

Report To: Council

Date of Meeting: 5th February, 2013

Lead Member / Officer: Cllr Bobby Feeley

Report Author: Director of Modernisation and Wellbeing

Title: “Healthcare in North Wales is Changing” decisions

1. What is the report about?

This report summarises decisions taken by the BCU Board on 18th January, 2013, the implications for the Council and outstanding concerns. A further verbal update will be made by the Chief Executive at the Council meeting, based on discussions between North Wales Chief Executives and BCU’s executive team due to take place on 1st February.

2. What is the reason for making this report?

The Council submitted a comprehensive response to the Health Board as part of the formal consultation response to “Healthcare in North Wales is Changing”. This report briefs councillors on decisions taken by the Board at the end of the consultation response, and proposes next steps.

3. What are the Recommendations?

That Council

3.1 writes to the Health Minister and the Deputy Minister for Social Services outlining outstanding concerns, following the further representations already made to BCUHB and via the Community Health Council. These are set out in Appendix 2.

3.2 supports the rapid establishment of a County based Health and Social Care Strategic Forum, with urgent clarification of powers and accountabilities, building on the draft terms of reference in Appendix 3 attached

3.3 asks the Social Services and Health Programme Board, reporting to the Regional Leadership Board, to monitor the impact of the changes on local authorities across the region

4. Report details.

Background

4.1 BCUHB published service change proposals “Healthcare in North Wales is Changing” in July 2012 with a consultation period running to the end of October

2012. The particular areas of service involved were: Localities and Community Services (including community hospitals), Older People's Mental Health Services, Neonatal and Vascular Services. Over the summer, a Working Group of Partnerships Scrutiny Committee prepared a draft response to NHS Service Reviews "Healthcare in North Wales is Changing."

4.2 In September 2012, full Council considered the draft response and were able to put questions directly to representatives of BCUHB who attended the meeting.

4.3 Full Council approved a final response in October, 2012. The BCU Board considered consultation responses and made decisions on the proposals at its meeting on 18th January, 2013.

Papers presented to the Board

4.4 All members have received copies of the documents submitted to the Board. They comprised

- a cover report incorporating the substantive proposals, issues raised in consultation, responses to these and final recommendations.
- reports from ORS (consultation company) summarising consultation responses from a variety of sources together with analysis of responses demographically, by area etc.
- the summary and supplementary consultation responses from the Community Health Council, the statutory scrutiny body
- summary Equality Impact Assessment
- technical documents- summary and full document- primarily concerned with financial and workforce implications
- Powerpoint summary of recommendations

Responses to consultation

4.5 Clearly there has been widespread response to all the proposals. At the Board, the main sense was that there were some contentious issues about the interpretation of consultation responses- especially the weight given to the Household Survey (representative sample of population of North Wales) compared with Open Questionnaire (self selected), the weight given to petitions and so on.

4.6 The Community Health Council is the statutory body formally charged with scrutinising the Health Board's proposals. It is the only body that can formally refer the Board's decisions to the Minister. The CHC's formal position, prior to the Board meeting, was to state that the CHC "believe(s) on balance that several of the proposals will be in the interests of people who use services and the health service- subject to the technical documents supporting this paper providing the necessary assurance the CHC has asked for". The technical documents were not available until the 18th January and the CHC committed to review them after that.

4.7 The proposals it supported at that stage were those for the enhanced care service, moving services from acute hospital settings to general practice and community settings, and neonatal intensive care (that is the care for the

approximately 36 babies per year who require the most intense level of health care but not **all** neonatal services- which will continue to be available from all 3 acute hospitals).

4.8 The CHC considered that other proposals would need modification if they were to be confident they would be in the interest of people who use services. These proposals related to community hospitals, including minor injury and x-ray services, the complex vascular service and older people's mental health services. They also said they would need further assurances on some aspects of those services eg co-ordination with local authorities, voluntary and independent sector organisations, and progress on transport.

4.9 The CHC met on 23rd January and will meet again on 28th January to consider its response which is required by 3rd March, 2013. Comments from Denbighshire County Council, including the comments made by individual members, were fed into this process via elected members who are also on the CHC.

