

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 16 MARCH 2022 AT COUNCIL CHAMBER - COUNCIL OFFICES, MONKTON PARK, CHIPPENHAM, SN15 1ER.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Sue Denmark, Cllr Howard Greenman, Cllr Antonio Piazza, Cllr Pip Ridout, Cllr David Vigar, Irene Kohler, Cllr Trevor Carbin (Substitute), Cllr Tony Pickernell (Substitute), Cllr Ricky Rogers (Substitute) and Cllr Tom Rounds (Substitute)

Also Present:

Cllr Ian Blair-Pilling, Cllr Ruth Hopkinson and Cllr Jane Davies

14 Apologies

Apologies for absence were received from:

- Cllr Dr Monica Devendran (Cllr Tony Pickernell substitute)
- Cllr Mike Sankey (Cllr Tom Rounds substitute)
- Cllr Gavin Grant (Cllr Trevor Carbin substitute)
- Cllr Caroline Corbin (Cllr Ricky Rogers substitute)
- Cllr Richard Clewer
- Diane Gooch – Wiltshire Service Users Network

15 Minutes of the Previous Meeting

Resolved

To confirm the minutes of the meeting held on 11 January 2022 as a true and correct record.

16 Declarations of Interest

There were no declarations of interest.

17 Chairman's Announcements

The Chairman announced that the Vice-Chairman and he had met with BaNES, Swindon and Wiltshire (BSW) Clinical Commissioning Group's (CCG's) Director of Primary Care. The meeting, held on 24 January, had been arranged to discuss the Care Quality Commission's assessment of the Patford House GP

practice's service as inadequate. The Vice-Chairman and he had been assured by the CCG that they were working closely with the practice to respond to areas of concern. He informed the committee that members of the CCG were in attendance and that there would be an opportunity to ask further questions as part of the Primary Care update later in the meeting.

18 **Public Participation**

Questions 22-03 and 22-04 were received from the following member of the public:

Mr Chris Caswill

The Chairman referred the committee to the questions and written responses included in Agenda Supplement 1. He also noted that he had received further communication from Mr Caswill.

19 **Shaping a Healthier Future - Health and Care Model**

The Deputy Chief Operating Officer of BSW CCG explained that the draft health and care model provided a strategic overview across BSW and was a useful framework with which to go forward.

The officer then provided background information about how it was planned to progress the model beyond July 2022, as the CCG was replaced by the Integrated Care System (ICS). She noted that the plans would be developed at the 'place' level in the ICS through the Wiltshire Integrated Care Alliance, as well as its equivalents in BaNES and Swindon. Wiltshire Council would work with other partners in the Alliance, such as the NHS, voluntary and community providers, to influence the implementation of the health and care model. She reassured members that reports on the health and care plan would continue to be presented to the Health Select Committee and Health and Wellbeing Board.

Programme directors at Shaping a Healthier Future then introduced the final report about their six-week public engagement consultation, found between pages 17 and 62 of the agenda pack.

During the discussion key points included:

- Members thanked the officer for the background information about how the plan was to be taken forward, as well as the directors for their engagement report.
- It was asked if there were any demographic and geographical trends in the individual responses provided to the survey. The directors stated that they would consult with their colleagues who presented the data to find out further information.
- Members welcomed the recommendations made in the report and highlighted that they would need to be considered in a joined-up fashion, as part of a wider cultural change, so that the full benefits could be realised.

- The directors welcomed the point raised about coordinating change. They announced that a BSW Academy was being set up to consider workforce issues across the whole ICS, noting that it would include a Transformation and Change Centre.
- The importance of tying the implementation plan with the current demand was also commented on by members. They spoke about the need to measure outputs against the aspirations set out in the implementation plan, as well as existing services.
- The idea of creating a database of the relevant individuals and organisations that had and had not participated in the consultations was welcomed. It was stressed that it was important to continue consulting with small and voluntary organisations to track the progress of the plans.
- The importance of continuing to engage with members of the public with limited internet access was highlighted by members. They welcomed the clarification around the digital by default language in the report and explained that they would like to see further examples of how digital services would be used in practice. They stated that digitalisation was about all processes within the NHS and not just about the patient interface.
- In response, the directors spoke about the need to make the best use of digital resources and to avoid the impression that services were only available online. They also endorsed the comments of the committee about paying attention to local needs in order to tailor services to different locations.
- In response to a question about the level of engagement that had been undertaken with Wiltshire Council officers since the last meeting, the directors stated that they had not made contact, but this could be done through the Wiltshire Integrated Care Alliance. Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND Transition and Inclusion stated that she felt that there should be strong engagement between the teams. She noted that proposals for changes to day care centres were being brought forward and there were synergies between their work.

