

AGENDA

Meeting: Health Select Committee

Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN

Date: Tuesday 28 February 2023

Time: 10.30 am

Please direct any enquiries on this Agenda to Cameron Osborn, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718224 or email Cameron.Osborn@wiltshire.gov.uk.

Press enquiries to Communications on direct lines (01225) 713114/713115.

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Membership:

Cllr Johnny Kidney (Chairman)
Cllr Gordon King (Vice-Chairman)
Cllr David Bowler
Cllr Clare Cape
Cllr Mary Champion
Cllr Pauline Church
Cllr Caroline Corbin

Cllr Dr Monica Devendran
Cllr Howard Greenman
Cllr Tony Pickernell
Cllr Pip Ridout
Cllr Mike Sankey
Cllr David Vigar

Substitutes:

Cllr Liz Alstrom
Cllr Trevor Carbin
Cllr Mel Jacob
Cllr Ricky Rogers

Cllr Tom Rounds
Cllr Ian Thorn
Cllr Kelvin Nash

Stakeholders:

Irene Kohler
Diane Gooch
Mary Reed

Healthwatch Wiltshire
Wiltshire Service Users Network (WSUN)
Wiltshire Centre for Independent Living (CIL)

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The full constitution can be found at [this link](#).

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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 5 - 14*)

To approve and sign the minutes of the meeting held on 18 January 2023.

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 Chair.

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

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 21 February 2023 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 Thursday 23 February 2023. 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 **Joint Strategic Needs Assessment 2022**

A presentation will be provided to give an overview of the Joint Strategic Needs Assessment (JSNA) in Wiltshire and how the findings will inform planning for

health services and policies.

7 **Draft Joint Local Health and Wellbeing Strategy 2023-2032** (*Pages 15 - 24*)

A presentation of the draft Joint Health and Wellbeing Strategy will be provided for scrutiny prior to the final version being considered by the Health and Wellbeing Board on 30 March 2023. The Committee will have the opportunity to review and respond to the strategy consultation questions.

8 **Integrated Care Strategy for B&NES, Swindon and Wiltshire**

A presentation will be provided to set out the draft Integrated Care Strategy for Bath & North East Somerset, Swindon and Wiltshire (BSW) for consideration by the Committee. This follows a request by the Committee in January to review the draft strategy as part of the consultation and design process.

9 **Hearing and Vision Service Update**

To update the Committee on the work and challenges of Wiltshire Council's Hearing and Vision Service.

10 **Market Sustainability Plan for Wiltshire**

To present a summary of the Market Sustainability Plan for Wiltshire, required by Central Government and due for publication on 27 March 2023. The Committee are invited to review the implications of the market for social care services for Wiltshire residents.

11 **Inquiry Session into Challenges being experienced with patient flow through hospitals**

A programme is provided for approval at the Committee's request. This follows a discussion of the proposed Inquiry Session at January's Committee meeting.

12 **Forward Work Programme** (*Pages 25 - 28*)

The Committee is invited to review its forward work programme in light of the decisions it has made throughout the meeting.

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 10.30am on 8 June 2023.

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 18 JANUARY 2023 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Pauline Church, Cllr Caroline Corbin, Cllr Dr Monica Devendran, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Pip Ridout, Cllr David Vigar, Diane Gooch, Irene Kohler and Cllr Trevor Carbin (Substitute)

Also Present:

Cllr Richard Clewer, Cllr Jane Davies and Cllr Graham Wright

1 **Apologies**

Apologies were received from:

- Councillor David Bowler (substituted by Councillor Trevor Carbin)
- Councillor Clare Cape
- Councillor Mary Champion

2 **Minutes of the Previous Meeting**

Resolved

To confirm the minutes of the meeting held on 1 November 2022 as a true and correct record.

3 **Declarations of Interest**

There were no declarations of interest.

4 **Chairman's Announcements**

The Chairman reminded Committee Members of the scheduled online meeting to review the Council's proposed budget for 2022/23 and Medium-Term Financial Strategy 2022/23 to 2024/25 ahead of the next meeting of the Overview and Scrutiny Management Committee. The Chairman emphasised the importance of reading the reports and considering any questions or discussion points that they wished to be raised on behalf of the Health Select Committee.

5 **Public Participation**

There was no public participation.

6 Primary Care Workforce Challenges

Jo Cullen, Director of Primary Care, and Fiona Slevin-Brown, Director of Place, delivered a presentation outlining the workforce pressures being experienced across the Primary Care System.