4.10 Key recommendations and decisions for Denbighshire, plus a summary of the Board's position on issues particularly identified as concerns in the council's response to the consultation are attached at Appendix I.

4.11 Outstanding issues/concerns from the perspective of Denbighshire County Council are set out in full in Appendix 2. In summary, they relate to

- Transition arrangements
- Support for carers
- Transport and travel arrangements
- Transferring costs to local authorities
- The future of Glan Clwyd Hospital
- Joint planning
- Change management and risk

4.12 Though these concerns focus on the areas of service that were the subject of public consultation, in fact many other areas of health services are changing too without meeting the necessary criteria for public consultation. Issues raised below relate to those areas too. For example, changes to in-patient Trauma and Orthopaedics Services will also lead to higher levels of treatment and care being provided to patients at home, with implications- positive and negative- for carers and local authority services.

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 the needs of vulnerable people. 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?

There are no immediate costs arising from this report. However, risks in relation to the proposals are set out in Appendix 2.

7. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision? The completed EqIA template should be attached as an appendix to the report.

BCUHB has undertaken an Equality Impact Assessment on its proposals and this is available as part of the public Board papers. Key points are summarised in appendix 1 attached.

8. What consultations have been carried out with Scrutiny and others?

A Working Group of Partnerships Scrutiny met on 21st January to consider the Board's decisions. Their views have been included in this report.

9. Chief Finance Officer Statement

These proposals need to be seen in the context of the BCUHB's overall financial situation. It began the 2012/13 year with a forecast deficit of around £60m. Despite additional funds of £14m being made available by the WG, it is still forecasting a deficit of around £11m for the year end. Informal discussions suggest that 2013/14 will be significantly worse.

The proposals show overall savings however, given the early stage of implementation, the complexity and scale, controversial nature and short timescales for implementation, the figures need to be treated with caution.

The cashflow forecasts show that savings will be delivered ahead of reinvestment. This could be due to the capital nature of some of the investments which will take several years to deliver.

For both Prestatyn and Llangollen hospitals the appendices note that business cases are yet to be submitted to the Welsh Government. This brings the risk of delay while they move through an approval process and also the risk that they are refused or have to be significantly amended.

As more services are moved into the community it is almost certain that there will be increased pressure on the Council's budget either from 'cost shunting' as BCUHB no longer pays for services as they did previously or from increased expectations of residents that we will provide additional support through adult social care.

Finally, my opinion is that healthcare in North Wales is not sustainable under the current conditions. The proposals under discussion do nothing to address the underlying affordability gap within BCUHB. If this is seen as a medium to long term solution for the areas it is addressing then other areas within BCUHB must make significant savings to close its financial gap. Alternatively the Welsh Government will need to find additional funding from its limited budget. Either of these possibilities will have a significant impact on the Council.

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

Key risks arising from the proposals are set out in Appendix 2. The council has attempted to mitigate the risks by the representations it has made to the Health Board and will continue to do this through the County Health and Social Care Forum (particularly through pushing for detailed costed implementation plans) and the Regional Social Services and Health Programme Board.

11. Power to make the Decision

S111 Local Government Act 1972

Appendix 1

Key recommendations and decisions for Denbighshire and position statements on issues flagged in Denbighshire's response to the consultation

Localities and Community Services

Hospital Hubs

Ysbyty Glan Clwyd and Denbigh Infirmary were confirmed as Hospital Hubs. The Board did not support the proposals for a joint Ruthin/Denbigh Hub- which the council had proposed. In the Board's view, Ruthin hospital was "well regarded....(but) does not have the level of activity to warrant it being a hospital hub.....Ruthin would continue to plan an important role in local service delivery but MIU and X-ray services should be consolidated at Denbigh".

Mold Community Hospital will also become a Hospital Hub. The Board changed their mind on this and the designation of a hospital hub here will serve some rural parts of Denbighshire better.

