

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in Conference Room 1a, County Hall, Ruthin on Thursday, 2 March 2017 at 9.30 am.

PRESENT

Councillors Jeanette Chamberlain-Jones (Chair), Pat Jones, Gwyneth Kensler, Pete Prendergast and Huw Williams

Leader, Councillor Hugh Evans

ALSO PRESENT

Chief Executive (MM), Strategic Planning Team Manager (NK), Scrutiny Co-ordinator (RE), and Committee Administrator (SLW)

Betsi Cadwaladr University Health Board representatives in attendance:
Sefton Brennan, Divisional Lead (Central), North Wales GP Out of Hours
Mandy Cook, Neonatal Services Manager
Alison Cowell, Assistant Area Director Central – Children's Services
Fiona Giraud, Head of Midwifery and Women's Directorate

1 APOLOGIES

Apologies for absence were received from Councillors Arwel Roberts and Bill Tasker
Councillor Bobby Feeley (Lead Member for Social Care – Adults and Children's Services)
Corporate Director: Communities

2 DECLARATION OF INTERESTS

No declarations of interest.

3 URGENT MATTERS AS AGREED BY THE CHAIR

No urgent matters.

4 MINUTES OF THE LAST MEETING

The minutes of the Partnerships Scrutiny Committee held on 19 January 2017 were submitted.

RESOLVED that the minutes of the Partnerships Scrutiny Committee held on 19 January 2017 be received and approved as a correct record.

5 UPDATE ON MATERNITY & WOMEN'S SERVICES / SUB REGIONAL NEONATAL INTENSIVE CARE UNIT SURNNIC UNIT AT YGC

The Chair welcomed Betsi Cadwaladr University Health Board (BCUHB) representatives Alison Cowell, Assistant Area Director Central – Children's Services, Fiona Giraud, Head of Midwifery and Women's Directorate and Mandy Cook, Neonatal Services Manager to the meeting. The representatives outlined to the Committee the progress to date with the development of the Maternity Services, Women's Services and the Sub-Regional Neo-Natal Intensive Care (SuRNNIC) Unit.

In her introduction the Head of Midwifery and Women's Directorate updated the Committee on the progress made to date by the Midwifery and Women's Directorate with regards to the special measures improvement plan, particularly in relation to four specific areas:

- Leadership: midwifery and women's services were now managed on a pan-North Wales basis in order to aid the monitoring of the services. The three general hospitals had maternity units, with a clinical lead assigned to each unit. The leadership structure now in place conformed to the requirements of the Royal College of Obstetricians and Gynaecologists (RCOG). A Consultant Midwife had recently been appointed for the BCUHB Health Board Area, she was based at Ysbyty Glan Clwyd;
- Workforce: there had been a nationwide staffing problem in maintaining middle-grade medical rotas. BCUHB had successfully tested a new model which had led to it being able to recruit three consultant posts within the Directorate. Governance arrangements in relation to workforce matters had also been strengthened recently;
- Culture: following a decision to remove third year midwifery training students from the Ysbyty Glan Clwyd site, a delivery plan had been compiled with a view to improving the learning environment at the site. It would take up to 12 months to fully implement the plan, but already some Bangor University students had successfully returned to the site to continue their studies. Two specific areas for improvement had been identified at the Ysbyty Glan Clwyd site, they were to increase the number of mothers who breastfed their children (this was not unique to Ysbyty Glan Clwyd) and reduce the number of caesarean section births at the hospital (historically Ysbyty Glan Clwyd performed more caesarean births than other comparable maternity units). Officers were required to report performance against these improvement actions to the Chief Nursing Officer annually in November;
- Compliance: there had been a marked improvement in this area. The Service was now monitored across North Wales on a four hourly basis. Officials also met with Welsh Government (WG) on a fortnightly basis in relation to compliance matters.

Responding to members' questions BCUHB representatives advised that:

- Ysbyty Glan Clwyd had one dedicated Obstetrics theatre and in the case of emergency caesarean operations the target was 30 minutes, with each case kept under regular review and prioritised accordingly. Work was currently

underway to assess future resource requirements, including theatre provision and anaesthetic cover etc.;

