

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
14 SEPTEMBER 2017

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at Delyn Committee Room, County Hall, Mold CH7 6NA on Thursday, 14 September 2017

PRESENT: Councillor (Chair)

Councillors: Marion Bateman, Andy Dunbobbin, Gladys Healey, Andrew Holgate, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGill, Martin White, Ian Smith and David Wisinger

APOLOGY: Councillors: Carol Ellis and Cindy Hinds

ALSO PRESENT: Councillor Patrick Heesom

CONTRIBUTORS: Councillor Christine Jones, Cabinet Member for Social Services; Chief Officer (Social Services); Senior Manager, Children and Workforce; and Senior Manager, Safeguarding and Commissioning;

18. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

There were no declarations of interest.

19. ADDITIONAL ITEM

The Social & Health Care Overview & Scrutiny Facilitator advised that the Committee had been requested to consider an additional item titled 'White Paper Consultation – Services Fit For Future – Quality and Governance in Health and Care in Wales. The Committee agreed to consider the additional item.

20. WHITE PAPER CONSULTATION - SERVICES FIT FOR FUTURE - QUALITY AND GOVERNANCE IN HEALTH CARE IN WALES

The Chief Officer (Social Services) introduced the initial feedback to the Welsh Paper consultation from internal staff and officers. The White Paper sought views on proposals covering a number of health and social care issues which may require future legislation.

Proposals included the strengthening of local health boards so that they functioned as integrated, accountable; population-based organisations; new duties of candour and quality; areas where health and social care could act more collaboratively; and more effective inspection, regulation and capture of citizens' voices. The consultation was split into four chapters, each of which was summarised within the report.

Councillor Dave Mackie, commenting as a County appointee to the Community Health Council (CHC), reported that concern had been raised by the Community Health Council around the proposals which were modelled on the Scottish system and questioned why this was the case given that the Scottish model was already being reviewed. He also said that members of the CHC had an understanding of what was involved with inspections as many members had

retired from the health care system and provided expertise when carrying out inspections. He was concerned if the proposals were for the Healthcare Inspectorate Wales (HIW) to undertake inspections as they only carry out a small number in comparison to the CHC. He said that all members of the CHC were volunteers and that the continuation of volunteers should be encouraged and that there was an advantage to being on the ground visiting hospitals where staff felt they had the opportunity to outline problems they were encountering.

The Chief Officer said that he supported the comments made but clarified that the proposals were not for the HIW to replace the CHC. He agreed that there was a need to retain the experience and knowledge of volunteers and suggested that the response be strengthened to reflect the comments made by Councillor Mackie. He also agreed to question whether the proposals had been modelled on the Scottish system.

Councillor Andy Dunbobbin commented on the value of collaborative working and the positives of 3rd sector involvement. The Chief Officer agreed to ensure that the response included comments that the 3rd sector should be a key part of future legislation.

Councillor Hilary McGuill welcomed the idea of person centred care but was concerned that no funding would be forthcoming as part of the changes in legislation and because of this she felt that often patients were moved from hospital to a nursing home because of financial constraints. She felt that the money should always follow the person.

The Chief Officer suggested that the draft response be strengthened to reflect the concerns.

RESOLVED:

- (a) That the report be noted; and
- (b) That the response to Welsh Government be strengthened to reflect the concerns raised by the Committee.

21. BETSI CADWALADR UNIVERSITY HEALTH BOARD

The Chair welcomed Rob Smith, Area Director East, Lesley Singleton, Head of Strategy and Partnerships for Mental Health and Jane Bryant, Area Nurse Director of Betsi Cadwaladr University Health Board (BCUHB) to the meeting.

Lesley Singleton, Head of Strategy and Partnerships for Mental Health provided background to the development of the Mental Health Strategy and explained that the special measures report had identified the need to develop the Mental Health Strategy. The new strategy for mental health services was in its final stages of development and approval and set out a wide range of principles and actions to be taken forward up to 2022. She highlighted the Implementation Plan, a copy of which had been provided to Members with the agenda and specifically detailed the overall approach to implementation, establishment of Local Implementation Teams, roles of implementation structures and proposed

scheme of delegation. Appendix 1 of the document showed a visual picture of the proposed arrangements for implementation with Appendix 2 showing a working example of the work arising for acute care, as an earlier priority of the implementation process. She said she was happy to share a full copy of the draft Mental Health Strategy with the Committee.

Councillor Hilary McGuill welcomed the Mental Health Strategy but said that the implementation plan did not outline how resources would be used to prevent people turning up to A&E with mental health issues. Lesley Singleton outlined the work that had been undertaken with the charity Cariad and the recent event with health professionals and police to ensure alternatives are put in place to avoid people turning up at A&E.

