

## Health Select Committee

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### **MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 8 SEPTEMBER 2021 AT 2:30PM.**

#### **Present:**

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Antonio Piazza, Cllr Pip Ridout, Cllr Mike Sankey, Cllr Liz Alstrom (Substitute) and Cllr Ernie Clark (Substitute).

#### **Also Present:**

Cllr Trevor Carbin, Cllr Laura Mayes, Cllr Chuck Berry, Cllr Ian Blair-Pilling, Cllr Nick Holder, Cllr Jane Davies and Cllr Simon Jacobs, Diane Gooch, Irene Kohler, and Lindsey Burke.

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#### **24 Apologies**

Apologies for absence were received from Cllr David Vigar and Cllr Jack Oatley, who were substituted by Cllr Liz Alstrom and Cllr Ernie Clark respectively. Sue Denmark, Elizabeth Disney, Chief Operating Officer BANES, Swindon and Wiltshire Clinical Commissioning Group and Jo Cullen also offered their apologies.

#### **25 Minutes of the Previous Meeting**

##### **Resolved:**

**To confirm the minutes of the meeting held on 6 July 2021 as a true and correct record.**

#### **26 Declarations of Interest**

There were no declarations of interest.

#### **27 Chairman's Announcements**

The Chairman reminded the Committee of their decision to hold a rapid scrutiny exercise around the issue of Housing Related Support and asked any members that wanted to be involved with this exercise, to be held on 13 October, to contact the Senior Scrutiny Officer.

The Chairman then announced that the Vice-Chairman and he had met with the Cabinet Member for Public Health and the Director of Public Health in the first

week of September. The purpose of the meeting was to understand the key priorities for Public Health over the next 12 months, which, in turn, would help the Committee to further shape its own scrutiny work programme. The Chairman also announced that the Vice-Chairman and he were due to meet the Cabinet Member for Social Care, SEND, Transition and Inclusion later in the month.

He then referred to the Prime Minister's statement on Tuesday 7 September announcing to changes to National Insurance in order to provide an extra £36 billion over the next three years for frontline health and care. The Chairman reported that he had invited the Executive to update the Committee about the implications of the announcement for Wiltshire.

28 **Public Participation**

No questions were submitted by the public.

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

The Chairman informed the Committee that Full Council would discuss the adoption of a new 10-year Business Plan for Wiltshire, after prior consideration by both the Overview and Scrutiny (O&S) Management Committee and Cabinet.

He explained that the Business Plan was a key document for the Health Select Committee as it would set the health and care priorities for the Council and in turn the work programme of the Committee.

As the Vice-Chairman and he were both members of the O&S Management Committee, the Chairman stated that they would have the opportunity to ask health and care related questions at their next meeting. However, as the plan had yet to be published at the time of the Health Select Committee meeting, the Chairman asked members if they would welcome the opportunity to meet informally before the meeting of the O&S Management Committee to scrutinise the Business Plan.

Cllr Laura Mayes, Deputy Leader and Cabinet Member for Children's Services and Skills, outlined the four key priorities identified in the plan:

- **Empowered people.**
- **A resilient society.**
- **A thriving economy.**
- **A sustainable environment.**

The Deputy Leader explained that the final document would be written thematically, rather than having a chapter for each department, so health and care issues were woven throughout.

Given the limited time available for Health Select to scrutinise the Business Plan before it was submitted to the O&S Management Committee, she welcomed the

suggestion by the Chairman to hold an informal meeting. Furthermore, she invited members of the Committee to make suggestions about what they would like to be included.

During the discussion the following points were made:

- Members did indicate that they would appreciate the opportunity to hold an informal meeting.
- As the government's white paper on health and social care had yet to be published, members asked if there was scope for potential adjustments to the Council's Business Plan to reflect changes in government policy. Jane Davies Cabinet Member for Adult Social Care, SEND, Transition and Inclusion noted that there would be an annual review process of the Business Plan so it could be adapted.
- Members stated that they would like that they would like the Shared Lives programme to feature prominently in the document.
- Members noted that early intervention, prevention and the need to create a healthier population were features of the current business plan and expressed a desire that they also feature strongly on the forthcoming plan.
- Given the growing reliance on digital services, members also noted that they would like the role of technology to feature prominently.

