

AGENDA

Meeting: Health Select Committee
Place: Salisbury Room, County Hall, Bythesea Road, Trowbridge, BA14 8JN
Date: Tuesday 7 June 2022
Time: 10.30 am

Please direct any enquiries on this Agenda to Matt Hitch
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Membership:

Cllr Johnny Kidney	Cllr Antonio Piazza
Cllr Gordon King	Cllr Pip Ridout
Cllr Clare Cape	Cllr Mike Sankey
Cllr Mary Champion	Cllr David Vigar
Cllr Caroline Corbin	Cllr Tony Pickernell
Cllr Dr Monica Devendran	Cllr David Bowler
Cllr Howard Greenman	

Substitutes:

Cllr Liz Alstrom	Cllr Tom Rounds
Cllr Trevor Carbin	Cllr Ian Thorn
Cllr Mel Jacob	Cllr Kelvin Nash
Cllr Ricky Rogers	

Stakeholders:

Irene Kohler	Healthwatch Wiltshire
Diane Gooch	Wiltshire Service Users Network (WSUN)
Lindsey Burke	South West Advocacy Network (SWAN)
Sue Denmark	Wiltshire Centre for Independent Living (CIL)

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Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

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

For assistance on these and other matters please contact the officer named above for details

AGENDA

1 **Election of Chairman 2022/23**

To elect a Chairman for the forthcoming year.

2 **Election of Vice-Chairman 2022/23**

To elect a Vice-Chairman for the forthcoming year.

3 **Apologies**

To receive any apologies or substitutions for the meeting.

4 **Minutes of the Previous Meeting** (*Pages 7 - 20*)

To approve and sign the minutes of the meeting held on 16 March 2022.

5 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

6 **Chairman's Announcements**

To note any announcements through the Chairman.

7 **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 **Friday 27 May 2022** 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 **Tuesday 31 May 2022**. 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.

8 **Wiltshire Health and Care Update**

Wiltshire Health and Care is responsible for the delivery of adult community health services in Wiltshire, which includes community hospitals, minor injury units, physiotherapy and speech and language therapy.

The Managing Director and Chair of Wiltshire Health and Care will provide the committee with an overview of the partnership's plans for the forthcoming year as it emerges forward out of the pandemic.

9 **Public Health Nursing Services: Future Delivery Model** *(Pages 21 - 34)*

Cabinet will be considering the future delivery model for Wiltshire's Public Health Nursing (PHN) beyond April 2024 at its 21 June meeting. In advance of this decision the committee is invited to review the proposals and feed any comments to the Cabinet member before the report is considered by the executive.

10 **Care Home Closures** *(Pages 35 - 40)*

A report is attached from the Director of Procurement and Commissioning updating the recent care home closures in adult social care.

The committee is invited to review the information and feed any comments to the Cabinet member for Adult Social Care, SEND, Transition and Inclusion.

11 **Development of the BSW Integrated Care System (ICS) and the Wiltshire Alliance** *(Pages 41 - 50)*

A statutory Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire commences on 1 July 2022. This paper outlines the development of place-based collaboration between Wiltshire Council and NHS partners through the Wiltshire Alliance.

The committee is invited to comment on the report in advance of its consideration by Cabinet on 21 June.

12 **Forward Work Programme** *(Pages 51 - 54)*

The committee is invited to consider its forward work programme.

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 Tuesday 5 July, at 10:30am.

PART II

Items during whose consideration it is recommended that the public

**should be excluded because of the likelihood that exempt information
would be disclosed**

None.

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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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Wiltshire Council

Cabinet

21 June 2022

Subject: Public Health Nursing Services: future delivery model

Cabinet Member: Cllr Laura Mayes, Deputy Leader and Cabinet Member for Children's Services, Education and Skills

Cllr Ian Blair-Pilling, Cabinet Member for Public Health, Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Key Decision: Key

Executive Summary

The purpose of this report is to provide Cabinet with the information to decide on the future delivery model for Wiltshire's Public Health Nursing (PHN) Services beyond April 2024. These services are currently delivered by HCRG Care Group (previously Virgin Care Services) as part of Wiltshire Children's Community Healthcare Services (WCCHS) contract.

