

SOCIAL CARE HEALTH AND WELLBEING SCRUTINY COMMITTEE

(Committee Rooms A/B - Neath Civic Centre)

Members Present:

10 June 2019

Chairperson: Councillor L.M.Purcell

Vice Chairperson: Councillor C.Galsworthy

Councillors: A.P.H.Davies, O.S.Davies, S.Paddison,
S.H.Reynolds, D.Whitelock, A.N.Woolcock,
C.Edwards and N.J.E.Davies

Officers In Attendance A.Jarrett, A.Thomas, A.Bradshaw, J.Hodges,
C.Frey-Davies, C.Howard, S.Waite, N.Jones
and J.Woodman-Ralph

Cabinet Invitees: Councillors A.R.Lockyer and P.D.Richards

1. **MINUTES OF PREVIOUS MEETING**

That the Minutes of the previous meeting held on the 2 May, 2019, be approved.

2. **FORWARD WORK PROGRAMME 2019/2020**

The Committee was noted that the Forward Work Programme for 2019/20 would be subject to consideration at a future meeting. Date to be confirmed. The Committee would have the opportunity to develop the programme for the next 12 months.

3. **PRESENTATION FROM SWANSEA BAY UNIVERSITY HEALTH BOARD**

Members received a presentation from Swansea Bay University Health Board (SBUHB) on the key health board developments, a recap and update on the quality improvements and service

transformation work, health services in valley communities and the joint working priorities.

Health Board colleagues thanked Members for the opportunity to attend today's meeting.

The Committee heard that there had been no impact on services to patients as a result of the Bridgend boundary change which took place on the 1 April, 2019.

Discussion took place on the impact of population and economic changes on communities that influences peoples' health. People were living longer but people in deprived communities lived 9.7 years less than more affluent areas. In addition, there was a 18/20 year gap in healthy life expectancy. Swansea Bay footprint had over a quarter of its communities categorised as deprived which was higher than the Welsh average. Also, the Health Board had the highest rate of suicide in Wales particularly in Neath Port Talbot.

Information was received on the vision for the Swansea Bay University Health Board and the quality improvements and service transformation being implemented by the Health Board. The aim of this work was to have the best outcomes for people within the resources available.

In addition, work was being undertaken to improve the health outcomes for frail older people who were the highest re-presentations at Accident and Emergency Units. Also, they were prone to the longest lengths of stay in hospital. Work was taking place with Neath Port Talbot Social Services, Health and Housing Directorate to enable patients to be discharged from hospital with the appropriate care packages in place at home. Community based services were also being developed to support older people with mental health problems to reduce the need for admission to hospital.

Discussion took place on the issues within some valley areas in accessing General Practitioner Services. It was noted that there were challenges in these areas in regard to recruitment and there were surgeries that overlapped two health board areas. A clinical review was undertaken in one particular area in the Amman Valley which confirmed the surgery was operating a safe model for patient care. A triage system was operating to ensure that patients were directed to the appropriate specialist in a speedy manner. In addition,

both health boards worked together to achieve the correct outcomes for their patients.

Confirmation was given as previously discussed that the Bridgend boundary changes did not impact on patients. If Members had any information that was contradicting this please forward to Health Board colleagues.

Following on, clarification was given that the outcome of a recent review in regard to the future of a surgery in the Cymllynfech area was not completed and the process was not finished. A request had been made by the G.P Practice to the Health Board to consolidate their Practice to a reduced number of sites. The Community Health Council has undertaken public engagement and concerns had been identified.

Members noted that the additional monies given to Health from Welsh Government was as part of the improvement measures and that the Welsh Government monitored Health to ensure it was achieving performance targets. In addition, if Health did not meet those agreed targets the Welsh Government recovered monies allocated to those targets which had been done previously.

In response to Members queries it was explained that SBUHB produced a three year strategic delivery plan which covered all areas including treatment waiting times but because SBUHB was currently in a targeted intervention by Welsh Government, the Health Board had to produce an annual report that the Welsh Government monitors the Health Board against on a monthly basis.

It was highlighted that performance had significantly improved in many areas, especially in waiting times and for outpatients was the lowest in Wales but there remained an issue with addressing the backlog in orthopaedics and general surgery. It was recognised that whilst there had been improvements, there was still significant work to do. It was noted that the area where performance had not improved as much as expected was in unscheduled care, and this was an area of focus for the Health Board with its partners.

