

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**4 NOVEMBER 2021**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held remotely on Thursday, 4 November 2021

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

Councillors: Mike Allport, Marion Bateman, Paul Cunningham, Jean Davies, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect and David Wisinger

**APOLOGIES:** Senior Manager (Integrated Services and Lead Adults)

**IN ATTENDANCE:**

Councillor Carolyn Thomas

**CONTRIBUTORS:**

Councillor Christine Jones (Deputy Leader for Partnerships and Cabinet Member for Social Services); Chief Executive, Chief Officer (Social Services); The Wellbeing and Partnerships Lead, Senior Manager – Safeguarding and Commissioning and Senior Manager – Children and Workforce

**REPRESENTATIVES OF BETSI CADWALADR UNIVERSITY HEALTH BOARD**

Jo Whitehead – Chief Executive for Betsi Cadwaladr University Health Board  
Mark Polin – Chair of the Betsi Cadwaladr University Health Board  
Rob Smith – East Area Director

**IN ATTENDANCE:** Social Care and Environment Overview & Scrutiny Facilitator; Community and Education Overview & Scrutiny Facilitator and Democratic Services Officer

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

None were received.

**38. MINUTES**

The minutes of the meeting held on 9<sup>th</sup> September 2021 were approved and moved by Councillor Dave Wisinger and seconded by Councillor Mike Lowe.

**RESOLVED:**

That the minutes be approved as a correct record and signed by the Chair.

**39. FORWARD WORK PROGRAMME AND ACTION TRACKING**

The Overview & Scrutiny Facilitator presented the current Forward Work Programme stating the next meeting on the 9<sup>th</sup> of December had a heavy agenda and provided an outline of the items scheduled to be presented. She then

referred to the 20<sup>th</sup> of January meeting and provided an update of the items for that meeting. The January meeting was the last in the municipal year because of the local Elections. If any member would like to add any additional items to the Forward Work Programme they could do so by contacting her.

The Facilitator then referred to the Action Tracking report confirming that the face to face GP Appointments information and the update on Long Covid had been circulated. No response had been received from WG on the Mental Health Services in Flintshire but she confirmed that this had been chased. She then referred to the suggestion from Councillor Marion Bateman that the committee walk around a town centre or Retail Park to gain an understanding of the issues faced every day by disabled people. This was not featured at present but was on the radar and would be included in the new municipal year's programme. All of the other actions had been completed.

**RESOLVED:**

- (a) That the Forward Work Programme be noted;
- (b) That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises; and
- (c) That the Committee notes the progress made in completing the outstanding actions.

**40. BETSI CADWALADR UNIVERSITY HEALTH BOARD.**

The Chair welcomed Mark Polin, Jo Whitehead and Rob Smith from Betsi Cadwaladr University Health Board (BCUHB) to the meeting.

Mark Polin (Chair of the Betsi Cadwaladr University Health Board) thanked the committee for the opportunity of attending the meeting to provide responses to the questions raised. This was also an opportunity to highlight the good working relationships that existed between the Health Boards and Local Authorities, especially during the Covid Pandemic. He explained that some of the pressures were unable to be resolved in the short term but hoped that this meeting would provide some reassurance that they were doing all they could to try and mitigate these.

Jo Whitehead (Chief Executive for Betsi Cadwaladr University Health Board) thanked the committee for the opportunity to speak and also paid tribute to the Chief Officer, the Senior Leadership Team and Partners delivering services in Flintshire. This work had enabled interesting and forward thinking service models of care which were making a difference to the population. Having only been in post for 10 months Jo Whitehead was pleased that, despite the challenges, there was a shared focus on the needs of the people in Flintshire. BCUHB looked after a population of around 700,000 with the over 85 age range expected to increase by 154%. Vital schemes such as Marleyfield were so important.

Jo Whitehead then provided information on the number of Covid cases and an update on the Vaccination and Booster Programmes. The level of patients in hospital across Wales was as high as February but preparations were underway to execute the Surge Plan for ITU. The implications of Long Covid, impacts on children and carers were also being considered. She then provided an overview of their organisational priorities and the Clinical Services Strategy. Information on the three main acute sites which included Emergency Departments (ED), Maternity and a range of core services was also provided. WG funding had enabled improvements to the Maelor and Bangor sites with discussions ongoing with regard to the creation of a number of regional treatment centres. Jo Whitehead then referred to the waiting list initiatives and provided an example for those patients waiting for cataracts or eye surgery who were now travelling to the Wirral, to reduce waiting times.

In response to a question from the Chair on the Area Teams it was confirmed that the Operating Model was currently being reviewed to ensure that provision could be delivered locally and safely. The structures were currently being considered and Jo Whitehead wanted to maintain the focus on the East, West and Central areas developing integrated health care management systems.