The HCRG contract is a collaborative commissioning arrangement between the Council and NHS Bath and North-East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG). The total contract value for 20/21 was £13.6m of which Wiltshire Council contributes 48% to fund Public Health Nursing (PHN) Services and 2% to fund Speech and Language Therapy services to support children with Education Health and Care Plans (EHCPs). The five-year contract for WCCHS, awarded to HCRG Care Group (previously Virgin Care) in 2016, was extended by two years, taking the current contract until 31st March 2023. In March 2022, Cabinet agreed for a further one-year contract to be negotiated with HCRG Care Group to enable due diligence of the options to be completed and for full consultation to be undertaken with children, young people and families if required. This takes the contracting period to 31st March 2024.

Prior to 2016, children's community services were provided across six separate organisations and parents/ carers of children with special educational needs reported healthcare provision to be confusing and disjointed. It was decided to bring the services together as one overarching children's community health service to create a more pathway-based, less medicalised approach to care.

An initial assessment of a long list of options for the future commissioning of WCCHS was presented to the Wiltshire Locality Commissioning Group (WLCG) and it was agreed for an in-depth option appraisal of the following to be undertaken:

- 1a. Combined WCCHS - one single provider of universal and specialist services across Wiltshire (the current model) – contracted as a single lot
- 1b. Combined WCCHS – one single provider (current model) - contracted as 2 separate lots
2. Disaggregate the current service - LA in-house PHN services and CCG commission specialist community health services separately

All three options have been thoroughly appraised against a set of key criteria which takes account of the strategic objectives for PHN services and a range of technical elements including human resources, finance and IT. See Appendix for the full report.

The appraisal highlighted greatest variation across the three options in relation to the technical elements – particularly human resources and finance and as a result, the option to procure a combined community children’s health service with BSW CCG as a single lot scored the highest (option 1a).

However, a closer look at the procurement options identified a modified version of this option, thought to be more favourable, which is for the Council and the CCG to issue their own terms and conditions for their respective commissioned services. This will allow a single integrated service to be provided and should also allow the Council and CCG to maintain ‘ownership’ and oversight of their respective services.

Proposal(s)

It is recommended that the Cabinet agrees to the following in respect of the future delivery model for Public Health Nursing Services:

- To undertake a single procurement of a combined universal and specialist children’s community health service with separate terms and conditions for the respective Council and CCG elements of the contract.
- To ensure a clear collaborative commissioning agreement is in place
- To strengthen the emphasis on PHNS-partnership and integration with non-health services through the commissioning process
- To delegate to the Director of Public Health and Director of Procurement & Commissioning in consultation with the Corporate Director of People and Corporate Director of Resources/Deputy Chief Executive to agree the award of a contract following the tendering process.

Reason for Proposal(s)

The contract with HCRG Care Group to deliver the Wiltshire Children’s Community Healthcare Service expires on 31 March 2024 following completion of an exceptional 1 year contract agreed at Cabinet on 29 March 2022. There

is a need to decide on the provision of Public Health Nursing Services from 1 April 2024.

Terence Herbert
Chief Executive

DRAFT

Wiltshire Council

Cabinet

21 June 2022

Subject: Wiltshire Children's Community Health Services: future delivery model

Cabinet Member: Cllr Laura Mayes, Deputy Leader and Cabinet Member for Children's Services, Education and Skills

Cllr Ian Blair-Pilling, Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Key Decision: Key

Purpose of Report

1. The purpose of the report is to provide Cabinet with the information to decide on the short-term future of Wiltshire's Public Health Nursing Services (PHNS), currently delivered by HCRG Care Group (HCRG) as part of Wiltshire's Children's Community Healthcare Services (WCCHS) contract.

Relevance to the Council's Business Plan

- 2.1 The Public Health Nursing Service (PHNS) is central to the guiding themes of prevention and early intervention, improving social mobility and tackling inequalities set out in the Wiltshire Council Business Plan Principles 2022-2032. Core to any PHNS is to lead the delivery of the Healthy Child Programme, an evidence based universal programme for children aged 0-19 (currently being updated to extend from 19-24 years). The programme provides the bedrock for health improvement, public health and reducing inequalities. Expectant parents, parents/carers, children, and young people are empowered to make healthy choices and additional support is provided proportionate to need as required.
- 2.2. The universal nature of PHNS provides an opportunity to gather population health data that can inform our local Joint Strategic Needs Assessment and enable a better understanding of our local communities, thus also contributing to this guiding theme.

