Mid 06-00(min)

Meeting of the Mid Wales Regional Committee

Date: Friday 1st December 2000

Time: 10.30 am

Venue: Urdd Camp, Glanllyn, Bala

Attendance:

Elin Jones, Chair	Plaid Cymru	Mid and West Wales
Mick Bates	Liberal Democrat	Montgomeryshire
Glyn Davies	Conservative	Mid and West Wales
Delyth Evans	Labour	Mid and West Wales
Kirsty Williams	Liberal Democrat	Brecon and Radnorshire

Committee Secretariat:

Delyth Thomas	Committee Clerk
Brian Duddridge	Deputy Committee Clerk
Gareth Woodhead	Secretariat Support
Daniel Collier	Secreatriat Support

Apologies: Nick Bourne and Cynog Dafis

Substitutions: None

Declarations of Interest : None

Opening Remarks

The Chair welcomed members of the public to the meeting and thanked Dr Alun Owens, Head of the Camp for hosting the meeting. She thanked Elfyn Llwyd, MP for his warm welcome to his constituency.

Agenda Item 1: Health Improvement Programmes (HIPs)

A Presentation by Dyfed – Powys Health Authority

1. The Chair welcomed representatives of the Dyfed – Powys Health Authority

and invited Margaret Price, Chair to introduce her colleagues Dr William Ritchie, Director of Public Health and Lead on HIPs, Stuart Gray, Chief Executive of the Authority, Paul Barnett, Chief Executive of Ceredigion and Mid Wales NHS Trust, Stuart Moncur, General Manager of Ceredigion Local Health Group, Hilary Orman, General Manager of Powys Local Health Group.

1.2 Mrs Price pointed out that since the Authority's previous appearance at Machynlleth on October 1st, 1999, a new team had been put in place to take the HIP forward. The Authority had made a presentation on 29 June to the National Assembly's Health and Social Services Committee of its vision for the future and received agreement on its recovery plan. All new monies were devoted to the plan to deliver improved services and not to making good the previous debts of the Authority. She invited Dr Ritchie to give an introduction to the HIP Programme.

1.3 Dr Ritchie gave an historical introduction to the HIP and an overview of the key issues in Dyfed-Powys Health Authority. These were set out in detail in the Dyfed-Powys HIP available in its website at www.dyfpws-ha.wales.nhs.uk/ Dr Ritchie pointed out that HIPs were an evolutionary process, the next version of the plan would cover the period 2002-07, this would be influenced by many strategies, reports, guidance and the changing health demands of residents across the Authority's area.

1.4 Stuart Gray advised that officials needed to know that change was happening across the framework put in place. The new managed clinical networks were working with Trusts and others outside the Authority, there was therefore an integrated approach through sub-specialisation and cross boundary liaisons e.g., with Oswestry and Shrewsbury. There were other issues such as waiting times, emergency pressures and equality of access which were being tackled constantly. Pressing day to day matters e.g., coronary heart disease were placing heavy demands on services, he was confident however that there were significant improvements on course.

1.5 Points raised in discussion included:

- the Clinical Futures Group had discussed downgrading Bronglais Hospital in order to centralise operations at Glangwili Hospital, potentially making an outpost of Bronglais, was there opportunity to develop specialisms at both locations?
- was the Authority aware of the Royal Colleges views on the work of the Clinical Futures Group?
- was too much emphasis being placed on processes?
- what percentage of the budget was being spent on taking the HIP forward?
- how was performance to be measured?
- how did the HIP focus on the needs of children?
- how were standards in clinical governance achieved whilst ensuring accessibility and corporate governance?
- in June 2000 not all the local groups had signed off their recovery plans, how far were the Trusts delivering against them?
- was the Authority meeting demands on acute services or were some being deferred?
- what was the role of the cottage hospital within the network?
- what was the impact of resource allocation on rurality and was Dyfed-Powys losing out in the nhs revenue formula?
- what was the Authority's approach to mental health care and in particular stress in rural areas?
- were there plans to improve the ambulance service, perhaps by means of top-slicing from the Health Trust;
- what plans were there for non-patient travel to appointments other than by private car? and
- should volunteers be asked to transport seriously ill people where there was a medical/ clinical need to use an ambulance.

