

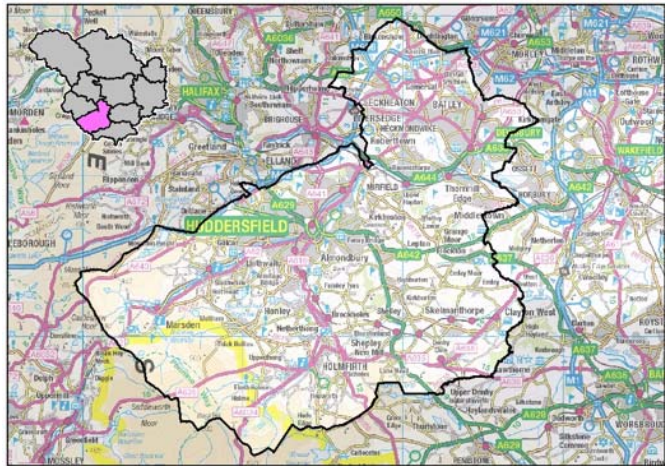
Putting People at the Centre of Health and Social Care



A cross party proposal
for rejuvenated provision
for Kirklees residents

1. WHO WE ARE

Kirklees Council is one of the largest Districts in England, both in terms of population and geographical area. It serves 431,000 residents, and this is projected to increase to 475,000 by 2031. The Council's vision is for Kirklees is to be a district which combines a strong, sustainable economy with a great quality of life – leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives.



The Council has worked with local partners to agree a set of shared outcomes, including that children have the best start in life, people live independently and have control over their lives, they are as well as possible for as long as possible and feel safe and protected from harm.

The Council is committed to achieving outcomes by working with people rather than doing to them, recognising the importance of local identity and how needs differ in different places and working with partners.

2. WHAT IS HAPPENING IN THE LOCAL NHS SYSTEM

Health Services in Kirklees are complex with two acute hospital providers who also cover neighbouring authorities, a stand-alone community health care provider and a mental health provider which also covers three other local authorities.

Planning for acute care services has historically taken place on a provider footprint and not considered Kirklees and its residents in the round.

Local NHS Clinical Commissioning Groups (CCGs) in Calderdale and Huddersfield are proposing a significant change to the services provided by Calderdale and Huddersfield Foundation Trust (CHFT). The Trust operates two hospitals, Calderdale Royal Hospital (CRH) in Halifax and Huddersfield Royal Infirmary (HRI) in Huddersfield. Currently both hospitals provide a range of services including fully functional A&E departments and critical care units allowing the sites to take seriously unwell patients.

Under the proposals put forward by the two CCGs and CHFT a significant number of services, including the A&E department, critical care, surgery requiring an overnight stay and paediatric surgery would move from the HRI site to CRH. Provision in Huddersfield would be replaced by an Urgent Treatment Centre (UTC) and new hospital for some planned care on the Acres Mill site. Patients

requiring more complex or emergency care would need to attend CRH or another neighbouring hospital outside of Kirklees.

At the time of developing this proposal the Council is not formally sighted on any modifications to the NHS proposals that may be submitted to the Secretary of State in response to his letter.

Mid Yorkshire Hospitals Trust has recently concluded a re-configuration exercise that saw a number of services move from Dewsbury to Wakefield including more complex surgery and A+E services for people with more acute needs. Despite this re-configuration, a number of operational and financial pressures remain in that healthcare system.

3. WHY IS THIS HAPPENING

The national and local health economy is facing some very significant challenges. This has meant that doing nothing is not an option. These challenges are set out as follows:

- Meeting quality and safety challenges
- Advances in healthcare
- Workforce shortages
- Financial situation
- Direction of national policy

4. WHY THE CURRENT NHS PLAN IS WRONG

Kirklees Council accepts that these challenges mean that maintaining the status quo and doing nothing is not likely to be a viable long term option. However, the Council does not agree with the proposed solution. Its concerns are:

- It is a plan based around a single organisation (CHFT) and not a health and care system;
- It does not align with regional health policy to plan across 'places' of which Kirklees is one such place;
- It no longer aligns with national strategy by not considering cross organisational opportunities for integration and collaboration;
- There are limited options available when planning on such a narrow footprint given the fixed point of the Private Finance Initiative (PFI) at Calderdale Hospital
- It does not consider ongoing pressures within Mid Yorkshire Hospital Trust (MYHT) that will inevitably mean that further change will be needed in this system
- It will leave the largest district, Kirklees, without a fully functional acute hospital.