Background

- 3.1 Wiltshire Council and Bath and North-East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) currently contract with HCRG Care Group (HCRG) to deliver Wiltshire Children's Community Health Service (WCCHS). This service delivers PHNS and specialist children's community health services.

- 3.2 The original contract commenced in April 2016 and was for a period of 5 years with the option to extend for 2 years. This option was exercised in April 2021, taking the current contract to the end of March 2023. In March 2022, Cabinet agreed for an additional one-year contract to be negotiated with HCRG, taking the contracting period to 31st March 2024.
- 3.3 Prior to 2016, children’s community services had been provided across six separate organisations; some of the specialist services were sitting outside of Wiltshire-county borders and required parents / carers to travel outside of Wiltshire for appointments. This also limited the extent to which community services could provide services embedded within education and respite settings. Parents / carers of children with Special Educational Needs and/or Disabilities (SEND) reported this to be a confusing and disjointed healthcare provision. For this reason, and to create a more pathway-based, less medicalised approach to care, it was decided to bring the services together as one overarching children’s community health service.
- 3.4 The total contract value for WCCHS for 2021/22 is £13,684,068, of which Wiltshire Council contributes 48% to fund Public Health Nursing Services and 2% to fund Speech and Language Therapy Services to support children with Education Health Care Plans. BSW CCG contribute the remaining 50% to fund Children’s Specialist Community Health Services and the Looked After Children Service. The table below shows how the funding is split between commissioners.

Commissioner	Value	Proportion
Wiltshire Council (Public Health)	£6,528,047	48%
Wiltshire Council (Children’s Commissioning)	£336,277	2%
BSW Clinical Commissioning Group	£6,819,744	50%

- 3.5 Wiltshire Council is responsible for PHNS in Wiltshire. PHNS is a service directly funded by the Public Health Grant which the local authority receives from the Department of Health and Social Care. The service forms part of the Director of Public Health’s responsibilities for ‘any of the Secretary of State’s public health protection or health improvement functions that they delegate to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act’.
- 3.6 The PHNS is required to deliver against the requirements set out in the Health & Social Care Act 2012 to provide a universal service for all expectant parents, children and young people, with an emphasis on prevention and support. This includes leading on the delivery and co-ordination of the Healthy Child Programme 0-19, a national public health programme based on the best available evidence to achieve good outcomes for children. The mandated elements of the PHNS are five universal reviews delivered by the health visiting service from pregnancy through to two and a half years of age, and the National Child Measurement Programme.

3.7 The PHNS service is made up of the following key elements:

- Health Visiting - 0-4 years old
- School Nursing - 5-19 years old
- Family Nurse Partnership (FNP) – a strengths-based programme to support young parents. In Wiltshire this is targeted on young women who conceive at or below the age of nineteen. It is a licenced programme that provides intensive support from pregnancy until the child's second birthday. It is not mandated.
- The National Child Measurement Programme - delivered through the School Nursing Service provides robust public health surveillance data on child weight status to inform national and local planning to reduce obesity

3.8 BSW CCG is responsible for commissioning the following services:

- Community Paediatrics
- Speech & Language Therapy
- Integrated Therapies (Physiotherapy & Occupational Therapy)
- Children's Community Nursing Services
- Children's Continuing Care
- Learning Disability Nursing Services
- Children's Safeguarding Services (named nurses & specialist safeguarding nurses)
- Paediatric Audiology (West Wiltshire only)
- Children's Continence Service
- Looked After Children's Service

3.9 The Looked After Children's (LAC) Service provides specialist health assessments, personal health planning and intervention, advice and support to children and young people who are looked after and their parent/carers. It also provides specialist advice to partner agencies on the health needs of children looked after and actively participates in care planning and review meetings. These services are delivered in conjunction with universal services. Currently review health checks and assessments for looked after children are undertaken by health visitors (up to age 5) and school nurses (over the age of 5).

