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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	31st May 2018		Agenda Item	
Report Title	Public Engagement – “Your NHS – Help us change for the Better”			
Report Author				
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy			
Presented by	Siân Harrop-Griffiths, Director of Strategy			
Freedom of Information	Open			
Purpose of the Report	<p>As part of the Recovery and Sustainability Programme the Board will be aware that a series of service changes were introduced in 2017 on a temporary basis to test out how these impact on the quality of services provided for patients and our bed usage. Work undertaken in 2016 showed that we had the opportunity to develop different services and work more efficiently to reduce our lengths of stay for patients in our general hospitals. The changes proposed are aimed to ensure more patients are able to be cared for at home, with fewer admissions, patients are discharged to their own homes and communities more quickly so as to minimise the negative impacts of long stays in hospital. This has led to a package of service changes being developed which the Health Board is now engaging on, in partnership with ABM Community Health Council. This paper outlines the engagement timeline, process and the relevant engagement documents.</p>			
Key Issues	<ul style="list-style-type: none"> • 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the engagement timeline being followed and the key decision points within this; • Note the summary and full engagement documents which have been developed to support this process; • Note the engagement plan developed to support the discussion of these service changes with the Health Board’s ongoing engagement mechanisms as well as community events planned; • Agree that the outcome of the engagement will be presented to the Board at its meeting on 26th July 2018. 			

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PUBLIC ENGAGEMENT – “YOUR NHS – HELP US CHANGE FOR THE BETTER

1.0 SITUATION

As part of the Recovery and Sustainability Programme the Board will be aware that a series of service changes were introduced in 2017 on a temporary basis to test out how these impact on the quality of services provided for patients and our bed usage. Work undertaken in 2016 showed that we had the opportunity to develop different services and work more efficiently to reduce our lengths of stay for patients in our general hospitals. The changes proposed are aimed to ensure more patients are able to be cared for at home, with fewer admissions, patients are discharged to their own homes and communities more quickly so as to minimise the negative impacts of long stays in hospital. This has led to a package of service changes being developed which the Health Board is now engaging on, in partnership with ABM Community Health Council. This paper outlines the engagement timeline, process and the relevant engagement documents.

2.0 BACKGROUND

A package of service changes have been developed as part of the Service Remodelling Workstream, focusing on two main areas:

- Increasing patients' independence through reducing the amount of time that needs to be spent in hospital, and reducing the numbers of patients that need to be admitted to hospital, so allowing us to reduce beds; and
- Developing more community based services to support older people with mental health problems, again allowing us to reduce beds

The changes in our general hospitals revolve around the introduction of a number of new services and approaches which have had a significant impact on lengths of stay, particularly the following:

- Pilot of a new model for acute frail older people's care at Singleton to deliver high-quality integrated person centred care through the iCOP (Integrated Care of Older People) team. This pilot increased the number of patients aged 75 and over discharged home from Singleton Assessment Unit by 10% and reduced length of stay for those admitted by an average of 9.55 days compared to a similar cohort of patients (from 25.25 days to 15.7 days).
- In 2018-19 the iCOP team will be established on a permanent basis with investment of £340,000 per annum. The team will provide services to additional patient groups at Singleton.
- At Neath Port Talbot Hospital (NPTH) a Transfer of Care and Liaison Service (TOCALS) has been established to identify patients at other ABMU acute hospitals and support their care. The evaluation of TOCALS shows that 26 patients have been discharged from Morriston and Singleton Hospitals after assessment because of the Team rather than having to be admitted, saving approximately 200+ bed days. The Team have also supported 375 patients to go home directly from Morriston, Singleton and Princess of Wales Hospitals who would otherwise have been sent to NPTH before being discharged home.

The average length of stay in the care of the elderly wards at NPTH has reduced from 40 days to around 29 days.

- With Neath Port Talbot County Borough Council and the Housing Association Pobl, a pilot has been established with a housing officer being based at NPTH and actively identifying people suitable for placement in the 12 assessment beds at Plas Bryn Rhosyn for short-term assessment and recovery prior to moving onto their long-term placement. In 2018-19 the Health Board plans to make this pilot permanent to further improve this flow of patients.
- At Neath Port Talbot and Singleton Hospitals our stroke and ortho-geriatric rehabilitation services are being targeted to ensure the patients referred are those most likely to benefit from these specialist inputs and to provide more intensive therapy per patient. This has been found to reduce how long these patients have to stay in hospital.
- At all our hospitals the use of the SAFER flow bundle is being embedded, where there is evidence this can reduce length of stay:



- Ensuring our existing expanded community services (some from Integrated Care Funding), developed in partnership with our Local Authorities are used to maximum effect and monitoring performance against the discharge standards agreed by Western Bay in 2017-18.

The changes in our Older People's Mental Health Services revolve around the investment of £1.5 million into community services and the external review of our services which urged us to develop a better balance of inpatient vs community services. The report highlighted that we have the highest number of admissions to older people's mental health beds for our population in the whole of the UK and one of the highest proportion of beds. Our bed usage has been declining because of changes in clinical practice and this additional investment has enabled us to introduce a number of new services and approaches, by physiotherapists, psychologists, occupational therapists and in-reach to care homes which have further reduced our reliance on beds in order to provide support for older people with mental health problems.

These service changes were in part introduced in 2017 to test the effect these had on the quality of care provided to patients, the efficiency of services as a result and the resultant impact on the use of beds in our acute and older people's mental health beds. In addition there was a recognised need to start to talk to our population about why changes in services were needed and to gain their input into how services should change going forward and their ideas about how the NHS in the ABMU area

should improve and become more efficient. The way in which this engagement is being carried out is outlined later in this paper.

Some of the beds temporarily closed were then used as part of our winter planning and reopened for a short period as “surge” beds to help us cope with these demands (35 of the 79 acute beds closed were utilised in this way). In addition Service Delivery Units have been identifying further capacity changes they can make in 2018-19 as part of the programme.

