



BRIEFING FOR HEALTH & SOCIAL CARE COMMITTEE THURSDAY 11 OCTOBER 2012

1. Background

Hywel Dda Health Board recently launched a consultation on its Clinical Services Strategy, which will run from 6 August – 29 October 2012.

The purpose of the consultation is to seek public and stakeholder views on our proposals for the future of healthcare in our area and follows an extended period of clinical, stakeholder and public engagement (see Section 4 below).

The Health Board's vision (See Section 2 below) is to:

- Improve health and wellbeing for all
- Move from a sickness to a wellness service with a focus on chronic disease management and the demographic challenges we face
- Deliver quality healthcare in the most appropriate setting with care provided as close to home as possible
- Have person-centred, high quality, safe and sustainable hospital services that meet the needs of our population
- Be recognised as Wales' leading integrated rural health and social care system

Our consultation is a response to the over-arching strategic direction in Wales and has taken into account of *Together for Health: A Five-Year Vision for the NHS in Wales (2011)*; *NHS Wales: Forging a better future. A report by the Bevan Commission 2008 – 2011 (2011)*; *Our Healthy Future (2009)*; *Rural Health Plan – Improving Integrated Service Delivery Across Wales (2009)*; *Setting the Direction: Primary and Community Services Strategic Delivery Programme (2010)* and a number of other all-Wales strategies (see Section 3 below).

Our plans have been discussed with the National Clinical Forum on two occasions with the most recent in June 2012 (see Section 5 below).

A number of key pieces of evidence are submitted in bilingual format with this briefing:

- Consultation Document
- Summary Consultation Document
- Questionnaire
- Presentation of our strategy (DVD format)

Each section of the brief will refer to the relevant section in the main Consultation Document.

The consultation is supported by a series of Technical Annexes, which analyse current and future service delivery across all aspects of healthcare. These are substantial documents and are not included with this submission but are available in bilingual formats at www.hywelddahb.wales.nhs.uk/consultation - along with details of our consultation plan and other consultation resources.

2. Key Principles

Our aim throughout the process has been to ensure that we can provide our population (and the populations of other Health Boards who access our services) with high quality, safe and sustainable services that meet the needs of local people. (*See Consultation Document: Introduction and Setting the Scene*).

We need to address the challenges we face. The process has been clinically-led and we considered a number of options before reaching a conclusion on those that have a clinical fit and are deliverable (this is covered in more detail in the *Consultation Document: What we have done so far* section).

In terms of sustainability, a key challenge facing the NHS in Wales is recruitment and training of Doctors – particularly in Emergency Medicine and Paediatrics (these issues are covered in the *Consultation Document: Hospital Services* section).

A financial overview is contained within the Technical Annexes (Background and Introductions) and in the *Consultation Document: Making every penny count* section.

Following agreement with key clinicians and stakeholders, including the Community Health Council, we adopted the following criteria to assist in developing options:

- Quality and Safety
- Workforce
- Accessibility
- Deliverability
- Strategic Fit
- Health and socio-economic impact (including equality impact)

3. Alignment

3.1 Together for Health

Our vision is fully aligned with the Minister's strategic direction as identified in the Welsh Government's 5-Year vision for the NHS: *Together for Health*, (November 2011).

Our objectives are:

- to provide 80% of healthcare as close to home as possible with a significant element being provided in a primary and community setting
- ensuring our acute services are of the highest standards and sustainable
- having a focus on improving the health of our citizens and to support this aim we have made 10 pledges to the local population:

In 3 years time we will:

- Help 12,000 people to lose weight
- Help 5,000 people to stop smoking or prevent from starting
- Help prevent or stop 7,500 people drinking to excess
- Increase by 20,000 a year the number of people treated in a community setting that would have previously been treated in hospital

In 5 years time we will:

- Help prevent 200 people a year from developing heart disease
- Ensure, wherever possible, that no one with a known Long Term Condition is admitted unexpectedly to hospital with that condition
- Reduce the number of people dying from cancer by 100 a year
- Help prevent 125 people a year from suffering a stroke
- Double the number of mothers breastfeeding their babies from birth up to 6 months of age

In 10 years time we will:

- Increase life expectancy by 3 years in the areas with the lowest life expectancy and improve quality of life for all

Our strategy builds on these pledges and focuses on developing care closer to home, improving access to the wider primary care team and addressing the transport issues our rural geography presents.

3.2 Local Views

We take into account the views of our population but our role is to ensure the services we provide are clinically safe and appropriate, sustainable, equitable in terms of access and of the highest quality.

Our services (whether provided or commissioned) must meet the needs of our population and we must plan their delivery taking into account demography, Royal College Standards, workforce availability, deliverability and affordability.

This means that we will never be able to provide all the services that our disparate population might want.