Main Considerations for the Council

4.1 The Council is looking at 3 potential options for commissioning the service:

- 1a. Combined WCCHS - one single provider of universal and specialist services across Wiltshire (the current model) – contracted as a single lot

- 1b. Combined WCCHS – one single provider (current model) - contracted as 2 separate lots
2. Disaggregate the current service - LA in-house PHN services and CCG commission specialist community health services separately
- 4.2 Options 1a and 1b propose the same model of a combined WCCHS but present alternative tendering and procurement arrangements.
- 4.3 All three options have been thoroughly appraised against a set of key criteria which takes account of the strategic objectives for PHN services (summarised below) and the following technical elements: human resources, finance, ICT/ systems, procurement and legal.

Strategic objectives:

- Service user engagement, whole family approach and smooth transitions
 - Focus on prevention, early identification, early intervention and targeting those at higher risk of poorer outcomes
 - A strong partnership and integrated working ethos within the service and across the system
 - Equity and ease of access to a high high-quality, agile, and responsive evidence-based service that meets the needs of children, young people, and families in the right place and at the right time
 - Strong population health approach to assessing need
 - An excellent resilient workforce
- 4.4 Evidence was gathered from liaison with key local stakeholders and representatives involved in PHN commissioning and provision across a range of local authorities, and comparative performance data was reviewed See Appendix for the full report.
 - 4.5 The appraisal highlighted minimal variation in relation to the strategic elements. The differences in scoring are explained below.
 - 4.5.1 The in-housing option (2) scored slightly lower when considering the focus on prevention, early identification, early intervention and targeting those at higher risk of poorer outcomes (strategic element 2). This was due to the anticipated negative impact of disaggregating the universal and specialist elements of WCCHS on the current pathway-based approach to care for children. Public Health Nurses having ready access to specialist nurses supports addressing developmental challenges at an early stage without having to refer on to specialist teams, improving timeliness of care for service users. It also increases knowledge among the PHN team.
 - 4.5.2 Option 1b scored slightly lower on strategic element 3 (a strong partnership and integrated working ethos within the service and across the system) to reflect the risk of a seamless WCCHS across

both universal and specialist services if each of the lots are awarded to two separate providers.

4.5.3 The in-housing option (2) scored slightly lower when considering strategic element 4 (equity and ease of access to a high-quality, agile, and responsive evidence-based service that meets the needs of children, young people, and families in the right place and at the right time). A review of health visiting metric data on the coverage of mandated contacts, indicates that commissioned providers tend to perform better than in-housed services. The current service performs the same or better than the regional average and the three closest statistical neighbours.

4.6 Overall, option 1a scored highest in the appraisal, followed by option 1b and lastly option 2. The greatest variation occurred in relation to the technical elements, specifically human resources, finance, and ICT/systems, where the in-housing option scored notably lower than the other two options.

4.6.1 The appraisal indicated considerable financial risk associated with disaggregating the combined WCCHS and in-housing PHNS, including: the potential for the financial envelope to not be sufficient when the service is disaggregated; losing economies of scale; the need for additional ongoing support and running costs to manage a service of this size; and the cost of mobilisation which were reported to be underestimated and very high in other areas.

4.6.2 The human resource implications of in-housing bring with it additional costs and risks to staffing recruitment and retention. Administering the TUPE process for such a large workforce (minimum of 166 people/ 125 FTE) would require significant resource from Council support services, such as HR, finance, legal and IT. Staffing retention and recruitment difficulties are a significant risk associated with in-housing, particularly if the local authority cannot provide assurance that NHS terms and conditions (which tend to be more favourable than local authority terms and conditions) will be retained for existing and future clinical staff.

4.6.3 ICT risks identified with the in-housing option relate to the challenges of data migration and interfaces with systems for both current and historical records. The need for IT support with suitable experience and understanding of NHS data requirements was also found to be critical for mobilisation and data migration.

4.7 Whilst option 1a scored highest, a closer look at the procurement options identified a modified version of this option, thought to be more favourable. This would involve the procurement of a combined children's community health service with BSW CCG however, the Council and the CCG would issue their own terms and conditions for their respective commissioned services. This will allow a single integrated service to be provided and should also allow the Council and CCG to maintain 'ownership' and oversight of their respective services.

