CALDERDALE COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

FRIDAY, 18TH OCTOBER 2019

PRESENT: Councillor Hutchinson (Calderdale Council) – Joint Chair
Councillor Smaje (Kirklees Council) - Joint Chair
Councillor Blagbrough (Calderdale Council)
Councillor Cooper (Kirklees Council)
Councillor MK Swift (Calderdale Council)
Councillor Munro (Kirklees Council)
Councillor Simpson (Kirklees Council)

IN ATTENDANCE: Anna Basford – Director of Transformation and Partnership (CHFT)
David Birkenhead – Executive Medical Director (CHFT)
Jen Mulcahy – Programme Manager Right Care, Right Time, Right Place (Calderdale and Greater Huddersfield CCG)
Matt Walsh – Chief Officer (Calderdale CCG)
Penny Woodhead – Chief Quality and Nursing Officer (Calderdale and Greater Huddersfield CCG)
Carol McKenna – Chief Officer (Greater Huddersfield and North Kirklees CCG)
Mike Grady – Independent Chair, Travel and Transport Review Group
Richard Binks – Programme Manager, Regeneration and Strategy (Calderdale Council)
Steven Hanley – Project Officer (Major Projects) Economy & Infrastructure (Kirklees Council)

OBSERVERS:

APOLOGIES: Councillor Mrs Collins (Calderdale Council)

1 Minutes of Previous Meetings

RESOLVED that the Minutes of the Calderdale and Kirklees Joint Health Overview Scrutiny Committee held on the 4th July 2019, and the amended Minutes of the 15th February 2019 be approved as an accurate record.

2 Members Interests

Councillor Megan Swift declared an 'other interest' on the grounds that she was a member of Calderdale and Huddersfield NHS Trust Membership Council.

3 Admission of the Public

All items were taken in public session.

4 Deputations and Petitions

The Committee received deputations from the following members of the public: Rosemary Hedges, Jenny Shepherd and Cristina George.

The Chair requested the written deputations be submitted, in order for the relevant Officers to provide a detailed written response.

5 Engagement Involvement Plan and the Report Findings from the Stakeholder Event

The Director, Transformation and Partnerships, Calderdale and Huddersfield Foundation Trust (CHFT) and Programme Manager, Calderdale and Greater Huddersfield Clinical Commissioning Group (CCG) submitted a written report regarding the communication and involvement of local people in the plans relating to Hospital Reconfiguration. The report included the Engagement Plan, Findings from the Stakeholder Event and Healthwatch Report of Findings. The plan looked at a period across 5 years, which included development, implementation. The feedback had been inputted to the work and CHFT had been working closely with Healthwatch and other community groups in order to facilitate discussions with a wide range of groups and individuals, including going out to meet with people rather than the expectation that they would come to the organisations.

There was a commitment to keeping people informed through newsletters, the website, public meetings and Stakeholder Events. The development of design was for new buildings and there would be a number of workshops scheduled prior to Christmas (2019), with invitations being sent to a wide and inclusive group to ensure involvement across Calderdale and Kirklees, with the involvement of Healthwatch and Clinical Commissioners. Continued involvement of input was required as the design plans expanded, and throughout the reconfiguration work the use of digital technology was still a key ambition for CHFT, especially when reaching targeted groups, etc.

Members discussed the following issues:

- The Stakeholder Events had been held every 6 months and it was felt that although some people understood the proposals, other people were not as clear. It was hoped that this would be really clear to the public moving forward so that people could see what was being proposed as part of the work. From the list provided in reference to the last event, it appeared there were more people attending from Calderdale than Kirklees, was this due to the location on this occasion (Brighouse) and would CHFT consider alternating the events, as this Board did with meetings, to enable a wider attendance? Members would also be able to suggest additional groups and invitees to be added to this list. In response, Officers advised that this would be a welcomed suggestion in terms of the invitations to be shared and attendance to be increased. The organisations involved wanted this to be a wide opportunity to engage and involve people.

- A suggestion was made regarding reaching out to a larger number of people in events leading up to the Christmas period, for example: utilising supermarkets and shopping centres. There was an event which was due to be held in Brighouse for older people on 8th November 2019, and last year more than 800 people had attended, so this would be a great opportunity for the Trust to host a marketplace or small information stand and collate views. Christmas was a good time to catch a wider group of people and this would

give an opportunity to expand on this, especially when people had more time to find out about or take interest in what was going on.

