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CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Wednesday 21 October 2015

Present: Councillor Robert Barraclough
Councillor Martin Burton
Councillor Malcolm James
Councillor Andrew Marchington
Councillor Elizabeth Smaje
Councillor Molly Walton
Councillor Adam Wilkinson

In attendance: Anna Basford – Calderdale & Huddersfield NHS Foundation Trust (CHFT)
David Birkenhead – CHFT
Paul Chandler – Monitor
Keith Griffiths - CHFT
Andrew Haigh - CHFT
Carol McKenna – Greater Huddersfield CCG
Bev Maybury – Calderdale Council
Jen Mulcahy – Calderdale CCG & Greater Huddersfield CCG
Steve Ollerton – Greater Huddersfield CCG
Richard Parry – Kirklees Council
Jitka Roberts - Monitor
Penny Woodhead – Greater Huddersfield CCG
Richard Dunne – Principal Governance & Democratic Engagement Officer Kirklees Council
Mike Lodge – Senior Scrutiny Support Officer Calderdale Council

Apologies: Councillor Howard Blagbrough
Alan Brooks – Calderdale CCG
Matt Walsh – Calderdale CCG

1 Minutes of previous meeting

Mr Ollerton informed the Committee that he believed there was an error in the record of the minutes that related to a comment from Dr Brook which he felt should have read “that acutely ill children should be expected to attend a central centre and services should be available for them locally”

RESOLVED – That the minutes of the meeting of the Committee held on 13 August 2015 be approved as a correct record.

2 Interests

No interests were declared.

3 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.

4 Deputations/Petitions

No deputations or petitions were received.

5. Right Care, Right Time, Right Place Programme Update

The Committee welcomed representatives from Calderdale and Huddersfield NHS Foundation Trust (CHFT), Calderdale Council, Greater Huddersfield CCG, Kirklees Council and Monitor to the meeting.

Mr Chandler informed the Panel of the work that being carried out by CHFT to develop a strategic sustainability and financial turnaround plan. Mr Chandler explained that a review of the work had shown that the plan included strong clinical evidence but had identified a number of gaps in the financial elements of the plan.

Mr Chandler stated that there were a number of key elements of the strategic outline case that had not been fully considered that included further consideration on maximising the use of the PFI site from a clinical and financial perspective.

Mr Chandler explained that Monitor had met with CHFT to discuss the areas where further work was needed to support the options that the Trust was developing on hospital services reconfiguration.

Mr Chandler informed the Committee that Monitor had met with senior stakeholders in the Department for Health and the Treasury and had agreed that the Trust required further support in order to develop a more detailed plan on a hospital services model that would be sustainable in the long term.

Mr Chandler explained that the Trust had commenced with the further work that was needed which had been scheduled to be completed by the end of 2015. Mr Chandler informed the Committee that the Trust had also secured external support from Ernst & Young.

Mr Chandler informed the Committee that the Trust continued to make good progress and had over delivered on its cost improvement plans while maintaining good quality and safe services.

Ms McKenna outlined the progress that had been made by commissioners since the last Joint Health Scrutiny Committee meeting in August which included the outcome of Calderdale and Greater Huddersfield CCG's Governing Bodies meeting held in parallel on 24 September 2015.

Ms McKenna stated that CCG's were committed to continue to work closely with CHFT which included input from NHS England and Monitor

and collectively all parties had agreed on a timeline to complete the Pre-Consultation Business Case.

Ms McKenna informed the Committee that the CCG's were subject to external assurance processes and were working with NHS England to agree the timeline for checking the CCG's readiness for consultation.

Ms McKenna stated that the CCG's had shared their plans of the clinical model with the Clinical Senate and had received the draft report from the Senate which they were currently reviewing.

Ms McKenna informed the Committee that the Joint Hospital Services Programme Board continued to meet on a regular basis and this was supplemented with fortnightly meetings of an operational group that kept in touch with the work being undertaken on the strategic plan.

Mr Owens explained that the Trust was not developing the strategic plan in isolation and the Trust, commissioners and the regulator were working together.

Mr Owens informed the Committee that the Trust's deficit position was still significant and serious and reflected the national financial challenges faced by many acute hospitals.

Mr Owens stated that discussions with commissioners through the Hospital Services Programme Board had focused on establishing a principle for the new model of care that included having an emergency care centre supported by urgent care centres.