- Historically Ysbyty Glan Clwyd had the highest rates of caesarean births in North Wales. Work was currently underway to promote natural births where appropriate and to reduce the number of unnecessary interventions. This work would be led by the Consultant Midwife, based at the hospital;
- Whilst no discernible link had been established between deprivation and caesarean rates, there was a link between obesity and caesareans. Consequently as circa 25% of expectant mothers in North Wales had a Body Mass Index (BMI) of 35 or higher work was underway with a view to educating expectant mothers about maintaining healthy lifestyles;
- Women's services, including cancer services, were being developed on a pan North Wales basis with a view to complying with RCOG standards. The development of the SuRNNIC Unit was based on the same principles with a view to delivering the best standards in the UK;
- Current breastfeeding rates stood at 56%, with the target figure at 70%. Rates at Ysbyty Glan Clwyd were on a par with a number of other maternity units across the county. A recently published paediatric report had highlighted low breastfeeding rates as a nationwide problem and had called for the WG to introduce a Breastfeeding Strategy. Public Health Wales' (PHW) assistance would be sought to undertake a campaign to raise awareness of the benefits of breastfeeding;
- 92% of the Directorate's budget was spent on staffing costs, the majority of whom were operational staff supported by a small team of administrative staff based across North Wales;
- The Board conformed with national standards in respect of the number of nurses and midwives providing services across its area; and
- 33 new midwives were due to take up posts in September 2017, which conformed with the numbers requested by the Service

The SuRNNIC Manager then updated the Committee on the development of the new regional unit located at Ysbyty Glan Clwyd advising that:

- The aim of the development was to have a centre of excellence for all sick neo-natal babies located in North Wales;
- Once the babies were well enough they would be transferred to their nearest special care baby units at Bangor or Wrexham, with babies local to the Ysbyty Glan Clwyd area remaining on site;
- The SuRNNIC unit would be staffed by a team of neo-natal specialists. The Unit and the other two special care baby units would work as a network to deliver specialist care services to mothers and babies following the same guidelines and practices;
- The unit would include a 24 hour assessment unit to which patients could be admitted directly or transferred from another hospital;
- Staff at SuRNNIC would work with voluntary organisations such as SANDS (Stillbirth and Neonatal Death Charity) in respect of bereavement services and support;
- Construction work was currently underway on the 'new' build. Once that was ready the staff and patients from the current Special Care Baby Unit would

move in to enable the 'old' part to be refurbished prior to both structures being joined and opened as the new SuRNNIC unit;

- There had been a keen interest in the recruitment exercise for staff for the Unit. To date 5 neo-natologists had been recruited, with a sixth post due to be advertised in the near future. In addition 5 neo-natal practitioners had been recruited and they were currently in the process of developing their skills in conjunction with Bangor University and would be equipped with the required skills by spring 2018, when the Unit was scheduled to open;
- New equipment was on order, including a mobile intensive care unit which would be available for 12 hours a day. For times when that unit was not available an agreement was in place between the Health Board and the Cheshire, Merseyside and Manchester Ambulance Services for them to provide out of hours cover.

Responding to members' questions BCUHB officials:

- Confirmed that a partnership approach was required between different public sector organisations with a view to addressing the obesity crisis and reducing the risks of Type 2 diabetes etc. Children could be an effective tool to persuade parents for example to change their lifestyles, eating and exercise habits etc.;
- Advised that foetal damage by drugs was not a problem, however foetal alcohol damage was a far bigger problem and midwives were trained to identify such problems when babies were born;
- Confirmed that midwives did work with expectant mothers to alert and educate them with regards to the risks to the unborn child when drinking alcohol whilst pregnant;
- Advised that the Health Board provided home births and promoted the availability of midwifery led maternity units which were available for mothers identified as 'low risk' of complications. These were available at Denbigh, Pwllheli and Tywyn community hospitals at present.

At the conclusion of the presentation the Chair and Committee members thanked the Health Board representatives for attending and congratulated them on the improvements achieved to date in relation to Women's Services across North Wales and wished them well with the development of the SuRNNIC Unit.

6 GP OUT OF HOURS SERVICE

The Chair welcomed Betsi Cadwaladr University Health Board (BCUHB) representative Sefton Brennan, Divisional Lead (Central), North Wales GP Out of Hours (OOH) Service, to the meeting.

Mr Brennan gave detailed statistical information which included:

- The fact that during January 2017 99.4% and February 2017 99.1% of the GP OOH Service staffing hours had been filled, with only 1 shift unfilled in January and 2 in February. These were unfilled due to staff sickness;
- Historically, during the preceding 12 months, apart from during the holiday period the staff hours filled had been in the high 90% region;
- The Service now had 43 GPs that worked for it, compared to 29 in June 2015. Whilst a couple of the GPs who provided OOH service cover were not

aligned to a specific GP practice, all of the GPs regularly worked within the Health Board's area;

