

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**30 NOVEMBER 2022**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held as a remote meeting on Wednesday, 30 November 2022

**PRESENT: Councillor Hilary McGuill (Chair)**

Councillors: Mel Buckley, Tina Claydon, Paul Cunningham, Rob Davies, Gladys Healey, Dennis Hutchinson, Dave Mackie, Debbie Owen, Michelle Perfect and Linda Thomas

**APOLOGIES:** Councillor Jean Davies, Councillor Ian Roberts (Leader of the Council) and Chief Executive

**ALSO PRESENT:** Councillors: Helen Brown, Bill Crease, Carol Ellis, Paul Johnson, Billy Mullin and Andrew Parkhurst

**CONTRIBUTORS:** Councillor Christine Jones (Deputy Leader and Cabinet Member for Social Services & Well-being), Chief Officer (Social Services), Senior Manager - Integrated Services and Lead Adults, Senior Manager (Safeguarding and Commissioning) and Senior Manager (Children's Services)

**REPRESENTATIVES OF BETSI CADWALADR UNIVERSITY HEALTH BOARD:**

Mark Polin (Chair), Gill Harris (Interim Chief Executive), Sue Hill (Executive Director of Finance) and David Coyle (Interim IHC Director, East)

**REPRESENTATIVES OF WELSH AMBULANCE SERVICES NHS TRUST:**

Stephen Sheldon (Service Manager, North area) and Mark Timmins (Locality Manager, East area)

**IN ATTENDANCE:** Social Care and Environment Overview & Scrutiny Facilitator and Democratic Services team

**28. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)**

Councillor Dave Mackie declared a personal interest as one of the Council's representatives on the North Wales Community Health Council.

**29. BETSI CADWALADR UNIVERSITY HEALTH BOARD AND WELSH AMBULANCE SERVICES NHS TRUST**

The Chair welcomed the representatives from Betsi Cadwaladr University Health Board and Welsh Ambulance Services NHS Trust to the meeting. Responses to questions raised in advance by Members had been circulated prior to the meeting and published on the website.

## Betsi Cadwaladr University Health Board (BCUHB)

As Interim Chief Executive, Gill Harris provided an update on structural changes within BCUHB responsible for delivering services in Flintshire. She reported that following targeted intervention measures introduced for vascular services at Ysbyty Glan Clwyd, scores had been changed to reflect current challenges and progress was being made on the long-term plan to make improvements. In preparation for winter challenges, work was underway to enhance same-day emergency care on acute sites and prepare urgent Primary Care centres in health communities. In addition, BCUHB was working with colleagues to reduce the impact of planned industrial action by NHS workers. A pilot scheme was being undertaken to ensure that patients discharged from care homes were easily identifiable and telephone support to care homes was being enhanced. In acknowledging the impact of limited social care availability, it was reported that 37 patients in Flintshire hospitals were currently awaiting discharge into appropriate care. On this, the Council and other partners were thanked for their work on maximising resources in communities. To address significant challenges in planned care, BCUHB was engaging with Welsh Government (WG) to create additional capacity for patients waiting long periods. In aiming to achieve best practice principles, work was also being carried out with colleges and WG to 'get it right first time'.

As Executive Director of Finance for BCUHB, Sue Hill reported that work was continuing with partners on mitigating actions to address a projected £10m deficit year-end position which had been impacted by inflationary pressures and pay award outcomes.

Councillor Carol Ellis shared concerns about continuing lengthy ambulance waiting times outside hospitals due to patients not being able to be discharged, as referenced in a recent report. She asked what was being done to speed up the delivery of Disabled Facilities Grants and gave an example of the impact on an individual for whom a referral had been made to Social Services at the end of August.

In sharing the concerns about ambulance waiting times outside hospitals, Gill Harris gave assurance of BCUHB's commitment to address this, with significant work being done to maximise capacity in Emergency Departments (ED) through the Primary Care strategy involving care homes and WAST.

