

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in Conference Room 1A, County Hall, Ruthin on Friday, 13 April 2018 at 10.00 am.

PRESENT

Councillors Joan Butterfield, Gareth Davies, Hugh Irving, Christine Marston, Melvyn Mile, Rhys Thomas and Emrys Wynne (Vice-Chair)

ALSO PRESENT

Corporate Director: Communities (NS), Scrutiny Co-ordinator (RE) and Democratic Services Officer (KE)

Representing Betsi Cadwaladr University Health Board (BCUHB) at the meeting were: Area Director: Central Area (BJ), Assistant Area Director of Primary Care and Commissioning (CD), Director Clinical Services Therapies (GE) and the Assistant Area Director of Community Services – Central (AK)

1 APOLOGIES

Apologies were received from Councillors Jeanette Chamberlain-Jones (Chair), Pat Jones and David Williams.

Prior to the commencement of business the Vice-Chair and Committee members requested that their best wishes for a fully and speedy recovery be sent to the Chair.

2 DECLARATION OF INTERESTS

Councillor Gareth Davies declared a personal interest for items 5, 6 & 7 as an employee of Betsi Cadwaladr University Health Board.

3 URGENT MATTERS AS AGREED BY THE CHAIR

There were no urgent matters.

4 MINUTES OF THE LAST MEETING

The minutes of the Partnerships Scrutiny Committee held on 14 December 2017 were submitted.

Referring to the Denbighshire Homelessness Strategy and Denbighshire Supporting People / Homelessness Prevention Plan Councillor Butterfield asked whether the Authority had a policy defining residency. The Corporate Director: Communities responded that 'residency' sat across a number of legislative frameworks and applications had to be considered on a case by case basis.

Members might want to consider the complexity by referring it to the Scrutiny Chairs and Vice-chairs Group.

RESOLVED that subject to the above, the minutes of the meeting held on 14 December 2017 be received and approved as a correct record.

The Chair of the meeting welcomed the Area Director: Central Area; Assistant Area Director of Primary Care and Commissioning; Director Clinical Services Therapies; and the Assistant Area Director of Community Services – Central; from the Betsi Cadwaladr University Health Board (BCUHB) to the meeting to update members on the progress made to date in relation to the business items relating to health establishments and services.

5 HEALTHY PRESTATYN

The Health Board's Assistant Area Director of Primary Care and Commissioning briefed the Committee on the background to the establishment of the Healthy Prestatyn Iach initiative. During her introduction she advised that:

- General Practitioner (GP) practices were private entities, they ranged in patient caseload size. The smallest GP practice in Denbighshire had circa 2K patients registered with it, whilst the average GP practice size in the county had in the region of 7K patients;
- the Healthy Prestatyn Iach model, which served patients registered with surgeries in Prestatyn, Rhuddlan, Meliden and Ffynnongroyw was a new way of delivering primary medical care, intervention and well-being, which was managed directly by the Health Board. It comprised of four teams within the surgery which dealt with the management of chronic cases, a fifth team which undertook home visits along with another team that delivered acute medical services for patients using the walk-in service;
- the Health Board managed service had been established to deliver primary medical care services in the area following a number of GPs in the area notifying the Board that they would be retiring or terminating their contracts for delivering GP services. In establishing this innovative new model for delivering primary services the Board had also incorporated into the new model a more holistic approach towards the delivery of primary medical services and the general well-being of the population;
- the Service currently received was contacted by the public circa 100K a year, dealt with an average of 420 patients a day of whom around a 100 were seen on the day of contact. The number of patients seen on a daily basis exceed the daily average for the Emergency Department (ED) at Ysbyty Glan Clwyd;
- the Tŷ Nant facility, which the Health Board rented from the Council was a fantastic facility which supported the service-delivery model well;
- a new patient IT system had recently been installed which was working well:

- Health Inspectorate Wales (HIW) had inspected the Healthy Prestatyn Iach service during 2017 and had concluded that it was overall providing safe and effective care;
- there were challenges ahead, particularly in relation to the recruitment of clinical staff, training provision to the private provider sector and a continual increase in the demand on its services. Between January and March 2018 there had been an increase of 6% in appointments and a 15% increase in home visits undertaken by the service;
- moving forward the focus would be on recruiting an additional GP and an advanced nurse practitioner. It was pleasing that a GP had indicated an interest in joining the service and that a nurse was currently training to qualify as an advanced nurse practitioner. The Service was also planning to recruit a paramedic to complement the range of services it could offer and to appoint a Head of Service Manager – an operational manager to co-ordinate the work and back office functions for all sites operating under the auspices of Healthy Prestatyn Iach;
- the establishment of this innovative service had been a learning journey, particularly in relation to the different demands on the Service when delivering primary and secondary care. Consideration was currently being given to linking into a study being undertaken by Bangor University on training and mentoring requirements for delivering primary care;
- the Health Board acknowledged that more work was needed with the third sector in the Prestatyn area in relation to understanding the types of services required in the area and how public sector organisations such as the Health Board, the local authority and third sector partners could work effectively together to deliver these services in the community to enhance health and well-being, promote independence, mitigate against social isolation and consequently reduce the demand on primary intervention medical services.

Responding to members' questions Health Board officials:

- confirmed that they did not envisage money being diverted from frontline primary care services to fund the Head of Service Manager post. This was a much needed post that should help co-ordinate and streamline back office administration work and reduce duplication with a view to delivering seamless frontline services;
- acknowledged that whilst it would have been advantageous to have the Head of Service Manager in post earlier during the establishment of the Service, there were other more pressing deadlines and requirements to be met, including sufficient number of GPs and other medical staff in post to deal with patient caseload, work relating to bringing together 5 GP practices into 3 whilst also amalgamating administration and working practices to ensure that the new service met patients' needs and was effective and efficient. All this work was taking place against the backdrop on a national crisis in the National Health Service (NHS);

- advised that as this was a new model for delivering primary medical care services it involved some considerable amount of work to educate both staff and patients on how the model worked and that patients may not always need to see a GP, an appointment with another medical specialist e.g. nurse, physiotherapist etc. may be more appropriate and beneficial;
- confirmed that the Healthy Prestatyn Iach Service at present had a full complement of staff, apart from GP staff. A recruitment exercise to fill vacant GP posts was currently underway. GP shortages across the country were exacerbated by a change in GP working practices with an increasing number of GPs opting to work part-time, some for work life balance purposes whilst others wished to devote part of their time to secondary specialisms;
- informed the Committee that the Nurse Consultant post was a new post. This individual would work at a higher level and therefore help ease the pressure on GPs;
- advised that whilst the British Medical Association (BMA) guidelines may suggest a GP to patient ratio of 3 GPs per 1,000 patients there was no GP practice in North Wales with 3 GPs to 1,000 patients. Healthy Prestatyn Iach's aim was 1 GP per 2,000 patient;
- confirmed that the Health Board was confident with the model in operation at Prestatyn. It had been challenging to establish as they only had 6 months to set it up and get it ready to operate to serve 22K patients. They acknowledged that they had underestimated the level of training and support required for staff transferring into a different service model setting. These lessons had been learnt for similar projects in future;
- the Health Board was ambitious for the Service's future. Securing the use of Tŷ Nant building had been key towards the future development and consolidation of the Service, as the upper levels of the building lent themselves well for the co-location of specialist teams which would improve communication and interaction between all care providers;
- confirmed that the Service operated a walk-in 'same day service' where a patient would not be turned away. However, they would need to be prepared to wait, perhaps an extended period of time, dependent upon the urgency of their ailment to be seen by the relevant practitioner. Bookable appointments were also available. Consideration was currently being given to introducing a triage system;
- advised that as part of the holistic well-being approach being taken by the Healthy Prestatyn Iach initiative work was currently underway to review diabetes care. The aim was to enhance the service to include educating patients which were prone or at risk of developing diabetes about the healthy options and choices available to them in a bid to avoid medical intervention at a later stage; and

- informed the Committee that the Health Board wanted to work with the Council's Education Service to draw pupils' attention to careers available to them locally within the health and care services.