- The Central Division GP OOH Service on average dealt with circa 3,600 patients a month. However, during December 2016 the Service dealt with its highest number of patients in one single month for 4 years;
- Despite the Service only being available for 70% of the time that hospital Emergency Departments (ED) were available, it dealt with more patients than ED. Across North Wales the GP OOH Services deal with approximately 10,000 patients per month;
- One area on which the Service was underperforming was on the completion of documentation within the expected timescale, particularly in cases where no intervention action was required. Nevertheless the Central Division's GP OOH Service performance was consistent with the all-Wales average performance;
- A GP now worked within ED between 10am and 6pm Monday to Friday with a view to ease pressure on the Department and release them to deal with actual emergencies. This approach was felt to be beneficial as each individual patient's situation required some type of attention or intervention, the GP in ED could assess the patient's condition to determine whether it merited emergency hospital admission or another course of action. It also reassured the patient by the fact that they were being seen and treated by a medical professional;
- Referral rates from the GP OOH to District General Hospitals (DGHs) was circa 5%, which meant that 95% of patients seen by the GP OOH Service did not require to be admitted to a hospital as an emergency admission;

The Service was constantly striving to improve its services to patients and attempting to deliver a more holistic and seamless health service experience for the patient. The Service was working in conjunction with other health service providers and voluntary organisations e.g. EDs, DGHs, Pharmacists, the Welsh Ambulance Services Trust (WAST) and the Marie Curie Nursing Service. Mr Brennan provided examples of such work, for example working to improve triage nursing call back times to reassure patients and deter unnecessary visits to EDs and working with patients to help them choose the correct pathway to meet their health and social well-being needs, as approximately 9% of the GP OOH Service workload were referrals from EDs or WAST. In addition the GP OOH Service had restarted working with the District Nursing Service, there was currently 1 District Nurse working within the GP OOH Service 24 hours a day.

The Wales Audit Office (WAO) had recently undertaken an audit of all GP OOH Services in Wales. Initial feedback from the audit was favourable, indicating that the service provided in the North Wales Central Division, which covered Conwy and Denbighshire, was one of the strongest in Wales and one which demonstrated good practices. A recent satisfaction survey in the Division had indicated that 90% of patients were of the view that the service they received had been either excellent or good (70% rating it excellent and 20% rating it as good). The only negative comments related to a lack of a children's waiting area in the GP OOH Department and that not all prescribed drugs were available on site, which necessitated the patient to collect them from an external pharmacist.

Responding to members' questions the Divisional Lead advised that:

- A change in Welsh Government (WG) regulations in 2010 had made it a requirement for all Health Boards to provide a GP OOH Service themselves rather than contract the work out to external providers. In the BCUHB area the GP OOH Service was one service across the region, delivered in three separate divisions;
- All patients, be they children or adults, were prioritised via a triage system. The initial call would be to a trained call handler who would use an algorithm to determine the patient's requirements and refer it to a practitioner who would then call back within 20 minutes with a proposed course of action. This method provided a safety net for all callers;
- The majority of calls received reported symptoms such as respiratory problems, vomiting and diarrhoea, back pain, abdominal pain, forgetting to order repeat prescriptions etc.;
- Despite the fact that the Service had dealt with in excess of 5,000 patients during December the percentage of those callers referred to ED had remained static at 5%;
- The usage figures for the Service had been increasing and the Health Board was working closely with GP surgeries in relation to the availability of GP appointments;
- Despite the fact that the GP OOH Service did not have access to patients' full medical records and had to depend on the information provided by the patient regarding their medical history, the number of complaints lodged against the Service were very low;
- The NHS Direct telephone line was a helpline which existed to give the public advice and guidance, it could not prescribe medication or determine a course of action.

At the conclusion of the discussion the Committee thanked the Divisional Lead for attending and updating members on the Service, and it was:

***RESOLVED** that a further progress report be provided to elected members in due course, possibly in conjunction with the Welsh Ambulance Services Trust (WAST)*

At this juncture (11.25 a.m.) there was a 15 minute break.

The meeting reconvened at 11.40 a.m.

7 LAUNCH OF CONSULTATION ON CONWY & DENBIGHSHIRE PSB'S WELL-BEING ASSESSMENT

The Leader, Councillor Hugh Evans, introduced the report (previously circulated) as statutory guidance stated that consultation on its content must take place and the Local Authority's Scrutiny Committee was a statutory consultee.

The Leader described the process that had been undertaken to produce the report, its structure and availability, together with the ongoing process for its maintenance.

He also emphasised the importance of the Well-being Assessment and the increased emphasis being placed on “well-being” and the requirements of the Well-being of Future Generations (Wales) Act 2015 both locally and nationally.

