

Monmouthshire Select Committee Minutes

Meeting of Adults Select Committee held at The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 10th March, 2020 at 10.00 am

Councillors Present

County Councillor L. Brown (Vice Chairman)

County Councillors: R. Edwards, R. Harris, M. Powell and S. Woodhouse

Mr. T. Crowhurst – The Disability Advice Project

Also in attendance County Councillors:

APOLOGIES: County Councillors F. Taylor, L. Dymock, M. Groucutt, P. Pavia and C. Bowie (MIND).

Officers in Attendance

Eve Parkinson, Head of Adult Services
Hazel Ilett, Scrutiny Manager

1. Declarations of interest

None.

2. Public Open Forum

3. Scrutiny of the Care Inspectorate Wales Report on Monmouthshire's Older Adults Inspection

The report being brought to the committee presented the findings and proposals for improvement of a joint inspection undertaken by Care Inspectorate Wales and Health Inspectorate Wales Scrutiny on Monmouthshire's older adult services. The chair reminded members that the role of the scrutiny committee was to consider whether the service was performing and to offer their comments for inclusion in the Council's formal response to the report.

The Head of Adult Services presented her cover report and advised that the additional supporting documents 1b provided the departments' response and 1c, the full inspection report. The chair confirmed that the committee would discuss the appendix 1b in full rather than the full report, because it helpfully highlighted the main findings of the report and the way forward for each recommendation.

The Head of Adult Services discussed the report 1b in great detail talking some questions from members through her presentation. She explained that the report was aligned to the Social Services and Well-being Act requirements. She highlighted that overall, the service was satisfied with the findings of the report and felt the inspection was fair and that the service is performing fairly well. She confirmed that the inspection that was held in May 2019 had been extremely thorough and that case workers had

interviewed staff, service users, families, care providers and the prisons to inform the report. She confirmed that the service area officers regularly meet inspectors as a matter of course.

Challenge:

- Has telecare improved and is it still relevant with other technologies?

Careline equipment has improved and there is the potential for assisted technologies to really assist in the preventative agenda and to help with rural isolation. We are constantly looking at what sort of things would keep people in their homes and their communities. We believe that technology similar to Alexa may enable people to join a conversation, even if they are housebound, e.g. 6 people who are housebound and want to watch a football match. We would like to see those who are isolated to meet up if there are shared interests, but if they cannot, this is an alternative social interaction. There is also the potential for intergenerational work where younger people could teach people how to use the technology. New technology such as 'Armed' can identify if someone is about to have a fall, for example by identifying that the blood pressure has dropped and can then advise the person to sit down and rest.

- In terms of hospital discharges, is there effective communication between staff and social services, as my personal experience with a family member was not positive - no discussion with the family and no opportunity to have the conversation about needs and home circumstances.

We have our own team of staff who go into Nevill hall every day to see and assess our people. We know these people, their families, the services around the person. This type of in-reach, person centred approach where you know the person, their history, their strengths and they know you and feel comfortable with you is really important to us. Previously, the situation was that someone who didn't know them or anything about their personal situation would assess them and often in the wrong place. We feel it's important to go to the person's home.

- There hasn't been any mention of housing the document, and yet when you talk about quality of life for people, it's such a critical part, so what integration goes on with housing colleagues?

We work very closely with housing colleagues and housing associations. When Welsh Government's 'Healthy Wales' report was published, initially it seemed that each service was looking to fulfil their role, but independently, rather than integrating. We now have 'community conversations' where we consider the strengths and weaknesses of a community and housing is an integral part of this. The loneliness and isolation work we've done has particularly been with housing colleagues. For example, Carline sits within Housing services, so there is a lot of overlap and whilst it didn't seem to feature in the inspection report, it's not a reflection on how we work together as that relationship is positive.

- I recognise that social housing tends to incorporate disability requirements, but new private housing doesn't seem to consider the need for 'homes for life', for example, a downstairs shower room and toilet.

I agree, we should be building 'homes for life'.

- You have mentioned recruitment being an issue and your report refers to winter monies. Is there a possibility of that money running out?

We have taken a variety of measures to mitigate that. We put a lot of effort into recruiting after the Christmas period. The monies have kept us afloat but it has been hard to manage on the ground. We are fairly confident we can manage it.

- It seems that you are doing well but under not great circumstances. Is there anything that we can support you with?

