HYWEL DDA COMMUNITY HEALTH COUNCIL

A RESPONSE

TO THE

HYWEL DDA LOCAL HEALTH BOARD'S CONSULTATION

"YOUR HEALTH - YOUR FUTURE"

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HYWEL DDA COMMUNITY HEALTH COUNCIL RESPONSE

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"YOUR HEALTH YOUR FUTURE"

Introduction

This is the Hywel Dda Community Health Council's formal response to the Hywel Dda Local Health Board (LHB) consultation entitled 'Your Health Your Future'. This response provides specific answers to the small number of questions posed in the LHB's formal questionnaire that accompanied the consultation documents, but importantly also provides a more enhanced and broader commentary in respect of the many wider issues that were described within the consultation documents, that will impact upon the communities in the counties of Carmarthenshire, Ceredigion and Pembrokeshire, and which in our considered opinion are not properly addressed within the questionnaire. Essentially there are a large number of questions left unanswered and neither are they addressed in the technical documents. In this respect we would therefore ask that this response be treated in its entirety and not in its component parts.

Importantly we have also learned from our own widespread engagement that there is a clear mistrust of the Hywel Dda LHB almost everywhere across our three counties, in remote rural areas, in villages and within the larger towns across the region. Members feel strongly that you be made aware of this overriding mistrust, but in so doing that you should also understand that this does not reflect on the current healthcare services that you provide, or upon the various interfaces with your many health care staff across hospital and community settings, but rather upon the public misgivings on this whole engagement and consultation exercise.

There is a strong external opinion that this exercise is little more than a token gesture only, and that all of your proposed changes will be implemented irrespective of public opinion and the responses that are submitted in respect of the exercise. We feel that you should be aware of this. We were constantly asked "will the LHB really take any notice of us and our response?" From our perspective it is paramount that you regain this trust at the earliest opportunity; we do not wish to tell you how to do this but would suggest that you utilise the resources of your communications department and others and develop a clear strategy to rectify this perception.

In responding this CHC has sought to gather widespread views from the communities across the entire Hywel Dda region. Members and staff have attended various public meetings and numerous engagement events, spoken with patients, members of the public, a range of public and voluntary organisations, with other stakeholders and with healthcare providers.

We have listened to clinicians and other members of staff and engaged with the LHB in an effort to understand its plans and its vision for future of healthcare services in the Hywel Dda area. Importantly however we are herein responding to reflect what patients and the public have told us in respect of the LHBs plans, and also to indicate what we believe will be in the best interests of patients and the public within this region.

Responding to the consultation and the momentous plans for change that it heralds was not an easy task for many within the public arena. Views on the plans have varied considerably, with personal outlook and often geography determining priorities. Additionally some sections of the public were very vocal and passionate about the proposed changes whilst others were less engaged. Thus, conclusions arrived at within this document are not as simple as approving one option over another. It should also be noted that the scope and complexity of the proposed changes is very substantial and this makes it difficult to quantify subsequent risks as an external organisation.

The Questionnaire – General Observations

This section of our response seeks to address each of the questions within the formal questionnaire and it will also add some commentary to provide context. However, four points need to be raised initially regarding CHC outlook on this topic.

- Firstly, the membership of the CHC is not homogenous in its views. This document represents a 'best fit' in terms of capturing a consensus; however it is the product of earnest debate with a range of views taken into account.

- Secondly, the CHC agrees that all organisations need to change and evolve in order to develop.

- Thirdly, the CHC accepts that all change comes with risk and that if such risk is understood and controlled, then this need not become a barrier to change. However, understanding and balancing patient safety within the existing system, with patient safety in the face of large scale service change, is challenging.

- Finally, the CHC understands that finance provides the fixed parameters for what services can be provided to the Hywel Dda population. With finite resources come finite choices but there is also an established tension between long term planning and short term financial pressures.

Questionnaire Responses

The following are this CHC's responses to each of the questions contained within the formal public questionnaire.

To what extent do you agree or disagree with the proposals to close Mynydd Mawr Hospital in Tumble (near Llanelli) and provide the services currently delivered from there in other ways?

There is a tension between closing this older site and the services provided there with concerns over the adequacy of services planned to replace them. Locally, public opposition to this proposal seems to be strong but elsewhere there is a willingness to endorse the closure with the proviso that demonstrably effective replacement services are in place before the closure begins. It is difficult to distil these views into support or opposition. However, the CHC understands the problems that exist when providing care in older buildings that are not ideal for modern healthcare purposes (although on recent visits it was noticeable that the ward does appear fit for purpose).

