

Monmouthshire Select Committee Minutes

Meeting of Public Services Scrutiny Committee held at County Hall, Usk - Remote Attendance on Monday, 28th November, 2022 at 10.00 am

Councillors Present

County Councillor Armand Watts (Chairman)
County Councillor Penny Jones (Vice Chairman)

County Councillors: Jan Butler, Steven Garratt,
Sue Riley, Dale Rooke

Also in attendance County Councillor Tudor
Thomas

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Sharran Lloyd, LSB Development Manager
Richard Jones, Performance Manager
Jane Rodgers, Chief Officer for Social Care,
Safeguarding and Health
Amanda Whent, Chair of Dementia Board
Natasha Harris, Gwent Regional Partnership Team

APOLOGIES: County Councillors Jill Bond and Frances Taylor

1. Declarations of Interest

None.

2. Public Open Forum

No submissions were received.

3. Dementia Services

Amanda Whent and Natasha Harris delivered the presentation and answered the members' questions with Clare Morgan and Cabinet Member Tudor Thomas.

Challenge:

Chair: Thank you for coming today and for your presentation which has been really helpful. I would like to focus on three separate aspects today, these being firstly the pre-diagnosis stage in terms of how we educate the public on dementia on the signs to be aware of and how we mitigate risks, then the diagnosis stage itself and the assessment process and support given and then the post-diagnosis stage and the care journey thereon. We have some set questions that we identified in our pre-discussion, so there my first question is for our officers and our Cabinet Member in terms of explaining how the Council works alongside partners and clarifying the role of the authority?

The Council works very closely with the Aneurin Bevan University Health Board (ABUHB) and is the only Gwent authority to have social workers embedded in the community health team, so people get an integrated service with a single assessment, a single health plan and as such, outcomes for people are much better. Social workers work with the occupational therapists, the psychiatrists, the psychologists, the

psychiatric nurses and memory assessment services. The support workers are embedded in the team, so it is truly a joined-up model that delivers what the legislation specifies.

What support is provided before and after diagnosis? For example, in your presentation, you mention under standards 11-15, that “contact will be made regarding providing emotional support 48 hours after diagnosis” and that “within 12 weeks post diagnosis, support will be provided to end of life”. I just wondered whether this is realistic, given current staffing problems?

The reality is that whilst there is an incredible amount of work being undertaken, there is a lot of work to be done. The workstream 2A is a pathway for memory assessment services and takes into account how we can raise awareness and understanding of services available pre diagnosis and signposting people to how to get further support. There is a multi-disciplinary/multi-agency team that is engaged in the process of remodelling the pathway, looking at where there are gaps, what additional posts, skills, and services are needed. There is Welsh Government funding available via the regional investment fund that we can bid for, but it's not simply about funding. We need to ensure that we have structures in place to respond to individual needs.

How do we work alongside families to support them?

From a Monmouthshire Council point of view, it's not just about services that are described in the action plan, but if we become aware somebody might be struggling, under the requirements of the Social Services and Well-being Act, we'd offer them an assessment to understand their needs and we'd signpost them to existing services. We have early intervention support groups that are not necessarily dementia specific, and we'd encourage people towards any group they are interested in. For example, the Alzheimer's Society has a list of groups. So if we did an assessment and felt somebody needed more support, under the Social Services and Well-being legislation, we could refer them to day services, respite or care at home, meeting their needs according to the level of dementia. We also work with the families, as often, it is the family that needs the support to help them with the demands of their role. It's often about giving them a break and respite comes in many forms, it's not just about care home stays, but maybe taking the person with dementia out so that the carer has a break or staying home with them so that the carer can go out. It supports carers to caring longer.

What differences are evident as a result of the pandemic?

In the pandemic, we saw that people were afraid of letting family members go into care homes where they would be isolated without visitors, which is very bad for dementia sufferers and yet they were struggling to maintain the care at home, so it became a focus to support people to cope at home. It is now usually the crisis point where people with dementia go into a care home and often, it is because they have advanced dementia and other care needs, usually nursing care.

So with this in mind, given Monmouthshire's demographic, the average working age being 46, which is disproportionality high to Cardiff and Bristol, are you planning for the ticking timebomb of disproportionately high numbers of older people?

We are very aware that we will have many more people with dementia living in Monmouthshire and that as more accommodation for older people is built in the county, that it will mean we will have a greater need for services. We are aware of the additional pressure on services.

My question is around the funding situation, recognising we have a shortage of carers. Are we modelling for the older demographic, where is the funding going to come from? How will we retain those carers?

It's an important question we don't have an answer for and we are undertaking workforce modelling on this at the moment. We have two community mental health teams in Monmouthshire working with people with dementia but the social worker component of that is tiny. We have 2 social workers covering the south of the county, 3 covering the north of the county, with a manager above them and some support workers embedded. We have managed to increase our workforce using Regional Investment Fund money, but that is a tapering funding stream, so we have 2 posts in our older adult mental health team who are funded by the RIF monies and these postholders are now at risk.

You mentioned that there are just two social workers for the south of the county. Is this enough, given the expansion of Bristol? How many would you anticipate needing in the future?

We've gone into partnership with MIND and we are undertaking some research for Monmouthshire looking at carers needs. We're 6 months into an 18-month piece of work, which should allow us to see how we compare with other counties and to identify what people feel is most useful to them. We do have a small pot of money so we can see if we are able to provide what carers are asking for. As far as staffing is concerned, we do have our integrated services and there are social workers within the integrated services who work with people with dementia. The Community Mental Health Team work is a secondary service working with people with acute mental health needs, often the higher risk level, more complex cases that need a multi-disciplinary approach, I cannot estimate the numbers we will need in the future but we currently have a small waiting list.

