

# MONMOUTHSHIRE COUNTY COUNCIL

## Minutes of the meeting of Adults Select Committee held at The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 11th September, 2018 at 10.00 am

**PRESENT:** County Councillor D. Blakebrough (Chairman)  
County Councillor (Vice Chairman)

County Councillors: L.Brown, L.Dymock, M.Groucutt, P.Pavia,  
J.Pratt, R. Harris, R. Edwards, S. Woodhouse, D. Dovey and  
A. Easson

Also in attendance County Councillors: D. Dovey and A. Easson

### **OFFICERS IN ATTENDANCE:**

Julie Boothroyd	Chief Officer Social Care, Safeguarding and Health
Clare Morgan	Service Manager, All Age Disability and Mental Health
Paula Harris	Acting Scrutiny Officer
Mark Howcroft	Assistant Head of Finance
Wendy Barnard	Democratic Services Officer
Sian Millar	Divisional Director, Primary and Community Services
Bronwen John	Integration Project Manager and Monmouthshire Head of Partnerships
Phil Diamond	Theme Lead, Population Needs
Eve Parkinson	Head of Adult Services

### **APOLOGIES:**

There were no apologies for absence.

#### **1. Declarations of interest.**

County Councillor J. Pratt declared a personal, non-prejudicial interest in respect of her brother being a Professor of Medicine.

#### **2. Presentation by Aneurin Bevan University Health Board (ABUHB) regarding progress on South Monmouthshire Care Closer to Home work and it's alignment to Monmouthshire Integrated Services.**

County Councillor J. Pratt declared a personal non-prejudicial interest for this item as her brother is a Professor of Medicine and delivers lectures.

#### **Purpose:**

A presentation was provided by the Integrated Service Manager (MCC), Integrated Project Manager (ABUHB) and Divisional Director Primary Community Care (ABUHB) introduced by the Head of Social Care, Safeguarding and Health.

#### **Key Issues:**

The Select Committee has requested a presentation from the Aneurin Bevan University Health Board (ABUHB) to focus on the future direction of integrated working between Health and Social Care (linked to Care Closer to Home) and also plans for Chepstow Community Hospital.

#### **Member Scrutiny:**

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- A Member noted that GPs provide an important part of service delivery and commented that the plans looked over bureaucratic, and also services were not locally delivered in North Monmouthshire. It was queried how many GPs work in the county, the local availability of Living Well Living Longer health checks to tackle obesity etc. and the average number of patients per GP.

In response, numbers of GPs will be provided following the meeting. It was noted that there is some difficulty in recruiting GPs currently and that this strategy is beginning to improve this situation. It was explained that patients often see a GP for matters better dealt with by others and action is being taken to direct patients to appropriate services. It was added that, whilst the plan looks bureaucratic, the aim is to remove pressure points and provide the right integrated support at the right time. Regarding preventative health clinics, locations in Monmouthshire will be investigated and reported back.

- A Select Committee Member welcomed the integrated approach but was concerned about generic all-age medical care in Chepstow Hospital and asked for an explanation of the services available in the hospital noting the likely closure of Lydney District Hospital, and the need to travel significant distances for care. In response, it was confirmed that generic services are being built up and outpatient appointments in Chepstow Hospital are being increased. It was added that previously there were community beds at the hospital and a limited range of outpatient clinics and a minor injury unit. The community beds have closed because of the success of the integrated team allowing more people to stay at home. The number of outpatient clinics is increasing. It is aimed to provide high volume services for people who can't travel to other centres, in particular for older people and children. Regarding all-age health care, it is the aim to provide all services locally for all ages. It was clarified that the Older Adult Mental Health ward has been mothballed.
- A Member was encouraged by the plans described and acknowledged that there will be occasions when it is necessary to travel to access the best treatment available in the region. The offer was made to include details of services available in pharmacies in ward newsletters to reduce demand for GP services.
- A Member suggested hosting a surgery in the Livestock Market to target the rural community and farmers to encourage early diagnosis and treatment. It was agreed that this was a great opportunity for a team of specialist nurses to hold a clinic.
- It was commented that there is an elderly population in Wales and some concerns were voiced about the balance of local, integrated and effective services, and also the balance between treatment and bureaucracy. It was queried why there are three different boards with responsibilities. It was confirmed that the boards are set by statute. The Integrated Partnership Board tends to be where the main work is done e.g. integration of community services.
- A Member asked how the model works elsewhere, how effectiveness is being measured and urged the use of voluntary groups to assist with public engagement. An update on progress on the new hospital was also requested.

It was explained that the partnership with Swansea University is a research project to look at the early intervention, place-based model and this is part of the evaluative process. The Integrated Service Partnership Board evaluates performance data, and is working towards measuring outcomes for individuals. This is work in progress. It was agreed that the use of the voluntary groups is a key aspect.