3.0 ASSESSMENT

In partnership with the ABM Community Health Council engagement on these service changes and the wider conversation about health services was agreed, based on an 8 week engagement, starting on 3rd May and running until 27th June 2018. The CHC have been kept fully apprised of the work being undertaken in the Health Board, and have been aware of the temporary closure of beds whilst the changes have been evaluated. Attached as **Appendix A** is the timeline developed for this engagement and the decision making process associated with the outcome from the engagement.

Also attached as **Appendices B and C** are the summary and full engagement documents developed to accompany this process.

Based on feedback on other recent engagement and consultation processes, the Health Board has developed, with the CHC, an alternative approach to this engagement. This is based around the Health Board attending a range of existing community events to tell people about the engagement and service changes associated with this and to ask them to sign up to becoming members of the Health Board’s engagement community going forward (in line with the new General Data Protection Regulations). They can then be part of this wider conversation about improving our health services, and contacted about further service change proposals as they are developed. In addition to this the usual ongoing engagement mechanisms developed by the Health Board, including those for staff engagement, are being used to discuss these service changes and a standard set of presentation slides have been developed for this purpose. Attached as **Appendix D** is the engagement plan relating to these activities.

An equality impact assessment of the service changes has also been carried out, and as normally is the case this has been published in draft form alongside the engagement documentation and process. It will be revised and updated as responses to the engagement are received, particularly from individuals and organisations representing those with protected characteristics under the Equality Act 2010.

In order to support feedback from individuals and organisations being received in a standardised way, a questionnaire has been developed which asks relevant questions of the public relating to the engagement, to elicit views on the proposals, actions the Health Board should take to mitigate impacts of these and to gather ideas for change to other health services which will be considered and taken forward as part of the Recovery and Sustainability programme.

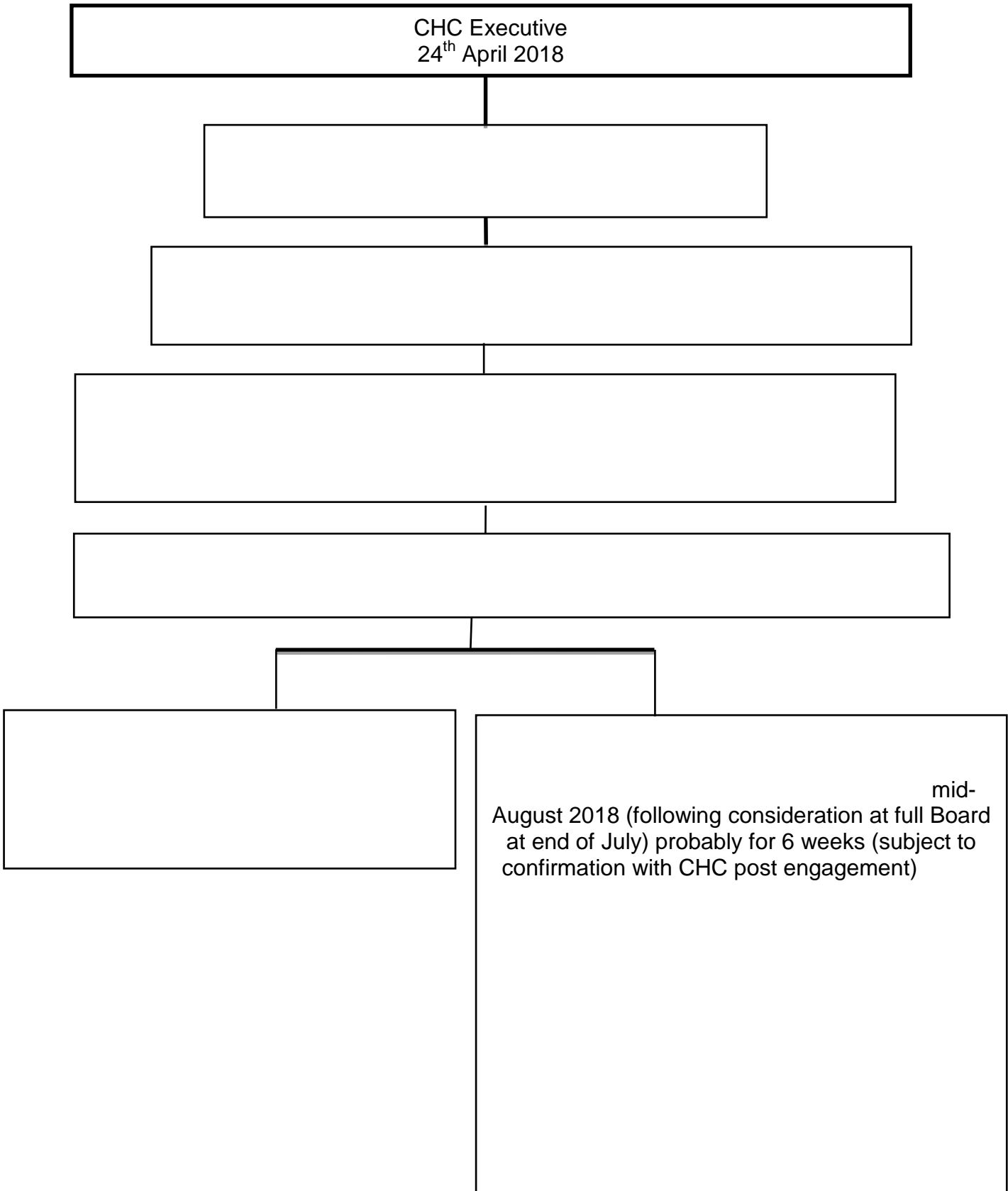
4.0 RECOMMENDATIONS

The Health Board is asked to:

- **Note** the engagement timeline being followed and the key decision points within this;
- **Note** the summary and full engagement documents which have been developed to support this process;
- **Note** the engagement plan developed to support the discussion of these service changes with the Health Board's ongoing engagement mechanisms as well as community events planned;
- **Agree** that the outcome of the engagement will be presented to the Board at its meeting on 26th July 2018.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
	✓		✓		✓		
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
There are no direct implications of this report. However, ensuring that the Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.							
Financial Implications							
There are no direct financial implications in this report. However, specific impact, where relevant, will have been considered within individual reports as part of the decision making process.							
Legal Implications (including equality and diversity assessment)							
An equality impact assessment of the service changes has also been carried out, and as normally is the case this has been published in draft form alongside the engagement documentation and process. It will be revised and updated as responses to the engagement are received, particularly from individuals and organisations representing those with protected characteristics under the Equality Act 2010.							
Staffing Implications							
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports as part of the decision making process.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
No direct implications within this report.							
Report History							
Appendices							

**Service Remodelling Workstream
Engagement and Consultation Timeline**



Abertawe Bro Morgannwg University health Board

Your NHS – help us change it for the better

Summary document, May 2018 (Final)

The NHS is always in the news, and often it's about pressures on hospitals, waits in the Emergency Departments (A&Es) or queuing ambulances. There's no doubt that pressures on the healthcare system are increasing.

