

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**14 JUNE 2018**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Thursday, 14 June 2018

**PRESENT: Councillor Gladys Healey (Vice Chair in the Chair)**

Councillors: Mike Allport, Marion Bateman, Jean Davies, Cindy Hinds, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGuill, Martin White, Ian Smith and David Wisinger

**SUBSTITUTION:** Councillor David Healey (for Andy Dunbobbin)

**APOLOGIES:** Councillor Carol Ellis

**CONTRIBUTORS:** Councillor Christine Jones, Cabinet Member for Social Services; Chief Officer (Social Services); and Senior Manager - Safeguarding and Commissioning

**Representatives of Betsi Cadwaladr University Health Board**

Rob Smith, Area Director East

Lesley Singleton, Assistant Director of Strategy & Partnership Mental Health & Learning Disabilities

Jane Bryant, Area Nurse Director

Steve Forsyth, Area Nurse

Dr. Gareth Bowdler, Area Medical Director East

Andy Roach, Director of Mental Health & Learning Disabilities

**Representatives of Welsh Ambulance Services NHS Trust**

Richard Lee, Director of Operations, Welsh Ambulance Service

Andy Long, Area Manager for North Wales, Welsh Ambulance Service

**Children and Mental Health Services (CAMHS)**

Andrew Grafton, Assistant Director of Children's Services

Marilyn Wells, Service Manager

**IN ATTENDANCE:** Social & Health Care Overview & Scrutiny Facilitator and Democratic Services Officer

**10. MINUTES**

The minutes of the meeting held on 10 May 2018 were received.

## Matters Arising

In response to a query from Councillor Ian Smith, the Chief Officer (Social Services) agreed to provide an explanatory list of the acronyms used in the reports submitted to Committee.

### **RESOLVED:**

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

## **11. DECLARATIONS OF INTEREST**

Councillor Dave Mackie declared a personal interest as a representative of the Community Health Council.

Councillor Gladys Healey also declared an interest as a representative of the Community Health Council

## **12. BETSI CADWALADR UNIVERSITY HEALTH BOARD**

The Chair welcomed Rob Smith, Area Director East, Lesley Singleton, Assistant Director of Strategy & Partnership Mental Health & Learning Disabilities, Jane Bryant, Area Nurse Director, and Dr. Gareth Bowdler, Area Medical Director East, to the meeting,

The Chair invited the Officers to provide a general update on Primary Care and Community Services. Jane Bryant gave an update on the range of nursing and community services available to support people who wished to be cared for at home. She reported on the support provided to patients who were discharged from hospital to enable them to receive care and treatment at home and remain in their community.

Dr. Gareth Bowdler provided an update on Primary Care services and commented on the improved terms and conditions for employing GPs which it was expected would assist the offer of work for GPs in Flintshire to address recruitment shortage.

The Chair thanked Officers for their update and invited Members to raise questions.

Councillor Rita Johnson referred to the closure of Flint hospital and the loss of beds and asked if Holywell Community Hospital had the capacity to meet demand. Jane Bryant confirmed that occupancy levels were high, however, the Matron worked with Glan Clwyd Hospital and GP's to ensure best access and use of community beds in Holywell Community Hospital. The increased focus on treating patients at home in and out of hours was a key area to progress.

Councillor Hilary McGuill commented on the staffing of Minor Injury Units (MIUs). She felt that in some cases staff did not have the right

competencies/confidence to undertake treatments e.g. stitches or administering intravenous drips, which resulted in patients needing to visit Accident and Emergency departments in hospital. Councillor McGuill suggested that nursing staff could rotate between main A&E departments and MIUs units to maintain skills. Councillor McGuill also suggested that patients may be reluctant to be discharged from hospital because they may not have access to prompt diagnostic testing as they had as in-patients.

Dr. Gareth Bowdler agreed that there was a need to ensure nursing staff within MIU units had the right proficiencies and skills and this was an area of development which was a high priority. Rob Smith referred to the review of urgent care provision currently taking place across Flintshire and Wrexham which was looking at improvements including closer links between GP's, Accident & Emergency Departments and MIUs. Consideration was being given to integrating and rotating primary care and Accident & Emergency and MIU staff. Dr. Bowdler acknowledged that there was room for improvement in discharge planning with one of the key concepts being that discharge planning should start as soon as a patient was admitted. Regarding diagnostic testing, Dr. Bowdler advised that work was ongoing to facilitate diagnostic testing and to ensure that patients had appointments booked before being discharged where possible.