- 4.8 Integration is one of the guiding themes of the Wiltshire Council Business Plan in terms of designing and delivering services in partnership with service users and local communities. In-housing PHNS clearly presents great opportunity for alignment and joined up pathways with local authority partners, however, the appraisal demonstrates that PHNS-LA partnerships are possible for commissioned as well as in-housed services. It will be important that the commissioning process places an emphasis on strengthening partnership and integration with local authority and non-health services.

Overview and Scrutiny Engagement

5. The report will be considered by the Health Select Committee at its meeting on 7th June.

Safeguarding Implications

6. Safeguarding children is a key component of the PHN Service. Health Visiting, Family Nurse Partnership and School Nursing Services are expected to ensure appropriate safeguards and interventions are in place to reduce risks to children and young people from conception where there are safeguarding concerns. When concerns are identified they will work in partnership with key services to intervene effectively in line with agreed local safeguarding protocols. This proposal is not believed to pose any risk to the safeguarding of children, young people, or vulnerable adults.

Public Health Implications

- 7.1 Central to the PHN Service is the delivery of the national Healthy Child Programme (HCP), a universal evidence-based prevention and early intervention programme that aims to ensure that every child gets the good start they need to lay the foundations for a healthy life. It is an integral part of Public Health England's priority to support healthy pregnancy, ensure children's early development and readiness for school, and reduce health inequalities in young children.
- 7.2 Good health, wellbeing and resilience are vital for all our children and there is strong evidence that robust children and young people's public health is important to achieve this. Universal and targeted public health services provided by health visiting and school nursing teams are, therefore, crucial to improving the health and wellbeing of all children.
- 7.3 The Healthy Child Programme is based on the concept of 'proportionate universalism' recognising that it is not sufficient to focus solely on the most disadvantaged to reduce health inequalities. Services must be available to all and able to respond to the level of presenting need. This is one of the key messages from the Marmot Review of health inequalities (2010).
- 7.4 The foundations for virtually every aspect of human development including physical, intellectual, and emotional development, are established in early childhood.

Procurement Implications

- 8.1 The procurement and award of the contract will be completed one in line with the Public Contract Regulations 2015 (PCR2015) and Part 10 of the Council's Constitution.
- 8.2 The Commercial and Procurement Team should be engaged through the entire process agreeing the final procurement model with Commissioners and partners as required.
- 8.3 The Commercial and Procurement will review and sign off procurement related documentation.
- 8.4 The modified version of the preferred option, namely, to undertake a single procurement of a combined universal and specialist children's community health service with separate terms and conditions for the respective Council and CCG elements of the contract, would ensure commissioners maintain 'ownership' of their respective services.

Equalities Impact of the Proposal

9. The equalities impact of the proposed decision is believed to be low against all criteria on the Equalities Risk Criteria Table and, therefore, a full Equalities Impact Assessment is not required.

Environmental and Climate Change Considerations

- 10.1 A transformation programme set out by commissioners in the early part of the current contract and implemented by the provider demonstrates a commitment to reduce the impact on the environment and reduce emissions. This included reducing the number of buildings staff were working out of; eradicating paper records; and introducing mobile working which has enabled staff travel to be more efficient.
- 10.2 Consideration of opportunities to further reduce carbon emissions and positively affect climate change will be factored into the future contract and retendering process.

Risks that may arise if the proposed decision and related work is not taken

11. If the proposed decision is not taken, the Local Authority will have to agree an alternative delivery model that comes with the risks identified in the options appraisal report.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

12. The risks of this proposal are outlined in the options appraisal. There is a perceived risk that partnerships with LA and non-health services will not be as strong although the evidence around this is mixed from other areas. Emphasis will be placed in the contract and through the commissioning

process on the importance of strengthening PHNS-partnership and integration with non-health services.

