

## Health Select Committee

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### **MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 1 NOVEMBER 2022 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.**

#### **Present:**

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Caroline Corbin, Cllr Dr Monica Devendran, Cllr Howard Greenman, Cllr Pip Ridout, Cllr Mike Sankey, Cllr David Vigar, Cllr Tony Pickernell, Cllr Tom Rounds (Substitute), Cllr David Bowler and Cllr Pauline Church

#### **Also Present:**

Cllr Ian Blair-Pilling, Cllr Jane Davies, Cllr Tony Jackson, and Cllr Dr Mark McClelland

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#### 66 **Apologies**

Apologies for absence were received from the following:

- Cllr Mary Champion (substituted by Cllr Tom Rounds)
- Cllr Pip Ridout (who attended the hybrid meeting virtually)
- Irene Kohler - Healthwatch Wiltshire
- Diane Gooch – Wiltshire Service Users Network
- Mary Reed – Wiltshire Centre for Independent Living

The chairman took the opportunity to thank Cllr Antonia Piazza for his time sitting on the committee and welcomed his replacement, Cllr Pauline Church.

He reported that the Wiltshire Centre for Independent Living had notified the committee that they wished for their Chief Executive Officer, Mary Reed, to replace Sue Denmark as their stakeholder representative. The chairman thanked Sue for her time with the committee and proposed that they appoint Mary Reed as her replacement.

#### **Resolved**

**To replace Sue Denmark with Mary Reed as Wiltshire Centre for Independent Living's Stakeholder representative on Health Select Committee.**

#### 67 **Minutes of the Previous Meeting**

#### **Resolved**

**To confirm the minutes of the meeting, held on 22 September 2022, as a true and correct record, subject to alterations noting the apologies of Cllr**

**Ridout and recording that Cllr Rounds was substituting for her rather than Cllr Sankey.**

68 **Declarations of Interest**

There were no declarations of interest.

69 **Chairman's Announcements**

The chairman reported that the vice-chairman, Cllr Ridout and he had received a briefing on the council's plans to work with care providers to meet the demand for good quality home care. He explained that forming a new alliance called Wiltshire Living Well At Home would make the provision of care more geographically focussed, more flexible and provide the opportunity to pilot different concepts. It was noted that the three scrutiny members briefed were supportive of the proposal and would report their findings to Cabinet on 13 December.

The committee were informed that they could expect to receive proposals for their planned inquiry day, undertaking a system wide review of hospital and admissions discharges, at their January meeting.

Cllr Corbin arrived at 10:35am.

70 **Public Participation**

There was no public participation.

71 **Living My Life Alliance Update**

The Director of Procurement and Commissioning provided an update on the progress with the Living My Life Daytime and Evening Opportunities Alliance. She explained that this was a new approach to commissioning and procurement aimed at transforming how disabled young people, adults and older people access daytime and evenings activities. The director was pleased to report that since the Alliance started, on 1 August, 16 providers had been added to an open framework from which they could bid to provide activities. An evaluation would also take place later in the week to discuss options for how the number of providers could be increased.

The director then outlined plans intended to support the Alliance, including continuing to guide grant funded organisations to join the open framework. In addition, work would be carried out with providers to improve their understanding about the eligibility of potential customers. Since 1 August, two further customers had been assessed as having eligible needs and their care was now being purchased by the Alliance. The two new customers joined the 169 eligible customers already registered with the 16 providers, with more expected to follow.