In response to a question from Councillor Ian Smith regarding replacement of fluorescent lighting with LED lighting at the MIU in Mold, Rob Smith agreed to make enquiries with the estate office and provide a response.

Councillor Kevin Hughes commented that he had experienced an 8 hour waiting time at Wrexham hospital Accident and Emergency Department and said that whilst he had received excellent service better communications at A&E Departments would alleviate frustration for patients and enable them to understand the reasons for delay. Councillor Hughes also commented on smoking outside the hospital entrance and asked what could be done to improve signage and promote education on the health risks. Councillor Hughes congratulated staff at Wrexham hospital A&E department on the excellent work they do.

Rob Smith said an 8 hour wait was not acceptable and referred to the national target of 4 hours which should be delivered in most cases. He explained that BCUHB worked closely with hospitals to reduce the pressure on A&E departments and agreed to make further enquiries regarding the issue of communication and report back to the Committee. He agreed with the comment that it would be helpful if patients were regularly updated if a long delay occurred. Referring to the issue of smoking, Mr. Smith commented that this was an on-going problem and improvements seemed to have only a short term impact. However, he would raise any specific concerns Members had around smoking outside the entrances to the Maelor Hospital with the hospital again.

Councillor Marion Bateman said she had been advised that the X-Ray department at Mold Hospital only treated children over 5 years old and asked if

BCUHB were looking to change the provision to include younger children. Dr. Gareth Bowdler advised that the service available depended on the skill set of the individual member of staff on duty at the time rather than the patient's age.

Referring to the recruitment of GPs the Chair asked if it was stipulated in their contract that they had to practice for a minimum of 2 years in Wales. Dr. Gareth Bowdler advised that GPs on a training course received a golden 'hello' to enable them to set up practice in Wales for a couple of years following their training.

The Chair thanked Officers for their attendance and detailed answers to Members questions.

### **RESOLVED**

- (a) That the update on Primary Care and Community Services be noted; and
- (b) That Officers from BCUHB be thanked for their attendance and input

### **13. WELSH AMBULANCE SERVICES**

The Chair welcomed Andrew Long, Area Manager North, and Richard Lee, Director of Operations, Welsh Ambulance Services NHS Trust, and invited them to give a presentation on ambulance performance in the Betsi Cadwaladr University Health Board area.

Andrew Long advised that the purpose of the presentation was to explain the transformation which had been taking place in ambulance services in Wales, highlight some of the positive developments, and explain where further work needed to be done. He said it was also an opportunity to share the Welsh Ambulance Services experiences of implementing the Clinical Response Model to date, highlight what had been learnt along the way, and put the introduction of the Clinical /response Model in the context of wider organisational and system change. The main points of the presentation were as follows:

- NHS Wales and Welsh Ambulance Services NHS Trust
- conditions for change – our operating environment
- designing ambulance into unscheduled care
- what did we do?
- moving from red to amber response
- what does the future look like for WAST and our staff and patients?
- frequent callers
- hear and treat
- clinical desk effectiveness and clinical desk in Police
- performance, response and demand
- Hospital lost hours
- a new way forward

Councillor Marion Bateman commented on the issue of repeat calls to the ambulance services by individuals who did not require urgent or necessary medical treatment. She referred to a scheme in England whereby individuals were given a 'buddy' number to contact in the first instance to assess the call and avoid the request for an ambulance to attend if not necessary. Richard Lee referred to the Frequent Callers initiative to deal with repeat callers to the Ambulance Service and cited as an example a patient who had phoned emergency services 600 times in a year and who was in need of support but not medical treatment. He commented on the alternative options to be considered before an ambulance was despatched if urgent medical treatment was not needed and cited referral to a GP, a visit from a community nurse, support from the third sector or provision of alternative transport, as examples. He reported on the success in reducing the number of ambulance call-outs and advised that the control rooms prevented approximately 2,000 unnecessary ambulance call-outs a month. He also referred to the 'Come to See me' initiative which involved sending the 'right' NHS service to treat a patient.