The Senior Manager - Integrated Services and Lead Adults reported that 24 Flintshire residents were currently awaiting discharge across acute and community hospitals across the County (including the Countess of Chester hospital), four of whom were due to be discharged in the coming days. She gave assurance of close working with BCUHB colleagues to ensure that plans were in place for each individual to ensure a safe and timely discharge.

Councillor Bill Crease asked about the impact of the BCUHB financial position on the outstanding debt owed to the Council for unresolved joint-funded care packages.

In response, Sue Hill said that there was no impact and that around £0.250m had recently been paid to the Council with actions agreed to reduce the

debt further to around £0.400m. She said that BCUHB and the Council were working together to identify relevant paperwork to support the clearing of historic invoices, some of which related to high-cost complex cases.

The Chief Officer (Social Services) assured Members that proactive solutions were being explored with BCUHB colleagues to resolve disputed invoices and reduce the historic debt, with progress reported regularly to the Corporate Resources Overview & Scrutiny Committee.

Councillor Tina Claydon asked about a proactive approach to identifying complex cases and the allocation of named nurses to help with the transition of patients into Social Services.

As Interim IHC Director (East) for BCUHB, David Coyle gave assurance that the involvement of a highly integrated team helped to identify complex needs at an early stage with the primary aim of moving patients out of hospital in the most appropriate way. On funding arrangements, he referred to a joint-funding element and positive working relationships in the East area.

His comments were reinforced by the Senior Manager - Integrated Services and Lead Adults who said that regular engagement between the teams and adopting a pragmatic approach was helping to remove any barriers to discharging patients. She highlighted the good working relationships with BCUHB and also colleagues in the Countess of Chester Hospital.

Councillor Gladys Healey suggested that some GP surgeries could accommodate IV suites to alleviate the pressure on hospitals for cases where the patient just required antibiotics. Her comments were echoed by the Chair who said that this service could also be extended to cottage hospitals.

In response, David Coyle said that a number of IV services were already provided in some communities and would be considered further, noting the relevant diagnostic checks and assessments that may be required in certain cases.

Councillor Ellis made reference to lengthy waiting times for the Council's Occupational Therapy service and suggested a future report on this, which was noted by the Chair.

When asked by Councillor Crease about improving staffing in GP surgeries, Gill Harris said that this was a significant issue for all health boards. She highlighted a range of actions to encourage people to seek work in North Wales along with the development of local training provision.

In response to a question from the Chair, information was shared on workstreams within the Primary Care strategy to upskill nurses and utilise prescribing pharmacies and therapists to reduce pressure on GPs.

As requested by Councillor Marion Bateman, Gill Harris agreed to provide detail on current vacancies within GP surgeries.

In response to a question from the Chair, Gill Harris acknowledged the importance of patients experiencing a positive journey through health services. She spoke about the development of same day emergency care and Primary Care centres and also work with WG to increase capacity and reduce delays in planned care journeys. The key target was to work with Social Services to ensure that patients were kept in the best possible place, recognising the negative impact of prolonged experiences in health settings.

On governance arrangements, David Coyle said that the inclusion of senior officers from Flintshire and Wrexham councils with the senior leadership team helped to create a more co-ordinated and responsive approach. In acknowledging the challenges arising from staffing issues in GP surgeries, he said that regular engagement with partners helped to identify where early intervention was needed to improve the journey of patients.

As Chair of the BCUHB, Mark Polin welcomed the discussion.

When asked about promoting the Hospital at Home service through GP practices, David Coyle referred to the necessary risk management actions and said that whilst progress was being made by interaction between the Primary Care and Community teams, this was a longer term objective. Gill Harris commented on broader workstreams with other providers to raise awareness of the range of services available to GPs and patients.