There are a lot of reasons for this, but a big one is that we now live longer than previous generations - and with that increased longevity often comes multiple health conditions.

There is also the financial challenge. We must live within our means and as a health board we are currently 'overdrawn'. But these changes are not designed to solely rein in costs, they will also improve services. How we care better for frail, older, people is a challenge, but there's a lot we can do which will make a real difference. However, that will mean changes in how NHS and other services are delivered – and during this engagement we want your feedback and suggestions to help us craft the way forward.

It might sound counter-intuitive, but extra hospital beds are not really the answer, and in fact could even make things worse. Lessons being learned from places like Sweden and New Zealand show the key to relieving pressure on healthcare services is putting a much greater emphasis on community-based care; avoiding unnecessary hospital admissions in the first place or keeping patients' stay in a bed to a minimum. Better 'front door' assessment and care of patients arriving at hospitals also makes a big difference.

We've already begun this work, but in parts of the world which are further along that journey, pressures on their hospital services have significantly reduced, and their emergency departments are quieter. The full engagement document that accompanies this summary goes into a lot more detail about how this all fits together, but briefly –

- managing the care of frail elderly patients better in the first place, and reducing overall lengths of stay in hospital, means beds become available more quickly

- fewer patients coming to hospital as emergency cases because their community-based care has improved
- Better 'front door' hospital assessment reducing the need for admissions, or if they are admitted it's for a shorter time
- All the above is better for the general wellbeing of patients, aids their recovery, and supports their independence

This engagement specifically outlines two areas of change we want to make in 2018:

- patients spending less time in hospital, so allowing us to reduce hospital beds
- developing more community based services to support older people with mental health problems, again allowing us to reduce beds

We are proposing to permanently reduce some beds across our main hospitals, and one of our community hospitals. We temporarily closed most of these beds in the summer of 2017 because of new services and ways of working we have introduced, aimed at reducing how long patients stay in hospital, which in turn means they do not become as dependent or reduce their mobility as much. Pilot schemes produced positive results which we now want to continue and roll out.

In addition, with careful monitoring, we believe we can further reduce how long patients stay in hospital and avoid more hospital admissions for assessment to provide a better balance of care, which will allow us to make further bed reductions in 2018-19.

We also have a very high proportion of beds for elderly mentally ill patients compared with the rest of the UK, and we want to reduce these numbers to concentrate on providing more community care. It is far better for patients with dementia to be in the familiar surroundings of their own homes, and we want to do more to support that.

Thank you for taking the time to consider our plans, and we look forward to hearing your views. The outcome of the engagement will be considered by the CHC and Health Board in July 2018. Based on this decisions will be made about whether these proposed changes can be implemented or whether further public consultation is required.

More details can be found at www.abm.wales.nhs.uk/engagement or by emailing abm.engagement@wales.nhs.uk or contacting us on 01639 683355.

Abertawe Bro Morgannwg University Health Board

**Your NHS – help us change for the
better**

**An engagement document on
proposed changes to NHS services
and how you can help us improve our
services for you**

Public Engagement – 3rd May to 27th June 2018

Who are we, and what do we do?

Abertawe Bro Morgannwg University Health Board (ABMU) runs your local NHS services in Bridgend, Neath Port Talbot and Swansea, specialist services for South West Wales and some very specialist services for people from further away. We plan services provided by GPs, dentists, chemists and opticians and well as provide community services such as district nurses, therapists, school nursing and health visiting.

We also have four main hospitals – Morriston, Singleton, Neath Port Talbot and the Princess of Wales, as well as two community hospitals in Maesteg and Gorseinon. We provide inpatient and community mental health services and a full range of learning disability services for an even greater population. We help you stay fit and healthy by providing information and support about healthy lifestyles.

Over 500,000 people live in ABMU and we employ over 17,000 staff. In all of this we work closely with patients, their families and carers, the ambulance service, local authorities, universities and the voluntary sector.

What is the booklet about and who should read it?

The NHS in Wales is facing some huge challenges and we need to make some major changes so in future our NHS continues to be safe, reliable and high quality for the increasing number of people who need us when they are ill. We also need to do more to support people to live healthier lives so that they don't get ill, or if they do, to help them recover more quickly. People with ongoing illnesses also need us to do more to help them to manage these as effectively as possible.

In the next section we explain why we believe our NHS needs to change, and outline some ideas for future NHS care in ABMU. We want to share these ideas with you, get your ideas of how our services should change and get your feedback to influence any future plans.

We'll also explain how you can help us improve our NHS and let us know your ideas about this. It's vital that you have your say on our ideas and can put forward your own ideas on how our services can improve. We want as many people as possible to be involved in this discussion so please pass information onto. We want you to have a say about how your local NHS services can give the best possible care now, and in the future.

Why our NHS needs to change

The NHS across the UK and in Wales is facing growing challenges, and our local NHS is no different. People are living longer now than previous generations - which is great news - but often they also develop multiple

health conditions as they get older. So we need to change the methods of caring for people, to make the most of our staff and services.

