

From: [Wyn Thomas \(BCUHB - Primary and Community Care\)](#)
To: [Wylfa Newydd](#)
Cc: [Sally Baxter \(BCUHB - Planning\)](#); [Teresa Owen \(BCUHB - Corporate Office\)](#); [Siobhan Adams \(Public Health Wales\)](#); [Mark Wilkinson \(BCUHB - Corporate Office\)](#); [Viv Vandenblink \(BCUHB - Finance\)](#); [Guto Gwyn \(BCUHB - Primary and Community Care\)](#)
Subject: BCUHB Representation and Response to ExQ1
Date: 04 December 2018 19:55:38
Attachments: [image001.png](#)
[BCUHB Response to EXq1-4.12.18.docx](#)
[BCUHB Wylfa Newydd Impact Statement -Final.docx](#)
[Wylfa demand modelling \(working draft\).pdf](#)

Dear Sir/Madam,

Please find attached the Health Board's written representation to the proposed Wylfa development; data modelling paper and our response to the Examining Authority's written questions.

Wyn Thomas 🍌

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Cymraeg

Rhybudd Ebst (2010) - Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Fe'ch cynghorir i ddarllen rhybydd ebst Bwrdd Iechyd Prifysgol Betsi Cadwaladr (a'i argraffu er mwyn cyfeirio ato yn y dyfodol). Gellir dod o hyd iddo yn y lleoliad canlynol

<http://www.wales.nhs.uk/sitesplus/861/tudalen/47230>

English

Betsi Cadwaladr University Health Board - Email Notice (2010)

You are advised to read (and print for future reference) the Betsi Cadwaladr University Health Board e-mail notice which can be found at this location

<http://www.wales.nhs.uk/sitesplus/861/page/47229>

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Betsi Cadwaladr University Health Board's

Written Response to

**The Examining Authority's written questions and requests for information
(ExQ1)**

Reference	Respondent:	Location:	Question:	Response
Q4.0.114	Applicant, IACC, Welsh Government, NRW and Emergency Services	Q	A Programme Board would be responsible for setting and reviewing the monitoring programme and having an oversight of the funding from the Section 106. Can further details be provided as to how this would work in particular what process/mechanism would be put in place in the event of a dispute?	Health Board and other public sector organisations were briefed by Horizon on 27.11.2018 on draft proposal for this Board. Further information is required on the governance and chairing arrangements etc.
Q10.2.10	The Applicant, IACC, GCC, NWP, PHW and BCUHB	Q	The Workforce Management Strategy [APP-413] sets out parameters for codes of conduct relating to workforce behaviour (paragraph 2.2.1) and employer behaviour	

		<p>(paragraph 2.3.1). Can the applicant:</p> <p>(a) Confirm if home based workers would have to sign the codes of conduct?</p> <p>(b) Explain what is meant by workers being off-site?</p> <p>(c) Confirm that the codes would not breach workers (in particular home based workers) Human Rights or employment rights.</p> <p>(d) Explain what the ramifications for breaching the codes would be.</p> <p>(e) Explain how the codes would be enforced?</p> <p>Are the IACC, GCC, NWP, PHW and BCUHB satisfied with the measures proposed by the WMS given the concerns they have expressed with particular reference to safeguarding and anti-social behaviour? If not,</p>	<p>The Health Board is happy with the measures proposed but recognise until the final Code of Conduct is produced there is no guarantee that all these will be included. We also note that it will be down to individual contractors to implement the final Code and there is no information on how these measures will be monitored and reported on.</p>
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Q10.3.1	IACC, BCUHB, PHW and Interested Parties	Q	Paragraph 6.3.95 of the Planning Statement [8.1] lists potential adverse impacts on health and well-being. Do you agree and if not, why not?	<p>We would agree that these are some of the adverse impacts. In addition we believe there is a potential adverse impact if local health services are not able to cope with the additional activity from the temporary workforce; we are particularly concerned about primary care, mental health and substance misuse services.</p> <p>There is also a potential adverse impact due to safeguarding issues arising from the temporary workforce. Based on the increased population of 9,000 it is envisaged that there will be considerable effect and direct impact on Corporate Safeguarding resources in conjunction with partners within local authority and North Wales Police. There will be an increase in activity in all age and wider safeguarding arena – this is supported by local authority. Costing of this will be required for additional resource in each key area of safeguarding.</p> <p>HNP also note that they use <i>“normal personnel screening and management systems to identify those that may pose a risk to vulnerable adults and children. In such cases where a potential risk is identified, further checks will be carried out”</i>.</p> <p>This does not provide strong assurance therefore a more robust plan to mitigate risks is required and further clarity is required to as:</p> <ul style="list-style-type: none"> • What does “further checks” entail • What do initial checks look like? • Safe recruitment policies and processes detailed made available • Does this mean there is no Safeguarding Lead

