

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
9 JUNE 2016

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, 9 June 2016

PRESENT: **Councillor Carol Ellis (Chair)**

Councillors: Adele Davies-Cooke, Andy Dunbobbin , Veronica Gay,
David Healey, Mike Lowe, Hilary McGill, Dave Mackie, Mike Reece, Ian Smith
and David Wisinger

APOLOGY: Councillor: Cindy Hinds.

CONTRIBUTORS:

Cabinet Member for Social Services, Chief Officer (Social Services), Senior Manager Safeguarding and Commissioning, Senior Manager Children's and Workforce Services, Service Manager Localities, Senior Cluster Coordinator and Partnership Lead

Representatives from Betsi Cadwaladr University Health Board

Geoff Lang, Executive Director of Strategy, and Rob Smith, Area Director (East)

Representative from Welsh Ambulance Services NHS Trust

Karl Hughes, Locality Manager Wrexham and Flintshire

IN ATTENDANCE:

Member Engagement Manager and Committee Officer

10. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

No declarations of interest were made.

11. BETSI CADWALADR UNIVERSITY HEALTH BOARD AND WELSH AMBULANCE SERVICE

The Chair welcomed the representatives from Betsi Cadwaladr University Health Board (BCUHB) and the Welsh Ambulance Services NHS Trust and asked them to introduce themselves to the Committee.

Geoff Lang, Executive Director of Strategy, provided background information and context and gave an update from a Health Board perspective, on some of the issues in terms of special measures and the process and progress made so far. He referred to a detailed report which had been submitted to the Health Board last month, and said this may be of interest to Members, and gave an outline of what had been done to date and the challenges which lay ahead. He said there was a lot of ongoing work around special measures and reported on a number of new and renewed appointments which had been made to the Health Board.

Mr. Lang invited Rob Smith, Area Director (East), to give an update on developments in terms of the local health services provision. Mr. Smith referred to the need to ensure that the Health Board felt 'safer' and more engaged with the local community. He commented on the need to focus on the development of community services and health and explained that following recent appointments a strong clinically led management team was in place.

Mr. Smith commented on the partnership work taking place in Flintshire and the broader objectives around social care in the community. He referred to the need to ensure that people were not admitted to hospital unnecessarily or stayed longer than necessary and said that the problems of capacity and demand on hospital services were issues which the Health Board was looking to address. He commented on the need to treat and care for people either in or as close to their home as possible and referred to the overall care close to home agenda. He emphasised the need for people to be able to receive emergency care immediately when required. Referring to GP services, Mr. Smith said there was a need for high quality care and greater access to services and commented on the general improvement in primary care to change how services were being provided.

Karl Hughes provided an update from the Welsh Ambulance Services NHS Trust perspective concerning special measures.

The Chair thanked Mr. Lang, Mr. Smith and Mr. Hughes for their presentations and welcomed the improvements that had already been made. She referred to the questions that had been submitted to the representatives prior to the meeting and the responses that had been provided and suggested that the questions and responses be considered again to allow Members to ask additional questions or make comments.

The comments and questions which were raised by Members of the Committee on the presentation, together with the responses given, are detailed in Appendix 1 (attached).

RESOLVED:

That the verbal update be received.

12. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

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

(The meeting started at 10.00 am and ended at 11.55 am)

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Chair

Issue	Response
<p>At Wrexham Maelor recently there were eight ambulances waiting to get into A&E. The patient was well looked after by paramedics who reassured him that he would be looked after in the ambulance until he could be admitted. The paramedics pointed out that at another hospital he would have been taken straight in, put on a Gurney and parked in a corridor, so he thought the Maelor's system was better & safer (waiting in the ambulance) with all the monitoring & life support close to hand.</p> <p>Is a reason why ambulances are queuing up at the Maelor A&E because the new beds are too wide for the corridors to allow patients to be admitted? If so, could this be overcome with some reorganisation?</p>	<p>Hospitals are at a high level of demand. The issue isn't necessarily volume of patients, but the duration in A&E.</p> <p>We can confirm that we have not bought new beds which are too wide for the corridors.</p>
<p>A Flintshire resident has developed a medical condition that requires the replacement of both hips and knees. The situation has grown steadily worse to this position, from the need of hip replacement to this present need. It appears the initial referral from a GP cannot be accessed to update as the condition worsens, in order to progress or review a worsening condition as the referral has been lost and a new referral is required explaining the condition. Is the IT system inadequate and in need of replacement?</p>	<p>There is a new IT system, so there may be communication issues with the GP surgery in this case.</p> <p>This will be looked into.</p>

