# Minutes of the meeting of Joint Select Committees held at on Monday, 6th February, 2017 at 10.00 am

**PRESENT:** County Councillor P. Jones (Chair)

County Councillor P. Farley (Vice Chair)

County Councillors: R. Chapman, A. Easson, R. Edwards, P. Farley, R. Harris, M. Hickman, P. Jones, P. Jordan, M. Powell and A. Wintle

### ALSO PRESENT:

D. Hudson - Co-Opted Member

D. Hill - Co-Opted Member

#### **OFFICERS IN ATTENDANCE:**

Hazel llett Scrutiny Manager

Wendy Barnard Democratic Services Officer
Phil Diamond Theme Lead, Population Needs
Matthew Gatehouse Policy and Performance Manager

Nicola Needle Changing Lives Lead

### 1. Election of Chair

County Councillor P. Jones was elected as Chair.

## 2. Appointment of Vice-Chair

County Councillor P. Farley was elected as Vice Chair.

### 3. Apologies for Absence

Apologies for absence were received from County Councillors L. Guppy, D. Evans, D. Blakebrough and Mr. K. Plow.

### 4. Declarations of Interest

County Councillor P. Farley declared a non-prejudicial interest in regard to Item 5, Population Needs Assessment, as a Trustee of Chepstow Senior Citizens Welfare Trust.

## 5. To discuss the Population Needs Assessment

## Context

The Social Services and Wellbeing Act (2014) places a statutory duty on local authorities and health boards to prepare a regional population needs assessment (PNA) in relation to people requiring care and support. A draft PNA has been jointly developed across the region (Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen) by Aneurin Bevan University Health Board and the Gwent transformation Team. The PNA sets out the common priorities across the region and suggested actions.

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The Social Services and Well-being Act provides the statutory framework to deliver integrated health and social services and preventative services to support people and carers of all ages, as well as families and communities.

The Committee received an overview of the PNA and an update on Next Steps.

### **Key Issues**

The purpose of the PNA is to ensure that local authorities and Local Health Boards jointly produce a clear and specific evidence base in relation to care and support needs and carers' needs, to underpin the delivery of statutory support functions and inform planning and operational decisions.

The PNA will dovetail with the well-being assessment being produced on behalf of the Public Service Board as part of our response to the Well-being of Future Generations Act. That PNA will be examined separately by the PSB Scrutiny Committee before both are presented at Council on 20th March.

The PNA should enable the council to focus on preventative approaches to care and support needs and provide the information required to support resource and budgetary decisions; ensuring services and outcomes are targeted, sustainable, effective and efficient.

A draft regional PNA has been developed and is currently out for consultation. The main points to note:

The PNA will contain the high level priorities and suggested actions but the data graphs will be included in technical appendices – the PNA will read as executive summary and not include a large number of data graphs The PNA will have to be signed off and agreed by individual local authority councils and the health board by March 31st 2017 and subsequently published on individual websites

The PNA was developed through extensive engagement with the regional citizen panel, provider forum and regional executive director leadership group; as well as local groups such as youth forums, older people's forums, carers groups and parenting networks. Engagement was also supported by MCC and PSB through the 'Our Monmouthshire'. Some of the emerging areas of interest are below but further engagement is planned during the consultation period:

An ageing population brings many opportunities, however there are also challenges for service provision and increases in the number of people living with long term conditions.

Loneliness is a growing concern.

Monmouthshire has high levels of social capital and volunteering. By taking an asset and placed based approach there is an opportunity to improving well-being.

Increasing support is required for Looked After Children

Adverse childhood experiences have a negative impact on people's long term health and economic prospects and can be perpetuated through the generations.

## **Member Scrutiny**

Following presentation of the report, Members were invited to make observations, during which time we noted:

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Dementia (Prevention and early intervention): It was queried how much is done to educate citizens regarding prevention and actions to delay onset of symptoms. It was responded that the question ties in to the broader Wellbeing of Future Generations agenda and that positive steps that can be taken include being physically fit and healthy, have good nutrition, have low alcohol intake and attending regular check-ups. These steps are included in a broad range of programmes and embedded in the Wellbeing of Future Generations and in the general physical health section of the PNA.

**Engagement:** A Member queried the robustness of the engagement process in terms of how many people/groups were asked their views; and also how it was decided who would be asked. It was answered that there is an engagement section in the PNA that sets out the "smart" approach taken. It was explained that the Regional Citizen Panel established under a statutory duty, was involved and an invitation to 50+ and youth forums was also issued. Engagement with other groups (Looked After Children, Gypsy Travellers, Black and Minority Ethnic etc.) has been enabled through existing Health Board processes. It was emphasised that engagement with some groups can be complex requiring time to build a relationship with consultees first. was also responded that other groups engaged with have included Living with Dementia groups and parents of disabled children across the five authorities. Additionally, links have been made with the authority's engagement forum and groups. It was confirmed that the process used is in line with the engagement strategy; the groups engaged with will be listed in the complete PNA, broken down by local authority. It was explained that a statutory questionnaire will be distributed to persons known to social services and responses will be taken into account. A Member commented that the report only considered consultees already in the system and asked what other groups (i.e. those not in the system) had been consulted.

