
EXTRAORDINARY CARE SCRUTINY COMMITTEE

04.09.17

Present: **Councillor Eryl Jones-Williams - Chairman**
 Councillor R. Medwyn Hughes – Vice-chairman

Councillors: Annwen Daniels, Anwen J. Davies, Beth Lawton, Elfed P. Roberts and Angela Russell.

Also in Attendance: Morwenna Edwards (Corporate Director), Aled Davies (Head of Adults, Health and Well-being Department), Siôn Huws (Senior Solicitor (Corporate)), Gareth James (Member Support and Scrutiny Manager) and Glynda O'Brien (Member Support Officer).

Others invited:

Representing Betsi Cadwaladr University Health Board:

Gary Doherty - Chief Executive
Ffion Johnstone - Area Director (West)
Wyn Thomas - Assistant Director Initial Care
Chris Rudgley – Deputy Operational Area Manager (West)
Dr Siôn Jones, Consultant, Older People
Dr Salah Elghenzai, Medical Director (West)
Karen Bampfield, Community Nurses Leader (Meirionnydd)
Eirian Wynne - Engagement Officer
Kathryn Cummings - Communications Officer

Representing the Ffestiniog Memorial Hospital Defence Committee:

Mr Geraint Vaughan Jones
Dr Walt Evans
Cllr. Linda Ann Wyn Jones
Cllr. Glyn Daniels

Apologies: Councillors E. Selwyn Griffiths, Peter Read, Dewi Wyn Roberts and W. Gareth Roberts (Cabinet Member for Adults, Health and Well-being).

The following also tended their apologies as a result of declarations of personal interest: Councillors Elin Walker Jones, Dafydd Owen and Rheinallt Puw.

1. DECLARATION OF PERSONAL INTEREST

- (i) Councillor Eryl Jones-Williams declared a personal interest as he represented the Council on the North Wales Community Health Council, and following guidance from the Senior Solicitor it was noted that he could discuss the matters in question.

- (ii) Councillor Linda Ann Wyn Jones stated that she could not take part as a member of the committee following guidance from the Monitoring Officer, and she was present on behalf of the Ffestiniog Memorial Hospital Defence Committee.

2. PRESENTATIONS - THE SUITABILITY OF THE PROPOSED HEALTH PROVISION FOR THE RESIDENTS OF BLAENAU FFESTINIOG

The Chairman explained that this extraordinary meeting had been convened as a result of a Notice of Motion submitted by Councillor Glyn Daniels at a meeting of the full Council on 15 June, 2017 stating as follows:

"I propose that Gwynedd Council supports the Hospital Defence Committee and the residents of Blaenau Ffestiniog to press on the Betsi Cadwaladr University Health Board and relevant authorities to ensure that appropriate and necessary facilities are provided in the new hospital being built in the town.

With this I mean facilities that are usually found in local hospitals, such as a x-ray unit, minor injuries unit and a sufficient number of beds for inpatients. Given that Blaenau Ffestiniog is the third largest town in Gwynedd, and also that the response of the vast majority of residents in a recent referendum insisted that the town deserved to be treated in a better way, I believe that there is no reason why the Council should not support this proposal."

RESOLVED to refer the matter immediately to the Care Scrutiny Committee and to discuss it as soon as possible."

Representatives from the Betsi Cadwaladr University Health Board and the Ffestiniog Memorial Hospital Defence Committee were welcomed and invited to submit relevant information and evidence regarding the suitability of the proposed health provision for the residents of Blaenau Ffestiniog and the area.

