



Welsh Government
Consultation – summary of response

Effective Partnership Working in Bridgend

Proposed Health Board Boundary Change to align
decision-making across Health and Local
Government

June 2018

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

1. Introduction

The Welsh Government published a consultation on Effective Partnership Working in Bridgend on 13 December 2017 following discussion with key stakeholders. The consultation sought views on the proposal that healthcare services for people in the area of Bridgend County Borough Council should be provided by Cwm Taf University Health Board instead of Abertawe Bro Morgannwg University (ABMU) Health Board to align decision-making across health and local government. It outlined that the purpose of the proposal is to ensure more effective partnership working and decision-making across South Wales within the broader ambitions for local government reform and the existing regional health planning forums.

Most local authorities in Wales work in partnerships with the same organisations across economic activity, health services and other local authority functions. Uniquely, Bridgend CBC works with local authorities in south east Wales in driving economic activity, but must work with local authorities in south west Wales within the Abertawe Bro Morgannwg UHB area for healthcare services.

The consultation proposed that changing the health board boundary would:

- ensure that Bridgend CBC was not disadvantaged by working across two strategic footprints;
- establish Bridgend CBC within the south east Wales regional footprint for healthcare provision and social services complementing existing economic and education partnerships;
- ensure that Bridgend CBC's partnership arrangements will be broadly comparable with all other local authority partnership arrangements in Wales.

The proposal is for administrative change; not service change. However, simpler more coherent partnership arrangements would be expected to deliver better outcomes for people and communities across Bridgend CBC and its partner authorities.

The full consultation and associated documents can be accessed here:

<https://beta.gov.wales/proposed-health-board-boundary-change-bridgend>

The consultation period ended on 7 March 2018. A list of respondents who did not choose anonymity is at Annex A. A full breakdown of responses categorised by sector is available at Annex B and is accessible from the website as a separate document.

This document presents respondents' views to the questions contained in the consultation document.

2. Methodology

The consultation asked participants for their views in relation to seven questions which asked whether respondents agreed to a given statement and offered the opportunity to provide comments to explain the Yes / No response given. All responses were returned using either the online response form or the downloadable response form and emailed/posted to the Welsh Government directly. In total, 145 responses to the consultation were received, with 8 subsequently discarded as obvious duplicates. From the 137 responses considered as part of the analysis, 70 of the respondents requested anonymity, and 13 returns were sent as narrative responses. Not all respondents answered the questions directly; some chose not to answer a particular question and 13 sent a summary of their views instead of the web-based form. Not all respondents provided a response to each question; where this is the case, the percentages shown in section 4 will not add up to 100%. In this analysis all responses are given equal value.

The narrative responses are not reflected in the Yes/No figures included with each question. However, all were included in consideration of the narrative that accompanies each section in this document.

The following table provides a breakdown of the number of respondents into types based on sector. Some of the respondents could arguably have been grouped into two or more or another of the categories, for example a local authority leader could be justifiably included in either the local government sector or the elected representatives sector, and therefore categorisation is subject to an element of interpretation. The table is, therefore, included as indicative of the types of respondent that made a submission.

Category	Numbers
Health Bodies	11
Third Sector / Voluntary Organisation	10
Local Government	6
Individual / Organisation not stated	90
Elected Representatives	5
Public Boards / Associations	3
Emergency and Other Public Services	5
Others / Trade Unions	7
Total	137

Welsh Government officials attended three stakeholder events by invitation within the ABMU health board area to discuss the consultation proposal.

These were:

- the Western Bay Citizens Panel Stakeholders event attended by voluntary sector organisations, carers and individuals;
- the Bridgend SHOUT 50+ forum; and
- ABMU Community Health Council Member Development Session.

Discussion points from each of the stakeholder events were recorded and are reflected in this analysis. Some organisations and individuals that attended the events also submitted a separate online or other response.

This document presents the questions grouped by subject matter. Many of the respondents made similar points over the questions that are grouped, in one or other of the questions.