The types of challenges we face include:

- Unequal health – where you live in the ABMU area makes a big difference (some men in our area live 20.8 more years of being healthy than others, and the gap for women is 18.3 years)
- A growing population – including more babies and older frail people needing care
- Poor lifestyle choices – smoking, being overweight, drinking too much alcohol or too often and not exercising enough
- Long term illness – the number of people with long term illnesses like diabetes and chest conditions is going up
- Staffing – a serious shortage of some doctors, nurses and other key staff is making some services hard to deliver safely and means we have to rely on short-term agency staff to run our services
- Funding – NHS funds are not keeping track with the rising costs of running our services and we are spending more money than we have to keep current services going
- Expectations – you rightly expect the NHS to support you when you need it, but increasingly you want this to be in or as close to your home as possible, rather than in hospital

If we carry on delivering services as we do now, we won't be able to meet these challenges and the standard of care in our NHS will deteriorate. We don't think that's acceptable so together with partner organisations, GPs, community and hospital staff, ABMU is making plans to redesign local NHS services.

Is it just about saving money?

No it's not. It's about making sure we provide the highest quality services possible in the most appropriate place and with the best staff. However we do need to make sure we are living within our means and using all our resources – money and staff, as efficiently and effectively as possible. ABMU Health Board has a budget of £1.2billion. However we are currently overspending this budget. For 2017-18 we had in effect an agreed overdraft with the Welsh Government of £36million, in effect a £3million agreed overdraft each month. To achieve this we have had to make changes to our services to be more efficient and to reduce waste. However to reduce this overspend in 2018-19 and onwards so that we

can balance our budget and spending, we can't continue to deliver services in the same way, we need to do things differently.

Our NHS is large and complicated, with over 17,000 staff providing services across the ABMU area, plus GPs, opticians, chemists and dentists also providing services through contracts with us. We know we can do things better, and believe that by improving services, doing the right things for our patients, first time, we can not only make our services and the quality of them better, but also reduce our costs. However to do this we need your help – telling us where and how we should improve our services, where we can be more efficient and enabling you to have more influence on how your NHS develops for the future.

We have significant numbers of nursing vacancies across the Health Board (about 400 on average, primarily on medical wards) which means we are relying on agency and temporary staffing to provide enough staff to safely provide care on our wards. We continually try new approaches to appoint new staff and keep our existing ones, including overseas recruitment, but despite these efforts we continue to have roughly the same level of vacancies. We know this level of temporary staffing is not providing the best care possible and is also costing more than we can afford. If we implement the changes outlined in this document we will not have to use as much bank or agency staff to provide care on our wards, this will mean our staff can work in teams more consistently. Existing staff employed on wards where changes are planned will be transferred into vacant posts on other wards on the same hospital site wherever possible. There is no risk to the employment of any of our staff.

In 2016 an external company, Capita, reviewed the number of beds we have in our different hospitals, how long patients spend in hospital, what demand there is for hospital beds and how patients' needs will change in the future. This identified that we had significant opportunities to use our beds more effectively, and in ways which are better for patients. This includes reducing how long our patients stay in hospital, changing how we provide care for our patients outside hospital, both when we could assess and treat them without admitting them, and discharging them more quickly. Reducing unnecessary time in bed is much better for patients' wellbeing. This is because patients who are in hospital beds when they don't need to be are at risk of becoming physically weaker overall, developing other immobility-related illnesses and becoming more dependent.

A working group has been leading this work, changing our services in line with good practice elsewhere in line with the principle of care closer to home. This work has been supported by the NHS Wales Delivery Unit.

So what services are we planning to change?

We have been working hard to develop new ways of providing care for people, aimed at preventing problems before they occur, intervening sooner when things do go wrong, and ensuring people don't have to be admitted to hospital unless there is no other way of providing appropriate care for their needs. This means we have been working to transfer care from hospitals into community settings or care in your own home. You consistently tell us that you don't want to go into hospital unless absolutely necessary.

Because of this and the importance of us using our money and staff as effectively as possible, we have been developing new services and ways of ensuring that we use our hospital beds, in particular, as fully and appropriately as possible. This means we have put in new services to allow us to assess patients without admitting them to hospital, so allowing them to go home more quickly, and ensuring that where patients are receiving treatment in Morriston Hospital from other areas, they can go home direct from there rather than transfer to another hospital first, as we know that each time a patient transfers from one hospital to another they spend longer in hospital.

We also know that when patients are in hospital, wearing pyjamas or a hospital gown, it doesn't help them feel better. Getting patients up and dressed helps our patients feel more ready to return home and back to their usual routine, living as independently as possible. Your hospitals are all working to reduce what we are calling PJ Paralysis and this is another part of our efforts to make sure patients do not stay in hospital any longer than necessary. While people see hospitals as safe places, the risk of infections and the fact that patients, particularly older ones, lose muscle mass very quickly (10 years' loss after 10 days bedrest!) which reduces their ability to move about, means that we need to make sure people only stay in hospital for the shortest time possible.

Extended lengths of stay mean that patients are more likely to need additional support when they get home to cope, and are more likely to need institutional care (in nursing or residential homes).

Ultimately, improving the way we care for patients, especially frail elderly ones, will also cut ambulance queues during peak periods outside our Emergency Departments (A&E). That's because when this happens there are patients already in the Emergency Departments (A&E) – often elderly - waiting to be admitted to a ward, and until they are admitted, the ambulances can't offload the next patients.

But by managing the care of frail elderly patients better in the first place, and by reducing overall lengths of stay, beds become available more quickly. And, fewer patients come to hospital as emergency cases in the first place because their community-based care has improved.

We know that elsewhere in the world – places like Sweden and New Zealand – where they are further ahead with this kind of service change, pressures on their EDs have dropped considerably.

Detailed below are the changes we are proposing for 2018. There are two areas of changes which we outline in the following sections:

- Patients spending less time in hospital, so allowing us to reduce beds
- Developing more community based services to support older people with mental health problems, again allowing us to reduce beds

We want your views on these proposals and also your help in identifying other things we should be doing to make our services better and more prepared for the future challenges we face.

Patients spending less time in hospital, so allowing us to reduce beds

We are proposing to permanently reduce some beds across our three main hospitals, and one of our community hospitals. We temporarily closed these beds in the summer of 2017 because of new services and ways of working we have introduced, aimed at reducing how long patients stay in hospital, which in turn means they do not become as dependent or reduce their mobility as much.

