

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Wednesday 16th November 2016

Present:

Councillor Andrew Marchington
Councillor Elizabeth Smaje
Councillor Julie Stewart-Turner
Councillor Carole Pattison
Councillor Adam Wilkinson - Calderdale Council
Councillor Jane Scullion - Calderdale Council
Councillor Marilyn Greenwood - Calderdale Council
Councillor Chris Pearson - Calderdale Council

In attendance:

Richard Dunne, Principal Governance & Democratic
Engagement Officer
Mike Lodge, Senior Scrutiny Support Officer (Calderdale
Council)

1 Minutes of Previous Meeting

The Committee was informed of the following correction to the minutes of the meetings held on 7 September 2016 and 30 September 2016.

In relation to the meeting held on 7 September 2016 that:

- Councillor Carole Pattison is shown as being present at the meeting.
- Vicky Dutchburn is removed from the list of attendees.
- Penny Woodhead's position reflects that she works for both Greater Huddersfield CCG and Calderdale CCG
- Councillor Pearson's declaration of interest be amended to read: 'Councillor Pearson declared a personal interest as the organisation he owns and is a director of contracts with Calderdale Metropolitan Borough Council (CMBC) in relation to adult social care provision for individuals with learning and/or physical disabilities.

In relation to the meeting held on 30 September 2016 that:

- Councillor Wilkinson's comments relating to the Yorkshire Ambulance Service (YAS) are amended to reflect that it was the CQC that had rated YAS as 'requiring improvement'.

RESOLVED – That the minutes of the meetings of the Committee held on 7 September 2016 and 30 September 2016 be approved as a correct record, subject to the agreed amendments.

2 Interests

Councillor Pearson declared a personal interest as the organisation he owns and is a director of contracts with CMBC in relation to adult social care provision for individuals with learning and/or physical disabilities.

Councillor Wilkinson declared an ‘other interest’ on the basis that he had a share/interest in his father’s pharmacy business.

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

The Committee received deputations from the following people regarding the Proposals for the provision of Hospital Services in Calderdale and Greater Huddersfield: Cristina George (Hands off HRI Campaign Group), Colin Hutchinson (Calderdale 38 degrees NHS Group), Jenny Shepherd (Chair of Calderdale and Kirklees 999 Call for the NHS) and Mike Foster (Hands off HRI Campaign Group).

Cllr Smaje stated that the Committee had received a request for a deputation from a person who was unable to attend the meeting and confirmed that information on the deputation had been circulated to committee members.

5 Calderdale and Kirklees Joint Health Scrutiny Committee review of proposals for future arrangements for hospital and community health services in Calderdale and Greater Huddersfield

Cllr Smaje confirmed that the Committee had received responses to its recommendations relating to transport from the West Yorkshire Combined Authority and Calderdale and Kirklees Councils

Cllr Smaje informed committee members that the CCG’s response to all of the Committees recommendations would be addressed through the development of the Full Business Case (FBC). Cllr Smaje stated that the response from the CCG’s felt as if they weren’t taking the scrutiny process seriously.

Cllr Smaje outlined details of recommendation two and questioned why there was a need to have to wait until FBC to address the Committees concerns. Cllr Smaje

highlighted the recommendation that related to workforce and outlined the key areas of concern that had been highlighted in the Committee's report.

Cllr Smaje made reference to the Outline Business Case (OBC) which had stated that workforce was a key factor driving the need for reconfiguration and questioned why the CCG's hadn't developed a detailed workforce plan before they had taken the decision to go to FBC.

Cllr Marchington stated that it had been clear from the beginning that there would need to be a shift in workforce from the acute side of the health service to primary care.

Cllr Marchington explained that issues relating to workforce had been heard by the Committee over the last 12 months and had expected that more progress on this area would have been made.

Cllr Marchington outlined the key areas of workforce pressures that had been presented to the Committee and stated that work covering workforce challenges and pressures should have been developed regardless of plans for reconfiguration.

Cllr Pattison made reference to the recommendation that consideration be given to increased partnership working to address workforce issues. Cllr Pattison explained that because the CCG's response had indicated that they were already working with partners the Committee would have expected a more detailed response.