(A) Betsi Cadwaladr University Health Board

(i) The Chief Executive, Betsi Cadwaladr University Health Board, noted that he appreciated the importance of this issue, and in the same manner that the Health Board had questions to be answered. Whilst recognising that the matter had some history, it was trusted that the report submitted would set out the Health Board's reasoning in terms of reviewing the service, the implications of this review in terms of arriving at a point where there is a better range of services across north Wales and that those are as effective and sustainable as possible. Also, in terms of moving forward the Health Board believed that the new Health Centre would enable them to develop new services as those aimed across the whole of north Wales. These new services were not based on beds, but they would be effective and sustainable within the proposed clinics in the new Health Centre. One basic point that the Health Board had to accept was that they had made some changes giving the impression that some matters would be implemented before those changes had been done. This was an error on behalf of the Health Board, however, having said that, the Chief Executive was of the view that the rationale established by the Health Board was robust and appeared to work well in other places. It was hoped that people would see the Health Board achieving its commitments

with a more positive picture of moving forward when the new services are operational as part of the Health Centre.

(ii) Ffion Johnstone, Area Director (West), referred to the proposed structure that was trying to get care closer to the homes of individuals by creating community hubs within the communities. In terms of consistency and safety for the patient, they endeavoured to get health services with the same opening hours in the community hubs and within a journey of 40 minutes by car for patients across north Wales. It was noted that x-ray services together with minor injuries were available from 9.00 a.m. until 5.00 p.m. from Monday to Friday in the community hubs. In terms of Blaenau Ffestiniog, it was proposed to establish an integrated health and care centre that would include health and care services as well as the third sector. It was further noted that it was proposed to hold new clinics at the Centre such as coronary and pulmonary clinics and to expand learning disability services and palliative care.

(iii) In terms of the strategy in the community, Dr Siôn Jones, Consultant in Elderly Care at Ysbyty Gwynedd, reported on the way forward to offer a more personal service to individuals in their own homes. He noted that frailty and the number of older people were increasing in communities and often admission into hospital was not ideal for some of these individuals. They were trying to develop a service to deal with any emergency within the community and to be able to identify frailty early on. Reference was made to the success of the arrangements namely the MEC Model (Môn Enhanced Care) with a team of medical leaders including one part-time GP, 2 nurses together with healthcare assistants who had seen approximately 250 patients in the community over the last year. It was trusted that the model could be expanded across other areas in Gwynedd, however, this was difficult due to financial and recruitment limitations.

(iv) The Area Director for the West added that the Health Board had developed a business case and following a consultation process the plan to develop an Integrated Centre at Blaenau Ffestiniog had been approved by the Welsh Government. In terms of the recommendations, it was resolved to close beds at the Ffestiniog Memorial Hospital and it was agreed to open an additional six beds at Ysbyty Alltwen. Over four years the average number of patients from Blaenau Ffestiniog admitted every month to Ysbyty Alltwen was between 5.3 and 8, and this was in accordance with the capacity of an additional six beds that were opened. Regarding care at home, significant additional resources had been provided in nursing, social services, the third sector and administrative support. In the context of the capacity of nursing / residential homes, it was noted that there was a national shortage and it was necessary to look at different models. Three beds had been established in Bryn Blodau Residential Care Home for step up / step down care and these are used 80% of the time.

The x-ray service and the minor injuries services at Ffestiniog Memorial Hospital were unsustainable and by now a five day a week x-ray service is provided and it is proposed to extend the opening hours of the minor injuries service up to midnight for 7 days a week at Ysbyty Alltwen.

(v) Karen Bampfield, Community Nurses Leader (Meirionnydd), explained the operational side and noted that a team of staff operated in the Blaenau Ffestiniog area with approximately 166 patients as part of their caseload. Approximately 34 persons received palliative care in the community last year. It was noted that the nurses' skills had been enhanced to treat patients within the community. When the team moves to the Memorial Centre they will share an office with Social Services Officers in order that they can work together to move the strategy forward.

In conclusion, the Area Director for the West noted that the Health Board had sought to proceed with a strategy for the community and to ensure safe services but by so doing had to reduce the number of hospitals in order to up-skill staff.

(B) Members of the Scrutiny Committee were given an opportunity to ask questions to the Health Board representatives.

(i) In response to an enquiry regarding the consistency of provision across Gwynedd and if there was evidence to justify this, the Chief Executive of the Health Board noted that this was difficult to answer. He explained that the Health Board had tried to locate the Community hubs in order that people could get access to facilities within 40 minutes of travelling time. It was difficult to compare, but at the time, the decision was made on the location of the community hubs by the Health Board based on the density of population and the catchment-area. It was further noted, in terms of the record, that the Health Board should possess the activity data.

