

# AGENDA

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**Meeting:** Health Select Committee

**Place:** [Access the online meeting here](#)

**Date:** Wednesday 8 September 2021

**Time:** 2.30 pm

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Please direct any enquiries on this Agenda to Matt Hitch, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email [matthew.hitch@wiltshire.gov.uk](mailto:matthew.hitch@wiltshire.gov.uk)

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## Membership:

Cllr Johnny Kidney (Chairman)	Cllr Jack Oatley
Cllr Gordon King (Vice-Chairman)	Cllr Antonio Piazza
Cllr Clare Cape	Cllr Pip Ridout
Cllr Mary Champion	Cllr Mike Sankey
Cllr Caroline Corbin	Cllr David Vigar
Sue Denmark	Lindsey Burke
Cllr Dr Monica Devendran	Diane Gooch
Cllr Gavin Grant	Irene Kohler
Cllr Howard Greenman	

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## Substitutes:

Cllr Liz Alstrom	Cllr Tony Pickernell
Cllr Trevor Carbin	Cllr Ricky Rogers
Cllr Ernie Clark	Cllr Tom Rounds
Cllr Jon Hubbard	Cllr Ian Thorn
Cllr Mel Jacob	Cllr Graham Wright
Cllr Dr Nick Murry	

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# AGENDA

## PART I

### Items to be considered whilst the meeting is open to the public

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** (*Pages 7 - 14*)

To approve and sign the minutes of the meeting held on 6 July 2021.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

Statements

Members of the public who wish to submit a statement in relation to an item on this agenda should submit this electronically to the officer named on this agenda no later than 5pm on **Monday 6 September 2021**.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Tuesday 1 September 2021** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on **Friday 3 September 2021**.

Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Wiltshire Council Draft Business Plan 2021-31**

On 19 October 2021, Full Council will discuss the adoption of a new 10-year Business Plan for Wiltshire Council. This will follow its consideration by Cabinet on 27 September 2021.

The Business Plan sets the council's overarching strategy and its purpose is to enable Chief Officers to lead and manage the organisation to achieve the priorities and objectives set by elected members. In September, each select committee will be invited to comment on Business Plan priorities relevant to their remits, with comments being referred to Cabinet to consider at its meeting on 27 September 2021.

The final Business Plan will be an influential document when OS is developing its forward work programme, with experience showing that OS is most impactful when it focuses on the council's key priorities. Alongside select committee engagement on the Business Plan, the chairs and vice-chairs will be meeting with their Executive counterparts and directors during September to gain a more informed understanding of plans and projects and to discuss how OS can engage most constructively. These two processes should lead to a well-developed OS forward work programme that reflects the key priorities of the council.

7 **Allocation of the Ministry of Housing, Communities and Local Government (MHCLG) Funding for Domestic Abuse Support in Wiltshire** (*Pages 15 - 26*)

A report is attached from the Director of Public Health that outlines proposals for allocating the £830,051 MHCLG 2021-22 grant funding to support victims of domestic abuse and their children residing in safe accommodation.

Members are invited to comment in advance of consideration by Cabinet.

8 **Royal United Hospitals Bath (RUH) - Shaping a Healthier Future - Health and Care Model Development** (*Pages 27 - 36*)

RUH Programme managers Simon Cook and Geoff Underwood will brief the committee on the health and care vision/support model being developed and how this will shape any potential business case bids to invest in the RUH infrastructure.

The committee is invited to comment on the proposals and consider how it may wish to scrutinise going forward.

9 **Update on Wiltshire's Reablement Service**

The committee invited an update on the work of Wiltshire's Reablement Service at its last meeting. The Director of Access and Reablement will brief the committee on the impact of the pandemic and the opportunities and challenges

faced as the service prepares for winter demand.

10 **Wiltshire Council Update on Staff Wellbeing (report to follow)**

In July the committee requested updates on the wellbeing of health and social care staff following media coverage suggesting many workers were facing extreme challenges after 18 months of working intensively. The committee has already received an update from health partners; this second report updates on the work taking place within the council to support its staff and in consequence ensure ongoing service delivery continues to be effective.

11 **Update on the 'Place-Based' Integrated Care System (ICS) Governance Framework for Wiltshire** *(Pages 37 - 40)*

A report is attached which provides an update on the Wiltshire/place-based governance arrangements being developed in response to the Health and Care Bill 2021-22.

The committee is asked:

a) To agree to bring the draft Cabinet report on the ICS 'place-based' governance framework for Wiltshire to its 2 November meeting.

b) To agree to the chair and vice chair representing the committee at the proposed September and October workshops listed within the report.

12 **Forward Work Programme** *(Pages 41 - 42)*

To consider the forward work programme for the Health Select Committee.

13 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

14 **Date of Next Meeting**

To confirm the date of the next meeting as Tuesday 2 November at 10:30am.

**PART II**

**Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed**

None.

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### Health Select Committee

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#### **MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 6 JULY 2021 AT ONLINE - MICROSOFT TEAMS MEETING.**

##### **Present:**

Irene Kohler, Sue Denmark, Elizabeth Disney, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Johnny Kidney (Chairman), Cllr Pip Ridout, Cllr Mike Sankey, Cllr Clare Cape, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Gordon King (Vice-Chairman), Cllr David Vigar and Cllr Antonio Piazza

##### **Also Present:**

Cllr Liz Alstrom, Cllr Jane Davies, Cllr Ian Blair-Pilling, Cllr Richard Clewer and Cllr Trevor Carbin

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#### **12 Apologies**

Apologies for absence were received from Cllr Caroline Corbin and Cllr Jack Oatley. Cabinet Member for Public Health, Cllr Simon Jacobs, Director Public Health, Kate Blackburn and Director of Access and Reablement, Emma Legg also stated that they were not able to attend. Tracy Cox, Dee Runciman, Claire Williamson and Clare O'Farrell from B&NES, Swindon and Wiltshire Clinical Commissioning Group (CCG) Diane Gooch (WSUN) and Lindsey Burke from SWAN Advocacy also sent their apologies.

#### **13 Minutes of the Previous Meeting**

##### **Resolved:**

**To confirm the minutes of the meeting held on 8 June 2021 as an accurate record.**

#### **14 Declarations of Interest**

There were no declarations of interest.

#### **15 Chairman's Announcements**

The Chairman informed the Committee that since their last meeting, he and the Vice-Chairman had responded to the Quality Accounts for Avon and Wiltshire Mental Health Partnership (AWP), Wiltshire Health and Care, Salisbury Foundation Trust and the South Western Ambulance Trust.

They had also received a briefing relating to the housing related support item in part nine of the agenda. Likewise, discussions had taken place with representatives from Bath Royal United Hospital (RUH) about plans for their capital programme.

Furthermore, he noted that he and the Vice-Chairman would soon be meeting with the cabinet members with responsibility for adult social care and for public health to discuss the executive priorities for the next 12 months. Discussions would in turn support the continued development of the Committee's forward work programme.

16 **Public Participation**

No questions were submitted by the public.

17 **Clinical Commissioning Group Update on Elective Care**

Mark Harris, CCG Director of Commissioning, provided an update on the actions taken to reduce waiting lists and improve capacity.

It was noted that across the CCG infection control requirements had reduced bed capacity when compared to 2019/20 levels. The number of outpatients and referrals had now returned to pre-Covid-19 levels and that diagnostic capacity compared favourably with other CCGs. Notably 29 percent of outpatients were now being seen virtually. GPs were also using the Advice and Guidance procedure to liaise with consultants to establish whether referrals were necessary.

However, despite a recent increase, the number of inpatients, those staying overnight, was still only at 82 percent of 2019/20 levels. Waiting lists had also increased significantly being 17 percent higher than before Covid-19. Furthermore, the number of patients waiting over a year for treatment had increased dramatically but had reduced by 34 percent since March 2021.

Measures being taken to improve capacity included a review of the age, gender and ethnicity of patients on waiting lists to analyse potential health inequality issues exacerbated by the pandemic. Joint Clinical Teams were working to transfer patients between hospitals to increase capacity, including with independent hospitals. The officer also reported that the RUH had recently acquired the Circle Bath facility (now Sulis Hospital) in order to improve facilities on site.

During the discussion the following points were made:

- Councillors reported concerns from constituents about the number of consultations being undertaken online rather than in person. They also asked about what they could do to reassure residents about the quality of online appointments. It was reported that GPs and hospitals were operating according to a nationally mandated procedure requiring, where appropriate, them to offer alternatives to face-to-face consultations. However, it was also noted that the



number of GP in person consultations was increasing and that a hybrid system of appointments was being adopted. A GP present acknowledged the challenges posed but also stressed that there were some advantages of online appointments, particularly in a rural county and for working age residents. It was stressed that ultimately the decision about the nature of the appointment would rest with a clinician.

- In response to questions about cost the Director of Commissioning noted that, due to a block contract with the acute trust, it was not possible to provide a breakdown of the costs of individual appointments, but the costs of online appointments were the same in terms of clinical time and may improve administrative efficiency.

- Responding to questions about the success of the hospital discharge policy representatives from the CCG noted that the longer that older people spent in hospital the worse their outcomes tended to be. The discharge policy, although often necessitating complex care arrangements, had allowed patients to be assessed in their home environment and enabled them to gain greater independence. It was explained that a plan was in place for the remainder of the year. However, long term funding was uncertain, and a lack of overnight nurses did limit the number of patients able to be discharged.

