

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 5 SEPTEMBER 2023 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Clare Cape, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Mike Sankey, Cllr David Vigar, Diane Gooch, Irene Kohler and Caroline Finch

Also Present:

Cllr Tony Jackson

56 **Apologies**

Apologies were received from Councillor Mary Champion and Councillor Dr Monica Devendran and from Jo Cullen, Director of Primary Care.

57 **Minutes of the Previous Meeting**

Resolved:

To approve and sign the minutes of the meeting held on 4 July 2023 as a true and correct record.

58 **Declarations of Interest**

The Chairman declared that he had previously worked with NHS Property Services including in Devizes, but that it did not constitute an interest.

59 **Chairman's Announcements**

The Chairman noted the recent engagements involving the Committee, the Chair and Vice-Chair. These were comprised of an inquiry session on the demands on urgent care on 19 July 2023, a briefing attended by the Vice-Chair on the Primary Care Services Contract and the Safer Accommodation funding (years three and four) to support those impacted by domestic abuse, and a visit by the Chair and Vice-Chair to Devizes Health Centre in preparation for the item on Integrated Care Centres.

60 **Public Participation**

The Chair confirmed that the Committee had received two questions from Mr Chris Caswill, with the Committee's response included in the agenda pack. The Chair then read out the questions and responses for the benefit of those present.

61 **Integrated Care Centres**

The Chair welcomed Dr Ian Williams and Helen Scott from the Devizes Primary Care Network and invited them to update the Committee on the work being undertaken at Devizes Health Centre.

The Committee heard how the Health Centre had addressed the increase in demand for urgent healthcare with a dedicated urgent care service available on the day. Dr Williams and Ms Scott informed the Committee that they had addressed staffing issues by recruiting several non-GP staff and had benefitted greatly from the acquisition of additional estate into which the Health Centre could expand. They explained that they were optimistic of reducing the demands on services like 111 and the Emergency Department (ED) by providing a more holistic service, stating that by freeing up GPs from dealing with urgent care matters, they would be more available to deal with those with more complex long-term needs.

The Committee discussed the availability of additional data, which Dr Williams confirmed needed to come through the Integrated Care Board (ICB) and had been requested, and the prospects for additional facilities. The Committee also discussed whether the model in Devizes would work in areas where there were fewer practices (or indeed only one), or where the practices were not as collaborative with each other. Similarly, the Committee noted the major barriers to widespread adoption of the model being space and workforce and discussed the challenges in addressing those barriers. Fiona Slevin-Brown joined the meeting and added that estate was an important enabler and confirmed that conversations were ongoing in places like Trowbridge to address that.

It was mentioned that the Secretary of State for Health and Social Care had recently visited the Devizes Health Centre and had been impressed by the changes they had made and was keen to support the ICB to deliver similar offers across BANES, Swindon and Wiltshire (BSW) using estates as a key enabler.

Questions were asked of where the idea of the model originated, to which Dr Williams confirmed that it came from their own assessment of a need to adapt to a demand based on convenience rather than need and was backed up by Dr Claire Fuller's stock-take for NHS England, which asserted that attempts to juggle cradle-to-grave care with transactional care using GPs for both was an inefficient model. He added that part of the programme's success was that it had been specifically modelled based on specific local needs and contexts.

Questions were also asked about the physician associate role being used in Devizes. Dr Williams explained that the role was adopted from the US model

and had existed in the UK for approximately the last decade but was still reasonably small although growing rapidly due to government promotion. He explained that they dealt with exclusively secondary care but required a supportive training scheme after their two-year post-graduate course had concluded to thrive in the role.

Resolved:

- **To receive an update in 2024 on the impact of integrated care centres on primary care provision to include KPIs.**
- **To receive an update on Neighbourhood Collaboratives in 2024.**

Councillor Mike Sankey left the meeting at 11:40.

62 **Reablement and Wiltshire Support at Home**

Emma Legg, the Director of Adult Social Care, and Helen Henderson, the Head of Reablement, spoke about Wiltshire Support at Home and the reablement service.

Speaking first about Wiltshire Support at Home, They explained that the current focus was on the workforce being well staffed and well trained, having just completed the recruitment phase. They explained that the team had identified inefficiencies in the referrals service and suggested that circumstances presented a unique opportunity to influence and encourage care as a career. They summarised by stating that the service could play an important role in preventing unnecessary hospital admissions.

The Committee discussed the potential for work to be done in colleges to encourage care as a career path, the initial referral process and the prospect of step-up reablement as well as step-down. The Committee commented that the support lent by Support at Home is particularly valuable to those admitted to hospitals for social reasons. The Committee enquired about the patient flow hub that is used for referrals. Councillor Ridout challenged the effectiveness of the system, remarking that nobody referred her after her time in hospital.

Turning to the reablement service, Helen Henderson explained that the service revolved around bespoke support plans, and was currently focused on demand, outcomes, workforce, customer voice and feedback. She explained that there were important Key Performance Indicators (KPIs) at the beginning, 3-month mark and end of reablement, and that as of the first quarter of 2023, 82% of customers were independent by the end of reablement. She noted that recruitment and retention continued to prove challenging, as did balancing demand against capacity as a consequence.

The Committee noted the very positive feedback they had received about the reablement service, but expressed concerns about the level of support offered after reablement finishes.