Financial Implications

- 13.1 The recommended option proved to be the most favourable from a financial perspective.
- 13.2 A combined universal and specialist service enables efficiencies and economies of scale to be achieved through sharing of management and back of house functions. Any opportunities for achieving future economies to also be explored as part of the development of Family Hubs.
- 13.3 No transitional costs are required as these will be managed by the provider to whom the contract is awarded

Legal Implications

- 14.1 There should be no legal barrier to this option. However, should the Council act as lead commissioner, a Section 75 agreement will be required to authorise the Council to commission NHS services on the CCG's behalf.
- 14.2 Any procurement exercise should be conducted in accordance with the requirements set out in Part 10 of the Council's Constitution, the SPH Manual and the Public Contract Regulations (2015). Legal Services will need to be engaged throughout this process, with the relevant legal and procurement advice sought.
- 14.3 Wiltshire Council's Legal Services must draft robust legal documentation for this matter. Legal Services will be consulted to review the final documentation before execution.
- 14.4 Cabinet should delegate authority to enter into the contract with the provider and any other relevant legal documentation required (such as a Section 75 agreement with the CCG) to an appropriate individual.

Workforce Implications

- 15.1 There are no direct employment issues as a result of the recommendations for Council staff.
- 15.2 The evidence suggests that the option recommended will provide relative stability for the PHNS workforce – at a time of increasing demand and increasing complexity of cases among children and families, and national staffing shortages.

Options Considered

- 16.1 The options under consideration are:

- 1a. Combined WCCHS - one single provider of universal and specialist services across Wiltshire (the current model) – contracted as a single lot
 - 1b. Combined WCCHS – one single provider (current model) - contracted as 2 separate lots
 2. Disaggregate the current service - LA in-house PHN services and CCG commission specialist community health services separately
- 16.2 All three options have been thoroughly appraised against a set of key criteria which takes account of the strategic objectives for PHN services and a range of technical elements including human resources, finance and IT.
- 16.3 Option 2 was rejected as it does not best support a service that requires integration for the following reasons:
- Each Lot will be for a different service and have different terms and conditions
 - The process could result in two different providers with no history of working together, or with a potentially difficult relationship
 - Whilst we can specify that they must work together in certain circumstances there are limitations to this under this procurement approach
- 16.4 Option 3 was rejected mainly due to the anticipated increase in costs associated with in-housing the PHNS (ongoing costs, mobilisation costs, clinical governance), and the risks related to staffing retention and recruitment if Agenda for Change (health service) Terms and Conditions were no longer available to the workforce.
- 16.5 Option 1 scored the highest and was most favoured, however, a closer look at the procurement options identified a modified arrangement for the procurement aspect of this model. The modification is for the Council and the CCG to issue their own terms and conditions for their respective commissioned services. This will allow the benefits of a single integrated service to be realised, whilst also allowing the Council and CCG to maintain 'ownership' of their respective services.

Conclusions

- 17.1 It is recommended that the Cabinet agrees to the following in respect of the future delivery model for Public Health Nursing Services:
- To undertake a single procurement of a combined universal and specialist children's community health service with separate terms and conditions for the respective Council and CCG elements of the contract
 - To ensure a clear collaborative commissioning agreement is in place
 - To strengthen the emphasis on PHNS-partnership and integration with non-health services through the commissioning process
 - To delegate to the Director of Public Health and Director of Procurement & Commissioning in consultation with the Corporate Director of People and

Corporate Director of Resources/Deputy Chief Executive to agree the award of a contract following the tendering process.

Helen Jones (Director of Procurement & Commissioning)
Kate Blackburn (Director of Public Health)

Report Author: Sally Johnson, Public Health Strategist (0-24 years)
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Date of report: 10th May 2022

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Wiltshire Council

Health Select Committee

7 June 2022

Care Home Closures

Purpose of Report

1. This report provides an update on the recent care home closures in adult social care.

Background

2. A Care Home Closure Risk Policy Paper was written in 2021, which outlined the impact of the COVID-19 pandemic on adults residential and nursing care homes in Wiltshire.
3. A paper was presented to Adult Social Care Performance and Outcome Board in February 2022.

Main Considerations for the Council

4. The COVID-19 pandemic has altered demand for adult social care services significantly for residential care homes across England. Prior to the pandemic forecasted take up of residential care placements showed a steadily declining trend over a period of 5 years.
5. Demand modelling undertaken by Public Health, Business Intelligence and Commissioning officers during 2020 showed that the downward trend for residential care placements has rapidly accelerated to take place over a period of 12 months rather than the anticipated 5 years.

