

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

THURSDAY, 23<sup>RD</sup> NOVEMBER, 2017

**PRESENT:** Councillor G. Thomas [Chair]

**Councillors:**

K.V. Broom, A. Davies, I.W. Davies, W.T. Evans, M.J.A. Lewis, K. Lloyd, A.S.J. McPherson, J.G. Prosser (in place of E. Morgan), B.A.L. Roberts, E.M.J.G. Schiavone, E.G. Thomas and D.T. Williams

**Also in attendance:**

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

**The following Officers were in attendance:**

Ms A. Bracey	-	Head of Mental Health & Learning Disabilities
Ms R. Dawson	-	Head of Integrated Services
Mr M. Palfreman	-	Head of Regional Collaboration
Mrs S. Watkins	-	Information, Advice & Assistance Manager
Mrs M. Evans Thomas	-	Principal Democratic Services Officer

**Also present as observers:**

Ms J. Jones	-	Partnership & Governance Manager
Mr Gareth Lewis	-	Wales Audit Office

**Chamber, County Hall, Carmarthen : 10.00 a.m. - 1.40 p.m.**

NOTE: At 1.00 p.m. the Committee's attention was drawn to Council Procedure Rule 9 – Duration of Meeting and as the meeting had been underway for three hours it was **RESOLVED** to suspend standing orders to enable the Committee to consider the remaining business on the agenda.]

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors R. Evans and E. Morgan.

**2. DECLARATIONS OF PERSONAL INTERESTS**

There were no declarations of personal interest.

**3. DECLARATION OF PROHIBITED PARTY WHIPS**

There were no declarations of prohibited party whips.

**4. PUBLIC QUESTIONS**

The Chair advised that no public questions had been received.

**5. PRESENTATION BY ROS JERVIS, DIRECTOR OF PUBLIC HEALTH, HYWEL DDA UNIVERSITY HEALTH BOARD - GENERAL OVERVIEW OF THE DIRECTOR'S ROLE**

The Chair welcomed to the meeting Ros Jervis, Director of Public Health with the Hywel Dda University Health Board.

The Director outlined her key responsibilities which include working with Local Authorities to drive the wider public health agenda across public services and to lead on the assessment of need, contributions to Wellbeing Plans and strategic planning for the University Health Board.

Her role also included the following responsibilities:-

- Acting as the public health executive lead for Local Authorities;
- Access point for specialist and national services from Public Health Wales;
- Working closely with relevant organisations to ensure high levels of local resilience;
- Providing leadership on the public health implications of service reconfiguration and supporting the quality improvement and patient safety agenda.

The Director then proceeded to outline her priorities over the coming months:-

- Strong and visible leadership;
- Vaccination and immunisation;
- Bringing population health into strategic planning;
- Developing effective partnerships;
- Implementing the University Health Board strategic objectives:
  - Risk taking behaviour
  - Obesity
  - Cancer prevention and early detection
- Maintaining effective emergency planning and health protection arrangements;
- Supporting the quality and safety agenda;
- Social prescribing/community resilience;
- Leading the Children's Public Health Nursing Team

She referred to the overlap in the provision of some services and stressed the importance of partnership working.

The presentation was followed by a question and answer session during which the following questions were asked:-

- Asked what was meant by risk taking behaviour, the Director explained that this included behaviours where an individual may come to harm e.g. smoking, drug taking, misuse of alcohol and it was all about targeting those individuals and supporting them;
- Asked how the Health Board and Local Authority could work together to promote the afore-mentioned initiative, the Director informed the Committee that in her previous post she formed a very good working relationship with the Local Authority Licensing Committee on issues such as Alcohol Misuse Policies and she hoped to replicate that in this post. She added that it was important to work together to get the communications right and pitch the message in the right way;

- Reference was made to mental health and then tragedy of a young person taking their own life and the importance was stressed of working collaboratively to tackle some of the issues involved. The Director informed the Committee that the Health Board is in the process of transforming its mental health services. She added that with regard to mental wellbeing, it is all about having the support in place and being proactive rather than reactive;
- Asked how she planned to address the issue of obesity the Director explained that you cannot provide a service just to deal with an overweight person. There were many factors involved and there should be a far more holistic approach including support and prevention e.g. promoting active lifestyles and to this end it was important to engage with schools and involve school children and young people. It was also important to work with retailers in terms of product placement. She intended to work collaboratively with the Local Authority, third sector and private sector on this issue as assistance currently focussed on individual pathways but a far more holistic approach is needed.

The Chair thanked the Director for attending the meeting and for a most interesting and informative presentation.

