



Improving Health Together

People's Commission Summary
Report into Health and Social
Care in Calderdale.



Improving Health Together

Health is important to every one of us and when things change people want to be confident these changes are for the better. To understand some of the problems health services are facing it is essential to look at the whole picture and not just a quick fix for one part of the system. Any changes need to be based on strong evidence.

Calderdale Council has consulted with residents and were told that they have concerns about the availability of health and social care services and the quality of those services. Some people felt powerless to influence both major decisions about the NHS and about their own needs.



When the prospect of radical changes to hospital services for people in Calderdale emerged in February 2014 it led to passionate debate amongst residents. The financial pressures and staffing difficulties which led to the proposals for a specialist hospital model are real, but residents feel that making Calderdale Royal Hospital a 'planned hospital' would mean that lots of services would not be available locally to Calderdale people. It was felt that the case for changing Calderdale Royal Hospital and Huddersfield Royal Infirmary to specialist hospitals was not well enough evidenced.

No changes should be proposed to hospital services without good evidence that changes to community health services can provide a better approach to health care provision. The local health and social care system needs to work better together and improvements across the health and social care system need to be driven by Calderdale Health and Wellbeing Board.

The Peoples Commission was set up by Calderdale Council to look at the proposed changes, to question organisations, to review the evidence and to consult with people in Calderdale.



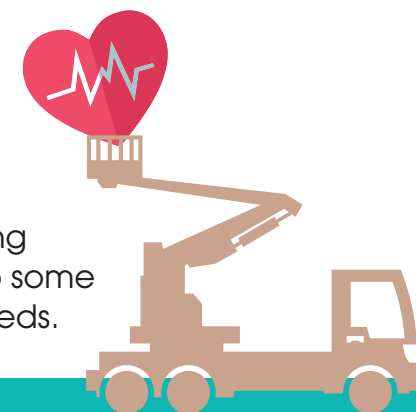
We found:

- ♥ Hospital services for Calderdale people need improving: too many people using A&E services have to wait more than four hours before being treated and they remain in hospital too long before being discharged.
- ♥ There is a critical shortage of A&E doctors and other key specialists. The current service across the two hospitals is understaffed, struggling to cope and relying too much on temporary staff.
- ♥ Although we received strong assurances that the proposals for change are clinically-led and aim to achieve better health outcomes for the local population, it was felt that decisions were being significantly driven by the buildings and land available rather than the best approach to delivery.
- ♥ NHS organisations need to operate within the budgets that they have been given and achieve their efficiency targets.

- ♥ The case to reduce the number of hospital beds to 85 at a purpose built, modern hospital like Calderdale Royal Hospital is not robust, but driven by the requirement to cluster key services on the same site as the accident and emergency department. A West Yorkshire wide hospital strategy could allow for Calderdale Royal Hospital to be used to its full capacity, taking full advantage of the investment that has been made in the estate.



- ♥ Residents are overwhelmingly in favour of a health service funded from public taxation and free at the point of delivery. However, the financial structure of the NHS appeared at times to drive change rather than to improve health outcomes.
- ♥ Calderdale Royal Hospital was built using a Private Finance Initiative (PFI), a way of funding public sector building. The interest payments are £10m a year, money which could be far better spent on health promotion, illness prevention or social care services.
- ♥ Residents are very concerned about the impact on travel time to hospital arising from any changes. Clinical advice states that the advantages of having highly skilled specialist units for people who are very seriously ill or have suffered severe trauma outweighs the risk created by increased journey times for ambulances, but this must be supported by a detailed analysis of the impact on ambulance journey times.
- ♥ The impact that a specialist hospital model will have on hospital visitors needs to be taken into account. Daily visiting, especially for older relatives could become substantially more difficult.
- ♥ Any changes to the hospitals have been postponed until improvements to community health services have been made and their impact assessed. This is an opportunity to provide real improvements to services for local people and will take some time to implement and require formal consultation.
- ♥ There is considerable variation in the quality of services provided by GPs. Early diagnosis by GPs can make a real difference to quality of life and life chances. Good and effective intervention by GPs also reduces demands on other health and social care services. GPs are getting older so a good number will retire in the next few years and some younger GPs no longer see the independent-contractor model of general practice as one that offers the flexible career they want. Many people attend A&E because they are not able to get, or think they are unable to get, a speedy appointment with their GP.
- ♥ The Council and Calderdale Clinical Commissioning Group have worked closely together on developing the Better Care Fund, which will spend £15.9m in 2015/16 to reduce hospital admissions and lengths of stay in hospital. Plans to improve community health services need to be consistent with social care objectives and the Better Care Fund. Sharing objectives and budgets requires all organisations to give up some influence and understand each other's different service needs.



