

**Barry Davies LL.B (Hons)**  
**Solicitor/Cyfreithiwr**  
*Head of Legal and Democratic Services*  
Pennaeth Gwasanaethau Cyfreithiol a  
Democrataidd



**TO: ALL MEMBERS OF THE COUNCIL**

Your Ref /  
*Eich Cyf*

Our Ref / *Ein Cyf* TW

Date / *Dyddiad* 01/04/2009

Ask for / *Gofynner am* Mike Thomas

Direct Dial / *Rhif Union* 01352 702324

Fax / *Ffacs*

Dear Sir / Madam,

A **SPECIAL MEETING OF THE FLINTSHIRE COUNTY COUNCIL** will be held in the **COUNCIL CHAMBER, COUNTY HALL, MOLD** on **TUESDAY, 07 APRIL 2009** at **14:00** to consider the following items.

Yours faithfully

Assistant Director (Democratic Services)

**AGENDA**

1. **PRAYERS**
2. **APOLOGIES FOR ABSENCE**
3. **DECLARATIONS OF INTEREST**
4. **N.H.S. REFORMS IN WALES**  
The joint report of the Chief Executive and Director of Community Services as submitted to the meeting of the County Council on 31st March 2009 in enclosed.

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The Council welcomes correspondence in Welsh or English  
Mae'r Cyngor yn croesawau gohebiaeth yn y Cymraeg neu'r Saesneg

**FLINTSHIRE COUNTY COUNCIL**

**AGENDA ITEM NUMBER: 13**

**REPORT TO:**        **FLINTSHIRE COUNTY COUNCIL**  
**DATE :**             **31 MARCH 2009**  
**REPORT BY:**      **CHIEF EXECUTIVE AND DIRECTOR OF COMMUNITY SERVICES**  
**SUBJECT :**         **NHS REFORM IN WALES**

**1.00 PURPOSE OF REPORT**

1.01 To inform County Council of the latest developments in the reform of NHS structures in Wales.

**2.00 BACKGROUND**

2.01 On 1 December 2008 the Welsh Assembly Government published "Delivering the New NHS for Wales: Consultation Paper II", a document which provides details on the proposed dissolution of twenty-one Local Health Boards and seven NHS Trusts in Wales, and the establishment of six Local Health Boards. The document also provides details on the proposed model, membership and functions of the seven new Local Health Bodies in Wales. These seven new bodies include the Betsi Cadwaladr University Local Health Board serving North Wales. A copy of the consultation paper together with a full set of the supporting technical papers 1-4 is available in Members' Services.

2.02 The stated aim of the health reform programme outlined in the consultation document is to enhance the quality, performance and accessibility of NHS services, ultimately improving the levels of health and well-being in Wales.

**3.00 CONSIDERATIONS**

3.01 At a meeting of the Council's Executive held on 17th February 2009 a response from Flintshire County Council was agreed for submission to the Welsh Assembly Government by the required deadline of 25th February 2009. A copy of the Executive Report and response are attached as Appendix 1 to this report.

3.02 At the end of the consultation the Welsh Assembly Government produced a statement confirming the intention to proceed to establish 6 new Local Health Boards that are strategic, can make decisions, are innovative, act collaboratively and have, at their core, a responsibility to sustain the ethos and values of public service.

3.03 A full copy of the Ministerial Statement is contained at Appendix 2.

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Date: 26/03/2009

3.04 Following the release of this Statement the Welsh Local Government Association (WLGA) has written on behalf of the Leaders of the 22 Local Authorities in Wales to outline its view. A copy of the letter is attached at Appendix 3 and is self-explanatory.

3.05. At a meeting of the WLGA Co-ordinating Committee to be held on Friday 27th March 2009 an update on the consultation to change the NHS Structures in Wales will be provided along with updates on the progress of two further consultations which conclude at the end of April. A copy of the report is attached at Appendix 4 and a verbal update on the outcomes of the Committee discussions will be provided at the meeting.

#### **4.00 RECOMMENDATIONS**

4.01 The Council is requested to consider how it wishes to respond to the announcement.

#### **5.00 FINANCIAL IMPLICATIONS**

5.01 None directly associated with this report. The consultation document includes the future processes for funding NHS activities in Wales.

#### **6.00 ANTI POVERTY IMPACT**

6.01 The consultation document includes reference to improvements in health services intended to address health inequalities.

#### **7.00 ENVIRONMENTAL IMPACT**

7.01 None.

#### **8.00 EQUALITIES IMPACT**

8.01 The consultation document includes reference to improvements in health services intended to address health inequalities.