An overview was given with the main pressures experienced being: increased demand in GP Practices, high levels of same day demand, demand for antibiotics, high levels of staff sickness and significant vacancies, ongoing impact of seasonal vaccination programmes, and increasing support for services such as ambulances, hospitals and mental health.

It was highlighted that Bath and North East Somerset, Swindon and Wiltshire (BSW) were in a relatively good position in comparison to others in the South West for GPs, General Practice Nurses and Direct Patient Care roles and that NHS England had rated BSW green with no concerns raised in each area. This was shown through workforce summaries for each area up to November 2022 bar Direct Patient Care Roles which was up to September 2022. Data and analysis with regard to vacancies and recruitment for GPs, Nurses, Director Patient Care roles within Wiltshire was discussed with some of the main areas of concern being: high locum costs, providing supervision and mentoring time to new staff, stipulations in national specification for Mental Health Practitioners and an ageing workforce. The Additional Role Recruitment Scheme (ARRS) was then briefly discussed. It was noted that the October Workforce Submissions estimated a 105% spend against the ARRS fund based on aspirational recruitment plans, as such, the ICB review the ARRS spend monthly with the finance team and two new ARRS roles were introduced from 1 October 2022 with a number of PCNs adopting them. Finally, the Training Hub was discussed, and the key areas of focus were highlighted, examples of which being: leadership, upskilling and retention.

Members discussed the vacancy rates, the ability for PCNs to meet service and demand, and the workforce summaries provided. Concerns were expressed with regard to some of the statistics shown but the positivity of BSW being classified as green was noted. Officers acknowledged that despite the green classification, the situation was fragile and as such, officers were continuing to seek improvements and solutions to the challenges discussed. Members then discussed PCN phone system contracts and the challenges it placed on admin staff across the County. It was noted that some PCN systems were not fit for purpose, yet they were unable to switch systems due to contractual obligations and high exit costs. Officers explained that funding had become available to ease the burden of such costs in order to provide PCNs with updated phone systems that have the ability to meet increasing demand.

At the conclusion of the discussion, it was then:

Resolved

- 1) **To note the detailed presentation from the BSW Integrated Care Board on the workforce challenges being experienced in Primary Care in Wiltshire.**
- 2) **To note that while Wiltshire is in a fairly good position relative to other areas in the South West region, there are still significant challenges in the County's Primary Care workforce.**
- 3) **To receive a future item on work to expand the role of pharmacists, including prescribing medication.**

7 **Maternity Transformation Update**

Lucy Baker, Director of Planning and Transformational Programmes delivered an update on the implementation of the transformation programme for local maternity services.

An outline of the BSW Local Maternity and Neonatal System was provided alongside statistics and context for BSW mothers and babies, ethnic minority babies in the UK as a whole, deprivation, pregnant mothers who continue to smoke, and pre-term births. The 2018 Maternity Transformation Road Map was then displayed in conjunction with the initial Service Redesign plan. The current position of the programme and community hubs were then explored with the impacts of COVID on the project explained, and finally the long term plan for health projects.

The national initiative Continuity of Carer model of care was explained and the importance of informed choice and personalised care for mothers was emphasised. Within this, reducing inequalities in outcomes in regard to the Equity and Equality Action Plan was discussed and the four main areas of focus explored, namely: improving data collection to better understand local needs, language and communication, accessibility to maternity services, and race equality among maternity and neonatal staff. Finally, the safety and quality in maternity and neonatal services in BSW was discussed.

Members then considered the presentation and sought further details on the freestanding maternity units and how BSW fared in comparison with the rest of the South West and/or UK regarding quality of care. Officers confirmed that they would circulate a detailed quality report with Members, but that BSW compared well. The Ockenden Review was then raised, and officers noted that there were concerns regarding midwifery staffing but that a lot of work had invested into retention and recruitment. Furthermore, site visits had been conducted alongside informal interviews with mothers and staff members, and it was stated that unannounced spot checks by the Maternity Voice Partnership were also conducted.

Members then sought clarification as to the statistics regarding mothers from BAME (Black, Asian and Minority Ethnic) backgrounds, specifically around UK stillbirth and neonatal death rates. It was suggested that Members discuss the topic with the Lead Midwife outside of the meeting, however it was noted that there were a variety of factors leading to the statistics such as health complications and access to care. It was further emphasised that a huge amount of work had been undertaken to understand and overcome said issues. National and local home birth rates were then discussed, and it was explained that more women were choosing to give birth in hospital environments as they felt safer and more comfortable due to the close proximity of medical intervention if needed.

