

**Health, Wellbeing and Local Government Committee
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1 December 2010**

WELSH ASSEMBLY GOVERNMENT

HEALTH, WELLBEING AND LOCAL GOVERNMENT COMMITTEE

1 DECEMBER 2010

PURPOSE

The Welsh Assembly Government Health, Wellbeing and Local Government Committee is undertaking an inquiry into the way NHS reviews are conducted in Wales under the following terms of reference:

- Whether the Welsh Assembly Government guidance on conducting reviews is appropriate.
- Whether the Welsh Assembly Government guidance is being followed by Local Health Boards.
- The Committee will pay particular attention to the reviews currently being undertaken by Betsi Cadwaladr University Health Board, but will concentrate only on the process and not on possible outcomes of the reviews.

The Betsi Cadwaladr Community Health Council has been invited to submit evidence to the committee on 1 December 2010.

The evidence as herein submitted by Officers of the Betsi Cadwaladr Community Health Council will focus on the reviews being conducted in North Wales at the present time, looking at the process which has been taken by the Betsi Cadwaladr University Health Board (Health Board) with particular regard to engagement and consultation.

BACKGROUND

ROLE OF THE CHC (IN PUBLIC ENGAGEMENT AND CONSULTATION)

Betsi Cadwaladr Community Health Council (CHC) is an independent statutory organisation which represents the interests of patients and the public in the National Health Service in North Wales. It came into being on 1st April 2010 as part of the reorganisation of health services in Wales and covers the counties of Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham and Ynys Môn. The six counties have a combined population of circa 678, 000.

The CHCs (Constitution, Membership and Procedures) Wales) Regulations 2010 states:-

“It is the duty of each relevant Local Health Board and NHS Trust in Wales (in this regulation referred to as “relevant Welsh NHS body”) in respect of health services for which it is responsible, to involve a Council in:

- a) the planning of the provision of those services.
- b) the development and consideration of proposals for changes in the way those services are provided; and
- c) decisions to be made by that body affecting the operation of those services and it is incumbent upon each relevant Welsh NHS body to consult a Council at the inception and throughout any such planning, development consideration or decision making process in accordance with any guidance which may be issued by the Welsh Ministers”.

“It is the duty of each Council to scrutinise the operation of the health service in its district, to make recommendations for the improvement of that service and to advise relevant Local Health Boards and relevant NHS Trusts upon such matters relating to the operation of the health service within its district as the Council thinks fit”

In carrying out its functions each Council must have regard to the need:

- a. for systematic, continuous engagement with the local population and community groups within its district, in order to appropriately represent the public’s views on the operation of the National Health Service within that district;
- b. to consider any proposed new service or service change within the context of such current priorities, resources and governance structures as are notified to it by the Welsh Ministers; and
- c. for constant evaluation of existing health services in its district.

The Interim Guidance (Guidance for Engagement and Consultation on Changes to Health Services) was published in October 2008. This provides guidance to the NHS for engaging and consulting patients, the public and stakeholders.

The Interim Guidance states that:

“The most important point is a clear need for a new approach in public/NHS relations, based on continuous public engagement, rather than perfunctory involvement around specific proposals; any such proposals should be discussed and prepared against the background of well-established two-way communication.”

CHC STRUCTURE

The CHC has a full Council of 72 members, including a Chair and Vice-Chair. There are six Local Committees representing the six Local Authority areas in North Wales. Each Local Committee has 12 members, comprising members drawn from three sources: three representatives from Local Authority, three representatives from local voluntary sector organisations and six Welsh Assembly Government public appointees. Each Local Committee may co-opt additional members from time to time for specific purposes.

Under the 2010 Regulations, the CHC must appoint an Executive Committee to oversee the conduct and performance of all relevant Local Committees and to ensure the effective delivery of the Council's statutory duties and core functions.

The CHC is also required to appoint a Services Planning Committee to liaise with the Local Health Board regarding the planning and development of, or proposals for changes to, the delivery of health services within the CHC's district.