Resolved

To thank the officers for the update and to invite a future report to the committee detailing how the transformation plans will be incorporated into the formalised Integrated Care Alliance, with a particular focus on change management and behavioural change.

20 **Primary Care Update**

The Director of Primary Care at BSW CCG, explained that Primary Care included GP appointments and other services such as dentistry and pharmacies. She then provided an update on the current performance, including the progress of the vaccination programme, explaining that data was shared at the monthly Primary Commissioning Committee.

She reported that an 'evergreen offer' was in place to encourage unvaccinated people to come forward for their first jab. Data was being used to identify individual streets with lower take up, allowing the vaccine bus to be deployed as effectively as possible. Community vaccine centres included local pubs and a

Sikh temple. It was explained that plans were being put in place to roll out the fourth phase of the vaccine programme targeting higher risk groups, such as the over 75s. Primary Care staff would continue to play an important role in the vaccine programme but on a smaller scale than the last two years. Going forward there would be a focus on addressing the non-Covid needs of patients with plans to improve access to GPs outside of normal working hours.

During the discussion key points included:

- Members thanked the director for the update and asked if further detail about the Covid-19 vaccine uptake could be shared.
- Cllr Howard Greenman, reported significant concerns, based on his own experience, those of residents and the local parish council about the GP Practice in Sutton Benger, part of the Patford House Partnership. He then stated that it was imperative that action was taken to improve the service at Patford House Surgery, Beversbrook Medical Centre and Sutton Benger Surgery.
- The director explained that the CCG had been working closely with the partnership over the past two years and agreed that tangible action was required. She reported that the CCG had an oversight board specifically looking at Patford House Partnership and discussions were ongoing about the implementation of the action plan to improve the quality of the service provided. The Care Quality Commission (CQC) were also shortly due to visit all three sites to assess compliance with warning notices.
- The director noted that the practice's GP contract was under review. As there were approximately 15,000 patients registered at the practice, she explained that contingency plans would need to be in place should the practice have its registration removed.
- Members noted that the potential closure of the Patford House would impact the Primary Care infrastructure across the whole county and requested a further update on the imminent inspection.
- Cllr Tom Rounds, Chairman of Calne Area Board, noted that the Area Board had received an update from the practice manager of Patford House. He stated that services had deteriorated since the merger of the three sites. He then explained that there were staff shortages at the surgeries and that the management practice needed to be looked at forensically.
- Other members raised concerns about the number of doctors and access to appointments in their area. Cllr Pip Ridout highlighted that it was not possible to access pharmacy services in Warminster on Sundays.
- The director thanked members for their comments and stated that feedback could be provided to the Patient Advice and Liaison Service (PALS). She emphasised that access to services was a key part of the recovery strategy from the pandemic and reported that 220,000 patients were able to access an appointment across BSW in February 2022.
- The work of the vaccine bus in Longfield in Trowbridge was praised by members and they asked what they could do to help promote uptake. The director emphasised the importance of continuing to spread the word, particularly to groups with low uptake, and felt that councillors promoting the vaccination programme on social media could have an impact.

- In response to a question about the lower uptake of booster vaccinations than in the first two rounds, the Director of Public Health at Wiltshire Council, stated that there was an increasing perception amongst sections of the public that the threat from Covid-19 was reducing. A trend of lower uptake was also seen with other vaccines, such as MMR. She noted that a team at the CCG were carefully analysing trends and shared their findings with Wiltshire Council. She reassured members that Wiltshire had the highest vaccine uptake in the region.