During the discussion the following points were made:

- Members thanked the director for providing the report and praised the work being done to monitor service provision and expand the opportunities for eligible customers.
- The director noted that some smaller providers had faced challenges in accessing the external portal to register as a provider. However, she reassured the committee that the procurement team had produced a guide on how to access the portal and were also reviewing options for alternative portals. In addition, each provider was allocated a support officer to assist them with the registration process.
- In response to a question about why only three of the 31 grant funded luncheon clubs had joined the open framework, the director noted that a number of the clubs would be attending a review panel at the end of the week. She also highlighted that several clubs had sought alternative forms of funding.
- A question was asked about whether discretionary funding would be available to support luncheon clubs that provided services to older and vulnerable people but only had a limited number of, or no, eligible customers assessed under the Care Act. In response, the Cabinet Member for Adult Social Care, SEND, Transition and Inclusion noted that discretionary funding was available through Area Boards via the Older and Vulnerable People's Grant Scheme and reported that five clubs had already received support through that route. She underlined that it was the council's statutory responsibility to support people assessed under the Care Act and encouraged councillors to work with clubs in their areas to get assessments for potentially eligible customers.
- The Interim Head of Service for Whole Life Commissioning clarified that there were not specific criteria that clubs needed to meet in order to bid to join the open framework. However, clubs would be expected to provide costings, safeguarding assurances and outline the services that they could offer. The director added that, once on the framework, clubs could bid to provide services to customers that had been assessed under the Care Act.
- The Chairman of the Overview and Scrutiny Management Committee highlighted that he would welcome further scrutiny of the impact on lunch clubs that did not have eligible customers as well as greater IT assistance for clubs when applying to join the open framework.

## **Resolved**

- 1. To note the update on the progress made towards, and plans of, the Living My Life Daytime and Evening Opportunities Alliance since its commencement on 1 August 2022.**
- 2. To receive a report at a future meeting providing a further update about the implementation of the Alliance.**

## **72 Winter Pressures Preparedness**

The Director for Living and Aging Well gave an overview of the pressures on and risks to the delivery of health services through the Wiltshire Care Alliance. She noted that there was an urgent care improvement plan for Wiltshire, before providing further detail about specific areas of focus such as emergency departments and sourcing home care. She stated that the plan, built

collaboratively by partners across the Alliance, focussed on year-round pressures and delivering services in the community. The plan contained fewer projects than in previous years to concentrate efforts where the biggest impact could be made and to provide greater clarity about their anticipated impact. She then highlighted the eight key plans identified on page seven of the agenda supplement.

The Director of Locality Commissioning at the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) updated the committee about key risks to the delivery of plans. She reassured the members that the ICB reviewed the risks on a weekly basis, listing a range of mitigation measures in place, such as developing a resource base to combat the increased cost of locum staff.

The Director of Locality Commissioning at BSW ICB then gave details about three winter schemes being implemented across the whole of the integrated care system. A local control room had been set up in Chippenham to coordinate information and free up ambulance capacity by reducing the number of patients being admitted to hospital, when it was not the most appropriate setting for their treatment. She then went into further detail about areas identified by the Chief Executive of NHS England to build extra capacity, and improve resilience, through the winter, before outlining how these were being applied in Wiltshire. One example was an increased focus on falls, with greater emphasis on prevention and delivering a two-hour emergency response to these incidents.

During the conversation the following points were made:

- Members thanked the directors for the update and welcomed the schemes being put in place over the winter. Noting that many of the schemes were non-recurrent, they sought further clarity about the level of provision that would be in place post winter and for following winters.
- The Director for Living and Aging Well acknowledged that most schemes in the winter plan were non-recurrent but stated that options for extending the programmes would be considered if these initiatives proved to be successful. She explained that there was a large degree of autonomy about how the Better Care Fund could be spent, so reassured the committee that decisions for future years could be taken at a local level. She emphasised that a large proportion of current spending was used to purchase additional care home beds, and it was hoped that other measures, such as investment in funding for different patient pathways, would reduce this proportion over time.
- It was confirmed that virtual wards were due to be rolled out in Wiltshire, following similar initiatives in Bath and North East Somerset (BaNES) and Swindon. A virtual ward was a group of patients being treated at home but having daily conversations with multidisciplinary teams about their needs, which allowed them to be released from hospital earlier.
- Technology enabled care, such as the monitoring of vital statistics, was also a key area of innovation. Wiltshire Council's Transformation Programme had a specific workstream focusing on this issue and would develop a strategy in close collaboration with the ICB.