## **6. PRESENTATION BY ESTELLE HITCHON, DIRECTOR OF PARTNERSHIP AND ENGAGEMENT AND ROB JEFFERY, HEAD OF OPERATIONS, WELSH AMBULANCE SERVICES NHS TRUST - OVERVIEW OF THE SERVICE**

The Chair welcomed to the meeting Estelle Hitchon, Director of Partnership and Engagement and Rob Jeffery, Ambulance Operations Manager, with the Welsh Ambulance Services NHS Trust who had been invited to the meeting to give a presentation on the service.

The Committee thereupon received a presentation providing an overview of the service.

Key data for 2016/17 included the following:-

- The Non-Emergency Patient Transport Service made 797,410 journeys during the year;
- The service dealt with 463,018 verified incidents which was 1.9% up on the previous year's figure;
- The NHS Direct Wales service dealt with 301,640 calls;
- The overall operating costs in 2016/17 were £174m;
- The new 111 pathfinder service took more than 60,000 calls;
- The vehicle fleet comprised 709 vehicles;
- The service employed 2,985 staff across Wales;
- The service is commissioned by Health Boards throughout Wales and the target set by them is 65% of all calls must be responded to within 8 minutes.

The service continues to promote its behaviours, together with its statement of vision and purpose which was developed in partnership with colleagues in 2015/16. The behaviours promoted are:-

- I will be kind, caring and compassionate
- I will ask and listen
- I will be honest and open with myself and others
- I will own my decisions

The service introduced a new Clinical Response Model and benefits of the new model included the following:-

- Prioritises “sickest patient first”
- Most appropriate clinical response to incidents
- Optimal use of finite resource
- Increased hear and treat
- Right response, right time, every time

The Ambulance Services relies on the Community First Responder volunteer programme which is a vital service to the community because it is simply not possible to get to some places within 8 minutes due to the geographical challenges of some areas of Wales. The Resilient Communities initiative is also of great assistance in more rural areas as it develops the skills of the community with public access to defibrillators, teaching CPR skills to primary and secondary school children and also training secondary school children on the use of defibrillators.

The service works very closely with partners and collaboratively with other emergency services like the police e.g. clinicians are based in police control centres as they are able to give direct advice to police officers at the scene of an accident as to whether or not an ambulance is required. It was pointed out that the ambulance conveyance rate is slightly higher in Carmarthenshire than other areas and that needs to be managed.

The presentation was followed by a question and answer session during which the following questions were asked:-

- With regard to the Non-Emergency Patient Transport Service (NEPT), the officers were asked if they are happy with the communication system between the clinic, hospital and home as there are occasions where ambulance turn up 2-3 hours early and sometimes they arrive late. The Committee was advised that the service does try to reduce the amount of time that people spend in the vehicle and there is now a new structure in place for NEPT which will help greatly;
- Reference was made to the training being offered to school children and officers were asked if this included awareness of how to make 999 calls. The Committee was advised that training includes CPR, how to make an effective 999 call and also how to approach a situation safely e.g. if someone has been electrocuted. Almost 80,000 children have been taught these skills in Pembrokeshire and it was intended to roll out this initiative to other counties. Hopefully this will demonstrate a potential career path to these children;
- Asked how people can find out about becoming community volunteers, the Committee was advised that it’s mainly by word of mouth, however, information is also available on Community Health Councils’ and the Ambulance Service websites. The Committee was further advised that training and support with fundraising for defibrilators is provided. Ipads are

- being trialled at the moment as a means of alerting volunteers to a potential call;
- With regard to the 65% achievable target for red calls the question was asked whether the hold up with ambulances waiting to release patients at hospital was to blame. The Committee was advised that if an ambulance is waiting outside then clearly that does have an impact on the figures. However, if an ambulance is required to come back into the system then an immediate release can be requested. The Director pointed out that the entire NHS system is under pressure and it was important for everyone to work together as we all have a role to play in how we manage patients effectively. Staff in A&E departments are working hard and we need to ensure that only people who are ill enough to warrant hospital admission actually do go to hospital. Working together to minimise the delays is what it is all about;
  - In response to a question as to who makes the decision between what is a red and amber emergency, the Committee was informed that a medical priority despatch system is used. It is an algorithm which allows the despatcher to ask questions which will then direct them to the appropriate categorisation. Amber and red are both blue light responses it is just that red brings in the 8 minute response time. There is a safety net in that if there is any doubt at all then that call is classified as red. It is not a triage tool, it is call prioritisation and if another red call comes in then an amber call can be diverted.