At the conclusion of the debate, it was then:

Resolved

To note the detailed update from the BSW Integrated Care Board on the transformation of maternity services following the rapid scrutiny exercise undertaken by the Committee in 2019-20.

8 Business Plan and Service Plan Update

Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion, Emma Legg, Director of Ageing and Living Well, and Daniel Wilkins, Head of Service for Learning Disability and Autism, briefly presented a report to the Committee on how the Council's activity would meet the priorities of the Business Plan around ageing and living well following a more detailed briefing occurring the week prior.

As such, it was reiterated that within the report there were 13 planned series of activities across 7 services areas within Adult Social Care as a whole and the objectives of such directly address 6 of the 10 Business Plan Mission Statements, therefore demonstrating the scope of the work being undertaken and its impact across the corporate Business Plan. Officers highlighted that there were already KPIs in place against the activities being undertaken or if there were not then they were under development in order to measure the impacts and outcomes for residents. Prevention was noted as being a key theme across the Plan with the creation and development of a new Prevention and Wellbeing Team alongside an Intensive Enablement Service, both of which striving to continue supporting residents of all ages to maximise their independence, safety and wellbeing.

Cllr Richard Clewer, Leader of the Council, commended the work made by officers and assured Members on the extent to which the Business Plan was being utilised, put into action and delivered through the different Service Delivery Plans in a cohesive manner.

During the discussion, Members considered workforce and staffing issues for Adult Social Care both in the public and private spheres, and how officers were proposing to attract potential candidates and retain existing staff. The reduction

in day services such as lunch clubs was raised, and Members queried the impact of this on providing support to vulnerable adults. Officers explained that the new Prevention and Wellbeing Team and other support officers would look to focus on people new to social care and to work on managing long term universal, innovative and, at times, bespoke methods of care that wouldn't lead to a reliance on paid for services. It was further noted that under the new change in grant conditions, groups were being encouraged to apply for the new open framework as this would provide assurance for residents on concerns such as safeguarding and would work to empower groups to be proactive, have conversations with residents and to seek cohesive advice in order to ensure that people who need care had the ability to access provisions in the right place at the right time. Officers further emphasised that they were working to ensure that residents had the information and support necessary to make informed choices and that there was still a lot of work to be done to achieve the goals set out in the plan.

Housing was discussed and it was suggested that officers liaise with Planning Officers with regard to proposing that certain conditions be included within development plans for provisions such as Extra Care Housing and if this could be included alongside deliberations being had across Wiltshire communities in regard to their Local Plans. It was highlighted that further discussions would need to be had due to strict limitations imposed upon such planning matters, however officers' ambitions aligned with the suggestion.

At the conclusion of the discussion, it was:

Resolved

To note the information on the Council's business planning process and activity of the Ageing & Living Well and Whole-Life Pathway services following the detailed online briefing provided for Committee Members on 11 January 2023.

9 Learning Disability Knowledge Cafe and Autism Partnership Update

Daniel Wilkins, Head of Service for Learning Disability and Autism, Emma Legg, Director of Ageing and Living Well, and Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion, presented a report on the role of the Learning Disability Café and Autism Partnership in providing a forum to shape services that impact on the lives of people with learning disabilities and autism.

The presentation provided an introduction to the café and its principles alongside the key priorities and different areas of work, namely: changing services, advising businesses, developing training and campaigns. It was highlighted that the implementation of the café had changed approach in recent years to engage more people and greater capture the voices of learning disabled and autistic people to improve inclusivity and representation. It was explained that the events were hosted by the Wiltshire Centre for Independent Living (CIL) and as such they, alongside a Facebook group and

communications from the Council themselves, promote each event. It was noted that approximately 10-20 people attend each café and although this number was low in comparison to the number of learning disabled and autistic people within Wiltshire, this was a huge improvement since the previous incarnation and officers were pleased with the process made. Despite this, officers stressed that they were continuing to strive for broader engagement and encouraged Members to share links and/or information on the cafes to residents or organisations that they felt could benefit from the service. Officers confirmed that with regard to the running on the event, they deferred to CIL as CIL was led by people with lived experience of disability and as such, they understand how best to organise the events to maximise comfort and engagement.