- The Director for Living and Aging Well noted that a number of care packages were being returned by providers through the Help to Live at Home Alliance. She reassured the committee that the council worked closely with providers around recruitment issues and that an increasing proportion of resources across Wiltshire was allocated to home care.
- Referring to an update received by the committee in July, from the South West Ambulance Service NHS Foundation Trust (SWASFT), which reported that the majority of patients visited to did not need to attend an emergency department, members queried the specific measures intended to address this issue within the winter plan. In response, the Director of Locality Commissioning noted that Medvivo, the out of hours call provider, had recently started taking category three and four ambulance calls. Early evidence had suggested that they had been successful at offering services to patients which meant that it was not necessary for them to be taken to hospital.
- Members spoke about the importance of educating the public about where to go for services and highlighted that the 111 website could be very useful when there were delays on the 'phone lines. It was also confirmed that Medvivo handled the 111 calls within BSW.
- Consideration was being given to the type of service provision in the additional 57 winter beds purchased at South Newton Hospital, as the hospital's current focus was on rehabilitation for adults with neurological conditions.
- The Director for Living and Aging Well was pleased to report the positive work being undertaken by the reablement service and that a single point of access for care co-ordination had been established.

## **Resolved**

- 1. To note the comprehensive update from the Wiltshire Care Alliance, the significant challenges being experienced across the system in Wiltshire, and the preparations to meet the additional challenges faced this winter.**
- 2. To add an item to the forward work programme about the work underway with Medvivo to address pressures in the ambulance service.**

## **73 Wiltshire Neighbourhood Collaboratives**

The Wiltshire Integrated Care Alliance Programme and Delivery Lead explained that neighbourhood collaboratives would be community led network of partners, including area boards, the voluntary sector, emergency services and health and care providers, aiming to shape the delivery of services at a local level. The neighbourhood collaboratives would be a community-based asset within the Integrated Care System (ICS), having the opportunity to share ideas and best practice through a forum called Wiltshire Collaborative. She stressed that neighbourhood collaboratives would have a clear structure but would not replicate the work of existing bodies or be performance managed.

She reported that the aim was to create three neighbourhood collaboratives by April 2023, by which time a clear governance framework would have been developed. A steering group would be set up, with task and finishing groups to oversee the implementation of the plans, with the intention of establishing a

neighbourhood collaborative in each of Wiltshire's 13 Primary Care Networks (PCNs) by 2024.

During the discussion points included:

- Members thanked the delivery lead for her very detailed presentation and welcomed the principle of local decision making.
- Questions were asked about how the implementation and success of the neighbourhood collaboratives would be measured and how they would improve patient care. In response, the delivery lead explained that she thought the neighbourhood collaboratives would help to identify gaps in existing service provision. Local communities would have the ability to interrogate and add to data provided nationally through a body called Optum. Wiltshire wide key performance indicators (KPIs) would be developed, and neighbourhood collaboratives would also be able to establish their own KPIs to measure how services were provided.
- She noted that plans for neighbourhood collaboratives built upon the learning from population health management pilot study conducted in Trowbridge, which had shared data to help identify that around 80 people in the area that were likely to become housebound within the next two years. As a result of the work being undertaken, preventative measures were now being put in place to try to mitigate the risk to those individuals
- The delivery lead reassured the committee that the collaboratives had been designed not to duplicate the work of existing organisations and stated that she would welcome information from members if there were areas in which duplication was taking place.
- Observations were made that many of the partners anticipated to take part in the 13 neighbourhood collaboratives were groups already attending Wiltshire's 18 Area Boards. It was suggested that there would be opportunity to share contacts and discuss how the Older and Vulnerable People Grant Scheme could be targeted most effectively. The delivery lead agreed that it would be productive to work closely with Area Boards and explained that PCNs would speak to local groups to establish stakeholders within each neighbourhood collaborative.
- It was also suggested that there would be scope for engagement with the Warminster Health and Wellbeing Social Care Forum.

