

**CALDERDALE AND KIRKLEES JOINT HEALTH
SCRUTINY COMMITTEE, 15th FEBRUARY 2019**

PRESENT: Councillor Wilkinson (Chair)
Councillors A Collins, Eastwood, Hutchinson, Pattison, Smaje, Stewart-Turner.

IN ATTENDANCE:

Anna Basford, Calderdale and Huddersfield NHS Foundation Trust
Dr David Birkenhead, Calderdale and Huddersfield NHS Foundation Trust
Warren Brown, NHS Improvement
Helen Dowdy, NHS England
Richard Dunne, Kirklees Council
Mike Lodge, Calderdale Council
Carol McKenna, Greater Huddersfield Clinical Commissioning Group
Richard Parry, Kirklees Council
Deborah Tynan, Calderdale Council
Dr Matt Walsh, Calderdale Clinical Commissioning Group

10 INTERESTS

Councillor Wilkinson declared an interest as he owned a share of a pharmacy business within the Calderdale district.

Councillor Stewart-Turner declared an interest as he had a close family member with vascular dementia.

11 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.

12 DEPUTATIONS/PETITIONS

The Committee received deputations from the following people regarding the submissions by the Calderdale and Kirklees submissions following the Secretary of State's response to the proposal and how the process would be managed going forward: Steve Slater, Thelma Walker MP and Jenny Shepherd.

13 MINUTES OF THE MEETING HELD ON 7th SEPTEMBER 2018

IT WAS AGREED that the Minutes of the meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee meeting held on 7th September 2018 be approved as a correct record subject to the amendment of any reference to Warren Barker being changed to Warren Brown.

14 FUTURE ARRANGEMENTS FOR HOSPITAL AND COMMUNITY SERVICES IN CALDERDALE AND HUDDERSFIELD – PROGRESS REPORT FOR THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE JANUARY 2019

Calderdale and Huddersfield NHS Foundation Trust, Calderdale CCG and Greater Huddersfield CCG submitted the progress report which had been submitted to the Secretary of State for Health and Social Care in January 2019.

The purpose of the report was to provide the Secretary of State with the following:-

- describe the proposed model of hospital care which was developed in August 2018 to address concerns raised by the IRP regarding hospital capacity;

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- provided an update on the development of care closer to home and out of hospital capacity;
- provided an update on the development of digital technology to support delivery of the proposed model of care;
- confirmed the capital investment requirement and expected impact of the proposed model of care to deliver recurrent system revenue savings;
- described the next steps and timeline for moving forward; and
- described the ongoing plans to ensure stakeholder and public involvement.

Members also considered the aspects of the proposals of the West Yorkshire and Harrogate Health and Care Partnership vascular services which might impact on the Right Care, Right Time, Right Place proposal.

Members discussed the following issues:

- Would the Primary Care Network mean that people would not be able to see a GP? In response, Officers advised that people would still be able to see a GP. The report to the Secretary of State was an update. The number of hospital beds would be maintained until an estimate could be made of the number of beds which could be reduced. Finance details would be confirmed in December 2019.
- The Accident and Emergency provided at Huddersfield would change to an urgent care unit. What was the difference? In response, Officers advised that there would be a staff presence 24/7. Consultants would be available and there would be full resuscitation services.
- How did the consultant on call service compare with what was available now? In response, Officers advised that the service would not be too dissimilar to what was available now. Consultants were available during the day and specialists could be called on when needed. There had been improvements around the availability of consultants.
- Would the resuscitation services at Huddersfield extend to cover children? In response, Officers advised that experts in children's care would be available at Huddersfield. Children would be transferred to the most appropriate facility depending on their needs.
- Would the re-alignment of the two sites meet the recommendations? In response, Officers advised that they could not comment on the standards but would find out the information at provide this to Committee Members. There was a commitment to increase staff within Accident and Emergency and to

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increase the critical mass of consultants. The aim was to have fewer vacant posts.

- There was nothing in the 10 Year Plan about prevention and reducing health inequalities. Would the Urgent Treatment Centres mean that urgent care would be more local? How would the model adapt? In response, Officers advised that prevention was implicit in the 10 year plan. The Plan will keep changing over time. Practices were working together on a neighbourhood level to ensure that we know the needs of the local population. Additional roles had been introduced, such as that of a link worker to guide people to appropriate services. A national framework was required to allow plans to be thought through and urgent treatment would be dealt with in this way. More GP's would be access funded and out of hours arrangements would be put in place. GPs would be encouraged to work in localities. Any changes would be anticipated in the Plan.
- Would the Plan come back to this Committee in 12 months time for an update on any changes? In response, Officers advised that this was not in the gift of the CCG and the hospital. Partnership work with Councils was needed and there needed to be an integrated approach to service delivery.
- The timeline relates to hospitals. What about localities? In response, Officers advised that GP contracts had set out specific timelines and would be tailored to the local population. The Primary Care Networks would outline their plans by spring 2019. This was transformational change with no specific date.
- The Calderdale buildings could not accommodate all the changes. Could this Committee see the documents submitted at the bid? How was the level of funding decided? Was the £20m allocated to Huddersfield enough to ensure that the site was in in good shape? In response, Officers advised that a £177m investment was planned for Halifax which was based on costings in 2017. Areas in this hospital needed to be expanded. The £20m allocated for Huddersfield were based on critical areas of investment. The refresh of estate time had passed since the last assessment and could be subject to change.
- Were there plans for centres at Todmorden and Holmfirth? In response, Officers advised that there were no plans for centres in these areas.
- There was no mention of frailty services in the update? In response, Officers advised that they were developing a frailty service.
- Building works would start in 2023. Was there a plan to draw down money before that? In response, Officers advised that there was a facility to draw down money before 2023.
- Were Officers confident that the system would be fit for purpose by 2025? In response, Officers advised that they would have preferred to start the building

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work now as the current buildings were not fit for purpose. They were anticipating that the change would go on after 2025.