The Chair thanked Ms Hitchon and Mr Jeffery for attending the meeting and for a very interesting and informative presentation and extended the Committee's appreciation to the ambulance service for the work that they do.

## 7. VARIATION OF BUSINESS

The Committee agreed, at the Chair's invitation in accordance with Council Procedure Rule 2(3) to vary the order of the remaining business on the agenda.

## 8. SOCIAL CARE WELSH LANGUAGE STRATEGY "MORE THAN JUST WORDS"

The Committee received a presentation providing an update on the provision of Welsh language services in adult social care.

40% of service users received the service through the medium of Welsh. However, some users have complex needs so it was important to ensure that they have the necessary level of care as well as the provision of the service through the medium of Welsh.

The following questions/observations were raised on the presentation:-

- Asked if when hiring people they are advised of the skills needed the Head of Integrated Services confirmed that all job adverts clearly state that the ability to speak Welsh is essential;
- Asked whether English medium schools are made aware that it is an advantage to children to have Welsh language skills, the Head of Integrated Services confirmed that colleagues from Learning & Development do a lot

of work with colleges to make sure that they know that our services require knowledge of the Welsh language;

- Concern was expressed that the Authority is positively discriminating against the English language by saying that Welsh is essential when only 50% of the population speak it. The Head of Integrated Services explained that the Welsh language is essential as this is a Council policy, however, there are different levels of requirement e.g. level 1 is the ability to say a simple greeting. We need to make sure that we have enough staff who speak Welsh so that we can offer the service to those who want it;
- Officers were asked how progress is measured and what were the most obvious problems encountered in ensuring that progress is being made. The Head of Integrated Services explained that the biggest problem encountered was that they did not have a match between the Welsh requirement and the level of practitioner competence required. It was therefore essential to increase the number of Welsh speakers;
- It was pointed out that there is a duty on the Council to meet the requirements of the service user;
- Whilst agreeing with the requirement for Welsh speaking staff, officers were asked what is being done with regard to Polish and other languages. The Head of Integrated Services explained that if someone presents themselves in a language that we are not able to provide then staff can access a national service called Language Line.

**RESOLVED that the information be noted.**

## **9. INFORMATION, ADVICE & ASSISTANCE SERVICE AND PREVENTATIVE SERVICES**

The Chair advised the Committee that, in view of the fact that items 9 and 10 were inter-linked, these items would be presented and considered together.

## **10. FUTURE BUSINESS MODEL FOR CARELINE IN CARMARTHENSHIRE**

The Committee received a presentation providing an update on the Authority's current and future provision of an Information, Advice & Assistance Service and preventative services in relation to statutory duties under the Social Services & Wellbeing Act (Wales) 2014.

The presentation provided an overview of a future business model for Careline in Carmarthenshire including detailed background and context regarding the reasons for considering a new business model and an overview of the opportunities this presents for the Authority in the future.

Careline takes between 600k-700k calls per year and has a huge customer base. Well over 80% of its income comes from outside the county with customers including other Local Authorities and National Parks.

A new business model was being proposed to improve income opportunities as the service needs to be self-sufficient. One of the options being explored is the development of a Local Authority Trading Company which would be wholly owned by the Local Authority. A detailed business case has been prepared which was currently going through a consultation process.

The following observations/questions were raised on the presentation:-

- Asked what feedback had been received from staff with regard to moving from working for a Local Authority to what is effectively a private company, the Information, Advice & Assistance Manager explained that the Local Authority Trading Company (LATC) would be wholly owned by the Local Authority and it would be up to them to set the terms and conditions. An event was held recently for all staff and representatives from the Unions and Human Resources when it was made very clear that the new business model was not the driver for changing terms and conditions in any way. There were questionnaires available for staff to make any comments regarding the process anonymously;
- Concern was expressed that a Trading Company was privatisation by another name. The Information, Advice & Assistance Manager explained that the LATC would have a Management Board which would have to report to the Executive Board on a frequent basis. The Executive Board would ensure that all the necessary safeguards are in place. The backing of the Local Authority is incredibly important. This is not privatisation and if we manage to establish a LATC we will benefit greatly and the money it will bring in could be reinvested in social care;
- If the LATC is wholly owned by the Local Authority officers were asked why not leave it as it is. The Information, Advice & Assistance Manager explained that Local Authorities are not permitted to make a profit as they are bound by legislation, however, we need to make a profit and a Trading Company is able to draw down dividends;
- Asked if the Trading Company would have its own Human Resources and Payroll officers etc. the Information, Advice & Assistance Manager explained that initially the Authority's internal systems such as HR, Payroll, I.T. etc in order to provide continuity;
- It was pointed out that a clear marketing plan was required and officers were asked if this had been done. The Information, Advice & Assistance Manager confirmed that this would need to be done and that the marketing would need to be very strong as the work they would be bidding for would not just be in Wales;
- Asked if any new employees would be on the same terms and conditions as existing employees, whether they would remain in the offices in Eastgate and whether all employees would be on minimum wage at least, the Committee was advised that the business case makes it very clear that there will be no two tier workforce so all new employees will come in on the same terms and conditions and on minimum wage at the very least. With regard to Eastgate and being co-located with health colleagues is perfect and the team will be staying there for the time being, however, problems may be encountered with the location in terms of capacity in the future and it may be necessary to look for alternative accommodation, perhaps in the new Wellbeing Village.