Resolved

- 1. To thank the CCG's Director of Primary Care for the update.**
- 2. To request that the committee is updated on the imminent CQC inspection of Patford House and any potential implications for its 15,000 Wiltshire registered patients.**
- 3. To request a future update on the work being undertaken to enhance access to GP services.**

21 **NHS Health Checks Programme in Wiltshire**

Cllr Ian Blair-Pilling, Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets, introduced the report starting on page 63 of the agenda pack. The cabinet member was pleased to report that Wiltshire's population was healthier than the English average. However, he stated that further work needed to be carried out to engage with harder to reach groups, highlighting a correlation between people not participating in the scheme and people not taking up a Covid-19 vaccination. Extending the reach of the programme to groups who had not previously received a check-up was predicted to yield the greatest results in reducing health inequalities. He reported that, in order to reach groups that might have been missing out on treatment, GPs had been asked to prioritise individuals with learning difficulties and to offer evening clinics.

Referencing a national report on health inequalities, published in December 2021, the cabinet member explained the need to focus on starting checks at a young age, mental health and reviewing digital services. He then opened the report up to the committee, wishing to draw upon their experience and ideas to help to enhance the proposals.

During the discussion the following points were made:

- Members thanked officers and the cabinet member for the report, welcoming the focus on vulnerable communities.
- The cabinet member stressed the importance of supporting public health by using the full range of measures available to the council, such as by promoting physical activity in its leisure centres.
- The importance of communicating in plain English was highlighted by members, as they felt that this would help to promote uptake.
- It was also emphasised that encouraging peer-to-peer support in informal settings would be a productive approach, as formal learning settings could deter

participation for some. Utilising existing groups would also mean that it would not be necessary to set up new bodies.

- The Director of Public Health noted that a large amount had been learnt through the pandemic and thanked the committee for their comments on peer-to-peer learning.
- In response to a question about whether previous rapid scrutiny into health inequalities, carried out under the previous council, had been considered, the director confirmed that it had. She stated that they had taken onboard the comments of the committee that remained relevant and had also learnt a great deal during the pandemic.
- Members highlighted the importance of data in determining which interventions had been successful and asked about whether the information collected captured variation in individual wards.
- A public health consultant confirmed that data could be broken down into individual wards and practices. She also stated that lots had been learnt by sharing data between local authorities as it had enabled them to apply lessons for specific groups.
- The cabinet member spoke about the importance of identifying the granularity of delivery as well as the granularity of need and stressed that useful lessons had been learnt from the roll out of the vaccination programme.
- The director stated that a Joint Strategic Needs Assessment (JSNA) was underway and was due to be published in the early summer. She explained that that it was a statutory requirement for the Health and Wellbeing Board to publish this assessment and that Area Boards would also be involved in community JSNAs.
- It was noted that figures, such as smoking rates, could help to identify areas in need of support. The cabinet member also highlighted the need to ensure that communities that did not reside in a fixed location, such as boaters, were also considered.
- Members stressed the importance of reviewing data in the context of wider social issues to help less affluent areas. In response, the cabinet member reiterated his message about being able to join up thinking in areas under the council's control, such as leisure centres.
- It was noted that the quality of engagement, not just the quantity, was very important.

Resolved

- 1. To thank officers and the cabinet member for the update report.**
- 2. To invite the cabinet member to note the comments of the committee, in particular its support of the outreach programme and the benefits of peer-to-peer support.**

The meeting was adjourned for five minutes at 12:10pm.

22 **Day Opportunities Transformation**

Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion, introduced the report, which she noted would be presented to Cabinet for approval on 29 March. She explained that the proposals set out a new

approach to transform how adults, with varying needs, accessed daytime and evening activities. A wider range of activities would be offered than under the existing procurement system and would be better aligned to the aspirations of service users. She reported that the council expected to spend £1.9 million on commissioned day services in the forthcoming year. The new contracts were expected to last for up to eight years and were predicted to have an average annual cost of around £2.1 million over that period. The cabinet member stated that the proposals would modernise the service offer and set out an overarching commissioning strategy to achieve this.