Our top priority is to provide high quality, safe care for our patients. Staying in hospital for extended periods, particularly for frail older patients, can be harmful as their ability to move and function reduces very rapidly. We have been working hard over recent years to get patients moving as quickly as possible once they are recovering.

During 2017-18 we have reduced our general (i.e. not mental health) beds across our three general hospitals and one of our community hospitals temporarily by 79 beds out of a total of 1,736 beds (4.6%). We have been able to do this by the efficiencies identified above, alongside the ongoing work with our Local Authority partners to improve the range of services in the community enabling patients to stay at home longer and leave hospital sooner. This has also reduced how much we have to use agency and bank nursing staff which we believe improves the quality of care we provide as well as reducing costs. As part of our planning for increased demand over the winter we reopened approximately 35 beds across our sites to help us deal with surges in demand (these have now closed again). We have been monitoring the effects of the changes we have made to the number of beds we have

available throughout the year. Whilst there was increased demand over the winter period, particularly caused by increased 'flu admissions and the bad weather, there is evidence that even with less beds we have had fewer operations cancelled, fewer medical patients cared for on non-medical wards and medical patients spending less time in hospital compared to the previous year.

With work continuing to further reduce how long patients stay in hospital we believe we can cope with fluctuating pressures without the 79 beds we have temporarily closed. Therefore we are proposing closing these beds on a permanent basis. The spread of these beds is outlined in the table below:

Delivery Unit	Site	Specialty & Wards	No of beds
Singleton	Singleton	Care of the Elderly / Oncology (wards 10 & 12)	34
	Singleton	Gynaecology / surgical specialties (wards 2 +20)	14
NPTH	NPTH	Care of the Elderly (wards C, D, E)	20
POWH	POWH	Care of the Elderly (ward 20)	3

In addition, with careful monitoring, we believe we can further reduce how long patients stay in hospital and avoid more hospital admissions for assessment to provide a better balance of care, which will allow us to make further bed reductions in 2018-19. We believe we can reduce a further 46 beds – 26 beds at Singleton and 20 beds at Neath Port Talbot hospitals, meaning we will reduce our beds by a further 2.8% or by a total of 7.2% when added to the 79 beds outlined above.

Detailed below are some details about each of the hospitals and the beds reduced there, with reasons for why we believe we can permanently close the beds we temporarily reduced in 2017 without affecting the level or quality of care we can provide. We also outline further improvements in the balance of care we are implementing which will further reduce how long patients stay in hospital and support them better to return home quicker, which we believe means that we will be able to close more beds as part of this shift to more care closer to home.

Singleton Hospital

A new frail elderly service was introduced on a pilot basis at Singleton Hospital, part way through 2017, through a multi-disciplinary Integrated Care for Older People service (iCOP), with a Consultant led comprehensive assessment service, which has contributed to reducing how long medical patients stay in hospital and how many patients are assessed without requiring hospital admission. After the successful pilot

£340,000 has been invested in establishing this service permanently. Improvements have also been made to how we provide rehabilitation services through ward based therapists targeting patients most likely to benefit from this specialist input. These changes have freed up beds which has also allowed us to move some of our wards around to improve the high quality of care for medical, gynaecology and oncology patients and allowed us to use the nursing staff we have available better.

On Ward 20 (gynaecology) and Ward 2 (surgery) a lot of day case patients were using the beds there. Across both wards on average only 14 of the 32 beds were used overnight, with on average 23 of the 32 being used in the day. The total beds available on Ward 2 is 30 beds (although only 22 were being used) and so Ward 20 patients are now being cared for on Ward 2. Waiting times for gynaecology and surgery have not increased since these changes have been made. Whilst the newly configured Ward 2 has had some medical patients cared for there during the winter when we have experienced increased demand, an area has been ring-fenced for day cases during the day to ensure we can meet these needs.

Therefore we are intending to permanently close the 34 care of the elderly / oncology beds we temporarily closed during 2017-18 (wards 10 and 12) and continue with the temporary closure of the 14 surgical beds (ward 20) for a further 18 months. This will allow building work to develop a Transitional Care Unit for newborns, so expanding the care we can provide for sick babies at Singleton. Funding of nearly £10m has now been made available for this new Unit.

Further building on the success of the new frail elderly service at Singleton, and having this in place permanently, we are planning to change how patients needing rehabilitation can receive this. We will do this by introducing more reablement, assessment and rehabilitation in community settings, so reducing the numbers of patients being admitted to hospital and also further reducing how long those admitted stay in hospital. As a result we believe we will be able to close a further 26 beds at Singleton Hospital as a result of these efficiencies and improved balance of care and so are proposing that we should close these permanently from the summer of 2018. This will give us some time for the changes in services to further settle down prior to these bed reductions being implemented. We will ensure that some of this reduced capacity is available as "surge" capacity for the winter months so that if winter pressures require it, they can be temporarily reopened to help manage these pressures across the Health Board.

Neath Port Talbot Hospital

Changes at Neath Port Talbot Hospital have been made possible by changing the staffing model on one ward to be therapy-led. This Enabling Ethos ward focuses on enabling patients to be more mobile and independent and has resulted in patients staying in hospital for shorter periods. At the same time a multi-disciplinary outreach liaison service was introduced at Morriston Hospital (TOCALs) to assess Neath Port Talbot residents who may require ongoing care. This has resulted in less patients needing to be transferred to Neath Port Talbot Hospital from Morriston before returning home, and a shorter hospital stay for those who are admitted. In 2016-17 Neath Port Talbot patients were in beds for an average of 90 days, but during April to June 2017 this had reduced to 43 days, by July – December 2017 to 21 days and from January to March 2018 to 16 days.

We are planning to extend the TOCALs service to Singleton Hospital and anticipate that this will further reduce how long patients stay in hospital.

We have also been working with Neath Port Talbot County Borough Council and Pobl Group (a housing association) to make best use of the assessment beds at Plas Bryn Rhosyn. A housing officer has been based in Neath Port Talbot Hospital to support this. Currently operating as a pilot, it is planned to make this a permanent arrangement to reduce pressure on beds through increasing the number of patients receiving care at Plas Bryn Rhosyn.

