

## **COUNTY COUNCIL**

Minutes of a meeting of the County Council held in Council Chamber, County Hall, Ruthin LL15 1YN on Wednesday, 7 October 2015 at 10.00 am.

### **PRESENT**

Councillors Ian Armstrong, Raymond Bartley, Brian Blakeley, Joan Butterfield, Jeanette Chamberlain-Jones, Ann Davies (Vice-Chair), Meirick Davies, Stuart Davies, Hugh Evans, Bobby Feeley, Huw Hilditch-Roberts, Martyn Holland, Alice Jones, Huw Jones, Pat Jones, Gwyneth Kensler (Chair), Barry Mellor, Bob Murray, Peter Owen, Dewi Owens, Merfyn Parry, Arwel Roberts, Anton Sampson, Gareth Sandilands, David Simmons, Barbara Smith, David Smith, Bill Tasker, Julian Thompson-Hill, Joe Welch, Cefyn Williams, Cheryl Williams and Huw Williams

### **ALSO PRESENT**

Chief Executive (MM), Head of Legal, HR and Democratic Services (GW), and Committee Administrator (SLW)

Simon Dean, Interim Chief Executive, BCUHB

Dr Peter Higson OBE, Chairman, BCUHB

Bethan Jones, Area Director for Conwy & Denbighshire, BCUHB, and

Geoff Ryall-Harvey, Chief Officer, NWCHC

### **1 APOLOGIES**

Apologies for absence were received from Councillors Bill Cowie, Richard Davies, Carys Guy, Colin Hughes, Rhys Hughes, Hugh Irving, Jason McLellan, Win Mullen-James, Paul Penlington, Pete Prendergast and Eryl Williams

### **2 DECLARATIONS OF INTEREST**

Councillors Brian Blakeley, Ann Davies, Bobby Feeley, Jeanette Chamberlain Jones, Dewi Owens, Huw Hilditch-Roberts and Cefyn Williams all declared a personal interest

### **3 URGENT MATTERS AS AGREED BY THE CHAIR**

None.

The Chair welcomed everyone to the Special Council meeting and extended thanks to the representatives of Betsi Cadwaladr University Health Board (BCUHB) and the North Wales Community Health Council (NWCHC) for their attendance.

The Chair confirmed that the questions submitted by Councillors had previously been circulated to the representatives of BCUHB and NWCHC. The meeting would be held in two sections – first section members' questions to the BCUHB representatives and second section members' questions to the NWCHC representative.

#### 4 CURRENT ISSUES AFFECTING HEALTH SERVICES IN DENBIGHSHIRE AND HOW THESE MAY BE ADDRESSED

##### **SECTION 1 - BCUHB**

###### **Question 1 – Councillor Dewi Owens**

***“Why is your preferred option to make temporary changes to Ysbyty Glan Clwyd (YGC) Obstetric Consultant led services when you intend to open and recruit Consultants to the new sub-regional Neonatal Intensive Care Centre? Why will recruitment challenges be any different?”***

The Interim Chief Executive (ICE) of BCUHB expressed his gratitude at being given the opportunity to attend the Council meeting.

The ICE explained to Members he had been in post for a period of just four months and had been impressed by the staff across North Wales, who provided excellent care on a day to day basis. The organisation would need to become more outward facing and were looking forward to working openly and constructively with the Council.

In response to the question put forward by Councillor Dewi Owens, the ICE confirmed the Public Consultation period had recently come to an end. The responses were to be analysed and the review would be available later in the calendar year.

The maternity services had been a complicated issue with immediate problems. There had been approximately a 50% vacancy rate which had presented a risk in that cover had to be provided with short-term Doctors. Discussions had been taking place with clinical staff in each of the services who had informed the Board of the fragility of a majority of services.

The preferred Option had been for deliverability at a practical level. The changes would not be permanent but would be on a temporary basis. The ICE clarified that the consultation had not been driven by either management or money.

