

**Minutes of the Special Meeting of the Adults Select Committee held at
County Hall, Usk on
Tuesday, 17th February 2015 at 10.00 a.m.**

PRESENT: County Councillor P.S. Farley (Chairman)

County Councillors: R. Chapman, R. Edwards, R.G. Harris,
M. Hickman, P. Jones and A.M. Wintle.

County Councillor V.E. Smith

COOPTED MEMBERS:

Mrs. D. Hudson.

OFFICERS IN ATTENDANCE:

Mr. S. Burch	-	Chief Officer Social Care and Health
Mrs. S. King	-	Senior Democratic Services Officer

ALSO IN ATTENDANCE:

Aneurin Bevan Health Board

Mr. A. Brace
Professor S. McClelland
Mr. D. Jenkins
Mrs. J. Paget
Mrs. B. Bolt
Dr P. Buss
Professor H. Houston
Mr. P. Robson

WELCOME AND APOLOGIES FOR ABSENCE

1. There were no apologies for absence received from members.

The Chairman welcomed invited officers from Aneurin Bevan Health Board and explained that this meeting was part of wider engagement being conducted by Aneurin Bevan Health Board (ABHB). The Select Committee welcomed the opportunity to undertake a useful exchange of views and information.

Mr D. Jenkins informed the committee that this was the first time that the Health Board had attended scrutiny in this capacity and the board presented plans going forward and performance over last 12 months.

The anticipated approach was for the board to be further engaged with communities and elected representatives, to provide improved understanding of services, which formed part of a sequence of meetings in the old Gwent area.

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DECLARATIONS OF INTEREST

2. There were no interests declared by Members at the meeting.

SCRUTINY OF ANEURIN BEVAN HEALTH BOARD, STROKE SERVICES REDESIGN

3. We received three presentations from members of the board, which were subject of focussed scrutiny by the committee:

i) 'VISION, VALUES AND OUR WAY OF WORKING'

We received a presentation on the core service of ABHB which outlined the following information:

- The Board – established 2009, work with partners, makes decision and plans/develops
- The boards vision
- Values – did piece of work with staff
- Who we serve
- Current 3 year plan sets out priority areas of the health board
 - What have we delivered – working through year by year
 - Key developments in Monmouthshire during 2014
 - Lots of work with 3rd sector
- Specialist and critical care centre
- Full business case content/scope
- Chepstow hospital
- Our performance – strong focus on quality and patient safety
- Our performance – emergency and planned services under pressure
- Our performance – delayed transfers of care – rate per 10,000
- Gwent community - financial challenge 2006/07 – 2014/15
- 2014-15 Revenue allocation per head
- 2014/15 Financial position
- Adult (General) CHC
- CHC – spend growth
- Working together
- Forward look – developing our neighbourhood care networks
- Monmouthshire North NCN
- Monmouthshire South NCN
- Forward look – integrated medium term plan 2015/16 – 2018/19

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Following the presentation Select Committee Members scrutinised information provided and debated issues, we noted the following:

- Clarification was requested regarding how the specialist dental procedures would be provided. We were informed that, the service was reviewed in 2013 and patients had been admitted to hospital for dental extractions. A pathway was developed which considered how patients would be managed, from April 2014. The contract went out to tender and successful practices were in Newport and Blackwood, which implemented the pathway. Standard dental care would be undertaken at their normal practice, however, referrals could be made to one of the two practices for treatment. It was anticipated that by year end, 2000 treatments would have been completed, which included the backlog. The position would be further reviewed to ascertain whether further tenders were required.
- The new general dental contract specified the service that would be provided. The Welsh Government initiative 'designed to smile' was very active in the area of dental care for children and there had been significant impact on dental health of children and services are different.
- We noted that the board had the second lowest level of funding per head, this was historic and had been considered through different funding formulas. Funding would be allocated on financial means and it was anticipated that a new formula would be announced.
- Information was provided regarding the respite care centre at Monnow Vale, which had been established for 2-3 years. We were updated, that the facility would be staffed on a weekend and often had 3 children cared for. The facility was set up, following a request by families, as an alternative to respite being provided at home. The use had increased and the facility would be reviewed in March.
- The local member expressed dismay that he was not aware of the facility and it was requested that the local member was continually informed and involved. The board apologised and noted that it was a fair criticism and agreed that further work was required to inform and engage. In future, briefings would be issued, to elected members, by the board after each meeting.
- Two representatives would be appointed to further community engagement activities. Neighbourhood Care Networks (NCNs) had been developed, following a review of the way in which services were delivered to local communities. These had been developed in the North and South of Monmouthshire and comprised of GP clinical leads, Monmouthshire County Council representatives, Health Board representatives plus 3rd voluntary sector.