Therefore the combination of these initiatives continuing to work more effectively means we believe we can further reduce our length of stay and increase the number of Neath Port Talbot patients discharged home from Morriston and Singleton Hospital in 2018-19 so that we can reduce beds at Neath Port Talbot Hospital by a further 20 beds. It is proposed that these should be reduced in the summer so that the new services will have had chance to become fully established and demand is at its lowest. We will ensure that some of this reduced capacity is available as “surge” capacity for the winter months so that if winter pressures require it, they can be temporarily reopened to help manage these pressures across the Health Board.

Princess of Wales Hospital

The 3 beds we have closed at Princess of Wales Hospital are on Ward 20. “Trusted to Care” – the Andrews Report, recommended that three 5 bed bays on Ward 20 should be reduced to 4 beds each, due to the limited space around the beds in each bay, which increased the risk of

infections being spread among patients and difficulties for patients in moving around. The space freed up in each bay has been replaced by a toilet, which provides increased dignity for patients and the benefit of a visible and more easily accessible toilet for patients on the ward, a number of whom have dementia.

Gorseinon Hospital

Over the past year we have found it increasingly difficult to recruit sufficient nurses to fill permanent roles at the hospital. As a result we have had to use bank and agency staff to fill these posts, which has led to a lack of continuity of care for our patients.

The environment at the hospital also poses challenges to providing modern health care. Health Inspectorate Wales highlighted the significant risk at Gorseinon due to overcrowding of beds which leads to an increased risk of health care acquired infections. They also identified problems with the physical environment at the hospital, for example the difficulties in using specific equipment at the bedside (such as hoists).

As a result we temporarily closed 8 beds at Gorseinon Hospital during 2017, across the different wards and bays there, so that there is more room between beds and more space to access them with equipment to meet the needs of our patients. This has not caused any problems with access to beds here and so we are proposing closing these beds permanently which will improve continuity of care and the quality of the care we can provide at the hospital.

Morrison Hospital

We are not proposing reducing beds at Morrison Hospital, because as the main acute hospital with specialist services in South West Wales, we know from the Capita report that we need some more beds on this site to cope with demand. As a result we have built a new facility at Morrison in 2017 (the Vanguard Unit), to give us extra beds there. We are working hard to reduce how long our patients stay in Morrison Hospital, particularly for surgical patients, which is starting to see benefits.

What are the benefits and drawbacks of these changes?

Less beds across the Health Board means we can make sure that all wards have sufficient numbers of staff on site to deliver a safe service. It increases our ability to deliver consistent levels of nursing and medical care through increasing the proportion of our own staff on each shift and reduce costs by decreasing the amount of agency staff we use.

There is evidence that reducing how long frail older people stay in hospital:

- Improves their outcomes
- Means we can provide care for more people because of better patient flow
- Means we are using our hospital beds as effectively as possible
- Reduces the risk and level of dependency which can result from long hospital stays
- Reduces the need for long periods of rehabilitation and / or long term care
- Patient experience is improved through having consistent nursing and medical staff
- Helps patients not become more dependent and able retain their mobility

Concerns have been raised about combining the care of surgical patients (male and female) with gynaecology patients (female) on Ward 2 at Singleton Hospital. Ward 2 is a surgical ward which caters for both male and female patients, with each gender having separate bays, in separate halves of the ward, with their own gender-specific bathrooms and toilets. The wards are long and wide and there is sufficient space to ensure that dignity and privacy is maintained. A training programme has been introduced to make sure all staff have the necessary knowledge and skills to safely care for gynaecology as well as surgical patients. We also make sure that there is an appropriate mix of staff with these different skills on the ward to care for different patients' needs.

The impacts of the reductions and changes in use of our beds are being monitored by the working group outlined above. A set of indicators is being carefully tracked to ensure no negative impacts are resulting from these changes.

Developing more community based services to support older people with mental health problems, so allowing us to reduce beds

ABMU Health Board provides a range of services to support older people's mental health. These not only include dementia care but also other mental health conditions which affect older people such as depression, psychosis and anxiety. We want to develop a range of services which provide more early, community based services so keeping people in their own homes for as long as possible, and reducing their need for hospital admission.

To achieve this we want to focus our inpatient services on assessment and treatment for people experiencing severe mental distress and who display challenging behaviour because of their illness, alongside developing community services in each Local Authority area. These changes have reduced demand for older people's mental health beds and so gives us an opportunity to reduce the number of wards we operate out of, and improve staffing levels for the remaining wards. Demographic changes and improvements in life expectancy mean that there is an expected increase in the overall number of people with dementia. In 2015, approximately 6,979 people in the ABMU area had a diagnosis of dementia. By 2030, this is predicted to rise by 48% to 10,295. We believe we need to start making changes now in the pattern of services we offer our patients. We are proposing more investment in community services and reducing the number of beds we have and the number of locations they operate from so that we can start to balance the future demands for services to meet our populations' needs which we anticipate to be mainly provided in community settings in future.

UK wide comparisons indicate that there is higher than average use of our older people's mental health beds than other areas. We have 92 beds for each 100,000 of over 65 year olds, compared to an average across the UK of 48.

We also have hugely more hospital admissions than any NHS organisation within the UK with 1,019 admissions per 100,000 of over 65 year olds, compared to the UK average of 174.

An external clinical review of our services in 2017 concluded that there was a risk to patient safety because of the current distribution and number of wards across multiple sites. They voiced concerns over our ability to staff these different services and the limitations this posed to accessing multidisciplinary input, from, for example, therapists. We currently have a total of 222 beds in 13 wards operating out of 5 different sites.

The Welsh Government's Delivery Unit's report into older people's mental health services in ABMU also showed that the balance between hospital and community based care needs to change in favour of more community based care.

Overall we believe this shows us that we have too much money and staff resources tied up in inpatient care and we need to move more staff to support patients in community settings and in their own homes, including providing more support to their families and carers.