Minor injury units/services and x-ray services

Minor Injuries Unit was confirmed at Denbigh Infirmary but will close in Ruthin, Llangollen and Chirk Hospitals (April 2013). A minor injuries service will continue to be commissioned from Corwen GPs and Llangollen GPs will be requested to provide a primary care based service.

X- ray services will close at Ruthin and Chirk Hospitals. 7 sessions will continue to be provided at Denbigh, 6 at Mold, 10 at Holywell, An x-ray service will also be available at each of the District General Hospitals, and at the Royal Alex, and Colwyn Bay Hospital.

Community Hospitals

Prestatyn Community Hospital will close by April 2013. Inpatient services will be provided from Holywell Hospital and other neighbouring hospitals in the interim prior to development of a new facility. All other services currently provided from the hospital will move to the Royal Alex on interim basis. A multi-agency project team (which includes local authority representation) will continue to do the work to implement the short-term changes. A formal business case will be submitted to WG for the new community hospital.

Llangollen Community Hospital will close by April 2013. The Enhanced Care at Home Scheme will be established in Central/S Denbighshire and S Wrexham by the end of May 2013. Where needed, in patient care will be provided from Chirk Hospital. Consideration will be given to commissioning beds in a local nursing home. All other current services will relocate to the health centre (with some complex physio to Chirk). A multi-agency project team (which includes local authority representation) will manage implementation. A Full Business Case will be formally submitted to WG for provision of a Primary Care Resource Centre on the River Lodge site.

Older People's Mental Health

The replacement of in-patient beds at Glan Traeth, Rhyl, was confirmed. Provision will either be made at YGC or the new North Denbighshire Community Hospital. It was stated that the present (low) bed occupancy in the OPMH units in Conwy/Denbighshire means that the closure of Glan Traeth could take place before the opening of the new hospital. In-patient capacity would be provided at Ablett with some resources released to invest in community services.

In terms of respite care for carers of older people with mental health needs, it was stated that there is some evidence that "this group of patients have primarily social care needs.." If their needs meet NHS Continuing Care criteria NHS respite will be purchased by the NHS.

Neonatal Intensive Care

The Board confirmed their proposal "to work with the Neonatal Networks to commission complex or longer-term neonatal intensive care services from Arrowe Park for the approximately 36 babies per year who need this level of care. Neonatal care for over 700 babies will continue to be provided in our local units."

The documents submitted stated that the move would happen "within 6 – 12 months after receiving assurance that Arrowe Park has secured required standards compliance".

Vascular services

The proposals to the Board state that "arterial surgical services will be consolidated into a single specialist centre, subject to the appropriate infrastructure...." The preferred site identified is tentatively YGC but more work on this is to be done. The proposal is for change to "be facilitated through an interim operational contingency move to 2 arterial centres (in YG and YMW) during 2013." This is identified as a pragmatic and flexible first step.... to the consolidation on a single centre" (by April 2015)

Position on general issues- carers

The Board papers state that "we have worked in partnership with local authorities in their Carers Strategy Groups for some time and have recently established a BCUHB Carers Strategies (Wales) Measure Project Board. We will continue to work jointly to address carers' needs including respite care with partners in local authorities and the third sector. Individual service areas will focus on the detail of their particular community as identified in detailed project work (for example for Older People's Mental Health. We recognise the important role that carers play both in supporting independence and emotional wellbeing as well as good physical and mental health."

Position on general issues- transport and travel

The Board papers state that “we will work with local partners and stakeholders to identify how we can address some transport needs through:

- improved public transport where necessary and possible
- Opportunities for social care transport to support some transport needs
- Community transport through means such as raising awareness of local provision, supporting providers increase capacity by grant funding for recruitment, training and communication. On an area by area basis we will consider supporting some of the direct costs of any new provision where a provider cannot recoup its costs from patient charges.

Where needed we will arrange full transport and access audits to support the implementation process once it is determined whether proposals will proceed.”

Position on general issues- transition

Many people said in consultation that no closures should take place until the alternative services are in place.

