

BCUHB

'Healthcare in North Wales is Changing'

Briefing Paper for Flintshire LA – October 2012

Introduction

The following paper provides an update to some of the key issues and queries raised from the Council during the consultation on 'Healthcare in North Wales is Changing'. Given the Council's specific interest in the community services component of the consultation proposals, this paper concentrates on those aspects.

The information provided is intended to give further contextual background to the Health Board's proposals to inform the Council's consideration of its formal response.

This is supplemented by further information in the attached 'Q&A' sheets, and additional papers produced by BCUHB.

Strategic Aim

The proposals set out in our consultation aim to deliver a shift in emphasis in services, bringing a greater emphasis upon earlier and more comprehensive support to individuals in the community. We believe that this will not only offer a service which will be valued by those who use it, but will also strongly support the joint goals of the Health Board and the Council as set out in 'Good Health, Good Care In Flintshire 2011-2014', by promoting independence and enabling people to live in their own homes for longer. The proposals for Older Persons Mental Health Services and Community Services explicitly support the joint strategy.

Focus on Community Services

During the consultation some concerns have been voiced that there is too much focus on changing community based services, and that those services provided from acute hospitals, in the main, appear to be untouched.

The focus upon changing community services to make them fit for the future is quite deliberate. We need to ensure that the services provided in primary care and community settings have the capacity to support individuals and reduce our traditional reliance upon hospital inpatient care, where this can safely be delivered in other settings. The proposals we have set out will assist in delivering the 'Triple Aim' of improving population health, improving quality, safety and patient experience, and controlling or reducing costs

The current service provision across North Wales is not sustainable and the case for change is set out in detail. We believe that we have to change the way services are provided to meet the challenges that face us, ensuring that Flintshire has the services and facilities to best meet the needs of the whole population, now and in the future.

Enhanced Care Capacity

On a number of occasions questions have been asked regarding the modelling which sits behind the Enhanced Care service as this is a significant element of our proposals. We have based this modelling upon our experience to date in North Denbighshire, and adapted the expected activity levels to reflect the differing age structures in each locality.

The Enhanced Care team in North Denbighshire currently support 300 episodes of care a year. Adjusting this for the differing proportion of older people across the 14 localities in North Wales, we expect that Enhanced Care will provide approximately 3366 episodes of care across North Wales. For Flintshire localities the data is as follows –

North West Flintshire: 163 episodes of care

North East Flintshire: 249 episodes of care

South Flintshire: 230 episodes of care

If this care were to be delivered in hospital settings it would be equivalent to around 25 inpatient beds (community and acute). As will be seen from the figures above this significantly outweighs the proposed changes to community hospital beds in Flintshire, with the balance representing a shift of care and resources from the acute sector into the community. Over time we would expect this level of activity to rise as confidence builds in community based services.

Future demand for services

Changes in demographics, particularly an ageing population will present new challenges to health and social care services. We have examined the potential impact of population change, alongside evidence based models of care, and best practice in terms of hospital efficiency. This demonstrates that there is further scope, beyond our current assumptions, to deliver more care if we have the correct balance between community and hospital services. By investing significantly in Enhanced Care we will be in a better position to meet these future demand pressures in a way that promotes independence and well being within the population of Flintshire.

Financing Enhanced Care at Home

A finance briefing paper has been published to provide further detail in relation to the proposals being consulted upon. This is attached for information.

The paper shows a total investment in Enhanced Care at Home across North Wales of £4,452m. This investment is financed through the savings released from changes to community hospitals and services across North Wales and additional

savings generated from the acute sector as a result of reduced demand for hospital beds.

The cost of the Enhanced Care at Home service in Flintshire will be approximately £900K. This will provide for additional health staffing in nursing, pharmacy, therapists and support workers, as well as contracts with GPs. Resources will also be allocated to support social work capacity and voluntary sector contributions

Financial Challenges facing the Health Board

For a decade, up to 2010, there was record increased investment in the NHS. This has now stopped. Funding is now expected to remain at a constant level which means a real terms reduction when compared to inflation and other cost increases. We expect this to continue for at least three years. For 2012/13, the funding allocations have remained broadly static compared with 2011/12.

Against a budget of £1.2billion for 2011/12, we have therefore had to set a savings target of £64.6million, which includes new inflationary and service pressures of £40.3 million.

The Health Board is actively managing schemes to bridge this savings gap, without compromising the quality and safety of our services. All proposed savings schemes are scrutinised to assess any clinical or financial risks so that we can ensure that safety and quality of service are maintained. Key areas include:

- workforce redesign as we develop and modernise services;
- procurement of consumables and equipment;
- productivity and efficiency, setting and pursuing targets including length of stay in hospital, bed occupancy rates, making maximum use of operating theatre time and increasing the proportion of patients we can treat as day cases;
- energy efficiency, including the rationalisation of our estate.

