



## 2. DECLARATION OF PERSONAL INTEREST

A declaration of personal interest was received by Cllr. Elin Walker Jones, in relation to Item 5 on the Agenda – the Local Health Service as she was employed by the Betsi Cadwaladr University Health Board. The member was of the opinion that it was a prejudicial interest, and she withdrew from the chamber during the discussion on the issue.

## 3. MINUTES

The Chairman signed the minutes of the previous meeting of this committee held on 19 June 2014.

## 4. THE LOCAL HEALTH SERVICE

(a) A presentation was received by Professor Trevor Purt, Chief Executive, Betsi Cadwaladr University Health Board. He expanded on his vision for the health service, following his appointment to the post three months ago, by referring to the following four areas:

1. As a Health Board there is a need for changing the direction by focusing on driving a sustainable primary and community approach to the service delivery models
2. Expand to supporting primary care and community service colleagues
3. Be much more local in how the Health Board works in partnership with both the local authorities across North Wales and the third sector colleagues
4. Three year plan

The above has been reinforced by consultation with staff regarding changes with the key aspects having been made clear. A new structure has been sent out for formal consultation which recognises the need for local management and leadership attached to the six local authorities. In this respect three Area Teams will be established to work with the local authorities whereby a Local Director will be responsible for:

- Health promotion
- Health prevention
- Working on public health issues
- Leading the Community Teams and Hospitals which is a key part for the Health Service in terms of out of hospital services

The Area Directors will hold budgets for their communities to develop the service on the basis of a bottom–up drive and whereby the population numbers will dictate how monies are spent. The monies would be allocated to where the Area Team and the patients are and will drive how the Health Board will want to work with local authorities and colleagues across the public sector.

It is envisaged that the new structure will be in place by Christmas and the Health Board is now in the process of looking for three directors from different backgrounds - primary care services, someone who understands how to manage transition from secondary to primary care, with local authority / social care background. The structure will also bring into the service Mental Health and Acute Services Directors making a total of 5 who will be overseen by a Chief Operational Officer responsible for the day to day delivery of services. In terms of written responses received from the consultation there had not been one voice that dissents from the above vision.

With regard to the three year plan, it was noted that there are four key areas which the Health Board would like local authorities to be part of:

- Having a primary and community strategy which needs to be refined in line with the vision of the organisation
- the need to have a debate with the public service to co-locate services in the future
- Developing a work force model in terms of recruitment and training
- Acute clinical services - the need to move to a model of one hospital over three sites but ensuring that local services are in place where they are needed to ensure support to community services

(b) In reply to the specific questions submitted by individual members, Prof. Purt responded as follows:

1. In terms of a three hour wait for triage, it is difficult to answer since the vast majority of patients should not be going to A & E but rather to their pharmacies, GP surgeries or one of the myriad of other services. The target for waiting at A & E is 4 hours and in his opinion A & Es are overcrowded and it is about treating the patients who need treatment first. If individuals have to wait three hours there is not a lot that the current system can do to change this. However, it should be emphasised that A & E is not a wellness service.

With regard to waiting lists, there are two booking systems operated in Wales, set up by the Welsh Government, namely the partial booking process which are for non-urgent pathways and there is the full booking service which is normally used around cancer patients.

2. With regard to concerns regarding the Ambulance Service in Gwynedd, the Betsi Cadwaladr University Health Board as a whole has the best response time in Wales and at present is about 63% which is close to the 8 minute target. However, the 8 minute target does not distinguish when a paramedic attends whether it is a true emergency – the call is logged in terms of the call Centre. Therefore there is an issue of whether the right number of patients are seen as coming through as emergencies on the 8 minute target. This is a matter for future discussion with the Ambulance Service in a slightly more sensible way - not just a target that is failed by what is failed. There is now a direct link with the Health Board and the Ambulance Service in order to be clear as how to move the service forward.

It was further noted that the service itself does need modernisation and it is seen to many individuals as a transport service. It is envisaged that with work in progress it will be more pivotal in the services and will improve in future.

3. With regard to keeping patients in hospital beds, Prof. Purt stated that he would not be advocating to retain patients in hospital beds which do not need to be in hospital. If there is a need for continuous treatment then patients should be discharged and called back. It was further noted that the Health Board is one of the best in Wales on hitting the target regarding general access diagnostic and in terms of follow-up, the Betsi Cadwaladr Health Board is no different to other Health Boards. The out-of-hours service is currently going through reform and is the subject of a review which will be published within the next 2/3 weeks.

