

**Minutes of the Meeting of HEALTHIER COMMUNITIES OVERVIEW AND SCRUTINY  
COMMITTEE  
held at the ZOOM on Thursday, 24 June 2021**

**PRESENT;** Councillor Mark Strong (Chair), Councillors Lyndon Lloyd MBE (Vice-Chair), Gethin Davies, Marc Davies, Odwyn Davies, Elaine Evans, Keith Evans, Hag Harris, Alun Lloyd Jones, Dan Potter, John Roberts, Lynford Thomas, Ivor Williams and Bryan Davies

**Also in attendance:** Councillors

**Officers in attendance:** Sian Howys (Corporate Lead Officer - Porth Cynnal Specialist Services)

(10.00 - 11.45 am)

**1 Apologies**

Councillor Paul Hine apologised for his inability to attend the meeting due to being on other Council business.

**2 Disclosures of personal interest (including whipping declarations)  
Members are reminded of their personal responsibility to declare any personal and prejudicial interest in respect of matters contained in this agenda in accordance with the provisions of the Local Government Act 2000, the Council's Constitution and the Members Code of Conduct. In addition, Members must declare any prohibited party whip which the Member has been given in relation to the meeting as per the Local Government (Wales) Measure 2011.**

Councillor Elaine Evans declared a personal and prejudicial interest in item 3 and withdrew from the meeting.

**3 Independent Reviewing Service Performance Management Report  
1.10.2020 - 21.12.2020**

The Corporate Lead Officer Porth Cynnal presented the independent Reviewing Service Report Quarter 3 2020/2021. Quarterly reports are taken to the Healthier Communities Overview and Scrutiny Committee as part of an ongoing examination of the topic to ensure that the Local Authority fulfills its duties as the Corporate Parent. The report included national and local standards and targets used to measure outcomes for looked after children and care leavers at the time of their review meeting and includes Welsh Government Performance Indicators.

On the basis of the information available and the views expressed during the review meeting, the IRO makes a professional judgement about the effectiveness of a child/young person's care plan in meeting their needs and may recommend changes to the care plan. During the review meeting the IRO considers whether the child/young person requires assistance to identify relevant other people to obtain legal advice/take proceedings on their behalf. This action was not deemed necessary by the IRO for any child in the period.

In addition, the IRO has regard as to whether the child/young person's human rights are being breached in any way and, if so, might make a referral to CAFCASS Cymru. This action was not required at any of the review meetings in the period. These reports are considered within Multi Agency LAC Quality Assurance Meetings which meet on a quarterly basis; these meetings provide an opportunity to identify and act upon performance and other issues in relation to this area of work.

These reports are also circulated and reviewed by Local Authority's Corporate Parenting Group which is Chaired by Cllr Alun Williams, Cabinet Member for Children Services and Culture these meetings take place on a quarterly basis.

Members questioned if patterns could be identified in towns in comparison to rural areas, and how our age profile compared with other Authorities. The CLO responded that there was no distinction between town and rural areas and that it was often down to family dynamics. The age profile within Ceredigion is what is to be expected. There is a greater proportion of younger children due to their vulnerability and higher level of care needs.

The Cabinet Member assured the Committee that there were reasonable explanations as to why 8 targets were not achieved during this quarter. These included staff numbers, and missed dentist appointments were due to dentists being closed for a significant period of time because of Covid-19.

It was highlighted that there are a shortage of foster carers within the County and that anyone suitable should be encouraged to apply.

Following questions by the Members of the Committee it was agreed to note the contents of the report and the levels of activity within the Local Authority.

#### **4 Update from the Committee Chair in relation to the Mid Wales Joint Committee for Health and Care Board meeting**

Representatives from the Healthier Communities Overview and Scrutiny Committee observed the meeting of the Mid Wales Joint Committee for Health and Care on 25 May 2021. The Key points from the Mid Wales Joint Committee for Health and Care meeting were highlighted to the Committee. The majority were Covid-19 related. A matter of grave concern was that there are now 30,000 people on the Hywel Dda waiting list.

The following questions had been raised by Members:

Question:

Concern that patients were unable to see their family doctors. In some instances they are only able to receive an assessment over the telephone. How will this situation be improved?

Response

Dr Sion James, Deputy Medical Director – Primary Care & Community Services, Hywel Dda University Health Board

Most GP practices are still operating a triage model for Primary Care appointments where patients access services via telephone or email in the

first instance. Practices have to balance the difficulties of social distancing in order to keep patients safe with the need to ensure face to face appointments where needed. A clinician will therefore agree with the patient on the most appropriate outcome for them following telephone triage. This may be a remote consultation, signposting to another service or a face to face appointment with a clinician. If a patient feels they have difficulty in accessing services at their practice, then we would encourage them to contact the Hywel Dda University Health Board Concerns team on 0300 0200 159.