6 NORTH DENBIGHSHIRE COMMUNITY HOSPITAL PROJECT

BCUHB's Director Clinical Services Therapies informed the Committee that the Health Board was currently working on the second stage of the Welsh Government's (WG) 3 stage business case process for the developing the site of the former Royal Alexandra Hospital in Rhyl into a community hospital for North Denbighshire. By means of a PowerPoint presentation he displayed an illustration of the proposed new building emphasising that the new community hospital would be far more than just a hospital:

- the proposed service model to be developed on the site would include a multi-agency multi-disciplinary team which would design their services around the needs of the service user, supporting the ethos of reablement to empower service users to live independently by collaborating with social care and third sector partners to improve prevention and enhance well-being;
- it would support more integrated working between primary and community based health care with a focus on older people with a view to ease the pressure on Ysbyty Glan Clwyd, deliver integrated physical and mental health service for older people, provide urgent same day health care services and a range of ambulatory and outpatient services closer to the patient's home; and
- the development would take the form of a Healthcare Campus which would make use of the Grade II listed former Royal Alexandra hospital building in conjunction with the proposed new hospital building. The campus would include same day minor illness and minor injuries provision, outpatients clinics, integrated older persons' mental health outpatient services, a 28 bed inpatient ward with a multi-disciplinary assessment unit, an intravenous (IV) therapy suite, diagnostic services, therapy services, extended community dental services, extended sexual health services, a community hub which would include a café and third sector meeting rooms. It would also accommodate an integrated working base for the Single Point of Access (SPoA) Services, Child and Adolescent Mental Health Services (CAMHS) and offices for integrated support teams.

The Committee was informed that:

- the Health Board had approved and submitted the Outline Business Case (OBC) for the North Denbighshire Community Hospital Project to WG in January 2017. Included in the OBC was the case for capital investment in the new build and the provision of new services on the site, along with the rationale for additional investment in the Grade II listed building;
- subsequent to the OBC's submission to WG Board representatives had met with WG officials in July and September 2017 to discuss the proposals. The Project Team had regrouped to respond to challenges identified as part of

the OBC approval process and an independent Gateway Review of the business case and process had been commissioned. The findings of the Gateway Review had proved extremely useful with a view to moving the project forward;

- the WG wanted assurances in relation to how the OBC would support the delivery of the Health Board's Living Healthier Staying Well strategic plan, a redefined workforce strategy and greater clarity on the benefits realisation of the plan. The latter related to the use of the existing listed building, by utilising this mainly as office accommodation, the Health Board was confident that it could secure the building's future and provide additional healthcare services within the new building. Workforce related issues were not unique to this project they were
- work was currently underway to re-draft the annex to the OBC which detailed the estates' proposals, this would include a clear statement on the function of the Grade II listed building following a proposed investment of circa £200K. More detail would be included in the OBC, prior to its re-submission to WG, on the revenue sources for the provision of new services on the site;
- as part of the preparatory work for the redevelopment of the site the Outpatients Department had relocated to the former Glan Traeth building in December 2017, the demolition of the 1960's extension should be completed by the end of April 2018. Following this work the area occupied by the former Outpatients Department would be resurfaced to provide an additional 44 parking spaces, further resurfacing work would be undertaken on the main car park and pathways would be clearly defined with improved lighting installed for the protection of patients and staff; and
- once the project team were satisfied that all the challenges raised by WG had been sufficiently address the OBC would be presented to the Health Board for approval for re-submission to WG. No definite timescale had been set for this as yet as the Project Team wanted to make sure that all queries had been addressed.