4. Regarding the Welsh language policy of patients in terms of need, it was stated that it is absolutely fundamental that a bilingual approach is completely accessible. It is known that as people get older that they wish to speak in their own language. The Board wishes to create a climate with staff and patients that recognises that bilingual care is better care for patients. However, it is not always possible to respond immediately to the need for bilingual care at the bedside but the Board has been addressing practical things by identifying members of staff who can speak Welsh and wherever possible ensure that there are Welsh speakers on each shift. Also, a lot of work has been done around work planning, recruitment, producing a bilingual skills strategy, working with GP practices to ensure the understanding of person centred care.
5. In terms of winning back the confidence of the people of Gwynedd and particularly in rural areas in South Gwynedd, Prof. Purt foresees and hopes that working in genuine partnership with local authorities and attending meetings such as this meeting to try to find solutions to common problems will be the starting point in order that Members will understand the Health Board's direction of travel. It was urged that members do not judge the Health Board on the past.
6. With regard to community hospitals, Prof. Purt had a clear view that these beds are safe and secure and should be used for intermediate care and re-ablement. He was of the view that the Health Board should not be in the business for long care stay and too often in the past community hospitals have been used as a substitute for local authority residential care or for private sector nursing care. The role of community hospitals in the future will be about outpatients, running diagnostics, bases for consultants, supporting GPs, intermediate care level and where patients can be moved closer to home.

Whilst recognising the challenges in terms of financial cuts and the possibility of less care homes for people, it was noted that there will have to be discussions with Social Services Directors in terms of home care packages, aligning staff, etc., and how to deal with the increasing older population and chronic diseases.

7. Arising from the above, it was stated that the problem in Gwynedd is that the residential care homes are not nursing homes and one alternative would be to provide nurses in residential homes.

In response, Prof. Purt stated that this matter needs to be discussed with each authority by looking at the demand, how to design the service for the future, stimulate investment, etc.,

8. In respect of leading and co-ordinating the relationship between councils, Health Boards and the Government, Prof. Purt was of the view that there is a clear pivotal role for the third sector within a whole range of areas. There needs to be a discussion on what role the third sector can offer to help the strategy and how to engage with the bigger organisation as well as the smaller ones.
9. With regard to the situation in respect of Blaenau Ffestiniog Hospital, a meeting had been held and hopefully the Health Board will be moving forward in terms of recruiting GPs. It was assured that the monies is retained and aligned for the integrated centre but the Health Board is dependent on Welsh Government Funding which can change in future.
10. In reply to the increasing importance which is placed on preventative actions, Prof. Purt stated that embedding public health and public health information and the

dynamics that underpin ill health into the planning process at the Area Team level would be a way of moving forward.

11. With regard to the effect of lack of doctors in rural areas, it was noted that a number of GPs were reaching retirement age and there is a historical underdevelopment of primary care through training schools. This can either be ignored and expect primary care to still deliver the services or there is a need to redesign the service where primary care becomes a GP leading a team not always delivering the hands on care. There needs to be greater opportunities for young doctors to share between hospital roles and out of hospital roles. The key is about up-skilling community nurses to becoming community matrons and running the service in a different way. The Health Board is in discussion with Bangor University regarding local training and looking at some form of connection with Cardiff.
12. Recruitment of nurses is also a problem particularly around the Wrexham area due to fierce competition across the English border. This is a challenge for the Health Board and they are looking at all opportunities available.
13. It was assured that the Health Board will use every avenue possible in terms of putting pressure on the Welsh Government to secure appropriate grants which will reinforce the need for the Health Board and local government to plan and deliver together. The clients in the community need to see a difference and it will make life easier by working together.
14. In reply to a question regarding the private general practices, the procedure of funding was explained in that the amount of funding depends on patient lists and population.
15. In response to concerns in respect of ambulances from Anglesey being sent over to Deeside and Wrexham on a regular basis which in turn cause problems in this area, it was stated that the model of Paramedic Service within Wales Ambulance is currently under review. The current protocol operated is that if a patient is taken by ambulance to hospital, when the ambulance is released it goes to the nearest next call. This causes difficulty if there is a cross boundary issue. This is different to the fast responder service and there is a debate at the moment in respect of the fast responder service in that it must remain on the patch. There are issues which the Health Board is trying to address.
16. Historically the Health Board has been unwilling to listen to the voice of the community and particularly with the closure of the Blaenau Ffestiniog Hospital and the issue that the Alltwen Hospital is under used. From experience, Prof. Purt was asked whether it is time to revisit the service and have two Boards that reflects the needs of the communities.

In reply, it was stated that there is a need to change to three areas to get closer relationship with the communities. The delivering of service has to be cost effective and the Health Board could not afford to duplicate since there would be no increase in revenue. On average Health Boards have had to reduce their operating costs by in excess of 15% which is a significant reduction which would not be practical with smaller organisations. Prof. Purt was of the view that by working in the same footprint as the police, fire and rescue services localism and community cohesion can be maintained. The community benefit that comes from an organisation the size of the Betsi Cadwaladr Health Board with a single management structure has to be the best way of dealing with service in the future.

