

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in Conference Room 1a, County Hall, Ruthin on Thursday, 29 November 2012 at 2.00 pm.

PRESENT

Councillors Brian Blakeley (Chair), Joan Butterfield, Ann Davies, Meirick Davies, Alice Jones (Vice-Chair), Pat Jones, Margaret McCarroll, Dewi Owens and Huw Williams

Observers: Councillor Jeanette Chamberlain-Jones and Councillor Bobby Feeley

ALSO PRESENT

Corporate Director, Modernisation and Wellbeing (SE), Service Manager, North Locality (GG), Democratic Services Manager (SP) Committee Administrator (SLW).

BCUHB representatives:

Director of Planning (NB), Speciality Registrar, Public Health (RA), Principal Public Health Practitioner (DJ), Consultant in Public Health (KT), Director of Public Health (AJ), Assistant Director, Primary & Community Services Development (CJ).

1 APOLOGIES

Apologies for absence were received from Councillors Merfyn Parry and Bill Tasker

2 DECLARATION OF INTERESTS

No members declared any personal or prejudicial interests in any business identified to be considered at the meeting.

3 URGENT MATTERS AS AGREED BY THE CHAIR

No items were raised which, in the opinion of the Chair, should be considered at the meeting as a matter of urgency pursuant to Section 100B(4) of the Local Government Act 1972.

4 UPDATE ON THE CONSULTATION UNDERTAKEN AS PART OF THE BCUHB SERVICE REVIEW

The Director of Planning for BCUHB (D:P) presented a verbal report to the Committee of the current position in respect of the NHS Service Reviews following the public consultation exercise. The consultation period had closed at the end of October 2012. Views of individuals, organisations, community groups, Action Groups, Community Health Council and staff were to be considered. Approximately 1300 people had attended the meetings which had taken place across North Wales and approximately 800 written responses had been received. Opinion Research Services (ORS) were commissioned to undertake an analysis of responses and they also sent out a separate questionnaire and held focus groups.

ORS received 1500 responses to the questionnaire and a random household survey had taken place from which ORS received 700 responses.

All responses were available to the Community Health Council and due to the fact there were a number of key organisations who had not responded until quite late in the consultation process, the Board would be looking to present all the responses to the Board meeting taking place in January 2013. Implementation of the decisions would commence in 2013.

There were three key needs.

- i. The issue of transportation had been raised with the Welsh Government, who were aware there was a need for a joint policy.
- ii. The issue of possible additional burden on carers had been raised and what assistance would be provided by BCU.
- iii. Concern that the BCU model would place additional burdens on Local Authority Services. The Local Authority needed to be a partner and part of how the services were taken forward. Further work also needed to take place regarding enhanced care.

These were the issues the Board would be addressing at the meeting in January 2013.

Following the verbal update Members asked the following questions to the representatives of BCUIB:

- i. Councillor Margaret McCarroll - was there was a definite date yet in January 2013 when the Board would discuss the consultation responses and make any decision?
D:P responded the Board Meeting would take place on 18th January 2013.
- ii. Councillor McCarroll - would detailed financial information be available to accompany the Board's decisions?
D:P - detailed financial information would be part of the decision making process. For the Board to make any decisions it had to be fully informed and that included affordability.
- iii. Councillor Pat Jones – would further information regarding DCC's consultation response be available at the meeting today or in January 2013?
D:P - there would be a small number of responses which would receive a response prior to January 2013, but most would be part of the decision making process on 18th January 2013.
- iv. Councillor Dewi Owens – Was there an update on the key milestones for delivery of the paper?
D:P – Updates would be available when decisions were made. In some areas the timescales would remain very tight.
- v. Councillor Joan Butterfield – was there any further progress regarding transport issues?
D:P – Further discussions had taken place both with the voluntary sector, Local Authority transport officers and the Welsh Government regarding transport implications. Information regarding external services had not been available at the present time. In terms of transportation, the Board would address the issue on 18th January.

Further questions were asked as follows:

- Councillor Alice Jones – were BCU still working to put forward a plan looking at 2 + 1 options of downgrading hospitals? Regarding the training places put forward by the Deanery, would this have a knock on effect to other services? Also, retaining services at three hospitals would be unsustainable and this question had been put forward earlier in the consultation?

D:P – the consultation commenced on the 19th July 2012 and the Board were aware of the needs of the population. Clinicians were consulted because BCU were clear about medical recruitment and training and to assist in the long term, we needed clinicians to come forward with a bold model.