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Plans were being developed to meet needs of the local population, community needs would be addressed through local solutions.

- It was suggested that NCNs could be linked with work undertaken by area committees.
- The committee thanked the board for data presented. We requested an update on figures that related to mental health. We noted that good quality primary care was provided, however, it had to be developed to extend the number of people who accessed the care. The service was opened to people who could be treated in a primary care setting and it was agreed by the board that a significant amount of money would be invested, to increase targets but to ensure that quality was retained and performance would be monitored.
- We recognised that officers operated with a relationship of trust and there was a significant amount of collaborative working between the organisations. There was a willingness of the health board to be flexible to understand geography of greater Gwent and a confidence for the future. The good working relationship was an asset and the next steps were being discussed.
- We welcomed development of NCNs and facilities being developed to move to a fully integrated platform and primary care. There were strong relationships in place.
- We recognised that Monmouthshire County Council officers worked well with Health Board and partners.
- A question was raised regarding the critical care centre and effect on existing A&E departments. We were informed that the clinical futures strategy would bring a specialist centre with full A&E being provided, therefore, services at the Royal Gwent and Neville Hall would be different and would be impacted, but departments would not close. There would be a range of services and substantial needs would be met.

ii) END OF LIFE

We received a presentation on End of Life care which outlined the following information:

- End of Life care –
 - End of life care board has been developed to ensure patients and their carers receive the best care.
 - Implement National Delivery Plan for End of Life Care.
 - Plan very broad and covers all services, a lot of work in community and with GP colleagues, plus LA social services.
 - Broad remit of how and where care received.

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- Specific work with care homes and transferred patients.
- Local service in Monmouthshire – community pharmacy and patient care coordination
- General practitioner care – practices have registers of patients who are nearing end of life. Monthly meetings within practices held with district and specialists nurses to discuss care and management.
- Two Macmillan GP facilitators.

Following the presentation Select Committee Members scrutinised information provided and debated issues, we noted the following:

- We thanked the board for the information provided as it gave confidence that people in Monmouthshire would be supported, who may not necessarily have a closely connected family.
- A member was reassured that a system was in place. However, a query was raised regarding how the information was being communicated, to ensure that accurate details were being conveyed. In response, we were advised that it would be operated through the end of life care board and the service that was required for different types of patients. The board welcomed ideas from members in relation to how the public could be wider engaged.
- Clarification was provided, that care homes referred to the broader sense, residential, nursing and care homes.
- Systems learning were on going and processes were being developed to ensure that patients were being looked after at end of life. There was a need to bridge the deficit between communities, for late hospital transfer to be avoided to ensure that resuscitation in hospital was prevented (which proved undignified and inappropriate).
- Through experience of the service, members highlighted that an overhaul was needed and the board agreed that the focus was on the importance of getting it right.
- It was felt that families preferred that patients were not moved and remained dignified within their own 'homes'.
- Information contained within the presentations would be circulated to members.
- The committee thanked the board for the important issues that had been discussed and offered the opportunity to assist.

iii) MINOR INJURIES

We received a presentation on Minor Injuries which outlined the following information:

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- Update – minor injury services (visited 18 months ago), wanted to give update on what was discussed.
- Agreed principles – acknowledged that local minor injury clinics were not viable.
- Access patterns for Monmouthshire residents. Map displayed total number of patients who received care for minor injuries, small numbers.
 - Discussed with NCN leads, feel people are now going to appropriate place.
- What options are available?
 - Community pharmacy
 - Optometrist
 - Dentist
 - General practice
- Choose well – national campaign, progressed through neighbourhood care networks and NCNS in Monmouthshire.
 - Taking national campaign and seeing what can be done locally.
- Make sure you choose well - poster developed, range of conditions and services available. A3 poster for Monmouth, replicated in other areas.
- NCNs have also developed leaflet, in terms of 'choosing well' will have more detail than poster and will give phone numbers to access services. Distributed to every house in Monmouthshire.

Following the presentation Select Committee Members scrutinised information provided and debated issues, we noted the following:

- A member highlighted that information has been distributed through Monnow Voice, which was not read widely and there were other publications which could be more widely used. Clarification was requested regarding the local councillors that had been contacted.
- In response, we were advised that two members of the town council had been contacted. We agreed that County Councillors should be involved so that a more open view could be obtained and information could be widely communicated.
- The board recognised that there was a need to access the widest most possible coverage and welcomed information from elected members. We highlighted the need to ensure that the correct message was conducted.
- We reiterated the importance of communication, particularly in rural communities and the need for patients to access GPs at a time to suit individuals. We were advised that GPs had core contracted hours, in addition there was out of hours and NHS Direct, plus 111 which would soon open for patient concerns.

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- A significant amount of work was ongoing in relation to GP access due to demands on the service, there was focus locally and nationally.
- Further information was provided in relation to the Choose Well for Monmouthshire initiative, which had specifically targeted Monmouth and would next target Chepstow. Work was being undertaken and a format was in place, there was an ability to localise and it was anticipated that it would happen within a few months.
- Communication between doctors and their patients was highlighted as an extraordinarily important aspect. Since 2012, revalidation of Doctors had been in place and practitioners were required to demonstrate a variety of aspects for licenses to be obtained. The evaluations and assessments would be reviewed by the board. All doctors must pass language tests and would be monitored within the workplace. Individuals were reassured that a system was in place so that issues were addressed.
- The Chairman provided information which had been submitted by a member of the public which expressed a variety of concerns and included, closure of unit at Chepstow, provision of local alternative, projected usage and requirement for the position to be reviewed. In response, we were advised that the position would be monitored, in terms of admittance of residents to A&E and minor injuries. Attendance at main A&E Royal Gwent and Neville Hall had reduced however, this was continually monitored.
- The aim was to ensure that high quality community focused service was provided across the ABHB area. The board were committed to ensuring a holistic service was provided of high quality for the population, this included minor injuries.
- A non-centralised service would consist of NCNs, building the health service locally and enabling people to travel where specialist input is required. Committed to a local service which is all embracing, rather than specific minor injuries.

In summing up the Chairman highlighted the following points:

- The committee expressed thanks to the board.
- As a committee, we recognised that considerable steps had been taken since last meeting and any concerns are or have been addressed.
- Recognised ongoing work with health board in reshaping and reconceptualising what is needed.
- Fundamental question related to information and whether people were aware what was available to them. It was expected that options available would be specified.
- The committee welcomed 'choose well', themed series of activities and recognised that one size does not fit all and would not be appropriate for all

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towns. County Councillors had a genuine interest in the services received by constituents and welcomed any assistance that could be provided.

- There was an opportunity for increased collaborative working, we agreed that it had proved a constructive meeting, with lines of question and challenge, all issues were robustly and sensitively handled.
- The invite was extended to a future meeting, particularly with the agenda of progress with 'Choose Well', and in addition discussed opportunities for engagement with area committees.
- Future items of interest to the committee, was the public health well-being agenda, this demonstrated a good example of how health board and county councils work in partnership. In addition issues which related to children's health.

In Closing, the Chairman thanked officers for their attendance and presenting the information for Members and wished to encourage and welcome the open dialogue on emerging issues with ABHB.

The meeting terminated at 12.10 p.m.