The Welsh Government is grateful to all those who took the time to respond to the consultation or attended an event to discuss the proposal.

3. Key Messages

- responses were relatively evenly balanced between those that agreed and those that disagreed that changing the health board boundary would strengthen partnership working arrangements;
- respondents that included comments supporting the proposal considered that partnership arrangements would be strengthened by the boundary change, and tended to agree that the current arrangements were challenging for Bridgend Council;
- those that concluded they did not consider partnership arrangements would be strengthened by the boundary change generally raised concerns about the possible impact on health services, transport issues linked to concerns about service location change, cost and changes to individual care;
- there was a strong correlation on the issues that were raised at the stakeholder events and the online responses to the consultation;
- the consultation highlighted that under the Social Services and Well-being (Wales) Act 2014, regional partnership boards, safeguarding boards and regional adoption collaboratives would need to be realigned;
- the key organisations involved in delivering the boundary change expressed a firm view that April 2019 was preferred over April 2020, the alternative date proposed in the consultation; and
- few respondents raised any matters related to the Welsh language or the equality impact assessments.

4. Response to Questions

Questions 1 and 2: Partnership working arrangements and issues, benefits or risks

Question 1: Do you agree that changing the health board boundary would strengthen partnership working arrangements for Bridgend County Borough Council, local authorities and other partners across both the Cardiff Capital Region and the Swansea Bay area?

Question 2: Are there any issues, benefits or risks particular to the proposed boundary change that are not considered in this consultation or that you would like to comment on?

Question 1			Question 2		
Yes	54	45%	Yes	91	73%
No	58	48%	No	28	22%

Overall health bodies, local government and other public service organisations such as Bridgend Public Service Board, Bridgend Council ABMU and Cwm Taf University health boards agreed that changing the health board boundary as proposed would strengthen partnership working arrangements.

ABMU considered that the change would potentially deliver significant benefits to the people of Bridgend and would also provide the opportunity, working alongside Neath Port Talbot and Swansea local authorities, to re-appraise joint working arrangements across the remaining ABMU health board area, also establishing a greater strategic focus around the revised health board boundary.

In their response Cwm Taf restated their submission to the Reforming Local Government White Paper 'Resilient and Renewed' which identified the risk to Bridgend CBC of working across two strategic footprints and propose that it would be prudent to consider realignment of the boundary. They emphasise that in their experience strong alignment of boundaries between health and local government is a key strength to delivering successful integrated services for the whole population.

The Bridgend Public Service Board response recognises that there are significant barriers to effective working that arise because Bridgend is regarded as being in a different footprint for different services, which makes some aspects of partnership working unnecessarily difficult and complex.

Both ABMU and Cwm Taf highlight the importance of resources both in transitional arrangements and in considering the future financial settlement should the proposal be implemented. ABMU also highlighted the importance of maintaining patient flows and that a number of services in Swansea are dependent on a critical mass to sustain them. They also considered that over time there would be expected to be improved access to services for patients and better integration of care, that may mean as service models evolve and change then patient flows may change. Cardiff and the Vale UHB and the Ambulance Service Trust also reference that the impact on patient flow will need to be considered in commissioning arrangements amongst other implications.

Public Health Wales considered the removal of complexities of multi-partner engagement to be sensible, but highlighted that if the change were to proceed there will be a loss in continuity between data and reports based on the current health board footprints and future reports. They also emphasise that service delivery would change in terms of local public health provision and the delivery of health protection, screening and microbiology services.

Responses from elected representatives included concerns about service change, for example centralisation of services and the allocation of resources under the proposed new arrangements. Some elected members considered that partnership working arrangements would be improved and that the Swansea Bay footprint had not worked well because the Bridgend area does not naturally align to Swansea and Neath Port Talbot.

Around three-quarters of respondents to questions 1 and 2 were individuals or did not identify that they were making an organisational submission in their response.

Those individuals who indicated they disagreed with the statement made in question 1 (56%) were more likely to add an additional comment than those that agreed with the statement (41%). Similarly, those individuals that responded affirmatively to question 2 (73%) were more likely to include a comment with their answer.

