

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

18th APRIL 2016

Present: Councillor G. Thomas (Chair)

Councillors: S.M. Allen (Vice-Chair), S.M. Caiach, I.W. Davies, T.T. Defis, W.T. Evans, H.I. Jones, D.J.R. Llewellyn, E.G. Thomas and J.S. Williams

Councillor D.M. Cundy – Substitute for Councillor B.A.L. Roberts

Also in attendance:

Councillor J. Tremlett – Executive Board Member for Social Care & Health

The following officers were in attendance:

Mrs. R. Dawson – Head of Integrated Services
Mr. M. Palfreman – Head of Regional Collaboration
Mr. D. Astins – Strategic Development Manager
Mrs. H. Bailey – Senior Catering Manager
Mr. M. Hughes – Assistant Consultant

Venue: Chamber, County Hall, Carmarthen (10:00 – 11:55am)

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors K. Madge, E. Morgan and B.A.L. Roberts as well as from Mrs. Linda Williams (County Director & Commissioner for Carmarthenshire, Hywel Dda University Health Board).

The Chair wished Councillor B.A.L. Roberts a speedy recovery following her recent operation.

2. DECLARATIONS OF PERSONAL INTERESTS

Councillor	Minute Item(s)	Nature of Interest
Councillor H.I. Jones	Item 6	Daughter-in-law works in Social Care Services.

3. DECLARATION OF PROHIBITED PARTY WHIPS

There were no declarations of prohibited party whips.

4. PUBLIC QUESTIONS (NONE RECEIVED)

No public questions were received.

5. FORTHCOMING ITEMS

The Committee RESOLVED that the list of forthcoming items to be considered at its next meeting scheduled for the 16th May 2016, be endorsed.

6. MID & WEST WALES HEALTH & SOCIAL CARE COLLABORATIVE - UPDATE

Councillor H.I. Jones declared a personal interest in that his daughter-in-law works for Social Care Services.

Further to a request at a previous meeting in 2015, the Committee received an update on the activities and outcomes from the work of the Mid & West Wales Health and Social Care Collaborative (MWWHSCC) and was advised on the new regional partnership arrangements now in place to meet the requirements of the Social Services and Well-Being (Wales) Act 2014. Members noted that Carmarthenshire County Council was the Lead Local Authority for the Collaborative, hosting a small coordinating unit and managing regional grants.

Members were also informed that under Part 9 of the Social Services and Well-Being (Wales) Act, which came into force on the 6th April 2016, the creation of Regional Partnership Boards (RPBs) was required in order to drive forward partnership working and integration. Separate arrangements would be required for each health board area, which meant that a West Wales RPB would be established on the Hywel Dda Health Board footprint and that the existing Mid and West Wales region had been dissolved. Shadow arrangements were in place although the inaugural meeting of the West Wales RPB did not take place on 15th April 2016, as stated in the report.

The following issues were discussed during consideration of the report:

Reference was made to the Well-Being of Future Generations (Wales) Act and it was asked how its requirements, along with those of the Social Services and Well-Being Act, would all tie together. The Head of Regional Collaboration acknowledged that aligning government policies and requirements would be challenging but the strengthening of the links between the new RPB and the new Public Service Board would be vital in achieving this. He added that it was clear that current services were unsustainable in the long term and that the Social Services Act provided the legal framework for continued service reconfiguration. However, as with any transition, existing and new structures would coexist for a period of time and managing this would be an additional challenge. The Head of Integrated Services added that another driver for this work was to build up community resilience and self-care alongside targeted intervention in order to prevent unnecessary admissions into health services.

Concern was also expressed that matters relating to planning or redevelopment might undermine the plans and structures being put in place as part of the new Social Service and Well-Being Act. The Head of Integrated Services noted that the

framework in Carmarthenshire allowed for collaborative discussion about pressures and growth areas relating to infrastructure developments, that might put pressure on other services such as education and health. She added that her joint post provided an opportunity to contribute to strategic discussions both within the Health Board and within the Local Authority. She also met with GP Leads on a regular basis.

It was asked how the RPB would manage the promotion and the establishment of pooled funds. The Head of Regional Collaboration noted that this was one of the many responsibilities given to the new Board and that work to facilitate this needed to be progressed quickly in order to ensure best use of available funds and optimise outcomes for service users. Carmarthenshire already had Section 33 arrangements in place which could be built upon within the new legal context. He stressed that pooling of budgets needed to make a difference by taking into account local and regional needs, rather than just being done because the Board had the power to do so. The Head of Integrated Services reminded the Committee that Carmarthenshire was the only county in Wales with Section 33 agreements in place but this had not been worked down to frontline services. She informed the Committee that some Transformation Funding had been utilised to employ a consultant to unpick the legislation relating to pooled budgets and ascertain what could or could not be done. A report was expected in the next few weeks and its findings could be shared with the Committee in due course. However, the Head of Integrated Services reminded the Committee that pooled budgets were not the answer to every problem and proper governance and management structures needed to be in place beforehand.

