



## VOLUNTARY SECTOR SUB-COMMITTEE

### MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, TREDOMEN PARK ON WEDNESDAY, 19TH JUNE 2013 AT 10.30 A.M.

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#### PRESENT:

Mr. R. Cooke – Chair

#### Councillors:

D. Carter, C. Hawker, A. Lewis, Mrs. J.A. Pritchard, Ms. L. Ackerman,  
Mrs. E. M. Aldworth, Mrs. P. Griffiths, P. J. Bevan, J. Bevan, R. Woodyatt,  
K. James.

#### Together with:

Abertridwr Community Church	-	Mr. L. Clay
Bargoed YMCA	-	Ms. J. Price
Caerphilly 50+ Forum	-	Mr. D. Morgan
Caerphilly Groundwork Trust	-	Mr. R. H. Cooke & Ms. K. Stevenson
Caerphilly Mind	-	Ms. J. Lawton
Caerphilly Parents & Carers Forum	-	Mrs. B. Helps
Cancercareline	-	Mrs. C. White
Cruse Bereavement Care	-	Mrs. C. Williams
GAVO – Director	-	Mr. M. Featherstone
GAVO – Caerphilly	-	Mr. M. Bridgman
The Vanguard Centre	-	Mrs. M. Wade
Van Road United Reformed Church	-	Mr. J. Wade
Vice Chair Voluntary Sector Representatives	-	Mr. D. Brunton

Also present:

J. Dix (CCBC Policy & Research Manager), J. Elliott (CCBC Senior Research Officer), Geraint Jones, Alison Palmer & Gina Jones (GAVO), Mrs. M. Jones (The Parent Network), Mr. N. Taylor (Office of the Gwent Police & Crime Commissioner), Mr. H. Llewellyn (Town & Community Council Representative), Mr. T. Sheehan (Caerphilly Business Forum Representative), Samantha Crane, Chris Overs & Julie Kendall (ABHB)

## **1. APOLOGIES**

Apologies for absence were received from Cllrs. Mrs. P. Cooke, Mrs. J. Summers, R. W. Gough, S. Morgan.

Also from Mr. P. Jones (Abbeyfield), Ms. S. Brown (Age Cymru), Mr. C. Luke (Caerphilly People First), Mrs. H. Williams (Disability Can Do Organisation), Mr. I. Racz (Graig Y Rhacca Communities Partnership), Ms. M. Snowden (Homestart Caerphilly), Mr. N. Young (Hospital League of Friends), Mrs. J. Morgan (New CLURV), Superintendent B. Williams, Inspector K. Childs & Sgt. R. Davies (Gwent Police), Ms. D. Crossman (South Wales Fire & Rescue)

## **2. DECLARATION OF INTEREST**

None declared.

## **3. MINUTES**

- 3.1 The Chair welcomed the new Director of GAVO Mr. Martin Featherstone who was attending this, his first Voluntary Sector Sub Committee meeting.
- 3.2 MB updated the committee on item 3.1 from the minutes of 20th March 2013. GAVO has now taken over the administering of the Technical Assistance Fund.
- 3.3 MB updated the Committee on item 3.2 from the previous meeting. He has met with NS, the Acting Director of Corporate Services, to discuss the subject of the non payment of grant funding in advance of the start of a project. After discussion an agreement was made to make payment of grant funding easier and quicker, to Voluntary Sector Organisations. A report will come back to the Voluntary Sector meeting on this.

- 3.4 MB said that the Compact was launched on the 18th April in the Council Chamber at Penallta House, in front of a large number of invited guests. The event was a great success and the Compact was very warmly welcomed and held in high regard.
- 3.5 MB announced that the GAVO Voluntary Sector Achievement Awards evening was taking place, that evening (19/06/13) in Penallta House. It is expected to be a well supported event, as in past years. There have been over one hundred nominations. The Awards will be presented by the Deputy Leader of the Council, Cllr Gerald Jones.
- 3.6 The minutes of the meeting on the 20th March 2013 were then recorded as a true record.