The Board’s position is that

–“we cannot guarantee that new services would be wholly in place prior to changes- we rely on the redeployment of our skilled workforce to establish the new services in the community and therefore some services may cease first. However, no-one will be without services when needed- in the case of proposed closure of community beds, there is already capacity in neighbouring facilities to provide appropriate care.”

Need for joint planning/implementation with local authorities

The Board papers state that “Joint working with social services- and the local authority departments overall- is a priority for the Health Board. Following feedback from some Local Authorities, we are discussing the establishment of county level strategic forums to oversee and co-ordinate our collaborative work and see a clear link between these proposed forums and the implementation process for consultation proposals which are confirmed.”

Equality impact assessment and actions identified

Key issues identified include

- The fact that older people are high users of most of the services being consulted on- with impacts on transport and travel and carers identified
- People with learning disability were talked to- more difficulties accessing services, anxiety, lack of confidence
- Significant range of issues with Arrowe Park proposals

However, while there may be impacts identified, also identified are possible positive impacts eg from receiving care closer to home. In most cases, mitigations are considered to be available and not sufficient to prevent proposals from proceeding.

Finances and non financial risks identified

The changes are considered to be affordable by the Board's Director of Finance provided the decommissioning from hospital services, both community and acute-actually happens. Technical documents address this. Costs have been benchmarked. A potential £1.5m of savings is identified as arising from the Localities and Communities proposals. Additional revenue investments for Enhanced Care at Home are included in the plans. (£4.2m is being made available across 14 localities) plus £40m capital is needed. £80k has been allocated to respond on transport issues.

In terms of the non financial risks, the key risks identified are

- disruption to staff
- recruitment uncertainty during transitional phases
- challenging implementation timescales or complex/linked phasing,
- unanticipated increases in demand,
- developing/maintaining effective relationships with partners,
- securing capital funding,
- organisational reputation associated with complex or contentious service changes,
- unintended/unanticipated impacts on clinical services

Appendix 2

Key outstanding issues/concerns for Denbighshire County Council

From the meeting of the Partnerships Scrutiny Working Group on 21st January, and representations from individual members subsequently, the main areas that still cause members real disquiet are set out below.

Transition arrangements ie moving from the existing pattern of services to the new ones. There are a number of aspects to this. Some feel that BCU gave assurances that there would be no closures of existing services until, for example, new hospitals or primary care facilities were up and running. In other cases, there is concern that suitable alternative services will not be available when existing services close (eg it is planned to close Llangollen Hospital (by April 2013) before the enhanced care service in South Denbighshire is operational (by the end of May 2013). It also seems likely that the hospital will close before an MIU service has been commissioned from Llangollen GPs. Similar concerns are expressed about the closure of Chatsworth House- alternative in patient beds would be provided at Holywell and other neighbouring hospitals- but, for example, without assurances that transport issues have been addressed. There is concern that unless provided from the beginning some of the alternative services proposed may not materialise. Communities will be perceived to have managed without. There are also anxieties that the in-patient capacity to absorb needs is not really there (eg in Ablett). The need for a wide-ranging communications strategy setting out the new arrangements is also identified.

Support for carers. The Council raised many concerns in its consultation response about the potential impact of the Board's proposals on family carers. While the proposals acknowledge the importance of carers, and the potential consequences for carers were identified in the Board's Equality Impact Assessment, there are no clear proposals to fund enhanced services. There is anxiety that increased pressure on families may lead to carer breakdown and expectations on the council to fund higher levels of carer support.

Transport and travel. Again, this is an area about which the Council, and many other respondents raised issues. Transport and travel issues are also a major theme identified in the Equality Impact Assessment. The Board has committed £80k to respond to travel needs and made general commitments to undertake further work eg via full transport and access audits. It points out that it cannot be expected to meet the transport needs of all patients. However, widespread concern remains, including those local authorities may be expected to expand provision at a time when WG subsidy for public transport is reducing.

