# SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE 25 JULY 2013

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, 25 July 2013

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

Councillors: Marion Bateman, Veronica Gay, Cindy Hinds, Hilary Isherwood, Brian Lloyd, Hilary McGuill, Dave Mackie, Ian Smith and David Wisinger

**CONTRIBUTORS:** Cabinet Member for Social Services, Director of Community Services and Head of Social Services for Adults

Jo-Ann Dyson - Locality Manager, Welsh Ambulance Services NHS Trust (for minute number 13)

Adult Safeguarding Manager (for minute number 14)

**IN ATTENDANCE**: Environment and Social Care Overview & Scrutiny Facilitator and Committee Officer

### 11. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

No declarations of interest were received.

# 12. MINUTES

The minutes of the meetings of the Joint Lifelong Learning and Social & Health Care Overview & Scrutiny Committee held on 11 June 2013 and the Social & Health Overview & Scrutiny Committee on 20 June 2013 had been circulated with the agenda.

#### Matters Arising - 11 June 2013

Minute 4: Educational Attainment of Looked After Children - Councillor H.J. McGuill sought an update on the request for the Welsh Government to increase the Pupil Premium. The Facilitator would pursue a response from the Housing & Learning Overview & Scrutiny Facilitator who had been dealing with actions from this meeting.

Minute 5: Corporate Parenting Activity Update - The Facilitator advised that the request for mandatory Corporate Parenting training had been considered at the recent meeting of the Democratic Services Committee. As there was no statutory duty for this training to become mandatory, the Committee had resolved that Group Leaders encourage Members' attendance at a seminar to be facilitated by an appropriate officer. Councillor McGuill felt that the requirement for Members of Planning Committee to have attended at least two-thirds of training should also apply to those on the Social & Health Overview & Scrutiny Committee. The Facilitator explained the Council's statutory requirement for those on the Planning and Audit Committees to undertake relevant training however there were no such powers for Corporate Parenting. Members were in

agreement with the suggestion made by Councillor V. Gay that this could be addressed by the creation of a mandatory training module on Corporate Parenting for school governors.

# Accuracy - 20 June 2013

Minute 4: Betsi Cadwaladr University Health Board (BCUHB) - On an example given of a patient experiencing a lengthy waiting time in an ambulance outside a hospital, the Chair asked that her comments be included to reflect that this could have been as a result of the ambulance being unable to discharge the patient due to insufficient capacity in the hospital.

#### Matters Arising - 20 June 2013

Minute 4: BCUHB - Councillor Gay queried the statement made by Ms. Clare Jones that there were currently no contracts with English GP practices for patients living in Wales, as she was aware that the Lache practice in Cheshire had special dispensations to take in patients from across the border. The Facilitator agreed to clarify this with BCUHB and provide a response. She went on to confirm that responses to issues raised at the meeting had been circulated to the Committee.

The Chair said that she had been informed that work on the Primary Healthcare Centre in Buckley was due to start at the end of September 2013. She and Councillor McGuill reported on the forthcoming removal of community health services from Flint hospital prior to its closure on 2 September 2013.

Minute 6: Quarterly Performance Reporting - It was confirmed that the report on looked after children across Wales had been circulated to the Committee.

Minute 8: Forward Work Programme - In relation to an issue raised on the Emergency Duty Team, Councillor C. Hinds said that she had been advised that this was now resolved.

#### RESOLVED:

- (a) That, subject to one amendment to the minutes of 20 June 2013, both set of minutes be approved as a correct record and signed by the Chairman;
- (b) That the Facilitator provide a response to the Committee on the request for the Welsh Government to increase the Pupil Premium;
- (c) That the Facilitator pursue the suggestion for mandatory training on Corporate Parenting for school governors; and
- (d) That the Facilitator liaise with Betsi Cadwaladr University Health Board representatives and provide a response to the Committee to clarify the issue on contracts with GP practices in England.

#### 13. WELSH AMBULANCE SERVICE

The Chair welcomed Jo-Ann Dyson from the Welsh Ambulance Service and invited her to deliver the presentation, copies of which were circulated. Ms. Dyson explained that she was the Locality Manager for Flintshire and Wrexham and was based at the newly-established Area Ambulance Centre at Dobshill. In thanking the Committee for the chance to give a brief presentation, she welcomed the opportunity for a future return visit if further information was required.

