
CARE SCRUTINY COMMITTEE
20/02/25

Attendance:

COUNCILLORS:

Beth Lawton (Chair), Jina Gwyrfai, Elwyn Jones, Linda Ann Jones, Eryl Jones-Williams, Linda Morgan, Meryl Roberts, Sian Williams, Rheinallt Puw, Gwynfor Owen and Einir Wyn Williams.

Officers present:

Llywela Haf Owain (Senior Language and Scrutiny Adviser), Iwan Edwards (Democracy Services Officer) and Sioned Mai Jones (Democracy Team Leader).

Also in attendance:

Councillor Dilwyn Morgan (Cabinet Member - Adults, Health and Well-being) and Aled Davies (Head of Adults, Health and Well-being Department).

Present for item 6:

Dylan Owen (Statutory Director of Social Services), Mannon Emyr Trappe (Assistant Head of Safeguarding, Quality Assurance, Mental Health and Community Safety), Alun Gwilym Williams (Assistant Head of Business), Mari Wynne Jones (Assistant Head of Learning Disabilities), Sian Edith Jones (Assistant Head of Adult Services), Rhion Glyn (Assistant Head of Adults, Health and Well-being), Carwyn Rees (Audit Wales) and Sian Roberts (Care Inspectorate Wales).

Present for item 7:

Teresa Owen (Health Board), Dyfed Edwards (Health Board) and Ffion Johnstone (Health Board).

1. ELECTION OF VICE-CHAIR

Resolved to elect Councillor Elwyn Jones as Vice-chair of the Care Scrutiny Committee for 2024/25.

2. APOLOGIES

Apologies were received from Councillors Menna Baines, Angela Russell, Gareth Coj Parry and Anwen Jane Davies.

3. DECLARATION OF PERSONAL INTEREST

A declaration of personal interest was received from Councillor Rheinallt Puw on item 7, specifically the discussion on Mental Health. He withdrew from the meeting for this discussion only. The interest was not prejudicial to the rest of the discussion.

4. URGENT ITEMS

None to note.

5. MINUTES

The Chair signed the minutes of the previous meeting of this committee held on 21 November 2024 as a true record.

6. CARE INSPECTORATE WALES AND WALES AUDIT OFFICE - JOINT INSPECTION (OCTOBER 2024)

A report was presented by the Cabinet Member for Adults, Health and Well-being, highlighting the full attendance of the Adults Department management team at today's meeting. They were thanked for their time, stating that their attendance demonstrated the Department's strength and commitment to its responsibilities. It was explained that a joint inspection of the services in the Adults Department was conducted by Care Inspectorate Wales (CIW) and the Wales Audit Office (WAO) in October 2024. It was therefore thought appropriate to submit both reports to the Care Scrutiny Committee within the same item.

It was added that during the same period, an inspection of the Department's work commissioned by the Department through the WLGA had been carried out and also the work on the Llechen Lân scheme. It was stated that there was an intention to bring the findings of all the inspections together and create a single detailed action plan for the Department. It was explained that this plan would in time be submitted to the Care Scrutiny Committee in order to receive its input, which was always appreciated by the Department.

CIW and WAO officers were thanked for their continued collaboration with the Adults Department and appreciation was expressed for their input. It was highlighted that a very high percentage of the issues identified were issues that were nationally challenging or were issues that had already been identified and the Department was trying to find solutions for them.

A representative of Care Inspectorate Wales presented the report, detailing the findings. Senior Officers of the Department were thanked for their preparatory work ahead of October and for the work and support during the inspection. The letter included in the Agenda (page 16) was highlighted and it was explained that this letter was the outcome of the visit.

Some matters included in the letter were highlighted such as the praise for the progress that had been made in the area of domiciliary care although there were further improvements to be made. It was thought that the waiting time for assessments needed to be reconciled as there were delays with some assessments for domiciliary care. The strengths and evident improvements in the area of adult safeguarding and assessment of people's mental capacity were also acknowledged.

It was accepted that challenges existed in trying to work in partnership with the Health Board while recognising that efforts were being made, and the importance of continuing those efforts was emphasised. Some areas for improvement were highlighted such as the challenges in recording data on assessments and support for unpaid carers, indicating that there was room to make the data more reliable.