Responding to Committee members' questions the Health Board's Area Director: Central Area:

- confirmed that they felt the same frustrations as members in relation to the extensive length of time the project was taking to come to fruition. The Business Case process was a WG process. It was protracted as it was a three stage process. However, significant discussions had taken place between the Health Board's Chief Executive and the WG. In addition, there was significant political support for the project;
- the Health Board had experienced a similar delay previously when developing the Ysbyty Alltwen project, which was now open and operational;
- the Health Board was fully committed to the project's delivery despite continuing to be under special measures and facing severe financial pressures;

- the WG had given assurances that it would provide £40m towards the capital cost of the project, with the Health Board to provide £2.3m revenue funding towards the project (whilst £2.3m may seem a considerable amount BCUHB was a £1.4bn organisation therefore the revenue funding it was required to provide was not excessive);
- confirmed that the Health Board was firmly of the view that the scheme should include a Health and Well-being Hub considering Rhyl's deprivation profile; and
- advised that due to the poor condition of the Grade II listed building and fire safety concerns, on patient safety grounds in-patient beds could not be placed within the building;

In response to the Committee's questions BCUHB officials advised that:

- the current business case was a public document, however this business case was currently being reviewed. Once the reviewed business case was submitted to the Health Board for approval that would also become a public document;
- the Gateway Review had been commissioned by the WG from an independent organisation to provide a critical friend review of the business case with a view to strengthening it. They undertook to make enquiries on whether or not the final report was available to the public;
- they fully understood the importance to local residents of the Grade II listed building, hence the reasons they were attempting to incorporate it into the project for the new North Denbighshire Community Hospital. Due to the constraints associated with its listed status it would not lend itself well to deliver 21st Century in-patient care. Consequently, the Board were proposing to use it, following an extensive programme of refurbishment as office accommodation for the new facility, with some clinical services being delivered on the ground floor. The Single Point of Access (SPoA) Service and other community based teams would be located on other floors; and
- with the advances made in medical science and care in recent years, along with the proposed range of community based services built into the project and the availability of suitable housing, that a 28 bed in-patient facility was sufficient to meet future NHS needs in the north Denbighshire area.

At the conclusion of the discussion Health Board representatives stated that they were confident that they now had a robust business case present to the WG. They re-iterated that both they and the Health Board were fully committed to the project's delivery.

Prior to briefing the Committee on the latest position with respect of the temporary closure of beds at Denbigh Infirmary Health Board officials gave members an overview of current and proposed developments to the Health Board's Community

Services in central and south Denbighshire. Members were advised that with respect of:

Corwen: work was about to start to redevelop the Health Centre. This work, scheduled to be completed by the autumn, formed part of a £1.5m investment in the Centre. It would include the provision of two additional consulting rooms for the town's GPs, two new dental surgeries and a multi-purpose treatment room. Whilst the work was underway services would be provided from temporary accommodation, with dental services being provided from their current location. Car parking facilities would be allocated to patients attending the surgery close to the temporary building, this would include an hour's free parking.

Ruthin: WG had recently announced that £1.7m had been earmarked for health services in the area, subject to the development of a business case. The aim of this investment was to enable the relocation of services currently provided at The Clinic to Ruthin Community Hospital. It would facilitate an extension to be built at the hospital and some refurbishment work to the hospital itself. It would further develop the range of services available at the hospital to enable joint working between primary, community and secondary care to be maximised, as well as provide opportunities for better integration of services with statutory and third sector partners. It was anticipated that a draft single Business Justification Case would be completed by the end of 2018. If the project was approved it would facilitate the relocation of GP services, Community Dental Service, Health Visitors, School Nurses, Community Mental Health Services and the Ambulance Service. Looking forward the Health Board was considering wider opportunities within the south Denbighshire area to improve care closer to people's home through joint working. Initial discussions had taken place between the Board and the local authority to explore potential opportunities for integrated working which could form a future phase of the development in Ruthin.

7 DENBIGH INFIRMARY

The Assistant Area Director of Community Services – Central briefed members on the reasons that led to the Health Board's decision to close 10 beds on the upstairs ward in the Infirmary in the wake of the Grenfell Tower disaster. The Infirmary was built in the early 1800s and accommodated 40 inpatient beds, 23 beds on the ground floor with 17 beds on the first floor. Following the Grenfell Tower disaster the Health Board undertook an extensive fire safety assessment of all its buildings. That assessment highlighted fire risk concerns at both the Infirmary and Mold Community Hospital. The specific concerns with respect of the Infirmary related to the fact that the floor of the upstairs Llewini Ward, part of which was situated immediately above the hospital's kitchen, was supported by wooden joists. The risk was exacerbated further as this part of the building was not compartmented which would help to reduce or at least slow down the spread of fire. When the extent of the risk became apparent the Health Board considered a number of options for addressing the risk, ensuring patient and staff safety whilst causing the minimum amount of disruption to all concerned.