Ms. Dyson explained details of the 'Make Ready' system which aimed to accelerate and improve the preparation process of ambulances to benefit response times as well as improving infection control and patient experience. In reporting vast improvements in ambulance waiting times at hospitals since April 2013 mainly due to regular liaison with three appointed hospital-based Operational Site Managers, Ms. Dyson assured the Committee that there had been a significant increase in patients being seen within 15 minutes and a decrease in numbers of those waiting over an hour.

Statistics indicated a steadily improving performance in Flintshire, resulting in 60.1% of emergency calls in June 2013 being responded to within 8 minutes. It was acknowledged that response times during March had been affected by the extreme weather conditions experienced throughout the county. Ms. Dyson referred to local press coverage on ambulance response times in Flintshire in comparison with those in Wrexham, and pointed out that crews from Flintshire were dispersed to Glan Clwyd, Wrexham Maelor and the Countess of Chester hospitals which impacted on turnaround times. She added that despite the high demand for services in Flintshire, it was hoped that performance figures would continue to improve, although this was dependant on a number of other factors.

The Chair asked whether patients, particularly those from the Mold area, could opt to be taken to the Countess of Chester hospital if they wished. Ms. Dyson confirmed this and stated that the hospital was generally chosen based on the postcode area of the patient, but was also dependent on patient choice.

In response to queries raised by Councillor H.J. McGuill, Ms. Dyson confirmed that equipment and stretchers etc in ambulance vehicles were thoroughly cleaned in-between patient use. Staff based at the Dobshill depot were employed by the Ambulance Service and undertook a rigorous three week training programme to gain an understanding of the equipment used, including driving of the vehicles and safety checks. Councillor McGuill referred to a range of systems and additional resources put in place for hospitals to cope with emergency situations and said it was difficult to understand why these measures could not be utilised on a daily basis to ensure that demand was met. Ms. Dyson agreed that this was a fair observation and commented that patients were triaged on arrival at hospitals however internal hospital organisations were responsible for moving patients out of the emergency department.

In response to further queries, it was explained that ambulances were unable to discharge patients to out-of-hours clinics as once the patient was on board the vehicle and documentation initiated, there was a responsibility to

discharge the patient to a hospital unless the patient chose to discharge themselves. Explanation was provided on the process of dealing with 999 calls from receiving the call at the control centre within a set time to the dispatching of an ambulance vehicle at the same time as seeking responses from the caller to set questions. Emergency 'red' calls were to be dealt with within 8 minutes whereas other calls were deemed 'green'. Councillor McGuill referred to a previous incident at County Hall where an ambulance had failed to respond to an emergency call with no notification given as to why. Ms. Dyson explained that a callback system was now in place to report any follow-up information.

Issues raised by Councillor H.T. Isherwood were in relation to the increasing pressure on the NHS due to the ageing population and ambulances being able to access individuals in rural areas. In addition, she felt that more education should be available on basic first aid/CPR procedures in schools and referred to drivers with hearing impairments who may not be able to hear ambulance sirens. Ms. Dyson said that rapid response vehicles could be used to access rural areas which, apart from stretchers, were fully equipped. knowledge of areas was helpful in identifying any access issues and was also aided by advance notification, for example in a recent case of a home birth where a prior risk assessment had been carried out. The intensive training course undertaken by ambulance drivers included awareness raising and consideration of other road users such as those with hearing impairments. suggestion for training at schools would be beneficial, there were insufficient resources to put this into practice, however representatives from the Ambulance Service made every effort to attend schools and associated events to raise awareness, when requested. In response to a request, she agreed to provide the Committee with a breakdown of the reasons for calling out ambulances.

Following a query raised by Councillor M. Bateman, Ms. Dyson said that a doctor calling an ambulance from a patient's home would request the type of vehicle required to transport the patient to hospital. Councillor Bateman would discuss this further outside the meeting. As requested, Ms. Dyson agreed to provide performance figures from previous years to compare with the current statistics included in the presentation.

In response to a query raised by Councillor V. Gay, it was confirmed that Operational Site Managers were located at BCUHB hospital sites including Ysbyty Gwynedd. A similar, less robust, arrangement was in place at the Countess of Chester hospital where issues could be raised with another contact.