One of the focused points in the future planning would be to have neonatal care on the Ysbyty Glan Clwyd site, and recruitment had commenced for the service. This was to be part of the strategy to encourage staff to pursue their career in North Wales.

The Chairman of BCUHB, clarified to Members that the issue of recruitment had not been specific to North Wales but had been a nationwide problem.

###### **Question 2 – Councillor Raymond Bartley**

***“What assurances can you give us that the abuse and mistreatment of vulnerable older people with Dementia will not happen again, given what occurred at Tawel Fan. What changes have you made as a result of the report***

***by Donna Ochenden? What is the latest position in relation to internal disciplinary processes?"***

The ICE agreed that the issues at Tawel Fan had been scandalous. Special measures were now in place so that quality processes would ensure the problems would not arise again in the future. A great deal of work would be required to develop Mental Health Services, work which would also involve the Local Authority. The changes which had already taken place and those which were to take place were linked to the report by Donna Ochenden.

BCUHB had commissioned HASCAS who were extremely experienced in undertaking matters of this kind. HASCAS had been commissioned to undertake a full investigation and to provide indepth responses to concerns raised by the families of those patients affected. The second task for HASCAS would be to, where appropriate, prepare disciplinary cases against individual members of staff. HASCAS would be interviewing families again together with a number of additional families who had come forward since the completion of the Donna Ochenden report. It had been confirmed that a number of staff had been suspended, pending disciplinary action, and a number of staff had been reported to the regulatory bodies. The HASCAS investigation would, hopefully, be completed by early 2016, but at this stage, the exact date could not be confirmed.

Donna Ochenden had been commissioned to carry out a further review to investigate "what did the wider organisation know about what had been taking place"?

A timescale was yet to be agreed with Donna Ochenden. Families concerns would be responded to as soon as possible. BCUHB were ensuring the review would be completed thoroughly.

The Chairman of BCUHB, confirmed that the incidents at Tawel Fan were unacceptable and steps were being taken to ensure it would not happen again.

**Question 3 – Councillor Bobby Feeley.**

***"The Social Care and Wellbeing Act will be coming into force in April 2016. This will require Local Authorities and Social Care to work together. What more can be done to progress the integration of health and social care services? How do you intend to equip the Area Directors with the necessary resources to follow through on these plans?"***

The ICE explained the importance of the integration of the Health Board and Social Services as a huge step forward. The Health Board had a responsibility to improve the health of the people and communication with communities was essential. The role of Area Directors would be essential to shape the service in the future.

It would be imperative to re-engage with people within the community to rebuild their confidence in the Health Service.

Recruitment had been a challenge for the organisation and the ICE confirmed they were liaising with all staff, together with engaging with the public. Obtaining clinical consensus would also be vitally important to achieve the best outcomes for the population. The main concern had been middle doctor recruitment. The reputation of Betsi Cadwaladr would be a consideration for prospective doctors, therefore, work had to be carried out to improve the reputation of the Board and to encourage recruitment of staff, including nurses, to the area.

At this point, the Area Director confirmed that Joint Planning sessions with Local Authorities were to take place early in December 2015 to ascertain how the Health Service would be visualised in 3-5 years' time and she confirmed in six months' time there would be a joint vision and plan in place.

The Chairman of BCUHB explained that the Health Board's three year plan had not been produced and the Board's vision would be to develop a clear sense of direction for all services, but the main responsibility would be to the health of the population.

**Question 4 – Councillor Ann Davies.**

***“Can we have an update on the re-development of the Royal Alexandra Hospital in Rhyl? Will it be delivered on time and within budget?”***

The Area Director explained that the Royal Alexandra Hospital project would now fall under her remit. Since the Welsh Government approved the strategic outline in 2013, the current plans were larger than originally anticipated. There were a number of issues which affected the plans, for example:

- Some of the departmental space required would be more than originally anticipated
- The Royal Alexandra Hospital was a listed building and surveys revealed a greater amount of work would be required to upgrade the hospital to a modern standard.