- It was reported that a hospital discharge support unit was run with Wessex Care to complement the support given to discharged of Covid-19 patients. Wiltshire had been successful in reducing the infection rate. Although government funding for rapid testing was welcome, limited money to implement rigorous protection infection control measures had restricted the capacity of care homes in the discharge process.

- Discussion turned to the future of the vaccination programme including whether it was more cost effective to vaccinate the public at large centres or smaller surgeries and whether the public were being directed to be vaccinated in the most cost-effective way. It was noted that the CCG's Vaccine Implementation Team were setting out proposals for the booster programme and that cost would be one of the factors taken into consideration alongside preference and accessibility.

- It was asked what plans were in place to mitigate the impact of potential future pressures, such as an increase in flu cases, on clearing the waiting list backlog. It was explained that plans were in place to allow for the continuation of elective care, including work on demand and capacity modelling. An option considered was to take up more capacity in independent hospitals as had been the case during earlier stages of the pandemic.

#### **Resolved:**

**To thank the Director of Commissioning for the update, noting the current position and actions to reduce waiting times.**

#### **18 Clinical Commissioning Group Update on Staff Wellbeing**

Elizabeth Disney, Chief Operating Officer of the CCG noted that a comprehensive staff wellbeing plan had been submitted to NHS England. She explained that certain teams had been particularly impacted by Covid-19 and that others faced long term recruitment issues. The plan included a range of

measures including trauma risk management, ensuring that staff take annual leave and the use of mental health first aiders.

Lisa McLuckie, Head of Health and Wellbeing at Salisbury Foundation Trust (SFT), stated that there had been a change in attitude to the wellbeing of staff, so it was now at the centre of their work. Mental health issues were the main cause of staff absence and there was evidence to suggest that good staff wellbeing led to improved patient outcomes.

She went on to provide some tangible examples of measures being implemented, including an in-house councillor working in SFT and the promotion of NHS support lines. Care was being taken to provide ample green outdoor spaces for staff and to encourage physical fitness. Managers were attending psychological wellbeing workshops to allow them to better support the mental health of staff and to reach employees who lack regular access to emails.

The officer also went on to outline some of the key points about the NHS People and Post Covid-19 Recovery Plans. These plans included a risk assessment for all to ensure that appropriate support was in place. She stressed that the plans were being informed by feedback from staff surveys so they could best meet user requirements.

During the discussion the following points were made:

- Members questioned whether measures were available to agency staff, bank staff and those on a zero-hour contracts and, if they were not available, whether that was in line with agency worker regulations. The officer reported that the services were available to employees, including bank staff, but would not be available to agency staff. However, an example was provided of a locum doctor who had recently been given access to services and it was explained cases would be considered on an individual basis. The officer stated that she would liaise with HR to find more information relating to agency staff and those, if applicable, on zero-hour contracts.
- The steps that were being taken to achieve model employer status and to attract more people to work in the NHS were also raised and it was noted that thousands of volunteers had come forward to help with the vaccination programme and in caring roles. Work was being done with education providers to encourage more people to undertake health courses in higher education. An officer offered to speak to the HR department of the CCG to find out specific information about the steps being undertaken to achieve model employer status.

**Resolved:**

**To thank officers for the update noting the current strategies in place to support staff health and wellbeing.**

Claire Edgar, Director of Adult Care Operations, provided an overview of the work of the Mental Health Social Work Team. The service comprised care management, safeguarding, Approved Mental Health Practitioners (AMHPs) and forensic social work (working with those in the Criminal Justice System or detained under the Mental Health Act).

It was noted that a large body of work had taken place to study demand and capacity as the pandemic had led to a reduced number of contacts. Although face-to-face consultations were reduced at the start of the pandemic, it was not deemed that mental health assessments could be carried out virtually. However, these were able to be quickly re-introduced by taking the appropriate precautions.

It was reported that there had been a significant increase in the number of people undergoing Mental Health Act Assessments since 2018. As a result, additional resources were being made available to the Emergency Duty Service to provide out of hours support. A suite had been commissioned through the CCG to offer a place of safety for those suffering mental health issues and detained by police under Section 136 legislation in Swindon and Wiltshire. However, due to significant pressure on the equivalent suite in Bath, a number of referrals were coming from there to the Wiltshire and Swindon suite.

The director went on to stress that it was challenging to predict demand and stressed the need to help those with poor wellbeing in the community before they progressed to severe mental illness. A mental health phone line had experienced lower than anticipated demand with most contacts being from people already known within the mental health system.

However, she explained that there had recently been a growth in the complexity of cases, which could potentially be linked to the pandemic. Particular attention was drawn to the wellbeing of unpaid carers as they deal with complex cases. Although overall crime had gone down in the pandemic there was an increase in mental health related crimes and Section 136 arrests.

During the discussion conversation turned to the number of AMHP workers who were professional social workers. The director noted that only one of the workers was not a professional social worker, but she was a nurse. Questions were also submitted about whether there had been occasions where people from Swindon and Wiltshire had to be turned away from the Bluebell Unit, the place of safety in Devizes, due to demand from those in other local authorities. The director noted that this had happened on occasions but was rare. She also stressed that the location where the person was picked up by the police determined where they were taken and not necessarily their place of residence.

**Resolved:**

**To thank the Director for the update, to note the current position in respect of the Adult Mental Health Services and invite future updates at the appropriate time.**

## 20 **Housing Related Support**

The Chairman noted that Vice-Chairman and himself were briefed by officers on Wednesday 16 June about Housing Related Support (HRS). At that point, although the report was to be considered at Cabinet on 29 June, in advance of the meeting, he felt it was important for the report to be considered at committee, particularly as the Executive developed its plans to April 2022. He noted that Cabinet had now adopted a preferred position ahead of a delegated decision on the future of the service due in the autumn.

Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion, referred Members to the cabinet paper on the subject and the recommendations for housing related support. She went on to provide background information about the scheme. She explained that HRS was a non-statutory service currently delivered to around 1,200 residents across 130 schemes in Wiltshire and was designed to promote independence.

She described that HRS was most recently commissioned as a Help to Live at Home (HTLAH) service in 2013. However, since the HTLAH contracts expired in 2018 providers continued to operate the services. A consultation conducted in November and December 2020 found that there was considerable overlap in the HRS and the housing management provided by the Registered Social Landlords (RSLs). It also found that under 40 percent of eligible tenants were using the service.

Given the annual cost of HRS was nearly £1 million, that it was an inequitable, based on location rather than need, and duplicated other services, the Executive proposed that it was not renewed after 31 March 2022. Instead, during a transition phase, the Council would liaise with providers and residents to help them access alternate support from existing tenant support services. Through this process, residents with statutory eligible care needs would have a care act assessment and appropriate support.

During the discussion the following points were made:

- Members proposed that a rapid scrutiny exercise be held, and the Cabinet Member noted that she would welcome that to allow for scrutiny but avoid a prolonged period of uncertainty for residents.
- Questions were submitted in relation to support provided where Wiltshire Council was the landlord. Leader of the Council, Cllr Richard Clewer reassured Members that the Housing Revenue Account (HRA) already provided many of the services to the Council's tenants and had a ringfenced budget due to the Council's responsibility as a landlord.
- Members also raised questions about how people heavily relying on the service would be identified during the transition phase and whether a follow up review would take place in 2022 to ensure that gaps have not emerged in provision. Officers stated that a questionnaire would be sent to all residents. Events would be held with residents to gather their feedback and to provide further information.

- Discussion turned to whether some of the money saved by withdrawing the service could be used to better support people to live in their own homes. The Cabinet Member noted that parallel proposals relating to early support would be brought forward in due course and it was a priority to ensure that services were based on need and delivered in a fair manner.
- It was noted that there would be no redundancies of council staff due to the withdrawal of the scheme. The two providers of the scheme, Cerca Care and Somerset Care had a total of 28 staff working on the programme between them and they would be engaged with as part of the process to see if Transfer of Undertakings Protection of Employment (TUPE) applied.

**Resolved:**

**For a rapid scrutiny exercise of the Council's transition plan for the Housing Related Support Service to be undertaken at the appropriate time in advance of the delegated decision on the future of the service being signed off in October 2021.**

21 **Forward Work Programme**

The Chairman noted that there was an item scheduled for the next meeting relating to potential developments at Bath RUH. He then invited Members to comment on the Forward Work Programme.

Members expressed interest in the Shared Lives Programme and suggested that an update could be brought to the Committee at the appropriate time. They also discussed the possibility of inviting an officer to provide an update on the impact of Covid-19 on the Access and Reablement Service. Given the reference to carers in the presentation on adult mental health the Chairman stated that he would welcome further information on the number of carers accessing mental health services. The Vice-Chairman suggested that Carer Support Wiltshire could be invited to provide further detail.

22 **Urgent Items**

There were no urgent items.

23 **Date of Next Meeting**

It was confirmed that the next ordinary meeting of the Health Select Committee was to be held on 8 September at 2:30pm.