Councillor D.E. Wisinger commented on the effectiveness of service arrangements and waiting times in previous years, despite the improvements currently being made, however acknowledged that some delays could be due to increased traffic on roads. He referred to the case at County Hall mentioned earlier and similar incidents across the UK in relation to ambulance waiting times. Ms. Dyson pointed out that demand on the Ambulance Service had significantly increased which was partly due to individuals not registered with a GP choosing to call for an ambulance and impacted by the closure of some community hospitals. She gave assurances that work was ongoing to look at ways of resolving this issue.

The Chair said it was recognised that the closure of community hospitals was an increased risk and would lead to further pressure on hospital beds and ambulance waiting times.

Councillor McGuill referred to the first responder on the scene of an incident and asked if there was potential for future training in the Ambulance Service and the Fire Service to be linked. Whilst Ms. Dyson was not aware of any intention to do this, she commented on the system in place at Airbus where co-responders were in place to deal with emergencies on site with the option to call in the Ambulance Service if required.

Following comments made by Councillor C. Hinds on demand for services in December and January, Ms. Dyson said that traditionally there was an increase in calls received during this period of the year and that the service aimed to deal with at least 58% of those calls within the target time of 8 minutes.

Councillor D.I. Mackie expressed his disappointment that information on the use of Operational Site Managers had not been mentioned by BCUHB representatives at a recent meeting and asked if the high demand for services in Flintshire was based on population size or volume of calls. Ms. Dyson said that this related to population size and also took into account the number of employees from other areas who worked at the number of large industries in the county. In relation to the example cited on prior knowledge of an incident gained through a risk assessment, she said that such information would not be retained in the log after the incident had been resolved. On access to rural areas, staff in the Control Centre had an awareness of locations and could opt for a rapid response vehicle to attend an incident in addition to an ambulance. Ms. Dyson went on to speak of her involvement in two working groups to address improved flow of working in partnership with BCUHB.

The Chair thanked Ms. Dyson for her detailed presentation and full responses to queries raised.

Following the item, Councillor Hinds said that Ms. Dyson had extended an invitation for the Committee to visit the Ambulance Service. The Facilitator agreed to arrange this.

#### **RESOLVED:**

- (a) That the presentation be noted;
- (b) That the Locality Manager provide the Committee with a list of reasons given for dispatching ambulances;
- (c) That the Locality Manager provide performance statistics for previous years to compare with those included in the presentation; and
- (d) That the Facilitator arrange a site visit to the Ambulance Service depot.

#### 14. ADULT SAFEGUARDING

The Director of Community Services introduced the annual report to update Members on Adult Safeguarding Performance and revised structures for the year April 2012 to March 2013. He reported on service charges to respond to forthcoming legislation and additional statutory duties placed on Local Authorities, which would put Adult Protection on an equal legal footing to that of Child Protection. It was thought that an increase in the number of Adult Protection referrals was partly due to a stronger awareness and knowledge of adult safeguarding as a result of publicity from national cases.

The Head of Social Services for Adults gave an overview of the breakdown of the 283 referrals received during 2012-13 which included outcomes from cases which had been referred in 2011/12. He also provided an update on the active training structure which was in place and reported good progress on the workforce structure.

Councillor D.E. Wisinger welcomed the additional funding for new appointments, particularly in view of the increasing number of referrals. The Head of Social Services for Adults said that Safeguarding Team Managers chaired all Safeguarding Strategy meetings which ensured a more consistent approach in taking cases forward.

Councillor H.T. Isherwood acknowledged the suggested reason for the increase in referrals but stressed the need for vigilance as this could also be an indication of increased levels of abuse. She questioned accountability for cases where allegations had been made against 'persons unknown' and raised concerns about ensuring the safety of vulnerable people whose complaints made against their carers had not been upheld. The Head of Social Services for Adults said that allegations made against 'persons unknown' would need to looked at individually but may involve issues such as the alleged theft of items belonging to a vulnerable person. Following a request by Councillor Isherwood, he agreed to provide clarification in writing of such cases. On abuse allegations, the Director remarked on the care plan arrangements for all service users which would reflect any vulnerabilities of the individuals. This would ensure that whether or not the allegation of abuse was upheld, the individual would be supported and not be put in a position of risk. Councillor Isherwood reiterated her concerns that the person raising the allegation would not remain anonymous and that this would discourage others from making a complaint due to possible repercussions.

In response to a query raised by Councillor I. Smith on the main categories of vulnerability, the Director explained that 'organic mental health problems' related to organic conditions of the brain such as Dementia.