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- A Member commented regarding Chepstow Hospital that there are young people in the county living and working with chronic illness, not just elderly people. It was responded that access for younger people with chronic illnesses to local services is a priority. It was added that significant travel for appointments and visitors is unacceptable and stressful, and so local services are vital. Communication is also vital to make patients aware of services available locally. Considering the additional services, it was queried how many have been implemented and when they will be available. It was confirmed that the 6 additional services are in place and the other services mentioned will be live in about 2 months' time.
- A Member commented that more capacity is needed in primary care for better and healthier lives. Minor ailments should be signposted away from GPs to pharmacies. It was added that residents are concerned about the removal of some services (Continence Outpatients, Podiatry Outpatients, Gynaecology Outpatients, Ear, Nose and Throat outpatients and, most importantly, Minor Injuries Unit). It was agreed that this list would be checked and advised that consultants are being asked if they are willing to provide clinics at different locations. A further update on progress with general health care was requested.

The suggestion of community chemotherapy being brought to Chepstow has not happened. It was responded that Velindre Hospital was approached about providing an outreach service in Chepstow but has been unable to meet the request to date.

The Member asked about funding and pooled budget arrangements. It was confirmed that there are already pooled budgets, that there is the opportunity for flexibility and that risks are shared too.

- A Select Committee Member raised the issue of unsatisfactory parking at Nevill Hall Hospital.
- County Councillor D. Dovey was reassured that there is a plan for Chepstow and supported the offer but emphasised the need to consult with councillors as the voice of the people, and to not make misleading statements.
- County Councillor A. Easson informed the Committee that a concern raised at the last meeting had been resolved. He requested more information about the 5 surgeries for 47,000 patients in the south of county and queried depth and response within this capacity, especially in view of proposed housing developments. He asked about plans for Cae Mawr Rd, Caldicot and asked that local members are kept briefed. With other Members, he too was unaware of the services available at Chepstow Hospital. He asked for details of all services provided in Chepstow

In response, it was confirmed that there are 5 practices in the South Monmouthshire Area (3 in Chepstow, 1 in Caldicot and 1 in Tintern). It was explained that practices are independent businesses funded on a per patient basis so if there is new housing, the practice will be funded for the extra patients and the surgery will decide how best to utilise the money to meet the needs of the patients. If there are no recruitment difficulties, there would be no objection to new housing being built. It was added that Monmouthshire is not a particular concern in terms of GP recruitment. Regarding Cae Mawr Rd, an undertaking was given to brief councillors about developments.

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- A Member observed that there needed to be a balance between generic health services and the integrated care centre, suggesting different buildings. Concern was expressed about increasing centralisation of some specialist hospital services that will be more difficult for those who rely on public transport.
- County Councillor Dovey asked if changing demographics are taken account of in view of the increase in applications for new housing in Chepstow and over the border. It was confirmed that the Health Board is aware of these changes. It was added that if a specific request for housing is received it is directed to the neighbourhood care team. The Health Board is notified about longer term developments and is part of the planning process. There are early discussions about involvement in the development of the new Local Development Plan. It was commented that information is also required from across the border.

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#### Committee conclusions:

The Chair summarised the main points raised as follows:

- Consideration of the generic health position including cross border issues including the impact on Chepstow hospital;
- Concern about centralisation of hospital services noting that it is a rural county with a “patchwork of voluntary transport”;
- Concerns about lack of funding;
- Select Committee Members were encouraged by the explanation of integrated care;
- There is a lack of GPs in the north of the county;
- Preventative health clinics are a priority e.g. tackling problems of obesity;
- There is a need for a balance between bureaucracy and treatment in integrated care;
- A surgery to be trialled at the Livestock Market to accommodate the rural and farming community; and
- The issue of insufficient parking at Nevill Hall Hospital.

In terms of outcomes, the following were agreed:

- Ways to measure the success of both hard and soft outcomes must be available;
- Councillors can assist with consultation and communication to develop the relationship with residents e.g. via ward newsletters;
- Young people with chronic illnesses must have access to local and accessible services;
- More capacity in primary care is required to ensure residents lead healthier lives;
- Concerns were raised about services that have been removed e.g. minor injuries, and the potential to provide services such as community chemotherapy, renal dialysis and keyhole surgery;
- Waiting times need to be improved;
- In terms of partnership working, funding must be fairly divided; and
- Whilst reassured, the Committee were concerned that there is no further removal of services.

As recommended, it was agreed that:

- The presentation should be delivered to all Members at a full council meeting;
- The Health Board should return to review progress of outcomes in six months' time;
- The Health Board (including Chief Executive, Judith Paget) should return to a future meeting to provide more information on generic services;
- Councillors will help the Health Board with any campaign to encourage residents to make more use of pharmacies;
- A pilot clinic for farmers and members of the rural community to be arranged at the Livestock Market; and
- An update on The Grange University Hospital would be provided.