A representative of Audit Wales presented an overview of the Audit Wales Report as included in the Agenda (page 37). It was clarified that the inspection work carried out by WAO focused on matters relating to the provision and commissioning of internal and external domiciliary care. They expressed gratitude for the welcome during the visit and for the collaboration.

The Llechen Lân report and the plans in the pipeline were commended, stating that this showed long-term thinking and considerations to transform the Department to be more effective. It was noted that it was a weakness that this priority was not included in the Department's plan nor in the Council Plan but it was highlighted that plans were in the pipeline and that changes had already taken place to remedy this, which was very encouraging.

One element that was ineffective in the current system was pointed out, i.e. the tension between running an efficient service and a lack of budget and creating a service that was financially sustainable. It was noted that without a significant change, the overspending this year seemed inevitable. It was reiterated that Llechen Lân was showing an increased demand; as a result it would be necessary to ensure that the level of service was consistent and that the Council and Members received assurance that the budget was sustainable in order to avoid the need to find more reserves annually.

Reference was made to the risk register which recognised the risks and identified mitigation steps. It was noted that the Department was not expected to resolve all the obstacles in the near future but that measures were in place and that the waiting lists were constantly decreasing and improving. Exhibit 3 in the report on page 43 of the Agenda was highlighted which made four recommendations to the Council.

The Statutory Director of Social Services added that the Adults Department had faced several challenges recently and took pride in the results of the inspections being relatively positive. It was recognised that there was room for improvement and that the results of all the inspections including the WLGA inspection had come to fairly similar conclusions. It was highlighted that the Department was already aware of many areas for improvement noting that some of these areas were a challenge for the Department but it was believed that the CIW report was fair and accurate and provided an opportunity for the Department to improve.

It was believed that all the reports concluded that the Department was on the right track but needed to act faster. Attention was drawn to the action plan that the Department had in place.

The challenges in the field of domiciliary care, particularly over the last two years, were referenced and it was acknowledged that there was more work to be done in the field. It was added that the situation was improving and that a report to add the work on domiciliary care into the Council Plan would come before the Full Council shortly. The comments received from the inspectors on the Llechen Lân programme were welcomed and the inspectors were thanked for their work.

During the discussion, the following observations were made:

Thanks was expressed for the reports. Reference was made to a suggestion at a previous meeting that the Adults Department should make greater use of the scrutiny process. It was suggested that there may be room to make greater use of the Scrutiny Committees and to change the way Scrutiny was carried out in order to be more helpful to the Departments.

There was concern that some of the Council's frontline workers, e.g. home carers, had no one to speak to often enough and it was asked whether the Council could give these staff more opportunities to express their views.

- In response, the challenge of receiving feedback from staff was acknowledged, noting that these frontline posts could be solitary jobs.

- It was explained that the Council had held sessions of thanks last year for home carers who worked for the Council. It was explained that these sessions were for domiciliary care workers who were out in the community. Ten sessions were held, and it was noted that the Department had received a lot of useful feedback. Following the feedback and recommendations it was noted that changes had already taken place such as a dedicated lunch space for staff and supervision and support from line managers. Reference was made to the hubs that had been set up in some areas to meet this request from staff.
- It was noted that the Department was aware of the requirements on home carers and sought to act on the concerns raised by the Member.
- It was added that there were plans for the Statutory Director of Social Services, Head of the Adults, Health and Well-being Department and the Cabinet Member to visit the Department's services over the coming months. It was highlighted that the intention was to listen to staff and their concerns and the challenges they faced.
- It was mentioned that work was underway to put a charter in place so that staff were aware of the support available to them at work. It was also noted that questionnaires were being sent out to staff in order to get their views on the service.
- Reference was made to the Care Academy which had now been established to attract and support staff careers in the care fields.

Sympathy was expressed with the constant challenges facing the Adults Department. A point was highlighted in the Wales Audit Office's report on a lack of adequate budget in the Adults Department and it was asked how an increased budget could be secured for the Department in light of the financial challenges facing the Council. It was hoped that this message would be conveyed to the Welsh Government, expressing the view that the Council was underfunded.

