

**MINUTES OF A MEETING OF THE SAFEGUARDING, COMMUNITIES AND
WELLBEING SCRUTINY COMMITTEE/CRIME AND DISORDER SCRUTINY
COMMITTEE HELD IN MEETING ROOM 1, GUILDHALL ON
WEDNESDAY, 17 OCTOBER 2018**

MEMBERS

Councillor Derek Wright, Chair
Councillor Beverley Parry-Jones, Vice-Chair

Councillor	Trevor Bates	Councillor	Tina Mannering
“	I David Bithell, MBE	“	Ronnie Prince
“	Brian Cameron	“	John Pritchard
“	Krista Childs	“	* Rondo Roberts
“	Russell Gilmartin	“	Nigel Williams
“	Gwenfair Jones		

*Absent

Also Present – Councillors Joan Lowe and Bryan Apsley

21 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Rondo Roberts.

22 WELCOME

The Chair welcomed Councillor Tina Mannering to her first meeting as a Member of this Scrutiny Committee.

23 DECLARATIONS OF PERSONAL INTERESTS, IF ANY

Members were reminded of their responsibility, under Paragraph 11 of the Members' Code of Conduct, to declare any interests in relation to any business to be transacted at this meeting. The following declarations were made:

Agenda Item 5 – Meeting with representatives of Betsi Cadwaladr University Health Board

Councillor Trevor Bates – Personal – a close family member works at Chirk Cottage Hospital. The Councillor stayed in the meeting and took part in the discussion and voting thereon.

24 CONFIRMATION OF MINUTES

The Minutes of the meeting held on 17 October 2018 were submitted.

Corrections to Minutes

- (i) Councillor John Pritchard had been marked as absent.

(ii) Minute 14, Domiciliary Care Staff Survey: With reference to the concern expressed by a Member that 49% of staff felt they had insufficient time to read and understand Service Delivery Plans, the Committee agreed that the Minute should read: "A Member expressed concern that 49% of staff felt they have insufficient time to read and understand Service Delivery Plans. Members queried how is this being addressed by the Lead Member and Officers and what action is being taken to bring this figure down to a more reasonable level".

AGREED – That subject to the above, the Minutes of the meeting held on 18 September 2018 be signed as a correct record.

25

WORK PROGRAMME

The Head of Finance submitted a report (HF/112/18s) to assist the Committee in considering its Work Programme for the coming year.

The Scrutiny Facilitator introduced the report and advised Members that the items identified for further scrutiny at the previous meeting had been provisionally scheduled into the draft Work Programme, a copy of which was attached at Appendix 1 to the report. She reminded Members that the Executive Board at its meeting held on 9 October 2018, had approved the recommendation to reshape Day and Work Opportunities services (Phases 1 & 2) and had also suggested that a further report be submitted to this Scrutiny Committee in 6 months time to review the progress made in providing opportunities to service users. A decision was required on whether this Scrutiny Committee wanted to receive such a report.

During discussion of the report, reference was made to the correction agreed to Minute 14, Adult Social Care Contract (ASC) Monitoring report - Domiciliary Care Staff Survey and several Members commented that they did not wish to wait until the next 12 month ASC Contract Monitoring Report to receive an update on the situation. It was suggested that the Chair contacts the Lead Member for People – Health and Adult Social Care to request that a written response be provided on the action being taken with providers to address this matter, which can then be shared with Scrutiny Committee Members via e-mail.

AGREED –

- (i) That a report to review progress made in providing opportunities to service users following the reshaping of Day and Work Opportunities services (Phases 1 & 2) be submitted to this scrutiny committee in 6 months and an item be placed on the Work Programme accordingly.**
- (ii) The Chair to request that the Lead Member for People - Health and Adult Social Care / Head of Adult Social Care provide a written response on the action being undertaken with Domiciliary Care Services providers to increase the number of staff that feel they have sufficient time to read and understand Service Delivery Plans to a more reasonable level.**
- (iii) That, subject to the above, the draft Work Programme attached at Appendix 1 to report HF/112/18s be approved.**

MEETING WITH REPRESENTATIVES OF BETSI CADWALADR UNIVERSITY HEALTH BOARD (BCUHB)

(Members' declarations of interest in relation to this Agenda Item is set out Minute 22 above).

The Chair commented that this was the latest in a series of regular meetings between the Council's Scrutiny Committee with the remit for 'health matters' and representatives of BCUHB, the previous meeting being held in April 2018.

He then welcomed the following representatives from Betsi Cadwaladr University Health Board to the meeting: Gary Doherty (Chief Executive), Lesley Singleton (Director of Partnerships for Mental Health and Learning Disabilities) and Andrea Hughes, Area Nurse Director (CAMHS) to the meeting.