**Resolved:**

- 1. To thank the Deputy Leader and Cabinet Member for Adult Social Care, SEND, Transition and Inclusion for the update on the Business Plan.**
- 2. To invite Health Select Committee members to attend an informal meeting upon the publication of the Business Plan, but prior to the meeting of the O&S Management Committee on 21 September. This meeting would provide an opportunity to discuss and the feed any questions they would like raised at the Management Committee relating to the Business Plan to the Chairman and the Vice-Chairman.**

30 **Allocation of the Ministry of Housing, Communities and Local Government (MHCLG) Funding for Domestic Abuse Support in Wiltshire**

Cllr Simon Jacobs, Cabinet Member for Public Health, provided background information about the proposals, explaining that Wiltshire Council was already spending roughly £1 million per year on domestic abuse support and currently provided 37 refuge bed spaces. £830,051, roughly quadruple the expected amount, had been granted to Wiltshire Council by the Ministry for Housing, Communities and Local Government (MHCLG) for the provision of support to victims of domestic abuse, and their children, in 2021-22.

The cabinet member saw the funding as an opportunity to break the cycle of abuse but stressed that it had to be spent quickly. Although a large grant had been made available for 2021-22 further information about future funding had

not been made available. He then referred the Committee to the report attached to the agenda pack, which provided a breakdown of how it was intended for the money to be spent, as well as the recommendations to be put to Cabinet for approval on 14 September. Given the short-term nature of the funding, he felt that it was not possible to source additional refuge accommodation. Instead, the money would be used to improve and expand existing services.

During the discussion the following points were made:

- Members welcomed the extra investment given that the expected grant was around a quarter of the figure actually provided.
- It was asked if a report would be made available part way through the year to provide an update on the progress made.
- Questions arose about how many people were currently being supported. The cabinet member noted that the provider, Splitz, had reported a 30 percent increase in numbers between March 2020 and March 2021. He also contextualised that there had been a steady increase in demand nationally across the last four years, which he expected to continue. However, he did not necessarily see this as a negative and explained that it could be a sign that people now had the confidence to come forward when that may not have previously been the case.
- Members enquired about the level of advocacy support currently being provided by Splitz. Hayley Mortimer Public Health Consultant clarified that Splitz do employ independent advocates for domestic abuse workers and there is an accreditation that those support workers will provide. However, she also offered to provide further information and to look at future opportunities.
- In response to queries about whether there were enough beds to meet demand, it was explained that they were currently operating at around 90 percent occupancy, so there was capacity and flexibility available to meet increased demand. If, in the longer-term, demand continued to increase then the possibility of supplying additional beds would be explored.
- It was noted that additional staff would be employed on 12-month fixed contracts given the timeframe in which the additional funding had to be spent and that they would be employed directly by Splitz.
- It was asked how Splitz's spending on new roles would be monitored to ensure that staff were not being moved around internally without a replacement being appointed to the existing role. The consultant noted that monitoring requirements would be included in the contracts and that the money would be used to finance additional roles, so it was unlikely that internal secondments would take place.
- Questions were also asked about the sustainability of the programme given the time limited nature of the funding. In response, the cabinet member emphasised that a longer-term view was being taken by the government, including a planned announcement about providing support for perpetrators to help them address their own behaviour. The consultant added that she did share concerns about a potential withdrawal of funding and emphasised that the provision of local services would be influenced by developments in government policy. Sha also stressed that there was already a well-developed framework in Wiltshire and that they were looking to build relationships with different agencies to improve services.

**Resolved:**

- 1. To thank the cabinet member and health consultant for the report.**
- 2. To request that the cabinet member takes into account the comments of the Health Select Committee when utilising the grant funding.**

31 **Royal United Hospitals Bath (RUH) - Shaping a Healthier Future - Health and Care Model Development**

RUH Programme Managers Simon Cook and Geoff Underwood gave a very detailed presentation about the health and care support model being developed across the BANES, Swindon and Wiltshire (BSW) System and how they felt this would shape any potential business case bids to invest in the RUH infrastructure.

The managers highlighted long term pressures facing health and care, such as an aging population and spoke about technological innovations changing the way that services are delivered. Against this background they developed seven priority areas had been identified, based on the RUH's plans for the future of the hospital as well as principles put forward by the BSW group:

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.

A potential model for the future was outlined, comprising a coordinated system making it easy to access health care services. There would be an emphasis on prevention to reduce demand for health care. The managers emphasised that the hospital itself was only a single part of the patient pathway, indeed, it was hoped to provide more care in the community to allow hospitals to focus on care that could only be delivered in a hospital setting.