(Duration of meeting: 10.30 am - 1.00 pm)

The Officer who has produced these minutes is Matt Hitch of Democratic Services,  
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**Wiltshire Council**

**Health Select Committee**

**8 September 2021**

**Cabinet**

**14 September 2021**

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**Subject:** Allocation of the Ministry of Housing, Communities and Local Government (MHCLG) funding for domestic abuse support in Wiltshire

**Cabinet Member:** Cllr Simon Jacobs

**Key Decision:** Y

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## **Executive Summary**

The purpose of this report is to:

Seek authority from Cabinet to support the proposals outlined in the paper for use against the MHCLG funding for 2021-22.

The Secretary of State for Housing, Communities and Local Government (MHCLG) has determined under Section 31 of the Local Government Act 2003 that a grant of £125 million should be paid to the local authorities.

Wiltshire Council were allocated £830,051 for 2021-22.

This payment has been awarded to enable Council's to fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating to the provision of support to victims of domestic abuse and their children residing in safe accommodation.

## **Proposal(s)**

Cabinet is recommended to:

1. Accept the £830,051 from MHCLG for 2021-22 and approve the proposals for allocating the grant outlined in paragraph 12.
2. Agree that any underspent grant is allocated to an earmarked reserve.
3. Agree that any further decisions relating to the distribution of this grant are delegated to the Corporate Director of Resources, in consultation with the Cabinet Member for Public Health.

**Reason for Proposal(s)**

Part 4 of the Domestic Abuse Act 2021, details the statutory responsibilities of the Local Authority functions relating to the provision of support for all victims of domestic abuse and their children, regardless of their relevant protected characteristics, within relevant accommodation (as defined by the Regulations).

The Government has been clear that having the right support to protect and assist all victims of domestic abuse will make individuals and families safe, sooner.

Government recognises the critical importance of safe accommodation and support for victims and their children as they rebuild their lives after the trauma of domestic abuse.

Following extensive engagement and public consultation, Sections 57-61 of the Domestic Abuse Act 2021 underpinned by this guidance introduce new requirements on local authorities and more accountability in the local delivery of domestic abuse support in safe accommodation.

**Professor Kate Blackburn, Director of Public Health**



## **Wiltshire Council**

### **Health Select Committee**

**8 September 2021**

### **Cabinet**

**14 September 2021**

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**Subject: Allocation of the Ministry of Housing, Communities and Local Government (MHCLG) funding for domestic abuse support in Wiltshire**

**Cabinet Member: Cllr Simon Jacobs**

**Key Decision: Y**

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### **Purpose of Report**

The purpose of this report is to:

1. To seek agreement from Cabinet to the proposals outlining the use of the MHCLG funding to fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating to the provision of support to victims of domestic abuse and their children residing in safe accommodation.

### **Relevance to the Council's Business Plan**

2. The provision of domestic abuse support for victims of domestic abuse and their families who reside in relevant accommodation contributes to the following Wiltshire Council business plan outcomes: Strong Communities (personal wellbeing through a healthier population), protecting the vulnerable (early intervention through prevention activities) and protecting the vulnerable (joined up health and care through greater partnership working).

### **Background**

3. In December 2019 the Government was elected with a manifesto commitment to "support all victims of domestic abuse and pass the Domestic Abuse Bill" originally introduced in the last Parliament. The Act aims to ensure that victims have the confidence to come forward and report their experiences, safe in the knowledge that the state will do everything it can, both to support them and their children and pursue the abuser.

4. In spring 2018, the Government conducted a public consultation on Transforming the Response to Domestic Abuse which attracted over 3,200 responses.
5. The Government response to the consultation and a draft Domestic Abuse Bill were published in January 2019. The Government response set out 123 commitments, both legislative and non-legislative, designed to:
  - i) promote awareness of domestic abuse.
  - ii) protect and support victims and their families.
  - iii) transform the justice process to prioritise victim safety and provide an effective response to perpetrators; and
  - iv) to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors.
6. Part 4 of the Domestic Abuse Act 2021 places a duty on relevant local authorities in England, to provide support to victims of domestic abuse and their children within refuges and other forms of safe accommodation.
7. The Secretary of State for Housing, Communities and Local Government (MHCLG) has determined under Section 31 of the Local Government Act 2003 that a grant of £125 million should be paid to the local authorities.
8. As such, Wiltshire Council were allocated **£830,051 for 2021-22**.
9. This payment has been awarded to enable Council's to fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating **to the provision of support to victims of domestic abuse and their children residing in safe accommodation**.
10. MHCLG have outlined a criteria for how this funding should be allocated. The full criteria can be located in [MHCLG Statutory guidance for LA's for delivery of support to victims of DA, including children in DA safe accommodation services](#).
11. In summary it can be used for the:
  - **Provision of support in 'relevant accommodation'** which includes refuges, specialist safe accommodation e.g. BAMWE, LBGTQ+, disabled victims, single gendered and/or complex needs, dispersed accommodation, sanctuary schemes, move-on / second stage accommodation.

- **Provision of support can include:** management of services within the 'relevant accommodation', day-to-day running, advocacy support, DA prevention advice, Prevent re-victimisation, specialist support for victims designed to recognise victims with relevant protected characteristics and/or complex needs, children's support. Housing-related support, advice services including counselling and therapy

## Main Considerations for the Council

12. Using the criteria defined [MHCLG Statutory guidance for LA's for delivery of support to victims of DA, including children in DA safe accommodation services](#). The proposals for the grant are listed in the table below:

Proposed Area of Spend	Provider	FTE cost per unit per annum	Total Cost Proposed
<b>Resettlement workers x3</b>			
Supporting the move-on needs across the current provision in contract	Splitz	33,000	99,000
<b>Specialist IDVA x1</b>			
Supporting male victims/complex needs	Splitz	33,000	33,000
<b>Children's Support Workers X4</b>			
Working across the current Refuge & Places of Safety Provision	Splitz	33,000	132,000
<b>Manager Support x1</b>			
To oversee and support additional staff within the contract - focussed on supported accommodation	Splitz	40,000	40,000
<b>Provision of Therapeutic Support across refuge &amp; places of safety</b>			
Incl. play therapy for children & arts, mindfulness etc for adults	Splitz	10,000	12,000
<b>Provision of Counselling support for adults accessing refuge, places of safety &amp; move on</b>			
Currently not in scope for current contract , would provide additional emotional and wellbeing support	Splitz	12,000	10,000
<b>Engagement Role - to work with communities that are not engaging in specialist support services X1</b>			
incl. LBGTQ+, male victims, gypsy & traveller groups etc	Splitz	34,000	34,000
<b>Accommodation support work - focused on working with the military personnel x1</b>			
to support military Cotswold Centre and those behind the wire where perpetrator may have moved into single accommodation etc	Splitz	33,000	33,000
<b>Sub Total</b>			<b>393,000</b>

<b>Training - for staff on Mental Health/Suicide Prevention / Disability to enable staff</b> to better prepare to support vulnerable clients	External Training	5,651	5,651
<b>Sub Total</b>			<b>10651</b>
<b>LA Housing - Move-on Support Workers to support x1 worker</b>	LA Housing	38,000	38,000
<b>LA Children's Services - 4 x Family Support Workers</b> To provide additional support needs at an early intervention level, working alongside the work of the families staying in supported accommodation	LA Children's Services	38,000	152,000
<b>LA Project Support x1</b> To oversee the funding and how the projects have been delivered and the collect outcomes to inform the future evidence and MHCLG return	LA PH	44,400	44,400
<b>Sub Total</b>			<b>234,400</b>
<b>CBT intervention to support change in mood, anxiety and stress X3 workers</b> Person-centric approach, providing low-level interventions through CBT focusing on root causal issues impacting on mood, wellbeing, anxiety and stress	Wiltshire Centre for Independent Living	32,000	96,000
<b>Sub Total</b>			<b>96,000</b>
<b>Specialist Substance Misuse Support worker (focus DA) x1 worker</b> To enhance support to victims with complex needs including substance misuse whilst in support accommodation	Turning Point	32,000	32,000
<b>Sub Total</b>			<b>32,000</b>
<b>Specialist Support worker x2 to support increased provision offer through Julian House Contract (4 bed house &amp; 2 bed House)</b> Work can support learning around additional move-on, whole-house support	Julian House	32,000	64,000
<b>Sub Total</b>			<b>64,000</b>
<b>Provision of Sanctuary Scheme</b> to support DA victims and their families to stay safely in their homes	Wiltshire Bobby Van	5,000	5,000
			<b>830,051</b>

13. The proposals are underpinned by the work and evidence base gathered as part of the health needs assessment for both supported accommodation and the wider needs and demands of DA on our local populations. Additionally, as part of the capacity-building grant Wiltshire Council received in 2020/21, further qualitative work was undertaken to

gain feedback from both service-users and ex-service users of local supported accommodation. This has been used to develop the proposals.

14. Whilst the proposals provide opportunity for some innovation within the confines of the above criteria for the conditions of how we use the funding; there is still a need to be realistic about how the money can be spent in-year. Additionally, where possible look to enhance offers for support within existing relationships that as a local authority already have established, to enable rapid mobilisation and delivery.
15. Whilst there is a commitment from central government to provide funding to local authorities for the next three years as part of the Domestic Abuse Act 2021; funding for future years is uncertain (although thought to be less than year 1) and will not be announced until late 2021/ early 2022 for April 2022 (yr 2). Therefore, we cannot use this short-term (yearly) funding to develop significant change e.g. to the current offer in terms of shifting to more independent (self-contained) provision offers, with support etc. due to the uncertain funding position from government over the coming years.