**RESOLVED that the information be noted.**

## **11. WEST WALES CARE PARTNERSHIP - AN OVERVIEW**

The Committee considered a report detailing the requirements within Part 9 of the Social Services and Wellbeing (Wales) Act 2014 regarding partnership working in

the provision of care and support and of arrangements in place in West Wales to meet those requirements

The West Wales Care Partnership was established in early 2016 and its work is overseen by the statutory Regional Partnership Board who have identified five strategic priorities:-

- (1) Integrated commissioning;
- (2) Service integration and pooled funds;
- (3) Transforming mental health and learning disability services;
- (4) Information, Advice & Assistance/Prevention;
- (5) Implementation of the Welsh Community Care Information System

These priorities are underpinned by a strategic approach to carers, workforce development and citizen engagement.

Section 14 of the Social Services and Wellbeing (Wales) Act 2014 requires Local Authorities and Local Health Boards to produce population assessments setting out the needs for care and support across a range of populations groups in their area, the range and level of services required to meet those needs and the extent to which these are currently not being met. The population assessments must also consider how these services will be provided through the medium of Welsh. The first West Wales Population Assessment was published in March 2017 following consideration and agreement by each of the statutory partner agencies.

Section 14A of the Act requires the production of regional Area Plans to address issues identified within the Population Assessments. The first West Wales Area Plan was currently under development and will be brought to partner agencies for sign-off in early 2018 prior to publication in April 2018.

The following observations/questions were raised on the report:-

- Asked how the Welsh Community Care Information System works, the Head of Regional Collaboration explained that it is a national system. There is no mandate for all Local Authorities and Health Boards to adopt the system, however, all but two have done so. The system helps users to get rid of duplication and share patient information. Transition from existing case management systems to the new system has seen significant issues and problems, however, having a regional implementation plan helps within mitigating problems and challenges;
- Reference was made to one of the overarching recommendations in the report that we must recognise the contribution of carers and provide them with support and officers were asked if that recommendation was on track. The Head of Regional Collaboration informed the Committee that one of the key messages to come out of the population assessment was the pivotal role of carers. Officers were currently preparing an action plan which they are required to do in accordance with legislation and which will be presented to Committee in March 2018. The action plan details what is being done with regard to carers;
- Reference was made to the fact that the Information, Advice & Assistance service promotes independence, supports individual wellbeing and reduces demand for managed care and support services and concern was expressed that this was being recorded as a complete assessment. The



Information, Advice & Assistance Manager explained that from a Carmarthenshire perspective our key focus is trying to help people to re-engage with their communities and to access services. Staff are all given the opportunity to access the NVQ Level 4 qualification in Information, Advice & Assistance which enables them to deal with more complex cases;

- It was noted that the Regional Partnership Board does not have any delegated decision making powers and officers were asked if these would be granted at a later date. The Head of Regional Collaboration explained that the legislation is quite clear regarding the promotion of co-operation and integration and it is that assurance and the scrutiny role and ensuring that they are doing what is required under the Act.

**RESOLVED that the information be noted.**

## **12. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT**

The Committee received an explanation for the non-submission of the following scrutiny report which was scheduled to be considered at today's meeting:-

- Deprivation of Liberty Update

**RESOLVED that the explanation for the non-submission be noted.**

## **13. FORTHCOMING ITEMS**

**RESOLVED**

**13.1 that the list of forthcoming items to be considered at the next scheduled meeting to be held on Monday, 18<sup>th</sup> December, 2017 be noted;**

**13.2 that the revised Social Care & Health Scrutiny Committee Forward Work Programme be noted;**

**13.3 that the Executive Board Forward Work Programme be noted.**

## **14. MINUTES - 26TH SEPTEMBER, 2017**

**RESOLVED that the minutes of the meeting of the Committee held on 26<sup>th</sup> September, 2017 signed as a correct record.**

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**CHAIR**

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**DATE**