

**SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE**  
**9 APRIL 2015**

Minutes of the meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Wednesday, 9 April 2015

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

Councillors: Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, Dave Mackie, Ian Smith and David Wisinger

**ALSO PRESENT:**

Councillor Vicky Perfect attended as an observer

**APOLOGIES:**

Councillors: Amanda Bragg, Hilary Isherwood and Hilary McGuill  
Chief Executive

**CONTRIBUTORS:**

Cabinet Member for Social Services, Chief Officer (Social Services), Intake and Reablement Service Manager and Senior Manager – Children’s Lead  
Representatives from Betsi Cadwaladr University Health Board  
Professor Trevor Purt (Chief Executive) and Geoff Lang  
Representatives from Welsh Ambulance Services NHS Trust  
Sonia Thompson and Karl Hughes

**IN ATTENDANCE:**

Environment and Social Care Overview and Scrutiny Facilitator and Committee Officer

**68. DECLARATIONS OF INTEREST**

No declarations of interest were made.

**69. PRESENTATION BY BETSI CADWALADR UNIVERSITY HEALTH BOARD**

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.

Professor Trevor Purt explained that he had been in post for a few months and commented on the changes that had been made in some significant areas. It had been recognised that there was a need to turn the organisation around from being a secondary care acute trust and since BCUHB had been established five years ago, the vision and direction had changed to focus on prevention and enhanced community driven services. The need to work in partnership with Local Authorities to focus on joint working arrangements was important and the Third and Voluntary Sectors also had a key role to play in achieving this. Professor Purt explained that changes would need to be made to secondary care in the future and it was

proposed that one hospital over three sites would be established. A new structure had been put in place and three area directors had been appointed (two were currently in post and the third would commence his role shortly) who would each have responsibility for two counties to develop and provide enhanced primary care and promote services for out of hospital care. In the future, budgets would be held at a local level and devolved to area teams.

Future planning was important to take the service forward and Professor Purt spoke of the work that was ongoing with partner organisations to achieve this. He commented on the funding for the NHS to improve primary and community care which included £35m for the clusters, £25m for intermediate care, an element for improvements to IT infrastructure and a significant amount for other services such as cancer treatments. He explained that planning was key and added that a three year plan had been due to be submitted at the beginning of April but a deferment had been sought and agreed to allow work to be undertaken on how to take the service forward. The three year plan would be the overarching document but having a one year operational plan in place would allow time for meaningful engagement on providing a sustainable health service in North Wales. A public consultation exercise would be undertaken later in the year so that the population of North Wales could put forward their comments on what they felt the service should provide. Once the responses had been received, this would allow BCUHB to plan for the future.

Professor Purt explained that some of the financial challenges faced by BCUHB had been addressed and significant improvement had been made in-year, which was positive, but the Board still faced financial pressures. He commented on referral to treatment targets and of the pressures on Accident & Emergency (A&E) but he added that the least escalation in ambulance delays had been reported for the previous month. The consultation period would be from May to September 2015 and Professor Purt explained that a preferred option by the Board would not be identified and stakeholders would be encouraged to contribute to the consultation exercise.

The Chair thanked Professor Purt for his positive presentation which she welcomed and she was pleased to hear of the consultation exercise and of 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 each response be considered in turn to allow Members to ask any additional questions or make comments.

### Enhanced Care

Councillor Dave Mackie indicated that the response did not provide details of the level of enhanced care and asked how many patients the service would like to be treating at this stage and if this figure had not been achieved, what was holding the service back. In response, Mr. Lang explained that the level would be around 15 people at any one time but there were currently 12 patients. Lessons were still being learned about enhanced care and even

though six practices were participating in the scheme, more work was required for the remaining practice to join the scheme. He believed that the service was valuable and added that plans had been submitted to the Board for completion of the project early in this financial year. A consolidated rollout with other services was required and discussions were ongoing with the remaining practice. Professor Purt confirmed that the interim budget for this year had been signed off and £1m was being provided for the rollout of enhanced care services.

The Chair requested that Members be notified of the dates for the rollout of the service and it was confirmed that this was possible.

### Transport

The Chair indicated that concerns had been raised by residents about the difficulty in accessing the new Buckley Medical Centre and she queried what could be undertaken to overcome the concerns. She commented that some residents in Buckley used a taxi service but this resulted in a minimum charge of £7 per visit. Professor Purt responded that BCUHB did not have a great deal of influence over where a bus stop should be sited but the potential provision of a bus stop outside the centre was to be assessed and discussions with operators could then follow. He suggested that this type of concern could be raised by the Local Authority during the planning process; the Chair confirmed that the issue had been raised. Mr. Lang explained that discussions with the Transport Manager were to be undertaken to try and address the issue.