Cllr Smaje outlined the key elements of the Committee's concerns regarding finance. Cllr Marchington explained that NHS budgeting was demand led and was fundamentally different to the way budgets in local authority were run.

Cllr Marchington stated that despite all of the work that had been done on the financial aspects of the proposed changes it would still result in a £9.5 million deficit.

Cllr Stewart-Turner stated that she shared the concerns expressed by the Committee that there weren't any details available that outlined how the CCG's would address the Committee's concern's on finance. Cllr Stewart-Turner also expressed frustration on the lack of guidance on how long it would take the CCG's to fully develop the FBC and address the Committee's recommendations.

Cllr Scullion stated that she had concerns about recent reports that requests for capital from other NHS organisations had been knocked back and highlighted the overall challenges of the funding gap.

Cllr Scullion explained that she felt that some level of financial modelling could have been undertaken and this would have helped to provide some reassurance to the Committee.

Cllr Scullion outlined the legitimate role that the Committee had in having an oversight of the process and questioning aspects of the financial case for change. Cllr Scullion explained that she did not feel the Committee had received sufficient detail in the response to its concerns.

Cllr Smaje informed the Committee of the key issues that related to the recommendations on reducing demand. Cllr Smaje explained that the Committee would have expected the CCG's to have already modelled demand and capacity levels in the ambulance service and looked at ways that the Care Closer to Home Programme could be scaled up.

Cllr Scullion made reference to the schemes outlined in the Sustainability and Transformation Plans and stated that she would want to see the detail on how the pilot schemes could be sufficiently scaled up.

Cllr Pattison stated that the work that related to Care Closer to Home, improved ambulance response times and NHS 111 were all good programmes that everyone would wish to see developed regardless of any changes to the configuration of services.

Cllr Pattison explained that she felt that these programmes of work must have already have been modelled particularly as the proposals had only presented one option. Cllr Pattison stated that the CCG's must have undertaken detailed work on meeting or reducing demand otherwise they could not have possibly concluded that there was only one viable proposal.

Cllr Stewart-Turner stated that work on Care Closer to Home had been taking place over a number of years and investment in community services would help to reduce demand in hospitals.

Cllr Stewart-Turner stated that she couldn't understand why the Committee had to wait for the FBC before more information was available and believed that there should already be good examples of work being undertaken in the community that could be used to demonstrate how they could be scaled up.

Cllr Stewart-Turner stated that when there was only one option to look at it was reasonable to expect that there would be further detail behind the option that could be shared with the Committee.

Cllr Wilkinson stated that the response from the CCG's had made reference to the full involvement of the Local Medical Committee (LMC) in developing the Greater Huddersfield Primary Care Strategy.

Cllr Wilkinson explained that the LMC had informed the Committee that they had not been fully engaged in developing the proposals for the Pre-Consultation Business Case. Recent reports in the press had reported on discussions between the LMC and CCG's and Cllr Wilkinson stated that he felt that it would be helpful for the Committee to be provided with an update on these discussions.

Cllr Smaje made reference to the Committee's request to the CCG's to address the concerns outlined in recommendations 9 and 10 prior to a decision being taken and questioned why the CCG's hadn't carried out the Committee's request.

Cllr Smaje explained that the recommendations had related to public confidence and the lack of response from the CCG's had not helped to overcome the issue of public confidence. Cllr Smaje made reference to the Committee's report which had specifically requested that the CCG's should take account of the concerns that had been highlighted by the public during the consultation.

Cllr Marchington outlined details of the recent update from the Yorkshire Ambulance Service (YAS) that had been presented to the Kirklees Health and Social Care Scrutiny Panel.

Cllr Marchington stated that the questions that had been asked by the Committee on travel times and ambulance response times were issues that the public were concerned about and they had not been addressed.

Cllr Marchington explained that it would have been helpful for the CCG's to have explained the work that was being carried out to address these issues and this would have helped to instil greater public confidence.

Cllr Smaje stated that people were already affected by appointments and operations at the two hospitals and questioned why a transport plan had not already been developed, why one was not available during consultation and why the CCG's had used a travel analysis that was done two years ago.