5. WHAT WE ARE PROPOSING

The Council wants to be proactive, understanding that maintaining the current situation doesn't offer the best possible services to the local population. Therefore, the Council are proposing an alternative solution. Its proposal is a long-term one and will require investment, but investment is already required in the existing sites in Kirklees.

The proposal from the Council is outlined as follows:

- Significant investment in prevention, staying well and helping people to manage their own health conditions effectively. This includes investment in primary and community health care services, social care and voluntary sector capacity, all of which have seen significantly less focus and investment than the acute hospital sector.
- The embracing of digital technology and other opportunities to genuinely provide care closer to or in people's own homes.
- The development of a new hospital located in a suitable location between Huddersfield and Dewsbury to include full A+E services with the provision of critical care beds that will otherwise be lost entirely from Kirklees.
- Retention of services to be delivered locally in Huddersfield and Dewsbury.
- A willingness from the Council to look at how it might be able to provide access to capital that supports this development.
- The current A&E/Emergency Centres at Pinderfields and CRH would remain.
- The new hospital would retain in Kirklees services that have recently been lost from North Kirklees and will, under current proposals, be lost from Huddersfield. This removes the duplication and inefficiency that occurs from two separate trusts working independently from each other across multiple sites.
- The exact configuration of services should be determined through a comprehensive review of all health and social care services and facilities across Kirklees including community provision because we know that a number of our community facilities are not ideal.
- That connections and integration into community and primary care facilities is built into the 'DNA' of the new hospital and utilises technology and a flexible workforce to enable this.
- The Council is agnostic about which of our local NHS organisations runs this hospital and would suggest that this is best done on a collaborative basis that makes best use of their respective skills and expertise.
- This is a long-term proposal for a long-term solution and so will take up to 10 years to implement. Consequently, given the age of the current estate, intermediate investment will be needed in current health and social care facilities but this must be done in a way that supports the longer-term plan.

6. WHY ARE WE PROPOSING THIS?

The Council believes that this proposal offers a viable alternative to the one currently being planned for the following reasons:

- It is aligned to local, regional and national strategy;
- It plans at scale, outside of the single organisational boundaries of the current proposal;
- It considers the continuing challenges at Mid Yorkshire Hospital Trust (MYHT) and Dewsbury and District Hospital (DDH) in Dewsbury;
- It ensures comprehensive emergency and urgent care provision across Kirklees;
- It offers flexibility to be innovative, to incorporate digital technologies from the ground up into the new hospital;
- It supports the recruitment and retention of high quality workforce attracted to an ambitious plan with strong links to the wider West Yorkshire health and care system; and

- Willingness of the Council to provide technical support and, potentially, capital financing.

7. WHAT HAPPENS NOW

The Council recognises that its proposal is a medium/long term solution.

It is reasonable to expect that it would be 8-10 years before the first patient was treated within a new build when the approval process is considered alongside the development and build time. Therefore, the Council acknowledges that, in making its proposal, a short/medium term solution to the current challenges is required. This would have to be done in a way that supports the longer-term solution. It is likely that this would require significant investment in areas such as social care, community and locality models as well the existing acute sites.

Therefore, it is likely that there are three phases to this proposal:

PHASE 1: <6 months

- Development and appraisal of the Council proposal to decide if it is a viable solution.
- Within this period work should begin on understanding the short-term solutions required to provide a bridge in the system to allow for the immediate issues to be resolved and enablers to be enacted.

PHASE 2: <1 Year

- Fully develop the proposal into a full option which considers in further detail the workforce, activity and financial flows and establishes high level clinical assumptions and models of care.
- During this time a clear delivery plan for the short-term solutions and the enablers should be developed. This would include an understanding of the financial requirements to enable this change

PHASE 3: >2 Year

- Development of the business cases and the engagement process with the public. Continued investment into existing services in a way that supports the longer term solution.