The Chair asked if GPs could provide information to patients with mental health issues to avoid them ending up in A&E. Rob Smith outlined the work being undertaken to ensure that there would be a number of ways in which mental health patients could be directed to the relevant service areas.

Councillor Andy Dunbobbin welcomed the Mental Health Strategy. He commented that only 7% of Armed Forces charities were dealing with mental health issues and asked how the Strategy could improve mental health services for Armed Forces personnel. Lesley Singleton advised that she was a member of the Armed Forces Forum and said that the Mental Health Strategy would link into that Forum. She outlined a pilot project which had been undertaken with Glyndwr University alongside NHS Wales which saw armed forces veterans receiving peer support to keep them engaged in receiving positive outcomes.

Questions provided by Members of the Committee had been submitted prior to the meeting. The following responses were provided by Lesley Singleton, Head of Strategy and Partnerships for Mental Health:-

1. There is concern about the lack of Mental Health beds or people who need in-patient support. Will this Strategy help that and what are BCUHB currently doing about this?

Lesley Singleton confirmed that the Strategy would provide greater focus on pathways support, including in-patient provision but also alternatives to beds but that this was a large challenge as there was currently significant blocks in services. She outlined the need for patients to flow through the service and receive the right level of aftercare support and this would be addressed through closer working with partnership colleagues moving forward.

2. We talk a lot about people with Mental Health – can BCUHB explain where people with learning disabilities fit into the strategy, and what are the plans for this client?

Lesley Singleton explained that she was currently working with the Chief Officer (Social Services) in developing a Learning Disability Strategy on behalf of North Wales. This is a priority area of the Part 9 Board.

3. How will this strategy support the needs of children and young people – in particular those moving from children support services to adult services, we know the transition can be difficult?

Lesley Singleton explained that there was a very clear focus on children and young people within the developing Mental Health Strategy. She advised that the transition period could be very challenging but gave an assurance that the Strategy focused on getting that right.

Councillor Hilary McGuill commented on cases where there were no transition arrangements for children aged 13/14 having to move to adult services when reaching the age of 16. She also asked if there was a need to recruit more psychiatry consultants. Lesley Singleton advised that work was progressing in improving integration pathways to ensure transition through services was much more streamlined. She also advised that there were some recruitment challenges in the west of North Wales but would provide the Committee with a further response on the number of psychiatry consultants following the meeting.

4. There are a growing number of young people who don't have a diagnosis of Mental Health, however there are concerns about their emotional and mental wellbeing, we believe these young people may have emerging Mental Health problems – how can we support this group and what early interventions are available?

Lesley Singleton explained that early intervention was at the heart of the Mental Health Strategy through partnership working and linking with the Children's Strategy. She outlined the importance of directing resources to the necessary services and the work being undertaken through education at schools to ensure young people were adequately supported.

Councillor Hilary McGuill outlined the importance of young people feeling valued.

Further questions provided by Members of the Committee had been submitted prior to the meeting. The following responses were provided by Rob Smith, Area Director East and Jane Bryant, Area Nurse Director:-

Could you provide an update on Mold Community Hospital?

Rob Smith advised that a recent review of all fire regulations at Mold Community Hospital had identified one ward that did not meet the required fire regulations. Work to address this issue would commence at the beginning of October and would take 8 weeks to complete. He assured Members that there would be no impact to patients and steps had been taken to mitigate the closure of the ward whilst the necessary works were being carried out.

Concerns about car parking at the Wrexham Maelor Hospital. Example given where Councillor could not find a parking place anywhere over a period of 40 minutes. There were a whole stream of cars driving round with him too. Also heard that staff there have difficulty parking

Rob Smith advised that the Health Board were currently considering recommendations to make better use of the car parking space at Wrexham

Maelor Hospital to resolve parking problems and manage the flow of cars through the site. The long term plan may include options for a park and ride.

In response to a comment from Councillor Dave Wisinger around charges for parking, Rob Smith explained that all Health Boards had made representations to the Welsh Government (WG) seeking flexibility to charge for parking where it was felt appropriate.

The ever growing wait for GP Appointments in Flintshire, personal experience and residents speaking to Councillors are waiting up to six weeks for an appointment. This of course is causing an additional impact at the front door of general hospitals hence the amount of Ambulances outside hospitals and waiting times for patients

Rob Smith explained that reducing GP appointment waiting times was an ongoing challenge. He said that priority was being given to gathering data on where delays were, changing the appointment system and changing staff levels. Work was ongoing to make inroads in implementing these systems.

Councillor Mike Lowe said that one of the concerns from patients was that they had to see a different GP on every return visit and that sometimes different advice was being given. Rob Smith said that this was an important area to take forward. Consultation was currently being undertaken on whether it was more important to see the same GP or whether to be seen more quickly. The development of different staffing models would hopefully alleviate difficulties being faced by GPs.

