

Wiltshire Council

Health Select Committee

2 November 2021

Item 5 – Public Participation

From Chris Caswill

To the Chairman

Question (Q21-02)

The only item on this Health Select Agenda which even begins to address the currently very serious health delivery issues for the people of Wiltshire is the one titled: **South Western Ambulance Service Trust - Engagement with the Health Select Committee** - where the possibility is floated of a discussion of the ambulance service's performance levels. In the meantime, in the real world, Wiltshire's COVID levels have increased dramatically, to the point where the County is reported to have the worst figures in the country. This in turn must be putting further strain on Accident and Emergency services and staff, at a time when A&E Departments are said by many reliable sources to be at breaking point. Hospitals are reporting many Never events and many are at the highest levels of alert. Hospital waiting lists are now at record levels, and even cancer services are being delayed. At the same time, there is growing public and Government concern about access to GPs and GPs are threatening to go on strike.

My question is - why has this storm of issues passed this committee by? Why do almost none of them appear on your agenda for scrutiny, nor even on your Forward Work Programme? How is this compatible with your remit which includes the remit to "review and scrutinise any matter relating to the planning, provision and operation of health services in Wiltshire" ? Could it be that you are ideologically accepting the Government's un evidenced claims that there are no crises in the health services, rather than doing your job of evidenced scrutiny on behalf of the people of Wiltshire?

Response

We would like to thank Mr Caswill for his questions and statement, and state that we fully acknowledge the current Covid-19 case rates and the ongoing impact of infections on hospitals, on waiting lists and of course on Wiltshire residents.

We also agree that this Committee has a very important role to play in highlighting the pandemic situation and scrutinising the effectiveness of the response to it.

Having received Mr Caswill's questions, we have looked back at this committee's agendas over the last few months and, having done so, would disagree that we have not been focused on the pandemic. We have reviewed a great many issues that directly relate to the pandemic, such as the impact on Elective Care waiting times, on the Wellbeing of health and care staff, on Mental health services, and – today – on our ambulance service. But we agree we have also made space for other issues that

we believe are of equal importance, such as funding for Domestic Abuse support and plans for the redevelopment of the RUH. In virtually all of our debates we would say this committee has touched on Covid-19 in terms of its impact on the specific issue being discussed.

Having said that, we agree with Mr Caswill that the committee must remain keenly aware of the state of our local hospitals and their ability to respond to the pandemic throughout the Winter. We therefore propose that we include an item on this on our next meeting agenda on 11th January 2022, and invite the three local hospitals to provide position statements at that meeting for us to scrutinise.

Question (Q21-03)

The paper on Integrated Care Services which is on its way to Cabinet is no doubt intelligible to those who are closely involved in yet another reorganisation of health and social care cooperation and partnership. I suggest to you that it is almost entirely unintelligible to the public whose interests this Committee is in place to serve. This is especially the case where it concerns differences these lists and charts and system diagrams and words are actually going to deliver, and how success (or otherwise) will be measured. A small example of the unintelligibility of the proposals can be found in para 8: The ICS NHS Body will also merge the functions of non-statutory STPs/ICSs with the functions of a CCG. Even when it comes to upcoming projects, only three specific and comprehensible intentions do creep into the text at the end of para 26 alongside the raft of no doubt well meaning but vague general aims. So my question is:

Will the Committee ask the Cabinet to authorise a Plain English version of this document, and ask for a much clearer statement of the projects to be undertaken and the difference these collaborations will make to the day to day lives of Wiltshire residents?

Response

While we acknowledge that the report covers a technically complex subject, we do agree that all reports that this committee and Cabinet receives should be in Plain English. We note that the report received is in draft and subject to further change, so we propose that we ask officers to ensure that the final version to Cabinet is written in as plain English as possible so that it is understandable to all.

It should be emphasised that the model will evolve over time. Further reports will allow the Health Select Committee to monitor the projects being undertaken and the impact that collaborations will have on the services provided to Wiltshire residents.