#### **9.00 PERSONNEL IMPLICATIONS**

9.01 None.

#### **10.00 CONSULTATION REQUIRED**

10.01 As per report.

#### **11.00 CONSULTATION UNDERTAKEN**

11.01 As per report.

## **12.00 APPENDICES**

- Appendix 1 Executive Report and Flintshire County Council's Response - February 2009.
- Appendix 2 - Statement by the Welsh Assembly Government - 10th March 2009.
- Appendix 3 - WLGA response to Statement - 23rd March 2009
- Appendix 4 - Report to WLGA Co-ordinating Committee entitled "Update on the NHS Reforms in Wales - 27th march 2009.

## **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985** **BACKGROUND DOCUMENTS**

All background documents can be obtained from Sharron Jones.

Contact Officer: Chief Executive  
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E-Mail: chief\_executive@flintshire.gov.uk

## FLINTSHIRE COUNTY COUNCIL

AGENDA ITEM NUMBER: 10

**REPORT TO:**      **EXECUTIVE**  
**DATE :**            **17 FEBRUARY 2009**  
**REPORT BY:**    **DIRECTOR OF COMMUNITY SERVICES**  
**SUBJECT :**        **DELIVERING THE NEW NHS FOR WALES, CONSULTATION**  
                              **PAPER II**

### **1.00 PURPOSE OF REPORT**

1.01 This report presents a draft Flintshire County Council response to the consultation on the restructuring of the NHS in Wales for agreement by Executive before it is submitted to the Welsh Assembly Government (WAG).

### **2.00 BACKGROUND**

2.01 On 1 December 2008, the Welsh Assembly Government published "Delivering the New NHS for Wales: Consultation Paper II", a document which provides details on the proposed dissolution of twenty-one Local Health Boards and seven NHS Trusts in Wales, and the establishment of six Local Health Boards. The document also provides details on the proposed model, membership and functions of the seven new Local Health Bodies in Wales. These seven new bodies include the Betsi Cadwaladr University Local Health Board serving North Wales. A copy of the consultation paper together with a full set of the supporting technical papers 1 - 4 is available in Members' Services.

2.02 The stated aim of the health reform programme outlined in the consultation document is to enhance the quality, performance and accessibility of NHS services, ultimately improving the levels of health and well-being in Wales.

### **3.00 CONSIDERATIONS**

3.01 The consultation document sets out key areas for consultation regarding the new health bodies, many of which will be of concern to Flintshire County Council. These include:

- The vision, values and standards of governance and accountability;
- The arrangements for working at a national level;
- The arrangements for dissolving the existing health bodies;
- New Local Health Board functions;
- Stakeholder engagement in the new health bodies, including partner agencies, citizens and professionals;

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Date: 13/02/2009

- Workforce issues;
- Localism and partnership working; and
- Planning, funding and performance management.

3.02 Stakeholders, including Local Authorities, are invited to respond to the consultation document by 25 February 2009. Therefore, Flintshire County Council developed a process for agreeing its response to meet this timescale.

3.03 The process for developing the response from Flintshire County Council included:

- Inviting written comments from Flintshire County Council staff;
- Arranging an agenda item at Social and Health Overview and Scrutiny Committee on 14 January 2009.
- Arranging a Member and Senior Officer workshop which took place on 20 January 2009;

The results of the discussions at Social and Health Overview and Scrutiny Committee were used to inform the programme for the workshop on 20 January. 25 Members and Officers attended the workshop.

The results of all of the above activities have been used to develop a draft response from Flintshire County Council to be approved by Executive. See appendix. As can be seen, the draft response contains a number of concerns about the proposed changes to the NHS including the apparent reduced role of Members in the new Local Health Board and issues regarding stakeholder involvement and partnership working.

3.04 In addition to developing its own response, Flintshire County Council will be contributing to a response from Flintshire's Health, Social Care and Well-being Partnership Board and the Children and Young People's Partnership. This response will focus in particular on the implications of the NHS changes on partnership working.

#### **4.00 RECOMMENDATIONS**

4.01 That Executive approve the draft response from Flintshire County Council and agree for it to be submitted to WAG by the 25 February deadline.

4.02 That Executive consider liaising with other local authorities in North Wales to facilitate a consistent and robust response on issues of key concern, in particular the reduced role of Elected Members in the new arrangements and partnership working.

**5.00 FINANCIAL IMPLICATIONS**

5.01 The consultation document includes the future processes for funding NHS activities in Wales.

**6.00 ANTI POVERTY IMPACT**

6.01 The consultation document includes reference to improvements in health services intended to address health inequalities.

**7.00 ENVIRONMENTAL IMPACT**

7.01 None.

**8.00 EQUALITIES IMPACT**

8.01 The consultation document includes reference to improvements in health services intended to address health inequalities.