- In terms of digital technology, if the service was dependant on this, what parallel measures were there in terms of letting people know of the proposals and ensuring their voices were getting heard? In response, Officers advised that this was a good point and one which had been considered in terms of building in face-to-face sessions for people to feed into the process. There was a need to attend where people accessed (for example: practices and other events), and there were also opportunities through newsletters and the Strategic Outline Case (SOC); although it was recognised that the SOC was not the most concise document to share.

- In terms of 'bringing alive' what the work meant to people, (e.g. scenarios and people being able to throw in some 'for instances', what happened if something occurred, etc.), it was important to understand the real impacts on real people using the services and this method would perhaps provide people with something to engage in rather than it being one way feedback. In response, Officers advised that in the past, case studies had been used for engagement work (e.g. how patient care may change or the different access routes to care) and then CHFT provided responses to various scenarios. This was a good message which should be used across all engagement as it had been really useful.

- In terms of the Healthwatch report, the temperature diagram shown had limited feedback displayed on it. How many members of the public were at the Brighouse Event? It would be good to engage further and wider with the public. In response, Officers advised that there were 101 people at this event; however people could not be forced to respond. It was agreed that it would be good to have more people engaging with things such as the temperature check, however there were other methods of consultation and engagement on the day which supported this. Healthwatch had facilitated lots of conversations on the day, and there was lots going on, which was recognised in the report on post-consultation phase. Officers agreed that all services were understanding of the need to take on every opportunity created and ones which were created for services; it was important to talk to people about what the future needs to be like and what it looked like now. There were always occasions when people presented to the wrong place and this required constant attention, however much of the work was around reminding people of the next steps and the now.

- It was recognised that the work was an ongoing engagement, however there were concerns raised regarding the lack of clarity in the Healthwatch report. This was about working with them and linking with the communications plan and assistance in help for people, which needed to be different; as soon as it was different, the more understanding people would have in the complicated proposals. In response, Officers advised that it was complicated for people who worked in the service as well as members of the public, so it was acknowledged that it needed to be simplified as much as possible externally. There was particular clarity required around the urgency of care in Calderdale, and more so in Kirklees, where there had been lots of descriptions put forward. Although there was lots of work to be done to have the vision clear in mind, but this Board was able to build into its discussion some of the key aspects of this work, such as discussions regarding the ambulance service requirements, etc. Ultimately something needed to be produced to allow people to picture in their minds what the service would look like.

- In terms of engagement groups, it would be useful from a climate change perspective that input from environmental groups be sought as this would be helpful feedback as part of the work. In response, Officers advised that this would be welcomed with open arms, and some support from the Local Authority in terms of how they do this would be welcomed.

- Members commented on the update and commitments which were much appreciated.

RESOLVED that the report be noted.

6 Future Arrangements for Hospital and Community Services in Calderdale and Huddersfield - Progress Report for the Minister of State for Health

The Programme Manager, Calderdale and Greater Huddersfield Clinical Commissioning Group (CCG) submitted a written report regarding the Future Arrangements for Hospital and Community Services in Calderdale and Huddersfield Progress Report for the Minister of State for Health.

The letter which was submitted to the Secretary of State provided an update on the previous report which had been submitted to this Committee in January 2019, and the purpose of it being brought to the attention of Members today was by way of update.

Members discussed the following issues:

- In terms of clarity, would the number of beds remain the same? There is no plan to reduce the number of hospital beds. There was also a further piece of work to be done in terms of setting out the ambition to services in the community and tracking progress as ambition, not as a target. This was the prediction in relation to demographic growth and bed days; the assessment in existing plans would be able to accommodate the demographic and reduce the demand on hospital by10%.

- In terms of the McKinsey. work, the assessment in existing plans would be able to accommodate the current demographic at 10%, bed days and reduction in the demand on hospital to 10% to absorb demographic growth. The prediction was in relation to demographic growth and bed days, and the report then went onto say what was being done and what the proposal was to do in terms of the best performance systems (England and international studies which had between 20-40% reductions). For Calderdale and Kirklees, it had been suggested that as people wanted care closer to home, the realistic ambition was at 30%. Officers discussed the earlier reports which had focused on ambition rather than assumption; the hospital needed to have ability to flex its capacity and its current position was full capacity in hospital on bed days; for example: there were 100 people in hospital today who were ‘medically fit’, but due to the waiting times for social care, assessments, care homes or home care capacity, they were unable for discharge. Some of these issues were beginning to be addressed and there had been real progress made in discharges in the system in the last few months. Overall this was going well however the whole NHS was under significant pressure currently. In summary, bed base flexes and seasonal variations needed to be flexible in addressing these issues and for patient care. The McKinsey report explained that if more as done in care closer to home, this would provide more overall flexibility.