A Member questioned that there appeared to be a danger that the views of groups in the middle (i.e. between youth and 50+) would not be taken into account; a group that may have hidden needs. Clarification was provided that work has been undertaken for the "Our Monmouthshire" wellbeing assessment involving engagement with citizens across the age spectrum about their hopes and aspirations for the future and the challenges/barriers to being active and independent e.g. rural transport to access services.

It was questioned how engagement with 50 + Forums had occurred and replied that representatives from the county sit on the Regional Citizen's Panel and were consulted to represent the views of the 50+ age group. It was recognised that there is a need to speak to as many people as possible throughout the process; an offer to revisit participating groups or engage with new groups to provide feedback is therefore planned for the future.

Members attention was drawn to the cross cutting themes of the report and emphasised that core themes are not dealt with in isolation and will be cross referenced as necessary (e.g. children's mental health, sensory impairment etc.). A Member commented that it was positive to be reminded that it is local government influences the determinants of health, not the Health Service.

A Member challenged that there were serious differences across county in terms of those consulted and emphasised the importance of satisfying ourselves that an accurate picture is identified for the whole county.

**Funding:** A Member commented that there were vast implications with no indication of costs and queried what figures had been taken into consideration by the Welsh Government (WG). It was noted that this was a national problem and priorities will be drawn accordingly. It was explained that WG introduced the Act as cost neutral and no additional funding was planned. Joint commissioning and early intervention are recommended, as well as preventive work

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through engagement with the public. An example of peer to peer support with dementia sufferers was provided.

**Population:** A Member stated that there is reference to a rise in population by 2036 but a projection that there will be a decline in Monmouthshire by 1.3%. The Member challenged how the statistic of 1.3% had been calculated. In response, it was explained that population figures are estimates based on the previous 25 years and a formula, refreshed with the most recent census revisions (to include house building, migration, emigration, live births, population age and life expectancy). It was clarified that a number of areas in Wales predict a decrease in population and Monmouthshire has the smallest decrease.

Considering the SE Wales Spatial Plan, the Member continued by questioning if this data could, therefore, be used as an argument when debating future Local Development Plans for not building more houses in the county. It was responded that Planning Officers could better respond to this point but also noted that whilst there is a small decline in population forecast, this includes a hidden proportion of residents aged 85+ (a rise by 186%) but also a decline of younger people by 14%; engagement indicates that housing affordability is a significant contributory factor for young people leaving. It was predicted that the impact would be pressure on care services.

**Core themes:** A Committee Member drew attention to the inclusion of violence against women in the core themes, and questioned if elder abuse should be included and it was agreed that safeguarding is not emphasised enough. Additions would be made to highlight this aspect better in the report to include protection of vulnerable adults.

**Access to Services:** It was noted that services will rely mainly on volunteers, and was also questioned how the elderly population will access services. It was explained that transport is a consistent theme for ongoing consideration. It was also acknowledged that there was a significant emphasis on support from the voluntary sector.

A Member challenged the reference to train services as there is limited access to train travel in the county. It was explained that there is a lot of work ongoing in communities, co-ordinating social care with the voluntary sector and also looking at how to improve transport.

**Prevention and Early Intervention:** Members were reminded of a number of projects that focus on prevention and early intervention, in partnership with the third sector such as the Community Connections Project. Additionally, Intermediate Care Funding has been used to develop Volunteering for Wellbeing to extend opportunities for individuals to contribute and also to co-ordinate community resources. It was also explained that the issue of rural transport is a priority and it is planned to organise a pilot scheme, using RDP funding, to bring resources together, and get people involved.

**Housing:** A Member stated that there are some very isolated areas in the county and that developers don't recognise how to build housing to accommodate the needs of later life noting that bungalows can help individuals stay in their own community which frees other accommodation for families. It was added that limited affordable housing means that young people move away or are living with parents. It was considered that planners and builders do not consider the long term sufficiently well.

**Children's Needs:** A question was asked regarding a reference made to Children with complex needs but noted there was no mention of those children with more straightforward needs. It was agreed that children's complex needs are highlighted in the report but that other relevant information has been garnered from the wellbeing assessment (e.g. data on GCSEs, Obesity, Flying Start).

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It was explained that an Area Plan for 2018 will be published based on the PNA and also a Wellbeing Plan. The plans will be considered together to make connections when produced.

Befriending Schemes: Information was provided regarding the befriending scheme, Ffrind i mi, established to combat loneliness and support people. It was suggested that there may be opportunities for large corporate organisations or local authority staff to participate in befriending schemes.