**9.00 PERSONNEL IMPLICATIONS**

9.01 None.

**10.00 CONSULTATION REQUIRED**

10.01 See report.

**11.00 CONSULTATION UNDERTAKEN**

11.01 See report.

**12.00 APPENDICES**

12.01 Draft response to "Delivering the new NHS for Wales, Consultation Paper II" from Flintshire County Council.

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985  
BACKGROUND DOCUMENTS**

None

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**ANNEX I - CONSULTATION RESPONSE FORM**

**Consultation Document on Delivering the new NHS for Wales**

Deadline for responses: 25<sup>th</sup> February 2009

It would be very helpful if you could use this proforma to respond to the consultation.

Name: Colin Everett, Chief Executive

Organisation: Flintshire County Council .....

Address (including postcode): County Hall, Mold, CH7 6NN .....

E-Mail address:.....

The Welsh Assembly Government intends to publish the responses to this document in full on its website. Normally, the name and address of its author are published along with the response, as this gives credibility to the consultation exercise. If you do not wish to be identified as the author of your response, please state this expressly in writing to us.

Please comment as fully as possible.

Please return completed proforma to:

Name: Health Reform Programme Office  
Address: Department for Health and Social Services  
Welsh Assembly Government  
Cathays Park  
Cardiff  
CF10 3NQ

Electronic versions may be returned to:

[dhsstrategyconsultationreplies@wales.gsi.gov.uk](mailto:dhsstrategyconsultationreplies@wales.gsi.gov.uk)

Thank you for taking the time to consider these proposed amendments, and for responding to the consultation.



## Consultation Questions

### **LHB Board Membership**

*There are a number of important issues about the membership of the LHB Board on which this Consultation Paper seeks your views:*

- *Do you agree with the proposals for the membership of the LHB Board?*

No.

There is a strong feeling that the proposed Betsi Cadwaladr University LHB covering all six local authority areas in North Wales is too big to meet the aspirations of the consultation document, in particular with regard to responding to the needs of local people. The other six proposed LHBs cover a smaller number of local authorities. Therefore, our view is that there should be two LHBs covering North Wales.

If this is not possible, we believe there is a strong case for increasing the number of Elected Member representatives on the North Wales Board as a special case and we propose six Elected Member representatives – one for each local authority area. This is in the interests of strengthening the voice of local people on the Board and recognising the diversity of the population - principles which are strongly promoted in the consultation document. We fear that one Elected Member representative will inevitably be remote from the wide range of issues and will not have the capacity to carry out the role. It appears to be “pot luck” which area the Elected Member will be able to represent. The public appointment route to selection means that the role cannot be representational of local government in North Wales, and the purpose of the ‘representative’ is unclear. The valuable impact and contribution of the Elected Member role will therefore be severely limited.

For example, Flintshire is on the border with England and as many as 1/3 of the population receive hospital services from Chester. This “border issue” is critical for the residents of Flintshire, but may be of less relevance to some other local authority areas / Elected Members in North Wales.

In other respects the Board membership looks reasonable.

- *Do you agree with the Board having more Non-Officer Members than Officer Members?*

Yes.

The point made above about Elected Member representation on the Board is reiterated.

- *Should there be a Non-Officer Member nominated as LHB Champion to address specific service issues, such as for Children's services and/or services for Elderly and Frail patients?*

No.

In our view, all Board members should focus on patients / citizens across the board. Otherwise, there will need to be too many champions. It may be appropriate to identify a champion as a special measure if a service is in difficulty or failing.

### **Membership of the Stakeholder Reference Group (SRG)**

*There are a number of important issues about the Stakeholder Reference Group on which we seek your views:*

- *Will the Stakeholder Reference Group provide an appropriate vehicle for the generation of community and citizen advice to the LHB Board?*

No.

The concerns include a lack of clarity about the membership of the SRG: community groups are not defined and it is not clear how they will be chosen (or excluded); it is not clear how community councils from across the whole of North Wales will be selected and will be representative of other community councils; it is not clear how provider bodies is defined and how they will be representative. Since the membership is restricted to 25, this means that the group will consist of regional stakeholder representatives, not local representatives. In North Wales, the

necessary regional stakeholder bodies may not currently exist from which to select membership.

- *How should the Stakeholder Reference Group be constituted?*

In our view, the SRG must be adequately resourced to support the development of an effective constitution which will include clear mechanisms for linking with citizens at least at a local authority level.

The constitution should include a strong commitment to inclusiveness, equalities principles and the Welsh language.

There should be clear and transparent arrangements for the appointment of the Chair person.

- *How should it operate to ensure maximum effectiveness?*

As described above, we have concerns about how this group can be representative of and effective in responding to such a wide range of interests. There is a real danger of fragmentation and losing touch. Therefore, we suggest that 2 regional groups may be more effective in North Wales. In addition, or as an alternative, we suggest that the SRG should be an umbrella group for local groups as part of an agreed and transparent citizen engagement structure. Resources would be required to map and develop this structure.