In terms of the Deanery for training for North Wales, the Deanery had given BCU standards for training, a requirement of what they would expect and how training would go forward. BCU believed services on three sites should be retained but had a problem with training and medical recruitment. These would be proposals which could not be ruled out in the future.

- Councillor Bobby Feeley had recently attended BCU Stakeholder Group and a written draft of initial findings. Closure of facilities prior to new facilities opening had been highlighted.

D:P – Apologised as he had not been aware of the document Councillor Feeley referred to. The document would be in the public domain and would be easily accessible. How BCU were to manage in the interim when closing one facility and opening another would be decided at the Board meeting on 18th January, 2013.

- Councillor Alice Jones again referred to her previous question and also asked what was the issue regarding recruitment?

D:P - there were a number of factors. The European Directive regarding the hours junior doctors work, and changes to the immigration policy had taken place. The NHS in the past had been supported by doctors from the Indian sub-continent, but these doctors now chose to either stay in India or work in the USA. House Officers or Senior House Officers no longer existed. Once the five year study period had been completed, junior doctors then became known as an F1 for the first year and F2 for the second year. If junior doctors decided to work in General Practice, they would take an alternative route. If they decided to specialise in a specific field, they would work for a core year. The issue was not directly a North Wales problem but was affecting the whole of the UK.

- Councillor Ann Davies – what was being done to improve staff moral? Were doctors posts being frozen?

D:P – doctors posts were not being frozen. Staff were under pressure throughout the UK, and concerns expressed in Ysbyty Glan Clwyd were the same as in Wrexham Maelor, and Ysbyty Gwynedd also. In terms of supporting staff, there had been a lot of support and whilst details of specific initiatives were not available at this meeting, there was a need to ensure staff were aware of the support available to them.

The Assistant Director, Primary & Community Services Development (AS:PCSD) together with the Service Manager, North Locality (SM:NL) gave an update presentation of the progress in implementing and progressing locality working in Denbighshire.

Support had been forthcoming from adult social services, and locality teams who were working together with BCU to develop the concept of Locality Working. Teams were based in the North Locality and the Central / South Locality to ensure as seamless an approach as possible to meet the social care and health needs of residents with community health colleagues. This approach would improve the outcome for the most vulnerable residents by ensuring that care, support and treatment would be delivered within their own homes rather than within institutional settings.

Denbighshire Localities – Achievements.

Enhanced Care at Home. This was a joint principal to maintain the individual's independence. Initiatives were taking place to identify who could be released home from hospital to receive enhanced care in their own home.

Advanced Care Plan Pilot was being led by Dr. Chris Stockport for people with terminal illnesses. It was to enable people to spend the last weeks of their lives in the place of their choice. North Denbighshire were currently undergoing a pilot scheme. The pilot was managed administratively by the Enhanced Care team administrative staff with the locality lead as GP support. Historically, people had focused on cancer services but the renal failure team, respiratory team and dementia teams were also very keen to be involved with the pilot, along with the specialist palliative care team who had contributed throughout the process, and were continuing to do so.

Dementia. Work was ongoing regarding dementia.

Maintained Co-location of Hafan Lles Team in North Denbighshire.

The co-location of the Hafan Lles team in North Denbighshire had been working well. The challenge remained to co-locate staff in a southern locality which needed to be resolved within the next year. Estate issues were affecting the ability to co-locate social services and health staff together in the Central/ south locality.

Community Intravenous service was available within the community.

Mainstreamed intermediate care was ongoing.

Locality Outcome Measures

This had been a huge challenge and work would be continuing with public health and prevention services. Work had been taking place with Denbighshire County Council and other Local Authorities on the impact of social care.

Dashboard – Locality Admissions

Emergency hospital admissions for chronic conditions were gradually decreasing in both localities. Evidence had shown that the number of people entering residential and nursing care was decreasing. This was positive news as research had showed that people, especially older people, became dependent very quickly whilst in hospital or residential care and lost their ability and confidence to manage daily living tasks.

Admissions resulting in discharge to an individuals' usual place of residence were gradually increasing. Support had been provided by the mainstream Intermediate Care Service working in partnership with Enhanced Care at Home (North) and Reablement. Again, this had been a positive step as it meant that people were given additional support to return to the level of functioning that was evident prior to their admission to hospital.