17. It was assured that the Health Board would put pressure through the new three Area Teams on the role of public health, education and access to leisure facilities in an attempt to try and combat obesity in children.

The Chairman thanked Prof. Purl and Ms Grace Lewis Parry for their presence at the meeting, for the presentation and willingness to reply to the above questions. The Chairman and members look forward to working in partnership with the Health Board to improve service delivery.

## **5. ADDITIONAL LEARNING NEEDS AND INCLUSION STRATEGIC REVIEW**

- (a) A report was presented by the Cabinet Member in response to questions raised beforehand by Members regarding the above review.
- (b) Members were reminded that the review ran parallel to the proposed developments to build a Hafod Lon Centre, as a centre of excellence at Penrhyndeudraeth for children and young people with additional learning needs. It had taken a little more time as it was necessary to consider the potential of the procedures at both schools namely Hafod Lon and Pendalar for the whole County. It would also be timely to consider the work and role of the Special Educational Needs Joint Committee.
- (c) The following matters were considered during the ensuing discussion:-
- (i) The need to be clear and firm regarding the timetable for the developments
  - (ii) The need to consider all these developments in the context of the work of the Special Educational Needs Joint Committee of both counties and the direction required for that.
  - (iii) Concern that the proposed procedure would not comply with the relevant act compared with the system that protects children and young people on a special needs statement and the statements procedure would be forgotten. It was suggested that the historical procedure where there were additional special needs units in every Secondary School catchment-area had been successful and had ended some years ago in order to be able to deal with pupils in the mainstream. It was also suggested that the success of any system was dependent on individual Governing Bodies.
  - (iv) How would finance be devolved to schools and there was concern that children would lose out if schools used the finance for other needs.
  - (v) Significant concern was expressed that less than a 100 out of approximately 3,700 parents had responded to the questionnaire and from the response received significant issues had been noted by parents.
  - (vi) Concern that schools had not sent the questionnaire and it was further suggested that it would be possible to have a more creative form of engagement with parents.
  - (vii) Due to the importance the proposed procedure would have such an impact on children and young people, it was suggested that conducting a Scrutiny Investigation into the issue would have been beneficial. Another attempt is expected to ensure better awareness to the parents.
- (ch) In response to the above issues the Cabinet Member and the relevant officers noted:
- That the tendency was that it took time for a child to receive a statement and via the proposed system it was envisaged that children and young people would

receive support much quicker with an individual development plan for their needs. Also, under the proposed system it would be possible for parents to be part of the system.

- In terms of the devolvement of finance to schools, an assurance was given that the system would be monitored centrally with a network of key officers working in every catchment-area to monitor the standard and impact of the interventions in accordance with every child's individual development plan in order to ensure that they receive the correct educational experience. It was trusted that there would be more investment in the early years that would ensure that health visitors identify the needs earlier.
- In response to the suggestion to establish a Scrutiny Investigation, it was noted that the time-table was tight to undertake a thorough investigation as there were specific proposals to be presented to the Cabinet in December. However, it was suggested that an investigation could be programmed in approximately a year to find out if the procedures had been realised. It would also be possible to present more information to a preparatory meeting of this Scrutiny Committee on 4 November 2014 in the context of the response of SNAP Cymru to the questionnaire and the concerns highlighted regarding what was wrong with the current system.
- That Health Board's role was central to the process in order to ensure joint-planning and effective communication with schools to respond to the children's needs.

**Resolved: (a) To accept and note the contents of the report.**

**(b) Request that the Corporate Director / Project Manager present further information to a preparatory meeting of this Scrutiny Committee on 4 November 2014 outlining:**

- concerns with the current system
- response of SNAP Cymru to the questionnaires sent to parents
- what efforts had been made to raise the awareness of parents of the changes

## **6. CARE SCRUTINY INVESTIGATION – FROM HOSPITAL TO THE HOME (PART 2)**

A request was made to elect another Member to join the above Investigation.

**Resolved: To elect Councillor Eirwyn Williams with Councillor Selwyn Griffiths available to assist if required.**

## **7. RETIREMENT**

The Chairman reported that Mr Rhoslyn Prys would be retiring from the Council's employment at the end of this month and a tribute was paid to him for his commitment and valuable contribution to the work of this Committee over the years. A request was made to send a word to him to express the Committee's appreciation of his service and to wish him well in his retirement.

**Resolved: To accept and note the above.**

The meeting commenced at 10:00 am and concluded at 12:40 pm.

**CHAIRMAN**