#### **4. LAUNCH OF COMPACT ACTION PLAN ANNUAL REPORT 2012- 2013**

- 4.1 The Leader of the Council, Cllr Harry Andrews launched the Compact Action Plan Annual Report 2012 – 2013. He spoke about the great achievements which all partners in the Compact had made, by working together for the community. Cllr Andrews went on to give an example of innovative working by describing the South Wales Fire & Rescue Service's, successful, 'Project Bernie', which seeks to reduce the number of deliberately set, mountain fires. Cllr Andrews then went on to explain that two retained fire stations are to close, and the replacement will be better sited, on the new major road system at Aber Bargoed. He then mentioned the new Rhymney Integrated Health & Social Care Centre, which will deliver much improved services for the community, in the north of the county borough.
- 4.2 Cllr Andrews then talked about how other statutory organisations, in the Compact, have done an enormous amount of work. He mentioned the amount of money, £3 million, brought into the county borough for voluntary and community organisations, by GAVO. This was very heartening, particularly when viewed in the light of Welsh and UK Government, stringent budget cuts. He warmly congratulated the eight partnership members for the work that they have done. He quoted a comment from the Welsh Government about the Compact: the Caerphilly county borough Compact is 'undoubtedly a model of good practice'.

- 4.3 The Chair, also congratulated GAVO, JD, JE and others, for the work they have put into the Compact Action Plan. He said that the hard copies must be circulated widely, and must not be left on shelves or in cupboards, but must be referred to and used. He suggested that they must also be used when new staff are inducted into those organisations signed up to the Compact. In order to reduce printing costs the Compact Action Plan Annual Report, and the Compact will be available on line from the council's website, in both English and Welsh.

## 5. **SOUTH WALES PROGRAMME CONSULTATION – SAMANTHA CRANE & CHRIS OVERS (ABHB)**

- 5.1 SC gave a PowerPoint presentation on the South Wales Programme Consultation. This is a public consultation about the future of some hospital services for people living in South Wales and South Powys.

### The Services the Programme is consulting upon:

- Consultant-led maternity and neonatal care.
- Inpatient children's services.
- Emergency medicine (A&E) care for the sickest and most seriously-injured patients.

### There are a number of reasons why things will need to change:

- Patients are not getting access to the best care, and services do not meet clinical standards.
- The LHB is struggling to recruit enough doctors.
- If we don't change, doctors will not be available when patients need them and services will collapse.

### What's the solution?

To provide the best care for all patients, all the time, and to meet clinical standards. These services need to be provided in **FOUR** or **FIVE** hospitals across South Wales.

### What does this mean?

- The LHB will continue to provide local services for patients as long as they are safe.
- 80% of A&E care will continue to be provided locally, just as now.
- We will be creating a hospital system where doctors want to come and work in South Wales.

- No hospitals will close but they will have different roles within the new network.
- No A&E departments will be lost but they will provide different levels of care.

Three hospitals are considered to be fixed points, because of the range of services they already provide, and the size of the population they cover:

**University Hospital Wales**, Cardiff

**Morrison Hospital**, Swansea

**Specialist and Critical Care Centre (SCCC)**, a new hospital being built near Cwmbran.

Feedback from the public and the clinicians during engagement was used to develop six benefit criteria – the key issues against which we assessed all the options:

- Safety and quality
- Sustainability
- Access
- Equity
- Strategic fit

### **The options for consultation:**

- **Option 1:** UHW, Morrison Hospital, SCCC and Prince Charles Hospital
- **Option 2:** UHW, Morrison Hospital, SCCC and Royal Glamorgan Hospital
- **Option 3:** UHW, Morrison Hospital, SCCC, Prince Charles and Princess of Wales hospitals
- **Option 4:** UHW, Morrison Hospital, SCCC, Prince Charles and Royal Glamorgan hospitals

The option which has emerged from this process, as the best fit, is a five site model = **Option 3** - UHW, Morrison Hospital, SCCC, Prince Charles, and Princess of Wales hospitals.