The key aims of the Autism Partnership were then shared and it was noted that as Members had not had sight of the Autism Strategy, a copy would be circulated post meeting. Following from this, the key priorities of the Strategy were shown, and it was noted that these were derived directly from the National Strategy to ensure cohesion across the plans. A rough timeframe was then detailed in which the six priorities of the Strategy would be explored during the next three meetings of the Autism Partnership in order to develop an Action Plan.

During the discussions, Members explored the role of carers and the support provided for them in order to aid the achievement of the Strategy aims. Furthermore, it was noted that officers had liaised with Wiltshire Police to deliver training sessions with new constables and that the recruitment of a person with autism to sit on one of their Boards was being pursued.

Following which, it was:

Resolved

- 1) To note the information provided on the work of the Learning Disability Knowledge Café and the Autism Partnership as forums for ensuring that learning disabled people and people with autism are involved with shaping services that impact on their lives.**
- 2) To note that Wiltshire Council's Autism Strategy 2022-27 will be circulated to the Committee.**

Note: The Committee adjourned for a comfort break from 12:35pm – 12:42pm.

10 Health scrutiny inquiry session into patient flow through hospitals

The Chair reminded Members that the Committee had proposed to look at patient flow through hospitals and the systemic factors that present barriers to

said flow. As such, a report had been brought to Committee outlining an inquiry session into the issue which could aid Members in identifying any further areas for scrutiny. It was noted that to address the factors contributing to the extreme pressures being experienced and reported in Urgent Care and the systemic challenges impacting on patient flow through hospitals in Wiltshire, a broader look at the predicaments faced across the whole system was needed.

The Chair thanked the Scrutiny Team for producing the report and Mel Nicolaou, Head of Resources Commissioning, for her input. It was stated that once the Committee agreed the methodology to be used, a date for the inquiry session would be found, and the Chair and Vice-Chair would on the details and an update would be brought to the next meeting of the Committee.

Members wondered whether half a day would be sufficient time to fully discuss the issues and it was noted that it was important that the Committee had the flexibility to lengthen the meeting should it be required. The Chair requested that Members submit any questions ahead of the session to ensure that the various stakeholder groups in attendance could prepare any necessary responses or information for Members. Given the current position of the NHS and the interconnected relationships with the care system, the issue surrounding capacity of services such as domiciliary care and the impact on Urgent Care was raised. The Chair acknowledged the issue and confirmed that it would be included as a point of discussion in the session.

Henry Powell, Democracy & Complaints Manager, explained that an inquiry session, as proposed, had not been undertaken before and as such, officers were anticipating that it would mitigate previous difficulties faced by having all stakeholders, Members and officers present at one meeting to minimise duplication and confusion and to encourage an open discussion. It was noted that the outcomes of the meeting were expected to emerge through the conversations and that it would work towards reassuring residents that the Committee were alive to the concerns reported in the media around the pressures experienced in the care system.

Following which, it was:

Resolved

For the Committee to hold an inquiry session as proposed in the report, with more detailed arrangements to be developed further by the Scrutiny team in consultation with the Chair and Vice-Chair of the Committee and reported back to the next meeting of the Committee.

11 **BSW Integrated Care Strategy Update**

Richard Smale, Director of Strategy and Transformation for the Integrated Care Board presented an update to the Committee setting out the process for designing and adopting the BSW Integrated Care Strategy.

It was emphasised that the Integrated Care Board were statutorily required to produce the Integrated Care Strategy by 31 March 2023 and as such, officers were in the first stages of the process. It was further noted that officers were meeting with the Health and Wellbeing Board the following week to engage with colleagues and private stakeholders for the development of the strategy, therefore the presentation would be focussed on explaining the process itself to Members.

The three products that officers would produce were explained, namely: the Integrated Care Strategy, the Integrated Care Implementation Plan, and the Operating Plan 2023/24 and then the importance of the relationship between the Integrated Care Strategy, which sets the direction, and the Joint Forward Plan, which defines how the elements of the strategy will be delivered, was highlighted. Officers then described an engagement event that was held on 16 December 2022 to inform the development of the strategy, feedback from which derived key areas of importance such as: tackling inequality, focussing on the individual, considering all ages, focussing on prevention and wellbeing, and wider determinants on health examples being housing conditions, diet and employment. Further areas were listed as focussing on a holistic view of all of the factors impacting on health and wellbeing rather than on the literal delivery of the services themselves and drawing on the strength and development of local communities.