The Chair asked if the promised minor injuries unit would be placed at Deeside Hospital. It was confirmed that options were being considered for Deeside to alleviate the urgent care cases at the Maelor. There was no timetable for this work but it was one of the options that was hoped to continue.

### **Questions from the Committee**

1. Please provide an update on the long waiting times at A & E Departments, especially the Maelor Hospital.

Jo Whitehead referred to the extreme pressures faced by the Health Care System which was problematic for patients, staff and ambulance colleagues with a range of issues impacting the long waiting times. More people were waiting to be seen at the Emergency Department (ED) with fewer beds available because of bed spacing to cope with the Covid challenge. There was a shortage of en-suite facilities and single rooms ward space in main body of the hospital and this was included in the request for capital from Welsh Government (WG). There were also a number of patients who although fit for medical discharge, because of the lack of available domiciliary care packages and other reasons, were still in hospital. The partnership working with the Council was effective and making a difference. She provided examples of how the Home First Discharge to Assess programme together with the support of care staff provided by the Health Board were able to assist these patients with home care packages and support for care homes. Pressure had been placed on WG regarding the Public Health Guidance on the management of Red Care Homes to ensure these were safe and appropriate and she understood that WG would be responding positively to the guideline changes.

In response to a question from the Chair on long waiting times in Emergency Department (ED) Jo Whitehead explained systems were in place to move staff from the wards to ED if appropriate. Clinical staff from the Children's Ward for example would move to support ED if there were large numbers of

children waiting to be seen. There was capacity to use overtime provision for Doctors and Staff where needed. She then referred to the recruitment programme for Doctors, Nurse Consultants and Clinical Technicians which was under way. Discussions were being held with the Ambulance Trust and the Fire and Rescue Service with a view to extending their support for patients who had fallen.

Mark Polin added that it was not possible to address unscheduled care without considering planned care as they were interlinked. He provided information on the significant number of expressions of interest for regional diagnostic and treatment centres that had been received and said that WG wanted to move this forward. If these were to progress it would take a significant amount of pressure off the acute sites. This would be funded via money received from WG earlier in the first year and it was expected that WG would continue to support this moving forward. Mark Polin then referred to the Orthopaedic business case which had been ongoing for over 2 years and confirmed that this was now progressing within the regional diagnostic and treatment centres proposal. The unscheduled care improvement programme was new and included engagement with WG and national leads. The Board was likely to agree shortly to invest in a significant number of additional staff for the ED departments and would then seek to overcome the challenge concerning recruitment.

2. Do BCUHB have any plans to provide a GP surgery, dentist surgery or better still a Health Centre for the growing population of Saltney and Saltney Ferry? There is only a part time GP surgery in a terraced house in Saltney and the majority of residents have to travel over the border to England to obtain these services. This is one of the most frequent questions asked by residents, especially as more houses are being built in the area.

Jo Whitehead reported that the Health Board provided a range of services together with a small branch surgery in Saltney. Discussions had been held with the practice to establish what service provision would be required for the future primary care needs of the population. As this was an independent medical practice they would need to secure support for any changes and go through formal engagement with the Health Board. It was for the Practice, with the support of the Health Board and the Authority, to expand or change the practice building premises. The Health Board was keen to work with the practice in Saltney.

3. Three weeks ago a patient was rushed into hospital with a bladder infection which resulted in the patient being seriously ill with Sepsis, the paramedics were superb and I have nothing but praise for them. However the patient left home in the ambulance at 8.30 am and then had to wait in the ambulance for around 8 hours. During these hours the patient had to be moved from one ambulance to another whilst waiting outside the hospital. When patients are so seriously ill with Sepsis or any other illnesses that they could die within minutes or hours what on earth is going on? Also, when patients die in situations such as the above, how many people sue the NHS?

Jo Whitehead could not discuss individual cases or circumstances. She referred to her earlier comments on the pressures faced by the whole health care system, ED and the Ambulance services. She explained when Ambulances were

asked to wait outside the ED that the clinicians conducted assessments of those patients similar to those within the ED department. She commented that if colleagues emailed her with regard to this case she would be happy to arrange for an investigation to take place.

The Chair sought reassurance that if a patient was outside in an ambulance that a clinician would be carrying out assessments which could be changed if needed. Jo Whitehead confirmed that this was happening with some patients well enough to go home.

4. Can you please provide an update regarding a joint funded package and a loss of £133K to the Council when BCUHB declined to pay their portion. Please can you explain the reasons and process of agreeing a joint funded package? Furthermore, how do you avoid inequality of arms when the financing of a package is in dispute?

