

Fforwm 50+ Ceredigion 50+ Forum

Minutes

**Monday 8 September 2014
Council Chamber, Penmorfa**

1. Present:

Aberaeron:	Denise Hicks, Adrian Thomas, Malcolm Sumner
Aberteifi:	Dr Carol Byrne Jones, Ken Rathbone
Aberystwyth:	Megan Jones, Anne Ellin
Tregaron:	Bill Messer, Cheryl Bulman
Llandysul:	Roger Couch
In support:	
Cllr. Catherine Hughes	Chair, Champion for Older People and Cabinet member
Gweneira Raw-Rees	Strategy for Older People
Geoff Davies	Cyfranogi 50+
Apologies:	
Tregaron:	Mari Morgan
Llandysul:	John Davies

2. Documents distributed in the meeting

- Ceredigion 50+ Forum Terms of Reference and Meeting protocols
- Questionnaire and Information on Council cuts
- *Effective Engagement with Local Authorities* – Commissioner for Older People

3. Presentation: the future of health services in Ceredigion - Gill Davies County Director & Commissioner for Ceredigion - Hywel Dda UHB

Working closely with the Local Authority to develop an integrated service model, based in North and South localities, to include nursing, social services and therapists. Cuts apply to all partners so better use of resources across both health and social care is necessary and to avoid duplication. A lot has been done and the integrated service is being implemented. Currently, the focus is on developing the South Community Resource Team which will be active on 1 October.

Provision is concentrated on elderly services. On 14 July Community Nursing was introduced in the South of the county and the age range widened from 14 – 101. Pulling teams together and delivering care using the most appropriate people. The Joint Equipment Store in Felinfach supports this process and equipment can be provided within hours which is crucial as palliative care is provided within the community. Fast track approval for care at home can supply equipment within the day.

The service is designed to prevent unnecessary hospital admission. Patients lose their independence within a hospital setting and lose confidence. It is also a dangerous place. Discharge arrangements are provided in a timely way and package of care provided. The aim is to provide antibiotics, catheter, pain management etc at home. We need to get the model in the south right before further roll out with care plans and multi-disciplinary reviews. Resources should match up to the number of patients who shouldn't be in hospital. Weekly meetings are held within hospitals to achieve timely discharge and address Delayed Transfers of Care. Assessments for continuing health care are made. Most targets are achieved but there are peaks eg Bronglais can go from level 1 to level 4 (most acute) very quickly.

New nurses have to learn to monitor the medically fit on the wards. There will be a focus on prevention to prevent crisis management. Occupational Therapy and physiotherapy delivery is a challenge but funding through the Intermediate Care Fund will be used to reshape services. The money is allocated on a temporary basis. The drift of more specialist staff to other counties (especially Caerfyrddin) is a problem. Ambulance delay targets are being looked at.

Waiting for minister to report back on a Mid and West Wales study. A greater link with Gwynedd is needed in terms of how Bronglais is situated.

Capital schemes: Cylch Caron and Aberteifi integrated health centre models – the business case has gone to Welsh Government (WG).

GPs are critical but recruitment is a challenge. Service models to attract new GPs needs to be developed. They have had cluster meetings in the North and South to look at service models and their priorities in terms of the population.

The Community Resource Teams (CRTeams) are an attempt to pull together services including diagnostic services and work with discreet groups of GPs to see what their priorities are eg age profile etc.

Gill Davies added that she would be happy to come back with more details on the CR Teams.