- In terms of the 'best of class' ambition indicated in the early reports, was the work achievable? In response, Officers advised that in response to the challenges, this was not just about the NHS.

- In reference to the number of people in hospital beds that should not be there, to some extent this would always be the case. Of these, how many people would move in a couple of days and how many people would remain until the other issues (preventing them from discharge) were sorted? In response, Officers advised that the A&E Delivery Board were doing some joint work on this to see the sort of information trend lines on this to give some clear sense of the bigger picture. It was clear that this dialogue needed to be continued and progressed, but the best the service had been able to get to in terms of figures had been 40-50 in the last year (approximate). Resources were stretched currently.

- There were peaks and troughs of demand, but based on higher occupancy level – would most people provide that flexibility in terms of their circumstances? Why choose 90% occupancy for certain disciplines? In response, Officers advised that the as determined in the Strategic Outline Case, the number of beds would be kept the same as they were currently. There will be 838 beds at physical capacity (676 at Calderdale Royal Hospital and 162 at Huddersfield Royal Infirmary). In recent years this had fluctuated between 700-800 (as determined by the graph in the report), but in keeping flexibility and making no assumptions to the reductions, this would keep it moving forward and more up to date modelling would be undertaken this year.

- Were we still on track for a response on the SOC by November 2019, as stated in the letter? In response, Officers advised that yes the Trust was still on track for an expected end of November 2019.

- As referenced under the deputations item at this meeting, there was currently a pilot scheme for rehabilitation beds ongoing; although the pilot was time limited; were there plans to what rehabilitation services might be on a longer term basis? In response, Officers advised that this was the 'Choice of Recovery Base', and there were a whole range of measures to address the issues, for example: those who were medically fit to be discharged, e.g. individuals with support from families regarding future care homes, etc. These cases were reviewed all of the time and matched with information CHFT and CCG were provided with in order to see the trajectory.

- In terms of the response from the Secretary of State to the Committee, there were three main issues they had requested a response on to ensure satisfaction with the progress of plans to increase community care (in settings) allowing the Trust to work in its 'bed base' and ensure that there was availability in the community provision and delivering what was required to deal with an increased demand. Could the Committee be rest assured that the integrated system was delivering the background on which reconfigurations were in place? In response, Officers advised that the established relationships were in place and as part of the ongoing work of this Committee; and much of the work had been picked up through various Scrutiny Boards. Members agreed that there was no interest in duplicating conversations and work, but there would be a need to make a response in due course and awareness was key.

RESOLVED that the report be noted.

7 Wider Highways Matters (A629)

Steven Hanley (Kirklees Council) and Richard Binks (Calderdale Council) attended the meeting and provided a presentation and written report to Members. The detailed presentation provided an overview of the different Phases (1a – 5) of the projects and investments relating to the highways between Calderdale and Kirklees hospitals, including reduction in travel/journey times, handling congestion and smarter roads and traffic systems.

Members discussed the following issues:

- When modelling, had the relevant services been asked about the fastest routes for ambulances? In response, Officers advised that although the scheme had not looked at ambulances per say, it did look at the congestion of vehicles and 'pinch points, with a key focus on people using public transport to reduce use of cars and it was anticipated that this would reduce the congestion for emergency vehicles.

- In terms of traffic demand and the growth of the scheme became overwhelmed, how long would this be a solution for? Had there been any reflection in terms of an electric structure to build into the systems discussed? In response, Officers advised that the development of phases had been based of existing capacity, anticipated capacity through the work of the Local Plan and some natural growth. It was suggested that most people would continue to drive cars if that was their preferred mode of transport, and this work had provided an opportunity to do infrastructure work, which was very much required. In terms of the short-to-medium term, doing nothing was not an option. Electric structures had not been considered in lots of resource at this time as this was more around people acknowledging the sustainable mode of transport, and there had been more work done around express public transport and encouraging people to use this. It was about finding some balance and encouraging a switch over, however there was lots more to do to make that happen. The work was modelled on future steps to 2034-2036, in line with other plans.

- We needed to ensure there was a holistic approach in the choices which were being made; for example: What else did we do with the health service and what were the sensitivities around this? If all vehicles were electric by 2030, there would be a need to gear up all car parking spaces to facilitate this, rather than just a few. In response, Officers advised that there were pilot schemes of electric charging infrastructure and this was mostly invested in by private sector organisations, and facilitated by Local Authorities. There were various grants from the Government which were based on supply and demand; however the growth in future uses needed to be considered first.

