

Appendix I

Feedback from meeting of council representatives with BCUHB executives on 8th February, 2013

Representatives of the council had a robust, positive and constructive meeting with BCU executives on Friday 8th February. The meeting was attended by all 10 elected members nominated at Council on 5th February, plus DCC Chief Executive and Corporate Director, and by Mary Burrows, Chief Executive of BCUHB, Grace Lewis-Parry, (Director), Neil Bradshaw (Director) and Sally Baxter, (Assistant Director)

Although members are still very unhappy with aspects of the proposals, they got reassurances on others. A series of actions were agreed for outstanding areas:

Capital

On capital funding members noted that £27m of the total £40m required across North Wales for replacement community health facilities is in Denbighshire. The Board, although being optimistic of success, were unable to give cast-iron guarantees that the money required would come from Welsh Government and therefore the local communities in Rhyl, Prestatyn and Llangollen are unable to receive the reassurances they seek. Councillors remain dissatisfied that neither BCU nor Welsh Government will give guarantees of confirmed capital funding and they are worried that at the very least timescales will slip.

The Board explained that the capital regime for the NHS is different from local government and there are judicial reasons why guarantees cannot be given- ie it is not permissible to submit final business cases to WG until public consultation has been completed. However substantial preparatory work (an estimated 70% of that required for a Strategic Outline Business Case) has already been carried out for both the North Denbighshire facility and the Llangollen Primary Care Resource Centre and both are "above the line" ie in the highest priority group in WG's forward capital plan and have been for the last 18 months. The current completion timescale for both schemes is estimated as end of 2015/16. BCU reps said they had a good track record of submitting successful business cases citing those for A and E improvements at YGC and, recently, for the cath labs.

BCU senior management have explicitly discussed the issue of capital approval with WG at the highest level and have reiterated to officials the importance of these commitments to people in North Wales. It was suggested it would be helpful for the Council to write to the Health Minister impressing on her the importance of clear, rapid commitment to Denbighshire schemes. She is the person who has ultimate power of approval.

Transition

In terms of transition from existing services to new alternative services, members were critical of the impact interim services would have on local people. For example, the closure of Prestatyn hospital would mean difficult journeys for local people to Holywell, with relatively poor transport links. They were also critical of the way BCU had communicated the changes citing an example from Llangollen where one part of BCU did not seem to know how changes planned by another were to be followed through. They were doubtful about the interim arrangements and expressed anger that BCU were beginning to implement changes giving only lip-service to the CHC's final response. The result was that the public felt their feelings had not been responded to and BCU had lost goodwill.

BCU reps' explanation was that some existing services did need to close to keep services safe today and allow for preparation for new services. For example, some Minor Injury Units have been suffering from acute staffing issues but services can be more consistent if consolidated on the hospital hub sites. Chatsworth House has been struggling for some time due both to capacity and fire regulations. Having in-patient beds at Holywell was not ideal, but the Enhanced Care Service was already in place in North Denbighshire. In the case of South Denbighshire, Llangollen hospital needed to close to enable staff to be transferred and prepared for the new South Denbighshire Enhanced Care Service (inpatient beds would be provided at Chirk). The interim arrangements were not ideal and members were told BCU were trying to make transition arrangements as short as possible. They said they had a major balancing issue- managing the change had to happen to keep services sustainable while current services had to be kept safe.

BCU said they were not paying lip service to the CHC. However, Health Boards are not precluded from making changes while CHC processes are ongoing. There continues to be very close liaison between the CHC and the Board and the CHC is not raising material objections to many of the changes proposed. If the CHC do refer the plans to the Minister, and the Board's decisions are overturned, then any changes made by BCU will be reversed.

It was agreed that there needed to be more bilateral meetings to maintain dialogue and information flow. These would build on the County health and social care forums which have already been agreed.

Transport

On transport, BCU restated their position which was that they have a statutory responsibility to provide transport via the ambulance service for those that meet eligibility criteria. But they do not have a responsibility to provide transport for everyone. All service areas consulted on had been required to consider transport implications. They are aware that the public transport subsidy to local authorities is being cut. They have had some discussions with local authority public transport planners and community transport organisations and have allocated £80k for work with the voluntary sector. They agreed to work in partnership with public sector organisations to develop a transport plan. Some key routes should be identified for work as a priority eg Prestatyn to Holywell.

Care costs

Members outlined their concerns that moving health services from hospitals into the community would inevitably impact on social care costs. This was not only about the services which had been

consulted on but also applied to others eg Trauma and Orthopaedics and palliative care. They were also concerned about the impact of proposals on carers - both in terms of the additional burden for carers but also that carers would then require additional support services- which local authorities had statutory responsibilities to provide.

BCU stated that they accepted that the enhanced care model could lead to additional costs for social services though they believed there was evidence these costs could be offset through patients being less disrupted and requiring less care than if they had been in hospital.

Approximately 50% of those receiving the Enhanced Care Service receive it as a "step down" from hospital. The Board emphasised that the NHS will pay for all the costs of these patients- health and social care costs- while they are receiving enhanced care. The other 50% of patients receiving ECS do so as "step up" patients ie their GP considers they could receive care at home as an alternative to going in to hospital. Some of these patients already receive a package of social care and there is not yet unambiguous agreement about who should pay for this when a patient then needs the Enhanced Care Service. It has been agreed to undertake financial modelling, across BCU and local authorities, on the impact of ECS so any position can be jointly signed up to.

Agreement has also been reached to gather a common set of data to enable the effects and impact of ECS on health, social care and residents to be monitored and evaluated over time.

In terms of the impact on carers, evaluation has shown that the Enhanced Care Service is popular with carers and BCU have been working to develop a Carers' Strategy arising from the Carers' Measure.

Ysbyty Glan Clwyd

Mary Burrows gave an unequivocal commitment to the future of YGC as a district general hospital. This includes confirming its future as the centre for complex vascular surgery. YGC will perform hospital hub functions but will also maintain core services, providing a range of general DGH and specialist functions. The Chief Executive referred to the range of capital investments (totalling around £100m) already secured at YGC including investments in A and E, theatres and cath labs. They offered for Dr Harborne to come to speak with councillors about mental health services, particularly those for older people and the implications of proposed changes for Glan Traeth and Ablett. BCU reps also agreed to produce a "blueprint" type document explaining what it is planned to deliver from the YGC site in the future.

Neonatal intensive care services

Members received a detailed explanation about the issues influencing the decision to provide neonatal intensive care at Arrowe Park. There was unanimous agreement that the preference of all would have been to provide this service in North Wales but, from the Board's perspective, the clinical and financial evidence indicated this was not feasible. Members accepted the comprehensive explanations given though do not like the decision.

Conclusion

At the end of the meeting, in private session, councillors concluded that

- they were pleased with the reassurances about Ysbyty Glan Clwyd
- pressure needed to be kept up on the capital funding issue- including the council writing to the minister to secure guarantees from WG
- good progress on transport. This needs to be followed through
- little progress made on transition, though greater understanding of the reasons for Board actions. The planned County Forum, with higher levels of member involvement than originally planned, was probably the way forward on this
- the work on care costs and evaluation systems needs to be bottomed out

Members attending the meeting were Cllr Julian Thompson-Hill, Cllr Huw Williams, Cllr Alice Jones, Cllr Stuart Davies, Cllr Pat Jones, Cllr Jason McLellan, Cllr Peter Evans, Cllr Gwyneth Kensler, Cllr Bobby Feeley, Cllr Arwel Roberts