It was noted that around 800 adults benefitted from the day opportunities supported by the council. However, the proposed changes would impact the services currently delivered to 277 customers whose services were procured via spot-contracts. The remainder had services purchased via block contracts with Alzheimer's Support or Order of St John, which would not be affected by the proposals.

A Commissioning Manager in Transformation, Procurement and Commissioning, explained that under existing arrangements spot contracts were in place with around 40 providers. Under the proposed open framework an approved list of suppliers would be drawn up, which could be added to over time. The new system would have a greater focus on outcomes, improve transparency, and ensure that provision was more geographically even. He reported that a meeting had been held with day centre providers and a further meeting was due to be held the following week. Information about the application process of how to join the list of open framework providers had been given out and it was hoped to award the first contracts in July.

During the discussion the following points were made:

- Members thanked the cabinet member and commissioning manager for the report.
- Members asked if there were people with eligible needs whose demands were not being met. The commissioning manager explained that some of the people attending luncheon clubs may have eligible needs and would receive services if they had undergone a care act assessment. It was hoped that the implementation of the new system would help people to come forward for assessment.
- In response to a question about what would happen if an individual wanted to participate in activity that was not provided for under the framework, the commissioning manager explained that they would use a direct payment system so that a person could choose the services that they wished to participate in. He noted that the framework would offer a wider choice of services, giving control to customers.
- To follow up on the commissioning manager's point, the cabinet member explained that the majority of people accessing day centres were self-funders and that grants had previously subsidised costs across the board. She felt that the new system would be fairer as, when assessing organisations looking to join the framework, they could ensure that individuals that were not in a financial position to self-fund could access services. She then confirmed that there was

no intention to control the services offered by organisations that people were wishing to pay for out of their own funds.

- Members referenced the three options outlined in the report and noted that the first, maintaining the status quo, was not desirable. They then asked why the policy of adopting an open framework was preferred to bundling existing contracts into a single contract with different lots.

- The Director of Procurement and Commissioning stated that the benefit of an open framework was that it was a dynamic system allowing centres to diversify their provision and was open for new providers to join at any time.

- Cllr David Vigar, highlighted that only 35 of the 277 customers using services procured via spot contracts were over the age of 65. He noted that luncheon clubs currently in receipt of grants were primarily attended by older people, the majority of whom had not received care act assessments and financially contributed towards the services provided. Given that people over the age of 65 were often at greater risk of social isolation he queried why the £117,906 annual grant to luncheon clubs was being withdrawn.

- The cabinet member explained that funding had been transferred to the area of greatest need. She stated that current provision for luncheon clubs was inequitable and spoke about the need to work with clubs to identify masked need and to encourage a better understanding of care act assessments. She stressed that it was a demand led service and that those eligible were entitled to financial support.

- Officers stressed the importance of ensuing the right intervention for people at the right time and explained that a care act assessment might not be appropriate for every individual. They identified other measures taken by the council to help tackle social isolation, such as the work done by the Prevention and Wellbeing Team. They then asked members to get in touch if they had concerns about individuals in their divisions so that they could ensure that appropriate support was put in place.

- As the majority of the 800 customers benefitting from day opportunities received services commissioned as part of block contracts, members were told that there were ongoing discussions about potentially moving some of those customers on to the open framework.

Sue Denmark left the meeting at 12:50pm.

Resolved

- 1. To thank the cabinet member and officers for the report.**

- 2. That a future update is brought back to committee later in 2022 detailing the progress made following the launch of the open framework, outlining the take up from the luncheon and friendship clubs and also from the wider market.**

23 Rapid Scrutiny Exercise: Day Care Provision: Open Framework Tender; Lunch and Friendship Clubs

The Chairman reminded the committee that, on 15 February, Full Council had invited Overview and Scrutiny to consider the transformation proposals for

council grant funded luncheon and friendship clubs. He then outlined the key points from the report about the rapid scrutiny exercise held on 2 March:

- The group established that the historic funding arrangements for the clubs were inconsistent in value and operated under a closed shop for new applicants.
- The new framework would provide an opportunity for providers to evolve to make themselves attractive to potential customers and the funding that will follow.
- The use of plain English was key when communicating with the clubs.
- The new framework would provide more certainty to customers, providers and the council.
- The proposals were not about replacing the community groups who provided luncheon clubs for people without a formal care need.
- The 50 percent grant funding for next financial year would act as a bridge for clubs before they have an opportunity to draw down from the framework.
- The group felt it was key for the Health Select Committee to continue to monitor the roll out of the framework.