### **Overview and Scrutiny Engagement**

16. This paper was produced following a collaborative discussion between the Corporate Directors for People; Corporate Director for Resources; Director for Legal and Governance and the Director for Public Health. The Cabinet member for Public Health Cllr Jacobs has also been consulted with in advance.
17. The Chair and Vice-Chair of the Health Select Committee were informed that this report would be presented to Cabinet. The Committee will be informed of the Cabinet decision and the agreed provider(s).

### **Safeguarding Implications**

18. Safeguarding and protecting those at risk remains at the heart of the domestic abuse agenda and as such there are strong processes in place to ensure that services identify those at risk of harm and/or exploitation and those concerns are reported appropriately. Across Wiltshire Council there are strong established relationships cross cutting children's and adult's safeguarding, housing and public health to ensure that any risks, concerns or incidents are escalated in line with Council protocols and procedures.

## **Public Health Implications**

19. Domestic abuse is a key public health priority, which creates a substantial burden of harm that significantly impacts on health and wellbeing. Still referred to as a 'hidden crime', it has one of the highest under-reporting rates; using the crime survey for England and Wales, we can project that just fewer than 9,000 women in Wiltshire will be living with the effects of domestic abuse.
20. The health impacts of domestic abuse are widely reported; from physical injury, to the significant long-term association with poor mental health and wellbeing including depression, anxiety, increased risk of suicide, as well as increased use and reliance of alcohol and drugs.
21. There has been much documented on the impact of domestic abuse on children; with domestic abuse recognised as a factor in over half of all serious case reviews. There are significant long-term impacts of children witnessing domestic abuse, with over a third going on to experience another form of abuse. There is also a higher probability of parental neglect, poor emotional wellbeing and resilience, school non-attendance, behavioural issues (including anti-social behaviour/offending) and difficulty in recognising and establishing appropriate relationships with others.
22. The Wiltshire domestic abuse agenda is cross-cutting and is integrated across Child and Adult Safeguarding, Drugs and Alcohol, Private Space Violence, Child Sexual Exploitation and the Modern-day Slavery agendas.

## **Procurement Implications**

23. Procurement have been consulted as part of this papers development and the planning required around the use of the funding and the procurement processes that will be required to support the use of the funding.
24. Award of the funding detailed within this Cabinet Paper will be done in line with our requirements under the Council's Constitution and the Public Contract Regulations 2015.
25. A variety of solutions compliant with our requirements set out in paragraph 24 could be used to award this funding including (but not limited to) modifications of contract and competitive processes.

26. The Strategic Procurement Hub has been and will continue to provide advice and support on the award of this funding as set out in this Cabinet Paper.

### **Equalities Impact of the Proposal**

27. The Public Sector Equality duties to have due regard to the need to eliminate discrimination, foster good relations and promote equality of opportunity applies in all exercises all functions of the Council. As this report relates to funding a full equalities impact assessment has not been undertaken on this proposal. However, it has been noted that some service users accessing support will fall into certain protected characteristics under the Equality Act 2010 (age, sex, sexual orientation, race) and the proposal does include ensuring these groups have appropriate knowledge of, and access to, the services proposed. Through this funding the council will ensure that the support provided by those providers will meet any duties under the Act.

### **Environmental and Climate Change Considerations**

28. Environmental and climate change considerations do not affect the decisions required within this proposal.

### **Risks that may arise if the proposed decision and related work is not taken**

29. The funding will not get allocated and therefore additional support to those victims and their families who have fled domestic abuse and residing in supported accommodation will not be available.
30. The new statutory duty on Local Authorities for this area of business, requires an annual report to MHCLG on the work that is being delivered to support victims and their families who have fled domestic abuse and in supported accommodation.

### **Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

31. As this is one-year funding, recruitment for short-term posts may be challenging from a potentially finite pool of specialist support services to add value.

### **Financial Implications**

32. There are no major financial implications, as the proposals are supported using an external government grant, using a criteria to determine its allocation. It is anticipated the funding will be spent across 2021/22; anything that is not spent in year will be rolled over into an earmarked reserve and be used to support the continuation of work being delivered

against this agenda. We are aware that MHCLG anticipate announcing the next years funding in early 2022, so once this has been released, we will review the landscape going forward.

### **Legal Implications**

33. The Secretary of State for Housing, Communities and Local Government (MHCLG) has determined under Section 31 of the Local Government Act 2003 that a grant of £125 million should be paid to the local authorities. As such, Wiltshire Council were allocated £830,051 for 2021-22.
34. This proposals in this report ensures that the Council will be able to meet the statutory responsibilities imposed by Part 4 of the Domestic Abuse Act 2021, relating to the provision of support for all victims of domestic abuse and their children.
35. The constitution requires that delegation of authority applies to the approval of awarding grants to an external body, as this exceeds £250,000 this sits with cabinet.

### **Workforce Implications**

36. None

### **Conclusions**

37. Part 4 of the Domestic Abuse Act 2021 details the statutory responsibilities of the Local Authority functions relating to the provision of support for all victims of domestic abuse and their children, regardless of their relevant protected characteristics, within relevant accommodation (as defined by the Regulations).
38. The Government has been clear that having the right support to protect and assist all victims of domestic abuse will make individuals and families safe, sooner.
39. Government recognises the critical importance of safe accommodation and support for victims and their children as they rebuild their lives after the trauma of domestic abuse.
40. Following extensive engagement and public consultation, Sections 57-61 of the Domestic Abuse Act 2021 underpinned by this guidance introduce new requirements on local authorities and more accountability in the local delivery of domestic abuse support in safe accommodation.



41. The Secretary of State for Housing, Communities and Local Government (MHCLG) has determined under Section 31 of the Local Government Act 2003 that a grant of £125 million should be paid to the local authorities.
42. Wiltshire Council were allocated £830,051 for 2021-22.
43. This payment has been awarded to enable Council's to fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating to the provision of support to victims of domestic abuse and their children residing in safe accommodation.

## **Proposal**

Cabinet is recommended to:

42. Accept the £830,051 from MHCLG for 2021-22 and approve the proposals for allocating the grant outlined in paragraph 12.
43. Agree that any underspent grant is allocated to an earmarked reserve.
44. Agree that any further decisions relating to the distribution of this grant are delegated to the Corporate Director of Resources, in consultation with the Cabinet Member for Public Health.

## **Kate Blackburn (Director - Public Health)**

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Report Author: Hayley Mortimer, Consultant in Public Health  
[hayley.mortimer@wiltshire.gov.uk](mailto:hayley.mortimer@wiltshire.gov.uk),

22/07/2021

## **Appendices**

(List any appendices referred to in your report.)

## **Background Papers**

[MHCLG Statutory guidance for LA's for delivery of support to victims of DA, including children in DA safe accommodation services](#)

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# Shaping a Healthier Future - Health and Care Model development

Wiltshire Health Select Committee

8<sup>th</sup> September 2021

Page 27

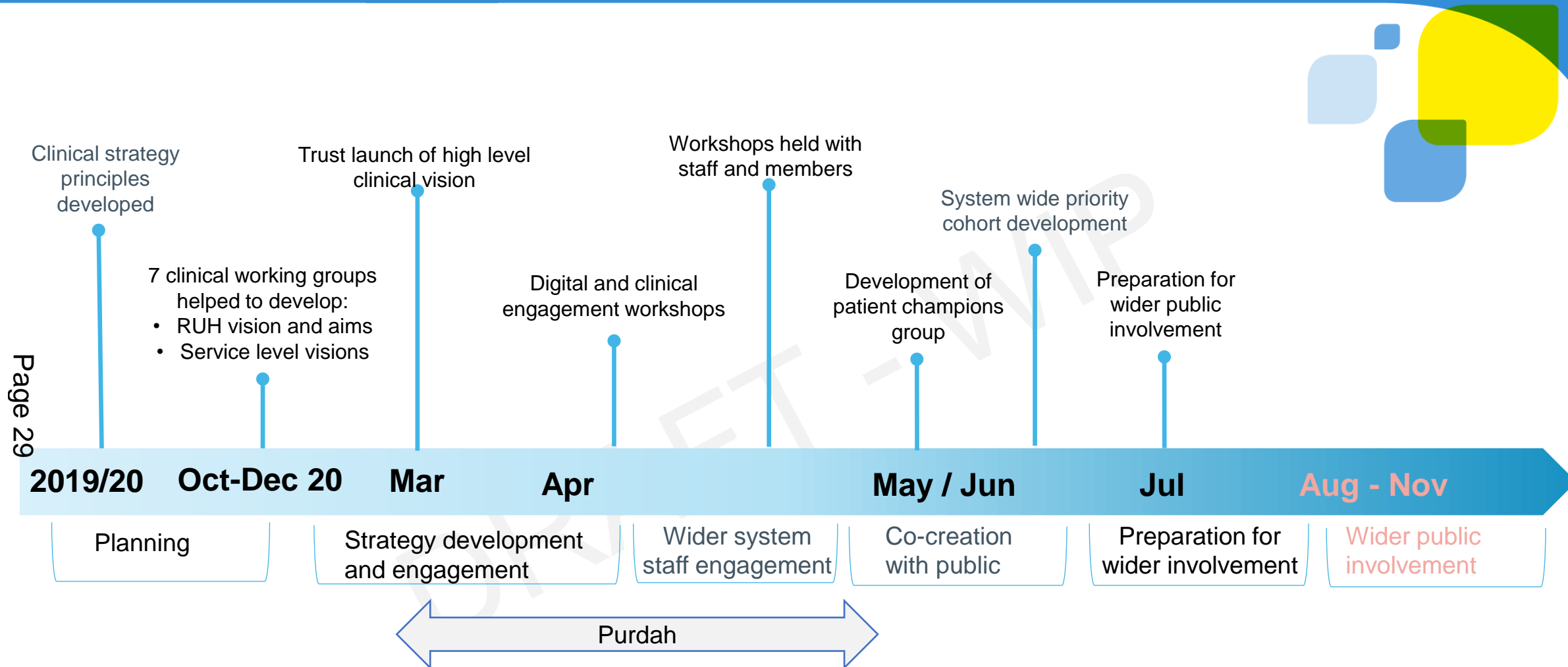
Everyone Matters  
Working Together  
Making a Difference

