

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**18 JANUARY 2024**

Minutes of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held as a hybrid meeting on Thursday, 18 January, 2024

**PRESENT: Councillor Arnold Woolley (Chair)**

Councillors: Marion Bateman, Mel Buckley, Tina Claydon, Gladys Healey, Hilary McGuill, David Mackie, Debbie Owen and Linda Thomas

**APOLOGY:** Councillor Jean Davies

**ALSO PRESENT:** Councillors: Mared Eastwood and Dave Hughes attended as observers. Mr Mark Morgan (as a Member of the Standards Committee)

**SUBSTITUTION:** Councillor Ian Hodge (for Councillor Carol Ellis)

**CONTRIBUTORS:** Councillor Christine Jones (Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing); Chief Officer (Social Services); Senior Manager - Safeguarding and Commissioning; Senior Manager Children and Workforce and Commissioning Manager

Representatives of Betsi Cadwaladr University Health Board:

Mr. Dyfed Edwards - Chair

Carol Shillabeer - Chief Executive

Elin Gwynedd - Chief of Staff

Michelle Greene - Integrated Health Community Director (East)

**IN ATTENDANCE:** Democratic Services Manager and Democratic Services Officer

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

None.

**38. MINUTES**

The minutes of the meeting held on 7 December 2023 were approved as moved by Councillor Dave Mackie and seconded by Councillor Gladys Healey.

**RESOLVED:**

That the minutes be approved as a correct record.

**39. BETSI CADWALADR UNIVERSITY HEALTH BOARD**

The Chair of Betsi Cadwaladr University Health Board (BCUHB) thanked Members for the invite and the opportunity to share some of the developments of the Health Board and advised that they welcomed communication at any time. He explained that 11 months ago, he had been asked to step in as Interim Chair along with three independent members and an Interim Chief Executive due to the Government

placing the whole of BCUHB into special measures concerning issues around governance, performance of certain services and issues around the Board and their relationships and interaction. He stated that they were now in a more stable position as they had a permanent Chief Executive and would have a full complement of independent members by March. He advised Members that over the coming months, they would be holding public meetings across the region to engage with communities, third sector groups and the public to understand their needs and concerns. He agreed that the Health Service had to change as the model that they had at the moment was not sustainable as it was geared to deal with the pressures of at the acute level of services. He stressed that more energy and resources had to be put into primary community care. He ended by saying that the last 11 months had been challenging but that he felt quite confident and that there were huge opportunities for them to do good things for the health agenda in North Wales.

The Chief Executive of BCUHB introduced herself and stated that it was a pleasure and a big challenge to join the Health Board in North Wales and could see huge potential in North Wales for great partnerships to deliver great services within the region.

The Integrated Health Community Director (East) advised Members that she had worked for BCUHB for a year and was proud to do so. She stated that their successes and strengths were when they worked together with Local Authorities as they had the same vision, strategies and aims. She emphasised that patients did not really care who they get the care from or how it worked just as long as it was seamless.

In response to a question raised by Councillor Healey, the Chair of BCUHB stated that the first public meeting would be held on 30<sup>th</sup> January in Denbigh and that they would be visiting all 6 local authority areas between now and the summer and would let them have further information when they had it.

Councillor Healey further questioned what was happening with primary care due to the closure of the majority of community hospitals and asked why GPs sent patients to A&E rather than the relevant department. She also questioned why mental health patients were not able to see relatives on the ward and why they had to meet elsewhere eg Wrexham Maelor in the café area.

The Chief Executive of BCUHB responded by thanking her for her questions and explained that things had changed enormously over the years and would continue to change. One of the standout changes had been within primary care due to workforce changes. She advised that GP surgeries now had a range of professionals eg physios and mental health practitioners etc which should be encouraged but there was a need for the right number of GPs. She informed Members that discussions had recently taken place concerning ways to attract more trainees into general practice and that she anticipated that further down the line they would be in a better position but recognised that it was quite a challenge.

The Integrated Health Community Director (East) explained that there were other pathways rather than A&E if the GP was not able to provide the care. She advised that some Community Hospitals had IV services but explained that if a different antibiotic needed to be used then the safest place was with medical support. She explained that people with mental health issues may not always be at their best and to provide dignity

to the rest of the ward, visitors to the ward were limited and other visiting areas were provided.

Councillor Marion Bateman had concerns about primary care and wanted to know who decided that E-consult was a good idea especially where the elderly were concerned. She also had concerns with A&E, ambulance and general waiting times for appointments. The Chair of BCUHB thanked Councillor Bateman for raising points and advised that people should contact the Health Board if they have any issues in order to improve the service. He explained that he had sympathy with users of E-Consult as technology did not always work as they wished, but emphasised that the first contact with the health service was vital. He further explained that issues with experiences within Acute Services were not related to the medical treatment they received but that it was the way in which people used the service. He emphasised that A&E should only be used for emergencies and people should change the way they used it, pointing out by working together they could try and influence this.

The Chief Executive of BCUHB added that approximately 300 people across the Health Board would be delayed in hospital at any one time and explained that they did not have the community services needed due to workforce constraints and the lack of money to do big expansions without taking it from elsewhere within the system which would be the probable solution. She advised that 176 beds had been added to the system to relieve the pressure and agreed that it was an all year round pressure and not just a winter pressure and wanted to thank staff for the work that they were doing despite challenges.

The Integrated Health Community Director (East) clarified that as at today there were 62 patients in Wrexham Maelor who were medically optimised which equated to two and a half wards which indicated that it was the system that was not working and not A&E. She added that the longest wait in hospital to date was 104 days after being medically optimised which was not to be criticised as it was due to a complex package of care that was needed. She explained that measures had been put in place over the last 12 months to try to relieve the pressure on A&E with the addition of the Community Resource Team who treated people in care homes and people flagged as priority patients to see if they could refer them to another service rather than going to A&E. There had also been an increase in community resources with advanced healthcare practitioners as well as the increased opening hours for Mold MIU to six days with the hope of increasing to 7 but they would need more staff.