- The scheme would be much fuller than anticipated and there were some new schemes, such as the railway station at Elland and various bus routes which would speed up journey times which would assist in the transport delivery for hospitals and health services.

- The challenge of access between the two hospitals had been a concern for some time. Had there been any learning shared from the Salterhebble contract and works in terms of implementing the work and delays, etc. Also, had consideration to the additional housing in Brighouse area been made as part of the work? In response, Officers advised there

had been some design scheme and contractual learning from Salterhebble; it had been one of the biggest schemes at local and WYCA level and a number of design changes had been made throughout the duration of the scheme, changing the scope of contractors work. As a result the service was better informed as the strategic corridor project came about and there was a strong desire to pursue this. In terms of perspective, there was consideration to be made in whether this was done in the same way and more initial planning to completed ahead of the work commencing. For Brighouse, the A641 scheme would address much of the work and the Local Plan was being 'tapped into' to help determine the need in the area. This would also provide synergy between Brighouse and other areas.

- Was there any capacity to include a bus lane for further improvements to be made for people who were accessing hospitals? In response, Officers advised that Phase 1 for Stainland Road would see a dedicated infrastructure introduced to Wakefield Road. The modelling had pointed out huge assimilations and anticipated a better flow of traffic through the areas. In terms of urban traffic management, this was recognised and it would be possible that buses could prioritise them, however Phase 4 work would look at the level of detail in this, due to the additional bus lane having land implications if it were to be agreed, etc.

- Would there be pick up and drop off sites at both hospitals to make it usable for patients to get between the two sites, with them being fairly extensive? And in terms of the existing bus provider in the area, how much control and assurance did Officers have that they would be providing a rapid service, and that express buses would not just by-pass the hospitals, serving the infrastructure and not just the bus stations? In response, Officers advised that there was no reassurance as yet. Conversations had been had with the existing provider, and would be heading to full business case approval from the initial outline case. This would be of a benefit to the provider as it would be a commercial enterprise opportunity but also support those patients accessing the hospitals. There was also consideration to be made in terms of the technology needed to look at this and one which complimented the scheme, although this was a potential and not yet confirmed.

- Members agreed that representation to WYCA should be made to ensure assurance for bus services which would address the health sector needs and ensure that involvement with CHFT should continue.

RESOLVED that:

(a) the report be noted; and

(b) the Calderdale and Kirklees Joint Health Overview Scrutiny Committee recommended to the West Yorkshire Combined Authority that involvement with Calderdale and Huddersfield Foundation Trust (CHFT) be continued, to ensure that the Highways works and phased schemes addressed the needs of Calderdale and Kirklees patients, and health sector needs.

8 Travel and Transport Review

Mike Grady, the Independent Chair of the Travel and Transport Review Group (TTRG) attended the meeting and addressed Members of the Committee regarding the submitted written report.

The TTRG had met for 13 meetings and had been well-represented across the statutory and voluntary sector; they ensure that the meetings were held in a range of locations and saw protected groups as part of this work, producing a comprehensive agenda, issues of infrastructure in public transport, parking and care closer to home.

There had been eight recommendations made in the report, which were accepted by the Partnership Board. One of these recommendations addressed communication, as it had been evidenced at the Working Group that few local people were aware of progress that had been made in relation to Care Closer to Home. Much of this type of work was about repeating the same messages and the same story so people were aware of the work and were able to have informed opinions when change came about. Parking had been highlighted as a key issue, with approximately 80% of people accessing hospital by car or taxi and the feasibility of extending car parking be explored further. It was also suggested that West Yorkshire Combined Authority (WYCA) seek to influence its commercial partners in relation to bus services, although it was deemed to be limited influence, it was felt this Committee should make representation.

The existing shuttlebus service between the hospitals was a really good service, however it needed upgrading. There was a similar service being provided between Pinderfields and Pontefract and this would be a good term of reference for the work. The A629 issue had been addressed, and although the complicated project had been rolled out, it was important that each strategic plan to cognisance of the others.

Members discussed the following issues:

- What did 'maximum average journey time' (referenced in the report) mean? In response, Officers advised that this was analysed by traffic engineers who had advised that rather than an average across the district as a whole, this was an average for each district, based on the highest value in relation to journey time to hospital. For example: A journey from Walsden to Huddersfield, etc.

- The impact on shuttlebus times was strong in rush hour, however the impacts of the A641 and A629 were positive and they needed to be more equitable and accessible for families and users who were disabled.