Feedback received means that this CHC cannot support closure at this time, nor indeed the loss of any community beds within the Hywel Dda region. In due course however, and when alternative comprehensive facilities are available in other settings to meet these needs, then we would we pleased to reconsider and enter into further consultation. The proposed community resource centre in Cross Hands is unlikely to meet this need.

To what extent do you agree or disagree with the proposals to transfer the minor injuries service at Tenby Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there?

There is a strong local opposition to this closure. The main problem for members discussing this option was the lack of clarity over whether relevant local GPs were willing to provide an alternative service; this uncertainty seems to be shared within the wider community of South Pembrokeshire. We understand that there has been no engagement with the local GP practices to develop an alternative model of care and this will only be done once the consultation has concluded. We find this unacceptable. Accordingly it is our opinion that to close this facility at this point in time would be premature. In the longer term however, if and when there is full provision of an alternative service via GP practices or other provider we would be pleased to enter into further consultation with the LHB and public.

To what extent do you agree or disagree with the proposals to transfer the minor injuries service at South Pembrokeshire Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there?

There is a strong local opposition to this closure. The main problem for members discussing this option was the lack of clarity over whether relevant local GPs were willing to provide an alternative service; this uncertainty seems to be shared within the wider community of South Pembrokeshire. There was additional concern that as an area of deprivation, removing MIU services here could further contribute to health inequalities and lead to higher service need not being met. We understand that there has been no engagement with the local GP practices to develop an alternative model of care and this will only be done once the consultation has concluded. We find this unacceptable. Accordingly we believe that to close this facility at this point in time would be premature. In the longer term however, if and when there is full provision of an alternative service via GP practices or other provider we would be pleased to enter into further consultation with the LHB and public.

Please indicate where you would prefer the Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit to be located.

There are mixed views across Hywel Dda on this particular issue. We have had feedback from clinicians, staff and users of the service, and again public and patient opinion is uppermost in our decision making process. In this respect we do not at this time support the development of a neo-natal level 2 unit in either hospital location. We believe that there is a significant lack of detail and justification for the proposal and that the proximity and facilities available in the adjacent ABMU area have not been fully evaluated. Accordingly it is our view that the existing and effective working arrangements between all hospitals be retained and any further investment monies would be better utilised in bolstering the existing maternity facilities which currently work very successfully. There are also concerns that a neo-natal facility in either hospital could lead to erosion of services on the other hospital sites. Additionally we believe that patient choice must also remain intact and that the population of east Carmarthenshire in particular should continue to be allowed to access these particular services in the adjacent ABMU LHB region as at present should they so desire.

If it was only possible to provide inpatient paediatric services at Bronglais Hospital in the north and one hospital in the south, please indicate the hospital where you would prefer services to be provided in the south.

We fully recognise the challenges in relation to recruitment and retention; however we consider this a hypothetical question which is inappropriate to answer at this time. If and when a situation materialises in respect of paediatric service provision across Hywel Dda, whether this be provided at one, two or three locations, then we would demand further formal consultation at that time.

Which is/are your preferred Option(s) for Emergency Services?

We support the retention of full A&E services at each of the 3 existing district general hospitals. We are also strongly opposed to any further diminution of emergency care services at PPH Llanelli. We believe that more robust consultant/doctor led A&E facilities should be reinstated there at the earliest opportunity given the town's large population, the wide catchment area, plus associated areas of deprivation. We note the significant public support for such a facility in the town, including a petition with in excess of 30,000 signatures plus the support from local councils. Importantly we are also cognisant of the strong views expressed by clinicians in the hospital and also of the GPs who support this service currently and who believe that any lesser service will be unsafe. In these circumstances we are of the considered opinion that PPH should now have a full range of A&E facilities comparable to the services provided within the other 3 hospitals in the region.

We would separately stress that there must be equal service provision across each of the three hospitals that have major A&E facilities and that there must not be any 'first among equals'. Should the situation change due to staffing shortcomings or other circumstance which would negate this equality, then we would demand a further consultation. In responding in this manner we would stress the importance of A&E facilities within Pembrokeshire in particular in recognising COMAH sites, gas fired power stations, and a major port including 2 ferry terminals, and in Bronglais recognising its strategic location and widespread catchment area.

Please indicate where you would prefer the Orthopaedic Centre to be located in the south?

There is a lack of clarity on this topic within the published documentation supporting the questionnaire. Differing messages are being communicated verbally at public meetings. We need to understand what are the existing arrangements within each of the 4 hospitals and what will differ within 3 of them should a centre of excellence be developed. Importantly we would want the LHB to give assurances regarding trauma, fractures etc. at the hospitals which will not have the centre of excellence for orthopaedics located there. Accordingly we would seek a separate consultation on this topic.

