

## Appendix I

### **Response by Denbighshire County Council to “Healthcare in North Wales is Changing”**

#### **1 Localities and Community Services**

1.1. The Council agrees that the current pattern of services does need to change. It agrees that we should not just think about buildings when we consider the quality of health services and acknowledges that the quality of some buildings is not good enough. The Council's experience also is that people usually do want to be cared for at home when at all possible.

1.2 There is general support for the concept of “hospital hubs” and a widened range of services, traditionally only available in acute hospitals, available more locally.

1.3 While there is considerable agreement about the principles for future health provision, there is a lot of anxiety that “the devil is in the detail.” The Council would like to have specific reassurance on some points and to see detailed implementation plans produced in a number of areas with full local authority involvement both in developing and monitoring them.

1.4 To make a reality of this, the Council wants BCU to commit to full engagement with a local authority/BCU Strategic Group to oversee implementation of the changes affecting both organisations- both the proposals out to consultation and the significant changes to service configuration (eg those in Trauma and Orthopaedics) which are not subject to public consultation. Proposed changes to relevant local authority services would also be part of the business of this group.

Members of this group need to have the authority and budget holding responsibility to be able to do business. The Group needs to have appropriate governance arrangements and be accountable to both the local authority and BCU. From the local authority perspective, there would be both elected member and senior officer participation.

This Strategic Group could be a revised Health, Social Care and Wellbeing Partnership and our perspective is that it could potentially cover Denbighshire alone, or be joint across Denbighshire and Conwy, (though we would need to be sure it had appropriate focus if this was the case). It would complement Children and Young People's Strategic Partnership arrangements.

Our experience is that, especially in relation to adult services, BCU have been reluctant to engage with planning structures at individual local authority level- investing rather in regional and locality based structures. However, we think the

importance of the changes set out in all the reviews within the “Healthcare in North Wales is Changing” programme is such that a joint Strategic Group, which would consider the detailed health and social care arrangements for our particular area, is essential. We see this as complementing the focus of the Locality Leadership Teams (which are not accountable to local government).

1.5 The areas on which we want reassurance or to see detailed plans, (some of which ought to be ongoing business for the Joint Strategic Group, described above), include

- commitment that existing services will not be stood down until the planned alternative services are in place

- clarity about how the financial aspects of the proposed changes are going to work in practice including

- o The detail of how investment in community services in each locality will be achieved in a 3 – 5 year period given the scale of the deficit BCU currently faces.

Our experience of commissioning services following the closure of beds at the Royal Alex shows that transparency with the public and with partners about the money available for reinvestment, and how much alternative service can be bought with the money available is really important to securing buy-in.

BCU is placing a heavy reliance on the roll out of “Enhanced Care Services” (ECS) which will see increased responsibilities held in primary care. Our day to day experience is of long waiting lists for appointments in local GP surgeries and difficulties in recruitment. Consequently, we are sceptical about how primary care and community services will manage this increased workload and would want to see clear investment plans set out. We also want to see clear roll out plans set out. For example, what will happen if not all GPs sign up to deliver ECS in a particular locality?

- o The Council is worried that BCU’s plans, which will lead to shorter hospital stays and more care in the community, will also lead to greater pressure on social care services where budgets are already under extreme stress for the same reasons identified by BCU. Transparency in implementation planning, and the management and monitoring of change and use of resources will help alleviate this anxiety.

For example, we believe there remains some ambiguity about funding intentions for ECS services between health and social care. It is quite clear to us that ECS services are health services and it is not the local authority’s responsibility to fund any aspect of alternative health services. This is the arrived at for the original

HECS service and the principle was reiterated at the Council meeting on 11<sup>th</sup> September.

We believe it is essential to be clear up front about arrangements for financing new services like these so there can be no prospect of “arguing over the patient’s head”.

- o The Council would like to know how confident BCU is of securing the required capital and revenue investment required to open the new North Denbighshire and Llangollen community based facilities and to enable the facilities to be open by 2015

- o The Council would like to see the production of detailed plans for investment in health promotion in each locality. Prevention and early intervention are core to the whole strategy in all service areas but there is no mention of investment in exercise referral or other physical activity programmes in Leisure Services, for example.

- o How investment/disinvestment will be managed across services within BCU. For example, those delivering children’s services worry that the scale and urgency of the changes needed for older people may eclipse the need for investment in children’s community health services, especially as children’s services are not so well represented in Locality Planning.