Cabinet Member: From my perspective, dementia is a key priority as it's likely to affect every family. The only way we can tackling such a key priority and the demographic tsunami is working with the Regional Partnership Board which gives out the Regional Investment Funding, acknowledging that this funding is tapering off. Micro carers are playing an important role and is something we need to support in the future, but I want to reassure the committee that this is a priority for me.

Chair ~ thank you for that Tudor, we've talked about this many times and I'm reassured that you have a genuine interest in this.

My question was off the back of the mention about micro carers. Are we using trained volunteers or are we planning to, to deal with dementia specifically and relieve the?

We are, but not as much as we could. This is where the early intervention agenda comes in. We certainly could look to train volunteers and do work more on this. Amanda may be better placed to comment. Amanda ~ we have the Friend in Me service which

recruits dementia companions to support people at home and the end-of-life volunteer champions and they link in with education establishments to work befriending into different courses. It's fair to say that when you develop the volunteering offer, it needs a governance arrangement and there is quite a lot of work involved.

Armand: We have the development at Crick Road - could we be invited to visit? As this replaces existing provision in Chepstow, it seems like we've replaced like for like. So in light of what we've said today about the changing demographic, what provision are we making financially for the longer term to cope with increased need?

Also, as a county councillor, there was concern from residents about family members pre-pandemic about people being moved further away from their families? Does that practice still go on?

In answer to both of your questions, we don't have enough EMI nursing residential beds in county. Over the years, we have had care homes have closed and therefore we do have to source beds outside of Monmouthshire. We are finding that as people are remaining at home for longer, by the time they need care, their needs may be more complex and local care homes are not able to meet their needs, meaning the person has to go much further afield which is devastating for their families. We currently only have 1 local authority care home, which is Severn View and we will then have Crick Road but that is EMI residential, so it won't necessarily be able to meet the needs of those who need nursing care, although we are looking at this at the moment. It's an open market, Most care homes are privately owned and this means they choose the model of care they want to deliver that is cost effective for them and unfortunately, we are therefore at their behest.

Recognising the recentralisation of adult social care and the move of the dementia unit in Chepstow to Newport, have you noticed any difference, with people being moved away from their families?

We were given £200k when the dementia ward at Chepstow was closed and that funded the 2 support workers for the south of the county and we have a respite bed in Monmouthshire for EMI nursing that is funded by that £200k.

Can I just confirm, did we not have the 2 support workers before that?

No they were funded through the £200k. We haven't heard many concerns relating to this recently after the initial hurdles. There is a transport service funded from the £200k to get people to and from the ward and there is also a service in Pontypool. We have dedicated a worker to anyone who is admitted to the hospitals so that the wards and the relatives know who their nominated social worker is which has made communication easier.

How many admissions do you receive on a quarterly basis?

We have far more older people now being detained under the mental health act due to the changes under the Mental Capacity Act, but I would guess we have 4 or 5 people detained in psychiatric units.

I'm assuming not all of those presented will be detained? If there's just one person liaising between the families, is that sufficient capacity, especially with the ageing demographic? Please can you send us the statistics following the meeting?

At the moment, it is enough, but it's fair to say that we are having far more people with dementia being detained under the mental health act and that it is having an impact, as the number of assessments are going up.

The £200k that came when the dementia ward was closed paid for 2 support workers in the south of the county. Once the money's gone, do we keep the support workers? What happens afterwards?

The £200k money is recurring money, it's not RIF money, so the 2 support workers are funded, but the 2 social care workers I referred to earlier are RIF funded. Every year we have to present to the Integrated Services Partnership Board for projects to be funded under the £200k that is awarded by ABUHB and every year they have funded the two social workers and the respite bed, so I am hoping we will receive the funding for these posts.

Chair ~ Please could we schedule an update in this in a year's time.

Cabinet Member ~ Geographically, we are very challenged in terms of meeting people's needs across a large county.

Chair's Summary:

Thanks to Amanda, Natasha, Claire and Jane for coming along and it's a heartfelt thank you for the service that you provide. We will schedule an update in a year or so.

Natasha has offered to send us some information on how they are supporting people in the community around awareness raising and living well for longer with schools, hospitals, community dementia cafe's, support groups and we would welcome that.

4. Draft Gwent Well-Being Plan

Richard Jones presented the report and answered the members' questions with Sharran Lloyd.

Challenge/Feedback:

It's difficult to give feedback on this report because there isn't enough depth or detail. The document is too vague and generic for us to comment. The committee needs greater clarity on who is responsible for the roles described in section 2.8. For example, how will the aims be measured? It is also unclear how the community engagement is being undertaken.

Chair's Summary:

I'm afraid we are unable to add any value through scrutinising this report given the feedback we have given that the document is too vague. We are happy to scrutinise a more refined report in due course.

5. Minutes of the previous meeting held on 10th October 2022

The minutes were confirmed and signed as an accurate record, proposed by Councillor Butler and seconded by Councillor Rooke.

6. To consider the Public Services Scrutiny Committee's forward work programme

The forward work plan was noted. The Scrutiny Manager advised the committee that a report would be brought to Council on 19th January 2023 to nominate two members to sit on the regional Joint Scrutiny Committee for the Gwent Public Service Board. She suggested that to ensure line of sight between local activity in Monmouthshire that may be scrutinised by this committee and regional activity that would be scrutinised by the Joint Scrutiny Committee, that it would be sensible if the membership was drawn from this committee. The chair and vice chair asked whether there was any interest from the committee members in undertaking this role. In the absence of any indication of interest, the chair and vice chair agreed they would be happy to undertake the joint scrutiny role if Council were to agree to their nomination.

7. Cabinet and Council Work Plan

The Cabinet and Council forward work plan was noted.

8. To note the date and time of the next meeting: 20th February 2023