There should be arrangements for monitoring and scrutinizing the effectiveness of the SRG.

There is a need to recognise the needs of different population groups and ensure meetings/communications are of relevance to the population group.

- *Who do you think should be represented on this Group?*

In our view, the requirement for certain key groups to be represented where there is a clear link to health issues should be stated at the outset. These key groups include older people, people with mental health problems, disability groups and carers. People of working age should not be overlooked and

meeting arrangements should reflect that stakeholders may be in full time work.

- *How will these representatives be nominated?*

We suggest that in each different LHB area it will be necessary to map the citizen engagement structures to identify effective arrangements for making nominations.

- *How many people should sit on this Group?*

See previous comments.

- *Do you think that the Chair should be an Associate Member of the LHB Board?*

Our view is that the Chair should have a vote on the LHB.

- *How will the Chair be appointed?*

Consideration should be given to their skills i.e. chairing skills, ability to represent views robustly in the Board environment, openness and communication skills, etc. There should be stakeholder involvement in the appointment of the Chair.

Consideration must be given to the appropriate resources to support this role. Will the role be re-numerated? If the role holder is adding this on to an existing full time role, is this realistic and what support arrangements such as dedicated administrative support will be in place?

### **The Professional Forum (PF)**

*There are a number of important issues about the Professional Forum on which this Consultation Paper seeks your views:*

- *Will the Professional Forum provide an appropriate vehicle for the generation of professional advice to the LHB Board?*

Possibly.

In our view, the concept of the professional forum needs “more meat on the bones”. We recommend that there is more varied

representation than suggested and that the notion of “professional” is expanded. For example, the group would benefit from local authority / social services, social care, Elected Member, provider, commissioner and carer input. All of these groups could contribute their perspective and “professional” expertise.

The success of the group will depend on its membership and getting the breadth required.

An alternative vehicle would be to replace the SRG and the professional forum with 6 stakeholder groups representing local issues.

- *How should the Professional Forum be constituted?*

The constitution should make it clear that the group is accountable for any professional advice / guidance given.

- *How will the Professional Forum work with the existing Statutory Advisory Committees?*

No comments.

- *How should it operate to ensure maximum effectiveness?*

The group must have effective representation on the LHB.

Group membership should include those with understanding of local professional issues as well as common professional issues. For example, there are cross Wales / England border professional issues in Flintshire.

- *Do you agree that in exceptional circumstances, professional groups, such as midwives, pharmacists and therapists should have a right of access directly to the LHB Board?*

Yes.

- *Are there other professional groups to whom such a right of access ought to be afforded?*

Yes.

Local authority social services professionals should have this right.

“Specialist” professionals should be facilitated to access the LHB. This would need further definition.

There must be adequate input from therapy services, including therapists working in local authority settings.

- *What do you consider as “exceptional circumstances” requiring direct access to the LHB Board?*

No comments.

- *Who do you think should be represented on this Forum?*

See previous comments.

- *How will these representatives be nominated?*

There should be a process of election to identify representation and this process should be transparent. Professional bodies could elect their representatives. Local representation should be included. There should be a tiered system to provide clear lines for professionals to feed into the forum.

- *How will the Chair be appointed?*

In our view the Chair should be independent and external to the LHB.

## Local Health Board Functions

*As far as LHB functions are concerned:*

- *Do you have any comments to make on the proposals for the LHB functions outlined above?*

Yes.

The appropriate scrutiny of these functions and ensuring accountability will be critical. This could be exercised by calling the NHS to account locally via Community Health Councils and / or local government scrutiny committees.

With regard to the NHS planning and service delivery functions, it will be essential to continue to support effective local structures. If we are to feel secure about the proposed arrangements, it needs to be clear how the NHS contribution will be made.

- *Do you have any comments on the proposals for dissolution of existing Trusts and LHBs and the transfer of staff and property?*

No comments.

- *What services will the LHBs need to work together to provide?*

No comments.

- *How will the LHBs collaborate to provide services?*

No comments.

## Localism and Partnership Working

*This consultation seeks your views on:*

- *How can partnership working at a Local Authority and Community level be improved?*

Partnership working is of critical importance in achieving the stated aims of the NHS reform programme and can be improved by ensuring that the new health structures respond to the diversity

and range of health and well-being needs across North Wales. To achieve this, there should be **greater emphasis on representation from the six local authority areas in the new structure.**

We note that the vice chair of the LHB and the Director of Primary and Community Care and Mental Health services will have responsibility for driving the localism agenda. Whilst we welcome the identification of partnership working as a key senior role, we question whether the post holder/s will have sufficient time and resources, given the size of their portfolio.

Effective partnership working relies on the rapid identification of problems and prompt action. We are concerned that the proposed line of communication to raise local issues with the LHB, e.g. via the SRG or the professional forum is currently too long. As mentioned previously in this response, we recommend adjusting the structures to recognise North Wales as a special case on the grounds that it covers six local authority areas. We believe that this will be more cost effective in the long run.