The Terms of Reference for the CHC's Services Planning Committee outline its specific functions:

- To exercise delegated powers from the Executive Committee to consider the planning arrangements of the Health Board in relation to local service provision across the area.
- To develop good working relationships between the Directorate of Planning of the Health Board and the CHC.
- To discuss the potential impact of broad strategic plans and priorities prior to development of detailed implementation plans
- To receive reports from the Health Board in relation to local planning proposals and short, medium and long term plans.
- To identify key areas of planning, change or variation requiring engagement with the public and patients and make referral to the appropriate CHC sub-committees for consideration.
- To exercise delegated powers to request information from the NHS (under regulation 27 and 28) to enable the Committee to discharge its duties.
- To discuss and agree formal consultation plans where significant service change is involved
- To receive reports from the appropriate CHC Local Committees and sub-committees on relevant issues of interest or concerns regarding local health services.
- To receive relevant reports from the Chief Officer regarding trends in public/patient enquiries and complaints against the NHS.
- In recognition of the statutory duties of both organisations in respect of engagement and consultation, the Health Board will at all times engage with the CHC at the earliest opportunity when developing or considering proposals for change; and in making decisions that affect how the Health Board's services operate.

The core functions of the CHC are:

- a. Public & Patient Engagement
- b. Complaints Advocacy Service
- c. Monitoring & Scrutiny

In order to manage the strategic and operational role, the CHC is supported by a Chief Officer, two Deputy Chief Officers with responsibility for Public and Patient Engagement and a Deputy Chief Officer responsible for Monitoring and Scrutiny.

PUTTING THE PROCESS INTO PRACTICE

INTRODUCTION

It should be stated here that the three cycle model for engagement, discussed below, is one tool in a wider process for engagement and this needs clarifying to all involved at the outset of any review.

We are concerned that it is not clear or apparent that discussions have been taking place surrounding the need for change, not only in the health services in North Wales, but also how engagement was already taking place with a wide stakeholder group following the consultation for Designed for North Wales in 2006.

In order to address some of the shortfalls of the various processes followed with engaging communities, the Interim Guidance was published by the Welsh Assembly Government in October 2008. At the same time the CHCs were present at the various North Wales Clinical Strategy meetings where there was widespread representation from primary and secondary care clinicians and extensive representation from other key stakeholders, to openly discuss a way of collaborative working to reach a balance in acute, community, tertiary and mental health services across North Wales. It was recognised that 'listening' and 'responding' to those who provide and use the services was a catalyst for improving the way those services are delivered.

We now recognise that these discussions were the foundations of the reviews that are currently ongoing in North Wales.

ADOPTING THE THREE CYCLE MODEL

On publication of the Interim Guidance there was clearly a requirement for health bodies in Wales to interpret how they would take the elements of the Guidance forward. At that time the NHS in North Wales discussed with the six Community Health Councils across North Wales (Clwyd, Conwy East, Conwy West, Gogledd Gwynedd, Meirionnydd and Ynys Môn CHCs) how they proposed to discharge their statutory obligations to engage and consult in conjunction with the spirit of the Interim Guidance

The NHS in North Wales put forward the three cycle research and development model (based on a 90 day research and development process) which was modified to include wide engagement. The Interim Guidance stresses that engagement should start at the outset of any discussion about service change and should be an ongoing process throughout the work being undertaken irrespective of whether a public consultation process is ultimately required or not.

Throughout this process there were on-going discussions between the North Wales CHCs and the NHS in North Wales with regard to the best approach to public engagement and consultation within the three cycle model and whether it was fit for purpose. The CHC advised that the following issues and concerns should be taken

into consideration in order for the three cycle model to fulfil the requirements of the Interim Guidance.

- The key issue is communication:
 - All options/facts need to be shared with stakeholders and presented in appropriate and clear language.
 - Discussions within the cycles need to be disseminated and fed back throughout the networks of those in attendance, within what appeared to be rigid timescales.
 - A need for flexibility within the timeframes, dependent on the issues being discussed.
- To be mindful of the geography and demography of North Wales.
- Any public engagement exercise should not become a political football
- To ensure that financial deficits within the Health Boards are not perceived as the key drivers for change by stakeholders.
- Identification of resources to undertake engagement effectively
- The role and remit of the proposed Stakeholder Reference Group in this process.

The CHCs were advised that this was a tried and tested model, utilised under various scenarios, which allowed for flexibility in this process. Having taken part in the development of North Wales Clinical Strategy, which used the three cycle model, and which was subsequently independently evaluated by Finnermore under the auspices of the National Leadership and Innovation Agency for Healthcare (NLIAH), the CHCs were satisfied that early discussions were taking place in accordance with Step 1 of the Interim Guidance. The process was subsequently endorsed by the successor CHC organisation in North Wales, the Betsi Cadwaladr CHC.