It was agreed that item (b) and (c) be brought forward and taken at this time.

(b) Progress with Mental Health Strategy

Lesley Singleton (Director of Partnerships for Mental Health and Learning Disabilities) introduced the report and outlined the work being undertaken to meet the key outcomes of the three year delivery plan to transform and improve the delivery of the Together for Mental Health in North Wales strategy. She then provided an update on the implementation of the Mental Health Strategy delivery plan agreed by Local Partnership Boards with key objectives being delivered through Local Implementation Teams and clinically led Quality and Workforce Groups working coherently in each local authority area.

An expected Powerpoint presentation had not been received prior to this meeting, however, copies would be circulated to Committee Members.

During consideration of the report the following matters were raised in particular:

- It had been recognised at the development stage of the strategy that close partnership working between the Health Board, statutory and voluntary organisations together with staff and service users would be a key driver in the overall approach to the strategy and the implementation of the delivery plan.
- Clarification was sought on the proposed bid for Healthier Wales Funding made by the Health Board to provide further funding for the Together for Mental Health in Wales strategy.
- Lesley Singleton commented that the bid was to provide pump-priming funding for the delivery of early intervention and preventative work to build community resilience across North Wales with Local Implementation Teams being responsible for identifying qualifying schemes within their areas. Funding would be available for a two year period and she agreed to provide Committee Members with further details of the bid, including bids for proposed schemes within Wrexham, following the meeting.
- A Member commented that performance statistics published in July 2018 showed that 71.5% of BCUHB patients started mental health therapy within 28 days of

referral. The national performance target was 80% and the Wales average was 82.5%. This figure ranked BCUHB 6th out of the 7 Health Boards within Wales and an explanation was sought.

- Lesley Singleton commented that the Mental Health measures were based on mental health assessments and patient access to psychological treatment such as counselling. The Health Board were undertaking a review of psychological therapy services to see if there are particular drivers behind the increase in demand for the service, how access to the service could be improved and resources utilised more efficiently.
- Further information was sought on staffing levels and work being undertaken to recruit and retain Mental Health care staff.
- With reference to the Year One priority to eliminate all clinically unjustified out of area placements for mental health services for all ages, Gary Doherty, Chief Executive BCUHB reported that this number had been substantially reduced. He did not have exact numbers to hand but would provide Members with this information following the meeting.

(c) Child and Adolescent Mental Health Service (CAMHS) - Service and Waiting Times

Andrea Hughes, Central Area Nurse Director (CAMHS) commented that this report was specific to the performance of the CAHMS team in the East area (Flintshire/Wrexham) and where possible, the information provided related to the Wrexham area team.

In introducing the report Andrea Hughes commented that in March 2018 the performance of the CAMHS East team in meeting the Welsh Government Mental Health Measure target of 80% of CAHMS patients being assessed within 28 days and commencement of intervention within 28 days of that assessment had deteriorated significantly. This had arisen due to increased demand for acute input to Children and Young People (C&YP) with CAMHS needs and a similar peak of CY&P presenting with eating disorders together with changes in the way performance was measured.

In May 2018 an action plan to improve performance was put in place and additional funding provided. Following a demand and capacity assessment, it was agreed that the majority of the additional funding would initially concentrate on tackling the waiting list for mental health assessment.

Since July 2018 progress towards mental health assessment targets has improved and the waiting list continues to reduce. The latest trajectory indicated that the mental health assessment target will be achieved across the East area by the end of October 2018 and the mental health intervention target by February 2019.

During discussion the following matters were raised:

- Additional staff had been recruited, however, the availability of suitable agency/bank staff was significantly lower than envisaged. The recruitment and retention of staff was of national concern and the Health Board continued to

develop innovative ways to increase staff numbers, including the training and development of existing staff.

- It was acknowledged that the prioritisation of mental health assessment has had a consequential increase on the waiting list for mental health intervention, however, this would be mitigated through triaging of cases as urgent or standard by clinical judgement.
- Following the reduction of the mental health assessments waiting list to a level which can be met by the established resources, the additional resources will be used to address the waiting list for intervention.
- With regard to children or young people accessing initial assessment for CAMHS specialist services, Members were reminded that early years services and primary care agencies including general medical practice and schools promote mental health well-being and provide advice and support for children with less severe mental health problems.

(a) Chief Executive BCUHB – Update.