However, due to the need to ensure that all patients could be safely evacuated in the event of a fire the least disruptive safe option that could temporarily be put in

place was to reduce the number of beds on Lleweni Ward from 17 to 7 - with the caveat that the remaining beds had to be occupied by patients who would not need mechanical support for their mobility needs in the event of evacuation.

The WG's Estates Department who had undertaken the fire risk assessment had made a number of recommendations in relation to improving the fire safety measures as the building. A number of these recommendations had been implemented, including compartmentation work. In addition the Health Board had commissioned a second, more intrusive survey, from consultants Mott McDonald. Whilst the findings of this survey were initially expected to be available during April, due to the need to take all necessary precautions to safeguard engineers, patients and staff, in case asbestos was present in the building and disturbed during the surveying work there had been a slight slippage. However, the consultant's report should be available in May 2018.

In a bid to manage the impact of the temporary loss of 10 beds at the Infirmary the Health Board had opened 5 temporary beds at Ruthin Community Hospital, with other work being undertaken within the community to care and support for people in their own homes. The Health Board had proactively engaged with staff in relation to changes to work patterns, however it had experienced staffing pressures relating to the additional beds at Ruthin Hospital which had led to the need to use agency and bank nursing staff to provide care. Ruthin GP practices had been extremely supportive and had increased their availability to cover the additional in-patient beds at the hospital.

Despite fewer beds being available in Denbigh Infirmary at present the Health Board advised that between both Denbigh and Ruthin hospitals there were community hospital in-patient beds available on the majority of days for patients to be either admitted directly there or to be transferred from the district general hospitals. Health Board officers confirmed that GP practices in Denbigh were very supportive of the Infirmary and the services provided there.

The Health Board was providing on-going support and advice to staff at the Infirmary, with regular monthly briefings being held for them. Regular training sessions were also being held for staff on the management of action plans, risk assessments, fire safety and evacuation procedures. In relation to stakeholder engagement Board officials had met with the Infirmary's League of Friends, local councillors and others, all of whom were very supportive of the Board's efforts to find solutions to the risks identified and to see the establishment operating at full capacity as soon as possible

Responding to members' questions Health Board representatives:

- confirmed that Denbigh Infirmary had 40 in-patient beds, prior to the temporary closure of 10 on fire safety grounds. Of the 40 beds 6 were for respiratory care, 12 were for Care of the Elderly, with the remainder being managed by Denbigh's GP practices. The total did include the beds on the Macmillan Ward which were not always needed for palliative care and were consequently available for other types of care. Beech House Surgery who did not use the Infirmary for GP-led medical care did utilise the beds on the Macmillan Ward;

- advised that the option of closing the kitchen and having food delivered to the Infirmary had been considered as a potential solution to the risks identified rather than having to temporarily close beds. However, this was not a viable option as white goods such as fridges and freezers would still be required on site therefore the risk of fire would not be sufficiently reduced to enable the beds to stay open;
- advised that it would be highly unlikely that the Infirmary would have 17 sufficiently mobile patients at any one time to enable them all to be located on the first floor ward;
- confirmed that staffing pressure were a persistent problem at the Infirmary, but this was not unique to the Infirmary it was a problem experienced across the NHS;
- confirmed that in total four members of staff had left Denbigh Infirmary since Christmas, 2 had indicated their intention to leave before the beds had been temporarily closed. The other two had left due to future uncertainties, although one had transferred to another similar hospital nearby. Naturally a number of staff were concerned about the future due to having encountered similar situations at the Royal Alexandra Hospital, Rhyl and the former North Wales Hospital at Denbigh. However, the Health Board was currently actively recruiting for both Denbigh and Ruthin hospitals and there was a 'Community Hospital Recruitment Day' scheduled for 28 April 2018;
- informed the Committee that Denbigh Infirmary was at the forefront of the 'Pyjama Paralysis Campaign' which focussed on the importance of getting people out of their nightwear and dressed as part of their recovery and reablement;
- confirmed that there were no shortage of community beds in the Health Board's Central Area, covering the counties of Conwy and Denbighshire, it was Ysbyty Glan Clwyd and other acute hospitals which had bed shortages;
- confirmed that the Health Board had no plans at present not to re-open the 10 beds closed temporarily at the Infirmary, if and when the time was right. It was aware that it needed to be open about the future of Denbigh Infirmary, and required to engage with citizens and with the Council on the future medical needs for the Denbigh area;
- advised that the WG Estates fire risk assessment report had been shared with the Council. Health Board officials did not foresee any problems relating to sharing the consultants' report with the Council once available. However, they did advise that this report would be a very technical report;
- confirmed that all hospitals were at present operating at high bed occupancy rate, which sometimes made it difficult to transfer patients from the acute hospitals to community hospitals;