## 1.6 Rhyl/Prestatyn

1.6.1 From a regeneration perspective, we understand that following extensive site searches, the Royal Alex is the chosen site for the North Denbighshire community facility. This investment could play an important role in the regeneration of Rhyl in the same way as has been proposed for the Council’s own office provision in the area. We would be keen to continue to work with health partners on the development of this facility as substantial changes will be taking place in Rhyl, especially along the promenade, over the next few years and we will be keen to maximise local skills and job opportunities both during the build and afterwards.

1.6.2 There is considerable interest in how it is proposed to develop the site- especially in terms of how it is proposed to conserve the key architectural features of the building- a Grade II listed building- while making it fit for modern healthcare provision. We would want to see early liaison with “built” professionals within the Council including planning, conservation and regeneration colleagues. We believe that, even if the building is no longer suitable for a hospital, it has key elements which will need to be conserved. We believe this will make redevelopment more complex and this could potentially add to the cost and timescale for building and opening a new facility- a critical factor in the overall

plan. We believe no pre-application contact has been made so far and that it should be as a matter of urgency to enable any potential applications to be dealt with as efficiently as possible.

1.6.3 We understand the proposed bed numbers for the North Denbighshire facility are 30. We would like to be shown how this has been calculated- both to take into account the needs of the rural hinterland as well as the coastal towns and also the proposed developments in the LDP including that at Bodelwyddan. There are plans to develop further housing over the border in Conwy too and, again, we would like to know that the proposed bed numbers for the North Denbighshire community facility have taken these into account.

1.6.4 We believe, especially given the development considerations referred to in 1.6.1 above, that the statements about the opening timescale for the new facility being 2015 are highly optimistic. This has increased the importance of the Council receiving commitments for existing facilities to remain open and functioning until new facilities and alternative services are in place. This applies to Prestatyn Community Hospital in particular. We do not think it is acceptable for Chatsworth House to close with vague reassurances that other measures would be in place.

### *1.7 Ruthin and Denbigh- location of Hospital Hub*

1.7.1 The Council acknowledges the reassurances it has received about the future of Ruthin Community Hospital and local councillors have seen that local health professionals are positive about the proposals and have been reassured by that. They are especially pleased with the continuing inpatient beds, an expansion of clinic provision and retention of blood testing facilities. Councillors have outstanding issues, however, about why additional available beds in Ruthin are not to be opened and about the re-opening of the day hospital.

1.7.2 We were told at the Council meeting on 11<sup>th</sup> September that Denbigh Infirmary has been chosen as the likely base for the Hospital Hub for two main reasons:

- Ruthin hospital is rather isolated.
- the size/scale of Denbigh Infirmary site, plus the range of services currently delivered, and the areas where most activity is drawn in from, makes it better option to develop over time. The impact of extending hours had been looked at and it is felt to have greater flexibility to serve a large population

However, we were told it is a judgment call.

1.7.3 We think there are pros/cons to both options and potentially a “third way.”

1.7.4 In addition to the positive points raised above in relation to Denbigh, we believe the Infirmary's location on a bus route is an undoubted advantage. However, parking and highways access have been significant issues on the stretch of road between the bottom of Vale Street and Denbigh High School and would need to be addressed carefully to take into account higher traffic levels. In addition, the signage for the hospital is not adequate and this would need to be addressed.

1.7.5 In terms of Ruthin, it would clearly be better placed to serve the rural hinterland (possibly extending from Bala to Llanarmon and into Flintshire) as well as the large area in the South-West of Denbighshire (the Dee Valley area) which does not have easy access to the level of care administered by Community Hospitals. We also feel it would be better placed to deliver services through the medium of Welsh- a key requirement of the population in rural Denbighshire, especially the older population.

1.7.6 We think BCU should think about developing Ruthin Hospital and Denbigh Infirmary as a "Joint Hub". Our reasoning is based on the pros/cons above and the potential, as we see it, to develop complementary functions across the sites. For example, we understand that it is planned for Ruthin to be the base for ECS roll out in the south. Potentially, therefore, Ruthin could become the community services hub, with Denbigh Infirmary playing the greater role in urgent and out of hours care.

1.7.7 We have some specific questions about X-ray provision. In particular, we do not understand how, if X-ray services were only provided at Denbigh, how the need arising from the current orthopaedic beds in Ruthin would be met. Also, the plan would seem to mean considerable disruption for older people in hospital in Ruthin and requiring X-rays.