I think it's very important to say thank you to staff. Staff work in a phenomenally difficult role in very difficult circumstances. We know staff care, but sometimes it's nice to hear that you are doing a great job. We encourage staff to be kind and compassionate to each other in work. A quality workforce that is valued and respected and people really appreciate a simple thanks.

- Have other councils had the same inspection and how did they fare? How do we compare?

Not everyone is inspected at the same time, Torfaen was inspected at the same time as us. As we work with our colleagues across Wales, we read each other's reports to see what we can take form them and we also share good practice. We are fairly content with the findings of our service and feel that we are performing well.

- Do we have enough staff? Particularly given the flooding and the coronavirus? Are we adequately prepared for the rurality of this county, supplies, medicines? Are we able to cope?

We are doing our contingency planning now and we are going be looking at how we care for people with the virus and what we do if we have a depleted workforce. We're looking at what we really need qualifications wise for practical everyday tasks. For example, do you really need a food hygiene certificate to heat a meal? Can somebody light a fire? We are working with colleagues to look at how we can best support people.

- When you assess people and talk to them about what matters to them, do you also seek the views of loved ones and family? I have concerns that sometimes people who are very independent may underplay their needs.

If a person has capacity, what matters to the person is obviously very important, but we also ask their family and spouses. If we are working with people who haven't got capacity, then we are relying in the family to give us the insight of what matters to them, to offer a window into their life and tell us what a good day would look like.

- Who undertakes the risk assessments for falls?

Assessing the risk for falls is everyone's business. We all do those kind of assessments on rugs and slippers and so forth, but we also have a specialist falls team who can put in a programme to minimise risk and teach them what to do if they do fall.

- When will the safeguarding team be fully staffed?

We have recruited to the positions, so we are just waiting for people to finish their notice period with their previous employers.

- How do you ensure as best as you can that there is continuity in carers? Do you monitor external agencies?

It's an issue at the moment and we can't always guarantee that continuity, but our plans to go 'place based' from a care perspective would help this a lot. You only need to have one or two members of staff ring in sick to need to redo the schedules. We're on our way with this, but we are not there yet.

- The Gwent Mental Health out of hours emergency number over the Christmas period was not taking calls. Are you aware of this? I had an urgent case to discuss and I received no feedback, so I couldn't report to people progress.

I will discuss this with other heads of service to see if they had a problem, but this may well have been a capacity issue.

- What is the discharge process if someone visiting Wales is taken ill and requires hospitalisation? Is the person assessed prior to discharge and is there liaison with the social services department of the council where that person lives, particularly if it is England? My experience of this was very negative, in that Occupational Therapists (OT) staff at the Royal Gwent Hospital claimed they were unable to liaise with the Occupational Therapists at the council where my visitor lived. Is there a gap in service provision and a lack of joint working?

This is difficult for me to comment, but we have our own OT's in hospitals and they would support them, but even if there isn't that structure in place, there are teams within hospitals who should be assessing and liaising with the person's host county. In effect, they should be supporting anybody, regardless of where they live and that is what should happen.

- I would like to state that we don't have treatment facilities in Wales for rare diseases and Welsh people are being discriminated against by not being able to access centres of excellence in England. My other question is around whether we are supporting carers, because many are unidentified?

I cannot answer the first point, but in terms of supporting carers, yes we do, however, we need to be more proactive in finding out who these people are. When we know who they are, we try to hear their voice as well as the patients and we try to support them in the best way that suits them, whether that involves offering respite or support for dementia. The support needs to be bespoke to the individual.

Outcome and Chairs Conclusion:

The committee has discussed this report in great detail and has posed some challenge. We have also offered some comments around housing, safeguarding, telecare and continuity of care. The recommendation would be that our comments are taken into account. We would like to thank all the staff for doing their job in very difficult circumstances, particularly most recently and in the current climate. We will ensure the Executive is aware of our discussions around the very valuable work that our staff undertakes.

4. Confirmation of Minutes

Minutes of 20th January 2020 ~ agreed.

5. Adults Select Committee Forward Work Programme

The work plan was discussed, members being informed that the date for the workshop with Aneurin Bevan University Health Board will need to be rearranged as a result of the coronavirus and availability of key individuals. The Scrutiny Manager will inform members and advise the new date as soon as possible.

6. Council and Cabinet Forward Work Planner

The programme was noted and no requests were made for reports to be brought to the committee.

7. Next Meeting

Tuesday 21st April 2020 at 10.00am.

The meeting ended at 11.45 am.

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