Agenda Item 8



- RUH working with partners and the public across its catchment to develop a vision and support model for the population to deliver excellence
- Desire to be ambitious and radical to tackle future challenges
- The new model of how we deliver support and care will inform our investment needs for the future and underpin any business case that bids for infrastructure investment
- We want to do this with the local population for the local population so your support in this is vital

# Progress so far



## Support Strategy

### Strategic context

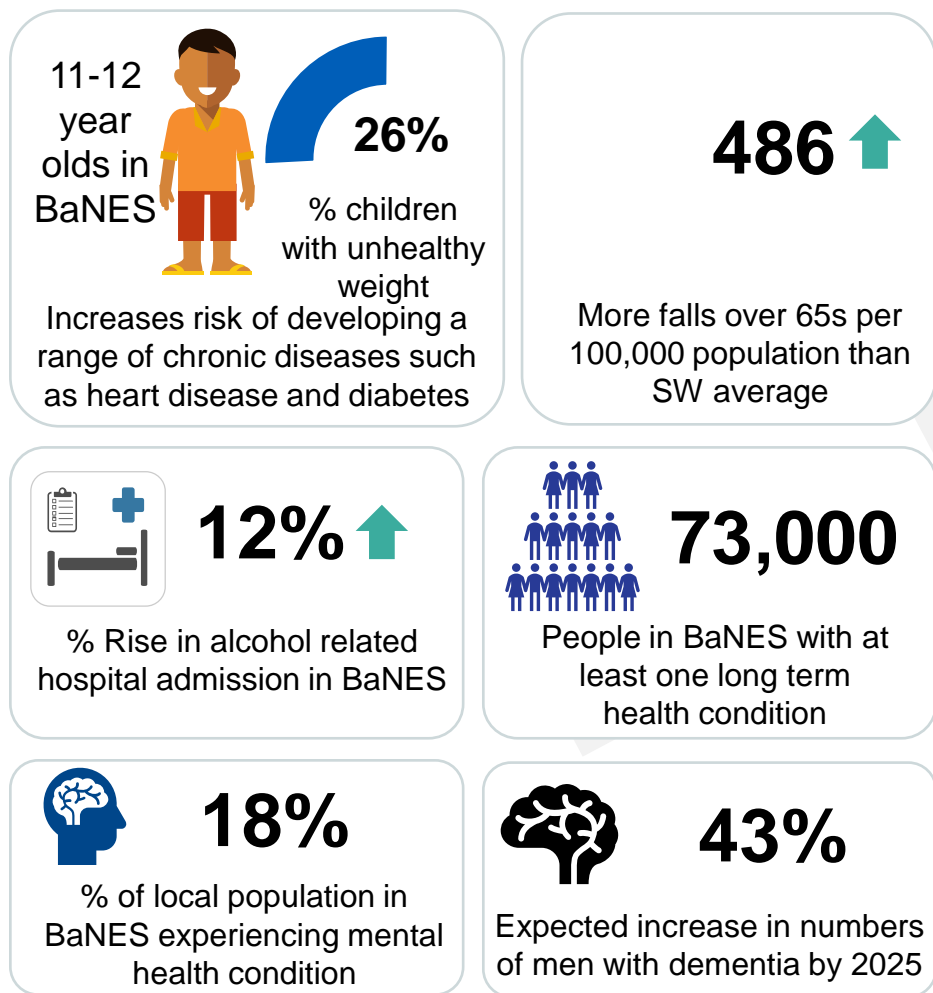
- The journey so far
- Where are we within the national and local context?
- Drivers for change
- Is there anything we can learn from international models of care?
- Our role within the Integrated Care System

<p><b><i>A more complex population</i></b> The over 75 population in BaNES is anticipated to rise by 36% by 2029; comparable rises will be seen in Wiltshire and Somerset</p>	<p><b><i>Integration</i></b> Working at system, place and neighbourhood levels with our partners to improve population health; tackle inequality; enhance productivity; support broader social and economic development</p>
<p><b><i>Societal change</i></b> In how we live our lives, how we interact with large organisations and how we seek access to healthcare; Covid-19 has accelerated these changes</p>	<p><b><i>Changing workforce</i></b> Expectations and needs of our staff are changing, reflecting generational shifts and the impact of Covid-19. What we need from our staff is also changing</p>
<p><b><i>Environmental impact</i></b> Driving new ways to provide services which reduce their impact on our environment</p>	<p><b><i>Digital innovation</i></b> Offers new ways to provide services, share information and communicate with patients and families</p>
<p><b><i>Advances in clinical care</i></b> Technological, pharmaceutical and therapeutic developments will change how we will deliver services and the workforce we need</p>	<p><b><i>Resilience</i></b> Ongoing requirement to mitigate the risk of events such as Covid-19 and climate change, on our patients, on our services and on our staff</p>
<p><b><i>National workforce shortages</i></b> With particular pressure points in some specialties and professions</p>	<p><b><i>Focus on keeping people well</i></b> Expectation that all providers of care will play a part in preventing ill health and upstreaming</p>
<p><b><i>Value for money</i></b> In health, social care and public health</p>	<p><b><i>Mental health/vulnerable people</i></b> Parity and integration with physical health, for service planning and delivery</p>

# Key local challenges

The overall population of BaNES is expected to increase to nearly 200,000 by 2024, an increase of 11 per cent from 2014. In line with trends for the wider BSW footprint, population projections suggest there will be large increases in the number of older people in BaNES – by 2029 the number of over 75s in the population is projected to increase by 36 per cent (approximately 6,000 people) compared with 2016.

Page 31



## Priority cohorts

- Ageing Well
- Long term conditions and ambulatory care
- Mental Health
- Elective

## How can we change this?

- Patient centric Health and care model
- Aligned digital and technology solutions
- System financial framework
- Collaborative governance structure
- Agile workforce

# Challenges and opportunities

## Support Strategy

### Where are we now?

- The services we provide
- Our performance
- Challenges and opportunities
- System relationships

*Access to the hospital is very challenging for people with complex needs*

**RUH Public Member**

*We are often unprepared for surges in ED attendances*

**RUH Staff Member**

*We need to look after the staff who in turn can look after patients*

**RUH Public Member**

Some of the challenges and opportunities shared with us by the public and staff

*Each time I visit the hospital I have to retell my medical history*

**RUH Public Member**

*We struggle with meeting the demand for our patients who, often would be best served in the community*

**RUH Staff Member**



*Creating a new future of outstanding healthcare with prevention and intervention when and where it is needed, working together to help our communities enjoy healthier lives*



## Support Strategy

Our care vision  
Our key aims

Page 33

### The care model for the area includes health, social care and public health and will:

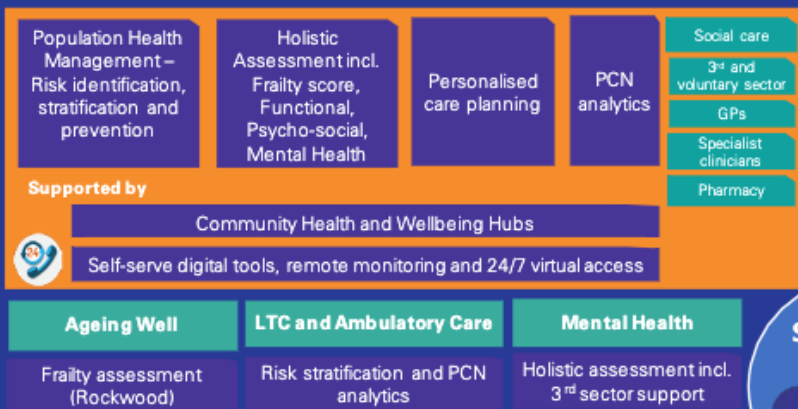
- 1 *Provide holistic and flexible care seamlessly as one system with embedded innovation and continual improvement*
- 2 *Care is preventative, proactive and anticipatory, focuses on wellbeing and addresses health inequalities through the lens of wider determinants of health*
- 3 *Provide person centred care and empowerment to put the person in control of their health and well being, and ensuring that each interaction adds value to the person*
- 4 *Provide care at home or in the community wherever appropriate, coordinated through strong primary care networks and multidisciplinary teams, and supported by sufficient emergency and specialist capacity in hospitals*
- 5 *Lead with digital and data to support seamless care for our patients and drive more effective decision making*
- 6 *Support an agile workforce, champion innovative roles and provide opportunities for training, research and development*
- 7 *Deliver an efficient way of working to ensure financial sustainability of the system and value for money of services.*