Details were then given on the content required for the strategy and the desire to change the way the system operates with regard to areas such as greater diagnostic capabilities, recruitment and retention of staff, developing workforces, investment into apprenticeships and considering how to get the best from your resources. It was noted that the first draft would be circulated for comments during the time in which the local teams would be producing their specific Health and Wellbeing Strategies to ensure that there would be no duplications between engagement and to retrieve feedback that could be used in the development process.

Cllr Richard Clewer, Leader of the Council and Chair of the Integrated Care Partnership, emphasised the difficulties in combining all of the local strategies into the Integrated Care Strategy for the whole of BSW. The importance of undertaking a thematic approach akin to the Wiltshire Business Plan was noted and it was highlighted that both the development and implementation of the Strategy would be expected to evolve continuously over the course of the first year but that the potential benefits of a cohesive plan and vision across BSW would overcome the expected difficulties. Officers confirmed that a rough draft could be presented to the Committee for feedback ahead of the next planned meeting.

Cllrs sought clarification as to whether any information would be fed to Central Government and it was confirmed that it would not as there was not a statutory body responsible for the development and delivery of the Strategy.

At the conclusion of the discussion, it was:

Resolved

- 1) To note the report on engagement within Wiltshire on the ongoing development of the initial Integrated Care Strategy.**
- 2) For the Chair and Vice-Chair to explore the best approach to further scrutiny engagement on the draft strategy and report back to the Committee.**

12 Forward Work Programme

The Chairman thanked all Cabinet Members, Directors and other partners that had joined both he and the Vice-Chair in meetings before Christmas where potential work areas for the Committee to consider over the next 12 months were discussed. As a result of which, several items had been added to the Forward Work Programme such as: domestic abuse support, substance abuse support, and health coaches.

Members suggested the inclusion of challenges faced by dentists working for the NHS, the steps taken to combat the difficulties in obtaining dental appointments within Wiltshire and ensuring that the Dementia Care Strategy be brought forth to Committee during the draft phase so that Members could provide meaningful input.

Following which, it was:

Resolved

To note the Committee Forward Work Programme with the addition of a future item on dental services in Wiltshire and on the forthcoming draft Dementia Care Strategy.

13 Urgent Items

There were no urgent items.

14 Date of Next Meeting

The date of the next meeting was confirmed as 28 February 2023, at 10:30am.

(Duration of meeting: 10.30 am - 1.15 pm)

The Officer who has produced these minutes is Stuart Figini
stuart.figini@wiltshire.gov.uk of Democratic Services, direct line 01225-718221, e-
mail stuart.figini@wiltshire.gov.uk

Press enquiries to Communications, direct line 01225 713114 or email
communications@wiltshire.gov.uk

Wiltshire Council

Health Select Committee

28 February 2023

Subject: Draft Joint Local Health and Wellbeing Strategy for Wiltshire

Executive Summary

The Joint Local Health & Wellbeing Strategy (JLHWS) is due to be updated.

The Health and Wellbeing Joint Strategic Needs assessment (JSNA) and Joint Local Health and Wellbeing Strategy are the foundations upon which the health and wellbeing board exercises its shared leadership across the wider determinants that influence improved health and wellbeing, such as housing and education. JSNAs and JLHWSs enable commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

Wiltshire's JSNA was recently updated and published in the autumn of 2022. It provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It builds on previous JSNAs to provide a comprehensive picture of the health and wellbeing needs of Wiltshire using a broad range of indicators presented in accessible format for all parties to use. This has informed the development of the draft JLHWS together with the workshop held on 1 December and input from a steering group incorporating public health, social care, NHS and Healthwatch Wiltshire representatives to shape its structure and priorities.

Proposal(s)

It is recommended that the Committee considers the draft JLHWS at Appendix 1, recently approved for public consultation by the Health and Wellbeing Board.