Mr Parry informed the Committee that an important aspect of the Right Care, Right Time, Right Place Programme was the social care system and community healthcare services.

Mr Parry explained that Kirklees Council was working with Greater Huddersfield CCG and North Kirklees CCG in joining up commissioning approaches in a number of areas of activity that included mental health services and childrens services and to share intelligence to understand who was using the services.

Mr Parry explained that another important aspect was how health partners across the system collectively supported the residential and nursing care home sector to make sure they could deliver high quality care, be responsive and contribute to the care and support provided by the whole system.

Mr Parry informed the Committee that the Council had been working with the providers of the care closer to home contract to ensure that the Council could provide the support for delivering out of hospital care and develop an integrated approach to health and social care.

Mr Parry stated that the Council was used to working on multi-site models such as that developed by the Mid Yorkshire Hospitals Trust and as the model emerged for Calderdale and Greater Huddersfield would be working with colleagues to put in place the right operational arrangements.

Ms Maybury explained that the programme of work that was being developed on a new the model of care was linked to the work that was being done through the Better Care Fund and the Vanguard projects.

Ms Maybury stated that the role of the Council was to support the development of primary and community services and that there would be a shift from joint commissioning intentions to more opportunities for Joint provision.

The Committee asked for clarification on which of the plans that the Trust and Monitor was developing and the model being developed by commissioners took precedence.

Ms McKenna explained that there was a clinical consensus from all parties on the preferred clinical model. Ms McKenna stated that there were still a number of risks and factors that would have to be taken into account as part of the work that was being done on the Pre-Consultation Business case that included the financial viability of the new model.

Ms McKenna informed the Committee that all parties were committed to working together and the CCG's were prepared to have further discussions should there be elements of the preferred model that were unviable.

Mr Chandler informed the committee that the local health economy was very cohesive with a shared vision. Mr Chandler stated that the role of Monitor was to ensure that the new model of care was able to be delivered within the defined financial parameters.

A question and answer session followed that covered a number of issues that included:

- The circumstances in which the Trust would temporarily close one of its A&E sites.
- The approach that was being taken by the Trust to mitigate risks in other hospital services.
- The impact on other Trust's in the event one of the A&E sites had to be closed.
- The challenge that the Trust faced in relation to staff shortages.
- A question regarding which service areas that the Trust was not meeting the required standards.
- Issues relating to staff recruitment and retention and the challenges of providing adequate consultant led cover across two sites.
- The importance of the Trust maximising the value of the PFI site.

- The need for the proposals that were being developed to take into account the impact on the wider local health system.
- How the Trust would operate and work with the public in the event of a temporary closure of an A&E site.
- The continuing and increasing pressures facing the Trust in relation to staff recruitment with a particular challenge in certain areas of medical speciality.
- The potential for the new clinical model to help attract staff to work for the Trust.
- The implications for YAS and other partner organisations in the event of the closure of one of the A&E sites.
- Issues related to delayed transfer of care.
- The importance of the work being done on preventive programmes and hospital avoidance.
- The work being done in Calderdale to understand the reasons for the delays on discharge.
- The need to approach the discussions on hospital changes in a manner that wouldn't unduly concern members of the public.
- The level of involvement from Public Health in the Better Care Fund and the Care Closer to Home programme.
- An overview of the key milestones in the joint plan leading to consultation and the capacity to complete the work in line with the published timescales.
- The work that was being done to assess the impact of the Care Closer to Home Programme.
- An explanation of Commissioner Requested Services.
- An overview of the approach being taken to phase 2 of the Care Closer to Home Programme.
- Details of the model of care for maternity services.
- The risk to the timeline to consultation due to the dependency on external factors such as funding from the treasury and Department of Health.
- The potential issues that could arise if consultation was carried out during Purdah.
- The importance of ensuring that the programme of changes was progressed as soon as possible.
- Concern that a long process would increase the risk of instability within the Trust.
- Confirmation that discussions with the Treasury regarding capital requirements included the maintenance and refurbishments across all aspects of the Trust's estate.
- The importance of focusing on the clinical case for change.
- The role of the Committee in having input into engagement and consultation plans.

RESOLVED:

- (1) That all attendees be thanked for attending the meeting.

(2) That the Committee's supporting officers be authorised to liaise with attendees to obtain any further information that has arisen from the discussion.