## Health and care model blueprint – Work in progress

### Design principles:

- 1 Holistic care delivered as one system
- 2 Preventative, proactive and anticipatory
- 3 Empowered Person-centred care
- 4 Care at home or in the community wherever appropriate
- 5 Lead with digital and data
- 6 Support an agile workforce
- 7 Deliver an efficient way of working

### Preventative and proactive population Health Management



### Enhanced Out-of Hospital Care and Coordination



### Community based care and escalation



### Hospital of the Future and specialist care



### Enablers



- Engage with the wider BSW Partnership on work to create a health and care model for the whole of BSW. This will combine the main elements of this work with similar work from other places and organisations in BSW.
- Develop plain English content and 'personas' for service users and staff to bring the model to life
- Commence wider public involvement from October



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**Wiltshire Council**  
**Health Select Committee**  
**8 September 2021**

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## **Report on workforce challenges in Adult Social Care.**

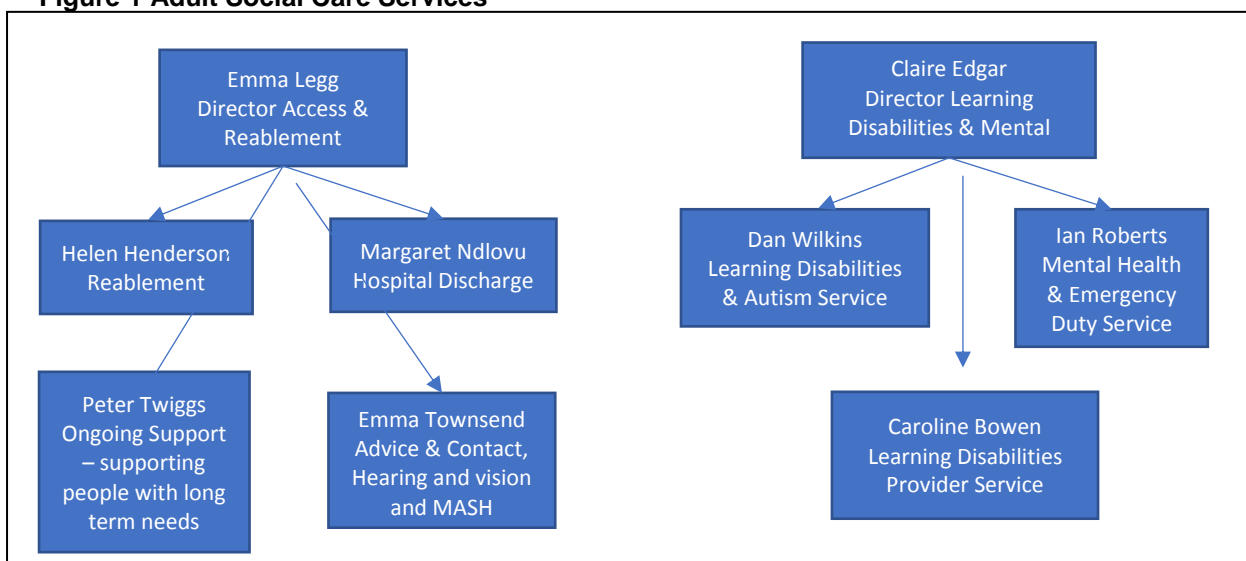
### **Purpose of Report**

This report presents the challenges experienced by the 'Adult Social Care' (ASC) Workforce in Wiltshire and actions agreed to meet these challenges. This report includes consideration of Wiltshire Council adult care staff and also the challenges of the workforce commissioned by Wiltshire Council from private sector agencies. The information gathered reflects local feedback and observations from staff and managers as well as national trends, publications and research.

### **Background**

There are approximately 650 staff employed by Wiltshire Council in 'Adult Social Care' (ASC) working in a range of teams and roles to meet our statutory duties under social care and housing legislation and government guidance. The main legislation being the Care Act 2014. The different services in ASC are presented in figure 1

**Figure 1 Adult Social Care Services**



Appendix 1 provides information on the key roles in ASC and the services and teams they work in (with vacancy rates). Adult Social Care also commission services such as domiciliary care, care home placements and respite from private agencies and independent organisations (often called the provider market)

The majority (86%) of the workforce in Wiltshire are female, and the average age is 43 years old. 11% of the workforce are aged 24 and under. 27% of the workforce are aged over 55 and will be reaching retirement age in the next 10 years.

An estimated 86% of the workforce in Wiltshire identified as British, 7% identified as of an EU nationality and 7% a non-EU nationality, therefore there was a similar reliance on EU and non-EU workers<sup>1</sup>

<sup>1</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx>

## The Challenges

The main challenges experienced by Adult Care Work force are those identified in the recently developed Adult Social Care Workforce Strategy. The focus of the strategy is to establish and develop a highly effective and stable workforce to work alongside adults with care and support needs and carers in Wiltshire. The areas for development identified in the strategy are: vacancies, recruitment and retention of staff and staff development and learning outcomes. There have also been challenges to the adult social care workforce as a whole related to the COVID-19 pandemic.

### 1. Vacancies

Adult Social Care regularly successfully recruit newly qualified and non-professionally qualified staff. The main challenge is recruiting experienced qualified staff. The current vacancy rate for Social Workers varies from 15% to 31% in different teams and is around 15% for Occupational Therapists (see appendix 1). There are regional and national shortages of experienced Occupational Therapists and Social Workers. Wiltshire Council ASC currently support around 10 student Social Workers and three student Occupational Therapists on placements every year to encourage newly qualified workers to work for Wiltshire Council.

The recruitment of support workers in inhouse provider services in reablement and working with people with learning disabilities remains a constant pressure and requires dedicated time and resource in order to ensure that services maintain CQC “safe” levels of staffing.

Recent government guidance<sup>2</sup> stipulates that from 11 November 2021 care homes must only allow individuals who are fully vaccinated against COVID-19 (or exempt) entry inside of a care home. It will be the responsibility of the Registered Manager to assess who they let in to the home. This may have a direct impact in terms of vacancies, as some staff may not wish to have the vaccination.

The impact of vacant posts in ASC:

- Vacancies within one team may adversely affect other roles and teams within the service, covering additional tasks of others may impact on wellbeing and sickness.
- Vacancies impact on work allocation, teams prioritise people at the highest risk for allocation to limited staff. Therefore other people are not able to be assessed in a timely manner leading to pressure on families.
- Vacancies for occupational therapists reduces the number of people we can support to be discharged from hospital and means that people wait longer for equipment and adaptations to support them to remain at home.
- Teams with vacancies require more management attention.
- Employment of temporary staff (locums) is an expensive option for Wiltshire Council.
- Vacancies may send negative messages to customers.

### 2. Recruitment and Retention of staff

Retention of staff across the provider services remains higher than the national average for domiciliary care services. Our current turnover rate in operational teams was recorded as 12.9%. This is similar to the national average for Local Authority ASC workforce of 13%. The turnover rate for Social Workers in Wiltshire is 16.5% compared to the national average of 12.9%. The turnover rate for Occupational Therapists in Wiltshire is 9.4% compared to the national average of 14.9% for Occupational Therapists employed in Local Authorities.

ASC sickness rate for 2019/20 is 17.9 average days lost per FTE (compared to 9 days for whole of Wiltshire Council). This is an increase on figures for 2018/19 (15.6 days) but the figure is expected to be lower for 2020/21. National figures for local authorities for 2019/20 show 9.5 average days lost for Social Workers and 7.5 average days lost for Occupational Therapists.

A Social Work degree apprentice scheme has been implemented in Wiltshire, there are currently 6 staff undertaking the qualification, their training will take 3 years. We have joined the South West Occupational

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<sup>2</sup> <https://www.gov.uk/government/publications/vaccination-of-people-working-or-deployed-in-care-homes-operational-guidance/coronavirus-covid-19-vaccination-of-people-working-or-deployed-in-care-homes-operational-guidance>

therapist degree apprenticeship and have supported one worker to join the apprenticeship this year. In other areas there is evidence that this supports good retention of staff.

In terms of recruitment, several initiatives are being progressed. These include additional support for Newly Qualified Social Workers (NQS) who are undertaking their 'Assessed Year in Supported Employment (ASYE)', there is a focus on supporting students to have placements in ASC teams. Evidence and experience suggests that when staff feel supported, their wellbeing considered and are supported to work in a flexible manner then they are more likely to remain in post.

### 3. Staff Development & Quality Assurance.

Adult Social Care (ASC) face challenges both now and in the future in term of staff development and quality Assurance. Staff development impacts on retention of staff and is central to ensure we have a competent workforce trained effectively to support the population of Wiltshire.