- The Secretary of State had agreed that the original proposals were not in the best interest of local people. Two recommendations had asked about the reduction in the number of hospital beds. Were we on a trajectory to meet this? How will we assess progress? In response, Officers advised that they were working on integrating health and care and increasing the amount of support people received in their home. The current bed base would be retained until there was an impact on the number of beds needed. There had already been a reduction in the pressure on hospitals. This model was based on existing schemes and 10% of beds would be taken away. It was believed that this number could be increased further as a result of shared services. Capacity modelling was already being done.
- The Nuffield Trust report had suggested that there was an increase in service demand on the introduction of integrated care. Were there enough clinical staff to cope with increases in demand? In response, Officers advised that something needed to be done to recruit staff and retain the current workforce. We need to create jobs people want to do. Work was ongoing in this area.
- Digital technology was mentioned in the update to the Secretary of State. This was an issue as GP surgeries could not see hospital records and vice versa. Were there opportunities in this area? Could Committee Members visit to see technology functions in action? In response, Officers advised that technology was moving forward and systems were now more functional. GPs could access hospital records. Opportunities in this area were great.
- There were concerns about the vacancies for radiologists. 200 were needed. Were there plans to train new staff? What was being done to increase numbers? In response, Officers advised that they share Committee Members concerns as the current model was not sustainable. Radiologists would still be available on site. Officers could not comment on the training of new radiologists.
- It was common for commissioners to reduce services if they were not being performed. In response, Officers advised that they were working on hyper-acute stroke services at the moment. People will need to be transferred but this is what happens now.
- Were there assurances that specialists would be available to provide services? In response, Officers advised that current service sustainability was not there as there was a lack of staff. We need to ensure that specialist services are available but there is a workforce challenge.

IT WAS AGREED that the updated be noted.

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15 STAKEHOLDER, STAFF AND PUBLIC INVOLVEMENT – HOSPITAL AND CARE CLOSER TO HOME

Calderdale CCG and Greater Huddersfield CCG submitted a written report which provided information on a plan which set out the approach to continued engagements with stakeholders, staff and the public as the proposals for hospital and community health services were developed into more detailed plans.

Work to develop a safe and sustainable model of hospital and community care in Calderdale and Huddersfield had been underway since July 2012. A major engagement programme, Right Care, Right Time, Right Place had taken place over a four year period to involve local stakeholders, including staff and the public in the future of hospital services. During the summer of 2018 significant work had been undertaken by local NHS organisations working with NHS England and NHS Improvement and engaging the Chairs of the Joint Health Scrutiny Committee, Health and Wellbeing Boards and the Local Medical Committees to develop an enhances proposal to ensure the best possible clinical outcomes for patients within available resources and to address the issues identified by the Independent Reconfiguration Panel.

The plan had been presented to Members for consideration and feedback.

Members discussed the following issues:

- There was no mention of staff input in the consultation. How did engagement look? Had the LMC been involved in the process? In response, Officers advised that it was their full intention that members of staff were involved in the process – staff comments on buildings and the estate were crucial. The LMC would be invited to comment again.
- Who are the stakeholders? In response, Officers advised that the stakeholders were Councillors, MPs, campaign groups, Healthwatch, providers and voluntary and community sectors.
- Would there be a programme to put plans in place? Would there be one conversation about all services or separate conversations dependent on the service? In response, Officers advised that there would be a mixture of conversations about all services and separate conversations on different services.
- Would all services be discussed at the stakeholder event? In response, Officers advised that the paper covered overarching topics and would be part of the stakeholder discussion.
- The engagement process was lengthy. We need to keep an overview of services in the interim, this should include the number of beds on sites and any changes to numbers and the movement of services. In response, Officers advised that there were no plans for reconfiguration and that they would engage if the need arose. Bed space would be managed across sites and figures would be published.

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- What is meant by the vending of blood services? In response, Officers advised that this was a process which could be put in place which provides barcodes for patients and products meaning that processes were safer. It was a way of storing blood.

IT WAS AGREED that the report be noted.

16 REVISED TERMS OF REFERENCE

Update Terms of Reference for the Committee were circulated to Members and the Committee was asked if they wished to amend the Terms of Reference or approve them.

IT WAS AGREED that the updated Terms of Reference for the Calderdale and Kirklees Joint Health Scrutiny Committee be approved.

17 WORK PLAN AND NEXT STEPS

The Committee discussed its next steps and work required to included:

- the Strategic Outline Case which was due in April 2019;
- the outline business case; and
- the proposed date for the next meeting which should be held in late May/early June 2019 .

IT WAS AGREED that the Scrutiny Support Officer in consultation with the joint Chairs be requested to arrange the next meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee for late May/early June 2019.