Transferring costs to local authorities. Both support for carers, and transport and travel arrangements, are areas where there is potential for financial costs to Councils to increase as the result of NHS changes. There are other potential areas too- for example increased demand for home adaptations, for disability equipment, travel and social work costs involved in making arrangements for Denbighshire residents in healthcare provision throughout North Wales. While the Council wants to develop integrated services for residents, there have to be negotiations, in a spirit of

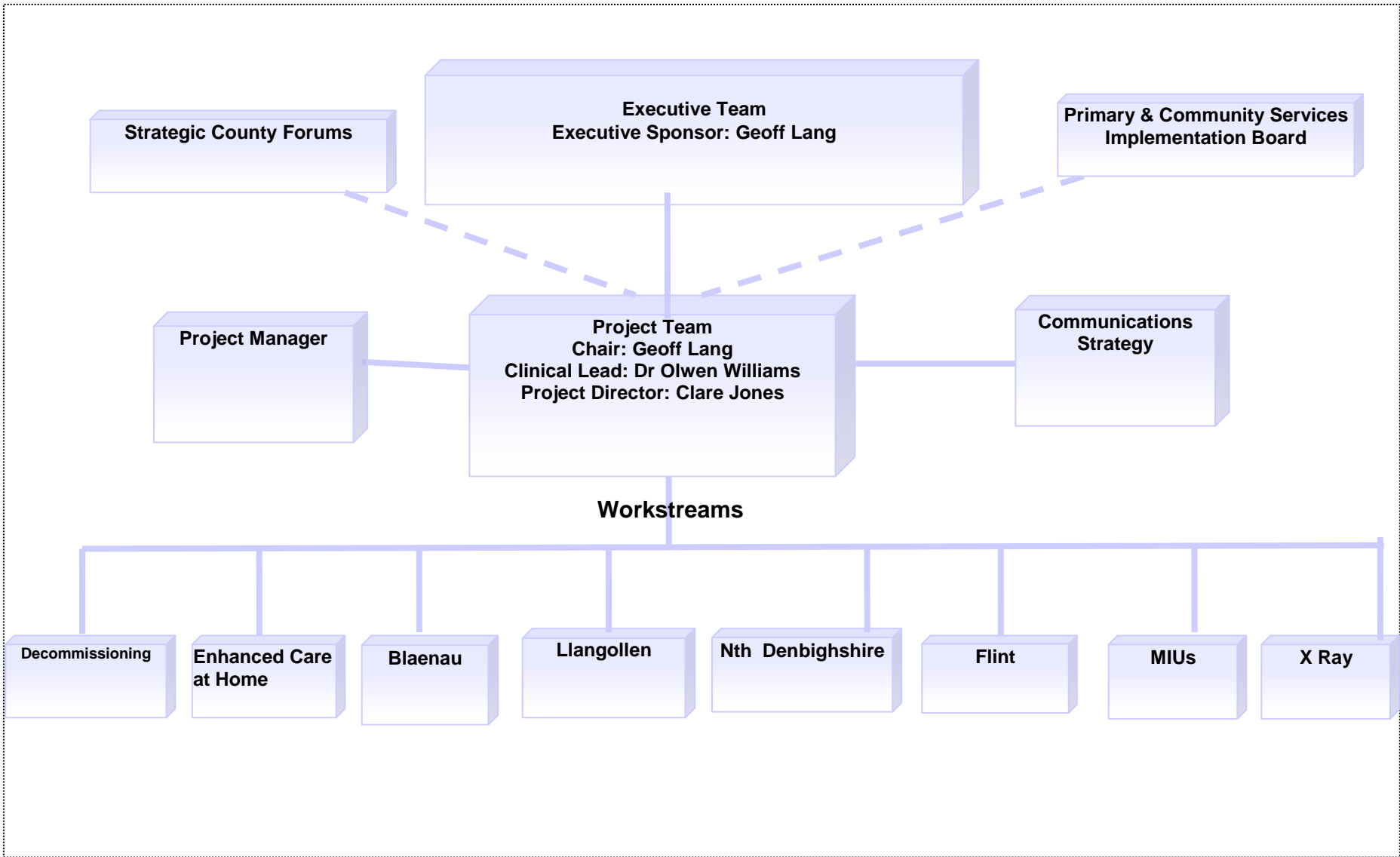
partnership, about how services are to be funded and items like these do not appear to have been fully costed or factored in.