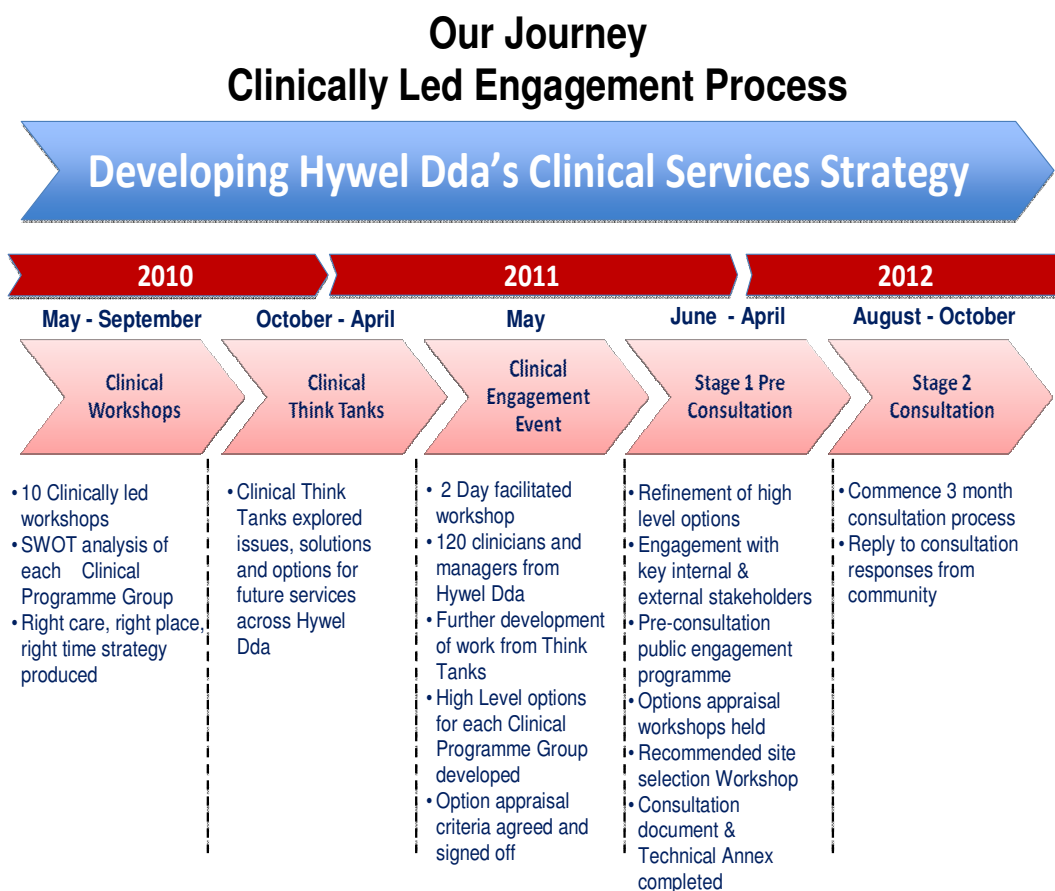
However, our vision does include the repatriation of some services, and a commitment that where patients need to travel for care they are repatriated to a local setting as soon as they are fit to travel.

Our engagement process has shown us that a significant proportion of our population support the move to more care closer to home, that quality and safety are paramount and that we make best use of the resources we have. However, there is an equal split in terms of supporting specialised services on fewer sites or not (see *Consultation Document: What we have done so far* section).

4. Consultation Process

We have carefully followed the Ministerial Guidance: *Guidance for Engagement and Consultation on Changes on Health Services* - issued in March 2011, which describes a two stage process for consultation and the Board has assured itself of compliance at each stage.

The diagram below describes the process of engagement and consultation undertaken between April 2010 and the launch of the consultation in August 2012.



This process has aimed to be robust, comprehensive and inclusive and the listening and engagement period and consultation plan have been assured by the Consultation Institute (recognised experts in the field of consultation). We have aimed to be innovative and have also adopted best practice, wherever possible.

4.1 Analysis of Responses

During an extended period of engagement with our citizens (December 2011 – April 2012), we invited feedback on our vision.

We commissioned an independent company – Opinion Research Services (ORS) – to collate and analyse all the feedback and publish the findings. This report and a subsequent appendix can be found at www.hywelddahb.wales.nhs.uk/consultation and the process is described in more detail in the *Consultation Document: What have we done so far (the engagement and consultation process)* section.

A similar process has been adopted for the consultation period where once again there will be independent analysis of the feedback received.

4.2 Impact on Plans

Our consultation document reflects on specific issues raised during the engagement phase. These include transport (see *Consultation Document: Addressing the issue of transport* section); a section specific to Prince Philip Hospital; and the reasons for some speciality services not being on site.

The engagement process highlighted some specific issues:

- Bronglais Hospital – the original options included a range of proposals to centralise services away from the site. As a result of the feedback received – and in recognition of its unique location and strategic importance – these options were removed from the final consultation preferred options I.
- Emergency services in Prince Philip Hospital - the options put forward for consultation were adapted to include a consultant led Emergency Medical Admissions Unit and maintain the medical take on the site, neither of which were- in the original option.

Any alternative suggestions for service configuration put forward through the consultation must be safe and sustainable, deliverable both in terms of finance and medical staffing, and supported by our own clinicians. Should such alternatives be made we would undertake a revised options appraisal process (see page 13 of the Consultation Document), which would be considered by our planners and clinical teams before making final proposals to the Board.

5. National Clinical Forum

The Health Board has presented to the National Clinical Forum on two occasions:

- December 2011 – where a number of potential issues were identified, particularly in relation to the sustainability of some medical rotas.
- June 2012 – where the Forum indicated broad support for our plans. The Forum found that the proposed options for consultation were clinically appropriate and safe, and was encouraged that our ideas had developed from the December 2011 meeting, with a significant focus being afforded to out of hospital services.

6. Next Steps

The consultation will close on 29 October 2012 and, following a period to consider the feedback and whether there are alternative solutions, the Health Board will approve the final options for implementation.

Implementation will be incremental with a robust gateway mechanism in place under the guidance of an Implementation Board, with Clinical Programme Groups (CPGs) designing the service pathways.

We will continue to involve our citizens in the development of pathways with a "Patient's Council" as an integral element of the gateway process and with members of our engagement scheme (Siarad Iechyd/Talking Health) embedded in the CPG process. (For more details of this scheme visit www.talkinghealth.wales.nhs.uk).

Our vision is predicated on elements of capital development and the associated timeline.

More detail is contained within the *Consultation Document: How we will deliver the changes* section.