to assess the implications of this for: the delivery of our Clinical Model; the impact on Patients' demand for, and access to, services; and the relationship between Hospital Care, Primary Care and Community Care. CHFT are leading this piece of work.
- Commissioner Requested Services (CRS) Designation Matrix.
  CRS are services which are identified by Commissioners as those which would have to remain in the locality should a provider fail because either: there is no alternative provider close enough or; removing them would increase health inequalities or; removing them would make dependent services unviable. As part of the transfer to the new licensing regime on 1st April, 2013, all Foundation Trusts' mandatory services were designated as CRS. Commissioners have until 31st March, 2016 to review those services and confirm or reject their designation. The CCG's are leading on this piece of work.
- Activity Analysis
  An activity analysis provides a predicted demand for services. It starts with current service utilisation, and then adjusts it to take account of changes in demand as a result of demographic changes and other changes being made in the Health and Social Care Economy (e.g. The Hospital Services Programme, CC2H Programmes, Better Care Fund, QIPP schemes). This provides a new utilisation profile which can then be used in the assessment of: Workforce Capacity; Estate Capacity; and Transport and Access impact. CHFT are leading this piece of work.
- Workforce Analysis
  As with Activity Analysis, we would first baseline our existing workforce. We would then adjust it to take account of the predicted change in demand. This change in demand would reflect changes in the way that services could be provided as well as changes to the volume of services to be provided. CHFT are leading this piece of work.
- Quality Impact Assessment
  From the work completed above we will establish a number of viable options for delivery. We will then complete a Quality Impact Assessment so that we identify and take account of the potential impact on safety, clinical outcomes and patient experience. CHFT are leading this piece of work.
- Estate Analysis
  From the Activity Analysis we would be able to model the amount and type of Estate required (numbers of Beds, Theatres etc.). This would generate possible options for future configuration. CHFT are leading this piece of work.
- Travel Analysis
  This would be done in parallel with the Estate Analysis and used to identify the access and travel implications for each of the possible configuration options. The CCGs are leading this piece of work.

- Financial Analysis
  From the previous pieces of work we should have identified the high level Capital and Revenue implications of our options. This piece of work would provide the detailed analysis to properly understand the anticipated capital and revenue implications. CHFT are leading this piece of work.
- Equality Impact Assessment
  When we have established a number of viable options for delivery we will complete an Equality Impact Assessment so that we understand and can properly consider the Equality considerations of our proposals. The CCGs are leading this piece of work.

In order to set out the impact of the proposals in a coherent way, we would utilise the information from the work set out above, together with our Case for Change, Our Engagement and our Clinical Model to undertake an Options Appraisal and to determine our preferred configuration.

4.5 ASSESSMENT AGAINST THE FOUR KEY TESTS.

All our Service Change proposals are expected to comply with the Department of Health's four tests for service Change. These are:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- A clear clinical evidence base; and
- Support for proposals from Clinical commissioners

For significant service changes, NHS England operates an Assurance process whereby they provide support and guidance to Commissioners so that they can demonstrate compliance with the four tests and other best practice checks. The assurance process concludes with an Assurance checkpoint at which time NHS England provide a recommendation regarding whether Commissioners are ready to proceed to consultation.

In determining their recommendation NHS England will consider the Pre Consultation Business Case together with other external assurance from the Clinical Senate in order to form a view. We have engaged with the Clinical Senate and expect the first draft of their report of findings by mid-October.

A meeting was held with NHS England and the two CCG's on the 21st September where the CCG's agreed with NHS England that it is vital that the assurance process keeps pace with the agreed joint timeline and will therefore run in parallel where possible.

5.0 PROVIDER'S STRATEGIC TURNAROUND PLAN

During 2014/15 Calderdale and Huddersfield NHS Foundation Trust reported an unplanned continuity of service risk rating and an unplanned deficit to the financial year end 2014/2015. Monitor determined the Trust was in breach of its licence and the Trust agreed a number of undertakings with Monitor. Since January 2015 significant progress has been made. The Trust achieved the revised financial plan for FY14/15 and is delivering a robust CIP programme for FY15/16. This has improved stabilisation of the Trust's position.

One of the undertakings agreed with Monitor was that the Trust would commission external support to enable development of a longer term strategic turnaround and sustainability plan. The procurement of external support has been completed and Ernst and Young commenced working with the Trust on 1st October to develop the Strategic Plan by the end December 2015.

The Five Year Strategic Plan will:

- Lay out a clear vision and direction for the Trust that will transform the organisation to optimise the quality of care and outcomes delivered and achieve sustainable financial balance;
- Demonstrate how the Trust will contribute and respond to health economy-wide and commissioner-led plans. In particular the plan will enable Greater Huddersfield CCG and Calderdale CCG to make the decision to commence public consultation on the configuration of hospital services across the two hospital sites in early 2016. This will support the longer term sustainability of the local health and social care economy;
- Demonstrate how the Trust will align with and maximise the opportunities presented by the national strategic landscape including NHS Five Year Forward View and its respective provider models.