The future of Glan Clwyd Hospital. It is planned that complex vascular services will be focused on a single centre- by 2015. Survey work has shown a preference for this site to be YGC, though further work on an ultimate site is planned. In the meantime, services will focus on 2 sites in 2013- Ysbyty Gwynedd and the Maelor. There is scepticism that a single centre on the Glan Clwyd site will materialise. Linked to this, it is felt that sufficient work has now been done and decisions taken to enable the Health Board to clarify the ultimate blueprint for each of the DGHs. There is still considerable concern that YGC will be “downgraded” and a strong wish that BCU now describes what it will look like long-term to mitigate these fears.

Joint planning. Members are pleased that the Health Board has stated the priority it attaches to joint working with Social Services and local authority departments generally. It is also pleased that the proposal for a County based strategic health and social care forum has been accepted. However, there are concerns, having seen the governance diagram attached as part of this appendix, that the County forums could be sidelined by the very large regional implementation structure. Given that the adult social care budget comprises approximately 25% of local government spend, it is essential that decision-making and financial accountability for these services is aligned with the existing County democratic structures. Further work is plainly needed to make these structures really effective for both BCU and local authorities. Initial terms of reference for a County forum- largely drafted by Denbighshire County Council officers- are attached in Appendix 3.

Change management and risk. The Board’s proposals involve simultaneous changes to multiple services to a very short timescale eg the closure of inpatient beds at 4 community hospitals (Prestatyn, Llangollen, Flint and Ffestiniog) by April 2013- plus the closure of other in-patient facilities to the same timescale- the closure of beds at Glan Traeth, for example. Changes to MIUs and x-ray services are also envisaged to happen within this timescale. The Board papers state that prudent preparations have been undertaken in anticipation of the approval of proposals but that detailed work will commence once the final configuration has been agreed. In some cases, this will have to be done with interim arrangements and transition resource in place. While councillors accept they are not in the position to judge the clinical risks involved in such a widespread and complex change programme, they do know how demanding it is on organisations to be undertaking high profile change across a number of areas and have significant concerns about deliverability.

From Healthcare in North Wales is Changing – Supporting Technical Analysis



Appendix 3

Health and Social Care County Forum- draft terms of reference

Overarching purpose

To shape, agree, measure and monitor strategic health and social care development at County level ensuring a focus on an integrated experience for patients/service users

Objectives

More specifically each Forum will:-

- oversee implementation of changes and joint working models at County level affecting both BCU and local authorities, complementing the focus of Locality Leadership Teams
- tackle the urgent issues and opportunities arising from NHS and local authority service reconfiguration including difficult issues such as developing services for carers, transport and travel
- provide a focus for negotiating early intervention/prevention programmes across BCU and local government
- provide a clear, equitable accountability line for both localities and other key delivery groups through BCU and the local authority
- Inform and exchange information which will shape strategic development and avoid unintentional consequences
- Agree local measures which would evidence achievement of local, regional and national outcomes
- Recommend action which would unblock barriers to strategic development and operational service delivery, troubleshooting where necessary
- Understand the financial environment of each partner organisation and seek for opportunities to maximise efficiencies
- Consider alignment/pooling of budgets and other resources
- Identify and champion opportunities for Integrated working
- Ensure co-ordinated service responses to demographic pressures and national and regional policy initiatives
- Take forward joint workforce initiatives in support of strategic change

Membership level

Members of the Forum need to have the authority and budget holding responsibility to be able to do business.

Membership of the County Forum would comprise:-

For the LA—, Social Services Director, Head of Adult and Children’s services, (this may vary depending on local view and structures) Portfolio Holder(s)

For BCUHB—an Executive Director, senior representation from the 3/4 link CPGs, senior representation from Locality Leadership Teams, Improvement Partnership Manager, Public Health Manager

VSC representation

Meetings to be held at least quarterly and report to the LSB, to local authorities via Cabinet and to BCU.