Questions

- **Travelling times for nurses is a barrier. Also health and safety issues of lone workers (AT).**
Pros and cons for nurses. Main positive of the community model is the level of satisfaction – there is less sickness in communities.
There are Lone working protocols and risk assessments. Staff log in so people know they are out. Phone reception is an issue however. Staff often go out in pairs and as part of the integrated team staff could be mixed social services and health.
Travel is limited to base. Remote working systems are used with minimum attendance at meetings. Electronic recording system is used which is also about care planning and delivery of care. Services are community based to limit travel
- **Waiting times for surgical interventions is the main complaint and is unacceptable. Waiting times within community services for necessary and simple treatments seem to be increasing. Physiotherapy referrals for walking aids - 5-6 months normal waiting time (also happening in other areas). Steroid injections - 2-3 months waiting. Orthotics team is based in Glangwili – I know 3 people who have had to wait for 5-6 months. If in severe pain this is a long time to wait and very disabling particularly for older people. Why do we have the waiting times? This is not giving people confidence in healthcare provision. (BM).**
Communication needs to be improved to help people get into services. The introduction of joint integrated teams will help.
- **Where does South Ceredigion finish? (MJ)**
South is from Aberaeron down. It will go Ceredigion wide eventually.
- **Palliative care - what about the sitting service and the form filling etc? (MJ)**
Totally agree about the value of the sitting service. Hywel Dda has a major contract with Marie Curie and elements are being added shortly
- **£60,000 was allocated by WG to Beacon of Hope after the service ended. Where is it being spent? (MJ)**

The money will go into palliative care.

ACTION: GD to provide details.

- **Who determines what equipment is provided by the equipment store? (CB)**
Some equipment would be preventative. There are protocols regarding access. Nurse Kay Morgan and Equipment Store Manager Ywain ap Dylan decide.
- **Communication: distinct lack of information when registered disabled. Three different people offering 3 different assessments – a one stop shop is needed. A lot of people need nurturing regarding finding help. This is lacking. (CB)**

Single point of access is being developed to provide information.

Useful Contact for Older people files, developed by the Strategy for Older People, have been placed in GP surgeries, libraries and key offices.

ACTION: 50+ members to check out whether or not the files are available in their local GP surgeries.

- **Cardigan hospital discussions took place 15 years ago. Now, the hospital is being run down. We are concerned about glorified doctors' surgeries replacing hospital services especially in the case of trauma cases – strokes, heart attacks and car accidents. I know there are first responders and paramedics but it is still a 1 hour journey to a place of treatment. I took a stroke patient to Glangwili A&E in the car from CN Emlyn which took 30 mins (it would have been 50 from Cardigan). I got help successfully but what is going to be done? Acute general hospital stroke beds an hour away. (KR)**

We need good transport responses as we don't manage this kind of case in small hospitals. The resource centre will be state of the art with out-patient clinics etc

When? (KR)

Depending on the WG response, timescales will be identified.

Beds taken from Cardigan two years ago (KR).

Cylch Caron is the same. We have to remind Carl Sergeant that there is life between the M4 and A55. (CH)

Cardigan should be built first.

Tregaron is approximately 1 hour from Bronglais (BM).

- **Pharmacies: out- of- hour services were being thought about. Any news? Services will need paying for. Past attitudes have been poor with no pay offered (KR)**
ACTION: Gill Davies to investigate
- **What percentage of equipment is recycled within the store? (AE)**
 All equipment is recorded. When returned it is overhauled and checked. When not fit for purpose parts that can be saved are removed and kept.
ACTION: Gweneira to ask Equipment Store manager regarding percentage
- **Who sets the various targets? And how appropriate are they? The whole thing becomes a paper exercise instead of doing what is needed. (CBJ)**
 Targets are set by WG who monitor performance eg there is one for strokes, one for ambulance handover at A&E, referral to treatment for those who require surgery etc. There are a range of targets spanning various conditions.
 A whole raft of things are considered and it is important to learn. The process also supports planning eg around winter emergencies
- **Rural areas have particular problems eg an 85 year old lives in an isolated location, has dementia and sleeps for 20 hours a day. The daughter lives in Manchester. He qualifies for help four times a day but there are no carers (CBJ)**
ACTION: CH to investigate the case.
- **Bronglais is so important but is being run down. A patient, who had been in a coma since January, had been transferred from Caerdydd to Bronglais and the care provided was excellent. (DH)**
 A meeting to support the retention of Bronglais services is being held at 7pm Friday 12 September
- **New Quay surgery medical secretaries and receptionists are extremely accessible and offer patients help and information. Patients ring up and ask for a specific person who they know. Bereaved husbands however suffer problems because they have never had to do it. Are the integrated teams sustainable? (RC)**
 There is a £1m projected shortfall in Social services budgets. We are working collaboratively regionally. In house carers have been transferred to the private sector (CH)
 We can work more efficiently together and demonstrate improvements quickly. Enabling independence is key but loneliness is an issue so the resilience of communities needs to be improved. (GD)