## **Resolved**

**To note the comprehensive update on the implementation of the Wiltshire Neighbourhood Collaboratives, which have been established to enable partnership working to flourish across services, organisations and community groups within each Primary Care Network area.**

## **74 Mental Health Community Service Framework**

The Associate Director of Mental Health Transformation at BSW ICS provided an information briefing about the implementation of the Community Mental Health Framework (CMHF) across BSW as well as the impact of, and plans for, the service. She explained that a national framework had been put in place in

2019 designed to enable people to make positive decisions, make the best use of community service and adopt a preventative model to mental health.

During the briefing points included:

- CMHF focussed on improving services for specific groups of people, including those with eating disorders and complex emotional needs.
- A key aim was to get the input of people who had experienced mental health issues themselves when deciding how services were to be delivered in the community, including by gathering their views through Healthwatch Wiltshire. Close work was also being done with partners in the voluntary sector, Alabare and Rethink Mental Illness, to support patients throughout their treatment.
- Two new mental health practitioners had been employed to work directly with seven PCNs.
- Annual health checks were being introduced for people with severe mental illness, as they had a life expectancy between 10 and 20 years below the general population.
- A single point of access had been developed for Children and Adolescent Mental Health Services and work was going on to improve transition into adult services.
- The programme would be implemented at a BSW level by using the Thrive Strategy, which considered service provision across all aspects of mental health.
- A gap analysis was being undertaken to look at services for adults over the age of 65 with a functional mental illness.
- It was noted that there was a move away from a purely target based culture to one focusing more on the impact services to patients. This approach was reflected in a new outcomes framework, co-developed with the ICS covering Bristol, North Somerset and South Gloucestershire, which would consider both quantitative and qualitative data.
- It was emphasised that the services could be adapted to reflect findings about their impact.
- The CMHF was intended as a five-year transformation programme and, as such, additional transformation funding would cease at the end of 2023/24. However, the associate director was keen to stress that the programme should be seen in the context of longer-term changes to the delivery of mental health services in the community and emphasised that it would help to develop a BSW's system wide mental health strategy.

## **Resolved**

**To note the report and the overview of the community mental health framework across BSW, summarising the key features of the plan and the anticipated impact for service users, carers, and stakeholders.**

## 75 **Learning Disabilities Mortality Review**

The Director for the Whole-life Pathway at Wiltshire Council gave a presentation about a recent review conducted into the reasons behind premature deaths amongst autistic people and people with learning disabilities. She explained that

there was a local area co-ordinator reporting into committees across BSW to develop a better understanding of how health inequalities could be reduced for people with learning disabilities or autism.

It was highlighted that Wiltshire Council undertook reviews upon the death of individuals with autism or learning disabilities to learn more about the underlying causes. Although this was not a statutory responsibility it was felt that these reviews could enhance understanding and drive service improvement. On average someone with a learning disability dies 22 years younger than the general population and, although these premature deaths are often related to an underlying condition, some deaths are avoidable. It was reported that the leading cause of avoidable premature death in BSW for this group was choking issues related to aspiration pneumonia. During the pandemic in 2021 the rate of excess deaths for people with learning disabilities was twice as high as in the general population, so work was going on to promote the vaccination programme.

During the discussion points included:

- Members thanked the director for the presentation.
- It was noted that people with learning disabilities often got diagnosed with dementia far earlier than the general population and were more likely to face challenges in maintaining a healthy bodyweight.
- The median age of people going through the review programme was 51-70.
- In response to a question about whether the lessons from the programme could be applied widely, the director reported that a multi-agency training programme was due to take place on 1 December for the voluntary and community sector.
- Amongst the lessons learnt was the need for people with a learning disability or autism to be given a medical passport when they were admitted into a hospital or rehabilitation units. Attempts were also made to ensure that patients were given packages of care that were not more restrictive than necessary.
- It was acknowledged that there were challenges in providing care, such a dental treatment or cancer screening, for patients with challenging behaviour. The approach of NHS England was to avoid going down the route of specialist services in favour of a model of providing reasonable adjustments. However, the director noted that a national debate was taking place to analyse the merits of different approaches.