Given that the capital had increased substantially, a review would take place to ascertain what would be required to be in a schedule of accommodation. As the provision of an adequate Health Service was essential, work would take place with the Local Authority to address issues. The installation of a Minor Injuries Unit at the Royal Alexandra Hospital would also be investigated.

The Interim Chief Executive clarified that the Royal Alexandra Hospital project remained a priority from both the Health Board and the Welsh Government prospective.

**Question 5 – Councillor Huw Hilditch-Roberts.**

***“With the 100 Day Plan, what is going forward and at what pace? What about us, as Councillors, how can we help our residents?”***

***We have heard about the 100 day plans, they have now finished, what happens now?”***

The Interim Chief Executive confirmed that the 100 day plans were not the amount of days with which to turn around and save the Betsi Cadwaladr University Health Board. The purpose of the 100 day plans were to encourage people to bring about improvement and re-gain confidence. A plan would be required to be developed for the remainder of the financial year. It would be critical to become better at planning, engage with public, staff, stakeholders and partner organisations, as improved outcomes were required which would work within the financial settings. There would also be a need for more services to be delivered locally and these would be provided by looking at alternative offers of care.

**Question 6 – Councillor Gareth Sandilands.**

***“What are your plans for primary care services in Prestatyn given the recent announcement by the Pendyffryn Practice? What steps are you planning to take to prevent this happening elsewhere, especially as now the Seabank GP has resigned from a single-handed GP surgery?”***

The Area Director confirmed that the Prestatyn Member Area Group had been informed of the issues relating to the Pendyffryn Practice the previous week. Approximately 22.5 thousand patients would require alternative primary care from April 2016.

Future options for Prestatyn were to be considered as there were issues attracting GPs to the area, due to the responsibility of buying into a practice and the issue of an adequate work/life balance being just an example. No changes were to be made prior to 1 April 2016 but after that date, contingency measures would be in place for the people of Prestatyn to be serviced by primary care.

The Interim Chief Executive explained to Members that Practices across the UK found it difficult to attract new GPs to recruit, and the problem was not unique to Wales.

**Question 7 – Councillor Joan Butterfield.**

***“What steps are being taken to address the financial situation of BCUHB?”***

The Interim Chief Executive confirmed that the Health Board faced a financial challenge ahead. Large amounts of money had been spent employing locum medical staff but, the two choices had been to pay for locum staff or to stop the service. The Board were focused on addressing the financial problem. Savings were to be made and these had to be such that they would not impact upon patient care. This would be a major challenge but the balance of delivering high quality care and meeting the financial responsibilities had to be navigated.

The suggestion of a prospective name change of the Board was put forward to alleviate the issues of reputation. The change of name of the Health Board was not a decision to be made by the Board but by the Minister.

**Question 8 – Councillor Alice Jones.**

***“Your appointment is on an interim basis, what plans are in place to recruit a permanent CEO?”***

The Chairman of BCUHB confirmed that in terms of the appointment of a Chief Executive, the matter would be resolved as soon as possible.

***Councillor Jones also took the opportunity to raise the following issues:***

- ***Patients and families would bring up the good name of the Board, but at the moment there is more bad service than good service;***
- The Interim Chief Executive requested evidence of the statement of Councillor Jones of more patients receiving bad care than good.
- ***Regarding recruitment of GPs, why are you offering something new? The GPs in the Practices in Prestatyn have been warning this would happen;***
- The Interim Chief Executive could not comment on what had occurred in the past. As stated previously, there were problems regarding recruitment in a whole range of specialities across the whole of the UK not just specifically North Wales.
- ***The healthy living policy is good but towards the end of life, everyone will need care.***
- 70% of people died in hospital and there were no concerns regarding palliative care.

**Question 9 – Councillor Martyn Holland.**

***“Previously Minor Injuries Units had low footfalls as people did not know they were there. What are BCUHB doing about promoting services such as the Minor Injuries Units and are those units adequately staffed?”***

The Area Director confirmed that there were three Minor Injuries Units (MIUs) covering the Conwy and Denbighshire area. One in Holywell, which was Conwy and Denbighshire for health purposes, one in Denbigh and the largest in Llandudno. The new building in Llandudno had recently been completed and would be opening on 26 October 2015. There were no staffing issues at the Units as all were fully staffed and operational.