Partnership working also relies on openness and accessibility. We recommend that LHB members are required to publish their contact details and to hold surgeries for the public. The willingness and skills of LHB members to work in an open fashion should be checked out through the appointments process.

The role of the CHC will be critical and we are disappointed that the proposed changes to CHCs are not published with this consultation.

The existing Health, Social Care and Well Being Partnerships and the Children and Young People's Partnerships and the associated plans play a critical role and it must be clear how they feature in the new arrangements. There is concern that the production of a consolidated plan for the LHB will effectively water down these local strategies, focusing on common themes only and missing local issues.

The new structures must be capable of recognising and responding to health and social care as a whole system. For example, shorter hospital stays will impact on community social and health services.



GPs are critical to partnership working and must feature as key partners in the new arrangements, including at a planning level.

The new structures must be capable of responding to key partnership agendas, for example, suicide prevention plans.

The LHB will need to remember that not all Partnership groups have a National Service Framework. The failure of representation and involvement in those groups without an NSF is to the detriment of improved outcomes for citizens, e.g. Low Vision, Deaf and Hard of Hearing, Learning Disabilities.

### **General Comments**

We recommend that the name of the North Wales Board is changed to the North Wales Health Board in the interests of brevity and clarity for the public, stakeholders and professionals working in the NHS. The word 'local' in the titles for the new health bodies is a misnomer and misleading.

The continuing access of Flintshire residents to NHS resources in England, including the centres of excellence in Walton and Alder Hey, must be assured in the new arrangements.

Complaints about the NHS should be dealt with by an independent body.

Workforce planning will be an essential element of achieving the NHS reforms. It would be helpful to make clear how universities as providers of professional training will link into the new structures.

# STATEMENT BY THE WELSH ASSEMBLY GOVERNMENT

**Title:**

**End of Consultation on Delivering the New NHS for Wales**

**Date:**

**10 March 2009**

**By:**

**Edwina Hart, the Minister for Health and Social Services**

Presiding Officer, I am grateful for this opportunity to report on the emerging findings, arising from the second period of consultation on NHS reform, which closed on 25<sup>th</sup> February.

During that period three consultation period events were held across Wales, each attended by over one hundred and twenty stakeholders. At the closing date, four hundred and thirteen (413) responses had been received, all of which have been published in full.

Responses were received from a wide range of organisations and representative bodies with an interest in the Health Service in Wales. I have taken the opportunity to read each of these responses over recent weeks.

As a result, I am able to confirm my intention to proceed, subject to legal orders and regulations, to establish the 6 new LHBs in shadow form from the 1<sup>st</sup> June 2009, and for these bodies to be fully operational from the 1<sup>st</sup> October 2009. Powys Teaching LHB is the seventh LHB.

This is not about merging LHBs and Trusts to make a hybrid organisation. These LHBs will be new bodies – ones that have a new purpose.

Therefore, they must have new Boards:

- Boards that are strategic;
- can make decisions;
- innovate;
- act collaboratively;

- and have, at their core, a responsibility to sustain the ethos and values of public service.

Board Members must hold the executive team to account for service planning and delivery, and for local engagement, bringing to the Board their own experiences of a sector which they understand, but do not simply represent.

There is a theme in consultation which will not come as a surprise to Members here. Uniformly, consultees agree that Boards must be kept to a size which allows them to be effective and focused.

Yet, many also argued that their own particular interests need greater representation.

Doctors want more doctors; local government wants more places for local government; the voluntary sector wants more representation for voluntary bodies; carers want more places for carers.

But nobody wants Boards to be bigger.

I appreciated that the tensions between inclusiveness and agility in decision-making are real. I have had to conclude that the size of Boards will remain very largely as set out in the consultation document. All the key interests are represented, albeit not at a scale which some would wish for themselves.

As Board Members, those from Trade Unions have a particularly difficult role – to balance their role as a corporate member, where they will be bound by the decisions of the board - against their role representing staff working within these organisations.

A number of important points on the details of the role of the Trade Union Board Member were raised in the consultation. I will discuss these issues further during the next week.

#### Director of Therapies and Scientific Services

A number of respondents suggested a Director of Therapies and Scientific Services should be included on the LHB Board. Such an appointment would be unique in the UK, reflecting the importance of these professional groups to the delivery of health - both now, and increasingly in the future. This is another issue I am considering in light of the responses.

Of course, Board membership is only one of the ways in which health service interests and partners will be able to make their voice and views known in the new system.

Local government, for example, is directly involved on the National Advisory Board, through the membership of Cllr Meryl Gravelle, leader of Carmarthenshire County Council, and WLGA lead on social services.