Individual respondents who agreed that partnership working arrangements would be strengthened the proposal generally considered that it was logical to align and reduce partnerships arrangements.

Individual respondents who responded negatively included comments that generally focussed on four key issues centred around concerns about a detrimental impact on services. Those were:

- (a) change of service provision itself;
- (b) transport issues linked to concerns about service location change;
- (c) cost; and
- (d) change in individual care services and continuity of care.

Many considered that partnership arrangements across the current ABMU health board area were already established and that the proposed change would be confusing and disruptive. Concerns centred on uncertainty associated with changes to current established partnership arrangements and that the boundary change would result in downgraded services locally, for example services at Royal Glamorgan Hospital, or that standards of service provision generally would suffer. Specific examples of this area of concern include the fragmentation of complementary services and changes to patient flow. This was linked to concerns about continuity of on-going individual treatment for patients, for example changes to the medical professional providing care with which there would be an established personal relationship.

Driven by a perception that there would be a geographical shift in centres of service provision towards Merthyr and Rhondda Cynon Taf, transport concerns focussed on the distance, time and difficulty in travelling north instead of west for patients. For example, a common specific example included travelling by road or public transport to Prince Charles Hospital in Merthyr, instead of west along the M4 to Morriston

Hospital. Other transport concerns reflected individual service provision change within Bridgend shifting north.

Individuals raised concerns about the cost of administering the change at a time when there is significant pressure on financial resources. Included in concerns about costs were changes to the financial settlements and the impact on the remaining ABMU Health Board area. Associated with concerns about the costs was the time that may be devoted to administering the change.

These concerns were common to the on-line and other responses and the reflections of those local stakeholders that attended the consultation events within the ABMU health board area.

Outside of these four key themes, the impact on the third sector where the resources and relationships are linked to the current health board arrangements, the impact on services in the remaining ABMU health board area, uncertainty for staff, and the challenge of dis-aggregating services was also raised.

Voluntary/Third Sector groups and organisations reflected many of the themes highlighted in individual responses. This is perhaps because several of the groups contributed to the consultation events that also prompted the individual responses and discussion focussed on these particular issues. They, therefore, reflected the common concerns of individuals and their service users.

Some of the responses emphasised the strength and investment that had been made in existing partnership arrangements. In addition, voluntary sector organisations raised concerns about how the boundary change would affect their service and funding arrangements from each of the health boards, both within Bridgend itself and across the wider ABMU and Cwm Taf health board areas and how their funding may be apportioned.

The Royal College of Nursing emphasised the importance of engagement with trade unions and professional bodies. They raised concerns around different workplace cultures and the potential impact on specialised services. They also highlight that there are significant differences in how roles are structured between the different health boards and consider that there are clinical, planning and operational issues that need to be considered should the proposal be implemented.

Questions 3 and 4: Social Services and Well-being (Wales) Act and other legislation

Question 3: If the boundary change is implemented, regulations under the Social Services and Well-being (Wales) Act 2014 will also need to be revised to re-align regional partnership boards and partnerships safeguarding children and adults. Are there any issues you would like to raise about consequential changes to Regulations under the Social Services and Well-being (Wales) Act?

Question 4: Are there other Regulations or provisions under the Social Services and Well-being (Wales) Act or other legislation which should be considered for amendment if the proposed Heath Board boundary change is implemented?

Question 3			Question 4		
Yes	46	38%	Yes	22	19%
No	68	57%	No	81	70%

Less than 40% of total respondents provided additional comment on question 3 and many of the respondents that did comment reflected the general issues raised in response to questions 1 and 2. Slightly fewer comments again were received for question 4.

Of those that commented on the issue raised by the question, several referenced that Safeguarding Children Boards would require realignment, others that there would be implications for the National Adoption Service. Concerns were expressed about individual elements of current partnership arrangements that reflected those raised in response to questions 1 and 2.