### **What does this mean for pregnant women?**

- Women will continue to have the choice of a home birth or a midwife-led birth centre as they do now.
- Antenatal clinics (midwife and consultant-led) and postnatal care will be available in all hospitals, as now.

- Consultant-led care for the one in three women, who need a doctor during birth, including a Caesarean section, will be provided in **FOUR** or **FIVE** hospitals. This will increase standards and safety.

What does this mean for children?

Most children, when they are sick or injured, are safely treated at home or in their local community, without having to spend the night in hospital.

Only the most seriously ill or injured children – thankfully small numbers – are admitted to hospital.

What does this mean for emergency medicine (A&E)?

For those people with the most serious injuries, we want to increase their chance of being treated by a senior doctor, experienced in emergency medicine, when they come to hospital. This means providing this consultant-led care in **four** or **five hospitals**.

The consultation ends on **Friday July 19th, 2013**.

The responses will be analysed and shared with Community Health Councils in September, and Health Boards will meet in October to make a decision about the future of consultant-led maternity and neonatal care, inpatient children's services and emergency medicine (A&E)

Tell us what you think.

Write to us : South Wales Programme Feedback, PO Box 4368, Cardiff, CF14 8JN

E-mail your comments to: [swpresponse@wales.nhs.uk](mailto:swpresponse@wales.nhs.uk)

Complete the questionnaire in the consultation summary, or online [www.wales.nhs.uk/swp](http://www.wales.nhs.uk/swp)

- 5.2 A question was asked about the Specialist Critical Care Centre (SCCC) at Llanfrechfa, as to when it was likely to be finished? The answer is that construction is underway, and it is due to be opened in 2018.
- 5.3 Following a brief discussion about people's experiences in hospital, the following statements were made; not knowing what facilities are available and where they are located; what food is available and when it is available. The reply to this was, that it is recognised that more detailed information should be publicised, for hospital inpatients.

The Chair thanked SC and CO for their presentation, and urged members of the Voluntary Sector to take part in this consultation, as there will be fundamental changes to hospital services provided, in the future.

## **6. NURSING STRATEGY & MIDWIFERY STRATEGY 2012–16, AND PROTECTION AND SAFEGUARDING ISSUES – PRESENTATION BY JAYNE ELIAS (ABHB)**

6.1 JE gave a PowerPoint presentation on the Nursing Strategy 2012 - 16.

6.2 The strategy seeks to:

- Deliver patient centred services
- Focus on quality, safety and excellence
- Achieve better use of resources
- Empower staff
- Improve public health

The business of health care is changing due to .....

Demographic changes, advances in medical interventions = increased complexity, acuity and dependency of health service users.

- The nursing workforce needs to be developed to support service changes e.g. models that result in less reliance on inpatient beds and the benefits of Advanced Practice/Specialist Nurses need to be realised.
- Areas of concern (safety and standards) need to be addressed.

### **Strategic Vision:**

To provide professional leadership that enables the 'nursing family' to deliver high quality, safe and effective care in partnership with the patient and others.

### **Nursing Family:**

The 'nursing family' is made up of nurses, midwives, health visitors, support workers and volunteers working across all Aneurin Bevan Health Board healthcare settings.

Overall nursing and midwifery = 33% of the workforce.

## **Explanation of the Role of Sisters, Charge Nurses & Team Leaders**

To provide effective leadership and management of the patient environment, ensuring dignity, safety, and the maintenance of professional standards. To ensure good performance through the effective use of resources, commitment to staff development and timely patient throughput.

### **We will know we have achieved our aims when:**

Practice is in accordance with professional standards, key strategic drives, and results in improved patient experience.

Clinical leadership and a clear professional reporting structure is evident at all levels of the organisation; individual nurses and midwives are clear about their professional and personal accountability.

The nursing and midwifery workforce is appropriately resourced, skilled and delivering evidence based care.