Gary Doherty, Chief Executive provided an update on progress made by the Health Board in meeting the financial and performance targets set out within Phase 3 of the Special Measures Improvement Framework. He then outlined progress made in a number of areas during 2018 as compared to 2017. These included:

- The implementation of the Mental Health Strategy throughout North Wales was progressing.
- There was evidence of continued improvement with regard to staff engagement as demonstrated from staff surveys and feedback from trade unions. In addition there had been more engagement with the public in general with an increase in the number of people visiting the Health Board's Facebook and Twitter accounts.
- The Health Board had worked closely with the Wales Ambulance Service Trust (WAST) to develop an integrated clinical hub to support the development of alternative and appropriate pathways of care and not necessarily convey all emergency ambulance patients, particularly those with minor injuries, to Hospital A&E Departments.
- With regard to the financial challenge, the savings plan for 2018/19 required £45million to be saved against an overall budget of £1.4billion (3%). Significant Improvement was being made in meeting this saving, but the Health Board still faced financial pressure and would continue to be in a position of underlying deficit for several years ahead.

However, a number of challenges remained and further work was required in some key areas, particularly in reducing waiting times at Wrexham Maelor Hospital Emergency Department.

During the discussion Members raised the following points in particular and the Chief Executive responded accordingly:

- The performance figures for patients treated or admitted within four hours of arrival at Wrexham Maelor A&E Department during August 2018 was 49.7% and this represented the worst performance of any emergency department ever

recorded in Wales.

- In response, Gary Doherty reported that there had been a slight improvement in September (50.9%) and the indicative figure for October would also be higher. He then highlighted a number of reasons for the low performance figures and these included the number of 'majors' patients attending A&E compared to 2017; vacancies in terms of medical and nursing staff, and delays in the discharge of patients due to a lack of suitable community health care facilities.
- Action was being taken to improve A&E waiting time performance by the introduction of the 'Choose Well' campaign to encourage people to attend alternative services within the community, such as minor injuries units or pharmacies. Partnership working was on-going with the local authority to provide more community facilities to enable the discharge of patients sooner.
- A Member questioned whether measures were in place to monitor how many patients had left Wrexham Maelor Emergency Department without receiving treatment due to the length of time they had waited to be seen.

The Chair reported that the January 2019 meeting with the Health Board will focus on Primary Care Services and A&E performance / WAST. A&E performance figures, including figures for people who leave without being seen, use of Minor Injuries hospitals and other appropriate treatment facilities to take the pressure off A&E, and Nursing / Medical staff vacancy rates (in context of full establishment), could be discussed at that meeting.

(d) BCUHB Board Support for Multi-parametric Magnetic Resonance Imaging (MP-MRI) Scans (Prostate Cancer)

The Chair reminded Members that this item had been identified for inclusion at the April 2018 meeting of this Scrutiny Committee following concerns that, despite support from relevant medical professionals on the benefits of the availability of MP-MRI scans for the purpose of Prostate Cancer diagnosis, the Health Board were currently not providing any in North Wales.

The Chief Executive, BCUHB, referred to the written response provided and confirmed that, in accordance with National Institute for Health and Care Excellence (NICE) guidance (post biopsy indication), the two part MP-MRI scan is available to all patients within North Wales. This scan is distinctly different from the higher quality, three part, full diagnostic MP – MRI scan offered by private providers. Wrexham Maelor Hospital did take part in a Medical Research Council multi-centre PROMIS Trial between April 2014 and October 2015, during which patients who met the strict criteria for the research project did undergo the full three part MP – MRI scan, paid for through research funding. The evidence from this and other studies is being assessed by NICE and a decision on whether to revise guidance is expected later this year.

A Member commented upon the benefits of the full diagnostic three part MP-MRI scans on improving the number of significant prostate cancers that get caught in time, whilst reducing the number of men who have biopsies unnecessarily. In addition, a hospital consultant had discussed with one of his constituents the benefits of obtaining the treatment privately.

In response, the Chief Executive commented that the Health Board were awaiting the decision and would amend their clinical practice to reflect any changes to NICE guidelines. In the meantime, a preliminary business case was being drafted to evaluate the resource and support implications of the introduction of the full diagnostic MP-MRI scan, if endorsed by NICE.

AGREED –

- (i) The Committee thanked Andrea Hughes (Area Nurse Director CAMHS) and Lesley Singleton (Director of Partnerships) for their presentations and reports and also for their openness and honesty during the debate. It was hoped the Mental Health Strategy works well and the improvement in CAMHS continues. We invite you to return next October to give us an update.**
- (ii) The Committee thanked Gary Doherty, Chief Executive, BCUHB, for the information given today, as always in an open and honest way. It was hoped to continue the relationship between WCBC and BCUHB and Members looked forward to our next meeting together.**

Councillor Derek Wright
Chair