## **1.8 Llangollen**

1.8.1 We understand the proposals relating to Llangollen Community Hospital and are encouraged by the potential for redevelopment of the River Lodge site, though the Council believes that the site is far from ideal as the access for pedestrians and non car owners is not good. The Council will want to continue to work with the Health Board on the detail of the proposals.

1.8.2 We were not satisfied, however, with the answers we received about confirmation of grant funding for the newbuild and how this would dovetail with the potential timescale for closure of Llangollen Hospital. Once again, we want confirmation that existing facilities will not close until alternative services are in place and there is a clear timescale for delivery of the new Primary Care Centre.

1.8.3 We are also concerned about wider public access to facilities with the

closure of Llangollen Community Hospital. - particularly for those without a car and especially those living in the Upper Dee Valley. The Council would like to see a detailed Transport Strategy developed to match the new pattern of service provision proposed. (see separate section below) and explanation of how it is proposed to ensure that services are fully available through the medium of Welsh.

1.8.4 In terms of Minor Injuries Services, we were told at the Council meeting on 11<sup>th</sup> September that BCU could contract with the local GP practice to provide a minor injuries service, though this would not be the same as a full Minor Injuries Unit. We strongly support BCU pursuing this option.

1.8.5 We note that the Health Board will consider commissioning beds from the independent sector in the Dee Valley to complement Enhanced Care Services (ECS) and in patient beds at Chirk Hospital. Councillors acknowledge the quality of services and facilities at Chirk. We would also accept the need to commission beds from the independent sector to complement this provision, however, we will want to ensure that reablement principles are to the fore of people's minds so that use of nursing /residential home beds does not lead to enhanced levels of dependency and long term admissions to institutional care which could have been avoided. We also need assurance that there is capacity available in the independent sector locally to meet needs in this way.

1.8.6 We would like clarification about the future of Oakleigh.

## **1.9 Pressure on carers**

1.9.1 One of the implications of delivering more services in people's own homes is the risk of greater pressure on informal carers. While this point is referred to in the document, we do not believe it is accompanied by sufficient detail to ensure that services will be enhanced to make this realistic, including access to respite services as a right as well as information, advice and signposting.

1.9.2 We raised all these issues at the Council meeting but felt we only received a very limited response. While our experience is that carers do want to support loved ones at home, they need high quality support to be able to manage. We believe BCU should model what additional demands will be placed on carers (numbers and types of care) as the result of all the changes proposed and what services it will provide in response. We have some specific concerns about the health and safety and insurance implications of delivering more care in people's own homes.

1.9.3 If support services are not planned and provided by BCU as part of the changes across all reviews, we believe we will see increased carer breakdown or additional demands will be made on third sector and local authority carer services and these will not be able to cope.

1.9.4 Specialist services, located at distance from the home of an older person, will also mean more expense in travelling to visit and more strain in managing the logistics.

1.9.5 Specifically, we would like to know if the provision of respite has been considered as a potential alternative use for Prestatyn Community Hospital.

1.9.6 The Council would like to see costed proposals for enhancing carer support included in the overall proposals. This should have been part of what was consulted on so that the public could see how the new arrangements would work. It should also now be detailed in the implementation plans for each locality, looking across all specialisms to ensure robust joined up services, including for young carers.

1.9.7 These could be developed on the back of the current work to develop a Regional Carers' Strategy, linked to the new Carers' Measure, but would need to be much more local and specific. The Council would also like to ensure that measures are taken to guarantee that the quality and safety of care that patients and carers receive on discharge from hospital is suitable, including stronger measures to ensure that carers assessments are undertaken before every discharge.

## **1.10 Communicating with communities**

We believe it will take communities some time to get used to the new patterns of service. We think that considerable effort should be put into communicating with local communities, explaining why the changes are being made, how the new services will work and encouraging feedback. We know on the ground that there are still high levels of misconception about the proposals and this should not be underestimated.

## **2 Older People's Mental Health**

2.1 The Council is pleased to see the proposals for early intervention and early diagnosis, prevention of crisis and carer breakdown, the improvement of care in care homes, allowing/supporting people to remain in their normal place of residence and the reduction in reliance on acute hospital beds. This is a large demographic and the Council would like to see a more comprehensive account of how the implementation of these changes will affect older people with mental health problems, their family and their carers. It is an area of service that all recognise as needing significant enhancement and where developments in partnership with local authorities and the voluntary sector are welcomed.