## **Resolved**

**To note the work underway to improve care and reduce health inequalities for people with a learning disability and/or autism and to prevent people with those needs dying prematurely.**

## 76 **Report of the Rapid Scrutiny Exercise: New Health Overview and Scrutiny Principles Document**

The chairman introduced a report from a rapid scrutiny exercise undertaken to review the new health scrutiny principles document published by the



Department for Health and Social Care, and to consider any implications for health scrutiny in Wiltshire. The chairman explained that whilst the new principals did not significantly change health scrutiny's essential role, it did provide the committee with an opportunity to review its approach in the context of the new integrated system. He highlighted that the group had agreed eight recommendations focusing on the monitoring of the implementation of the ICS alongside counterparts in BaNES and Swindon. There would be a stronger emphasis on information sharing with local colleagues, such as Healthwatch Wiltshire, and greater public engagement when undertaking scrutiny into specific topics.

During the discussion, members welcomed the improved connections with bodies scrutinising the NHS in different ways, including their counterparts in BaNES and Swindon. They also endorsed an approach placing a greater emphasis on public engagement, highlighting the issues regarding the PCN in Calne as an example of when this might have provided additional insight.

### **Resolved**

**To endorse and implement the following recommendations of the rapid scrutiny exercise, with updates being brought back to the committee when appropriate:**

- 1. Health Select Committee (HSC) to receive regular updates on the transition to integration, including its implications in practice such as the funding, commissioning and delivery of services at both place-and system level.**
- 2. HSC to engage in the development of the system-level Integrated Care Strategy, placing particular focus on its objectives and how their delivery will be measured.**
- 3. HSC to receive the next Joint Strategic Needs Assessment (JSNA) being developed by Wiltshire's Health and Wellbeing Board and understand how it informs the design of services at place-level.**
- 4. The chairman and vice-chairman to meet with their counterparts from BaNES Council and Swindon Borough Councils to discuss the programme of integration and opportunities for collaboration.**
- 5. The chairman and vice-chairman to review and update the HSC work programme with Cabinet Members and directors at the meetings scheduled in November, ensuring appropriate balance between proactive scrutiny and retaining capacity for scrutiny of issues of concern to local communities, reporting back to Committee.**
- 6. The chairman and vice-chairman to meet with representatives from the Integrated Care System to discuss the following and report back to HSC:**
  - A) How they can work together to achieve efficient and effective HSC engagement on system-level proposals and performance.**
  - B) HSC's forward work programme, ensuring key integration milestones and system level service proposals are reflected;**
  - C) How the ICB will be proactive, open and transparent in sharing information, involving HSC early in contentious matters and building**

scrutiny into the cycle of planning, commissioning, delivery and evaluation;

D) How the ICB can engage in the HSC's performance data monitoring arrangements, currently being developed;

7. The chairman and vice-chairman to invite regular liaison with Healthwatch Wiltshire to discuss work priorities, share information and reports and ensure people's needs and experiences are reflected in HSC's work.

8. For future HSC task groups and rapid scrutiny exercises to consider direct engagement with residents via local patient participation groups (PPGs) and the Patient Advice and Liaison service (PALs) to ensure their voices are heard.

#### 77 **Forward Work Programme**

The chairman invited suggestions from members about what they would like to see added to their forward work programme and noted that addition of an item regarding South West Ambulance Service Foundation Trust earlier in the meeting. He also reported that discussions would be held with the relevant cabinet members about the forward work plan.

#### **Resolved**

**To note the forward work programme as amended at the meeting, including the addition of the item agreed regarding pressures on the ambulance service.**

#### 78 **Urgent Items**

There were no urgent items.

#### 79 **Date of Next Meeting**

The date of the next meeting was confirmed as 18 January 2023, at 10:30am.

(Duration of meeting: 10.30 am - 12.45 pm)

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