1.6 Stuart Gray confirmed that no major hospital was at risk of closure or downgrading in order to develop a sustainable service to patients the Health Authority had to optimise capacity in all its hospitals. Bronglais was a good example where spare capacity had been used to alleviate waiting time problems elsewhere in Dyfed-Powys. Co-operation, networking both within and outside the Authority were essential to ensuring delivery of the clinical governance agenda. The Royal Colleges were now taking a wider and more pragmatic view of how the health service should be delivered.

1.7 Dr Ritchie understood the concern for what seemed an over-prescription of processes but there was a need for a framework to deliver HIPs. A performance management framework was needed to implement the HIP via local health groups; targets would be set early next year. There was a focus on the needs of younger children and the provision of support including community development work in paedeatrics, **Dr Ritchie undertook to provide information on the focus of child specific work within the HIPs and Local Health Groups Action Plans**. Stuart Moncur added that there were moves to encourage NHS dentists to move into the Dyfed-Powys area.

1.8 Stuart Gray stated that the intention in future was for the totality of the budget to be targeted at the delivery of the HIPs objectives. This would mean that the current recovery plan would be subsumed into the delivery of the HIP and not be budgeted separately. On the question of clinical governance the Authority was intent on maintaining guidelines that did not take risks with patient well-being, the emphasis was on maintaining safe, high standards of care. These involved a specialist health commission for Wales.. He confirmed that community hospitals played a very important role in clinical networking and some performed to an extremely high standard. These hospitals played a full part in the delivery of health care and were subject to clinical governance standards. Dyfed-Powys was being tailor made for local health groups, there were currently three groups with agendas agreed for the next three years.

1.9 Stuart Gray informed the Members that the Rurality and Resource Allocation Group which would conclude its findings by the end of the year. It had focussed on Scotland's to the resourcing of rural areas and was analysing whether this approach could work in Wales. He would support the top-slicing of funds for ambulance provision from Trust revenues as it would not ensure the rigour of performance standards. Dr Ritchie advised that the Institute of Rural Health had done much work on the provision of community mental health professionals in rural areas. More needed to be done and the Institute had much to contribute to issues such as rural stress. Hilary Orman confirmed that non-emergency transport was needed to provide a rapid and safe system for those with a clinical need e.g., to attend out-patient clinics. There was an issue of re-imbursement of travel expenses to those who had to attend clinical sessions which did not currently qualify for the social services re-imbursement.

Presentations by the Community Health Councils

Montgomery CHC – John Howard, Chief Officer

2.1 John Howard concurred with the Health Authority that the processes of establishing the HIP through an inclusive process involving public input had worked well. He referred particularly to the service agreement value the Local Health Group had with Montgomery CHC to deliver public contributions.The effective working relationships that existed and the partnerships that were developing were a sound basis for taking the work forward. This added to the momentum provided by the National Assembly for a climate for change.

2.2 He cited remaining difficulties as the problems of rurality – dispersed population, travel times, the lack of a district hospital, poor ambulance resource and the inappropriateness of applying urban standards of clinical governance to rural areas. He demonstrated his key points through the slides copied at

Annex 1.

Ceredigion CHC – Dr Monica Williams, Chief Officer, Cllr D R Evans, Chair

3.1 Dr Williams re-affirmed the public right to be involved in the decision making process both through the partnerships that had been forged and through public opinion. It was clear that the Health Authority were listening to the views expressed. The clinical networks were looking to make their services more readily available to the communities of Dyfed-Powys and not centralising them. Transport remained a problem in most areas and it was essential that the ambulance trusts became more involved to ensure that a public service was delivered. The use of telemedicine should become more widespread across the area.

Brecknock and Radnor CHC – Mr Bryn Williams, Chief Officer.