ASC are currently working with Children's services to review the effectiveness of the current transitional pathways. One challenge is currently associated with young adults who place themselves at risk due to high risk situations that are the result of exploitation, known as **Transitional Safeguarding**. We need to support the ASC workforce to enhance their knowledge and skill base around working and supporting people who are at high risk within our communities.

ASC is building on earlier work introduced with Partners for Change 'Three conversations model' and is planning to embed the '**Strengths-based Approach**' to working across all teams. Strengths based working focuses on what the person is able to achieve for themselves balanced with effective risk appraisal.

ASC have implemented a workforce **Quality Assurance Framework**, including the use of monthly case file audits of staff to review practice. Quality Assurance is reviewed in Performance Outcome Groups (across all teams) and the Performance Outcome Board (whole service).

Future imminent challenge is related to the **Liberty Protection Safeguards (LPS)** which will replace the Mental Capacity Act (2005) Deprivation of Liberty Safeguards (DoLS) in 2022. LPS will involve changes to practice across a number of operational teams, including significant review deadlines that will have to be met. Different levels of training will be required for different staff roles.

The **Health and Care Bill**<sup>3</sup> currently at the House of Commons – Committee Stage will place a new duty on the Care Quality Commission to assess local authorities' delivery of their adult social care duties. Wiltshire Council will need to ensure that Adult Social Care is ready for implementation, and that the Quality Assurance framework has been reviewed and improved ahead of implementation.

Amendments to the **Mental Health Act (1983)** are due that may require training and support for the workforce. The amendments will transform Mental Health Services to enable them to meet predicted future demands on services. The ethos of this includes – choice and autonomy, least restriction, therapeutic benefit and the person as an individual.

### 4. Covid – Response and Recovery:

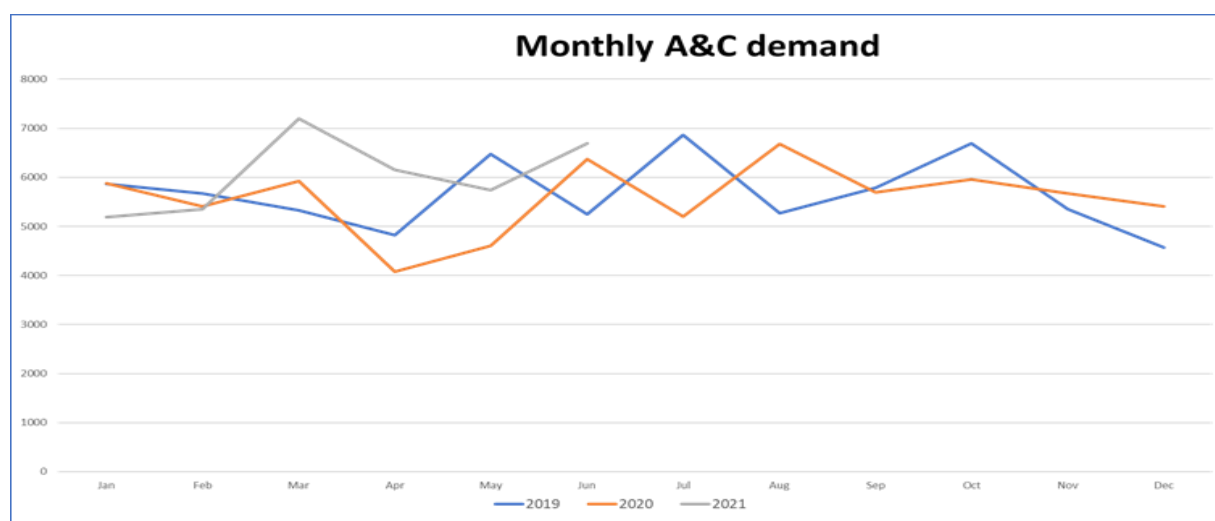
The demand for advice and support for adult social care received by the Advice and Contact Team (ASC's front door) has increased over the last year and continues to increase on an annual basis, see figure 2. This adds an additional demand on teams with vacancies.

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<sup>3</sup> <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>



**Figure 2 Contacts (including telephone calls and emails) received per month by year**



Alongside colleagues in other agencies the ASC workforce have been central to the Covid19 Pandemic response. Staff commenced working from home and many are still based from home. Initially the majority of visits were completed by telephone and video with home visits undertaken following a risk assessment. Reablement and the hospital social workers changed their practice to support people being discharged from hospital. Currently ASC are reviewing how they will return to the office and what ASC's 'new normal' will look like. Wiltshire Council have under taken wellbeing questionnaires, the main challenges noted by ASC to working from home include social isolation, communication with colleagues, a lack of physical workspace and distractions in the home.

Working remotely has impacted on the sharing of 'practice wisdom' (conversations where experienced staff share practical experiences, solutions to complex scenarios, enhance difficult conversations and support professional curiosity with others who are newer to practice). Opportunities have been missed in relation to absorbing knowledge and experiences of others which in turn enable the workforce to sustain and develop.

A wellbeing hub was established by Wiltshire Council to provide advice and support for the residents of Wiltshire during the pandemic. The wellbeing help line is now integrated into the Advice and Contact team who support the public with their queries.

At the start of the pandemic Wiltshire Council launched a COVID-19 advice and update site as a support for staff, which was live until April 2021 and was visited over 900,000 times. Three staff Engagement and Wellbeing Surveys were undertaken which laid the basis for engagement and wellbeing strategy objectives. The leadership team published videos, updates and vlogs to keep staff connected, informed and updated. Staff have followed the Chief Executive's request to make sure they don't book meetings between 1pm and 2pm to make sure people had a chance for a break in their day. The HR department launched flourish chat channels to support staff connections at a time when many people have told us they feel disconnected. There are regular Chief Executive webinars (with live Q&A sessions) and council wide virtual quizzes to help keep staff connected. Workplace pilots have been launched for people to book to safely work from our main hubs. HR are launching a mental health advocates initiative and the Wellbeing and Employee Engagement workstream is collaborating on a new wellbeing strategy.

## 5. Provider workforce

The Banes, Swindon & Wiltshire Care Skills Partnership (BSWCSP) is an employer led partnership which works across the 3 Local Authority areas, with the lead employed by Wiltshire Council. The purpose of the partnership is to support the Independent, Voluntary and private sector (IVP) adult care employers and Registered Managers to access learning and development and the national Workforce Development Fund for themselves and their staff.



COVID has been a very challenging time for the sector. The Partnership has had to shift to remote and online working. Although the percentage of managers who have attended the online meetings has dropped during the last 12 months, there has still been good attendance from Wiltshire IVP managers.

Feedback from attendees is positive; 93% of attendees strongly agreed that networks were useful for their professional role; 100% agreed they supported their learning and development and 93% thought that the partnership was positively working with and promoting the care sector.

The Partnership was able to claim £76,900 of Workforce Development Fund for 30 Wiltshire providers between September 2020 to May 2021. This equates to 17 Level 2 Diplomas, 55 Level 3, 5 Level 4 and 10 Level 5, plus a number of short courses.

The Partnership also created a WhatsApp group aimed at frontline Managers throughout COVID 19 to enable networking, information sharing and mutual peer support. This group had 47 attendees from the Wiltshire Council area and was in constant use.

The Council has provided support to the provider workforce in a number of ways. At the start of the pandemic a COVID Team was established as a single point of advice and support. This has included providing advice on infection prevention and control, arranging mutual aid when a provider suffered significant staffing shortages as well as being a source of support as care homes managed deaths of some of their residents. The team operated six days a week and has a dedicated telephone number and email address. In addition, a weekly joint newsletter was distributed providing the most recent government and Public Health advice and guidance and fortnightly provider webinars were held. The team remains in existence and has been renamed the Provider Oversight & Support Team. In addition, the Council has provided Wiltshire Care Partnership with funding to lead a learning conference so that providers can reflect on lessons learnt in the pandemic and will also be a celebration of the hard work our Wiltshire providers have undertaken to care for our most vulnerable residents.

## **Conclusion and Actions in place to address the challenges:**

Many of the observations and challenges within this report are not new to Adult Social Care. The aspects in relation to recruitment, vacancies and the impact of Covid are noted across the care / health sector in general. The workforce has been supported by the development in IT systems. Within the initial response Wiltshire Council implemented MS Teams in an extremely short amount of time and this has supported teams to remain in contact with each other and has been a method of completing online interviews and video calls with the people we support.

## **Actions to address the challenges highlighted include:**

1. ASC has benefited from focused recruitment drives, where a landing page has been developed, this has worked well for the Adult MASH. Recruitment drives will be considered across ASC.
2. Additional funding is being applied for through the Pan Dorset & Wiltshire Training Partnership to provide additional support to AYSE Social Workers across Children and Families and ASC. With reference to a plan to support retainment of staff and additional support for BAME employees / students. This will build on the recently published 'Inclusion Strategy'.
3. Group has been set up for newly qualified occupational therapists to support their development. To develop a newly qualified occupational therapist programme based on Skills for Care framework.
4. We will support social care practitioners and occupational therapy assistants to gain a professional qualification through the social work or occupational therapy degree apprenticeships.
5. Consider offering flexible working including compressed hours.
6. Engage more with Universities to increase the visibility of Wiltshire Council as an employer and increase the number of student placements we provide
7. Ongoing review of Transitional Safeguarding across Wiltshire.