The Director of Procurement and Commissioning took the opportunity to update the committee about an engagement session held with the clubs on 9 March. She explained that it was well attended, with 31 of the 34 groups in attendance. Lots of questions had been asked, with the session lasting 90, rather than the planned 60 minutes. Concerns were raised about the changes to the existing grants, as well as the additional steps required to comply with the new framework. However, some organisations did welcome the opportunity to join the open framework, feeling it would allow them to widen the number of people attending their clubs. The director stated that the council was keen to maintain their positive working relationship with the clubs and explained that a further meeting was planned to provide an update and allow additional questions to be answered.

During the discussion the following points were made:

- Members thanked the rapid scrutiny group for the report, as well as the director for providing an update about the meeting held on 9 March.
- Cllr Vigar welcomed the changes to help learning disability groups but reiterated his concerns, raised in the previous item, about luncheon club provision for older people. He highlighted that the report expected approximately two thirds of the 32 clubs currently receiving grants to join the open framework and noted that they would be competing for funding to support no more than 35 individuals over the age of 65, the number of customers currently using spot purchased contracts in that age group. He also noted that 14 of the 277 customers currently supported using spot purchasing arrangements had support with memory and cognition as their primary need, so the clubs might actually be competing for funding for fewer than 35 individuals over the age of 65 if it was not suitable to support them in a lunch club environment.
- The director stated that, as the tendered process was yet to begin, it was not possible at this stage to confirm exactly how many members would attend each

club. She explained that some clubs had been able to secure alternative funding. She also noted that self-funders, and carers needing a break, would be able to access services through the open framework. Additionally, the framework would help to provide quality assurance for the services on offer.

- The Cabinet Member for Adult Social Care, SEND, Transition and Inclusion explained that clubs would be supported through the transition to the new system, as funding would still be provided for six months. She also highlighted the unfairness in the current system, informing the committee that clubs in Marlborough were supported with £3.75 per head and the equivalent figure in Chippenham was eight pence.

- The director reiterated that Community Engagement Managers (CEMs) had attended the engagement meeting on the 9 March. Possible funding streams were listed at the meeting, including Health and Wellbeing grants through Area Boards.

- Irene Kohler from Healthwatch Wiltshire, stated that many voluntary groups provided a vital service and expressed reservations about whether Area Boards would be able to bridge the loss of funding to luncheon clubs, given that they only had around £7,500 a year to award to Health and Wellbeing grants.

- The cabinet member acknowledged that funding decisions were often difficult but reiterated that Area Board grants could act as a cushion for clubs as they adjusted to the new arrangements. She felt that the open framework was an improvement, as it addressed much of the inherent unfairness in the existing system and allowed for better safeguarding and oversight.

- The Vice-Chairman noted that he took part in the rapid scrutiny exercise and felt that the report was an accurate reflection of what had been discussed at the meeting. He then added that, given the length of the presentation on the day, he would have welcomed additional time to allow for further debate.

- Cllr Cape sought clarification about the improvements in the council's budget setting that had been brought about as a result of the rapid scrutiny exercise given the limited time available and lack of change in overall policy. It was noted by the Chairman that the group had recommended the use of plain English as well as encouraged outreach to clubs that would benefit from further engagement.

- Members picked up on the description on page 84 of the agenda pack of the open framework as light touch and sought reassurance about how clubs providing a service below the required standard would be identified. A commissioning manager explained that a robust process would be in place to monitor performance, including issues such as food safety. He stated that there would be a way to remove clubs from the framework and reminded the committee that being on the framework did not guarantee that they would receive any work.