<p>Why are Hospitals not charged for the time ambulances are used as Wards?</p>	<p>This is a practice in England and is not used in the Welsh Health service. It was acknowledged that joint working needs to accelerate and improve.</p>
<p>Ambulance staff are not trained as nurses so why are ambulances used as wards and staff used as nurses and Doctors?</p>	<p>Paramedic staff are highly trained care professionals and there is no diminution of care whilst patients are in the ambulance. The Ambulance service has changed over the years. 'Life threatening' calls are only a small part of the work. We are now trying to work different pathways in the community to provide the most appropriate care for the patient.</p>
<p>What is the cost of an ambulance standing for hours unable to discharge patients? How are BCUHB and WASP working together to improve the situation?</p>	<p>BCUHB bears the costs of waiting and work closely with WASP to reduce this. The cost of an emergency ambulance is approximately £141. We are working together to reduce this where possible. If appropriate we can attend a person's home rather than transfer to hospital. We are looking to achieve an effective way forward. BCUHB picks up the resource implications of the community ambulance service. The emphasis is on quality and consistency of care for the individual, the right place and right 'job' and the potential opportunity to respond to people in the community.</p>
<p>Did North Wales benefit from the new money for ambulances from the Welsh Government?</p>	<p>Yes, there are three new vehicles in Flintshire and two in Wrexham.</p>
<p>What happens to all the people waiting for an ambulance whilst the crew are unable to attend calls as they are outside A&E?</p>	<p>Calls are prioritised in accordance with the response matrix. WAST strives to meet its obligation for a timely response to the community.</p>
<p>How do we get over bed blocking when older people have to stay in hospital because there is nowhere to go? We acknowledge that the Council is a key partner in ensuring effective hospital discharge so how do we</p>	<p>Members expressed concerns around the future viability of private residential and domiciliary care home provision in Flintshire without adequate financial support. This is a significant issue: BCUHB and the</p>

<p>together deal with the problem when money is tight?</p> <p>The difficulties in accessing affordable, good quality care in nursing and residential homes and in domiciliary care are unprecedented in Wales. What is BCU and the Ambulance Service doing in working with other partners, including the Local Authority to find a solution to these challenges?</p>	<p>Council are working together to ensure the effective provision of care homes in Flintshire.</p>
<p>Is it true that of the two wards in the new part of the Wrexham Maelor hospital one is only used for the elderly? Why? This may relieve bed blocking a bit. What solution can you give us?</p>	<p>This is not true.</p>
<p>There have been instances of elderly people being sent home in the middle of the night. This should not be allowed as their home are not warm. Why are you doing this?</p>	<p>We weren't aware of this and will investigate</p>
<p>Does the Limb Centre (Wrexham) and District Nurses still contact patients and is there enough staff to cope?</p>	<p>Yes. If there are perceptions of where the service is breaking down we need to know about that . We are investing money into the service.</p>
<p>New Clinics (Buckley and Hope) - How do patients get there who do not drive and public transport services are non-existent?</p>	<p>The ambulance service non-emergency transport service will be able to transport those patients identified as requiring assistance to attend a hospital appointment. This is done via a needs assessment system which can be accessed by GPs as well as other healthcare professionals.</p> <p>There is always a balance between availability of public transport – this is work in progress with a view</p>

	to improving.
<p>Why is the rent so high for dentists to go into new clinics forcing them to stay where they are?</p>	<p>Many dentists have previously operated in converted residential premises. Bespoke dental clinics tend to have more room and better facilities but this means that they can cost more.</p>
<p>Please advise what progress has been made in relation to Mental Health Services in Flintshire and what lessons have been learnt?</p> <p>In relation to safeguarding what are BCU doing to safeguard vulnerable older people given the high profile issues that have arisen?</p> <p>CAMHS - What is the position regarding waiting times and support for families/looked after children? This is an area within FCC's Improvement Plan and as Corporate Parents councillors need assurances that the situation is improving and evidence/data to demonstrate this.</p>	<p>A new mental health director has been appointed.</p> <p>This is recognized as is the need to provide support to those of working age. Cognitive behavioural therapy (CBT) is being used in some cases. There is a role for GPs in this, rebalancing the and helping [people earlier.</p> <p>The council have invested in providing support, especially through the Third Sector.</p>
<p>What is Betsi Cadwaladr University Health Board doing to ensure that patients can be seen at their GP surgeries on the same day as an appointment is requested? An example of a stroke patient was given</p>	<p>During discussion on this issue, a number of areas of and for concern were identified. Members were asked to provide details of practices where they perceived there to be problems. Two GP practices were specifically mentioned and will be looked into.</p> <p>The improvement of GP practices is a priority, but it needs to be recognized that many are individual contractors. In some cases, BCUHB does put salaried</p>