The Chair remarked that the three community hospitals in Flintshire had X-ray facilities but only two had Minor Injuries Units which Deeside hospital did not. Gill Harris said that in maximising the offer at all community hospitals, there were a number of factors to be taken into account when identifying the best location for services, noting the current workforce challenges. She confirmed that Minor Injuries Units were already located at Holywell and Mold, and that as part of the Primary Care strategy, work was underway to develop an urgent Primary Care centre at Wrexham Maelor. She took the opportunity to welcome engagement from teams on the development of the strategy including the new accelerated clusters.

Councillor Ellis referred to the continued lack of GP capacity and the effect on hospital and ambulance services. In sharing these frustrations, Gill Harris said that the creative solutions being outlined including signposting to consistent availability of community hospitals would help to maximise ED capacity by ensuring effective use of hospital beds.

In relation to staffing, workshops were being held to look at different ways to improve recruitment and retention in the health sector. David Coyle spoke about the benefits of greater interaction between EDs and community hospitals to share learning and the training programme to recruit experienced ED doctors from the UK and overseas to become consultants in their chosen field.

Councillor Marion Bateman referred to the benefits of former convalescent homes. Gill Harris said that the aim of community hospitals was to offer rehabilitation and short stays. She went on to praise the services at the Marleyfield scheme which she was keen to explore further.

## Welsh Ambulance Services NHS Trust (WAST)

The Committee was introduced to Stephen Sheldon (Service Manager, North area) and Mark Timmins (Locality Manager, East area) from WAST.

A detailed presentation was given on the scope and outcomes from the Emergency Medical Services' Roster Review covering:

- BCU Red Performance / BCU Amber 1 / BCU Production
- Patient Safety
- Abstractions
- National Reportable Incidents
- Demand and Capacity Review
- Review Findings (and actions arising)
- EMS Response Roster Review Project
- Re-rostering
- Proposed Coverage - Emergency Ambulance / Cymru High Acuity Response Unit (CHARU) / Urgent Care Service (UCS)
- BCU Central & Eastern Analysis of Hours
- Looking to the Future

During the presentation, reference was made to joint working with BCUHB on the extension of falls and frailty services across communities and rotational model working with clusters to share knowledge. The actions being taken to reduce ambulance waiting times outside hospitals and the pressure upon the staff were welcomed by the Chair.

In response to questions from Councillor Ellis, it was confirmed that the new operating model would increase the number of paramedics and provide an equivalent number of technicians. Information was given on collaboration with BCUHB on the Single Integrated Clinical Assessment and Triage Service (SICAT) which had helped to reduce admissions to EDs and enhanced access for Paramedics to contact GPs out of hours to seek clinical advice. The use of a 'Consultant Connect' app was also proving beneficial in signposting patients to the most appropriate service and helping people to remain in their own homes with the right support.

Councillor Andrew Parkhurst referred to his questions on ambulance response times, triage service and categorisation of strokes which, although related to case studies, were indicative of wider issues. A response would be provided but in the interim, Stephen Sheldon and Mark Timmins said that the update on workstreams reflected work being done to identify alternative pathways for patients to maximise resources. Whilst being unable to comment on unknown specific cases, they explained that the majority of strokes were categorised as amber (along with chest pain) depending on the causes. They also clarified that an internationally recognised system (Medical Priority Dispatch System) was used to triage calls and was audited weekly. As requested by the Chair, information on the categories of priority within that system would be shared with the Committee.

Councillor Marion Bateman asked about other partnership working and was informed that additional resources provided by the North Wales Fire &

Rescue during the pandemic had helped to support patients at home. Clarification was also given on work between the Falls team and St John's Ambulance in the east of the County to reduce conveyance rates.

In response to a question from the Chair, Stephen Sheldon said that whilst specific information was not available on the 111 triage system, calls deemed an emergency would automatically be referred to the 999 system. Mark Timmins highlighted the importance of the caller providing as much information as possible and from the WAST perspective, the main aim was to improve the patient experience.

In commenting on the positives derived from the meeting, the Chair thanked all the representatives for their attendance and for their detailed responses to the questions raised.

**30. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE**

None.

(The meeting started at 10.10am and ended at 11.55am)

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**Chair**