Usage of the MIUs had increased and discussions were taking place as to whether the Units should also cover minor ailments, as waiting times at the MIU were far less than in A&E.

Councillor Stuart Davies queried whether the MIU in Llangollen would go ahead and the Area Director confirmed she would look into the issue.

The Chair, Councillor Gwyneth Kensler expressed the Council's gratitude to the BCUHB representatives for attending the Special Council meeting with their explanations.

**At this juncture (12:05 p.m.) there was a 20 minute break.**

**The meeting reconvened at 12:25 p.m.**

## **SECTION 2 – NWCHC**

**Question 1 – Councillor Raymond Bartley.**

***“What are you doing to ensure that the Community Health Council members continue to foster harmonious relationships with staff at the front end rather than being seen as “clip board” inspectors?”***

The Chief Officer, North Wales Community Health Council, confirmed that he was one of the longest serving Chief Officers of a Community Health Council.

He confirmed that the change of the name to the “North Wales Community Health Council” (NWCHC) had been implemented to distinguish themselves from the Health Board.

During the previous 12 months, 600 visits had taken place, including a greater number of unannounced visits and also visits to Mental Health wards. NWCHC volunteers were welcomed by staff on to the wards. NWCHC regularly visited wards and staff were aware. If problems had been raised, the NWCHC would ensure the issues were dealt with.

“Bugwatch” was the infection control survey. The NWCHC were working together with the Infection Control Team to promote the “Bugwatch” Survey. Standards were high but, unfortunately, were not consistent. The “Bugwatch” survey would be in place to encourage consistency.

Staff and Volunteers who attended psychiatric wards did not receive specific training, at the present time, but they did undertake training for entering secure units.

It was explained that the NWCHC did not have the authority or power to close wards if they had been found to be underperforming or unsafe. The NWCHC would refer issues to the Minister as only he had the power to close a ward.

The NWCHC encouraged the use of the Welsh language. A large number of the NWCHC were Welsh speakers. An app had been developed to be completed in Welsh and it could also then be populated into English. The NWCHC had also ensured that in Arrows Park – services for sick babies, the signs would be in both Welsh and English and there would also be Welsh speaking staff available.

**Question 2 – Councillor Ann Davies.**

***“I’d like to congratulate members of the CHC for all their hard work. What are you doing to engage proactively with BCUHB Board Members in the common purpose of improving health care in North Wales?”***

The Chief Officer explained that the BCUHB and the NWCHC met formally as Boards 3-4 times each year to discuss issues. Informally, NWCHC members met with BCUHB members on a regular basis. The Chair and Chief Officer of NWCHC also spoke directly to the Chief Executive of BCUHB as and when was necessary to deal with issues. A large amount of work would be taking place regarding the GP Practices in Prestatyn as the NWCHC had a duty to write to all patients concerned.

**Question 3 – Councillor Huw Hilditch-Roberts.**

***“The Welsh Government are currently consulting on its Green Paper ‘Our Health, Our Health Service’ and asking if the current CHC model is fit for purpose. What are your views?”***

The Chief Officer confirmed that collaborative working with the Health Board had taken place to deal with certain situations and working for the best interest of the patients.

The CHC were an independent voice within the NHS, and represented the patients of the NHS. No confirmation had been forthcoming that the CHC model had been entirely fit for purpose.

The CHC had no power over the appointment of Members. The Chief Officer suggested an improved way forward would be to link with Councillors and local voluntary organisations.

At this juncture, the Lead Member for Social Care, Adult and Children’s Services, Councillor Bobby Feeley, expressed her gratitude to all the representative speaks from both BCUHB and NWCHC for their attendance.

**The meeting concluded at 1.10 p.m.**