Dashboard – Length of Stay

The average length of stay was decreasing in both localities overall, although there had been an increase in 2011/ 12.

Denbighshire – Developments

Work was continuing regarding Enhanced Care at Home. A joint project was underway with Denbighshire County Council and Health & Social Care professionals to raise awareness of undiagnosed dementia and consideration when caring for people suffering with dementia. The early diagnosis of dementia was within the big plan.

Future developments across the central area were:-

- Integrate intermediate care in core services;
- Pathology – Near patient testing;
- Review role of Chronic Disease Managers

Development of 3 additional Extra Care Housing schemes within the county were to be looked into to maintain people's independence.

BCU and DCC had both signed up to a project, supported by SSIA (Social Services Improvement Agency), to develop an information system and referral pathway that would support people in meeting their own needs as well as ensuring that, where help was needed, this was accessed as seamlessly as possible.

Regarding equipment services, plans were in place to develop a staffed base in the Central/ South Locality as a satellite of the main store.

SM:NL informed the Committee he was a member of the North Locality Leadership Team and explained Dr. Chris Stockport, Chair of the Team had produced the North Denbighshire Locality Annual Report. (A copy of the report would be emailed to all members for information). This was the first annual report produced by the North Denbighshire Locality Team, which had commenced meeting formally in August 2011. The first year had seen the Team form and quickly develop into a cohesive partnership with a "can-do" enthusiastic approach. A single phrase which best summed up the Team's approach would be "collaborative working". Key contributors to health, social and third sector services within North Denbighshire

had shown a willingness and commitment to work closely together with the locality and this would undoubtedly allow a development of services in a way which worked best for all residents.

The Locality and its Leadership Team had a number of key functions which were:

- To take an overview of existing community services
- To identify areas of potential shift of care and services into community settings within North Denbighshire and bring about the shift of care
- Develop and champion collaborative working
- To ensure a focus upon prevention and health promotion was maintained
- Champion and innovate.

SM:NL stressed the importance of the Health Service, Social Services and the third sector working together. A single point of access was a major development.

Numbers of admissions into residential care had been falling over the last 18 months but it was important that the Local Authority and Health Service work together to help people within their communities.

Social exclusion and isolation was an issue but fortunately within Denbighshire there were excellent projects to support people who were socially isolated. Work was already underway regarding dementia, and a sub-group had been set up. More staff training was to take place to enable a greater awareness of dementia. There had been an excellent start in the first 12 months to help people who suffered from isolation and loneliness and this would continue over the next 12 months.

Further discussion took place and responses to questions were as follows:

- SM:NL met on a regular basis with the Team Manager for Prestatyn and Rhyl Localities and the Community Matron. The Community Matron had offered hot desking facilities at the Royal Alexandra Hospital. The issue for Central / South Denbighshire was the problem of finding a suitable locality.
- Regarding the single point of access, DCC were successful in a bid to become demonstrator site for SSIA Older People Programme and great progress had been made. By April 2013, the intention was to have a hub in place.
- With regard to people being discharged into the community, AS:PCSD confirmed she did not have the information for the discharge plan. SM:NL stated there had recently been a discharge protocol launched.
- Enhanced care at home would be dealt with by social services, therapy staff, and GPs. Care agency staff would not be employed.

At this juncture, (3.15 p.m.) the Chair, Councillor Brian Blakeley left the meeting due a prior appointment in Rhyl and the Vice-Chair, Councillor Alice Jones, took the Chair.

Response to discussions continued:

- The issue of waiting times to obtain an appointment with a GP had been raised. There were standards which stated that patients were to have an

appointment with a GP within 24 hours of making the request. Also the fact that some surgeries had half day closures or were closed at lunchtimes were being dealt with. BCU cover with out of hours when doctors' surgeries close for staff training.

- Regarding IVs given to patients in their own home, this was a project being managed across North Wales. Patients would be identified carefully who would receive the treatment in their home. Enhanced care at home services would be led by the GP and the GP would identify the care to be received. A member of the care team could be visiting the patient 3 or 4 times per day to assist at home as would the GP.
- If a patient was discharged and then re-admitted for the same medical condition this information would be registered as a new admission but numbers of re-admission rates were also collated.
- People who had complex health and care needs were being dealt with. The level of complexity had been on the increase. A future strategy was needed of what residential care would be required in the future. Nursing Home bed availability in North Denbighshire had been an issue recently. SM:NL confirmed he was to draw up a report regarding care home availability and provision which would be completed in approximately two weeks.