Jo Whitehead referred to the strengthened processes which now existed between the two organisations regarding outstanding payments. She reported on the fortnightly meetings between the two finance teams to monitor the progress of payments. There were a number of invoices which were under query but the value had reduced since this process was put in place. When queries had arisen, if no agreement was reached, then these would be escalated between the finance lines, herself and the Chief Officer.

Councillor Carol Ellis commented that a 16 hour wait at A & E was very worrying and impacted not only the patient in the ambulance but also those waiting at home. Residents had reported that after a long wait to get into A&E they then faced the issue of a lack of pillows or bedding. She commented that no information was provided on cancer care, especially people waiting for diagnostic tests, or mental health which were both at crisis levels. A lot of these issues were prior to the Covid Pandemic. She then asked why the Rainbow hospitals were not being used to relieve the pressure especially for those waiting to be discharged. Councillor Ellis had the greatest sympathy for the staff on the frontline but was concerned about waiting times especially with the impact of winter pressures. She then commented that it now took 5 weeks to get a blood test from the GP and she felt the health systems in North Wales were at crisis point and wondered why WG did not intervene.

In response Mark Polin clarified that the responses were being provided to questions that had been raised. If questions on cancer care and mental health had been raised then responses would have been provided. This demand was not just being faced by BCUHB but was across the UK. He agreed these were pressures which existed before the pandemic and outlined negotiations which had taken place with WG for additional funding support as the Health Board had been underfunded previously. The existing pressures were now compounded with additional pressures from the pandemic. Mark Polin confirmed that because of this funding it was possible to move forward and address some of the pressures which were referred to earlier. He then referred to the in the region of 300 patients waiting at any one time to be discharged from the acute hospitals saying this was something that required a joint focus.

The Chair referred to the Bloods tests forms which stated in the tiniest print that people could go online to book themselves an appointment. This was not clear as the print was so small.

Councillor Gladys Healey referred to locum staff and asked if training was provided, especially with regard to mental health. She felt because doctors were concerned about prescribing medication that this could lead to suicide. In response Jo Whitehead confirmed that appropriate training was provided together with local familiarisation training and guidance for each individual department. They were also asked to undertake all mandatory training the same as permanent members of the clinical teams.

The Chief Executive provided an overview of the partnership working which existed between the Authority and the Health Board. He had not been in post long and accepted that there were challenges for the Authority and BCUHB which had been intensified by the pandemic. He then referred to the working relationship between the social care teams and BCUHB which kept the flows moving. Finding beds was a pressure for both organisations and asked that a developed level of understanding be given to BCUHB as they were under the same pressures as our social services.

The Chief Officer supported the comments made by the Chief Executive saying that everything was being done to support flow through the system, which was the case in every other local authority. He added that as of today there were 28 people in our inbox which equated to 250 hours of home care. He said that for most winters there would be 50 or 60 people in the inbox. This was monitored closely with colleagues in health with places such as Marleyfield a fantastic system to support that flow.

Rob Smith agreed with the comments made and said the partnership working to deal with the stresses the teams were facing was key. This included caring for people in the community rather than admitting them to hospital and ensuring the correct services were in place for those patients being discharged from hospital.

The Chair asked how the Booster Programme was progressing. Jo Whitehead confirmed the programme had commenced and that WG had requested that the Pfizer vaccination be used. This was safe even if the AZ vaccine had been used previously. There were operational complexities around storages of these vaccines which meant it was more difficult for GP practices to administer them. It was also a longer process of 22 minutes which included a 15 minutes wait after the injection. There were fewer locations in place but discussions were being held with high street pharmacies to ascertain if there could assist delivering the booster jabs. With regard to performance she confirmed that they were on track but said that unfortunately 10% of the people invited failed to attend. She asked if Members could spread the word in their constituencies and encourage people to attend when invited. She explained that the slots were overbooked and sometimes couples would turn up together when only one of them had been invited. They endeavoured to accommodate these extra people whenever possible. Work to encourage the younger generation to come forward was also continuing.

Councillor Marion Bateman referred to reports which suggested that a person should ask that the vaccine did not enter the blood stream. She asked what BCUHB's view were on this. Jo Whitehead replied that she was not a clinician and asked if she could respond outside the meeting

Councillor Michelle Perfect wanted to say a massive thank you for the work the BCUHB had done ensuring that the vaccination roll out had commenced so quickly. It was vital that as many people as possible were encouraged to get vaccinated. She said it was important for the committee to raise concerns on improvements which could be made but it was also very important to say thank for the work which had been done to keep us safe.

The Chair referred to the site at Deeside saying because of block booking people were waiting outside in the rain. She asked if it was possible to use the inside of the centre so people were not waiting in the rain. Jo Whitehead agreed to feed this back and said that it was not quite a block booking system but because of the lanes and slots that it did get very busy.