Commentary

1. There are positive aspects of *Your Health, Your Future* which should justifiably be celebrated. There is evidence that lessons have been learned from the Listening and Engagement process in terms of :

i. Improving the interaction and communication channels between the Health Board and the public

ii. A more strenuous set of strategies to 'win hearts and minds' by greater transparency and willingness to involve a range of opinions from different groups.

There is also evidence of a certain amount of re-thinking about (network-based) patterns of future provision which are, in theory at least, more flexible, accessible, community-based and outcomes-oriented (and with an eye to quality and safety) than models proposed earlier. The net result has been that some trust has been established with some sections of the population (starting from a near zero base). There is some general recognition that, although still aspirational, the Consultation document reflects feedback, analysis and a generally sensible 'rural' model with some elements of 'urbanity' which may theoretically serve the interests of this large, heterogeneous area with its variously clustered, often very scattered and increasingly elderly populations.

2. However, many difficult and challenging questions have not been raised, or, if they have been raised, have not yet been satisfactorily or convincingly answered. The question of trust in the LHB, as previously mentioned herein, is therefore still a live issue.

3. The CHC position, as set out earlier, is a reflection of the many enquiries, concerns and issues raised by members of the public in the three CHC localities that comprise the Hywel Dda Health Board area. Whilst contributing individuals and groups have been strongly encouraged to articulate their views to the Health Board (LHB) themselves, using the various conduits of the Consultation questionnaire and public events etc. on offer, it is clear that many members of the public prefer to articulate concerns and issues to CHC members (face-to-face or by letter or e-mail), whom they know informally in their own Localities and whom they trust, rather than use the LHB's dedicated communication channels. It is also the case that there has been some frustration that the Consultation questionnaire, presented as a 'preferred choice', for feedback, does not address all the issues which people wish to raise (notwithstanding the 'Further Comments' boxes); others fight shy of speaking at public events or even participating in smaller group sessions with LHB members; others know or care little about services, venues and issues which are outside their specific and immediate localities/communities. There are well rehearsed reasons why people may have these preferences and hesitancies.

4. We set out below, therefore, a number of substantive areas which:

i. may fall outside the 'territory' covered by the Consultation questionnaire

ii. may be seen as 'operational', 'yet to be discussed', 'part of the future (Implementation) agenda' (to quote a distinction offered by a member of the LHB) – in other words, not appropriate areas of discussion under the aegis of 'Consultation'.

iii. were issues raised at the Listening and Engagement phase but have been 'carried over' (and according to some views) not appropriately or only minimally touched upon/discussed at this all-important 'yellow amber' stage of the Consultation. (Whilst the CHC understands that the 'agenda' at each stage of a consultation is largely legally defined, our communities and those who wish to have their voices heard are not similarly constrained).

Below are examples of each of i. - iii.

5. <u>Care Closer to Home</u>

This describes a locality-based planning and delivery model, with care resources integrated into community care teams and services/resource-centres and introduces the concept of community virtual wards. However, this is a major and crucial part of the HB's vision of the future involving a sea-change in staff working practices, contracts, planning and delivery modelling, training, retraining, changed quality assurance procedures and safety considerations, effective networking, partnerships, communication, interdisciplinary and inter-agency team-working and the purchase and use of advanced technology.

There is, disappointingly, insufficient information in the Consultation document that unpacks the whole notion of care in the community and about the seamless pathways from hospital into primary and community care that are envisaged.

The public is loud in its questioning of how this will happen and particularly about the experienced discrepancy between current reality and the vision held out in the Consultation document. (Ceredigion, e.g., has long suffered from a history of bed reduction with no discernible increase in community services).

The public wonders whether GPs have the will, capacity or finances to provide the extra work and services this plan requires; there are worries about the definition of 'Localities' i.e. 'of a population size which enables effective and efficient delivery of community services' which is an unclear and unhelpful statement as far as addressing the needs of very rural and remote communities (individuals living in the Hywel Dda area or catchment areas beyond., including those who look to the Bronglais service area from neighbouring Boards/Local Authority areas); the concept of the virtual ward is still puzzling to many, as is unrecognizable the statement 'community virtual wards are currently being embedded within community services'. Finally, it is understood that access works both ways: if service providers 'come to communities' rather than the other way round, these community staff will themselves have large distances to cover between patients, which has knock-on effects for resource use in terms of time, money, effectiveness and outcome.

6. The LHB will no doubt argue that these are 'operational' issues but they are, nevertheless, at the heart of many of the questions that the CHC is currently fielding.