Local authorities will also be key members of CHC Boards, as well as major players in Local Service Boards in each locality. The statutory duty for Health, Social Care and Well-being Strategies, and Children and Young People's Plans, will remain, building on existing partnership working and placing the NHS close to citizen and to the community.

Just as the new structure will work closely with local government so, too, the importance of the third sector was regularly emphasised in consultation – and I, also, endorse that again this afternoon.

The third sector contribution is important because it reflects not only the diversity of Wales as a nation, but also the unifying support for the National Health Service, which is so powerfully found in every part of our country.

There are a number of further issues for which, through consultation, a direction of travel has been suggested, or endorsed, but where further detailed work is now needed. Presiding Officer, I thought it might be helpful to Members if I were to identify these areas briefly this afternoon.

First, I can report that there has been support for the suggestion of a Professional Forum. I know that the success of the new organisations will rely on the strongest possible clinical engagement in the services they provide, and the decisions which they will have to take.

I see the Professional Forum as central to engaging the health care professions, and there will be real benefit in arrangements that bring the professions within each LHB together in one group.

Of course, the interface between the new Forums and the longer-standing Statutory Advisory Committees must be clear and complementary. I have asked my senior officials to undertake some more detailed work, so that we can move forward with the most effective and workable model.

My second issue, that of specialised services, has moved forward through the work of Professor Mansel Aylward who has reported to me on those functions and services currently undertaken by Health Commission Wales, which should, in future, be undertaken by the new LHBs.

There remain those services which can only be provided at a higher population level than local organisations. I agree with the views expressed in consultation that these must be organised collaboratively through the new LHBs. A further consultation paper on such a collaborative future for specialised services will be issued shortly.

I want to ensure we arrive at a solution to this complex problem, which will address the concerns which have arisen about such services in recent years – concerns that I have discussed with Members previously.

Thirdly, to make it clear that I share the view, expressed in consultation that duplication must be avoided in the roles of Stakeholder Reference Groups and Community Health Councils.

CHCs have a formal statutory role – they must hold LHBs to account on behalf of the citizen. Stakeholder Reference Groups are non-statutory bodies, intended to provide an added dimension, involving citizens in a broader range of debates and open up Boards to a wide variety of views.

Consultation on the future strengthened role of CHCs comes to an end mid April. I will ensure that, in responding to that consultation, further advice will be given to clarify the different contributions with these two groups will make to putting the citizen at the centre of the new, co-producing, democratically renewed, NHS in Wales.

Presiding Officer, I am very grateful to all those who attended the consultation events, and wrote to me with their views. Once again, this exercise has been a great success and a testimony to the spirit of dialogue and engagement which has been at the heart of these reforms.

Now, we must press ahead with the action needed to make all this a reality. I intend to begin laying the Legal Orders and Regulations required to make these changes, before you within the next 14 days.

Our Ref/Ein Cyf:  
Your Ref/Eich Cyf:

Date/Dyddiad:

Please ask for/Gofynnwch am:

Direct line/Llinell uniongyrchol: 02920 468568

Email/Ebost:

23<sup>rd</sup> March 2009

Beverlea Frowen

Beverlea.frowen@wlga.gov.uk



WLGA • CLILC

Edwina Hart MBE AM  
Minister for Health & Social Services  
Welsh Assembly Government  
5th Floor  
Ty Hywel  
Cardiff Bay  
CF99 1NA

Dear Minister

## NHS Reforms

I am writing on behalf of the leaders of the twenty two councils in Wales to outline our views regarding your recent statement in plenary on March 10<sup>th</sup> on taking forward the reorganisation of the NHS in Wales.

We are pleased that you have re emphasised the primacy of the statutory joint planning mechanisms which are grounded in local need and diversity and to which, councils and all our partners have worked hard to engage with our communities and deliver improvements based on local priorities. We also support your intention to reflect further on your proposals for stakeholder forums. We will be responding fully on this matter once we have consulted with our membership regarding the proposals for community health councils but have concerns that duplication and confusion may be a by product and that opportunities for building on existing mechanisms overlooked.

Turning to the membership of the Boards of the new bodies we disagree with your proposals. Local government put forward a set of pragmatic proposals which would have ensured greater buy in into the new system. Your original consultation highlighted the "need to reinstate democratic engagement at the heart of the Welsh health service". We fail to see how these proposals meet this criteria particularly in terms of the limited local government presence with the suggestion of only one councillor and one director of social services for each of the seven bodies.

We acknowledge the "direction of travel" underpinning this proposal and it is clear to us that these appointments will therefore need to be made through a public appointment process with no direct involvement from councils.