Bridgend CBC considered that the realignment of regional partnership boards should allow for working across both areas for a period of time to ensure that individual cases do not get missed between the key statutory agencies. They highlighted that there is an opportunity to consider establishing a South Wales Safeguarding Board that is coterminous with the South Wales Police Boundary.

Making a similar point, Swansea Council considered that sufficient flexibility would be required in compliance with regulations during a period of transition, highlighting a risk around the timing of changes to regulations against the timescale required to reconfigure the existing Western Bay programme.

South Wales Police and Crime Commission, Alun Michael stressed the importance for the work of the Regional Partnership Boards and safeguarding arrangements to be aligned with the work of Public Service Boards established under the Well-Being of Future Generations Act. South Wales Police emphasised that there would need to be clarity on multi-agency issues across organisational boundaries on a range of issues, including safeguarding children and vulnerable adults.

The National Adoption Service highlighted that under the Social Services and Well-Being Act there are collaborative arrangements in place for adoption services, integrated family support services and fostering. Referencing adoption services in more detail, they considered that it is difficult to see how change will promote the on-going improvement of services to benefit citizens of the region.

Swansea Council also highlighted that the regulations relating to adoption services and integrated support services would need to be considered.

Question 5: Timing of the boundary change

Question 5: Do you consider that the 1 April 2019 for the boundary change to take effect is realistic and achievable?

Question 5		
Yes	55	46%
No	62	52%

Both ABMU and Cwm Taf health boards considered that 1 April 2019 was challenging but agreed it was achievable and realistic. ABMU expressed a firm view that the change should be made in April 2019 and suggested that any delay would be detrimental in terms of staff morale and engagement.

Bridgend CBC also considered that April 2019 allows for sufficient time to plan whilst also setting a clear expectation of pace and urgency, also promoting a planned period of transition for the relevant partnerships over the following year. Swansea Council commented that they would support as early an implementation as can be realistically and safely achieved.

Some considered that the proposed timeline would be too complex and some that it would be challenging but achievable with proper planning.

Questions 6 & 7: Impact Assessments

Question 6: The Welsh Language Impact Assessment published alongside this consultation paper outlines the Welsh Government's view of the effect of the proposal on the opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language. In relation to the proposals set out in this consultation:

- a. are there any positive or adverse effects?
- b. could the proposals be re-formulated so as to increase the positive effects or reduce any possible adverse effects?

Question 7: The Equalities Impact Assessment published alongside the consultation outlines the Welsh Government's view of the effect of the proposals on protected groups under the Equality Act 2010. The Welsh Government seeks views on that assessment:

- a. are there any other positive or adverse effects not identified in the assessment?
- b. could the proposals be re-formulated so as to increase the positive effects or reduce any possible adverse effects?

Question 6a			Question 6b		
Yes	25	22%	Yes	33	29%
No	72	63%	No	63	56%

Question 7a			Question 7b		
Yes	23	20%	Yes	30	28%
No	69	61%	No	59	56%

Most respondents that commented on the issue considered that there were no Welsh language issues associated with the proposal. As an example, one respondent highlighted that opportunities for people to use the Welsh language and treat the Welsh language no less favourably than the English language are not dependent on where the boundary between neighbouring Health Boards is drawn.

The majority considered that there were no positive or negative impacts on equality arising from the proposal.

5. Next Steps

A copy of this consultation summary will be sent to each of the respondents to the consultation and to organisations that facilitated stakeholder events. The consultation summary will also be published on the Welsh Government's website.

The Welsh Government has utilised the consultation responses in considering the issues associated with the proposal and in making a decision about the boundary change.