(ii) Reference was made to a comment made that only 2 patients on average attended the Minor Injuries Unit at Ysbyty Alltwn and it was asked how many patients travelled on to Ysbyty Gwynedd in Bangor. In response, it was noted that on average 5% of the West were referred to Ysbyty Gwynedd. It was added that the Ysbyty Alltwn Matron was currently formulating the criteria for visits to the Minor Injuries Unit and was looking at ways for the out of hours service to collaborate with the Minor Injuries Unit.

(iii) It was asked how long on average did individuals have to stay in community hospitals. In response, it was noted that on average 26.2 days was the stay in Ysbyty Alltwn and the following figures were listed for a period of four years.

2013/14 - 29.5
 2014/15 - 24.3
 2015/16 - 21.3
 2016/17 - 31.8

(iv) Considering the popularity of Blaenau Ffestiniog now, with visitors taking part in outdoor activities available in the area it would make sense to have x-ray and minor injuries units in Blaenau.

In response, it was noted that at the time the decision was made regarding the locations of the hubs, the level of activity going through the minor injuries department at the time was considered. Whilst recognising that matters had developed and there might be more demand, the minor injuries service was available at Ysbyty Alltwn. However, in terms of current best practice when dealing with head injuries, eye socket injuries, these had changed over the years, and therefore they were referred to a larger accident and emergency department. The Health Board service model currently noted that patients would go to Ysbyty Alltwn and then onwards to Bangor, if required.

(v) It was asked if the residents of the Ysbyty Alltwn area were being deprived of beds in the Hospital, bearing in mind that residents from the Blaenau Ffestiniog were

being referred there? In response, it was confirmed that there were 6 additional beds available at Ysbyty Alltwen for the the demand.

(vi) In response to a query regarding the future of community hospitals, it was noted that the intention was to have integrated hubs and to collaborate with Social Services and others such as the third sector and to focus on care in the home.

(vii) It was asked how much pressure was there on Ysbyty Gwynedd in terms of releasing beds, where it was seen that some patients should be moved closer to their home. It was confirmed that there was collaboration with Ysbyty Gwynedd to take patients out into the community. It was added that the Health Board had an excellent multi-agency team operating at Blaenau Ffestiniog.

(viii) It was asked if Blaenau Ffestiniog houses were suitable for home care and specifically for hospital beds, bearing in mind the size of some of the houses, stairs etc. In response, it was explained that the Hospital Discharge Coordinators were looking into what was available. However, the Health Board intended to look further into the extra care housing provision.

(ix) It was noted that a planning application had been submitted for 26 extra care housing at Llan Ffestiniog and this was refused by the Snowdonia National Park Authority, and it was asked if the Health Board had taken this into consideration when Ffestiniog Memorial Hospital was closed. In response, it was noted that the Health Board did not close the hospital because of the above.

(x) It was asked if it was possible to change the decision and to establish a Community Hospital in Blaenau Ffestiniog what would the impact of this be on hospitals or other services within Gwynedd. In response, it was noted that the locations of the community hubs were based on travelling distances for individuals to receive treatment i.e. a journey of 40 minutes. It was noted that travelling from Blaenau Ffestiniog to Ysbyty Alltwen was 13.5 miles, approximately 20 minutes travelling, with journeys from Bala to Dolgellau, Aberdaron to Bryn Beryl longer and therefore the Health Board had to re-map the distances across the whole of Gwynedd. It was added that the Health Board would have difficulty to recruit staff for more community hubs than they proposed namely 10. In addition, the model would enable better proactive care in the home for patients and would assist to prevent their health from deteriorating and in some cases this meant that they would not have to be admitted into hospital.