In view of this approach, we believe it is absolutely essential that urgent work commences to define a process for local engagement. This should ensure that a joint planning and performance management system is in

Steve Thomas  
Chief Executive  
Prif Weithredwr

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Cymdeithas Llywodraeth  
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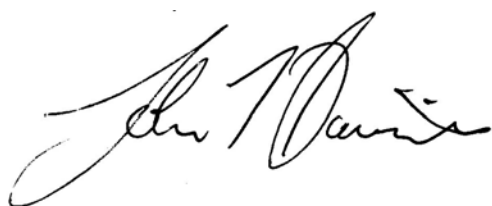
place, as appropriate to our respective duties, and one that can deliver the appropriate balance between hospital and services delivered in communities and the broad public health agenda. Without such a mechanism being agreed between the Assembly government and ourselves, the progress that has been made will be diminished and potentially lost. Members feel very strongly that councils must be involved to determine how they are going to work together with the new bodies and their views must not be represented through third parties.

We propose therefore that a task and finish group is established reporting to you, that can articulate a set of general principles of engagement between our respective bodies, and that informal work on a new strategic planning system is progressed as a matter of urgency. We offer the WLGA regional partnerships as a vehicle to engage with local senior NHS managers to conclude the detailed work once a framework of engagement is agreed and I expect that my colleagues in the different parts of Wales would seek to involve the recently appointed chair(s) and soon to be appointed chief executive(s) of the health bodies.

The WLGA would be happy to co-ordinate representation on the task group and that through the WLGA positive dialogue continues so that we can create a positive platform for implementing your proposals.

I am sure that you share our view that it is only in partnership and genuine engagement between councils and the NHS that the objectives of your proposals will be realised.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Davies', written in a cursive style.

John Davies  
Leader of the Association

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## **Update on the NHS reforms in Wales**

### **Purpose**

1. This report updates members on the outcome of the consultation to change the NHS structures in Wales and gives more information about the progress of two other consultations which conclude at the end of April.

### **Background:**

2. The Welsh Assembly Government is implementing a major reform programme in the NHS. The intention is to remove competition by creating a single planning and delivery system and to provide a more citizen centred, world class NHS capable of meeting the challenges of rising costs and demands.
3. In 2008 the Minister announced that the twenty two local health boards would be abolished and that there would be one new system which combined the planning (commissioning previously done by the LHBs) and the NHS Trusts (delivery agents) into seven new organisations using LHB legislation. A National Board has been created which will set the planning and priorities for the NHS to deliver and advise the Minister.
4. Councils have voiced concern individually and through the WLGA about the loss of engagement at the local level and the effect upon local partnerships; believing strongly that seven very large bodies will be difficult to engage with, and that resources and the culture of the NHS will reflect a long standing secondary care dominance.

### **Consultation one: changing the structure of the NHS.**

5. WLGA and all individual councils responded to the consultation with very similar messages. All councils did not support the proposals for membership of the LHB boards nor the proposals for establishing seven stakeholder forums. Councils unanimously supported the retention of the statutory plans and the creation of an executive officer post within the new health bodies for public health.
6. The Minister announced on the 10<sup>th</sup> of March that:
  - the membership of the boards would remain largely as that set out in the consultation document
  - further consideration would take place on creating seven stakeholder forums
  - a professional forum would be established
  - a comprehensive recruitment programme would commence so that the seven new bodies would be in shadow form by June and operational by October 2009.



7. The leader of the WLGA has written to Edwina Hart, Minister for Health and Social Services expressing concern and disappointment that our pragmatic offer of one place per council on the boards has been rejected. The letter is attached to this report.
8. WAG intentions are clear that individual councils will not have a direct involvement or representative on the boards. The need therefore to create a robust engagement mechanism between individual councils and with the NHS remains a significant priority. The WLGA has requested that a task and finish group is established and proposes that the WLGA regional forums are the best way of ensuring that local engagement mechanisms are put in place once a framework has been agreed that supports a Wales wide approach. By using the forums future arrangements can take into account the different local arrangements, views and geographical and cultural variances.
9. The WLGA argued strongly that creating a stakeholder forum with a cumbersome management board would potentially duplicate existing arrangements and is not the best use of public resources. Our policy stance remains that local agencies already have established partnership and community forums in place that are working well and these should not be diminished but built upon to achieve stronger engagement of partners. For example, the voluntary sector, carer representatives and service users all play active roles in council forums. We believe there is wide spread confusion about the stakeholder forums and the WLGA will continue to represent members views on this matter as WAG debate how to proceed.