Patients should expect that access models will change to make more use of digital and remote consultations as part of the future model but that those patients that need to be seen face to face will be.

#### Question

A number of people are asking will they require an annual vaccine to protect them from new variants of COVID 19? This raises concern with individuals after hearing of the deaths from the Delta variant. How are you preparing for this?

#### Response

Jo McCarthy, Deputy Director of Public Health / Consultant in Public Health Medicine, Hywel Dda Public Health Team on behalf of

Ros Jervis, Director of Public Health, Hywel Dda University Health Board

We are waiting for a national steer on whether the COVID-19 vaccination programme will be annual, and for whom. At the moment we are preparing for a number of scenarios, including

- Annual vaccination for the whole Hywel Dda UHB population, given with flu vaccines (if this is approved)
- Annual vaccination for the whole Hywel Dda UHB population, given at least 7 days
- Annual vaccination for those most at risk (JCVI groups 1-9) separately and with flu vaccines
- Different possible timelines for boosters, including the possibility of 6 monthly-3 yearly boosters

The Health Board is well prepared for many scenarios as we have 7 active mass vaccination sites and a good relationship with primary care around delivery

It is very difficult for us to offer anything more concrete at the moment while we do not know what the ask will be nationally around boosters.

#### Question

A number of people have raised concerns regarding the difficulties of getting prescriptions from the pharmacy when needed. They often have to wait a week after the doctor has sent their prescription to the pharmacy. One pharmacy has raised concerns that Brexit has caused difficulties in getting some medicine from the EU.

What is causing the problems and will things improve?

## Response

Jill Paterson, Director of Primary Care, Community and Long Term Care and  
Jenny Pugh-Jones, Head of Medicines Management, Hywel Dda University  
Health Board

Over the past 3 to 4 years there have been growing challenges for community pharmacies in securing medicines to fulfil prescription for our patients. There is no single reason for this but a number of things that impact on the supply chain. Pharmacies make every effort to source medicines from a range of suppliers, often spending many hours ringing and chasing companies to secure supplies.

The supply market for medicines is extremely complex and as a global market is influenced by events that may occur across the world. I have tried to summarise some of the factors:

a) Companies often choose to limit the amount of supply to a pharmacy based on its average monthly usage. This causes problems where a pharmacy may have additional use one month, causing the need to provide an 'owing ticket' requiring the patient to call back again for the remainder of their prescription. While this is constantly flagged as an issue at UK national level, companies are at liberty to determine how much of their stock is directed to which country.

b) Generic products and many of the branded products, are made in a number of countries but often by a small number of manufacturers. Where a manufacturer receives an inspection and is required to make immediate improvements, this may result in a number of products no longer being available for several months. This happens on a relatively frequent basis and causes significant supply problems across the world. One unit may make the same products for a range of companies.

c) It is difficult to ascertain if any of the current shortages and delays are associated with Brexit as these are not new issues. I am not aware that this has worsened over the past few months, although undoubtedly there will be some drugs that are impacted by changes to import regulations but generally I understand these paths are clear due to the critical nature of medicines.

I cannot give any indication when this will improve, but can give assurance that pharmacies are doing everything they can to maintain supply for patients. Often they will contact GPs to suggest/agree a similar alternative to the medicine on the prescription. They frequently 'borrow' from each other to meet demands, including for unusual or urgent requests from the hospital pharmacies as well.

The Scrutiny Officer highlighted that the terms of reference state that up to three scrutiny members from each council including for example the scrutiny chair / convener should form the Scrutiny Working Group however this is flexible.

Following discussion it was agreed that the following members would represent Ceredigion:

- Chair: Councillor Bryan Davies
- Vice Chair: Councillor Lyndon Lloyd

- Previous Chair: Councillor Mark Strong
- Representative from the Independent Group: Councillor Keith Evans

**5 To confirm the Minutes of the previous Meetings 8.3.2021 and 18.3.2021 and to consider any matters arising therefrom**

It was AGREED to confirm as a true record the Minutes of the Meeting of the Committee held on 8 March 2021 and 18 March 2021.

**6 To consider the Committee's Forward Work Plan 2021-2022**

It was AGREED to note the Forward Work Programme presented subject to the following:-

- The tipping of waste down drains is included in the flytipping report on 22 September
- The report on Pest Control includes staffing provision
- A report on Lampeter Leisure Centre in the September meeting
- A report on dementia provision in the October meeting.

**Confirmed at the Meeting of the Healthier Communities Overview and Scrutiny Committee held on 22 September 2021**

**Chairman:** \_\_\_\_\_

**Date:** \_\_\_\_\_