- The Chairman requested that the minutes of the engagement meeting held on 9 March, as well as the forthcoming engagement meeting, were circulated to members.

Resolved

- 1. That the luncheon and friendship clubs be given practical council support, including use of Pro-Contract, if they decide to bid to be placed on the new open framework.**

2. That all future communications with the luncheon and friendship clubs is underpinned by the use of plain English, including the 9 March engagement event.
3. That the COSA agreements between the council and successful bidders provide certainty of funding for those individuals over a reasonable period.
4. That the council through its commissioning and community engagement team communicate to all 32 clubs the information shared with members on alternative funding sources.
5. That the council use all possible means of communicating the tender opportunity to clubs and organisations not currently receiving day care funding or grant funding – including community lunch clubs and innovative providers such as music clubs, book clubs and ‘gig buddies’.

24 **Rapid Scrutiny Exercise: Housing Related Support**

Cllr Ruth Hopkinson, lead member of the rapid scrutiny exercise, presented the findings of the group following their meeting on 11 February. She reminded the committee that Housing Related Support (HRS), as originally designed, duplicated statutory services provided by landlords. However, the group had found that the service had evolved to the point where it was estimated that it could be masking the social care needs of 140 individuals who would otherwise have been in receipt of a social care assessment. Cllr Hopkinson explained that 12, rather than the estimated 140 people had come forward for assessment, so the rapid scrutiny group had concerns that elements of the work being carried out by the HRS were not being replaced.

The councillor reported that the group had found the reasons for removing the service were sound but did feel that there were ongoing risks and that the engagement with housing associations could have been improved. However, the group did welcome the signposting of residents to the Prevention and Wellbeing Team and Community Engagement Managers. The group felt that the Health Select Committee should continue to constructively monitor the withdrawal of the service to minimise risks.

The Director of Procurement and Commissioning reassured the committee that the 63 residents who had opted into an active care package had now had their care reviewed. The 63 individuals had received information about social and leisure opportunities, but none wished to receive onward referrals to address social isolation needs. She reported that a number of families had contacted landlords directly and had chosen not to be signposted elsewhere. Since the last committee meeting 25 referrals had been received from care providers into Adult Social Care, the majority of which related to hoarding. All but four of the 25 referrals were due to receive a complete review of their needs by the end of the week. The director then offered to share additional information about advice and contact referrals.

Resolved

1. That a written update is given to the Chairman and Vice-Chairman of the Health Select Committee on 31st March 2022 confirming the status of the HRS related care assessments.
2. That the Prevention and Wellbeing Team prioritise its focus on sheltered housing schemes particularly during the transition period up to and beyond 1st April; and any associated delivery plan is shared with the members of the rapid scrutiny group.
3. That the Health Select Committee incorporates into its work programme how the council's Adult Social Care transformation intends to collaborate with the voluntary sector in relation to the proposed open framework for day care opportunities.

25 **Forward Work Programme**

The Chairman referred the committee to the Forward Work Plan outlined on page 105 of the agenda pack and invited suggestions from members. He stated that he would like to open up the briefings on Cabinet reports that sat outside of the formal committee meetings, normally only attended by the Chairman and Vice-Chairman, up to all members of the committee.

Members welcomed the proposed update from the South West Ambulance Service, at their June meeting, and requested that their performance data was broken down to a local level.

It was noted that a paper on the Care Home Tender was due to be presented to Cabinet in April. It was also noted that the date that the Forward Work Plan was last updated was listed as 1 April 2022.

The Cabinet Member for Adult Social Care, SEND, Transition and Inclusion reported that in a radio interview care home residents had given very positive feedback about the services that they were receiving. She then took the opportunity to thank staff for all of their hard work in supporting residents.

Resolved

1. To note the Forward Work Plan.
2. To extend, where appropriate, invitations to the wider committee for future briefings on cabinet reports.

26 **Urgent Items**

There were no urgent items.

27 **Date of Next Meeting**

The date of the next ordinary meeting was confirmed as Tuesday 7 June, at 10:30am.

(Duration of meeting: 10.30 am - 1.45 pm)

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