The Trust has previously undertaken extensive work regarding the clinical case for change to address the quality and safety challenges it faces delivering services on two sites. These challenges include:

- An inability to substantively recruit to meet the medical staffing rotas of the two sites and reliance on gaps in rotas being filled by locum staff. A number of medical recruitment processes have failed due to lack of applicants.
- The Trust is not compliant with many of the standards for Children and Young People in Emergency Care settings;
- The Trust is not-compliant with the prescribed NHS England standards related to seven day working and access to senior clinical review.

The Trust's 5 year strategy will develop plans for service transformation and reconfiguration to optimise the deployment of clinical staff with the aim of improving safety, service quality, experience and outcomes for our patients and delivery of high quality care 24/7, 7 days a week. This will include joint care pathways with partners to ensure seamless care is delivered in primary, community care and third sector settings.

6.0 INTERIM SERVICE CHANGES

The Trust's high level of concern regarding the sustainability of delivering A&E services on two sites has resulted in the Trust developing a business continuity plan should there be an urgent need on the grounds of safety to temporarily close one of the A&E sites. This plan has been shared with CCGs.

The Trust has also undertaken work to review possible interim service changes that could mitigate service risks and improve the sustainability and safety of service delivery. The Trust is currently working with CGGs to engage on proposals related to changes in the

configuration of Cardiology and Respiratory inpatient services and the Early Pregnancy Assessment and Emergency Gynaecology services.

Targeted conversations in Calderdale and Greater Huddersfield with voluntary and community groups and local support groups will take place on respiratory and cardiology this autumn. A questionnaire on hospital and community services will support the conversation. The engagement and equality plan for delivering this approach will be managed under the CCGS' Care Closer to Home programmes in conjunction with the Trust and will be delivered throughout November and December 2015.

CHFT will continue to escalate any potential quality and safety risks to the CCG through the existing arrangements in place. For Calderdale this will be to the Quality Committee and in Greater Huddersfield to the Quality and Safety Committee.

7.0 POTENTIAL RISKS TO THE TIMELINE

A number of potential risk areas in relation to the consolidated timeline have been identified;

- The Clinical Senate findings require re-work
- Commissioners do not satisfy the assurance process
- There are delays to the work being completed
- CHFT are not successful in securing central funding
- Support from Scrutiny not secured
- CHFT work does not satisfy CCG assurance causing a delay to the development of the PCBC
- The proposed model is not affordable
- Communications
- Managing interim quality and safety issues for the Provider

8.0 NEXT STEPS

Early in the New Year, Calderdale CCG and Greater Huddersfield CCG will meet in parallel, in public to consider if they are 'ready for consultation'.

Jen Mulcahy, Programme Manager, NHS Calderdale CCG and NHS Greater Huddersfield CCG
Anna Basford, Director of Commissioning and Partnerships, CHFT
8th October, 2015

Appendix A

Groups engaged with between 2nd July and 10th August, 2015 in relation to: Emergency Care; Urgent Care; Planned Care; Rehabilitation, Therapies and Technology; and Travel and Transport.

Calderdale	
Provider / Forum	Protected Characteristic / group
Halifax Opportunities Trust:	Ethnicity
Calderdale Carers Project	Carers
Calderdale BME Network	Race
Cornholme & Portsmouth Old Library, Cornholme, Todmorden	Mixed – rural
Calderdale Interfaith Council,	Religion or belief
Disability Support Calderdale	Disability
Healthy Minds	Disability
Health Connections Consultation	Disability
Calderdale Parents & Carers	Carers (Parents)
Disability Partnership, Calderdale,	Disability
Age UK	Age
The LABRYs Trust	Sexual orientation
Women's Centre	Gender
Pennine Magpie	Disability (Learning Difficulties)

Greater Huddersfield	
Provider / Forum	Protected Characteristic / group
Sister Shout	Sexual orientation
HUGG	Sexual orientation
Chinese community centre	Ethnicity
APNA Health	Ethnicity
Reach out Project	Refugees & asylum seekers
Kirklees visually impaired network	Disability
Polish Elderly group	Ethnicity
Friends of Beaumont Park	Locality mixed
Volunteers Together	Asylum seekers
Huddersfield Pakistani Association	Ethnicity
Ukelele Group	Locality mixed
Honeyzz	Diabetes
Kirklees Older People Forum	Age
Network/over 50s	Age
Indian Workers Association	Ethnicity
Huddersfield Deaf Community	Disability
Huddersfield African Caribbean Cultural Trust	Ethnicity
Ahmadiyya Muslim Association	Religion or belief
Hillhouse Gurdwara	Ethnicity
Sikh Leisure Centre	Religion or belief
Kirklees Involvement Network (KIN)	Disability (Learning Difficulties)

Appendix B- Hospital Services Programme Board – High Level Joint Plan CCGs and CHFT