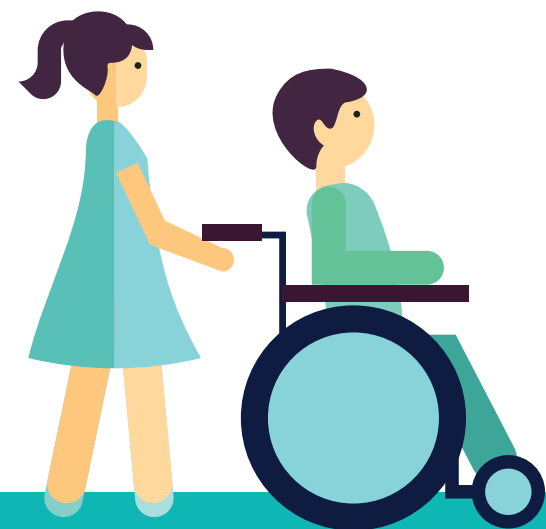
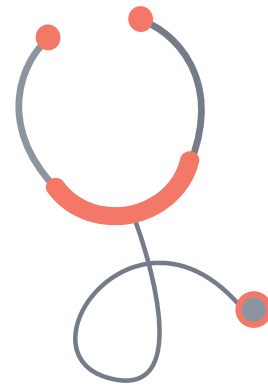
What did people tell us?

Calderdale Council were presented with a petition with 1,689 signatures saying 'No to downgrading of A&E in Halifax or Huddersfield'. The extent of the support for that petition demonstrates the level of concern amongst local people.



At our meetings local people told us:

- They overwhelmingly support the NHS, especially as a service that is free at the point of delivery. Some people are concerned that changes to hospital services and community health services might lead to privatisation of NHS services.
- People were very clear that they wanted an accident and emergency department retained at Calderdale Royal Hospital, preferably with a full range of services. This was the most consistent message from the meetings.
- There is considerable disparity in the quality of service offered by individual GPs and different practices and people will go to A&E if they can't get a GP appointment.
- The Private Finance Initiative is a source of serious concern to a number of people, who could not understand a proposal that would "downgrade" the modern hospital at Halifax, but continue to pay considerable sums to service the PFI debt, whilst spending more money on modernising and extending the hospital at Huddersfield.
- People need to take responsibility to make sure they only use NHS services appropriately.
- The prospect of having further to travel to get to Accident and Emergency alarmed many people.



- Experiences of ambulance services varied. Some recounted life-saving services. Others long delays.
- People were unclear about what conditions were covered by a minor injuries unit and the distinction between "planned" and "urgent". A minor injuries unit would need to provide 24 hours a day, seven days a week cover.



- Some people accepted the need for specialist hospital care and some welcomed the idea of specialist hospitals.
- A number of people said that Calderdale Royal Hospital is a more modern and pleasant building than Huddersfield Royal Infirmary. Some felt that the service they received at Huddersfield Royal Infirmary was very good.
- The importance of visits to hospital inpatients was emphasised, as well as those for whom attending hospital or visiting is more difficult, such as single parents.
- Many people thought that the proposed changes were a "done deal" and financially driven, and that consultation will be meaningless.
- People did want better coordination between general practice, community health services, mental health services and Council social care services. Improvements in community services were needed to underpin changes in the hospitals.
- People were critical about the way that proposed changes to the NHS have been communicated.
- National concerns about 15 minute visits by home care staff were echoed by Calderdale residents, as well as the amount of travel time that staff working for private companies have to undertake, sometimes unpaid.



Our Recommendations

The health and social care system needs to change, but any changes proposed must be right for the people of Calderdale.