- What was the reason for not being able to capture figures for those attending surgery? There were earlier times in the day when public transport was less effective. The Dewsbury/Pinderfields/Pontefract route was an access bus and this was a joint piece of work between CHFT, WYCA and a local company; the bus ran free of charge and expanded the size of the bus to enable more frequent stops. Had WYCA been approached to manage the service for CHFT and why in the meantime, could there not be an access or shuttlebus? In response, Officers advised that the bus had the potential to provide at least a 'stop gap' ahead of any commercial changes in terms of bus company changes which might have been made. Service users rated the service, however there were issues in the service not being able to take wheelchairs, prams and children under 3 years of age. In regards to the data, there had been 12 months worth of data used to account for season variation; in this instance the group would have been looking at a lot of hospitals in the catchment areas so it was not just surgery numbers, it looked at A&E due to the broader hospital arrangements to ensure no one was missed out.

- It was suggested that an accessible and extended bus service be looked at with some

urgency, including the function to park at the hospital and get shuttlebuses between the sites. In response, Officers advised that the broad travel approach indicated through A629 and other works would be moved forward, and CHFT would be working with partners and how choice could be influenced in terms of an express option, which would assist in the long term approach of a service. It was anticipated that this would be taken forward at pace through the coming year, in liaison with the relevant organisations.

- Did the report reference links to other forms of transport such as trains, and had this been considered or factored in to alleviate the problems discussed? Incentives for cheaper use should also be considered if this were to be taken forward. In response, Officers advised that the new railway in Elland the opportunities of this and other stations supporting the hospital links would be beneficial. However, the thoughts around the upgraded shuttlebus service would be beneficial before providing linkage between the hospitals and railway stations.

- There had been useful and informative presentation from Yorkshire Ambulance Service (YAS) to the TTRG to address coping with capacity and drawing a parallel between blue light access on A629 was better than the A6250.

- In regards to the perceptions around parking, did CHFT know the demand in establishing parking as yet? In response, Officers advised that there was need to further plan the demand and projection of demand for services, use and the impact on future need. CHFT were undertaking work around the site and feasibility of function, e.g. multi-storey car park, etc.

- There were issues in Skircoat Ward with staff parking and residents in the area reporting this, which also needed to be considered as part of the work.

- One of the difficulties was education of new drivers, and there was a need to re-educate people in looking out for emergency services and the use of digital technology or signage to increase awareness.

- For outpatients, were the 'Park and Ride' suggestions still required in each place? If operating a 'Park and Ride' service, were people able to get compensation when clinics were overrunning as in other systems? How did people know these services were available? In response, Officers advised it was not specifically known how this was communicated and there needed to be a continuous effort in the significant development in Care Closer to Home and ensuring a seamless care service. Where there was any period of reconfiguring services, there was a need to constantly tell people what was going on, and as part of the TTRG recommendations, they urged both Health Providers and the Local Authority to continue to do this in various versions.

- One way in having Care Closer to Home was to reduce outpatient access from hospital, unless there was a need for face-to-face consultation, e.g. use of digital technology for patients in Todmorden or Queensbury, or to help parents with young children, etc. Members discussed the need to use public transport and have access to secondary services, especially where there were heavy impacts on staffing and resources. What were the thoughts of CHFT on matters such as these? In response, Officers advised that CHFT were still very interested in this and had continued to provide Outpatient Care at Todmorden which had had positive feedback from patients who had used digital

technology for consultations/appointments. They had however learned, through working with Healthwatch, that people did not always like to use devices at home or alone, so it might be that there was a requirement for a 'hub' in localities (or possibly GP Practices) for people to use. Virtual consultations for young people and their parents had been very beneficial for the reasons as suggested (accessing hospital as an outpatient was not always convenient), so this was something CHFT very much wanted to take forward. What needed to be considered in further detail was whether the future model committed to future provision of sites, for example, attendance at hospital being required only when necessary.

- In terms of Care Closer to Home, were there any updates regarding the new Health Centre in Brighouse? In response, Officers advised that they would take this away and feedback.

There was a discussion regarding the Strategic Outline Case. The Investment Plan for Huddersfield Royal Infirmary was currently being worked on and publication was expected in early 2020 due to the processes of governance that this had to be taken through with CHFT. The design brief for Calderdale Royal Hospital was anticipated by the end of January 2020 and then there would be a process of commissioned expertise to complete at this time, followed by consideration, sharing and governance prior to its completion. It was agreed in terms of the consideration of items for this agenda that this would be kept fluid in terms of scheduling dates, for the time being.

RESOLVED that:

(a) the report and recommendations of the Travel and Transport Review Group (TTRG) be noted; and

(b) the TTRG be thanked for their hard work and contributions.

(The meeting closed at 15:14 hours).