Resolved:

- **To receive an update in 2024 on reablement including Wiltshire Support at Home.**
- **To welcome the priority given to customer feedback and request that this data is included when the HSC receive Adult Social Care KPIs.**
- **To acknowledge the high standards of care being set by the reablement service.**

63 Technology Enabled Care (TEC) Strategy

The Chair then introduced the Director of Commissioning, Elizabeth Saunders, and the Head of Whole Life Commissioning, Victoria Bayley, for their presentation on the Technology Enabled Care (TEC) Strategy. They explained that the strategy was aimed at supporting and enhancing individual care to accommodate an increasingly ageing population. The technology involved in the strategy ranged from commonplace to innovative and included fall or dehydration detection to wearable smart tech and mobile apps. The priority outcomes of the strategy were to improve the quality of care, promote independence and reduce hospital admissions, with the intention being to achieve this by raising awareness, developing clear pathways, growing the offer, and providing support to key stakeholders.

The Committee asked questions of the potential for an unintended side effect of contributing to loneliness and isolation by replacing human contact, prompting Elizabeth Saunders to respond that the strategy was about supporting carers rather than replacing them. The Committee also queried whether technology would be provided to those without it and on the limitations posed by a lack of broadband.

Concerns were raised about the suitability of the strategy for today's older population given the potential lack of tech literacy, to which Victoria Bayley replied that the technology involved was very simple and user-friendly, and often required no input from the user at all.

Resolved:

To receive a report in 2024 on how the priorities of the strategy are being delivered to meet the needs of Wiltshire residents.

64 Inquiry Session: System-wide review of the demands on Urgent Care

The Chair reminded the Committee of the inquiry session on 19 July 2023 into the demands on Urgent Care and explained that the report from the session has proposals for the Committee to consider. The Committee expressed their thanks and congratulations to the Senior Scrutiny Officer Julie Bielby for the report.

The Committee discussed the proposals, touching on the repercussions on the forward work plan, the possibility of forwarding them on to the Health and

Wellbeing Board after agreement, the potential logistics of a task group and the impact of and on the Local Plan Review. The Chairman suggested agreeing to the proposals as written and following up with an informal session to discuss implementation options.

Resolved:

- **To approve the proposals of the Report in principle.**
- **To arrange an informal session of the Committee to finalise how to integrate the findings of the session into the Committee's Forward Work Plan.**
- **To forward the Report and summary to contributors.**

65 **Emotional Wellbeing and Mental Health Strategy**

The Chair then invited Jane Rowland, Associate Director of Mental Health Transformation at the ICB, to outline the progress being made on the Emotional Wellbeing and Mental Health strategy.

Jane Rowland explained that the development of the mental health strategy had been affected by the pandemic and much of the recent work had involved bringing people back together over previous work. She outlined the success of recent workshops the team had run, describing them as well attended. She also noted discussions surrounding access to diagnosis for ADHD, autism etc., and developing an increasingly staggered approach to transitioning from children to adult care. She pointed out that the team had started paying closer attention to the impact of trauma and the different ways of dealing with those affected by it, as well as supporting digital access and reducing the impact of isolation. She explained that the team had found that access to housing and accommodation was a significant barrier to hospital discharges, stating that it was important to get people back into the community where possible. She also noted the rich and capable Voluntary, Community, or Social Enterprise (VCSE) workforce in Wiltshire, while acknowledging continued challenges regarding recruitment.

The Committee praised the presentation on the strategy and asked about how waiting times will be addressed. Jane Rowland replied that waiting times were being carefully tracked alongside current performance levels. The Committee also discussed the importance of ensuring that the right access was there for early intervention and support to engage young people, highlighting potential engagement with mental health teams in schools to provide an easier route for children and young people and avoid deterioration.

Cllr Vigar – excellent presentation, waiting times, how will it be addressed in the strategy? Waiting times being tracked, current performance levels. Ensuring right access to early intervention and support, engagement with mental health teams in schools, easier route for children and young people. Efforts to avoid deterioration and get help early. The Committee also highlighted a rapid scrutiny on mental health provision for children and young people focusing on the perceived cliff-edge of healthcare post-18.

Resolved:

- To carry out a joint rapid scrutiny exercise of the Emotional Wellbeing and Mental Health Strategy with members of Children's Select Committee (CSC) (subject to endorsement by the CSC on 21 September 2023). This would be scheduled to take place in November or December 2023.
- To review the findings of the task group into Children and Young People's Mental Health Service in 2018 as part of the joint rapid scrutiny.

66 **Forward Work Programme**

The Chair highlighted several items not discussed that needed to be added to the Forward Work Programme, comprising the following:

- Pharmacy Services which will be on November's agenda
- An update on the Primary Care and Community Care Delivery Plan and the ICBC Programme in November.
- Elective Recovery (date to be confirmed)
- Optometry Services which will be on the agenda in January 2024.

Resolved:

- To add the resolutions from the meeting to the Forward Work Plan.
- To approve the Forward Work Plan.

67 **Urgent Items**

There were no urgent items.

68 **Date of Next Meeting**

The date of the next meeting was confirmed as Thursday 2 November 2023.

(Duration of meeting: 10.30 am - 1.15 pm)

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