Councillor C. Hinds felt that there was a need for more frequent unannounced visits by Inspectors and proposed that an invitation be extended to receive further explanation on visits at a future meeting. The Head of Social Services for Adults advised that both Contract Monitoring Officers and Care and Social Services Inspectorate Wales (CSSIW) carried out more unannounced visits than previously, including private sector homes, and that he was provided with regular updates. Specified areas of concern were closely monitored where issues had been raised.

Councillor Hinds' proposal was seconded by Councillor Isherwood and following a suggestion by the Chair, it was agreed that Contract Monitoring Officers and CSSIW Inspectors be invited to attend a future meeting. It was suggested that Dave Mills of the Protection of Vulnerable Adults (POVA) could also be asked to attend.

The Director reported that Flintshire was one of the first Councils to pilot an initiative with two Local Authority homes and two from the independent sector where a range of individuals, including family members and workers within homes, could report issues.

The Chair was disappointed to note that only one prosecution had been made, despite the high number of referrals and work of those involved in putting together such cases. The Head of Social Services for Adults acknowledged this but pointed out that a less serious outcome would be expected from lower level complaints.

Councillor M. Bateman asked if unannounced checks were made on those in private properties in view of the statistics in the report. The Director said that there were currently no statutory powers to enter homes without permission although the proposed Bill would change this position.

Councillor H.J. McGuill commented that the Council should have a right to check provision of care that it was paying towards and asked about staff training in the private sector. The Adult Safeguarding Manager said that each care provider had a statutory obligation to provide required levels of staff training and that records were checked by Contract Monitoring Officers. When asked if this applied in all cases, the Head of Social Services for Adults recognised that this was a challenge but said that monitoring was carried out and concerns raised where inconsistencies were identified.

In relation to the pilot project discussed earlier, the Director said that Llys Gwenffrwd, Croes Atti, Hollybank were three of the four homes involved. Following further discussion on investment and the potential to link with rota visits, the Chair requested that further information be received in a report to a future meeting of the Committee.

Councillor Isherwood asked if only one prosecution had been made due to insufficient evidence on other cases. The Head of Social Services for Adults reiterated the differing nature of cases, but agreed to look at the detail and provide a response. The Adult Safeguarding Manager commented that the Police would be unable to take forward a successful prosecution unless a complainant came forward and that issues such as the mental health capacity of the complainant would need to be taken into consideration.

#### **RESOLVED:**

(a) That the Committee are content that robust structures are in place for adult safeguarding in Flintshire;

- (b) That a report continues to be provided to the Committee on an annual basis;
- (c) That the Head of Social Services for Adults provide the Committee with written clarification on the cases marked 'persons unknown';
- (d) That an invitation be extended for Contract Monitoring Officers and CSSIW Inspectors to attend a future meeting of the Committee to report on unannounced visits to care homes:
- (e) That a report be submitted to a future meeting of the Committee on the pilot project currently taking place with four care homes; and
- (f) That the Head of Social Services for Adults provide a response to the Committee on the nature and outcomes of cases which had not resulted in prosecutions.

#### 15. ROTA VISITS ACTIVITY AND OUTCOMES

The Head of Social Services for Adults introduced the report on rota visit activity and outcomes during 2012/13, and sought comments from Members on the issues raised within it. An updated copy of rota visits undertaken between 10 August 2012 and 14 July 2013 was circulated, indicating that seven reports currently remained outstanding.

The Facilitator said that a number of questions on rota visits had been raised at the recent Forward Work Programme workshop. She asked if Members who had completed visits could return their forms immediately to the Co-ordinator and that those who were unable to carry out their visits could contact the Co-ordinator who would re-allocate to another Member. Members were able to raise any issues on the new electronic process with the Co-ordinator and views on the frequency of discussion of rota visits at the Committee could be shared with the Facilitator. As discussed in the training session, there would be future discussion on the option to link rota visits to the checker system once the pilot had been completed and evaluated.

Councillor H.J. McGuill asked if officers could provide Members with a breakdown of statistics from the accident books of establishments to help identify and understand any trends or issues prior to visiting. The Head of Social Services for Adults agreed to provide this information on incidents over the past 12 months.

#### **RESOLVED:**

- (a) That the report including information on sections 3.06-3.09 be noted; and
- (b) That the Head of Social Services for Adults provide Members with a breakdown of accident book statistics in rota visit establishments over the past 12 months.

# 16. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

There was one member of the press in attendance.

(The meeting started at 2.00 pm and ended at 3.45 pm)
Chairman