(xi) It was recognised that it was not possible to care for every patient at home, and in some cases individuals would have to be admitted into hospital from their communities. If a patient required intensive care then it was necessary to go into hospital. However, it was reasonable for the Health Board to provide the best service to the best of its ability, and that more could be done to prevent people from deteriorating and it was necessary to make an effort to get the correct number of units in the correct locations to meet with the needs.

(xii) It was asked if the geographical nature of Gwynedd was the problem and would it not be reasonable to get more community hospitals to respond to the needs? In response, it was recognised that the geographical nature of the county created more of a challenge to the Health Board but it was also necessary to consider the skills of practitioners together with evaluating what was available locally. It was felt that the Health Board had considered the best possible options for the correct locations for the community hubs.

It was added that the number of admissions to Ysbyty Alltwen had reduced by 34% and approximately 97 were admitted to hospital in 2014/15 and 34 last year, this was due to the community nursing service introduced in Blaenau Ffestiniog and available twenty four hours for seven days a week and the fact that patients received care in their own homes.

(xiii) In response to how many clinical failures had occurred as a result of the closure of Blaenau Hospital, it was noted that no failures had been noted in the case of Blaenau Ffestiniog.

(xiv) It was asked how the service compared with other places / areas within Gwynedd and how would the Memorial Centre's success be measured.

It was noted that there were a number of clinics that would open and it was a requirement for the Health Board to produce evaluation reports to the Welsh Government on the project. Via the Engagement Officer they would also receive input from Centre staff and users and would deal with any complaints received. It was added that letters of approval had been received already for the services here.

(xv) It was asked if there was evidence that people who had received treatment since the closure of the hospital had experienced any difficulties / concern?

In response, it was recognised that the question was difficult to answer without looking at all the complaints. However, nothing looked any different to any other areas of Gwynedd. It was further noted that one of the clinics existed before the closure of the Hospital, and nurses' working hours had been expanded and the x-ray and minor injuries units were available at Ysbyty Alltwen.

(xvi) In terms of respect, services, positivity and value for money for the residents of Blaenau Ffestiniog, the Chief Executive of the Health Board noted that he had the greatest respect for the people of the community and Betsi Cadwaladr staff. He felt that it would be a positive step when the new Centre was in operation, especially with more clinics. He noted that he had had experiences in other places where the challenges were satisfied and he appreciated the points made by the residents. There were 13 locations and the decision was made by the Health Board that 10 could provide a better service within 40 minutes travel for service users.

(C) Ffestiniog Memorial Hospital Defence Committee

(i) Councillor Glyn Daniels took the opportunity to thank the Care Scrutiny Committee, on behalf of the Ffestiniog Memorial Hospital Defence Committee and the residents of Blaenau for the opportunity to submit their evidence to get health facilities back in Blaenau Ffestiniog.

(ii) On behalf of the Ffestiniog Memorial Hospital Defence Committee, Mr Geraint Vaughan Jones guided Members via slides through the background and evidence of how it was decided to close Ffestiniog Memorial Hospital. Attention was drawn to the additional responsibility on Gwynedd Council and the Health Board under the Well-being and Social Care Act 2014 to give serious consideration to the disorder caused by the Health Board over the last five years as a result of this decision.

A decision was made by the Health Board in 2008 to close Blaenau Ffestiniog Memorial Hospital and to construct a new building that would offer a less effective service than the

residents of Blaenau Ffestiniog and the area had previously received, and less than what is offered in much smaller villages than Blaenau within Meirionnydd.

It was emphasised that the residents of Blaenau Ffestiniog could not forget the past when it was resolved to close the Memorial Hospital in order to save money.

He proceeded to explain that prior to the establishment of the Betsi Cadwaladr University Health Board, the Memorial Hospital was one of the best hospitals and was a memorial hospital for 353 young men who lost their lives in the Great War. In 2012, there were 12 beds in regular use, experienced nursing staff, permanent GP practice with 4 doctors, surgeries two/three times a week in Llan Ffestiniog and Dolwyddelan; physiotherapy clinic, x-ray unit in regular use by the doctors and all of this for a cost of £800,000 per annum.