We have outlined our recommendations below:

- ♥ The Council and the NHS should work together to ensure that any changes proposed will produce real, tangible benefits for Calderdale people and people should be given the opportunity to comment on and contribute to any proposals that are made. Calderdale Health and Wellbeing Board should take a lead in ensuring that the NHS and Calderdale Council work together to develop a shared plan for health and social care services that are safe and of high quality.
- ♥ It is important, given the demographics of Calderdale and its aging population, that health and social care work together to take demand out of the system rather than look to create emergency services designed to meet ever increasing demand.
- ♥ People with urgent, life threatening conditions need access to the best specialist care possible. This specialist service should be planned across West Yorkshire and so may not be always be located within Calderdale.
- ♥ People who have urgent, but non life-threatening illnesses and injuries should have easy and local access to advice and treatment. There should be a network of advice and support services including pharmacies and GP surgeries so that most people can access advice and treatment for urgent "minor injuries and illnesses" most of the time in their own town.
- ♥ Calderdale and Huddersfield NHS Foundation Trust (CHFT) and its partners should reconsider their current proposals for hospital reconfiguration and work with the Calderdale Clinical Commissioning Group and the Council to develop alternative proposals. These should make the best possible use of the facilities and investment at Calderdale Royal Hospital. We believe that such an approach could retain an effective, if changing, role for both hospitals, whilst complementing the emerging move towards greater regional specialisation. The future of Accident and Emergency provision should only be considered as part of the above review process.
- ♥ The PFI arrangements that funded Calderdale Royal Hospital have sometimes seen to have driven decision making. Regardless of any proposals for hospital reconfiguration the burden of debt on CHFT finances is substantial. We recommend that the NHS and the Council examine options for restructuring these financial arrangements in order to reduce the debt and to increase flexibility.
- ♥ All public services need to be planned within the finances available. But the system for financing health services should be the servant of service delivery not its master. We recommend that CHFT, Calderdale CCG and Greater Huddersfield CCG develop a shared and public plan to achieve financial stability and sustainability for the provision of acute hospital care.



- ♥ Transport links to health services are of considerable importance to people. This applies to ambulance journey times and to getting to health services as a patient or as a hospital visitor. Any proposals for changing community health services or hospital services should include a realistic travel analysis.
- ♥ Calderdale Clinical Commissioning Group has decided to make improvements to community health services before planning hospital reconfiguration. It will take some time for these changes to be implemented and before their impact can be properly assessed. The re-arranged services should be given time to 'bed in' and given chance to show they can be a viable alternative.
- ♥ NHS England and Calderdale Clinical Commissioning Group should work together to ensure that all Calderdale residents have access to an equitable and consistently high standard of service from their GP. All GP practices should sign up to the new community health arrangements and be fully involved in the development of any plans to reconfigure hospital services.
- ♥ The Council's Adults Health and Social Care Scrutiny Panel should regularly assess the extent to which the Better Care Fund is achieving its objectives, the extent to which the Council is fulfilling its statutory role to improve the health of the population and how the Council – and its partners – are assessing the impact on health of all their activity.
- ♥ Calderdale CCG - with partners, including the Council – should implement a high profile, co-ordinated campaign to help people choose options other than the Accident and Emergency services more often.

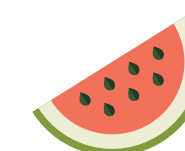


The People's Commission was chaired by Professor Andrew Kerslake, of Oxford Brookes University and included six Councillors: Janet Battye, Geraldine Carter, Barry Collins, Marilyn Greenwood, John Hardy and Bob Metcalfe.

This leaflet has been published by Calderdale Council's People's Commission. They took evidence from NHS bodies, Council services and other organisations and arranged eleven opportunities for Calderdale residents to meet them and tell them what they thought. Commission members also visited Calderdale Royal Hospital and Huddersfield Royal Infirmary.

If you want to see the full report, please visit calderdale.gov.uk and search for 'People's Commission' or email us at: peoplescommission@calderdale.gov.uk

Calderdale Health and Wellbeing Board is taking forward the recommendations of the People's Commission and you can find out about their meetings on the Council's website.



Email: peoplescommission@calderdale.gov.uk

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