4.1 Mr Williams was pleased to note the pluralist approach now being adopted as part of the HIP and local partnerships. He confirmed the positive input of the National Assembly in drawing discussion on the provision of health services clearly into the public domain. The Council had contributed to the HIP, was involved in the clinical futures group and enjoyed an excellent working relationship with the Local Health Group. These new developments were very welcome but resulted in increased work for staff of the CHC's who were mostly part-time and run on a small budget. He demonstrated his key points through the slides at **Annex 2**.

Meirionydd CHC – Gareth Owen, Chief Officer and Cllr Ian Roberts, Chair.

5.1 Mr Owen referred to a paper attached as Annex 2. He confirmed that the Council had been involved in the preparation of the North Wales Health Authority HIP but were to pursue closer involvement. In south Merionydd residents relied heavily on and valued the service provided by Dyfed-Powys Health Authority, also the services of General Practitioners based at Machynlleth and the facilities at Bronglais Hospital e.g., the renal dialysis provision for patients from the Tywyn and Aberdovey areas. The North Wales HIP had issued in November for comment, it identified similar needs and priorities as those covered in the Dyfed-Powys plan. He echoed those problems expressed by other CHC representatives, but recognised that there had been significant improvements in service provision.

5.2 Cllr Roberts highlighted the great change that had taken place in the provision of psychiatric care in Wales and stressed that in Meirionydd residents were totally dependent on mental health community psychiatry. There was a scarcity of qualified staff, provision needed to be expanded but there was concern that the Health Authority had not yet decided how to apportion funds between the hospital and community psychiatric services. He hoped that the National Assembly would look into this.

5.3 The Chair thanked representatives for their contributions. Points raised in discussion included:

- the English National Health Service (NHS) Plan – A Plan for Improvement - A Plan for Reform offered an interesting approach to public participation, would this be appropriate to Wales?
- what was the best way to deal with patient complaints? and
- what scope was there for interaction with patient's panels.

5.4 John Howard felt that the NHS Plan would be difficult to implement in Wales. Patient advocacy based in hospitals was not always transparently independent, consequently it could disenfranchise most of the population in Wales. In Wales an inclusive approach to a strategy for patients was needed. Bryn Williams was concerned that the NHS model would rob community health councils of their independence and influence, removing them from meaningful discussions with Health Authority Chief Executives. The main difficulty with dealing with complaints was that patients were a captive audience and frequently had little if any alternative to their general practitioner.

5.5 John Howard advised that patient panels were fundamental within the Powys Health Care NHS Trust, they provided a public perception of services and helped to highlight patient needs. Dr Monica Williams reminded the Committee that patient participation groups were widespread and met whenever and wherever they could. Bryn Williams felt that these panels/groups were the lynchpins of community opinion offering a proactive approach which fed into the partnership network.

5.6 The Chair thanked presenters and noted that a significant amount of voluntary work went into the contribution from the grass roots of community health work. She recognised that the Meirionydd Community Health Council might have an opportunity to address the North Wales Regional Committee when it met at Portmadoc on Friday 8th December.

Agenda Item 2 : Public Presentations

6.1 The following presentations were made :

Subject	**Organisation/Speaker**	**Paper**
Dr Alun Owens	Urdd Gobaith Cymru – Glan Llyn	
Dafydd Watts, CYMAD	Community Regeneration	Annex 3
Richard Walker	The Networked Village Project - Penrhyndeudraeth	Annex 4

Roanna Dewsbury and Grisial Llywelyn, pupils and Geraint Owain, Head of Ysgol y Berwyn	Post 16 opportunities in rural depopulated Mid wales	Annex 5
Dwynwen Murray (Llanuwchlyn Community Council)	General Practitioner cover outside normal hours	Annex 6

Agenda Item 3 : Minutes of the 20th October Meeting

Minutes : MID 05-00(min)

7.1 The minutes were agreed.

7.2 The Chair announced that there was to be a change in secretarial support for the Committee and paid tribute to the work of the Clerk, Deputy Clerk and Support Staff.