Annex A: List of respondents that did not choose anonymity:

Name	Organisation
Peter Evans	Individual / Organisation not stated
Jim Widdett	Bridgend CBC
David Hawker	Private Carer and OAP
Huw Davies	Individual / Organisation not stated
David Parry	Individual / Organisation not stated
David R Harries	Individual / Organisation not stated
Chris Brown	Individual / Organisation not stated
N P Thomas	Individual / Organisation not stated
Sandra Miller	Individual / Organisation not stated
Nigel Radcliffe	Individual / Organisation not stated
Geoff Bell	Chair of Llantrisant & District 50+ Forum
Kathryn Charles (Clerk)	Neath Town Council
S Pearson	Individual / Organisation not stated
Chris Sivers	City & County of Swansea Council
Pamela Quelch	Individual / Organisation not stated
David Isaac	Briton Ferry Town Council
Mrs P Pulley	Individual / Organisation not stated
Vanessa Townsend, Bridgend Locality Lead Occupational Therapist	Mental health & learning disabilities delivery unit, ABM Health board
Darren Matthews MBE	Individual / Organisation not stated
Iwan Cray	Mid and West Wales Fire and Rescue Service
Karl Williams	Individual / Organisation not stated
Dr Andar Gunneberg, Consultant Chemical Pathologist, Clinical Lead for ABMU Laboratory Medicine	ABMU Laboratory Medicine (merged Clinical Biochemistry and Laboratory Haematology, part of Pathology)

Rhodri Davies	Y Gymdeithas Strôc / The Stroke Association
Chief Inspector John Wainwright	South Wales Police
Chris Mann, Chair Trustee Board	Citizens Advice, Swansea Neath Port Talbot
Susan Cooper, Corporate Director Social Services and Wellbeing	Bridgend County Borough Council
Rena Sweeney (on behalf of the Board of Management)	Bridgend County Care and Repair
Howard John	Individual / Organisation not stated
Service User Network Group of Bridgend	Individual / Organisation not stated
Rt Hon Alun Michael	Police & Crime Commissioner for South Wales
Jean Matthes	Individual / Organisation not stated
Tony Jackson on behalf of Chief Fire Officer Huw Jakeway	South Wales Fire & Rescue Service
Stephen Allen	Cardiff & Vale of Glamorgan CHC
ABMU Psychology Advisory Committee	Abertawe Bro Morgannwg University Health Board (ABMU)
David Rees AM / Stephen Kinnock MP	Elected representatives for Aberavon
Suzann Griffiths	National Adoption Service For Wales
Abertawe Bro Morgannwg Community Health Council	Abertawe Bro Morgannwg Community Health Council
N	Individual / Organisation not stated
Paul Harding	Marie Curie
Primary & Community Services Delivery Unit	Abertawe Bro Morgannwg University Health Board
Michelle Caple (on behalf of Sian Hibbs)	Her Majesty's Prison and Probation Service in Wales.

Councillor Andrew Morgan Leader of Rhondda Cynon Taf Council County Borough Council	Rhondda Cynon Taf County Borough Council
Royal College of Nursing Wales.	Royal College of Nursing Wales.
Neath Port Talbot CVS.	Neath Port Talbot CVS.
Helen Evans	Neath Port Talbot Mental Health Service User Network.
Estelle Hitchon Director of Partnerships and Engagement	Welsh Ambulance Services NHS Trust
Heidi Bennett	Bridgend, Swansea and Neath Port Talbot CVC's
Siân Harrop-Griffiths	Abertawe Bro Morgannwg University Health Board
Phil Bushby Director of People & Organisational Development	Public Health Wales
Becky Hancock	Welsh Centre for Action on Dependency and Addiction (WCADA)
Bethan Sayed AM and Dr Dai Lloyd AM.	Individual / Organisation not stated
Dr Sian Lewis, Managing Director	Welsh Health Specialised Services Committee
Abi Harris - Executive Director of Strategic Planning	Cardiff and Vale Health Board
Dr JI Baker MA FRCP	Palliative Medicine consultants in South West Wales
Les Rees	Aberavon Constituency Labour Party
Darren Mephram	Bridgend PSB membership
Kirsty Roderick	Combined Western Bay Stakeholders
Stella Leyshon	Individual / Organisation not stated
Karyl Carter	Individual / Organisation not stated
S Oelofse	Stroke Club Bridgend
S O'Reilly	Stroke Club Bridgend

Henry Harris	Individual / Organisation not stated
Cwm Taf University Health Board	Cwm Taf University Health Board