When the Health Board voted to close the Memorial Hospital all the services outlined above disappeared overnight even the dependable GPs service that was available previously, and this despite every protest and local petition. By today, it was noted that the Blaenau Ffestiniog medical practice was dependent on 'locums' who barely knew their patients, and on some days only one locum was available. It was obvious from the Health Board's decision that the residents of Blaenau did not deserve the same service as other towns in Meirionnydd, and it was strongly felt that the Blaenau Ffestiniog area had been dealt with unfavourably.

Attention was drawn to the fact that the First Minister had stated in 2012 that no hospital would be under the threat of closure, however, the Health Board produced the proposed structure despite what was said by the First Minister.

By creating the well-being areas in accordance with the Act, the intention of the Health Board was to create a hospital hub in Dolgellau, retain and improve Tywyn Memorial Hospital, build Ysbyty Alltwen in place of Penrhyndeudraeth Hospital, retain Bryn Beryl Hospital and retain Ysbyty Gwynedd in Bangor. However, in the context of the Welsh uplands, the decision was to close Ffestiniog Memorial Hospital and do away with the Minor Injuries Unit, X-ray Unit, two surgeries and it was stressed to the Scrutiny Committee that this was the only area in Gwynedd without a nursing home.

Back in 2012 the aim was "what is important is that local people make local decisions about healthcare locally' but it was emphasised that there was no local agreement to this.

Reference was made to the petitions signed by hundreds of individuals against the closure of the Memorial Hospital and the signatories included 5 doctors, 2 nurses representing hospital staff, 4 county councillors, Chair of the Town Council, Secretary of Dolwyddelan Community Council, Chairs of Trawsfynydd and Gellilydan community councils, Chair of Cwmni Seren, Chairs of the Friends of the Memorial Hospital and the Defence Committee but the petitions had been ignored by the Health Board. Reference was made to the response of the Health Board's Chair to the petition, which was an insult to the intelligence of the residents of Blaenau and the vicinity.

In 2015, a referendum was proposed and the the vote to conduct this was unanimous. 52% of the constituency voted with 99.6% in favour of re-opening the memorial hospital at Blaenau Ffestiniog with beds for inpatients, minor injuries unit and an x-ray service, however, this was totally ignored.

Reference was made to a list of health services available in Dolgellau, Tywyn and Ffestiniog and attention was drawn to the fact that the Blaenau area received 15 fewer

services than Dolgellau and 13 fewer than Tywyn - bearing in mind that the population of Blaenau in the 2011 census was 4,875 compared to 3,264 in Tywyn and 2,688 in Dolgellau.

Attention was drawn to a page produced by the Health Board, dated July 2017, that listed up to 36 new services that were available in the Memorial Centre but it was hastened to add that 23 of these existed in Blaenau Ffestiniog prior to re-organisation. It was asked who would be responsible for paying for these services.

Reference was made to the Health Board's earlier presentation during this meeting, where they justified closing Ffestiniog Memorial Hospital and it was asked why the Health Board conducted a survey in Ffestiniog only, why target the third largest town in Gwynedd, an area that has suffered from unemployment and the loss of services. The survey was not conducted in other areas and therefore it was strongly felt that the area had been deliberately unfavourably treated. It was emphasised that the Defence Committee did not begrudge hospitals in other places, but they asked why did Blaenau Ffestiniog and the Uplands of Wales not deserve the same services considering how the area had suffered.

An appeal was made to get the Memorial Hospital back and it would be a small matter to adapt one of the rooms in the new centre to create a ward for the residents of the Uplands of Wales.

(CH) Members of the Scrutiny Care Committee were given an opportunity to ask questions to the representatives of the Ffestiniog Memorial Hospital Defence Committee.

(i) In response to a question regarding evidence that the people of Blaenau needed community hospital beds on top of what was available at Ysbyty Alltwen, Dr Walt Evans, Ffestiniog Memorial Hospital Defence Committee, noted that a great many individuals in Ysbyty Gwynedd were waiting for a bed at Ysbyty Alltwen. He added that this did not occur when the Ffestiniog Memorial Hospital was in operation. In addition, there was evidence that many were sent to other hospitals such as Dolgellau, Eryri, Bryn Beryl which meant miles of travelling for their families to visit them.