Commenting on ambulance response times, Members were informed that less than 20 calls to the ambulance service were red emergencies. The target for red calls was 7 minutes and 59 seconds which could include community first responders arriving within that time. Officers took the opportunity to emphasise the importance of large buildings such as County Hall being equipped with a defibrillator which can save lives and costs less than £1,000.

Officers referred to the increase in the training of advanced paramedic practitioners to provide additional skills to the service and advised that funding was currently being secured to provide an advanced practitioner at Dobbshill Ambulance base. Councillor McGuill commented that whilst one practitioner was a step in the right direction there was still a need for more staff. The officer agreed that there was a need to develop the service and that an education programme was in place to enable paramedics to undertake additional learning and there was enthusiasm amongst paramedics to take-up the programme.

Councillor Ian Smith queried the cross border arrangements with England. Andy Long explained that the Welsh Ambulance Services NHS Trust had good cross border arrangements with the Countess of Chester Hospital and said that the approach going forward was to take less people to hospital and to treat more people at home and assist people to leave hospital if they were well enough.

Councillor Kevin Hughes asked if there had been an increase in assaults on staff. Officers responded that there were no increases in the number of assaults, however, as activities had increased some staff wear body cameras. Officers explained that the Welsh Ambulance Services NHS Trust had a zero tolerance approach to violence and abusive behaviour towards staff and had well-being strategies and other initiatives and skills in place to protect and support staff.

Councillor Hilary McGuill asked if the link falls service provided by the North Wales Fire Service was still in operation. Rob Smith responded that BCUHB had tasked the Community Asset Team in North Wales for this as they were responsible for the service. The issue of funding was raised and discussion took place around the challenges to be met concerning nursing and care homes and the need to work collaboratively with the Health Board to seek an alternative to a request for the ambulance service to respond to falls.

In response to a further question from Councillor McGuill concerning the role of the falls assistant and how it would be delivered in the future, Officers explained that the role of the falls assistant would continue and would be delivered in each geographical area in an appropriate way, for example in rural areas a volunteer system may be more appropriate. Councillor McGuill referred to an initiative where homes are provided with a lifting cushion which can be used in the event of a fall.

The Chair thanked Andrew Long and Richard Lee for their attendance and detailed answers to Members questions.

**RESOLVED:**

That the presentation be noted.

**14. REGIONAL MENTAL HEALTH STRATEGY**

The Chair invited Lesley Singleton, Head of Strategy and Partnerships for Mental Health, to introduce the report. Lesley Singleton presented the North Wales Mental Health Strategy 'Together for Mental Health' which was a 5 year plan for Betsi Cadwaladr University Health Board (BCUHB) to develop mental health services and work with partners, including the Council, to improve services for the citizens of North Wales. She emphasised that the Strategy had been developed focusing on a person's outcome approach and said that on the past the traditional model to Mental Health had not been what people wanted or needed. The emphasis was on keeping people in their own bed with services wrapped around and ensuring that communities align to supporting emotional wellbeing.

The Chair thanked Lesley Singleton for presenting the Strategy and invited questions.

Councillor Kevin Hughes commented on the issue of medication and expressed concerns that medication prescribed to young people may cause them to become addicted in the future. Lesley Singleton acknowledged the concerns and referred to the need to have an understanding of what outcomes people wanted and to tailor interventions around individual need. Andrew Grafton, Assistant Director of Children's Services, gave an assurance that any medication given was considered necessary and was regularly reviewed. He said that one of the challenges was that people were looking for a "magic" intervention. He reassured the Committee that the service was delivered by a group of highly trained medical professionals and reviewed appropriately.

Councillor Hilary McGuill asked if a person could refer into the system without going through a GP. She commented that a GP did not necessarily understand the needs of the individual and that on occasions the housing teams also did not understand the individual's needs. Lesley Singleton referred to the Crisis Hub which had been established in Wrexham and said that BCUHB were in discussion with Flintshire County Council regarding establishing a similar service in Flintshire. She referred to the PARABL talking therapies partnership that worked across North Wales and said it was possible to self-refer to that.

In response to a question from Councillor David Healey, Lesley Singleton confirmed that BCUHB were looking to roll out the crisis hub initiative in Flintshire for one day a week.