In response to a question on the membership of the new RPBs, the Executive Board Member for Social Care & Health confirmed that she would be the elected member representative from Carmarthenshire. The Head of Regional Collaboration informed the Committee that along with Executive Board Members from all the relevant counties, membership of the Board would include representation of carers and so on. It was envisaged that the West Wales RPB would confirm membership in respect of statutory partner agencies at a rearranged meeting in May although an appropriate appointments process would also need to be established to recruit user and carer representatives. This would ensure that any lay members would be aware of the requirements and expectations associated with their roles.

Clarification was sought regarding the PIVOT service. The Head of Integrated Services informed the Committee that this was a service delivered by third sector organisations and funded through the Intermediate Care Fund to help reduce unnecessary hospital admissions by providing access to support provided by local voluntary and community groups. It was similar to the Twilight and Red Cross services that operated from Carmarthenshire's hospitals and it had resulted in accelerated discharges from hospital. However, she added that the PIVOT scheme was different to the TOCALs initiative in that it involved low level assessment by third sector representatives rather than from qualified health professionals. It was essential that good practice such as this was shared across the region to meet each county's individual needs and Carmarthenshire was looking to learn from this by employing new care workers to strengthen the Locality Teams. An update on this new initiative could be provided to the Committee in due course.

The developments and the collaborative working outlined in the report were welcomed although concerns were expressed that the ageing population and different forms of pollution (e.g. air, sewerage) would not necessarily be addressed by these developments. The Head of Regional Collaboration acknowledged that there were major challenges to be addressed but for the first time, the Regional Planning Board would have direct access to the Public Service Boards. This would be invaluable as the population assessment required of the RPBs would need to fit in with the needs assessment required of by the Public Service Boards. Co-opting members from other services onto the regional board as and when required would also be an opportunity to ensure that strategic matters were discussed and that the bigger picture was considered.

In response to questions on the sharing of IT systems, the Head of Integrated Services stated that at present, officers had access to both the Local Authority's Care First system and the Health Board's Myrddin system, as well as the Mental Health Services' FACE system. In the future, all officers would have access to the all-Wales CCIS software and this was currently being trialled by Ceredigion and Bridgend.

RESOLVED that:

- 6.1. The report be received.
- 6.2 Updates on pooling of budgets and initiatives within the Locality Teams to be included in the Committee's Forward Work Programme for 2016/17.

7. NUTRITIONAL STANDARDS FOR OLDER PEOPLE

The Committee received a report on nutritional standards for older people, focussing principally on Local Authority care homes and day centres. The report included an overview of the work undertaken by the Catering Service (Department for Education & Children) in support of the Communities Department as well as answers to the four specific questions, previously raised by Committee members.

The following issues were discussed during consideration of the report:

In response to a question on the scope of the report, the Senior Catering Manager reminded the Committee that this related to the Local Authority's care homes. The Head of Integrated Services noted that nutritional / catering standards in independent care homes were regulated by the Care & Social Services Inspectorate Wales (CSSIW) although the Authority's Commissioning Team also worked with the independent sector providers to ensure that the required standards were met.

Concern was expressed regarding the role of the National Procurement Service (NPS) in the Catering Service's procurement of food supplies. Reference was made to the Audit Committee and the Policy & Resources Scrutiny Committee's reservations about the purpose of the NPS and its success in securing savings for the Local Authority. The Strategic Development Manager acknowledged the Committee's concerns and that the NPS was behind schedule in setting up food related frameworks. This delay had recently led to the expiry of a major food contract and the Catering Service had been forced to seek an extension to the

previous contract. However, as the County Council had signed up to the national service, officers would have to work within and comply with the required guidelines.

Concerns were also expressed that the Local Authority might not be able to source food from local suppliers and that having to use suppliers from further afield would increase traffic movement within the county and increase air pollution. The Strategic Development Manager noted that procuring supplies through the NPS would not necessarily mean that local suppliers were excluded. For example, the Authority had a number of different contracts with bread suppliers and that very often contracts for certain commodities were dependent on the supplier market.

In light of the discussion regarding the procurement service, the Chair proposed that the Committee's concerns be forwarded to the Executive Board Member for Resources. The Committee agreed to the proposal.

In response to a question on the NUTMEG System, the Senior Catering Manager confirmed that the system was weighted according to age to ensure that older people were receiving the correct level of nutrition. The Head of Integrated Services reminded the Committee that this report complimented the Community Nutritional Standards for Carmarthenshire Integrated Services (considered by the Social Care & Health Scrutiny Committee on 16th September 2015). She added that for many older people, 3 meals a day at set times was not the best option and that particular types of meals or snacks spread out across the day were often the best approach. The Head of Integrated Services referred to a recent pilot scheme in Prince Philip Hospital in Llanelli where high protein milkshakes and hot soups were given to older patients. A significant reduction in falls had been recorded, along with quicker discharge times. Llys y Bryn Care Home had also introduced a snack and hydration corner which offered service users the opportunity to eat and drink throughout the day, rather than at set times.