APPROPRIATENESS OF THE INTERIM REVISION TO GUIDANCE ON ENGAGEMENT AND CONSULTATION ON CHANGES TO HEALTH SERVICES

The CHC welcomed the Interim Guidance as a useful tool to develop an approach to public engagement and consultation.

Since its publication, the CHC has encountered a mixed approach to the interpretation of the document and a variety of attitudes to its status. What is apparent is that there is no clear guidance on the 'methods' for effective engagement and no real definition of what constitutes 'substantial change'. The CHC now appreciates as a regional organisation that there is a need for the 'interpretation' to be tailored to fit local circumstances. Over recent months the validity of the document has been queried in North Wales. However, the CHC has highlighted the significance of this document at all meetings concerning reviews of services. It has been disappointing in some instances to find that this has been overlooked.

The Guidance focuses on what needs to be done to ensure that engagement and consultation meets the legal requirements and expectations of the Welsh Assembly Government.

Unfortunately the Guidance is not clear on distinguishing the important differences between 'reviews' and 'consultations'. The lack of definition has caused confusion

amongst the wide and extensive stakeholders in North Wales and the CHC has observed that the Health Board has encountered difficulties in explaining the differences. The CHC was approached as the 'independent watchdog' to attempt to clarify the differences and a press release was issued by the CHC on 27th October 2010 (Appendix 1).

IS THE WELSH ASSEMBLY GOVERNMENT GUIDANCE BEING FOLLOWED BY LOCAL HEALTH BOARDS?

It is clear that the Health Board has interpreted the spirit and content of the Guidance and that the three cycle model, adapted as appropriate, is an effective tool for managing engagement for specific projects.

With regards to the concept of 'continuous effective engagement' and putting this into practice in North Wales, we feel that this needs to be developed between the Health Board, CHC, all stakeholders and the wider community. Despite the fact that the Health Board has followed the Guidance, being open and transparent with stakeholders, engagement has been interpreted by many as 'selective consultation'.

It should be noted that the Guidance refers to the role of a 'Public Engagement Officer' as being integral to the development and success of continuous, effective engagement. The CHC has been concerned that there is no apparent dedicated role within the Health Board and has discussed this with the Health Board on several occasions. We have been advised that under the Health Board's structure the duties of such an officer are embedded within the roles of those managers planning services. We are however anxious that the focus on engagement will be diluted within these roles.

At this time the CHC cannot fully evaluate the appropriateness of the Guidance. Managing the process of service changes in North Wales has not as yet necessitated proceeding beyond Step 2 of the guidance.

It should be stated that when Steps 1 and 2 are completed and any options for substantial changes in health services are identified, further discussion between the Health Board and the CHC as to the next 5 steps of the Guidance will be required.. These discussions are currently on-going on a frequent basis. We consider that this demonstrates that the Health Board is following the guidance.

CURRENT REVIEWS IN BETSI CADWALADR HEALTH BOARD

The CHC has been heavily involved in the numerous reviews of health services across North Wales over recent months. The CHC has officer representation on Project Boards as observers with speaking rights in order to ensure that the independence of the CHC is not compromised in scrutinising the process and any proposals which may follow that may require public consultation.

There have been variances in the way reviews have been undertaken, for example using a two phase rapid assessment process, underpinned with significant stakeholder engagement, whilst others are a three cycle model. However, once these have started and at very early stages in some of them, the Project Boards have acknowledged a need to extend the cycles as appropriate to ensure that full

engagement, consideration of feedback , further research as appropriate and development of realistic options, are addressed fully and in a timely manner.

The misconception of the process and the subject matter under review by wider stakeholders, the public and the media, has led to confusion, concern and anxiety. This in turn, however, has led to further engagement by default and has demonstrated a need for fuller discussion and reasonable extensions of the cycle process as required.

The CHC is mindful of the fact that this is a learning curve for the Health Board as well as the CHC. The Health Board has not had the opportunity to evaluate the effectiveness of the process as all the reviews currently underway are still progressing through the cycles. The CHC anticipates that it will be fully involved in the scrutiny and evaluation of both the effectiveness and management of the 90 day cycle within these reviews.

SUMMARY

The CHC believes that the Interim Guidance is appropriate in conducting reviews of health services. However, investment needs to be made with regard to communicating the spirit and intent of the Guidance by those managing reviews and those who need to be involved, to ensure continuous, effective engagement. This needs to be reflected within any new substantive guidance on engagement and consultation.