2.2 As above, the council would like to see the detailed proposals for community reinvestment in the central area. The potential impact on carers is a particular

concern. The Council notes from the Equality Impact Assessment that attendance by service users and carers was low during engagement sessions and will look for evidence that this has been addressed during the formal consultation process.

2.3 As in other parts of this response, the Council will look for assurance that new services are in place and functioning before further rationalisation of in-patient beds. This particularly applies to the proposals for the beds at Glantraeth.

### **3 Maternity, gynaecology and neonatal services plus Paediatric Services**

3.1 The Council is pleased that there will now be investment in community child health and health promotion services and that most acute services in these specialisms will continue to be available from all 3 District General Hospital sites. The Council would like reassurance that maintaining 3 acute sites will not compromise the intention to invest in community child health services.

3.2 Although these areas are not the subject of formal consultation, “Healthcare in North Wales is Changing” envisages considerable change in these services, and the Council is very keen that implementation of change in community child health and paediatric services takes place in full partnership with local authorities. In particular, the local authority is keen to see the development of multi-disciplinary teams, working across health, social care and education to meet the needs of children with disabilities and their families, and to meet the needs of troubled families. This could build on the work done to develop use of the Hyfrydle site and in the Flying Start and Families First programmes overseen by the Children and Young People’s Strategic Partnership.

3.3 The Council would like to see more detail about how services for adults within BCU will contribute to the changes proposed and a stronger family focus- given that the welfare and health of children relates closely to that of their parents. We believe the contribution of mental health, substance misuse and disability service, and the corporate approach to domestic abuse issues, should be more joined up.

3.4 Though the headline demographic trend referred to in the BCU paper primarily relates to older people, there are substantial changes of need happening also as the result of the changing structures in families, single parents, and the ability to keep low birthweight babies alive with disabling conditions beyond a few days/weeks. The use of resources needs to take these growing pressures into account.

3.5 The Council understands why highly specialised services might be concentrated in fewer sites and thinks this is reasonable- providing that transport issues are fully considered and worked through.

### **3.6 Neonatal Intensive Care Services**

3.6.1 The Council would prefer to see neonatal intensive care available in North Wales and feels that, if this were to happen, the obvious option is for this to be provided at YGC.

3.6.2 The Council understands why healthcare for the sickest newborn babies is being considered at Arrowe Park- arising from new national recommendations on critical mass and staffing levels. Providing the care provided there meets required quality standards, and represents good value for money, the Council considers it provides a reasonable solution. However, Denbighshire councillors can see that families will have to travel further to see their sick, newborn infants, and sometimes the parents involved will be highly vulnerable themselves. This will involve both high cost, long journeys, especially on public transport, and trauma.

3.6.3 They would want information showing how the facilities for parents at Arrowe Park would be as good as those currently provided at YGC. They would also like to know how services will be delivered through the medium of Welsh for this group.

3.6.4 In addition, the council would want to see how staff skills in North Wales in Special Care Baby Units and neonatal care will be maintained so that staff will still be attracted to work in this area and care for most babies can continue to be delivered locally.

3.6.5 The Council would like further information on both options ie a North Wales and a service provided from Arrowe Park including

- the planned length of contract with Arrowe Park and whether this is envisaged to be a permanent solution
- how the costs of care at Arrowe Park compare with those at YGC currently
- the throughput of patients required per annum in a neonatal intensive care unit to ensure adequate expertise among staff
- how reliable are the stated costings for provision at Arrowe Park
- the contingency arrangements eg if both Arrowe Park and Liverpool were full
- how current parking problems at Arrowe Park would be addressed
- were a unit developed in North Wales, whether it potentially could offer services to the North West

### **4 Non-elective general surgery**

4.1 The council is pleased that aspects of elective and non-elective general surgery will still be available at each of the 3 District General Hospitals but also understands the evidence for centres of excellence and the impact of increasing specialism. The Council wishes to emphasise the importance of appointing the

additional staff required to maintain provision for non-elective general surgery at Glan Clwyd Hospital as soon as possible.

4.2 However, councillors do not understand how the closure of surgical beds that has already happened- which they believe has already caused cancellations in elective general surgery due to bed shortages, and the further closures planned to beds in community hospitals adds up to a sustainable service.

## **5 Trauma and Orthopaedic Services**

5.1 Again, the Council is pleased that services will be retained on each of the 3 DGH sites and that Welsh Government has provided significant financial investment in this aspect of health services. The Council also accepts the need for more specialised services to be organised on a regional and networked basis. This is on the proviso that transport and carer issues are addressed in greater detail- especially because most users of these services are older people.