7. Similarly, the CHC, on the part of the public, has to ask questions about the intended role for the carer, the patient and the community. It was pointed out in the CHC response to the Listening and Engagement document that there has been no serious consideration given to capacity building within the community (which needs to be part of the initial concept and early planning). How is the sea-change to be effected for the public? How is health status and life-style behaviour to be changed to embrace and make possible the ideas about self-care, self-monitoring, preservation of health and well-being and being an active participant in partnership with health and care professionals? Where do public health initiatives fit in? Community cohesion and engagement, through, inter alia, the Third Sector, is the other side of the coin to closer service integration. These issues have not been properly addressed in the Consultation document and are fundamental issues being raised by (often very well-informed) members of the public.

8. The match between the 3 questions in the questionnaire about community care and the content of the Consultation document, is poor: there are 31 pages of text before reaching the questions on 'Community Services and Primary Care.' These questions are confined to one community hospital near Llanelli and minor injuries services at Tenby and South Pembs Hospital. (This is a psychological 'turn-off' for questionnaire respondents in other parts of Hywel Dda and has been a disincentive to completing the questionnaire: ('not relevant to me''!). The limited scope of the questions does not do justice to the 'Care Closer to Home ' section (and although the LHB offer legal reasons for this, this is not a satisfactory situation for the expression of public opinion on this aspect of the Consultation.

9. There is currently a great deal of unease across the communities in the context of emphasis on/the shift towards community care. Much discussion has to date been focussed on hospital provision, albeit in a proposed changed form. Many feel that the detail and planning for change in the community should bear equal, (if not greater) weight with that of hospital provision, particularly with an ageing population and increasingly large vulnerable groupings (particularly in the mental health and learning disability and impairment areas). The current standard and quality of community services is noticeable in its patchiness across Hywel Dda: the implementation of cross-sector service integration poses large resourcing, training, contractual and governance issues which people wish to raise now at this Consultation phase. These are the same issues which underlie the integration and desirable increase of public health campaigns, more improved health education/promotion, intersectoral work (health, social services, voluntary services, education through schools etc.). They come down to planning and delivery of a shared, integrated provision, safe and readily accessible. Beyond this are wider issues still such as rural health awareness; planning and delivery cannot be considered in isolation from social, economic, transport, housing and social care matters. These are not within the scope of the LHB's Consultation agenda but very much issues in the public consciousness and in the questions currently being asked.

10. These questions offer a good argument for a further Consultation to be launched around 'Care in the Community' in which the LHB addresses, and would be seen to address, the many complexities and challenges inherent in this vision, with some practical 'ways forward'.

'Operational, not Consultation Issues'(?)

We raise these under four headings:

- Safe and accessible?
- Feasible?
- Affordable?
- Sustainable?

We note the Ministerial Guidance (on Consultation) 'It is not necessary to consult formally on every change that is required. Some changes can be taken forward as a result of effective engagement and widespread agreement' (para 4 p1). We also note that Listening and Engagement respondents were indeed supportive of care closer to home though it is clear that not all elements of the strategy have been brought forward for Consultation. Equally clear is the reality that our public needs reassurance, in the face of distrust and scepticism that both primary/community-based and hospital- based services must comply with the safe and accessible, feasible, affordable and sustainable criteria (these criteria and associated weightings are, in fact, set out in the Consultation document p.13). The questions asked of the CHC also link to the 'protected categories' groups (Equality Impact Assessment, also p. 13) and in turn to equity of provision across the LHB area. Thus the importance of these dimensions cannot be underestimated and are of great concern to patients and the public throughout our localities. Below are prime examples of issues and questions raised under these headings. Comments in italics have been made by members of the public who attended LHB public meetings. We have evidence that other locality-based discussions mirrored the same general concerns across Hywel Dda.

Equitable Access

The LHB has tried to address the complex issue of fair and safe access through linking its proposals for improved transport services and its care-closer-to-home proposals. However, the questions remain about equal access, rurality, distance, the 'golden hour' or similar, funding for carers and volunteers, integration of transport services and systems, an ageing population, isolation and suitability of some homes/domestic settings for care-based work.

Within this category of equitable access there also remain issues upon patient access to healthcare services that are provided elsewhere outside of Hywel Dda; patient choice needs to remain intact as referred to elsewhere in this submission, and patients in all localities should continue to be allowed access to all services and specialities in the adjacent regions as at present should they so desire.

Feasibility

Is the consultation plan deliverable or merely aspirational? How much can be achieved in the current economic climate?

How do we know that the LHB has the support of the GPs? How, exactly, will the seamless progression of patients between primary and secondary care be achieved in practice?