In addition, reference was made to the numbers of persons from the Blaenau Ffestiniog area who were in hospitals / homes in Llandudno, Pentrefoelas, Llanrwst, Porthmadog, Pentrefelin and one had been sent to Tywyn due to the lack of beds, and a bus journey made it impossible for the family to go and visit.

(ii) It was asked what evidence was there that other areas in Gwynedd received a better service than Blaenau.

Dr Walt Evans responded by noting that every town had a community hospital and there was a real need for a hospital in Blaenau with an x-ray service and a minor injuries unit. It was noted that the situation was very complex in Blaenau and there were many complaints as could be seen from the petitions. Reference was made to the list of clinics by the Health Board at the proposed Centre, but these clinics were not special as they should be available in any well-being area. Therefore, what kind of well-being area would Blaenau Ffestiniog be.

It was asked how rheumatology clinics could take place without any x-ray unit.

(iii) It was asked if there was any evidence of persons who received a service at Ysbyty Alltwen who were unhappy with the service?

A member of the Defence Committee responded by referring to a personal experience where she had to find a nursing home for her mother, and if she had not done so her mother would have to go to a home miles away or even in England. She referred further to another personal experience where an error was made in a patient's records and when Ysbyty Gwynedd Bangor was telephoned to complain it was said that they had a Concerns Department and not a Complaints Department.

(iv) In response to an enquiry regarding how many letters received attention from the Health Board, it was noted that the package presented to the Care Scrutiny Committee was only a small percentage and that several letters had not been acknowledged and had not received a reply.

(v) It was asked what distance was reasonable for people to travel to hospital. Mr Geraint Vaughan Jones noted that it would be necessary for the people of Dolwyddelan to travel 20 miles to a hospital and that the Health Board mentioned a journey of 40 minutes which was not relevant to any other Health Board - 30 minutes was the national travelling distance.

(vi) It was asked if they were aware of any area that offered an ideal level of service?

In response, it was noted that the ideal hospital, dependent with no complaints had existed at Blaenau Ffestiniog. Reference was made to a booklet prepared with 24 cases of complaints since the closure of the hospital, and a copy had been sent to the Health Board but was ignored in a meeting with the Health Board Chief Executive and the Area Director for the West in May.

Further reference was made to the health profile of Blaenau Ffestiniog by the Health Board dated 5 June 2013, namely 4 months having resolved to close the hospital - this stated that 28.5% of the population lived in poverty, the second highest percentage in Gwynedd; that the hospital admissions rate for persons over 75 was higher than Gwynedd, North Wales and Wales, yet again the Health Board decided to close the hospital.

(vii) Before closing, Dr Walt Evans quoted from a statement from the Health Board that stated "Blaenau Ffestiniog was not designated as a hub because analysis of the admissions and use of the hospital showed that the catchment care was largely confined to Blaenau Ffestiniog itself with a low level of admission from the west and little activity from the east". In response to this, a comment was made that Blaenau Ffestiniog was a town with a population of approximately 5,000. He used to work in a GPs practice that was responsible for the patients admitted to the memorial hospital as well as patients from Dolwyddelan. Further attention was drawn to the fact that the GPs of another surgery in Penrhyndeudraeth used to visit Bronygarth Hospital, Penrhyndeudraeth. It was evident that a high level of the population of Blaenau used the hospital and therefore it was quite obvious that a hospital was needed there.