Nursing and midwifery information is collected and used to measure performance, inform practice improvement, and maximise patient/service user outcomes.

Excellence is celebrated, and best practice shared.

### **The Nursing and Midwifery Strategy 2012/16 “Vision and Voice, Making the Shift”**

Provides a clear direction of travel to secure the nursing contribution to the delivery of the ABHB 5 Year Plan.

Identifies priority actions to be achieved within the lifespan of the plan.

- 6.3 A question was asked: What has prompted this Strategy, now? The answer was that there had always been a strategy, but that now was an opportunity to demonstrate a strong, professional voice for a clearer nursing provision. It was an opportunity to establish good communications by the use of ‘Patient Experience Groups,’ to obtain an awareness of satisfaction levels with the services provided. Information on this was obtained through surveys and questionnaires. On this point, concern was expressed about how patients with learning difficulties, could adequately provide information on their experiences, and possible ways that nursing staff could improve the service to those people. Information packs are provided to all patients. There is a significant amount of work currently being undertaken with stroke patients.



The comment was made that the ABHB should take note of the complimentary comments, as well as the negative comments.

The strategy reflects on the Health Board's recruitment and funding, to provide safe and skilled staff.

The Chair thanked JE for a very informative presentation.

## **7. CANCERCARELINE; A PRESENTATION BY KAY REED AND CHRIS WHITE**

- 7.1 This unique service provides support to the newly diagnosed, those in remission, and also complements the excellent palliative care support, provided within the County Borough.

Key Milestones:

Cancercareline founded **1985**

**1986** - Registered charity status

**1996** - Launch of 24hr Staffed Helpline - **01495 221660**

**2003** - Relocated to Woodbine Road, Blackwood

**2008** - Launch of web page : [www.cancercareline.co.uk](http://www.cancercareline.co.uk)

**2012/13** - Expanded our Complementary Therapy Service.

- Macmillan sponsored training costs for our Complementary Therapist to be trained at Velindre Hospital.

Cancercareline has 40 – 45 volunteers. It also has Service Level Agreements with Caerphilly CBC Social Services, and with the Aneurin Bevan Health Board.

It is clear from thank you cards, feedback from people using the service, and the volume of people who access the range of help, that Cancercareline provides, that the service is a very valued one.

### **Services Provided are:**

24 hr Staffed Helpline

Counselling

Benefits Advice

Complementary Therapy & Relaxation Classes

Beauty Treatments

Self Help Support Groups – Tuesday Friends, Craft & C Red

Internet Cafe

Day Trips and Holidays

Between 1996 and 2013 Cancercareline took over 5,000 referrals for Benefits Advice, Complementary Therapy, Counselling Service and Support Groups.

Referrals to Cancercareline come from:-

Macmillan, Tenovus, St. David's Foundation, GP's, Surgery Staff; Hospitals – Velindre, RGH & Royal Glam, Outreach Team, Self Referral; via – CCL Helpline, Friends, Family & Work Colleagues, Internet – CCL Webpage, and others.

The Chair thanked KR and CW for an informative, caring and meaningful presentation.

**8. VERBAL RESPONSE TO THE VOLUNTARY SECTOR QUESTION, BY JULIE KENDALL - ABHB:**

'Why have no Learning Disability Nurses been appointed for Ysbyty Ystrad Fawr despite the level of need in the county borough for this provision?'

The response from JK was that two Learning Disability Nurses have been appointed, and are due to start work at the end of July / beginning of August, to provide services in YYF, RGH and Neville Hall Hospitals. Although, they will also be available across the whole of the ABHB area. Their role is to help existing nursing staff, to supply reasonable adjustments. There will be a launch to raise awareness of the new service. The service will also be monitored to assess uptake and demand.

A question was asked on Cyril Luke's behalf, as he was not available to attend this meeting. Will he be able to contact these nurses as and when required? JK replied, that open referrals can be made and the contact information for the Learning Disability Nurses will be made available. The Chair thanked JK.