Confirmation was given that assessments were undertaken on mental capacity when concerns were raised on admission to hospital.

Members received an update on the work that had been developed between the Health Board and Neath Port Talbot Social Services,

Health and Housing to strengthen the process for assessments prior to discharge that enabled care packages to be put in place.

Members were reassured that there was a commitment from SBUHB and NPT Social Services, Health and Housing to work in partnership to achieve the best outcomes.

Members asked for clarity on how hospitals operated during weekend periods. It was explained that patients who were admitted on weekends received treatment as required and if appropriate were discharged from hospital. Members were asked to highlight any cases to the Health Board where this did not happen.

In addition, the Committee was asked to raise any concerns in relation to patients accessing physio equipment or any similar issue to share with the Director of Social Services, Health and Housing who would identify with the Health Board. As previously stated the Health Board and Neath Port Talbot worked in partnership to achieve the best outcomes for patients at home or to enable them to return home.

Members identified the inequality in some areas in regard to G.P surgeries working with voluntary organisations to provide support services for communities. In addition, engagement with patient groups was encouraged in some areas but not others. It was explained that with the new multi-agency cluster plans being developed this would enable a better understanding of what mattered to people. Cluster Networks would have access to funding that could support voluntary organisations to provide services that were identified as a need in communities. In addition, this monies could be used to support preventative initiatives.

The Committee thanked the representatives from Swansea Bay University Health Board for attending today's meeting and invited them to attend a future meeting.

Members noted the presentation.

4. **PRE-DECISION SCRUTINY**

The Committee chose to scrutinise the following Cabinet Board items:

Revised Adult Services Respite Allocation Policy

The Committee received an overview of the revised Adult Services Respite Allocation Policy which was subject to a 90 day public consultation.

Members asked that the focus of the policy should not solely be for the benefit of Carers receiving respite, but to give the opportunity for services users to use the respite as a holiday.

Members queried whether there was an opportunity to re-look at other respite provisions eg day centres. It was explained that all avenues would be considered but would depend on the availability of budgets.

Concern was expressed at the emphasis in the policy of seeking family, friends to undertake the respite caring duties. What happened if this was not an option? In addition, what safeguarding measures were in place. Currently family/friends were the main carers and respite breaks took place on an informal basis. There was no register held on family/friends who were also carers. In addition, the Council was not made aware of all cases where care was undertaken. Also, if this was not an option the service user would be able to access the existing commissioned services.

Members asked for assurances as the suitability of a carer was paramount in these situations. Officers explained that if there were any safeguarding issues they would be acted on. Not all carers or people receiving care were known to the Council. These would be undertaken on an informal basis by family and friends which was encouraged by the implementation of Direct Payments by the Welsh Government.

Clarification was given that service users in receipt of Direct Payments were able to access commissioned respite beds if the beds were available. Figures would be circulated on the number of respite beds available to Neath Port Talbot.

In response to Members queries, it was explained that the policy was developed to ensure that all who required respite were treated fairly and consistently. Also, respite care was not just residential care. A report would be brought to a future meeting of the Social Care, Health and Wellbeing Scrutiny Committee identifying the variety of respite care available.

Following scrutiny, the Committee was supportive of the proposals to be considered by the Cabinet Board.

West Glamorgan Regional Strategic Framework for Mental Health

The Committee received an overview of the West Glamorgan Regional Strategic Framework for Mental Health Services for Adults as detailed in the circulated report.

It was explained that West Glamorgan was previously known as the Western Bay Partnership.

Confirmation was received that a six monthly report would be brought back to Committee detailing how the model had progressed and what impact it had had on the negative feedback contained within the feedback report.

Concern was expressed at how Valley Communities would not be impacted by the proposal as detailed in the circulated report. Officers were asked to consider fully the impact on Valley Communities when drafting reports and to ensure that there was an explanation explaining the impact contained within the report so that Members could see that Valley Communities had been considered.

The Committee was pleased that the report was presented for consideration at today's meeting.

Following scrutiny, the Committee was supportive of the proposals to be considered by the Cabinet Board.

CHAIRPERSON