8. Development of Strength-Based Training and development of staff teams across ASC.
9. Planned review of Quality Assurance policy and framework
10. Workforce Plan underway to prepare and implement changes in relation LPS.
11. Review of services in line with LGA Health check and standards of practice. The Principal Social Worker will also be developing and implementing a 'self-assessment' tool / guidance to support preparation for the Health and Care Bill implementation.
12. Continuation of staff reference group to suggest ideas and comment on proposed changes.
13. Principal Social Worker and Principal Occupational Therapist to scope of career pathways for all ASC roles and review training needs and provision for these roles.
14. Continue to increase the diversity and inclusiveness of the workforce, creating career opportunities that appeal to all parts of our community.
15. Design services co-produced with people who use services and people who work in social care – their needs and aspirations is the central question
16. Build on existing data-sets to produce projections and assessments of supply and demand, accompanied by gap-analysis.

### **Priorities specific to Covid recovery**

- Frontline staff need to be given the time, space and resources to recover following intense periods of demand, this may include access to automatic psychological support and a review of examples of supportive working environments.
- Leaders should continue to encourage cultures of compassion, inclusion and collaboration to create high-quality workplaces for staff.
- Developing teamwork may be more important than developing the roles of one professional group. Strong teams can also reduce dependence on any single professional group, so work can be shared.
- Support the informal Workforce & focus on early intervention. Adult Social Care could and should take a much more strategic approach to the support and development of volunteers. This was a success of the initial Covid19 response which should continue to be maintained and enhanced.
- Focus on integrated ways of working which focus on resilience and surge demand on Adult Care.
- Work to better understand the impact of COVID 19 on Black, Asian and minority ethnic people and other groups in the workforce, in order to support them to be safe.

### **Terence Herbert Chief Executive**

Report Authors: Laura Roberts, Principal Social Worker; Lisa Dibsdall, Principal Occupational Therapist; Caroline Smith, HR Business Partner  
Date: 1<sup>st</sup> Sept 2021

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**The following unpublished documents have been relied on in the preparation of this report:**

None

## Appendix 1 Numbers of full time equivalent staff planned for different services and percentage of vacancies

Roles and Teams	Information Officers	Social Worker	Occupational Therapist	Social Care Practitioner/ Occupational Therapy Assistant	Support workers	AMHP <sup>4</sup>	ROVI/ROHI <sup>5</sup> / dual sensory specialists	Investigating Managers
Advice and Contact	16 22% vacant	3 No vacancies	2 No vacancies	-	-	-	-	-
Hospital Teams	-	35 17% vacant	-	14 14% vacant	-	-	-	-
Reablement	-	-	27 15% vacant	9 No vacant	98 <1% vacant	-	-	-
Wiltshire Support at Home provider service	-	-	-	-	13 15% vacant	-	-	-
Ongoing Support	-	36 31% vacant	21 14% vacant	33 9% vacant	-	-	-	-
MASH (multi agency safeguarding hub)	2 No vacancies	-	-	-	-	-	-	9 No vacancies
Hearing and Vision	-	1 No vacancy	-	-	3 communicator guides	-	7	-
Learning Disability and Autism Service	-	24 20% vacant	-	17 19% vacant	-	-	-	-
Learning Disability Provider service	-	-	-	-	138 19% vacant	-	-	-
Mental Health	-	16 15% vacant	-	11 5% vacant	-	16 24% vacant	-	-

All figures rounded to the nearest whole number

Not included in this chart are specialist teams such as the Court of Protection Team, the Deprivation of Liberty Safeguards Team and the Financial Assessment and Benefits Team.

<sup>4</sup> Approved Mental Health Practitioner

<sup>5</sup> Rehabilitation officer for the visually impaired, Rehabilitation officer for the hearing impaired

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Wiltshire Council

Health Select Committee

8 September 2021

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## Update on the 'place-based' Integrated Care System (ICS) governance framework for Wiltshire

### Purpose of Report

1. To update the Health Select Committee (HSC) on the Wiltshire/place based governance arrangements being developed in response to the [Health and Care Bill 2021-22](#) proposed legislative changes.

### Background

2. The [Health and Care Bill 2021-22](#) was introduced in the House of Commons on 6 July 2021. The Bill will enact the policies set out in the NHS's recommendations for legislative reform, following the [NHS Long Term Plan \(January 2019\)](#), and the White Paper, [Integration and Innovation: working together to improve health and social care for all \(February 2021\)](#).
3. The Bill promotes integrated care. It will see local councils, the NHS and other partners working closely together to provide people with the support they need. By removing traditional divisions the reforms intend to prevent people from receiving disjointed care.
4. Integrated Care Systems (ICSs) are a key mechanism in delivering the priorities of the Bill. ICSs are partnerships between the organisations that meet health and care needs across an area. They coordinate services to improve population health and reduce inequalities between different groups. Bath and North East Somerset, Swindon and Wiltshire (BSW) has already formed an ICS and from April 2022 it is proposed that all ICSs (including BSW) will be on a statutory footing.
5. The ICSs and the integration agenda that they serve is based on health and care activity happening at three levels within a locality:
  - **System level.** Covering a wide geographical area with populations circa 1 million to 3 million, in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale;
  - **Place level.** Covering populations circa 250,000 to 500,000 people, and usually coterminous with a local authority area; places are served by a set of health and care provider connecting to services provided by councils, hospitals and voluntary organisations;

- **Neighbourhood level.** Covering populations circa 30,000 to 50,000, served by groups of GP practices (known as “primary care networks” or PCNs) working with community service providers.

### Main Considerations for the Council

6. The BSW ICS is currently developing its governance framework in response to the proposed legislative changes at ‘place’ (Wiltshire) level.
7. Cabinet will subsequently be considering a report on 30<sup>th</sup> November 2021 proposing the ‘place-based’ governance arrangements for Wiltshire. Recognising the importance of securing scrutiny input it has been agreed that draft proposals will be brought to the HSC in advance of Cabinet in order for members to consider. This will provide members with an opportunity to question and understand how the ICS will operate at place level within Wiltshire and also a chance to see how the HSC fits into the wider governance framework. For example, going forward how can scrutiny input into the ICS decision making framework? Or, what is the future relationship between the HSC and the Health and Wellbeing Board (HWB)?
8. In parallel to this an invite has been extended to the chair and vice chair to attend development workshops being coordinated by the ICS and also involving the HWB. This early engagement will ensure scrutiny has an opportunity to further input as the framework matures.
9. The timeline to Cabinet decision is as below:

8 Sept	HSC considers initial update report
9 Sept	Planning meet to prepare for workshop
30 Sept	Health and Wellbeing Board workshop
13 Oct	Workshop (chief officers, HWB chairs, HSC chair/vice chair
2 Nov	HSC to consider draft Cabinet report
30 Nov	Cabinet consider governance framework proposals

### Conclusion

10. The development of a governance framework for Wiltshire’s ‘place-based’ ICS presents an opportunity for the HSC to input into the final model and fulfil its role in ensuring the Wiltshire public has access to appropriate health and care services.

### Recommendations

11. HSC is asked to:
  - a) Agree to bring the draft Cabinet report on the ICS ‘place-based’ governance framework for Wiltshire to its 2 November meeting.

- b) Agree to the Chair and Vice Chair representing the committee at the proposed September and October workshops listed above.

**Lucy Townsend - Corporate Director People, Dr Elizabeth Disney - Chief Operating Officer BSW CCG**

Report Author:

[Ceri Williams](#)

Date 25.8.2021

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**The following unpublished documents have been relied on in the preparation of this report:**

None

**Appendices**

None

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Health Select Committee – Forward Work Programme			Last updated 25 August 2021	
Meeting Date	Item	Details/ purpose	Report Author/Lead Officer	Responsible Cabinet Member
2 November 2021	<ul style="list-style-type: none"> <li>Update on the ICS governance framework for Wiltshire</li> <li>Housing Related Support – rapid scrutiny exercise in advance of final delegated decision.</li> <li>Wiltshire Carers – impact of the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>Draft Cabinet report to be considered by HSC in advance of decision. This report will be detail the governance arrangements being developed in Wiltshire in response to proposed health and care legislative changes.</li> <li>HSC to consider the findings of the rapid scrutiny exercise</li> <li>HSC in its legacy report and at its recent committee has expressed an interest in considering the impact of pandemic on Wiltshire Carers. Invitation to be extended to Carer Support Wiltshire.</li> </ul>	<p>Lucy Townsend/Elizabeth Disney</p> <p>Helen Jones/Vincent Edwards</p> <p>Lucy Townsend</p>	<p>Cllr Richard Clewer</p> <p>Cllr Jane Davies</p> <p>Cllr Jane Davies</p>
11 January 2022	<ul style="list-style-type: none"> <li>Update on the Shared Lives Programme</li> </ul>	<ul style="list-style-type: none"> <li>HSC to be updated on the programme which helps people live as a part of a family, within the carers home, where they receive the support or care that they need.</li> </ul>	Lucy Townsend	Cllr Jane Davies
1 March 2022				

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