#### **Consultation two: creating a unified public health service in Wales.**

10. A two year process to integrate a variety of specialist NHS public health services is coming to an end in April 24th. A single organisation will be created and operational by October 2009. It is proposed the new organisation will be a NHS Trust and called the *Public Health Wales NHS Trust*.
11. We welcome the proposals because they will enable local government to have a stronger profile for the health improvement activity councils undertake in their own right, and also they will have a better chance to influence the deployment of specialist public health professionals which are currently aligned to the twenty two LHBs that will be abolished. We have already signalled our support for the creation of a new role of an Executive Director for public health on the seven LHBs. WLGA officials with the support of professional leads are currently consulting through the professional networks within local government on the details of the proposals set out in the consultation. A composite response will be reported to the WLGA strategic reference group in mid April and signed off by the leader of the Association by the 24<sup>th</sup> April.
12. With regard to this consultation, much of the detail concerns the complex task of bringing together staff from several different services into one unified Trust. However, the prime interest for local government within this consultation is how can councils in the future ensure they receive a more effective specialist public health service? Furthermore, how existing local teams currently managed by the NPHS can remain closely linked to councils to support the delivery of the priorities in the HSCWB strategies and not get drawn up into the seven potentially remote

organisations. WLGA are encouraged that WAG continues to re affirm its wishes to strengthen public health presence within local government.

13. We are therefore promoting a potential policy position as follows:
  - councils should work towards securing an enhanced not diminished level of service from specialist public health professionals within individual councils as a result of the changes
  - the Executive Director must be supported to fulfil the role adequately otherwise the benefits of the role for local government will not be materialised for example, to work with individual councils as well as supporting the NHS on their specific needs
  - specialist public health resources must be sufficient and credible to meet the needs of councils and that in our view this requires consultant grade expertise within each council to strengthen further the partnership arrangements and service response
  - the LHB and the council must agree the local response and manage the local resources but have robust links to the public health trust for accessing more Wales Wide services
14. We are aware that not all councils already have access to a consultant in public health and that the current establishment of eighteen is not sufficient to adequately meet the existing needs of councils. Nevertheless, it would be prudent to adopt an approach that the level of resources should be based on what is needed in the future and mechanisms found to bridge any potential gap in provision in the short term rather than continue with a less than adequate service.
15. Over the next few weeks the WLGA will finalise its response building on the proposed policy outlined in paragraph 13. In addition since the statutory responsibility for meeting the public health needs of a population will remain with the NHS (new LHBs) and councils, the best way forward would seem to be:
  - for the joint HSCWB and CYP plans to underpin the level of services needed by the NHS and the council from the public health trust in order to fulfil their respective priorities and statutory responsibilities.
  - any deficit of specialist public health expertise should be clearly articulated and fed into the central planning and delivery mechanisms planned to oversee the overall level of resources deployed by the NHS.
  - the Executive Director within the LHB should with the agreement of the council and the specialist NHS trust determine the best way to deploy a local service, and should in partnership with the council implement any jointly agreed plans to co locate and re shape the composition of the existing local health improvement teams
  - lessons are learnt from the three partnership '*enhancing localism action learning sites*', currently underway in Wrexham, Torfaen and Neath Port Talbot

regarding the future organisational development needs of all agencies in order to make the new arrangements a success.

- local government through the WLGA, should nominate the individual to represent local government interests on the proposed management board of the Public Health Wales NHS Trust.
- local government should accept the offer from WAG to be part of the appointment process for the seven new Executive Directors of public health

### **Consultation three: Community Health Councils**

16. Proposals to create seven community health councils with devolved sub committees co-terminous with councils are being consulted upon until April 24<sup>th</sup>. A series of local workshops are planned by the Community Health Council Association in most parts of Wales. It would be advantageous for members and officers from councils to attend.
17. WLGA has previously presented reports to members on the proposed changes to the scrutiny and public engagement arrangements in Wales. The CHC proposals do not align with these policy intentions already defined by WAG. Furthermore there is potential for duplication of roles, confusion for the citizen to be overburdened and resources to be used unwisely. Officers within the WLGA are building up a better understanding of the proposals so that we can make a strong case for ensuring that the development of public scrutiny and citizen engagement continues along the originally proposed direction and that new arrangements for the NHS are clear, unambiguous and complement this direction of travel.
18. WLGA officers do not recommend that we advocate that councils should have the statutory responsibility for scrutinising the NHS as in England, but do consider that members should seek to have arrangements in place that are effective. It would also be advantageous if councils continue to experiment at the local level on joint arrangements with the NHS and that lessons are shared on ways that will make the overall process more effective and efficient and reflective of members' democratic role.

### **Recommendations**

#### **19. Members are asked to**

- 19.1 note the letter from the leader to WAG and the proposal to establish a task and finish group to ensure robust local arrangements for engagement with the new NHS are in place and a strategic planning framework**
- 19.2 comment on the proposed WLGA policy direction regarding the unification of public health service in Wales and engage fully in the recruitment process arising from the changes**
- 19.3 participate in local events to discuss the future of community health councils in Wales and promote the local authority**

perspective for democratic engagement at the local level.

**19.4 Maintain close liaison with WLGA officials on all consultation matters and ultimate responses to WAG**

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