- advised that there were times due to staff shortages when the Matron would be called upon to work on the wards, this was usually at times of high staff sickness levels;
- confirmed that the Infirmary did still operate a midwifery-led maternity unit. Whilst this was not widely used it was important as it had a legacy attached to it whereby a young person born at the Infirmary may be eligible to apply for a scholarship if attending university;
- that GPs in Denbigh were aligned to the Health Board's South and Central GP cluster. The Health Board's strategy was to provide services as close as possible to the patient's home, consequently a range of services were provided at Denbigh Infirmary;
- confirmed that the Health Board was currently working on its Community Strategy which would include shaping community hospitals for the future. The Council would have an opportunity to contribute towards the strategy through the Public Services Board (PSB); and
- advised that the Health Board was keen to discuss with the Council's Chief Executive how both the Board and the Council could jointly engage with local communities.

At the conclusion of the discussion the Committee:

Resolved: - subject to the above observations to request that the Health Board be invited to a future Council Briefing session to discuss with elected members its Community Strategy on shaping community hospitals in the county in future.

8 SCRUTINY WORK PROGRAMME

The Scrutiny Co-ordinator (SC) submitted a report (previously circulated) seeking members' review of the Committee's work programme and provided an update on relevant issues. She reminded the Committee that the next meeting was scheduled to be held in Rhyl to visit the Single Point of Access unit (SPOA) in Russell House.

The SC highlighted the three items on the agenda for May's Partnership Scrutiny Committee:

- Homelessness Strategy and Prevention Plan
- Pooled Budgets (Health and Social Care) and
- Support Budgets for People Eligible for a Care and Support Plan.

The Corporate Director: Communities advised that the items on homelessness and support budgets were both substantial, therefore the Committee may wish to defer the item on pooled budgets to June's meeting.

Councillor Butterfield requested that the £1million homelessness grant from Welsh Government be covered by homelessness report.

The Corporate Director: Communities informed the Committee that the Betsi Cadwaladr University Health Board was expecting one of the reports on the lessons learned in respect of the Tawelfan Ward to be published on 3rd May 2018. The Committee agreed to convene a special Partnerships Scrutiny Committee meeting within a week of its publication in order to consider the report fully. It was also agreed that the special meeting should be held in Rhyl in order to facilitate a visit to the site of the proposed North Denbighshire community hospital.

Referring back to the report the Scrutiny Coordinator highlighted that:

- appendix 3 – Cabinet Forward Work Plan - was for information purposes and
- appendix 4 provided an update on Committee's resolutions.

The Chair of the Partnerships Scrutiny Committee had requested that September's meeting be moved from 13th to 20th in order for her to be able to attend. The Committee agreed to the deferment.

RESOLVED subject to the above to:

- (i) Confirm the Committee's forward work programme;***
- (ii) Convene a special meeting for week commencing 10th May 2018 to review the Tawelfan report and***
- (iii) Change the date of September's Partnerships Scrutiny Committee to 20th September.***

9 FEEDBACK FROM COMMITTEE REPRESENTATIVES

Councillor Hugh Irving reported that he had a meeting the following week for the preparatory agenda for a lines of enquiry for Service Challenge.

Meeting closed at 13:04