When summing up, the managers spoke about the importance of involving the public in developing the care model. Similar models were being developed by the Wiltshire Integrated Care Alliance and their equivalent in Swindon, so it was planned to coordinate all three plans to cover the whole of BSW. Whilst the focus of their presentation had been on BANES and West Wiltshire, the

catchment area of the RUH, they stated that a version covering the whole of BSW would be brought to a consultation event on 7 October. Further consultation events would then be held up until the end of November 2021. During the discussion the following points were made:

- Engagement would be undertaken with all doctors including GPs and those in mental health teams.
- It was felt that a lack of community doctors, particularly in less urban areas, would drive people to hospital when it may have been more efficient to treat them elsewhere.
- Questions were raised about how diagnosis of serious illnesses, such as cancer, would be improved under the new care model. It was noted that this was a nationally recognised issue, as patients had been reluctant to come forward during the pandemic. A BSW diagnostics strategy was under development and a plan was in place to create community diagnostic hubs on separate sites from hospitals, with a view to boosting capacity and allowing hospitals to concentrate on other core services. The managers offered to liaise with colleagues about bringing the paper on diagnostics in BSW to a future meeting.
- Assurances were sought about the continued involvement of local councils and the voluntary sector. Although the focus thus far had been on engagement with BANES, the managers stated that they would be very happy to engage at local events throughout the whole of BSW, including with the voluntary sector. They also emphasised that there would be a consistent model of care across the whole of BSW, although one tailored to local needs.
- It was also noted that it might be useful for an update to be brought to the Committee once the consultations had been undertaken and with a specific focus on the feedback from Wiltshire.
- It was asked what success would look like for the new health and care model and how this could be measured. The managers stated that they did not yet have any metrics identified specific to the new model. However, they did have a number of objectives about what they are trying to achieve in terms of patient outcomes, not just in terms of health, but also in terms of patient experience. They emphasised that the results would be borne out over many years, as they had been with a similar system developed in Israel. It was also explained that they were quantifying data about where care was currently delivered in order to inform the size of infrastructure required.
- Members felt that including headline objectives would make the report accessible for the public and give an insight into the challenges faced.
- Questions were also received about how dentistry and optometry were being integrated into the model. The managers noted that the model focussed on an overall strategy rather than individual services but felt that each service could benefit from the strategy and offered to hold discussions about how those services may benefit.
- Lucy Townsend, Corporate Director People, welcomed the overall strategy but did raise practical concerns about the input of the Wiltshire Alliance being at a stage when the project was already well developed. The director stated that she would look forward to further collaboration on social care and welcomed the project being both community and hospital led. Finally, assurance was sought that the project covered both adults and children.

- Managers reiterated that the model was for both adults and children. They explained that they welcomed the feedback, noting that a workshop had been held prior to the current project to explore what the model should look like across the whole of BSW.

**Resolved:**

- 1. To thank the programme managers for the update and request that they take into account the comments of the Committee.**
- 2. To request continued engagement with Wiltshire Council, the voluntary sector and other partners in Wiltshire as the model is developed.**

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

Emma Legg, Director Adult Care Operations; Access and Reablement, provided a presentation to the Committee about demand for reablement services as well as their future plans. She informed the Committee that they provided a wide range of services and had seen increased demand for care and support. Although the number of contacts coming to the Contact Team had fallen at the start of the pandemic, numbers had now risen, so were now averaging 6,000 per month. Similarly, Section 42 safeguarding enquiries had increased in 2021, with particular spikes in the number of reported cases of physical abuse and neglect.

It was noted that the number of patients being discharged back to their homes (Pathway 1) had increased and was being managed through further integration. The director explained that this type of reablement reduces the need for long term care. She reported that Pathway 2, those patients unable to return home immediately so requiring a bed, had also increased, although less markedly than those through Pathway 1.

Looking ahead to the winter, the reablement service were working with partners to develop demand and capacity modelling in order to identify gaps in provision. Prevention of hospital admissions was a key focus, with a new crisis response service being established. There was an emphasis on working with people at an early stage to delay their social care needs, such as through identifying the support equipment and home adaptations needed. Work was also underway with the voluntary sector to support discharge and improve planning for long term care, to ensure that it is outside a hospital setting. She noted that over the past few years there had been a significant increase in the number of people being supported in their own homes, with the number of people starting in domiciliary care rising from 79 percent in 2019-20 to 87 percent in 2021.