Reason for Proposal

It is a statutory responsibility of Wiltshire Council and the NHS to cooperate through the Health and Wellbeing Board to develop a Joint Health and Wellbeing Strategy

Kate Blackburn
Director of Public Health

Subject: Draft Joint Local Health and Wellbeing Strategy for Wiltshire

Purpose of Report

1. To provide an update on the development of the Joint Local Health and Wellbeing Strategy.

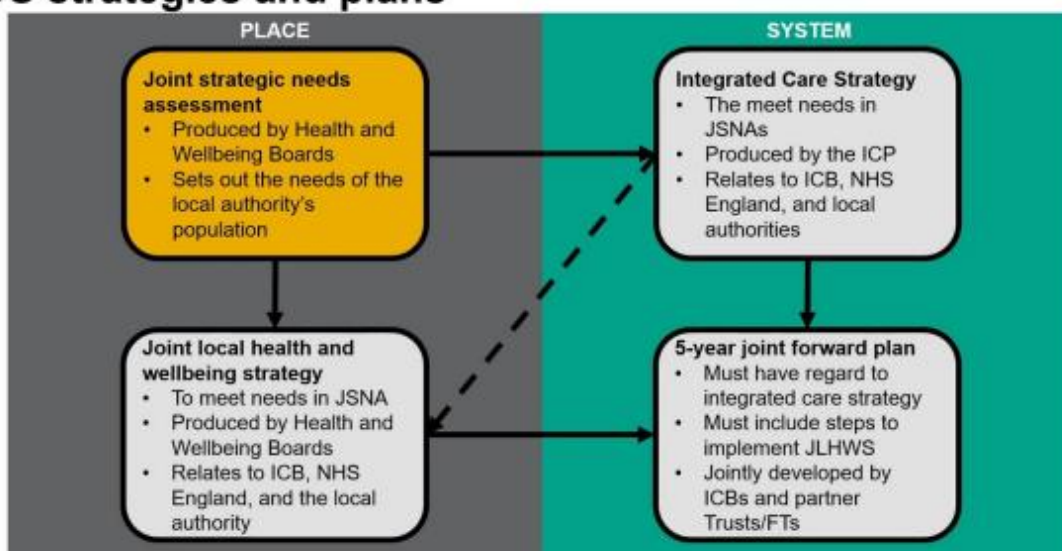
Background

2. Based on the existing [statutory guidance](#), the HWB JSNA should be an assessment of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, ICB, or NHS England Specialised Commissioning. The most recent JSNA was refreshed in line with the guidance and published in autumn 2022. It is kept up to date on the Wiltshire Intelligence Network [website](#).
3. DHSC recently produced [statutory guidance](#) for Integrated Care Partnerships (ICPs) on the development of the Integrated Care Strategies. The Health and Care Act 2022 assumes a sequencing whereby the ICP sets out in the Integrated Care Strategy how the assessed needs of the area (drawing upon JSNAs) “are to be met” by the Integrated Care Board, councils and NHSE exercising their functions. The Integrated Care Strategy will be particularly important for when the ICB and its partner trusts are preparing their first five-year Joint Forward Plan (known as a Implementation Plan for BSW, with the intention of a draft being ready by the end of the March). Integrated care partnerships should also ensure that the integrated care strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not replace or supersede the priorities that are best done locally through the joint local health and wellbeing strategies.
4. The guidance states that the Integrated Care Strategy should complement the production of local JHWSs. It should identify where needs could be better addressed at integrated care system level and bring learning from across places and the system to drive improvement and innovation, for example challenges that could be met by integrating the workforce or considering population health and care needs and services over this larger area. It should not replace or supersede the joint local health and wellbeing strategies, which will continue to have a vital role at place.
5. Following a period of engagement, DHSC has also published new [guidance](#) on how Health and Wellbeing Boards and other partners in the system should work together (NB this is different from the statutory

membership or statutory guidance on the JLHWS). General HWB duties and powers remain the same (encouraging integration, developing JSNAs, Pharmaceutical Needs Assessments and JLHWSs, signing off on Better Care Plans). However, there is a need to consider the Integrated Care Strategy in a refreshed JLHWS and to be an active participant in its development – with key principles in working together being bottom-up development, subsidiarity, clear governance, collaboration and avoiding duplication.

6. In the guidance, the ICBs inherit functions and duties that previously rested with CCGs (chiefly ensuring HWB input to its commissioning and forward plans, annual reports and performance assessments). NHSE must also assess how the ICB has met its duty to have regard to the JSNA and JLHWS and consult the HWB on its views. In addition to this, HWBs will be expected to receive a copy of an ICB joint capital resource plan, to ensure alignment to local priorities. The CQC will assess how effectively the system as a whole is working.