The Chair commented on the stigma attached to mental health and mental health issues in the workplace. Lesley Singleton added that the stigma of Mental Health in the workplace remained a problem but some positive examples were starting to develop. She advised that the charity Awyr Las was promoting an 'I can' campaign around mental health to challenge the stigma of mental Health with the emphasis on giving people an opportunity to start a "difficult" conversation. She said it was also about the opportunity to get employers to start to think about mental health first aid and support to help employees get back into the workplace.

**RESOLVED:**

That the North Wales Together for Mental Health Strategy be noted.

**15. SOCIAL SERVICES ANNUAL REPORT**

The Chief Officer (Social Services) explained that the purpose of the Social Services Annual Report was to set out the improvement journey and evaluate Social Services' performance in providing services to people that promote their wellbeing and support them to achieve their personal outcomes.

The Chief Officer reported on the main considerations, as detailed in the report, and drew attention to the improvement priorities identified for 2018/19 which were also outlined in the draft Social Services Annual Report for 2017/18.

Councillor Kevin Hughes congratulated the Chief Officer and his team on the content of the report and their hard work.

**RESOLVED:**

- (a) That the draft Social Services Annual Report for 2017/18 be endorsed; and
- (b) That the Chief Officer (Social Services) and his team be congratulated on the work undertaken.

## 16. YEAR-END COUNCIL PLAN MONITORING REPORT 2017/18

The Chief Officer (Social Services) introduced the Year-end Council Plan Monitoring Report 2017/18. He explained that the report presented the monitoring of progress at the end of year for the Council Plan priority 'Supportive Council' which was relevant to the Committee.

The Chief Officer provided background information and advised that the monitoring report for the 2017/18 Council Plan was a positive report, with 83% of activities being assessed as having made good progress, and 74% having achieved the desired outcome. Performance Indicators showed good progress with 56% meeting or near to period target. Risks were also being successfully managed with the majority being assessed as moderate (63%), minor (8%) or insignificant (6%).

The Chief Officer reported that the following performance indicators showed a red status for current performance against target for the Committee:

- Percentage of care homes that have achieved bronze standard who have also achieved silver standard for Progress for providers

Referring to the above indicator the Chief Officer explained that the target had been overly ambitious as the actual performance was exemplary with the Council taking forward sector leading progress with the achievement of the bronze award in 10 homes. He continued that the approach had been shortlisted in the biannual Care Accolade awards taking place in September 2018.

- Percentage of employees who have completed the level 1 e-learning training package to meet the requirements of the Domestic Abuse and Sexual Violence National Training Framework

The Chief Officer advised that an action plan was produced for each performance indicator which showed a Red status which would look in detail at what steps could be taken to mitigate future underperformance and whether the indicator should be carried forward to the 2018/19 Council Plan.

The Chief Officer advised that the following major risks had been identified and progress against the risks in the Council Plan were included in the appendix to the report.

- demand outstrips supply for residential nursing home care home bed availability
- knowledge and awareness of safeguarding not sufficiently developed in all portfolios
- failure to implement safeguarding training may impact on cases not being recognised at an early stage



Referring to indicator 1.4.2.1 on page 186, Councillor Hilary McGuill asked if a copy of the national data referred to in the report could be provided to the Committee. The Chief Officer agreed to provide the information. Indicator 1.5.1.2. page 188.

The Chair congratulated the Chief Officer (Social Services) and his team on the performance achieved.

**RESOLVED:**

That the report be noted.

**17. ROTA VISITS**

Following a request from Councillor Hilary McGuill, the Social & Health Care Overview & Scrutiny Facilitator agreed to chase up the schedule of future rota visits.

**18. FORWARD WORK PROGRAMME**

The Facilitator presented the Forward Work Programme and advised that the next meeting of the Committee was to be held on 4 October 2018.

In response to a request from Councillor Hilary McGuill the Facilitator agreed to write to BCUHB and the Welsh Ambulance NHS Trust to request an update on the issues raised at the meeting.

**RESOLVED:**

- (a) That the Forward Work Programme be updated accordingly; and
- (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.

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

There was one member of the press in attendance and no members of the public.

(The meeting started at 2.00 pm and ended at 4.25 pm)

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**Chair**