Cllr Smaje stated that there were already concerns regarding travel and car parking particularly at the Calderdale site and questioned why the CCG's had to wait for the development of the FBC before it could address these issues.

Cllr Stewart-Turner stated that she was pleased that there had been offers of technical support from the Council to work on a transport plan but questioned why they hadn't already been engaged in the process.

Cllr Stewart-Turner expressed surprise that no work had taken place with a transport group and stated that although there were a number of plans to improve the transport issues there still remained uncertainty regarding timescales.

Cllr Stewart-Turner stated that car parking was not the responsibility of the Council and explained the applicant's role in providing reassurances relating to car parking provision as part of the planning application process.

Cllr Marchington explained that there was a need to be clear about the outcomes on transport. Cllr Marchington stated that if information had been presented by the CCG's that had made it clear on how people would be affected by the proposals and what measures would be taken to mitigate the impact it would have improved the public's confidence.

Cllr Scullion stated that the Committee had probed and questioned on a number of areas relating to transport and would have expected more detailed information from the CCG's.

Cllr Scullion stated that the Committee was particularly disappointed with the response and had continued concerns in this area. Cllr Scullion explained that the Committee had followed an iterative process and were still waiting for a sufficient response from the CCG's.

Cllr Greenwood stated that more could have been done to provide confidence to the public on issues relating to transport and outlined details of a major Calderdale project to reduce congestion.

Cllr Pearson stated that the streets around Skircoat were already densely packed and parking in the area was already at breaking point. Cllr Pearson explained that there was insufficient parking and issues with residents and questioned how the surrounding infrastructure would cope with increased numbers of people visiting the Calderdale site.

Cllr Pearson stated that he felt that the CCG's hadn't properly worked through the issues which could further escalate problems with local residents and that the Committee would require more details on how the CCG's intended to address these issues.

Cllr Pattison reiterated that parking was not the responsibility of the Council. Cllr Pattison highlighted the CCG's response that it would utilise industry norms to establish parking requirements and stated that if this was the case then the CCG's should already be able to establish the required parking provision.

Cllr Pattison made reference to recommendation 15 and explained that there was a serious issue regarding the sustainability of the Calderdale site.

Cllr Smaje made reference to the CCG's response to recommendation 15 that questioned what the Committee had meant by sustainability of the Calderdale site despite the fact that it would still be answered through the FBC.

Cllr Smaje outlined the Committee's concerns regarding the ability of the new arrangements for hospital services to meet future demand should the new model for community services fail to reduce the required demand in hospital

Cllr Stewart-Turner stated that the Committee had real concerns regarding the capacity of the Calderdale hospital to manage the increase in demand in emergency care and the impact this would have on planned care.

Cllr Stewart-Turner stated that it was disappointing that the Committee's recommendation to consider developing plans to maximise the use of Holme Valley Memorial Hospital had been ignored.

In response to a question on the timescales for developing a FBC the Committee was informed that the CCG's were not currently able to confirm a time line for the FBC.

Cllr Scullion asked officers to seek clarification on the role of the Calderdale and Huddersfield NHS Foundation Trust in the development of the FBC.

Cllr Marchington highlighted a number of risks in the event that the FBC took a long time to be developed and explained that due to the potential for a change in the CCG's and the Trust's financial circumstances it was possible that the Committee would be required to seek further information regarding the proposals.

RESOLVED:

(1) That Kirklees Council, Calderdale Council, West Yorkshire Combined Authority, Calderdale CCG and Greater Huddersfield CCG be thanked for their response to the Joint Committee's recommendations.

(2) In line with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 that officers put in place arrangements for the Joint Committee, Calderdale CCG, Greater Huddersfield CCG and Calderdale and Huddersfield NHS Foundation Trust to take steps to reach agreement on areas of difference between the Joint Committee and the CCG's.

(3) That if the CCG's do not satisfactorily address the Committee's concerns, within an agreed timescale, that consideration be given to exercising the Committee's power of referral to the Secretary of State in accordance with the requirements of the regulations.

(4) That a meeting of the Committee is arranged in February 2017 to assess progress of the development of the Full Business Case and the steps taken to reach agreement between the Committee and CCG's.