- In response, it was noted that the WAO had produced a national report in December on the funding of the Local Government sector which contained a clear message about the difficulties that existed within the sector nationally.
- The Head of Adults, Health and Well-being added that the aim was to act more efficiently to address the needs but that this was difficult due to the increase in demand. It was stated that there was a duty to use the available funds in the most efficient way.

It was commented that the report did not mention that the integrated mental health service that used to sit within the Health Authority had been discontinued. It was thought that a reference to this change should have been included in the report as it was a significant change.

- In response it was noted that CIW's specific focus was to follow up on the issues identified in the previous inspection back in 2022 and this issue was not identified as one of the main improvements at that time. It was thought that the issue was a regional one and wider than Gwynedd as a particular area.
- The Assistant Head of Safeguarding, Quality Assurance, Mental Health and Community Safety said that a further report on the Mental Health Service would come before the Care Scrutiny Committee in April.

It was asked how many officers within the Council were doing the work of assessing people for mental capacity and whether CIW believed those numbers to be sufficient.

- In response it was noted that all Social Workers were able to carry out mental capacity assessments and that a bid has been submitted for funding to employ two additional best interest assessors to strengthen the DOLS team.
- CIW made the point that the standard of assessments had improved.

RESOLVED

To accept the reports and request progress reports.

7. QUESTIONS FOR THE CHIEF EXECUTIVE, CHAIR AND AREA MANAGER OF BETSI CADWALADR HEALTH BOARD

Representatives of the Health Board were welcomed to the meeting. The questions that had been asked in advance were asked to the Health Board in the order in which they appeared on the Committee's Agenda, giving Health Board representatives the opportunity to respond and the Members to ask further questions.

Vision

Thanks were given for the warm welcome and it was stated that it was a pleasure to visit the Council to answer questions. It was explained that the 'Well North Wales' scheme had been running for some time but was something that the Health Board was reconsidering. It was explained that it was work that had been taking place with the third sector, with partners in the county councils across north Wales, and in Gwynedd it provided an opportunity to focus on well-being. It was elaborated that the intention was to try to help the people in disadvantaged areas in particular and to address the major problems that could make a difference in the background.

It was acknowledged that problems had arisen with staffing levels in community hospitals across Gwynedd. The Health Board's vision for the future, it was explained, was to establish more minor injuries units to prevent people from going to the larger hospitals for treatment. It was further clarified that the aim was also to set up treatment rooms in the community hospitals to prevent people from having to travel far to get intravenous drugs. It was reported that the 'Tuag Adref' service had had a positive start. It was noted that patients were able to remain in their homes with a little support from the Health Board and community nurses to avoid overcrowding in the hospitals.

The idea of having more community hospitals capable of providing more services to patients was welcomed, but as a consequence, concern was expressed about some services, such as the vascular service, being centralised. It was explained that there was vascular specialisation previously at Ysbyty Gwynedd, but the service was now centralised at Glan Clwyd Hospital. In response it was explained that the vascular service hub was based at Glan Clwyd Hospital and that some other services were at Ysbyty Gwynedd and Maelor Hospital. It was also noted that this was a wider problem as it was not possible to maintain specialist services everywhere in north Wales due to a lack of numbers.

Doctors and other daily services (which are non-emergency services)

It was reported that most of the Health Board's work was done in primary care. Statistics were submitted showing that, over a six-month period, there were half a million primary care appointments in north west Wales. It was recognised that there were problems with recruiting doctors which put a strain on the system but it was hoped that the opening of a medical school in Bangor would help this in the future.

In terms of access to primary care, it was noted that they worked in multidisciplinary teams, with prescribing pharmacists, therapists, nurses and paramedics all working together. Mention was also made of the '50 day Challenge' which had enabled the Health Board to provide additional funding for pharmacists and doctors to consider the vulnerable patients in an attempt to help to try to keep patients at home, or as close as

possible to home. It was warned that this money was short-term funding to trial different approaches.

It was acknowledged that there were flow difficulties in the emergency department but it was noted that this was related to the number of people coming into the department rather than the need for emergency services. It was explained that a comprehensive hub was needed in each community with a range of services, and to have people aware of that. That would take the pressure off the emergency department. It was noted that access to the emergency department needed to be better tailored by directing people to the range of other services available. Members expressed concern that there was a lack of a minor injuries unit in some areas which forced people to go to the emergency unit and therefore it was asked whether more minor injuries units were needed around Gwynedd.