### Looked After Children (LAC) Nurse Provision

The Chief Officer advised that challenges in the past had resulted in targets being missed but in welcoming the appointment of a full time LAC nurse he explained that some initial work was still required. Councillor Mackie felt that BCUHB had not been aware of the difficulties that not having a LAC nurse would cause for the Authority. Professor Purt confirmed that this was an area where BCUHB had not understood the impact at a local level. One of the benefits of appointing area directors aligned to two Councils was that it would allow relationships to build and issues such as this could be raised at an early opportunity.

### Nurse Recruitment

Professor Purt confirmed that recruitment was an issue for the NHS in Wales and that BCUHB particularly found it difficult to recruit along the English border due to competition from NHS hospitals in England and also private providers. He commented on the recruitment campaign but added that there were elements of the medical workforce that it was difficult to recruit to which was a challenge. Mr. Lang concurred that BCUHB had struggled to recruit but added that a number of roles had increased significantly with 90 more nurses and 80 more health care assistants being in post than at this point in 2014.

In response to a question from Councillor Ian Smith about the number of nurses that were trained each year and how many students started the course but did not complete it, Mr. Lang advised that the training places were owned by the University, not the Health Board. There was a drop-out rate of students who did not complete the course but trainee nurses were encouraged to apply for available posts in North Wales if they wanted to work in the area. BCUHB mostly dealt with Bangor University, which also had a site in Wrexham, and Mr. Lang indicated that he could provide details of drop-out rates of student nurses.

Councillor Andy Dunbobbin sought clarification on whether BCUHB encouraged apprenticeship schemes and vocational direction rather than through a University course. Professor Purt said that increases in numbers through alternative routes would be welcomed but the selection standards were set by the Nursing and Midwifery Council or the General Medical Council and this could not be influenced by BCUHB. Mr. Lang commented on a number of developmental schemes in place for employees who were willing to prepare for a degree training programme and he also commented on a cadet programme.

Councillor David Wisinger expressed his disappointment at the low attendance rate of Members at this meeting. In referring to a recent visit to A&E and the numbers of people who were either in the waiting room or on trolleys in corridors because cubicles were full, he asked whether these issues were because of cutbacks in funding or because of a lack of staff. Professor Purt indicated that even if the money was available, there were not enough staff in post to deal with the numbers presenting at A&E. BCUHB had more beds and staff than across the border but the number of patients that actually needed to attend A&E was very small compared to the numbers that presented at hospitals. This could be because they were not aware of the other services that were available or because the current model for minor injuries was unsuitable. It was important to ensure that there was alternative provision to A&E which included education on when people should present at A&E and also to provide and promote alternatives in the community.

### Unscheduled Care

The Chair concurred with the comments of Professor Purt about the use of A&E and felt that the problems had increased since the closure of the community hospitals. As this option was no longer available and if it was not possible for people to get an appointment with their Doctor, people were attending A&E even though this was not necessarily because of an accident or emergency. She felt that measures could have been put in place in the past to alleviate the closure of the community hospitals. Professor Purt felt that community hospitals should be for short stay, step-up step-down visits and not as a substitute for residential or nursing homes. In the BCUHB area, there had been a 15% reduction in nursing home beds and this had exacerbated the problem of bed-blocking in hospitals. A solution to longer term care was needed but it was not hospitals or community hospitals.

Councillor Wisinger commented on the ageing population and concurred that when smaller community hospitals closed, it increased pressure on hospitals. He spoke of the difficulty in obtaining an appointment at his Doctor's surgery and understood why some people visited A&E rather than having to continually phone for an appointment.

Ms. Thompson supported the comments of Professor Purt. She added that it was important to manage demand differently and explained that positive work was ongoing to achieve this.

Councillor Ian Smith asked whether there were any key differences between the Countess of Chester Hospital and Wrexham Maelor Hospital. Professor Purt felt that the number of people attending depended on the day and time of day. He commented on a recent weekend at Glan Clwyd Hospital where 68 ambulances had attended the hospital in 36 hours; the Hospital could not cope with the demand and this level of need was not sustainable.