RESOLVED – that

- (i) *the issues raised by the Committee be included in the next update to the Committee on Locality Working in Denbighshire; and*
- (ii) *the North Denbighshire Locality Annual Report be circulated to all Members by AS:PCSD*

6 PUBLIC HEALTH - FOCUS ON CHILDREN

The Director of Public Health (D:PH) stated they were encouraging people over 65 years of age to take advantage of the flu vaccination.

D:PH introduced the Speciality Registrar in Public Health (SR:PH) to give the presentation to explain the main issues pertinent to Public Health with respect to children's health.

Every aspect of human development was at its highest during pregnancy and within the first three years of life.

Regarding investment in early years, the rate of economic return on investment was higher in the pre-school stage than any other stage of life. Despite this, investment was often at its lowest in very early years which were most crucial in terms of brain development. It was recommended Policymakers should invest in young children, as return on investment was stronger than in low-skill adults.

The main priorities on maternal and child health were:

- Smoking
- Obesity
- Teenage pregnancy

- Mental wellbeing/parenting
- Immunisation

Smoking in pregnancy had been responsible for many diverse outcomes in babies. For example, children of low birth weight (27% of population attributable risk), a majority were due to being exposed to smoke within the womb. Wales had the highest rate of smoking and 40% of women who smoked while pregnant lived in deprived areas.

Obesity in pregnancy was also a risk to the unborn child's health. Denbighshire had the highest rate in Wales of BMI over 35. Some of the risks included, increased risk of stillbirth, increased risk of premature birth etc. The high rates of obesity in the population was a health issue which needed to be tackled.

Mental wellbeing and parenting were extremely important in the first two years of life. There was a need to identify and assist families who had mental health problems. Therefore mental wellbeing was an important area in partnership working.

What we know works:

- Health professionals assisting people to stop smoking
- Folic Acid supplements
- Breast feeding – UK breast feeding initiative.
- Positive parenting etc.
- Immunisation
- Improving mental wellbeing
- Long acting reversible contraception (LARC).

Actions to reduce the inequality gap:

- Improving breast feeding
- Tackling overcrowding
- Tackling poverty
- Reduce smoking
- Families First

Following the presentation, further discussion took place:

- Priorities were identified within the big plan and specifics for early years were within the Early Years Action Plan.
- Regarding smoking, the Health Board looked at pregnancies and met with midwives, health visitors and school nurses to assist. Discussions were also taking place with Families First who had a brief for early years in terms of how they could provide support regarding the impact of smoking. Fresh Start Wales were highlighting smoking in cars and the effects it had on children and young people. The Corporate Director, Hywyn Williams was the representative for Denbighshire County Council on the North Wales Tobacco Alliance Group. This being a high level strategic multi-agency group that

drives the local implementation of the Tobacco Control Action Plan for Wales and champions tobacco control issues in the region.

- There was a healthy pre-school scheme in place. Work had taken place with nurseries, child carers and family information services to deal with hygiene and the smoking link.
- Healthy School Scheme was ongoing within Denbighshire. Support was available to secondary schools specifically to provide information regarding tobacco.
- Long Acting Reversible Contraception (LARC) was an issue and a lot of work was taking place in schools. This was a sensitive issue but the work was progressing well.
- Within Denbighshire, 9% of families lived in deprived areas. Health visitors linked with families first and DCC had led the way with support of the families.
- Obesity was treated as a high level priority due to the trend increasing in large numbers. Anorexia was not dealt with in the same manner as there were far fewer sufferers and because it was a health condition rather than a lifestyle problem.
- Low birth weight was classed as 5 ½ lbs (2 ½ kgs) or less. Working towards healthy babies who were between 7lb and 8lb birth weight.
- Regarding monitoring, the Welsh Government had carried out an All Wales Maternity Strategy and data would be collected shortly.

Due to the fact that a number of Members had to leave the meeting at 16.10 p.m. it was agreed that the remaining two items (Items 7 and 8) on the Agenda would be deferred to a future Partnerships Scrutiny Meeting.

7 UPDATE ON CHILDREN'S SERVICES

Item to be deferred to a future meeting.

8 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Item to be deferred to a future meeting.

The meeting concluded at 4:20 p.m.