A Member challenged the role of the Health Service in befriending schemes and questioned if the Health Board should be reflecting how its services can better meet needs e.g. services for falls and minor injuries, adding that there are variations in provision across the county. In response, it was emphasised that the PNA and wellbeing assessment need to be considered together. The engagement and valuable feedback will help to shape the plans that will be published in 2018.

County Councillor P. Farley declared an interest as a Trustee of the Chepstow Senior Citizens Welfare Trust and offered that the group, and others in Chepstow, would welcome the opportunity to provide feedback.

A Member provided information about a well-established, successful, countywide befriending scheme and challenged why there was duplication. Attention was drawn to the leaflet "Volunteering makes you Feel Good!" and reference to a scheme involving sixth formers in King Henry VIII Comprehensive School. In response it was explained that the excellent practice in Monmouthshire is not replicated across the Gwent region. Confirmation was provided that there will always be various initiatives and it is important that they are co-ordinated, and efforts to do so will remain a priority. It was suggested that the excellent befriending scheme should be prominent on the ABUHB website.

Regarding befriending schemes, a Member questioned if the education system could be used more to contribute to such schemes e.g. Duke of Edinburgh Award scheme. It was noted that befriending can be part of the Welsh Baccalaureate qualification.

**Childhood Obesity:** A Member highlighted the need for healthy eating, physical activity to tackle obesity, diabetes, heart disease and some cancers and recalled the Chief Officer for Children and Young People's Annual Report that estimated a significant number of pupils are overweight or obese and queried what is being done as there was nothing included in the report. A commitment was made to add information to the report to resolve the omission. Information was provided that childhood obesity is recognised as a major issue and is likely to emerge as a priority in the wellbeing plan. It was also confirmed that this matter has been picked up in other authorities and reference was made to a report prepared by Data Unity Wales for wellbeing assessments. A commitment to ensure the inclusion of elder abuse as a priority was made.

**Resources:** A Member questioned if under-resourcing is a problem and it was responded that there is always a need for more resources but acknowledged that the Council sets budgets aligned to where there is most need for frontline services. It was agreed that it has been a pressure managing the emergence of two new Acts.

**Omission:** A Member drew attention to an omission on p29 - Physical Disability. It was confirmed that the omission would be addressed.

**Deprivation:** A Member criticised that the report does not adequately represent areas of deprivation in the county providing the example of Caldicot. It was added that a foodbank has

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been set up in Caldicot since 2013 which has helped feed 800 people per annum adding that whilst the engagement of volunteers is welcomed, the priority is to ensure that basic services are adequate to support residents. In response, it was agreed that this was a fair comment, clarifying that this is a challenging region because of its diverse communities. Reassurance was provided that, when the plans are published as high level documents, there will then be more detailed and in depth analysis to accurately define action plans in the future and to build on good practice.

A Member stated that Severnside Community Trust would be a good contact point regarding driving forward volunteering and engagement.

### Recommendations

The following recommendations were agreed;

- i) Members are invited to scrutinise the draft PNA report to ensure:
- i) that it presents a clear and specific evidence base in relation to the care and support needs of the population of Monmouthshire and (ii) the regional PNA priorities and suggested actions will support the delivery of local health and social care solutions.
- ii) Together with other local authorities in the 'Gwent' region and the Aneurin Bevan University Health Board, agree to sign off the final PNA by March 31<sup>st</sup> 2017 and to subsequently publish it on the Monmouthshire Council website

### **Chairs Comments**

The Chair thanked all participants in the meeting and commented as follows:

- That the PNA sets out priorities and questioned if they are aspirational rather than realistic;
- From discussions, it is difficult to see how the process can be implemented and remain cost neutral and that is a major concern. Whilst there are concerns about the resources to deliver the content, there is recognition that we need to begin with early interventions that may less costly, or even cost neutral.
- The positive aspects highlighted were the support of carers, and the linking of peers for dementia support.
- A report on Healthy Schools' initiatives will be presented to Children and Young People's Select Committee;
- The results of the rural transport pilot will be considered by Adults Select Committee;
- The Committees look forward to the next stage when the Area Plan is published in April 2018 and the subsequent wellbeing plan. All Members were encouraged to Members to carefully read the draft plans;
- Alignment is a question of concern and if considering different aspects of the same subject e.g. vulnerable adults or elder abuse, they should be considered separately.
   It was recommended that elder abuse and safeguarding are added; and
- It was identified that there was a potential group of people not having their say (e.g. villages) and that it was important that the PNA should represent the views of everyone in that population whilst recognising the limited resources of time, funding and people.

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## 6. EAS Business Plan 2017-20

This item was deferred to the meeting of Children and Young People Select Committee on 16th of February 2017 and was not discussed at this meeting.

The meeting ended at 11.40 am