				<p>within HNP</p> <ul style="list-style-type: none"> • Will there be mandatory safeguarding training – this requires to be embedded within their code of conduct relating to workforce behavior for the entire workforce • When referencing that certain behaviours (in context of safeguarding) “will not be tolerated at any time”, what will this involve and mean to the workers.
Q10.3.3	BCUHB and	Q	<p>The ES ([6.3.1] – paragraph 1.3.10) states that there are 23 GP surgeries</p> <p>(a) Could these surgeries take additional patients?</p> <p>(b) How many patients who live on Ynys Môn have to use a surgery on the mainland?</p> <p>(c) Is there a current healthcare strategy for the future delivery of health provision in the KSA and does it account for the additional capacity that would be required as a result of the Application?</p>	<p>There are 11 practices on Anglesey and a further 10 in the Arfon area of Gwynedd.</p> <p>a) Practices are generally experiencing increased demand on their services and there is a general GP recruitment problem across N Wales. Having said that there is variation in the average list sizes of the practices so it is likely that some practices would be able to absorb some additional patients. However we are particularly concerned about the impact on practices in the north of the island, Amlwch/ Holyhead as they have larger list sizes than the average and also have had recent difficulties in recruiting GPs to fill vacancies.</p> <p>b) Patients who live on the south of the island can choose to register with practices in the Bangor and Felinheli areas of Arfon.</p> <p>c) There is no specific strategy for the KSA. The Health Board does have an overarching primary and community strategy, ‘Care Closer to Home’. In terms of Wylfa development the Health Board</p>

				has provided advice to Horizon the services we believe they need to provide for the workers to reduce the impact on the local NHS and expect that in addition Horizon will provide funding to mitigate against any other increases in activity from the development over the coming years.
Q10.3.5	BCUHB and PHW	Q	Is there capacity within the existing mental health services to deal with any increase in demand for services that may arise as a result of the application? Would additional funding be required? Are services currently available in the Welsh language?	<p>The impact of the construction of Wylfa is anticipated to be a doubling of the relevant male 35-49 populations. It is further anticipated that the majority of the burden of clinical impact for this population from a mental health perspective would fall into primary mental health services with some impact for secondary care community services and minimal impact for inpatient services given that this will be a closely managed workforce. Admissions to the male inpatient psychiatric wards in North West Wales are predominantly for patients with severe and enduring mental ill health, cognitive impairment or young males with problematic personality disorders.</p> <p>Any impact for presentation via the Emergency Department at Ysbyty Gwynedd would be absorbed through the existing psychiatric liaison service.</p> <p>There would be a need for additional resources to deal with any increase in demand for mental health services arising from the development. We are currently assessing the potential impact and the necessary mitigation required in terms of workforce and finance.</p>
Q10.3.6	The Applicant, BCUHB and PHW	Q	Applicant - Would any increase in demand for support services relating to alcohol, smoking,	<p><u>Smoking Services</u></p> <p>There are 12 Pharmacies commissioned by the Health Board to provide Level 3 smoking cessation in Anglesey;</p>

			<p>drugs or communicable diseases (in particular STDs) be provided by the on-site healthcare provision or through the use of existing off-site services?</p> <p>BCUHB and PHW - If off-site services were used do they have the capacity to deal with any increase in demand?</p> <p>All - Would these services be available in the Welsh language?</p>	<p>of these 11 offer PL2 (for patients supported via telephone SSW support). In addition, there are another 6 pharmacies in Bangor (5 of these also do PL2) and 2 pharmacies in Caernarfon providing PL3 (both doing PL2).</p> <p>Current adult smoking prevalence rate in the county is 19%. The smoking prevalence rate of the Wylfa workforce is more likely to be around 26% this reflecting the increased prevalence seen amongst younger males. This rate will result in additional smokers needing to access smoking cessation treatment to achieve the 5% of smokers as identified in the Tier 1 target.</p> <p>Based on current uptake of smoking cessation services current provision would meet the demands of an increased population from the Wylfa development.</p> <p>However, if a proactive occupational health Service is offered to the workforce it is possible that smoking cessation support for this population group could be as high as 10%. In both of these scenarios, this could place an additional cost on the UHB in relation to the provision of Nicotine Replacement Therapy (NRT), if this cost not covered by HNP's occupational health service. See table below.</p> <p><u>Sexual Health Services</u></p> <p>Based on attendances between January 2017 and January 2018 for Ysbyty Gwynedd and Ysbyty Penrhos Stanley. Estimated impact of 7000 males in specific age group on service:</p>
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				<p>25-50 year olds – 1.6% of 7000 = 112 attendances per year 35-49 year olds – 1.07% of 7000 = 75 attendances per year</p> <p><u>Substance Misuse Services</u></p> <p>Current services are under significant pressures and will not have the capacity to take on additional activity associated with this development unless resourced.</p> <p>There would be a need for an increase in service provision for all of the above if provided off site.</p> <p>We would aim to provide services in the Welsh language wherever possible.</p>
Q10.3.7	BCUHB, PHW and the Emergency service providers	Q	The applicant intends to establish a Health and Well-being Monitoring Group to monitor the implementation of the Health Impact Assessment mitigation. Do you have the relevant staff and resources available to participate in this group?	We support the establishment of a Health and Well-being monitoring group and will be able to provide the necessary relevant staff to participate in the group.
Q10.3.8	The Applicant, BCUHB and PHW	Q	Applicant – when would the bi-lingual Community Involvement	We need more information on the full remit of the Community Involvement Officer to be able to respond to this question.

			Officer be appointed? BCUHB and PHW - Could this role be carried out successfully by one person?	
Q10.6.12	IACC, Welsh Government, NRW, NWP, NWFR, BCUHB, GCC and Welsh Ambulance	Q	<p>The Codes of Construction Practice would rely on an overarching Programme Board and a series of engagement sub-groups (including for accommodation and tourism).</p> <p>(a) How would these boards/sub-groups work in particular who would they be accountable too?</p> <p>(b) Would they have a code of governance?</p> <p>(c) It is indicated that you would be asked to be represented on these boards do you have the resources and the relevant personnel available to attend these boards?</p>	<p>Health Board and other public sector organisations were briefed by Horizon on 27.11.2018 on draft proposal for this Board. Further information is required on the governance and chairing arrangements etc.</p> <p>We will be able to provide the necessary relevant staff to participate in the group</p>