Over recent years, through discussions with stakeholders, it has been evidenced that there is a need to change the way in which health services are planned and delivered in North Wales. This has shown that the scale of future discussions needs to be managed appropriately and the three cycle model provides flexibility and focus in planning that engagement.

It should be noted that often it is difficult to identify who the Health Board needs to communicate with and how it should be doing this. This has been demonstrated in recent strong reactions and concern surrounding this process. There is a clear need for a distinction to be made between a 'review', 'engagement' and, if required, a 'consultation'.

We have, as a CHC, reiterated the need for communication regarding health services to always be presented in a way that is clear to service users. There is a clear need to explain that a review is a method of conducting a two-way dialogue between those who provide the services and those who use the services so that the population of North Wales is fully involved in shaping health services in its region.

Lessons should be learned and acted upon about how the effectiveness of engagement and communication can take place in the future. The CHC will be integral in the monitoring and scrutiny of the mechanisms for undertaking this.

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Pat Billingham, Chief Officer

Chris Jones, Deputy Chief Officer, Public and Patient Engagement
Carol Williams, Deputy Chief Officer, Public and Patient Engagement.

APPENDIX 1



NEWS RELEASE

22 October 2010

Meeting the challenges - Pulling Together

We hear on a daily basis that services are being 'reviewed' and that the public is not being 'consulted' but what does all this mean?

Talking about change doesn't mean it is going to happen. Discussion about change is not the same as a done deal.

A need to change health services in Wales is a reality. It is not a 21st century health service in all respects. What the Health Board in North Wales is doing now, is developing options for change with the community at large and it is required to look at the impact of any change upon patients, carers and the public who use the services before making any final decisions.

The current evaluations or 'reviews' of the NHS in North Wales are ways of exploring new and better ways of providing health services. These are NOT consultations and should be looked at as ways of gathering information from the public.

The Health Board has started these conversations with a purpose but what is the purpose?

New ways of providing services should always be explored with the wider community before being set down as firm proposals for change, if change is needed. The Health Board has ensured that the Community Health Council, patients, carers and their relatives, the local authorities, the voluntary sector, the local populations and community groups, together with clinicians and other staff, are involved in the development of these options to change services or develop new services. This is partnership working at its best, because in these times of severe cuts in a tough financial climate we all have challenges ahead and we need to share and work through these challenges.

This joint working ensures that the process is genuine and transparent and will take into account such things as changing access to services - for example, reductions and increases on a particular site or changes in opening times for a particular clinic.

Communities attach considerable importance to the local provision of services and local accessibility can play a role in improving health particularly for disadvantaged and minority groups. Such discussions are taking place. The views of patients and user groups are essential and it is good to see that they are being expressed and listened to.

The independent health watchdog for North Wales, Betsi Cadwaladr Community Health Council (CHC) is the body responsible for ensuring that those who plan and deliver health services are continuously talking with the public about how these services should look and that the impact on patients is understood by all.

We are the measured voice of the public in North Wales. That means, because the CHC is an independent body we need to take a balanced view. We believe the public and users of health services are the experts in their own right and this is why the Health Board has asked them to become involved. It is all about getting everybody in one room, brainstorming and looking at what we've already got in our services, what we need from our services and, if necessary, how we can make them better.

As a CHC we have worked with the Health Board right from the beginning of the process and it is important that people understand that these reviews are purely information gathering exercises and are conversations with the public, not at the public. It does not mean that what is under discussion is a done deal in any way.

The Health Board cannot plan and deliver services on its own – it needs the expertise from people who use the health services and this is exactly what is happening now.

Our own CHC strategy aims to make sure that there *are* systems in place so that the citizens in North Wales are not just talking now but every single day about health issues. We need to make sure that the Health Board gives every member of the public a chance to become involved in decisions affecting their own health and this should ensure that health services are planned and delivered by taking into account the public's view.

From what we have seen in the newspapers, on the television and social networking sites there is strong engagement with the public in North Wales – and this is good. What needs to happen now is for the Health Board to use that feedback in a constructive manner. If as a result of all the discussions, recommendations are made by the Health Board that a material change to services is required, then any such recommendation would need to be taken forward with the CHC for public consultation. Any such recommendations will be considered carefully by the CHC.

What we as a CHC want to see as a result of this engagement is that people have the opportunity to have their say in a way that is easy for them. We are happy that the public is making every effort to make its voice heard clearly and we are pleased that the Health Board is seen to be listening to this, giving the opportunity to explore the real issues further.