In response to the Chair on the effect on Social Services concerning bed blocking, the Chief Officer (Social Services) stated that a lot of the pressures were workforce related within all areas. He advised that there was no easy answer to bed blocking as the pressures were within the UK wide health and social care system and to solve it long term would need significant financial investment to attract people into the jobs and that in the meantime they needed to be creative and proactive. He added that the development at Marleyfield had added 16 beds to support the health and social care sector and that there was a commitment to develop Croes Atti in the future.

In response to numerous questions raised by Councillor McGuill, the Chair of BCUHB advised on two points; firstly that the financial situation and the way the budget worked was previously different in the Health Board than in Local Government but now things had changed; and nationally the Government Minister had said there was to be

no overspending and that £180m of savings needed to be made in order to ensure that they go forward with the budget that they receive from Welsh Government. He stated that as agreed with the Government, their priority investments were set out in their annual plan and special measures programme.

The Chief Executive added that overall there was just under a 4% uplift and that it was a challenge as they knew that with inflationary pressures that the ask was around 8 or 10%. She explained that some of that budget allocation for the Health Service was held at Government level for pay etc and that it was not as much as they needed but was probably better than they had hoped and that there would be a big savings programme to become financially sustainable in the longer term.

Secondly in connection with the question raised about Board Members and experience of social care and awareness, the Chair of BCUHB advised that there was currently one person who was an ex member of Social Care Wales, another person who had experience of Social Care in Local Government and other members who had general knowledge but overall they had a good mix of experience in addition to links with Local Government.

In response to the question raised by Councillor McGuill about Dentists visiting schools, the Chief Executive of BCUHB advised that mobile dental units were still being used in rural areas and that there was a growing number of dental therapists that could do a lot of work that dentists carried out and that the dental provision would change shape over the coming years. She advised that the Government had set out a new ambition around dental care. The Integrated Health Community Director (East) added that the current legislation stated that dental therapists could only provide treatment as part of a treatment plan which could only be prescribed by a dentist and that as things changed in the future, she could see therapists being able to start treatment plans but currently they would not be able to go into schools to do a treatment plan.

In connection with the question she raised about Hospice at Home, the Chief Executive of BCUHB explained that there was a difference of opinions from individuals about the last days of life and that they wanted to give people a choice so if people wished to spend their last days at home they would do all they could to support that.

In response to the question about GP Liaison Groups, the Chief Executive advised that some practices had Patient forums and that they wanted to encourage those who stepped down during the pandemic to come back as they were useful to the Health Board as a measure of how well the services were running and any experience issues.

The Integrated Health Community Director (East) advised that it was not sustainable at the moment to have an MIU in Deeside as in Mold and Holywell as it would require recruitment but that it was part of their medium term plan as they currently had 4 trainees. She stated that they had a lot of issues adding a 6<sup>th</sup> day in Mold and that they needed to make one service sustainable before introducing another.

She went on to answer Councillor McGuill's question concerning Hospital at Home and advised that it was a huge service that interlinked the Community Resource Team with Care Homes and Acute Trust as well as a number of other services. She stated that it was a clinically driven service that provided wraparound care to enable

people to go home with the necessary equipment. She explained that it was a big invisible part of their system and that the Health Board invested about £1.6m per year in the East.

In response to her last question concerning improvements to alleviate social pressures, the Integrated Health Community Director (East) advised that there were currently 32 patients who so far this year had 100 bed days with nothing acutely wrong with them and staged by working together they can help change that.

The Democratic Services Manager asked when and how a response to the written questions that were submitted prior to the meeting would be provided. In response, the Chair of BCUHB advised that they would be sent to the Committee Clerk to be circulated to Members and that they welcomed any further questions.

The Chair and Members thanked the Betsi representatives for attending the meeting.

#### **40. FORWARD WORK PROGRAMME AND ACTION TRACKING**

The Democratic Services Manager presented the current Forward Work Programme and Action Tracking as set out in the report for consideration and welcomed any questions from Members.

Councillor McGuill requested that the Social Services budget requirements list, which had been previously issued last June, be circulated to Members to enable them to come up with ideas prior to the budget meeting to try to reduce the budget without reducing the services. The Chief Officer (Social Services) advised that the requirements for the budget had changed significantly since last June and the report by the S151 Officer would give the updated position. He explained that Social Services needed to find efficiencies for the year ahead and that proposals would be explained at the workshops next week which would give Members time to make any additional proposals prior to the special meeting on 9<sup>th</sup> February. He added that the detailed budget was shared routinely and would be shared.

Councillor Bateman referred to the second item on Action Tracking concerning information on statutory and non-statutory services and the Chief Officer (Social Services) confirmed that the report containing that information would be provided at the meeting on 9<sup>th</sup> February.

The Chair confirmed that the meeting on 24<sup>th</sup> June 2024 would cover a request made by Councillor Mackie concerning the situation with Care Homes.

The Democratic Services Manager advised that he would chase the Chief Executive of BCUHB for a date when they would receive a response to the questions that were submitted to them.

The recommendations within the report were moved by Councillor Gladys Healey and seconded by Councillor Hilary McGuill.

**RESOLVED:**

- (a) That the Forward Work Programme be approved;
- (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.

**41. MEMBERS OF THE PRESS IN ATTENDANCE**

There were no members of the press in attendance.

(The meeting started at 2.00 pm and ended at 3.46 pm)

.....

**Chair**