### **3. Revenue and Capital Monitoring 2018/19 Outturn Statement.**

This matter was deferred until the next meeting.

### **4. Dementia Friendly Community Monmouthshire - Annual Progress Report 2017/18.**

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#### **Purpose:**

Monmouthshire was accredited as 'working to become dementia friendly' in June 2015. During 2017/18 considerable progress has been made to raise awareness of dementia and encourage organisations to adopt dementia friendly practices and support people living with dementia and their carers.

#### **Key Issues:**

Progress Update

1. Ensure the right local STRUCTURE is in place to maintain a sustainable dementia friendly community.
2. Identify leads - CHAMPIONS - to take responsibility for driving forward the work to support your community to become dementia friendly.
3. Have a plan to raise AWARENESS about dementia in key organisations and businesses within the community that support people with dementia to ensure a better understanding of dementia and an appreciation of the condition awareness across Monmouthshire.
4. Develop a STRONG VOICE for people with dementia living in your communities. This will give your plan credibility and will make sure it focuses on areas people with dementia feel are most important
5. RAISE THE PROFILE of your work to increase reach and awareness to different groups in the community
6. Focus your plans on a number of key areas that have been identified locally
7. Have in place a plan or system to UPDATE THE PROGRESS of your community after six months and one year. To participate in the recognition process you will need to set out how you intend to report on progress towards becoming dementia friendly at the six-month stage and self-assess on an annual basis.

#### **Member scrutiny:**

The Select Committee welcomed Mr. P. Diamond, Dementia Lead for the Gwent transformation team who provided a progress report on the drive to be a dementia friendly county. Following the presentation, Members asked questions:

- A Member queried the table of training and noted that there had been a tail off in 2017 and asked if no further training is needed or if it was due to costs. It was responded that training is provided as required and performance against targets has surpassed expectations. Across Wales the target of 1m people becoming dementia friends has been achieved.
- A Member referred to a news report of a misdiagnosis of dementia that was instead a hearing problem.
- The work carried out in the community and schools out was praised by a Member. It was questioned if refresher courses are provided and responded that the Welsh Government has launched a learning and development framework called Good Works which will be used in the region. Dementia friends training is sometimes attended a second time. A refresher session can be delivered to Members in future if required.
- A Member was interested in partners and asked if the list could be expanded and suggested that supermarkets could be asked to encourage other shops to become dementia friendly. It was responded that all supermarkets have agreed to become dementia friendly and there is a keenness to work with them. There has also been significant demand from other organisations such as building societies.

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- Level of activity in the South Monmouthshire area was queried. It was responded that a link with the Senior Citizens Group would be welcomed. An exciting development in Chepstow is the proposal to accredit GP surgeries.

#### **Committee Conclusion:**

The Select Committee recommended that all Members are encouraged to take up dementia awareness training, and it was recommended that it could be arranged prior to a council meeting.

The Committee encouraged the use of Members and their contacts to arrange more training events.

Another update report was requested in 12 months.

The Select Committee agreed that the initiative was on track and progress was being made against criteria.

#### **5. To confirm and sign the following minutes:**

#### **6. Adults Select Committee - 10th July 2018.**

The minutes of the meeting held on 10<sup>th</sup> July 2018 were confirmed as a true record.

#### **7. Special meeting - Adults Select Committee - 19th July 2018.**

The minutes of the meeting held on 19<sup>th</sup> July 2018 were confirmed as a true record.

Regarding Item 3: Older Adult Mental Health Services, it was clarified that only 4 committee members were remaining at the time of the vote and non-committee members were not entitled to vote.

It was suggested that this topic, if considered in the future, should be the subject of a Joint Select Committee.

#### **8. List of actions arising from the previous meetings.**

An update on the action list was provided by the Scrutiny Officer:

- B&B Policy: Councillors Pratt, Brown and Woodhouse have a meeting with office staff tomorrow and will provide feedback at the next meeting.
- Personal Data: Councillors Brown and Pratt met with officers about the personal data issue. A report will be circulated with the next agenda.
- Leaflets: Councillor Brown was sent copies of drafts. It was not known if they have been distributed.
- Reports: Provision of an executive summary on all reports is under consideration

#### **9. Adults Select Committee Forward Work Programme.**

The following items were added to the Forward Work Programme:

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- It was agreed to circulate the reports:
  - i) containing feedback from the Councillors' day shadowing housing officers; and
  - ii) the update on My Mates,It will be decided at the pre-meeting if these topics proceed to scrutiny at the Select Committee meeting.
- Report on personal data
- Deferred Revenue and Monitoring Report

#### **10. Council and Cabinet Business Forward Work Programme.**

The Council and Cabinet Business forward Work Programme was noted.

#### **11. Next Meeting.**

Tuesday 23<sup>rd</sup> October 2018 at 10.00am.

**The meeting ended at 1.10 pm**