ICS strategies and plans



Main Considerations

7. The existing JHWS was due for revision by the end of 2022. The Health and Wellbeing Board held a workshop on 1 December to determine its priorities for the refreshed JLHWS (an in turn the Integrated Care Strategy), drawing on the findings of the recently produced JSNA. The outputs from the workshop informed the priorities for the new JLHWS and the revision of its structure was overseen by a steering group incorporating public health, social care, NHS and Healthwatch Wiltshire representatives. The draft JLHWS is attached as **Appendix 1**.
8. The revised draft JLHWS for Wiltshire continues the four guiding themes of the existing strategy but proposes new medium term goals and accountability mechanisms. It sets out a clear expectation that it is reflected in the Integrated Care Strategy, as well as organisational,

commissioning and delivery plans. It notes statutory duties for the Health and Wellbeing Board to be consulted on the Integrated Care Strategy, include a statement of compliance within that strategy and for consultation on the BSW ICB annual report. It also states that the Health and Wellbeing Board will consider regular progress reports on the delivery of this strategy, which will be used to inform the work programme of the Wiltshire Integrated Care Alliance and the individual work of members of the board.

9. There will be an opportunity for further engagement on the Integrated Care Strategy for the BSW ICS and the local JHWS for Wiltshire to take place in tandem over the next month or so. The strategies will be considered by meetings of the Wiltshire Health Select Committee, the Wiltshire Integrated Care Alliance (31 January), the VCSE Alliance, Primary Care Network Clinical Directors and other established local governance. With engagement being led locally by the ICAs this will avoid unnecessary duplication.
10. Specific consultation questions for the Wiltshire JLHWS have been drafted and are included as **Appendix 2**.

Next Steps

11. Engagement is currently underway via existing governance groups that are taking place and online and input will also be sought from the VCSE Alliance and Healthwatch Wiltshire. Consultation feedback is sought by 15 March and will be brought back to the Health and Wellbeing Board on 31 March, along with a revised strategy for final approval.

Report Authors:

David Bowater, Senior Corporate Support Manager, Wiltshire Council

Appendix 1: Draft JLHWS for consultation

Appendix 2: Consultation questions

Wiltshire Health and Wellbeing Strategy 2023-2032 consultation

The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to achieve the best outcomes for our population through good quality housing, education, employment and safe communities. Our ambition is to enable and support everyone to flourish and live well. This strategy marks a chapter in the continuous development for our Health and Wellbeing board. It has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact ensuring everyone has access to the opportunities and services that we would expect for our own friends and families.

Please read the [covering report](#) and [draft strategy](#) before responding.

We would like your views on the current draft of the strategy by **15 March 2023**. Your views will help to re-shape the final draft.

The 2023 Health and Wellbeing strategy focuses on 4 key themes:

1. Improving social mobility and tackling inequalities
2. Prevention and early intervention
3. Localisation and connecting with communities
4. Integration and working together

Do you agree with these 4 strategic areas?

Are there any changes you would suggest?

Are there any additional aims you feel should be included?

Improving social mobility and tackling inequalities

In everything we do, we consider the impact of the action on social mobility and ask how we can help to tackle the disparities in opportunities, experience, access and health outcomes that exist within Wiltshire. We focus on the factors that have the greatest influence on people's health, such as ensuring good and secure homes and jobs.

Achieving change

We will:

- Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods. The review of Wiltshire's Local Plan and Local Transport Plan is an important opportunity to deliver this.
- Support healthy home settings – with action on fuel poverty, helping people to find work, mental health and loneliness and by increasing digital inclusion
- Give children the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days/ early years and community health services
- Target outreach activity – identifying particular groups to improve health outcomes and access to services (identifying and then focusing on several of these each year) - work to tackle root causes, plan delivery and carry out evaluation.
- Improve access through online services, community locations and mobile services as well as community diagnostic hubs.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Prevention and early intervention

We take a long-term view, focusing on what is right for Wiltshire and invest in prevention and early intervention to tackle problems before they get worse. We encourage personal responsibility and have a whole life approach to planning and providing services for our residents alongside this, aimed at improving outcomes in population health and care.