Councillor Marion Bateman commented that there was no open surgery at Mold Health Centre and asked that a representative of the GP's be asked to attend a future meeting of the Committee. Rob Smith suggested that Dr Gareth Bowdler be invited to a future meeting in order to have a general discussion about primary care across Flintshire.

Councillor Hilary McGuill commented on Patient and GP Forum's which used to take place and allowed practitioners and patients to discuss any concerns. She said that this did not take place at all GP practices and asked why they had stopped. Jane Bryant agreed to provide information to the Committee on which GP practices still held the Forum's following the meeting.

Concerns about the amount of planning applications for large developments and concern that the Health Board are unable to deal with current capacity let alone additional patients

Rob Smith advised that the Health Board were consulted on planning applications as and when the need arose, but commented that the Health Board were unable to provide extra capacity for additional developments.

Councillor Marion Bateman asked if the Health Board had been consulted on the Council's Local Development Plan. Rob Smith responded that the Health Board had responded appropriately on the impacts to the health service and said that he would provide the Committee with a copy of the response.

The waiting times for Cancer patients and the time between diagnosis and start of treatment, are the times being met or are there delays?

Rob Smith explained that the waiting time for diagnosis was 31 days with 62 days being the target for treatment for cancer patients. The 31 day target for diagnosis was consistently being met but the 62 target for treatment was more challenging due to recruitment issues within the endoscopy and gastrectomy fields. He said that the recruitment issues were being addressed and that there was scope for the figures to improve.

The recruitment and shortage of staff

Jane Bryant reported that there was currently a shortage of qualified nurses. This was not the case with unqualified but trained nurses. There were particular pressure points, for example, the acute service, where work was being undertaken with teams to look at doing things differently. Open days were being planned to attract people to work in North Wales. She advised that there were no crisis points but the concerns continued to be monitored.

Rob Smith advised that the recruitment of GPs continued to be a national challenge and that a great deal of work was being carried out to reduce reliance on GPs in primary care. Dr Gareth Bowdler was in constant contact with GPs to monitor the pressures they were being put under.

In response to a question around bursaries, Jane Bryant explained that there had been an increase in university places being filled by mature applicants who had worked in the care sector and wanted to move to train to become a nurse. The Chief Officer (Social Services) commented on the challenges in retaining staff with nursing experience within the residential care sector due to the differences between terms and conditions and said that there was a need to continue to work together to address this.

In response to a question around graduate nurse salaries, Jane Bryant explained that starting salaries were between £25,000 and £27,000 but this varied between both the health and social care sectors.

In response to a question around the number of agency nursing staff, Jane Bryant explained the number of agency nursing staff within the acute service was higher due to the need to maintain patient safety. Feedback from the workforce had been obtained which sought greater flexibility on working hours due to family and carer responsibilities. This had been taken on board and it was hoped that there was more flexibility in working hours now.

What is the delay for Welsh patients for ALL procedures in English hospitals?
What is the delay for Welsh GP's to receive these results?

Rob Smith advised that data on waiting times in English Hospitals was outside of the remit of the Health Board who do not have access to this information.

Councillor Hilary McGuill outlined a case where a patient had waited 8 weeks for their MRI result from the Countess of Chester Hospital and said that as the Welsh NHS would be paying for this service, the service being provided should be

monitored. She reported that the patient had since received an apology from the Countess of Chester Hospital.

Jane Bryant said that she was aware of this case and said that as soon as these incidents were brought to the attention of the Health Board they were dealt with.

What improvements have been made since BCUHB was placed in 'Special Measures'?

Rob Smith reported that there were a number of areas which had to be addressed, including, GP out of hours, governance processes, mental health and maternity. He advised that the current response from WG in addressing these issues had been positive but there was further to go in continuing improvement.

In line with earlier comments, he suggested that Dr Gareth Bowdler be invited to a future meeting of the Committee in order to discuss a broader agenda on where the Health Board were making progress and continued areas of concern. The Committee supported this suggestion and the suggestion that the Committee meeting be moved from a Thursday to accommodate Dr Gareth Bowdler.

Councillor Kevin Hughes thanked Rob Smith, Lesley Singleton and Jane Bryant for the information received and asked that his thanks be passed to the nursing staff at Wrexham Maelor hospital for their work and dedication.

RESOLVED:

- (a) That the Committee supports the Together for Mental Health in North Wales Implementation Plan; and
- (b) That Dr Gareth Bowdler be invited to attend a future meeting of the Committee in order to discuss a broader agenda on where the Health Board were making progress and continued areas of concern

22. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

There were no members of the public and press in attendance.

(The meeting started at 2.00 pm and ended at 4.05 pm)

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Chair