

Report To: Council

Date of Meeting: 11th September, 2012

Lead Member / Officer: Cllr Bobby Feeley, Lead Member for Social Care and Children's Services

Report Author: Director of Modernisation and Wellbeing

Title: Council response to Betsi Cadwaladr UHB Service Reviews

1. What is the report about?

The Betsi Cadwaladr Local Health Board considered the findings and recommendations of seven key reviews of health services on 19th July, 2012. A formal consultation document, covering recommendations from a number of the reviews, was published on 20th August for 10 weeks' consultation, which finishes on October 28th. This report sets out a draft consultation response prepared by a Special Working Group of Partnerships Scrutiny for Council's further comment and consideration. BCU representatives will also be attending full Council, so it also provides a background briefing document for Council. It is intended to bring the finalised consultation response to Council on October 9th.

2. What is the reason for making this report?

To enable Council to shape the formal response to BCUHB.

3. What are the Recommendations?

For Council to input to the consultation process.

4. Report details.

4.1 Over the last 2 years, BCUHB has undertaken reviews of seven key areas of the health service i.e.

- Localities and Community services
- Paediatric services
- Maternity, Gynaecology and Neonatal service
- Non-elective General surgery
- Trauma and Orthopaedics
- Older People's Mental Health
- Vascular Services

4.2 The result of these reviews "Healthcare in North Wales is Changing: report on service change proposals" was reported to the BCUHB on 19th July, 2012. A full copy of the report is available on the BCUHB website as part of the formal Board papers.

- 4.3 The reviews, which were led by clinicians, were undertaken because evidence indicates that maintaining the status quo is not in the interests of the population for the whole of the NHS in Wales. The detailed reasons for proposing changes to services include the need to focus more on prevention, that current service models are not sustainable in terms of staffing issues, the impact of increasing specialisation, demographic trends, and the fact that costs are increasing, while public sector finances are reducing.
- 4.4 “Healthcare in North Wales is Changing” sets out a vision in which the local population will take greater responsibility for their own health and wellbeing, living in their own homes, supported by an enhanced range of primary and community services. Each of the 3 acute hospitals in North Wales will continue to exist and play an important part in the healthcare system. However, acute services need to be organised in such a way that both general and highly specialised acute healthcare can be delivered safely, providing good outcomes. This is likely to mean that not every specialism will be available on each of the acute sites but would still be available within a reasonable distance.
- 4.5 There has been significant public engagement whilst the reviews have been undertaken.
- 4.6 There is consensus across all service areas about the need to focus more on health promotion and prevention, working with community services. In terms of acute services, the detailed papers in the full document show considerable debate about the balance to be struck between the access/safety advantages of delivering services from three sites as against the staffing/critical mass/expertise advantages of delivering from two or fewer.
- 4.7 Clearly, it is extremely complex to estimate the costs of implementing the changes proposed. However, the work to date, and assumptions made in this, are set out on in the full document. The ultimate anticipated additional revenue cost is calculated as approximately £15m per year, with capital implications for redevelopments within localities and communities services assessed at approximately £41m. This does not include additional costs for transport, specifically those that would fall to the Welsh Ambulance Service Trust. How the additional investment could be delivered in the context of the current BCUHB deficit is also addressed briefly.
- 4.8 On 19th July, the Board considered the recommendations from the reviews. Formal minutes are not yet available. However, it is understood the Board accepted the proposals for change. This included the need to focus more on health promotion and community services. It also included supporting the continuation of in-patient maternity services, paediatric services, non elective general surgery, routine vascular services and trauma and orthopaedic services at each of the 3 District General Hospital sites, though the services that are delivered will change and some specialist services will be delivered from fewer sites. The Board also had to decide if proposals constituted “substantial change”. If they did, public consultation would need to follow. The Board decided that the following service changes needed to be subject to formal public consultation:

Localities and Community Services
Older People's Mental Health Services
Neonatal services
Vascular Services

A formal consultation document has subsequently been developed and is out for consultation until 28th October . This is attached at Appendix I.