A member explained that he had recently attended the emergency department and there was no sandwich vending machine or cold water vending machine. It was noted that the provision of a drink and sandwich machine in the emergency unit would be a minor matter which would improve the experience of people in the unit. Furthermore, he noted that there were so many weaknesses in the system and that he was worried about the future. He added that the staff were doing their best under incredible pressure but that the system was not working effectively.

It was agreed that there was a problem with the lack of food and drink machines in the unit and that work needed to be done to improve the experiences of people in the unit. It was acknowledged that there were major problems with the emergency department but that this was a national problem with the population living to an older age. It was noted that this problem needed to be addressed, including focusing on the provision of care closer to home and the way society uses the available services.

It was mentioned that people's experiences while waiting for treatment were something that the Health Board could directly influence, and that patients on waiting lists should be looked after. Similarly, it was elaborated that the same was true in the emergency department with people waiting hours and sometimes days to be seen. It was noted that this needed to be done without affecting the clinical side and that it was necessary to work with other partners such as the Red Cross to create the best possible conditions for people waiting in the emergency unit.

It was asked whether there was a minor injuries unit in Bangor that was open all day every day. The member noted that she had been in the emergency department recently and there were many people there who didn't need the emergency service. These could have been referred to the minor injuries unit to take the pressure off the emergency department.

- In response, it was clarified that there was a stream for people with minor injuries and that there was then a pathway for them to get treatment without affecting the people who were true emergencies. Members' concerns were noted and it was confirmed that they would take these observations back as feedback. Furthermore, it was questioned whether Ysbyty Gwynedd was the best place to treat people with minor injuries and it was suggested that establishing other sites for this type of treatment should be considered as it made more sense for the future.

Pharmacies and dental surgeries

It was explained that the opening of pharmacies did not fall under the control of the Health Board. It was explained that when there is a pharmacy gap in north Wales, people

could apply to fill the gap but the Health Board was not able to control the process unduly. If the application was approved, the applicants had seven months to open the pharmacy and there was a period where they had to notify and tell stakeholders. It was acknowledged that the process was complicated and lengthy but that rules were in place and the Health Board needed to adhere to them.

Representatives were asked if they supported the MS for Arfon's bid to have a school of dentistry in Bangor.

- In response, it was stated that they had supported all attempts to develop the provision of services around the University in Bangor. They stated that they were happy to collaborate with government and the university to make that a reality because the need was obvious. It was reiterated that the hope then was to be able to recruit local staff so as to help with the recruitment problem.

It was asked why it was difficult to attract dentists to rural areas.

- It was acknowledged that it was difficult and that the pandemic period had exacerbated the problem in terms of contractors. It was noted that the government's dentistry service procurement process, which was worth 5 million, was currently underway. It was also explained that they had looked at how the Health Board could adapt the service by using the Health Board's dentists and sending them out into the community.

Ambulance

It was acknowledged that the Health Board needed to work more effectively to assist the ambulance service. It was noted that four work-streams were currently being addressed, namely support in the individual's home, on arrival at the hospital, flow within the hospital and discharge back into the community. It was mentioned that there was a lot of work going on right now to make the process much more efficient.

It was noted that, as an example of the development of the service, the Health Board was working closely with the ambulance service and had indicated that the service could carry out assessments when they saw the patient at the location of their accident. This would ensure that the people who needed to come to hospital were given priority.

With regard to the loss of Caernarfon Air Ambulance Headquarters, it was noted that they did not want to go into too much detail in answering the question as there was a court case at the moment and that the Gwynedd Health Board along with Powys had opposed the changes. They added that they were not sure at the moment whether the loss of the Headquarters would have a negative impact on Ysbyty Gwynedd. It was explained that Ysbyty Gwynedd was developing an air ambulance site to ensure that the service could easily access the hospital.

Centralisation of Services

It was reported by a representative of the Health Board that through the five-year plan there was an intention to conduct an assessment of the population's requirements for the next few years and then decide where the Board needed to provide services. It was mentioned that there were two considerations, namely, how to ensure the best service for people in need and how to ensure access to the service. It was acknowledged that it could be challenging for people living in rural areas to access services but at the same time, it needed to be remembered that the best opportunity for people to get the best quality of health was through access to the best service.