Further reference was made to letters from other professional bodies opposing the changes as follows:

- a letter from the Local Medical Committee (January 2013) stating "we reject any of the current proposals to the closure of beds in North Wales, without prior thought regarding the impact of such change. There has been no convincing argument put forward that such closure will improve patient care. It seems to be proposed as clearly a cost cutting exercise".
- a letter from the Petitions Committee (March 2017) stating "We appreciate the rural nature of the area, and transport difficulty experienced especially by the elderly in reaching NHS sites, We also note that there is no registered nursing homes in the area and the care home that has been used as a stepped down facility does not have the capability for such a role. Inpatients facilities would provide this service. North Wales Local Medical Committee would fully endorse and support the campaign to alter the current developments to include the facilities currently being withdrawn. Also support the re-introduction of those withdrawn services as soon as possible to maintain service provision close to home as the stated policy of the Welsh Government".

A request was made to send the above letters to the Chief Executive of the Health Board.

(viii) In response to a query regarding what services they wished to see back, the importance of having inpatient beds back in Blaenau was noted and the minor injuries service would come as a result of these.

(D) The Chief Executive of the Health Board responded to the above questions and observations as follows:

(i) In terms of the process regarding where the hubs should be, the size of the population was not considered at the time but a combination of population size and the catchment-area that used it. Because if an area was used in a wider catchment-area, you would have fewer units as people already travelled there. The rationale in the context of Blaenau was appreciated that more people from the local area used the hospital, but if you looked at reducing the hub, the rationale did not necessarily work.

(ii) In terms of the rationale for change, the Chief Executive stated that skills and effectiveness could not be maintained and it would be difficult to attract staff if they only treated a few patients with half day sessions.

(iii) The Chief Executive personally had no evidence to suggest that the motive had arisen due to unfavourable treatment. There was a rationale, and he had not seen any evidence that the residents of Blaenau Ffestiniog had been treated unfavourably, but rather he had seen evidence why the change was made and to him it appeared that individuals within the Health Board had undertaken a logical process as well as they could, bearing in mind that reducing the hubs would be difficult and certainly it would be difficult to explain to the population that the provision would not be available in the future. It was not believed that the process had been done due to financial difficulties as the majority of Health Boards were in deficit across the whole NHS in England and Wales.

(iv) In terms of people, the Health Board agree that there was a challenge in terms of nursing and residential beds but there was a problem everywhere. The fact that there

were no beds does not mean that people should stay in a NHS bed and they would have to work together to get all the different beds to respond to needs.

(v) The Chief Executive could not respond regarding the situation with extra care housing.

(vi) In terms of complaints, the Health Board were of the opinion that more people were likely to phone the concerns department rather than the complaints department. However, the Health Board has a complaints department and they deal with a wide range of examples regarding complaints and serious cases.

(vii) Regarding the lack of correspondence, it was recognised that this was something that the Health Board needed to apologise for. In the same manner, there was a great deal of correspondence and the Health Board had re-iterated many matters and had tried to explain the process and the motive but it was difficult to prove a motive or justify what people believe to be a motive.

(viii) Regarding being in special measures, the Chief Executive was of the view that the Health Board did not have a link / relationship and the trust of the population in they way that they should. It was something that they had tried to improve and if the Health Board went back in time in terms of engagement, it was deemed that things would have been different.

(ix) In response to the additional letter received from the Local Medical Committee, the Chief Executive had held several meetings and this matter had not been on the agenda. However, although it would be excellent to have 20 hubs, the challenge was to attract GPs to posts.

(DD) During the ensuing discussion, amongst the Care Scrutiny Committee Members, the following observations were highlighted:

- (i) Concern regarding travel difficulties to Ysbyty Alltwen for patients and families.
- (ii) From the comments made by the Defence Committee, that it was necessary for the Betsi Cadwaladr University Health Board to review the following matters:
 - Lack of consultation and communication with local residents and have the correct facts as there were lessons to be learnt from the last review.
 - The popularity of outdoor activities and tourism in Blaenau Ffestiniog, and therefore the possibility of an increase in the demand for x-ray and minor injuries services.
 - Undertake another independent review as the previous one was now historical and therefore there was a golden opportunity to change the decision to get inpatient beds back / x-ray unit and minor injuries service that was really needed in Blaenau Ffestiniog.
 - Difficulties in terms of home care for patients in Blaenau Ffestiniog as many of the houses were unsuitable for hospital beds
 - Consider the provision of extra care housing

- (iii) Whilst sympathising with the residents of Blaenau Ffestiniog in losing a resource, it was felt that they had to be realistic and that the service was sustainable, safe and the same for the rest of the County.
- (iv) The 10 service hubs operated had to be taken into consideration with 3 of these in Gwynedd namely 30%, and it might be difficult to argue for a fourth to be located in Blaenau Ffestiniog.