- **A large percentage (70%) of people in the Pennant area are over 50 but there is uncertainty around what is happening with the Health service. The press only prints negative stories. (MS)**

The strategy has been unclear for a few years but there will be huge benefits to the development of community services. The new Hywel Dda Chair, Bernie Rees is keen on engagement with staff and the public and will be holding public meetings in Ceredigion. People's fear of losing services is greater than the actual situation. We will not lose Bronglais because of its location and the demands on it but it is not realistic to do everything in Bronglais. Chris Martin had stated that Bronglais was the safest hospital regarding closure.

4. Consultation on cuts to Council services

Most members had already responded to the consultation electronically. Some questions were raised:

- **What does 'partnerships' mean? What kind of partnerships? For example, Community Councils are made up of volunteers who can't cope with all the paper work. If using volunteers what is the level of inspection and accountability? Is there training? What is the standard of ability? In Beulah for example there are no women councillors. Co-opting seems like a way of getting councillors in 'through the back door' as it were. (CBJ)**

There is a consultation taking place currently regarding Town and Community Councils and their future role.

It is difficult to get hold of information on community councillors and who they are. They are meant to have a website but many are not active/up to date.

The information needs to be accessible and various methods should be used to provide information eg list of councillors and contact details on community notice boards (where available) or at other locations and within local papers etc

- **Using private companies to deliver services is problematic as they usually want to make a profit to benefit shareholders etc. There is a difficult balance between making a profit and maintaining quality of provision as we have seen in care homes elsewhere and in dealing with vulnerable groups. It often results in a poorer service for the same money or sometimes more money. Caution is needed in deciding what services are devolved. (BM)**

Private companies use zero hours contracts. It would be better to use a community group.

- **Direct payments which enable people to procure their own support services. Has that been profitable for the council? Has it benefitted the council? Good things need to be shared. (ChB)**
ACTION: Identify case studies and what information is available?

5. Report of last meeting 21 July 2014

Matters arising

- **Digital inclusion:** It is a generational thing – many older people can't use computers. We seem to be at a transitional stage but we must do as much as we can to get the community computer-literate.

A lot want to be able to use a computer to communicate eg an 82 year old who talks to her son in Australia.

Simple basic training is needed.

There should be computers in shops and church/village halls.

Various agencies provide tuition eg Library vans / Cantref.

- **Ceredigion Older People's Partnership (COPP):** a representative from the Ceredigion 50+ Forum is needed
ACTION: consider this when there is a full complement of representatives
- There is a **scheme to help new people integrate**
ACTION: CBJ to provide more information.

6. Terms of reference

No changes identified

7. Area Issues

- Publicity is needed regarding the Forum and its membership
ACTION: develop Press release.

- Aberteifi: potholes are a problem in an area of town where older people live
- Aberystwyth: disabled ramps are too steep

8. AOB

- Ffair 50+ Fair: 1-6pm 1 October at the Morlan Community Centre Aberystwyth
ACTION: Gweneira to send information electronically
- Ceredigion 50+ Forum representation on the three counties Carer Programme Board: Cheryl Bulman nominated
- Age Cymru Ceredigion: Tuesday morning tea and coffee at EE Great Darkgate St Aberystwyth to look at mobile phones etc

9. Agenda/date/time of the next meeting - 8 December 2014

- **Transport**
- **1.30pm Monday 8 December 2014**
- **Council Chamber, Penmorfa, Aberaeron**

March 'open' meeting: St David's Day conference - **One Voice Wales** -

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