The Chair then referred to the waiting times for the initial diagnosis at neuro development service for children and asked if there were anything which could be done to reduce this waiting time? In response Jo Whitehead said waiting times were long but that a virtual assessment process had been introduced with face to face assessments now happening for children, young people and their families. Some people preferred to wait rather than have a virtual assessment. She then reported on the good work across North Wales on the "No Wrong Front Door" concept which brought health, education and social care colleagues together. Work was ongoing to simplify the assessment process to enable more young people to be seen quickly using the Trusted Assessor model. The model was established in adult services to respond to waiting times.

Prior to leaving the meeting Jo Whitehead provided an update on the telephone line access into Primary Care. She referred to the three practices managed by the BCUHB confirming work was progressing to improve and enhance the phone access by working with external providers to add additional lines or upgrade in house systems. She confirmed that start dates were scheduled for late November and early-mid December for those pieces of work. She also reported on the recent successful recruitment for GP and Advanced Nurse Practitioners in Flintshire with the new GPs already making a positive difference.

The Chair thanked Jo for her attendance and appreciated the information she had provided.

Rob Smith referred to the earlier point on access to see GPs and understood the concerns raised. The model used was currently a mixture of home triage and then bringing patients into practice if it was felt necessary. This had been accelerated as we emerged from Covid and as a result of the increased demand.

He then reported on the primary care engagement events which would include members of the committee. This would ensure that the committee was informed as much as possible and would enable questions to be asked. An email invitation would be sent soon

The Facilitator asked if an update on perinatal mental health services and visiting patients moving forward could be provided. Rob Smith did not have that information to hand but would circulate it following the meeting.

Rob Smith then provided an update on the WG Long Covid Programme confirming that funding had been made available to set up the service. A multi-disciplinary team would be working out of a location in Flintshire but the location had yet to be confirmed. It was hoped this Specialist Long Covid Service would be running early in the New Year.

Craig Macleod referred to the points made by Jo Whitehead regarding children and families and welcomed the focus around ND services. He wanted to reassure committee on the Council's approach to this. If people on the waiting list required care and support from Social Services or additional support in School this was available for children to access. The council's position was to put that support in place, if required, prior to diagnosis. He referred to the "No wrong door approach" which enabled collaborative working to better support the mental well-being of children and families prior to diagnosis. It was really important that support was available especially around the emotional and well-being of children and families coming out of Covid. He hoped that this could come back to committee to ensure it developed to make a difference for children and families. Rob Smith agreed with the comments made and reported on the joint working with Flintshire and the Health Board which was leading the way across Wales and making strong progress.

Councillor Gladys Healey referred to the Booster Programme and to comments made in her ward by parents of young people especially girls. They were not going to have the booster because of the lack of research and were concerned about the side effects. Councillor Healey then referred to Long Covid Clinic and asked if this was to treat patients who had contracted Covid or patients who had suffered the effects of Covid during the lockdown. In response to the Booster question Rob Smith commented that he could not provide a detailed response but confirmed that they were following WG Guidance and the science to the letter on the booster programme. He then referred to Long Covid Clinic and confirmed it would treat people who had contracted Covid and were suffering the long term impacts rather than the indirect impact on individuals which would hopefully be supported by primary care and mental health services.

Councillor Carol Ellis sought clarification on the 300 patients ready for discharge across three district hospitals and asked if it was possible to have a breakdown of how many there were per authority. In response the Chief Officer confirmed there were 10 hospital requests for domiciliary care with 3 from the Countess of Chester and 7 from BCUHB.

Councillor Ellis commented that Flintshire was doing a good job which was not portrayed in the general publication for individual local authorities. The Chair



agreed saying the information did not show that Flintshire was doing an excellent job.

Councillor Dave Mackie thanked Councillor Ellis for highlighting this. He had researched this especially through the Community Health Council as there were very often differences between the figures produced by the hospitals and the figures produced by social services. He suggested that when this information was produced that the committee ask for the specific figures for Flintshire. The Authority's social services teams work incredibly hard to keep the number as low as possible. He added that because of the codes used patients who were still receiving treatment in hospital were included in these figures. In response the Chief Officer said that he would rather respond to specific issues than bombard committee with figures. He reassured members if they required information to contact himself, Jane Davies or Susie Lunt.

Rob Smith provided an update on visiting patients at the Maelor Hospital. He confirmed that one person per patient was permitted, apart from exceptional circumstances such as end of life care. It was at the discretion of the Ward Sister and was also dependent upon outbreaks of Covid with visitors asked to contact the ward prior to visiting. They were also asked to confirm that they did not have the virus.

The Chair thanked the representatives from the Betsi Cadwaladr Health Board for their attendance and for responses provided to the questions raised.

#### **42. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE**

There was no members of the press or public in attendance

(The meeting started at 10.00 am and ended at 11.23 am)

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**Chair**