The Chief Officer (Social Services) welcomed the suggestion of alternatives to attending hospital and added that the Intermediate Care Fund had allowed funding for projects that would help to alleviate some of the problems. He commented on work undertaken by Local Authorities on Commissioning Strategies and welcomed the opportunity to be able to contribute further in the future.

Councillor Veronica Gay referred to the issues experienced by residents in her ward about cross-border services and welcomed the provision of area directors which she hoped would be able to assist with community issues. She sought clarification on partnership delivery and asked what had been had meant by one hospital on three sites. In response, Professor Purt explained that presently the hospitals covered by BCUHB worked independently and had different standards and outcomes. There was a need to identify what was required locally to the sites and to make changes to the services provided at each of the three sites based on population numbers to avoid duplication of provision. It was recognised that there was a degree of highly specialised care that would need to be moved to one or two sites but it was felt that patients would travel to these sites to receive the quality of service that they required. In commenting on the GP service, Professor Purt explained that a number of GPs were leaving the service either due to retirement or because they felt overworked and it was therefore important to identify an alternative model for the service. This would form part of the consultation process and he explained how the work of doctors could change with nurses being able to undertake some of the roles currently carried out by GPs.

Councillor Mackie sought clarification on the response about a total delay for transfers of care of 794 days for 15 patients. In response, Mr. Lang explained that the figure was for the aggregate number of days that the individuals had waited for. Councillor Mackie also queried whether enough was being done to maintain the mobility of patients in hospital. Professor Purt responded that the average length of a hospital stay in Wales was 15 days but

in England it was 5 to 7 days. There was not always the capacity in the community to move people out of hospitals for a number of reasons which included the limited availability of mental health nursing beds.

Ms. Thompson explained that work was ongoing to promote the alternatives available to patients and to manage the demand differently and the service was working hard to overcome the problems.

The Chair spoke of a recent personal experience and indicated how impressed she had been with the service that had been provided by the Ambulance Service.

### Joint Working

The Chief Officer (Social Services) commented on the Single Point of Access provision which was progressing well and a report was due to be submitted to the meeting of the Committee scheduled for 16<sup>th</sup> April 2015. The unit would be based at Preswylfa in Mold and was due to open on 23<sup>rd</sup> April 2015. He added that a review of the localities structure was being considered.

Mr. Lang welcomed the joint working scheme and concurred that there was a need to progress joint working for the localities teams.

The Chief Officer welcomed the appointment of area directors and the £1m investment for the provision of community services.

### Deeside

The Chair queried when the eight closed beds at Deeside hospital would be reopened. In response, Mr. Lang explained that they had been closed due to staff turnover and even though some staff had been recruited, retention was an issue. The Chair requested that Members be updated on progress in the future.

Following a question from Councillor Smith, Mr. Lang indicated that there were 34 beds open at Deeside Hospital.

### Mental Health

The Senior Manager – Children's Lead advised that regular meetings with CAMHS leads were undertaken but added that it was important to consider alternative models for provision of the service. A clear protocol was being developed and the issue would be discussed at a sub-regional level to reach a resolution for the future.

Professor Purt said that it was important to ensure that CAMHS was situated within the correct part of the service and that consideration was being given to moving it from the Women's and Children's stream to Mental Health Services.

Councillor Mackie raised significant concern about mental health issues, particularly in children, and commented on a recent case that he was aware of. The Senior Manager – Children’s Lead reiterated her comments about the consideration of identifying alternative models for service provision and added that it was also important to work with colleagues in Youth Services to ensure the appropriate package of support was in place.

Councillor Adele Davies-Cooke referred to a personal experience of attending hospital and she commended the Ambulance Service for the service that had been provided. However there was a requirement to wait outside A&E due to the number of other patients waiting to be seen which included those who had been drinking. She queried whether consideration had been given to divert those who did not need A&E to another facility. In response, Professor Purt said that how to use cubicles differently was being explored but added that it was difficult to identify whether alcohol or drugs were masking other issues; there was a need to identify the underlying condition if one existed. Abuse of staff was also an ongoing problem and it was therefore increasingly important to ensure that the right people presented to A&E and that those who did not need to attend could consider alternatives.

The Chair thanked Professor Purt, Mr. Lang, Ms. Thompson and Mr. Hughes for their attendance.

**RESOLVED:**

That the verbal update be received.

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

There were 2 members of the press in attendance.

(The meeting started at 2.00 pm and ended at 3.25 pm)

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**Chair**