Vascular Service

It was confirmed that the vascular service remained at Glan Clwyd Hospital. The only change was that part of the specialist service was provided in Stoke. It was noted that the numbers receiving this service were very small, with three currently receiving it. It was explained that the intention in future was to develop the service and build on the partnership with the hospital in Stoke. It was thought important to note that specialist services across Britain were taking place in fewer centres and that there was a need to ensure that people received the best possible service.

They acknowledged and noted that they were aware of concerns about travel distances to receive certain services. With regard to the vascular service in particular, it was explained that to receive the best possible service at the moment the best place was the hospital in Stoke. It was noted that the partnership between the hospitals on clinical work was working and was very effective.

Mental Health

It was reported that the integrated mental health service between Cyngor Gwynedd and the Health Board had been discontinued in May 2024. It was explained that this had been happening across Wales and was not unique to Gwynedd. It was noted that the service still existed but was a slightly different model, i.e. it was not integrated. In terms of expectations, it was reported that the mental health service was being monitored regularly and the figures were shared with the Welsh Government.

It was explained that they had not increased the mental health team at the Health Board but had used the extra time of existing staff to try to help. It was recognised that there was quite a backlog but that this was a national problem and that the national teams were looking at what could be done to address these problems. It was noted that they were monitoring complaints and that there was a team within the Health Board that was helping patients and making sure people got a response to their complaints as quickly as possible.

As for the future, it was noted that they felt positive because a new strategy on Mental Health was being introduced by the Welsh Government this year. This would clarify everyone's expectations within the system. It was hoped that the focus would be on the patient so that they got the care they needed.

It was mentioned that work was currently being delivered within the Community Mental Health Teams in order to address the waiting lists. It was also noted that a staffing review was taking place to try to understand exactly where the weaknesses were and whether staffing was adequate for the future. It was explained that the Health Board also received support from HEIW, which had introduced a new strategy in the field.

Preventive intermediate services

In terms of what the Health Board had budgeted, it was explained that one vacancy was related to occupational therapy and one vacancy was due to illness. In terms of physiotherapy, it was noted that they had recruited and that all teams were at full capacity. It was believed that it was an exciting time at the moment for people working in this field and that funding had been given by the government to tailor job descriptions and professional scope. It was explained that there was a therapy consultant managing and running the department and getting excellent results with patients. Furthermore, it was noted that positive data was starting to emerge showing that more patients were staying at home and not having to go to hospital.

Continuing Healthcare

It was explained that the Health Board was working within a national framework and that the process was a difficult and lengthy one. In terms of looking at end-of-life care, it was explained that the framework allowed the Health Board to streamline the process. Furthermore, in order to try to further simplify the process, it was noted that they had been using some of the beds in the community hospitals in a different way. That involved bringing the patient to the community hospital and conducting the assessment at the hospital before returning home or going to a specific home.

Improving systems and communication

It was explained that the Health Board's priority at this time was to make sure that its systems were fully integrated. It was noted that there were a few places, such as the mental health unit, where they did not currently have electronic systems in place. However, the Health Board was developing an electronic system for recording all healthcare. It was felt that it was a local priority for the Health Board but that there was a need to work with other health boards to make sure everything was integrated.

A member pointed out the shortcomings of the electronic systems in the hospitals. He stated that he had been to Ysbyty Gwynedd for an appointment but that the hospital was unable to get his X-ray images from Abergele because the systems were different and not compatible. He reiterated that it was important that the doctors in different hospitals could easily and instantly see the information they needed.

The representative of the Health Board acknowledged that the way they used technology needed to be improved and utilised more. It was explained that Covid had created some changes but that there was a need to continue to develop the use of technology and ensure that appropriate systems were in place.

Delegates were thanked for being so willing to answer questions from members and for their honesty. It was emphasised that everyone needed to work together to make sure things improved in the future.

RESOLVED

To accept the information received from the Health Board and their responses to members' questions which will be summarised in the Committee minutes.

The meeting commenced at 10.30am and concluded at 2.50pm.