The Council’s Strategic Planning Team Manager gave an overview of how the information had been compiled along with a demonstration of the web-based Well-being Assessment. This included the data contained within the assessment on a community, county and Public Service Board (PSB) area level. She advised that in future, all public authorities in the PSB’s area would be expected to utilise the information contained in the well-being assessment when setting their well-being objectives and producing plans and strategies for services and for the area. Officers were currently in the process of developing a communication strategy to draw the Assessment and its importance to the attention of all relevant people and stakeholders. The Assessment would be constantly evolving and updated on a regular basis, but because of this it would not lend itself well to being published as a hard copy document. However, if a member wanted specific detail from within the Assessment, particular sections could be printed for that purpose, with a caveat that they were subject to regular changes.

Responding to members’ questions, the Leader, Chief Executive and Strategic Planning Team Manager advised that:

- The PSB would be meeting on 27 March 2017 to discuss the consultation responses, therefore they would appreciate receiving members’ observations on the Well-being Assessment by 24 March 2017;
- The Well-being Assessment would in future form the basis of the Council and its partners strategic planning activities and would be used to support the development of their plans. It would require a cultural change in how all partners worked and worked together for the purpose of making the county and the PSB area a better place, with service providers aiming to deliver better outcomes for citizens;
- As a result of the above it was imperative that all services and groups within the Council were aware of the Well-being Assessment’s existence and signed up to its principles;
- confirmed that further work was required with respect to individual community profiles on the Assessment’s website. This area would be populated as part of the website’s on-going maintenance;
- There would also be a need for the Council to challenge and monitor other PSB partner organisations’ commitment to utilising the information contained in the Well-being Assessment when producing their strategic plans etc.

In response to the latter point the Scrutiny Co-ordinator advised that the WG had commissioned an external organisation to develop a guidance on how to effectively scrutinise PSBs delivery of the requirements of the well-being goals of the Well-being of Future Generations (Wales) Act 2015. The draft guidance was expected to be circulated to Scrutiny Officers in Wales for consultation in the near future. North Wales Scrutiny Officers were due to meet at the end of March to consider the draft guidance and provide their observations on its contents.

The Leader requested that the Committee, as the designated committee for scrutinising the PSB, monitor closely all PSB partners' commitment to utilising the Well-being Assessment for their strategic planning work.

Prior to concluding the discussion Members requested that a training session for all councillors on the requirements of the Well-being of Future Generations (Wales) Act 2015, including the Well-being Assessment, be held early during the term of the new County Council, post the May Local Authority elections, with additional training on both provided periodically during the Council's term. It was felt that this was necessary in order to embed the new culture and principles of the Act firmly within the Authority.

The Committee:

RESOLVED that the above observations and the following recommendations be reported to the Public Service Board in response to the consultation on the Well-being Assessment:

- (i) subject to the above observations, endorses the approach taken in developing the Well-being Assessment and the ideas for its future use;
- (ii) that the data included within the Well-being Assessment be updated on a regular basis, and that all PSB partner organisations be recommended to use the information contained within the Well-being Assessment as the basis for their future strategic planning activities;
- (iii) confirmed that members had read, understood and taken account of the Well-being Impact Assessment (Appendix 1) as part of their consideration; and
- (iv) that an Executive Summary of the Well-being Assessment be written to provide an overview of its purpose and contents, and that a programme of training events and material on the principles and requirements of the Well-being of Future Generations (Wales) Act 2015, including the purpose and importance of the Well-being Assessment, be arranged and delivered to all Councillors post the May 2017 Local Authority elections.

8 SCRUTINY WORK PROGRAMME

A copy of a report by the Scrutiny Co-ordinator, which requested the Committee to review and agree its Forward Work Programme and provided an update on the relevant issues, had been circulated with the papers for the meeting.

A copy of the "Member's proposal form" template had been included at Appendix 2, Cabinet's Forward Work Programme had been included as Appendix 3, and a table summarising recent Committee resolutions and advising on progress with their implementation had been attached at Appendix 4.

No items had been referred to the Partnerships Scrutiny Committee by the Scrutiny Chairs and Vice-Chairs Group.

The next meeting was to take place on 6 April and Lead Member, Councillor Bobby Feeley would be invited to attend.

***RESOLVED** that subject to the above, the Forward Work Programme be approved.*

9 FEEDBACK FROM COMMITTEE REPRESENTATIVES

Councillor Gwyneth Kensler confirmed she has attended the Finance Service Challenge.

Members welcomed the confirmation from the Chief Executive that the service challenge process would continue during the term of the new Council.

The meeting concluded at 12.30 p.m.