Can Social Services and the Third Sector ensure that the necessary resources for community-based care are available? '*There is no reference to nursing homes and the private sector. We cannot deliver adequate care without them'*.

Sustainability

Can the plan as outlined not only be implemented but sustained in the longer term? *'How will the reduction of doctor training places from the Deanery and the lack of joint working between clinical teams impact e.g. on sustainability? Will the networking model iron out the inconsistencies that currently exist in relation to consultant appointments having a specific base? Why is there still a lack of clarity about which services will be (remotely) consultant-led and which will be consultant-delivered, and the associated venues/timetables?'*

Affordability

There is no overall Business Plan is indicated and detail is lacking as far as the public is concerned. 'The devil is in the detail' is an oft- repeated reaction to the Consultation document. People are worried by the apparent capriciousness, unsatisfactory and often unexplained closure of wards, staff changes and unplanned patient movement.

There have been several recent examples of bed closures across the region in both acute and community hospitals and often without dialogue and discussion. Accordingly the public are sceptical with the promise that further beds will not be lost until replacement services are in place.

How can a seamless provision of health and social care from different departments/sectors be achieved when they each continue to defend individual budgets?

The document does not state how the LHB plans to work strategically across three counties whose populations currently access services from Hywel Dda, or whether there is sufficient communication between Hywel Dda and other Health Boards such as Betsi Cadwaladr and Powys. A growing conviction in Mid-Wales is that:

'*There needs to be a different approach to the governance of the NHS in Mid Wales. Ideally, a HB designated region that is more accountable than at present.'*

These are anxieties about the costs of community care and the training requirements. The support provided to people through the voluntary sector is seen as invaluable. The additional recruitment of low-grade support assistants, however, raises issues about whose training, whose standards, who regulates and where lines of accountability will lie. Some counties (particularly Ceredigion) are starting from a low level of community care provision. How will the personnel and resource deficit be addressed in the context of a shrinking public sector budget? Where will funding for the Third Sector actually come from?

How will enhanced support for patients leaving hospital be addressed? Some of these issues link directly to previously raised issues of safety and accessibility.

'My main concerns are that the services for a Mid Wales rural community are being moved to South Wales leaving our rural community with a reduced health care facility and larger distances to travel for some health care services.'

'If the elderly or those who live alone are being treated far away from family and friends, what provision is being made for washing? I don't think being in a hospital gown for any length of time would lift morale and aid recovery'.

'I am concerned about the history of older people having to be treated further away from [….hospital] if they have no family members or no family at all who will visit them? Friends their own age may not drive or may not want or be able to undertake the journeys of one and a half or two hours. I have always understood that keeping patients positive helps the healing process and visitors contribute to that attitude'.

'It is essential that it is appreciated that it is not just the distance, but the lack of adequate transport provision – bad roads that means that [….hospital] has to have full A & E provision.

The bad roads mean that parents expecting children worry as to where their child may be born. While it is appreciated that full service in Glangwili might be an improvement, however, even travelling <u>that</u> far is a cause of worry.

Conclusions

Clearly, although these foregoing quotations have local resonance and some particularity, there are also general messages here and a consensus emerging across Hywel Dda communities that much more detail needs to be shared with the public and more attention given to the demonstration of equity. There is a need for equity of provision across all of our large rural area, but which also recognises the larger higher density conurbation in the south east of the region.

The proposals describe a sea change in the way health services and patient care is provided. They do not yet adequately or comprehensively address the major queries that were detailed by the CHC (and other representative bodies) and the public at the Engagement stage earlier this year, nor do they address how the necessary culture and behavioural change on the part of staff, carers and patients, is to be achieved.

Demonstrably, there have been a number of positive changes as a result of the Listening and Engagement process, the most significant being the model of health care now being proposed and the principles underlying it. We hope that the vision and aspirations offered in the Consultation document are feasible, deliverable and sustainable and that they are accessible, safe and of the highest quality.

In providing this CHC response based initially on the Consultation questionnaire, and then foregrounding the other, wider and frequently-asked questions passed on to us (by varyingly engaged publics), we, the CHC, hope to continue to work in constructive partnership with the LHB to achieve equity in health, well-being and care for the diverse communities we serve. It is recognized that this will be challenging for everyone within the current economic climate; the change process, its management and interim transitional arrangements will also be challenging. Sensitive and effective use of resources, intelligent management systems (communications, training/support, finance, strategy, partnerships etc.), together with public trust, goodwill and enhanced community involvement, infrastructure and capacity- building can turn challenge into positive opportunity for progress and improvement.