**9. WELSH GOVERNMENT CONSULTATION: CONTINUITY AND CHANGE – REFRESHING THE RELATIONSHIP BETWEEN WELSH GOVERNMENT AND THE THIRD SECTOR – MIKE BRIDGMAN, GAVO, JACKIE DIX - CCBC**

9.1 Welsh Government (WG) funding for the Third Sector is assured until 2014, after which funding will follow a new formula. There is a consultation event on this subject to be held on 3rd July, here in Penallta House at 12.30pm. There will be representation from the WG at the event. The wider Consultation, for the public, and all Third Sector organisations will finish on the 8th August.

- 9.2 MB explained that the WG's proposals were to reduce the current 19 Community Voluntary Councils (CVC's) to 8 CVC's for Wales. This may form the basis for GAVO to eventually become the CVC for the five Gwent Local Authorities, in the Greater Gwent area.
- 9.3 A comment was made that suggested that there is a degree of duplication of work between the CVC's and the WCVA, and that the WCVA itself, was felt to cover too great an area, to work effectively. The funding to GAVO this year will equate to 8.9% of it's core funding.
- 9.4 Comments were made that it has been noted that training from the WCVA is more expensive than that provided by GAVO, and that the locations for WCVA training tends to be regional i.e. outside the county borough, as opposed to those from GAVO. MF who has had recent discussions with the WCVA, said that they (WCVA) are aware of this and the risks that could be encountered. They are conscious that they will have to work more collaboratively in the future.

## **10. MAKING COMPACT AGREEMENTS STATUTORY: BRIEFING – JACKIE DIX, CCBC**

- 10.1 JD explained that as a result of the Welsh Government's engagement of Wavehill, a consultancy firm, to assess the impact of making Compact Agreements, a statutory requirement for all Local Authorities, a report has been published. Some members of this Voluntary Sector Sub Committee may remember that they were interviewed by the consultancy firm, for this Welsh Government consultation.
- 10.2 Within the report, Caerphilly county borough has been held as 'undoubtedly a model of good practice', for its Compact Working. The Welsh Government proposed that Compacts will not be made statutory at this time, but this is a matter of the current consultation.
- 10.3 Cllr L Ackerman said that in past years the Caerphilly CB Compact seemed not to be recognised by the Welsh Government. But in recent years, far more interest, and complimentary comments on the Compact's achievements, have been received. MB said that working together is better than less co-operation, and it was possible that in the future, there may well be a Gwent Wide Compact Agreement.

**11. ITEMS OF INTEREST TO THE VOLUNTARY SECTOR FROM COMPACT PARTNERS.**

11.1 MB said that this is a summary of reports which have gone to council Committees, Cabinet, and Full Council, which contain items of interest for the Voluntary Sector. If there is a wish by any member of this committee to have the full report, please contact John Elliott, in the council's Policy Unit.

**12. INFORMATION REPORTS**

12(a) State of the Third Sector - March 2013 WCVA Report.

12(b) Community Planning Quarterly Briefing April to June 2013.

**Two announcements were made:**

The CCBC Standing Conference will be held on the 5th July at Llancaiach Fawr. The Single Integrated Plan 'Caerphilly Delivers' will be launched, with presentations and discussions on the Caerphilly Homes Project, and the Caerphilly Passport Scheme.

On Friday the 28th June the council will be celebrating Armed Forces Day at Penallta House. This year it will be combined with the signing of the Caerphilly Armed Forces Community Covenant, which pledges support for serving armed forces personnel, their families and ex-armed forces personnel (Veterans) living in the county borough. The Covenant is not just for services provided by the council, but also for many other aspects of living in the county borough, which includes the public, private and third sector organisations.

**13. DATES OF THE NEXT 2013 MEETINGS (ALL AT 10.30AM, WITH THE PRE-MEETING OF THE VOLUNTARY SECTOR AT 10.00AM) IN THE RHYMNEY ROOM AT PENALLTA HOUSE:**

18th September

4th December