Such rapid acceleration can be attributed to 4 key areas:

- a) The negative and extensive media coverage of care homes and COVID-19 during 2020 has meant that families are choosing not to place their loved ones in a home and there has been a decline in the number of self-funders choosing to reside in homes
- b) Higher mortality rates within care homes because of the COVID-19 pandemic
- c) Discharge pathway changes during 2020
- d) The council has become more effective in enabling people to stay in their own homes

6. Occupation of care homes during the pandemic has seen 63 older adults care homes drop below 90% occupancy, with 16 homes having less than 69% over an extended period. Whole Life Commissioning providers have held static vacancies in various care homes for the last 2 years.
7. A Business Failure Policy has recently been developed. The Policy is triggered when any of the following criteria are met:
- Wiltshire Council is notified of the imminent business failure of a regulated care provider in Wiltshire.
 - Wiltshire Council is advised of the immediate deregistration and closure of a regulated care provider by the CQC, for example, on the grounds of health and safety or assessed risk to service users.
 - Wiltshire Council is notified of a major and immediate unplanned business interruption e.g., a significant fire or flood, *and* where the care providers' own business continuity plan is unable or has failed to satisfactorily mitigate the impact on the service.

Current position

8. The following data, confirms the current care market in relation to recent care home closures in the last 12 months:

Adults Commissioning – Older People

Provider/Service	Status	Reason for closure	No. of beds
Hillcrest House Care Home	Closed – April 2021	Financial and staffing issues	34
Laurieston	Closed – November 2021	Financial and staffing issues	12
Leonora	Closed – August 2021	Financial and staffing issues	20
Studley Bethesda	Closed – October 2021	Opened new home and moved all residents to new home	13
The Old Vicarage	Closed – November 2021	Financial and staffing issues - building/ environment not fit for purpose (no lift). Planning application progressing for development and increased capacity for current dementia home on the same plot.	21
The Haven	Closed - April 2022	Financial and staffing issues	12

Whole Life Commissioning – LD/MH/Autism

Provider/Service	Status	Reason for closure	No. of beds
Allied Care Ltd - Ashgables House (GLA)	High Risk	CQC report Inadequate, issued NoP & NoD. Stay of NoD as some recent improvements	26

Home Farm Trust – Rowde (Spot)	High Risk	CQC report Inadequate, issued NoP & NoD. Stay of NoD as some recent improvements. Working on transfer to another provider	37
OLPA - 67a St George's Road (GLA)	Closed – Dec 2021	Staffing shortages, financially unviable	3
Rethink - 44 Wilton Road (GLA)	Medium Risk	Low occupancy, MH team lost confidence, no new referrals being sent	8
White Horse Care Trust – Tullyboy (GLA)	In progress	Provider business decision - planned closure, viability of service, overheads too high	5
White Horse Care Trust - 5 Elcot Close (GLA)	In progress	Provider business decision - planned closure, viability of service, not fit for purpose, overheads to high. *	5
White Horse Care Trust – Pavenhill (GLA)	In progress	Provider business decision - planned closure, viability of service, not fit for purpose, overheads to high. *	2

*Provider purchasing an appropriate home in Swindon to support residents from 2 care homes that are closing (Elcot & Pavenhill)

9. Increased insurance costs

Working closely with the Wiltshire Care Partnership, officers are aware of the significant cost pressures faced by providers, e.g., insurers are reluctant to insure inadequate care provision. The headline for 2020/21 was insurers leaving the care market, whereas the headline for 2021/22 so far is a marked increase in premium rates as a result of last year's loss of capacity.

10. The costs of claims are increasing, and legal fees are rising. The industry is seeing an overall increase in claims resulting from challenging behaviour. Interestingly insurers do not necessarily see this as the impact of the pandemic, believing that providers have managed this very well throughout, but as a general societal trend.
11. Other increases are around what the industry views as poor management of staff resulting in an increase in employment disputes resulting in claims against employers. Insurers believe essentially that margins in care are so tight now that employers are failing to get the right kind of HR advice to deal with staffing issues.
12. The insurance industry is concerned by the marked increase in providers saying they are being pushed by the NHS and Local Authorities to do more than they are safely able to manage (due to staffing and other issues) and to accept the care of more, or more complex people than they feel they can cope with. The industry is watchful of this and likely to take action to manage this risk in the future, whether that be hiking the cost of insurance again, or refusing to cover all or parts of a service. The industry only sees this risk as growing year on year

and due to the compression mentioned above, it is not able to accommodate that risk.