In response to the above comments:

The Corporate Director noted:

- whilst accepting the above comments, it would be possible to ask the Health Board to monitor and collect evidence regularly to see what impact these changes have on the residents of Blaenau Ffestiniog for further consideration by the Care Scrutiny Committee after the Memorial Centre opened in October this year. By undertaking a review it would be possible to compare the service in the Blaenau Ffestiniog area compared to the rest of the County.
- In terms of the lack of staff recruitment, it was recognised that there were difficulties in Gwynedd and specifically in the rural areas and it would be useful to commission a piece of work jointly with the Health Board to try and address this problem.

The Head of Adults, Health and Well-being noted:

- that concerns had been voiced in the past regarding the public transport system from the Meirionnydd coast and how convenient it was to reach Ysbyty Alltwen and a survey was conducted at the time. Stemming from this, amendments were made to bus time-tables to ensure that they turned up to Ysbyty Alltwen, however it may be timely to ask the Care Cabinet Member and the Environment Cabinet Member to commission work to look again at this provision.
- In terms of extra care housing that a symposium would take place on 13 October with the Council's Housing Department / Cartrefi Cymunedol Gwynedd and Cynefin to discuss this matter and it would be beneficial to invite a representative of the Betsi Cadwaladr University Health Board to be part of the discussions as well.
- For information, that the Adults, Health and Well-being Department commissioned work on residential / nursing sites and that the Residential Care Home at Bryn Blodau, Llan Ffestiniog was one of the homes under consideration.

Resolved: (a) To accept, note and thank the Health Board and the Ffestiniog Memorial Hospital Defence Committee for their presentations.

(b) To agree on the following recommendations, but that the exact final wording of the recommendations are presented for final approval to the Care Scrutiny Committee at its meeting on 21 September 2017:

- (i) That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board to share all the background information that was part of the original decision to change the provision of facilities and health services in the Blaenau Ffestiniog area.**

- (ii) That the Scrutiny Committee calls upon the Betsi Cadwaladr University Health Board to regularly monitor information and data in relation to the effectiveness of current health services in the Blaenau Ffestiniog area and the well-being of its residents and to commit to adapting/changing the provision if there is evidence to justify this. The Committee was of the view that it would be useful if this work was undertaken by an independent agency or at least confirmed by an independent agency and the information is submitted for the attention of the Care Scrutiny Committee in a reasonable time.
- (iii) Stemming from the evidence submitted by the Blaenau Ffestiniog Memorial Hospital Defence Committee regarding the lack of response to petitions and correspondence in the past, that the Board give detailed consideration to engagement and consultation shortcomings in the past in order to improve future arrangements. The Health Board is encouraged to communicate regularly and effectively with the residents of the Blaenau Ffestiniog area in relation to the provision of facilities and local health services.
- (iv) The Cabinet Member for the Environment and the Cabinet Member for Care are requested to commission an assessment of the convenience and accessibility of health services via public and community transport within the Ysbyty Alltwen catchment area. Once the priority given to this catchment area is completed, it can be considered if there is a benefit to undertake similar assessments in other areas.
- (v) That the need for suitable homes for older people included the provision of extra care housing in the Blaenau Ffestiniog area is fully aired jointly with the Cabinet Member for Care, Cabinet Member for Housing, Leisure and Culture and the Health Board together with the Gwynedd Housing Partnership.
- (vi) That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board and Gwynedd Council to work closely and jointly and take appropriate practical steps to recruit care and health staff in order that there are full teams in place to maintain services in the Blaenau Ffestiniog area and across the County.

The meeting commenced at 1.00pm and concluded at 4.10pm