Achieving change

We will:

- Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire relevant to the challenges young people face (including new challenges such as social media)
- Encourage personal responsibility across the life course – in all schools, with working age adults and for the elderly – focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse
- Prevent ill health - through increased uptake of screening, health checks and immunisations as well as ensuring the best use of antibiotics.
- Enable a healthy workforce through targeted preventative activity
- Adopt a proactive population health management approach – rolling this out to new areas (such as management of moderate frailty) each year to enable earlier detection and intervention

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Localisation and connecting with communities

We ensure our dialogue with communities is open, transparent and inclusive, in the right place and at the right time so that the distinctive needs of local communities are met. We enable stronger and resilient communities and support broader social and economic development

Achieving change

We will:

- Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, the community mental health model, area board activity using community area JSNAs to inform local action planning and the allocation and bidding for wellbeing grants
- Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.
- Consider the way in which we buy goods and services can deliver improved local job opportunities (acting as ‘anchor’ institutions) and other wider benefits (social value)
- Embed Healthwatch Wiltshire and voluntary and community sector voices in relevant decision-making structures and ensure the public voice is heard with consultation results and co-production reflected in decision papers and relevant attendance at the Health and Wellbeing Board.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Working together and integration

We design and deliver our activities in partnership with service users, local communities and public sector partners. We collectively consider how to integrate our work, get maximum value for public sector spend and plan our use of the public sector estate together.

- Provide integrated, personalised services at key stages in a person's life – this will include starting to complete later life planning with people in their early 60s (or before that in more deprived areas) so that we are preparing for when they are older, end of life care, and increasing the provision of personal budgets
- Boost 'out-of-hospital' care, encouraging a 'hospital without walls' model with improved digital and local access to consultants, and dissolving the divide between primary and community health services - through coordination of community multi-disciplinary teams, clustering services around primary care networks, and guaranteeing support to people in care homes
- Enable frontline staff to work more closely together – planning our workforce needs together, developing case studies on front line cooperation, supporting shared records and IT and sharing estates wherever possible
- Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers
- Improve integration of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, armed forces and their families, pharmaceutical services and healthcare in the justice sector)
- Drive improvement by delivering our vision through collective oversight of quality and performance, reconfiguration of clinical pathways, recommissioning of services and overseeing pooled budgets and joint teams together (through the Wiltshire Integrated Care Alliance). The ICA will bring together officers from the relevant organisations and report regularly to the Health and Wellbeing Board on progress against this plan and its own work programme as well as the Better Care Plan.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Are there any additional strategies or plans you feel should be added to the diagram at the end?

Any other comments?

*Please email your response to David.bowater@wiltshire.gov.uk by **15 March 2023**.*

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Health Select Committee Forward Work Programme

Last updated 20 FEBRUARY 2023

Health Select Committee – Current / Active Task Groups			
Task Group	Details of Task Group	Start Date	Final Report Expected
Inquiry session: System-wide review of factors contributing to current pressures in urgent care	Half-day full committee session	Spring/Summer 2023	Spring/Summer 2023

Health Select Committee – Forward Work Programme			Last updated 20 February 2023		
Meeting Date	Item	Details / Purpose of Report	Corporate Director and / or Director	Responsible Cabinet Member	Report Author / Lead Officer
8 Jun 2023	Avon & Wiltshire Mental Health Partnership Trust Transformation Programme	Overview of AWP's Transformation Programme and associated opportunities for Wiltshire.	Avon & Wiltshire Mental Health Partnership Trust	Avon & Wiltshire Mental Health Partnership Trust	Dominic Hardisty
8 Jun 2023	Long Covid Support Service	Wiltshire Health and Care to provide an update on their work to provide support to Wiltshire residents experiencing 'long Covid'.	Wiltshire Health & Care	Wiltshire Health & Care	Douglas Blair
8 Jun 2023	NHS Dental Services in Wiltshire	To consider the status of NHS Dental Services in Wiltshire, the commissioning of which will move to the BSW Integrated Care Board in April 2023.	BSW Integrated Care Board	BSW Integrated Care Board	
4 Jul 2023	Domestic Abuse External Grant and other domestic abuse work	To receive an update on this work following receipt of proposals regarding the Domestic Abuse External Grant in September 2022.	Kate Blackburn (Director - Public Health)	Cllr Ian Blair-Pilling	Hayley Morgan
4 Jul 2023	Substance Misuse	To receive an update on Substance Misuse support work following consideration of proposals regarding Spend Allocations for the Substance Misuse Supplementary Grants in September 2022.	Kate Blackburn (Director - Public Health)	Cllr Ian Blair-Pilling	Kelly Fry

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2023		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
2 Nov 2023	Health Improvement Coaches	To provide an update on the work of the Health Improvement Coaches.	Kate Blackburn (Director - Public Health)	Cllr Ian Blair-Pilling	Rachel Kent

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