	<p>GPs into practices. The cluster leads and the clinical director are working on this. Changing behaviours in non-direct employees is a challenge.</p> <p>Reference has been made to immigration pressures. However, immigrants tend to be low users of the health service, unlike the elderly.</p>
<p>In addition to being able to make a same day appointment to see a GP, there is a need for advance appointments to be made.</p>	<p>Acknowledged.</p>
<p>Is it correct that doctor's salaries are lower in the Betsi Cadwaladr University Health Board area compared to England?</p>	<p>No it is not correct. Some salaries are higher, some lower so they probably average out the same.</p>
<p>If physiotherapist were able to refer patients for X ray, rather than this being through a GP, the work load and waiting time could be reduced.</p>	<p>Some physiotherapists who are working within multi-disciplinary teams are able to do this, but not other physiotherapists at this stage.</p>
<p>How many hoax calls does the Ambulance Service receive per annum?</p>	<p>We don't maintain this data.</p>
<p>How many requests are received for an ambulance when an ambulance is not deemed to be necessary and time is wasted?</p>	<p>We don't maintain this data.</p>
<p>A member recently used the minor injury unit at Mold Community Hospital and received a quick, excellent service at the unit. However the x-ray department was closed resulting in the need to visit the A& E unit at the Countess of Chester where a four hour wait ensued. Are there plans to increase the amount of hours the x-ray</p>	<p>The operating hours for X rays at Mold were reviewed and reduced as it was not a well used service, but subsequently increased slightly. It is not financially efficient to operate longer hours when the resources aren't being utilised. There are no plans to increase hours at the moment but this will be reassessed if</p>

<p>dept is open in Mold?</p>	<p>necessary. We are supporting work at the minor injury unit at local hospitals.</p>
<p>At a joint meeting of Education and Youth and Social & Health Overview & Scrutiny members raised concerns regarding continence issues in Early Years. We are given to understand that this is in the remit of Health Visitors. We would appreciate an update as to what work is undertaken with schools to help alleviate the problems faced within the classroom.</p>	<p>This is within the remit of health visitors, but more specialised services are also available. The issues regarding communication and infrastructure in place cause the problem with engagement.</p>
<p>Patients are having to wait longer for blood test appointments - what plans are being put in place to reduce the waiting times?</p>	<p>The pathology service is currently turning around samples in 2/3 days .there may be a different time scale for GP practices. Mr. Laing undertook to investigate concerns about the Buckley practices.</p>
<p>Please provide information regarding the current waiting times for ear syringing for Flintshire residents.</p>	<p>Generally between two and four weeks, but some appointments are being offered within the week</p>
<p>Please provide an update regarding BCUHB's position with regard to Single Point of Access in Flintshire.</p>	<p>This is still in development and we are investing more in Single Point of Access.</p>
<p>There is a need for BCUHB to provide end of life care for residents who do not want to go into hospital but want to end their life at home (often residential/ nursing or extra care). The hospice at home scheme should be available to those who want it. Unfortunately this is not the case at present. Please advise what options are being explored between BCUHB and FCC to provide end of life care at home for those who want it?</p>	<p>We know that people do not want to end their lives in hospitals. The Hospice at Home initiative was set up to address this, to provide palliative care as a home service. We recognize the the need for the best service to support the care pathway.</p>
<p>Money has been spent on minor injuries units, but has an audit been done on the outcomes of patients who use these?</p>	<p>We have not audited this. The more effective use of the MIUs can be looked into and we will provide an update on that.</p>

<p>Could more use of the minor injuries units be made? There is a current concern that they are concentrating on offering dressings services (at which they are very good) but not a wider range of services</p>	<p>Some of the work taken forward within community hospitals reduces demand at A&E.</p> <p>MIU are nurse led provision with some but not necessarily a full range of specialist skills</p>
<p>How is the Care at home approach, which is great, being developed? This was piloted in north west Flintshire and the thinking on it has moved on</p>	
<p>Timeliness of looked after Children Health Assessments – we welcome the appointment of the LAC nurse and understand there has been a significant improvement in this area. However we are concerned that the need for immunisation's over the last quarter has impacted on the capacity to see looked after children within prescribed timescales – please provide an update.</p>	<p>This will be investigated and an update provided.</p>
<p>The current Problems for users of Glan Clwyd: parking, dropping off patients, lack of seats etc</p>	<p>The redevelopment of Glan Clwyd, which has been going on for three years still has two years to go. and the main entrance has now been reopened, albeit temporarily without a vehicle drop off point . Vehicle access drop of point will reopen this year. Way finding and routes through the hospital will be investigated and resting points provided.</p> <p>Parking is a huge problem at Glan Clwyd, although there is a park and ride scheme. We are currently seeking to provide a further 100 spaces. These problems did not exist before removal of the car parking charges.</p>

	Will take on board and report back on the concerns raised
<p>Please advise what progress has been made in relation to Mental Health Services in Flintshire and what lessons have been learnt?</p>	<p>There are a number of concerns around mental health particularly standards and expectations. Lessons have been learned and we have moved on. We have initial investigations and are being open with families.</p> <p>Early access to talking therapies to prevent escalation. There is a need to rebalance and focus more on that need to prevent people from being referred to mental health services.</p> <p>issue.</p>
<p>The difficulties in accessing affordable, good quality care in nursing and residential homes and in domiciliary care are unprecedented in Wales. What are BCUHB and WAS doing in working with other partners including the Local Authority to find a solution to these challenges?</p>	<p>From a Flintshire perspective, regional discussions are taking place to make sure how we have an affordable, sustainable sector going forward in care home provision. We are also holding meetings with care home provider representatives.</p>