4.9 The main implications for Denbighshire health facilities from the service reviews are as follows:

- major health services will continue to be delivered from Ysbyty Glan Clwyd. This will include in- patient maternity and paediatric services, non elective general surgery, routine vascular, trauma and orthopaedics. However, there is outstanding work to be done on what precisely will be delivered where and the potential for some specialised services (eg vascular services, emergency gynaecology and major elective gynaecology) to be delivered from fewer sites/subject to network arrangements
- a number of "hospital hubs" will be identified which will be the focal point of a broader range of services - these are proposed as YGC and Denbigh Infirmary in Denbighshire
- Minor Injury Services will be provided on a hub and spoke basis from hospital hubs- this service will close in Ruthin
- X-ray services will be provided from hospital hubs - this service will close in Ruthin
- hospital hubs will be supported by other community hospitals, community premises and primary care facilities - including Ruthin Community Hospital- which will continue to provide in -patient beds
- in North Denbighshire, services provided from the Royal Alex and Prestatyn Community Hospital will be replaced by a new integrated community facility- which will include in-patient beds. This facility will eventually incorporate in patient services for older people with mental health needs- currently provided at Glantraeth, Ablett and YGC
- services currently provided at Llangollen Community Hospital will be replaced by a new extended primary care resource centre on the River Lodge site, plus use of Chirk Hospital, roll out of the Enhanced Care Service and possible use of beds in independent sector nursing homes

Council members and officers have been involved in the processes leading to these proposals in most cases. A common view is to support the principles but to want to see detail.

4.10 A Working Group of the Partnerships Scrutiny Committee met 3 times over the summer to scrutinise the proposals and feed into the Council's response. This included seeking the views of a wide range of members and officers so as to assess impact both on residents and on the council. The draft response they have developed is attached at Appendix II.

5. How does the decision contribute to the Corporate Priorities?

Close and integrated working with health services, especially in localities, forms a key part of the Council's work to respond to demographic change. The BIG Plan also sets out objectives for effective joint working to support families.

6. What will it cost and how will it affect other services?

The potential costs to BCUHB are set out in para 4.7 above. Disinvestment from an old pattern of services, reinvestment in new services and dealing with an underlying deficit are major challenges for the Health Board. There is a risk that in the process of change, especially as services transfer to communities, that increased costs will transfer to local authorities, especially in adult social care, though there could also be implications for transport provision.

7. What consultations have been carried out and has an Equality Impact Assessment Screening been undertaken?

BCUHB has carried out equality impact assessment screening on their proposals and will do further work before final proposals are submitted to the Board. The Partnerships Scrutiny Working Group, and officers, have contributed to the draft response. Meetings of MAGs and Town and Community Council clusters will also consider the proposals during September and early October.

8. Chief Finance Officer Statement

The changes that are proposed are not fully costed at this stage so the implication on council services is not clear. Issues such as transport need to be considered and there is the risk that, as services are provided more in the community additional costs will inevitably fall on the Council's social care teams.

BCU began the financial year with a forecast £82m deficit on its budget. Despite a one off contribution of £17m from the Welsh Government and use of contingencies it has not yet been able to achieve its savings targets.

These proposals will see short term costs rise by £15m with an assumption that savings will be delivered going forward. Even at the best case scenario contained in the consultation, the organisation will still be left with a significant deficit.

9. What risks are there and is there anything we can do to reduce them?

The key risks are referred to para 6 above and throughout the draft response at Appendix II. Key actions to mitigate the risks identified are for detailed costed implementation plans to be produced for the changes proposed. This would enable the impact to be transparent and enable full discussion and negotiation with the local authority about how, where there is interface with Council responsibilities, the new pattern of services can be organised and funded.

10. Power to make the Decision

S111 Local Government Act 1972