Reference was made to the questionnaire for service users and it was asked whether any specific suggestions had been received. The Senior Catering Manager informed the Committee that every response received was individually addressed. There were no specific trends and responses generally related to portion sizes (e.g. either too big or too small).

The Chair congratulated the Cook in Charge at Y Plas Care Home who had qualified for the UK Care Cook of the Year 2016 finals, which would take place on 8th June.

UNANIMOUSLY RESOLVED that:

- 7.1 The report be received.
- 7.2 The Committee's concerns regarding the National Procurement Service be relayed to the Executive Board Member for Resources.

8. INTERMEDIATE CARE FUND (ICF) PROJECT EVALUATION

The Committee considered a report that provided an overview, evaluation and update regarding ICF funded services, specifically in relation to the Transfer of

Care Advice and Liaison Service (TOCALs) and Rapid Response Domiciliary Care service.

The Committee was reminded that the ICF was initially awarded in 2014/15 to provide the opportunity to assist in the development and testing of new models to deliver sustainable integrated services. One of the criteria for continuation of the funding into 2015/16 was that the projects demonstrated their impact and outcomes around the initial objectives.

The following issues were discussed during consideration of the report:

It was asked how the 'front of house' frailty model was working in Prince Philip Hospital in Llanelli. The Head of Integrated Services informed the Committee that the Minor Injuries Unit and Acute Medical Admissions Unit at the hospital sought to avoid admissions by undertaking 'frailty screening' at presentation, in order to trigger a detailed and comprehensive geriatric assessment. To date, the approach was working well and was outperforming initial projections. In response to a further query about staffing at Glangwili Hospital, the Head of Integrated Services informed the Committee that there were 3 Geriatricians at both hospitals although there was currently one vacancy in Carmarthen. However, it was important that all clinicians embedded a 'frailty approach' in all areas rather than simply referring patients on to the geriatricians.

It was asked whether incidents relating to falls were more prevalent on certain days of the week. The Head of Integrated Services noted that there was no specific day when these occurred and that typically, 20 falls presented at each A&E unit every day. This showed how important preventative work was as well as ensuring that services moved away from the traditional 9-5 Monday to Friday model. Having physiotherapy and occupational therapy services at the front of house was also a key development.

In response to a question about the numbers of occupational therapists, the Head of Integrated Services confirmed that the service had a full complement of therapists across however, there was a need for more and a bid for more ICF resources was being prepared to obtain more physiotherapy and occupational therapy support in the future. GP cluster funding was also another option for securing additional therapists and one occupational therapist had been employed in the Taf/Teifi/Tywi area working from a GP surgery. This intervention had resulted in a reduction in waiting times to see an occupational therapist, of 3-4 weeks.

The changes to the admission and discharge arrangements at Prince Philip Hospital were welcomed but it was suggested that other changes to services at the hospital had resulted in increasing numbers of out-patients visiting Glangwili in Carmarthen, which in turn had implications for transport and parking. The Head of Integrated Services acknowledged that there was more work to be done at Glangwili, especially in relation to the discharging of patients. It was anticipated that the appointment of additional discharge nurse capacity would help individuals leave the hospital there more efficiently. Car parking was a continuing problem and the Committee's concerns would be passed on to the relevant officer at the Health Board.

In response to a question on the future of the ICF, the Head of Integrated Services

informed the Committee that officers had received a briefing from Welsh Government that this year's ICF would provide ring-fenced funding for learning disabilities and for children with complex needs, in addition to the recurrent funding for frail older adults.

Reference was made to the reported limited awareness of the Rapid Response service amongst GPs and it was asked whether this had impacted on referrals. The Head of Integrated Services informed the Committee that the service had been promoted widely and that cultural change was needed. GP referrals had increased but more improvement was needed.

Reference was made to the recommendation that further research was needed to confirm that all of the target audiences were being reached and it was asked how officers intended to do this. The Head of Integrated Services informed the Committee that census data and GP records would provide initial demographic and disease prevalence information but social circumstances and a measure of what communities might require or want, also needed to be ascertained.

The County's ageing population was again referred to and it was asked whether the numbers of older people in hospital over the winter period was due to frailty. The Head of Integrated Services informed the Committee that demand had yet to decrease since the winter period and additional beds had been purchased in different care homes to cater for the need for assessment beds. She added that obtaining assessments was not the problem but the complexity of the needs identified and ensuring the correct care for those needs, was the reason that the assessment process was slowed down.

The Committee welcomed the report and **UNANIMOUSLY RESOLVED** that the report be received.

9. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS

RESOLVED that the reasons for the non-submissions be noted.

10. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 29TH FEBRUARY 2016

RESOLVED that the minutes of the meeting held on the 29th February 2016, be signed as a correct record.

SIGNED: _____ (Chair)

DATE: _____