The number of patients being admitted into our beds is reducing across all our sites and we have invested an additional £1.5 million to develop more community based services which can support people staying at home for longer and helping them get home more quickly. This money has been used to develop services aimed at:

- Improving quicker access to memory assessment services so that people can receive an earlier diagnosis of dementia, which can help them adapt earlier to living with dementia
- Providing support for people with physical and mental health problems closer to home so that hospital admissions are avoided
- Providing services in care homes for people with complex needs to anticipate problems and so avoid hospital admissions
- Providing Community Mental Health Teams for older people with complex ongoing issues living in the community
- Using beds to provide acute care and meeting the needs of people with complex conditions and challenging behaviours

The £1.5 million investment has enabled more psychology, physiotherapy and occupational therapy services to provide support to people in the community to better manage behaviour problems, promote physical exercise, improve balance and mobility and develop activities of daily living which can reduce reliance on medicines. We have also developed a team who provide input into care homes across each Local Authority area. Over 50% of care home residents have some form of dementia symptoms which increase the risk of hospital admission. Providing support and specialist input into care homes helps improve staff's understanding of their residents' needs and in turn improves the service provided to them and reduces hospital admissions where earlier intervention could prevent this.

As a result we are proposing reducing the beds available in each of the Local Authority areas we cover as outlined below:

Locality	Total Beds	Total	Future Beds	Total
NPT	54 – Tonna 20 – NPTH	74	34 – Tonna 20 – NPTH	54
Bridgend	42 – Angleton 28 – POWH	70	42 – Angleton 14 – POWH	56
Swansea	60 – Ysbryd 18 - Tonna	78	60 - Ysbryd	60
Total		222		170

We are proposing that the investment in community services we have already made and the reduction in demand for admissions, means that

we can reduce beds in these areas without negatively affecting our ability to provide services for our patients when they need it. Our proposals would result in a reduction of 52 beds out of a total of 222 (i.e. a 23% reduction). Whilst this seems like a significant reduction, the remaining 170 beds will still equate to 70.5 beds for each 100,000 of over 65 year olds in our area, compared to an average across the UK of 48.

Details about the changes in each area are explained below:

Bridgend

Currently older people's mental health beds are provided from the purpose built and designed Angleton Clinic on the Glanrhyd Hospital site and two wards on the Princess of Wales Hospital site. The number of patients using these beds in Bridgend has been reducing, and various groups of clinicians are being shared across the 5 wards and two sites operating in the area. We are proposing transferring assessments currently carried out on Ward 21 at Princess of Wales Hospital to the existing wards at Angleton Clinic so reducing from 5 wards to 4 so as to better use the staffing resources available and ensure more appropriate environments for patient care.

A recent Health Inspectorate Wales report raised concerns about the appropriateness of the facilities on Ward 21, Princess of Wales Hospital, to meet patients' needs and highlighted problems with the environment of care there.

Neath Port Talbot

Occupancy within the 54 beds in Tonna Hospital, providing services for Neath Port Talbot residents, has continued to reduce as improvements in community services have become established. There is on average between 20 and 25 spare beds across the 3 remaining Suites (wards) at Tonna. Therefore we are proposing that we should reconfigure our beds at the hospital to provide 2 wards in future for Neath Port Talbot patients – one for male patients and one for female patients. This will reduce our beds from 74 to 54 for our Neath Port Talbot residents.

Swansea

During 2017 we saw the number of patients occupying beds in our purpose built older people's mental health unit, Ysbryd y Coed, on the Cefn Coed site, reduce. Over the past few years some of our Swansea based patients have been receiving care in Suite 3 at Tonna hospital since the closure of the previous old ward at Cefn Coed Hospital because of concerns about the environment and quality of care which could be provided there. The reduced number of patients in Ysbryd y Coed has meant that we have been able to accept all inpatient admissions of older people with mental health problems from the Swansea area to this unit of 60 beds instead of them having to travel to

Tonna. This has improved access for their relatives and carers and meant that we have been able to temporarily close the 18 beds at Tonna Hospital which used to house these Swansea patients. We have still managed to admit all patients who have needed inpatient care within these 60 beds. We are therefore proposing permanently closing the beds at Tonna Hospital which used to house these patients.

What are the benefits and drawbacks of these changes?

Detailed below are some of the benefits we believe will be delivered by these proposed changes:

- Less wards across the Health Board increases our ability to staff the remaining ones and to ensure a safe service.
- Less wards also increases consistent levels of nursing and medical care.
- Reducing beds allows us to invest in community services.
- These proposals are part of a wider plan being developed to modernise the whole system of older people's mental health services with our Local Authority partners.
- Consistent nursing and medical staffing improves patient care.
- Fewer wards increases the availability of therapists to our patients.
- Reduced use of bank and agency staff which improves consistency and quality of care.
- Increased availability of home based support to further reduce the need for inpatient care and to increase access to memory assessment services.
- Addresses historical differences in access to services across the 3 local authority areas.

There is a risk that changes in services may put additional pressures on a care home structure that is already fragile across the Health Board. Availability of community placements and care homes will be monitored to avoid Delayed Transfers of Care. Discussions and joint work has already commenced with local family doctors and Local Authorities to address these issues.

How can you help us shape the future of your NHS?

Whilst this document outlines specific changes we want to make to our services now, we also want to talk to you about our NHS and how we can work together to improve it.

We want to know what you think about these proposals, and also what ideas you have about how we can continue to improve our services and provide more care, more locally to you.

Below you will find details of the variety of ways you can contact us and get involved in this conversation. We are developing a new on-line way for you to tell us your ideas, which can be supported by others and get responses from us about how we are progressing these. We are also developing alternative ways for those who aren't so keen on computers to let us know what they think and what their ideas are.

We would like you to let us know if you'd like to join our database of people who want to know changes that are underway in our NHS and be able to give your views on any proposed changes and ideas you and others may have going forward.

Detailed below are the ways you can let us know your views and how you can get involved in shaping your NHS.

What do you think of these proposed changes?

In partnership with the Abertawe Bro Morgannwg Community Health Council, the NHS Watchdog for our area, we will be discussing these proposals with our patients, their carers, the public, politicians and partner organisations to get their views on our proposals for change and to get your suggestions on how we can improve our services.

Between 3rd May and 27th June 2018 we are engaging on these proposed changes.