5.2 The Council is conscious that expansion of these services will lead to greater demands on community services and local authority services- especially for equipment, adaptations and Occupational Therapy services. There are both opportunities and challenges in this and again, detailed, negotiated implementation plans will be needed to ensure that the whole care system – social care and physical activity programmes- as well as acute, and community/primary care - is resourced to cope.

## **6 Vascular Services**

6.1 The council notes that routine vascular services and pre and post operative care will continue to be provided at each of the DGHs, with major arterial surgery now confirmed to be provided at 1 site. The Council would like to confirm the location of the preferred site, and wishes to express its endorsement for these services to be provided at Glan Clwyd Hospital.

6.2 The Council would like further information about how major arterial surgery will be provided so as to be clear about the potential impact on patients and families- in terms of safety and travel implications. While councillors understand the need to concentrate the expertise of surgeons, they believe this also applies to other clinical specialists in this field eg nurses and are unclear how the 1 site model would be viable with this group of staff.

## **7 General issues**

### **7.1 Transport**

7.1.1. The Council is encouraged that BCU recognises the importance of transport,

both to patients and to the way in which patient services will change. It seems to us that the scale of clinical change proposed within BCU is impossible without getting transport right. We have local experience of BCU getting it wrong- eg transport arrangements supporting the relocation of services from HM Stanley to Abergele Hospital. Hence this is a critical issue for our attention.

7.1.2 It certainly is an issue for "older people, people with disabilities, and people from areas of deprivation where car ownership levels are lower. Those who are mobile (have their own car) will find the proposed changes much more manageable than those who don't. Transport is also an issue for families and carers" but it goes deeper than this. We believe BCU should also address the "green" agenda by offering alternatives to the car.

7.1.3 To date, our perception is that the health sector has only an average record in terms of providing transport. Welsh Ambulance Service Trust (WAST) criteria are very strict and seem to take little or no account of rural issues, in particular, with the result that there's already much frustration for those attending hospital appointments as arrangements currently stand.

7.1.4 Too often, our experience is that WAST refers people to the community transport (CT) sector without considering whether that sector is funded or even able to provide the required service. Upon refusal by WAST, when given a CT alternative, patients usually find that CT cannot help and there is nowhere they can easily turn. It is therefore positive that patient transport appears threaded throughout the paper.

7.1.5 Because a more flexible approach to transport may be required, we would immediately flag up that this is likely to be costly (in real terms and as a cost per patient). Low demand means bespoke services for ones and twos rather than bus loads so there is little possibility of any economies of scale. Demand or semi-demand responsive services as provided by the CT sector are no less costly than if operated commercially. The epithet "community transport" does not signal "cheap".

7.1.6 The backdrop to all this is the changes to the funding regime for public transport in Wales. There is to be a reduction of 10% next year in funding from WG, possible increasing by a further 17% in 2014/15. If (and it's by no means certain) Taith and LAs are then expected to refocus transport in terms the key National Transport Plan priorities, it is not clear how this fits in with health provision.

7.1.7 BCU have begun to come to the table to discuss these issues with local authority transport professionals. However, this is clearly a very significant matter and will need very thorough planning and funding. The Council notes that no costs for transport are currently factored into the financial assumptions- whether for WAST or other forms of transport provision. This is clearly a major omission which must be added for the full range of services subject to review, not just those out for public consultation.

7.1.8 At the Council meeting in September, a number of initiatives were referred to where BCU were exploring improved transport arrangements. The proposals for enhanced transport provision need to be set out clearly so that the public can see that their legitimate concerns have been responded to.

7.1.9 BCU must draw up detailed transport plans to support the delivery of future health service provision for North Wales residents and ensure that these are costed and realistically funded.

## **7.2 People with learning disability**

7.2.1 While the proposed changes will represent considerable change for all residents, we want to flag up the care we believe will be needed to make things work for people with learning disabilities- who will be affected by all the changes proposed.

7.2.2 At a minimum we seek assurance that the Liaison Nurses, currently in place at each of the DGHs, will be made permanent posts so that people with learning disability will be supported to navigate services, however they may be organised.

7.2.3 also believe that, given the increasing numbers of people with learning disability in the population, including an increasing number of older people with learning disability, that the staff of both acute and community services will need the opportunity to develop skills in providing healthcare for learning disabled people. We are pleased to see this aspect of services specifically recognised in the development of Older People's Mental Health Services, but it will be an issue for all specialisms hence the importance of the Liaison Nurses.