Whilst we have to ensure that the proposals included in 'Healthcare in North Wales is Changing' are efficient and affordable, these changes are just as much about ensuring services are safe, sustainable and of the quality they should be. They are one part of the overall financial planning of the Health Board and should be seen in this context.

Impact of Proposals on Local Authority Costs

Most people would chose to stay in their own homes wherever possible, and evidence shows that maintaining independence contributes to the health and general well-being of individuals.

Health and Social Care services, as well as Housing, Transport and Leisure Services must all continue to work together to ensure that we can jointly best meet this priority.

In relation to the proposals that BCUHB are consulting on there are some concerns that by caring for more people in their own homes rather than hospital, this will shift costs away from the NHS and onto Local Authorities – particularly Social Services. This suggestion has been voiced, in the main, in relation to the development of the Enhanced Care at Home service.

The funding of the developments in community services, such as Enhanced Care at Home is dependent on shifting resources from other services and buildings as explained earlier, and is affordable within that context through reduced reliance upon inpatient care.

The Health Board will fund the full additional costs of any enhanced care package for the total period that the patient receives this care. There is no additional cost to Social Services.

If a patient is already receiving some form of social home care either funded by themselves or their Local Authority, this continues under the same arrangements, alongside the enhanced care package. This is as currently in place in North Denbighshire and Anglesey, and ensures no disruption to the patient's usual home care arrangements.

Cross Border Services Provided by English Trusts

Whilst not the specific subject of our consultation proposals we have heard a number of concerns regarding access to services in England.

BCUHB continues to commission a wide range of specialist services from English Trusts, particularly in the North West. Patients from Flintshire and other parts of North Wales can therefore continue to be referred for specialist treatment in England where this is clinically appropriate.

BCUHB also recognises the important role that the Countess of Chester has in providing acute services, particularly for Flintshire residents. BCUHB are committed to continuing to provide access to services at the Countess of Chester in the future and GPs will continue to have discretion to refer to the Trust.

However, we are committed to developing local services in Deeside and have worked closely with GPs in the area to introduce new outpatient services. Our clinicians have introduced new services in Deeside hospital to support the local population and to provide services closer to home for patients. We are also prioritising the development of services in Deeside Hospital where we know of unmet demand such as for pain management and rheumatology.

We continue to invest £27million with the Countess of Chester Hospital to deliver services to our population. We are working closely with colleagues in Chester to ensure that we manage within the £27million contract and to ensure that the population receives the care they need from the available resource. By providing local services in Deeside Hospital this helps us manage the increase in costs for other services provided by the Countess within the contract that we have with them.

Carers

BCUHB recognises the very important role that carers have, and in responding to the Carers Strategies (Wales) Regulations 2011, is working to ensure earlier identification and support for carers, and enhance existing service provision to better meet the needs of carers. These regulations require each Local Health Board in Wales and the Local Authorities to work together in preparing and publishing a strategy setting out how they will work together to assist and include carers in the arrangement made for those they care for.

The North Wales Carers Leads Strategic Group (NWCLSG) was set up in January 2011 to work in partnership to ensure an integrated approach to the development of the North Wales Carers Information Strategy. This partnership consists of BCUHB and Local Authority Carers Leads and various Third Sector Carers Organisations.

As part of the review of Community Services the BCU Board has already acknowledged the importance of continuing to work closely with Social Services in identifying carers and supporting their needs. The important role of carers is also highlighted in the BCUHB/Public Health Annual Report 2012.

The consultation meetings and feedback to date have clearly highlighted the specific needs of carers and concerns as to how these are best met in the future. More work is required in this area in line with our responsibilities under the Measure. This will be fully considered by the Board in making its final decisions in relation to the proposed changes.

Transport

Appropriate, reliable access to public transport is a multi-agency issue. BCUHB will continue to work with Local Authorities and local community transport providers to explore and agree how they can best support transport to NHS sites.

This may be by agreeing with public transport providers to change schedules and routes and also to see how a community transport provider can best provide transport. Community transport providers already provide transport to people accessing NHS services so we need to raise awareness of their current services as well as potentially commissioning them to provide some specific additional transport. The Health Board has set aside resources in its plans to support community transport services in responding to new needs arising as a result of these changes.

The need to address issues of transport has come through very strongly in the consultation and the Board will need to consider this in greater detail when it makes its final decisions in December.