We have agreed the range and scope of engagement with the ABM Community Health Council and are using events being run by partner organisations to talk to people about these changes and to get as many people as possible to sign up to talk to us about their ideas for change. The outcome of the engagement will be considered by the CHC and Health Board in July 2018. Based on this decisions will be made about whether these proposed changes can be implemented or whether further public consultation is required. Any other ideas put forward by the public and our partners will be formally considered by the Health Board and feedback given to those who have signed up to be part of this discussion on progress with making these changes.

You can let us know what you think by:

Writing to us:

Chief Executive
ABMU Health Board
One Talbot Gateway
Baglan
SA12 7BR

Emailing us: ABM.engagement@wales.nhs.uk

Phoning us and leaving us a message: (01639) 683355

Contacting us on Facebook: @ABM.healthboard

Twitter: @ABMhealth

#ABMengagement

We have produced a response form so that it is easier for you to respond to this engagement. We would appreciate you filling this in and sending / emailing it to the contact points listed above.

Alternative versions of this document, in Welsh, large print (English and Welsh), audiobook (English and Welsh), British Sign Language video, Easy Read and Braille are available and you can request these by ringing 01639 683355 or by emailing the above address.

We will be attending a range of community events to talk to people about these changes and get their views. A list of these events, and sessions when we will have stands in our hospital outpatient departments can be found on our website, we will also be publicising these via social media.

Alternatively you let the Community Health Council know your views by:

Writing to them:	ABM Community Health Council
	Cimla Hospital
	Cimla
	Neath
	SA11 3SU

Or emailing them:	office.abm@waleschc.org.uk
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ENGAGEMENT PLAN

YOUR NHS – HELP US CHANGE FOR THE BETTER

Date	Meeting	Venue	Time	Service Change Engagement
May				
2nd	Stakeholder Reference Group	Boardroom, HQ, Baglan	10.00 am	On Agenda
3rd	RNIB Have your Say Event	Swansea Grand Theatre	10.00 am	Booked
5th	Swansea Spring Pride	National Waterfront Museum	12 noon	Booked
8th	LMC Meeting	TBC	7.00 pm	Agenda full for May - attending June Exec instead
9th	RNIB Have your Say Event	Gwyn Hall, Neath	10.00 am	Booked
11th	SPC with CHC	Meeting Room, Cimla	10.00 am	On Agenda
17th	Dementia Action Week Open Morning Event	Waterfront Museum	10.00 am	Booked
17th	MH and LD Team Brief	Room 300, Resource Centre	2.00 pm	On Agenda
17th	ABMYouth	Neath Port Talbot Hospital	4.30 pm	On Agenda
18th	Singleton Team Brief	Chapel, Singleton Hospital	8.30 am	On Agenda
20th	Annual Step Out for Stroke	Newbridge Fields, Bridgend		Booked
22nd	CHC Executive Committee	Boardroom, Cimla	10.00 am	On Agenda
23rd	RNIB Have your Say Event	Blancos, Aberavon	10.00 am	Booked
23rd	Health and Wellbeing Day	Baglan Centre	10.00 am	Booked
24th	Health Board Partnership Forum	Room 300, Resource Centre	10.00 am	Booked
29th	Bridgend Deaf Club	Bridgend	7.30 pm	Booked
31st	Primary and Community Services Team Brief	The Centre, Baglan	8.45 am	On Agenda
31st	Neath Port Talbot Older Persons' Council	Port Talbot Civic Centre	10.00 am	Booked
June				
1st	Morrison Hospital OPD		All day	Booked
6th	NPTH Team Brief	Lecture Theatre, NPTH	8.30 am	On Agenda

Date	Meeting	Venue	Time	Service Change Engagement
7th	Swansea Deaf Club	Swansea	7.30 pm	On Agenda
11th	Joint Carers Event	Morrison Hospital		Offer received to attend Event
11th	South West Wales BAME Regional Meeting	Llanelli Library, Vaughan Street, Llanelli	11.00 am	Offer received to attend Event
13th	POW Team Brief	Lecture Theatre, MPEC	1.00 pm	On Agenda
14th	Swansea Carers Centre Open Day	104, Mansel Street, Swansea	10.00 am	Booked
18th	Singleton Hospital OPD		All day	Booked
20th	Quadrant Shopping Centre	Swansea	All day	Booked
21st	Primary and Community Services Team Brief	The Centre, Baglan	8.45 am	On Agenda
21st	MH and LD Team Brief	Boardroom, Glanrhyd Hospital	2.00 pm	On Agenda
25th	Singleton Team Brief	Chapel, Singleton Hospital	8.30 am	On Agenda
26th	CHC Executive Committee	Boardroom, Cimla	10.00 am	On Agenda
29th	Disability Reference Group	Committee Room, ABMU Health Board	10.00 am	On Agenda
	NPT OPD			request for date made
	POW OPD			any weekday available

Dates to be confirmed		
Quadrant, Swansea	Space available need to confirm date	20th June suggested
Aberavon Shopping Centre	contact made to request date in June to attend	
Bridgend Life Centre	contact made to request date in June to attend	
Porthcawl SHOUT	Enquiry made	
Special Meeting - Bridgend SHOUT		contact made to check if date agreed
Cefn Glas SHOUT		
Maesteg Leisure Centre		
Civic Centres in Swansea, Bridgend and Neath		

Carers Centres - Bridgend and Swansea	Contact made to ascertain if any Events have been arranged	Swansea - events included in diary above Bridgend - request that documents are circulated to its 700 members
Deaf/Blind Clubs	Contact made	No room on Agenda
BME Community	Contact with EYST with a view to them facilitating BAME responses to a consultation.	BAME meeting 11th June, Llanelli Library
Swansea 50+ Forum	Contact made	
CALON	Meeting due to be held at beginning of June	
LMAG	Enquiries made	
Out Patients Department in Morriston, Singleton, NPTH, PoW and Gorseinon	Contact made with Unit Offices	Morriston OPD 1st June Singleton OPD 18th June POW any weekday available
Staff Dining Room in Morriston, Singleton, NPTH and PoW	Need to provide available dates	Under discussion
Cefn Coed and Glanrhyd	Tbc	

In addition to the above activities, information will be circulated to our partner organisations in the statutory and voluntary sector directly for their views.