During the discussion the following points were made:

- In response to questions about whether targets were being met, the director stated that figures compared well with other local authorities. Further analysis

was also being undertaken around the placements made and how those compared with other authorities.

- It was reported that the summer had not relieved the pressure on services as much as usual. Planning for the winter was well advanced and modelling had taken account of potential spikes in Covid-19 or Flu.

**Resolved:**

**To thank the director for the update and to note the work taking place to ensure the Access and Reablement Service is prepared for the winter.**

33 **Wiltshire Council Update on Staff Wellbeing**

The Director Adult Care Operations; Access and Reablement referred the Committee to the report contained in the agenda pack and gave an overview of the key findings. Recruitment was identified as a key challenge, particularly in certain teams where the vacancy rate is up to 31 percent. Whilst the council was successful in recruiting newly qualified staff there were issues with retaining experienced staff and turnover was higher than the national average. Challenges had also been identified in providing peer support given that many staff were working remotely during Covid-19. An overarching workforce strategy was being developed in order to address the issues identified. The strategy would include a range of measures to improve recruitment, such as further engagement with universities over placements and supporting degree apprenticeships. Other measures would focus on allowing staff time for recovery and building a supportive working environment.

During the course of the discussion the following points were made:

- Concerns were raised about feedback from a staff survey identifying the drawbacks of remote working, such as creating social isolation and making communication more difficult. Given that some staff may prefer the chance to return to the office, questions were asked about the ratio of staff to available desk spaces and whether staff, who wanted to, had been given the chance to return to work. The director noted that there had been a variety of feedback and work was underway with different teams to provide support for individuals. Due to the varying requirements of different teams some teams needed more of a presence in County Hall whilst others were able to carry out more work remotely.
- Members noted that a reduced level of staff sickness had been reported over the past year and the director explained that they would monitor this to see if levels increased once staff were attending the office on a frequent basis.
- It was noted that experienced staff numbers were the greatest area of focus and concern. A range of measures were being considered to address this issue, such as encouraging those who had left the profession to return to work and allowing more flexible working.
- Questions were asked about whether information was available about where staff went after they left their roles, such as whether they left the profession or took a similar job with a different employer. It was noted that they left for a variety of reasons but that exit interviews were being undertaken.



- The Director of People was also present and noted that senior managers met with a staff reference group, representing all adult social care teams, to discuss the workforce strategy.
- Officers were unable to confirm whether members of a supported graduate scheme were expected to stay with the council for a minimum period of time upon qualification. However, they did note that staff had to have worked for the council for a certain period in order to be applicable for an apprenticeship.

**Resolved:**

- 1) To thank officers for the update.**
- 2) To note the work taking place to address adult social care challenges and its associated impact on wellbeing of staff.**
- 3) To invite an update in the spring of 2022 about the work undertaken to prepare for the government's new Health and Social Care Bill.**

34 **Update on the 'Place-Based' Integrated Care System (ICS) Governance Framework for Wiltshire**

The Chairman referred the Committee to the information included in the agenda pack. He explained that Cabinet would be asked to approve the new governance arrangements for Wiltshire emerging from the Social Care Bill and that the draft proposals would be brought to the November meeting of Health Select Committee. He also explained that the Vice-Chairman and he had been invited to a development workshop. The Chairman reiterated that the proposals would directly impact the Committee and welcomed the opportunity to help shape the arrangements.

Lucy Townsend, Corporate Director People, noted that the work of the Committee would be focused primarily on Wiltshire as the 'place' level. Work was also underway through the Integrated Care Alliance (ICA) to look at the 'neighbourhood' level. Officers across different partners, including the CCG and local authorities had discussed their preferred options for governance arrangements and these would be brought to the workshop due to be attended by the Chairman and Vice-Chairman. If approved by Cabinet in November, the new governance structure would be implemented from April 2022.

**Resolved:**

- 1. To agree to bring the draft Cabinet report on the ICS place-based governance framework for Wiltshire to its 2 November meeting.**
- 2. To agree to the Chairman and Vice-Chairman representing the Committee at the proposed September and October workshops.**

35 **Forward Work Programme**

As a result of interest from the Committee the Chairman proposed to have a focus on carers at the November meeting. There were no objections from the Committee.

36 **Urgent Items**

There were no urgent items.

37 **Date of Next Meeting**

The date of the next ordinary meeting of the Health select Committee was confirmed as 2 November 2021, at 10:30am.

(Duration of meeting: 2.30 - 5.05 pm)

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