13. There is a general trend towards a preference to cover more standard levels of care and a disinclination to cover challenging behaviours. However, insurers are becoming frustrated with more mercenary operators who charge maximum prices while doing the minimum possible regarding staff salaries and training. The industry is coming to a consensus that these operators are destroying the industry and that their practices increase risk by not investing enough in care staff.
14. Typically, policies to deliver standard care have risen by between 7.5% and 15%. However, where there is evidence of claims, the rises are higher. In many cases insurers have declined to offer employment protection cover for all new business to them due to the rising numbers of claims.
15. Across all parts of the sector levels of cover are reducing, with cover for any form of abuse being difficult to come by. Brokers are seeing Local Authorities increasingly asking for cover of £10m in professional indemnity, but that is either almost impossible to come by or financially prohibitive and is seen as an unrealistic expectation by the industry and many policies will be limited to £5m and where it is offered, it is often at a crippling cost.

Quality Assurance

16. Generally, insurers will not offer cover to providers with a CQC rating of 'Inadequate'. Where there is a rating of 'Requires Improvement' they will require increasing and extensive evidence of improvement and plans for improvement and in the long run. CQC's current approach to inspection whereby they have abandoned the practice of routine and timely inspections and are leaning towards self-assessment and risk-triggered face-to-face inspections, are highly likely to impact this. A number of care homes have closed in the last year having been judged RI or Inadequate and finding it difficult to negotiate the inspection system in order to demonstrate improvement, thereby causing their LA commissioner to stop placing and their insurers to withdraw and other insurers to decline to offer cover.

Conclusion

17. Despite the challenges over the last 2 years, the COVID-19 pandemic has seen a change in the communication with providers and an improvement in positive working relationships. Providers are notifying officers of issues with their home, including those at risk of closure, and engagement with commissioning remains positive.

Recommendations

18. Officers have an agreed process to continue to capture data of homes at risk of closure. Commissioners are also working with the Provider Oversight and

Support Team (POST) on the risk log/collaboration database to ensure that concerns are captured and highlighted quicker, and we consider earlier interventions. Officers are reviewing the policy alongside this work, as we know that the main reasons for closure are:

- **Staffing** – turnover and use of agency, incurring high costs
- **Low occupancy** – creating shortfalls in funding
- **Finance** – due to the above factors and a rise in costs

19. We are also monitoring change in ownership as this seems to be increasing, particularly in WLC with investment companies buying care providers and accommodation.
20. The Council is, along with other local authorities in the Southwest, have purchased a market oversight tool, PAMMS (Provider Assessment & Market Management Solution), this will be implemented collaboratively across the sector in 2022.

Helen Jones
Director of procurement & Commissioning

Report Author: Victoria Bayley

Date May 2022

The following unpublished documents have been relied on in the preparation of this report:

None

Appendices

None

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Wiltshire Council

Cabinet

21 June 2022

Subject: **Development of the BSW Integrated Care System and the Wiltshire Alliance**

Cabinet Member: **Cllr Richard Clewer, Leader and Cabinet Member for MCI, Economic Development, Heritage, Arts, Tourism and Health and Wellbeing**

Key Decision: **Non-Key**

Executive Summary

A statutory Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire commences on 1 July 2022. This paper outlines the development of place based collaboration between Wiltshire Council and NHS partners through the Wiltshire Alliance.

Proposal(s)

It is recommended that Cabinet:

- Notes the further development of place-based working arrangements through the Wiltshire Alliance

Reason for Proposal(s)

In December 2021, Cabinet endorsed the development of place based working arrangements for health and social care through the Wiltshire Alliance. This paper outlines the current situation ahead of the formal commencement of the Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire.

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

21 June 2022

Subject: Development of the Integrated Care System

Cabinet Member: Cllr Richard Clewer, Leader and Cabinet Member for MCI, Economic Development, Heritage, Arts, Tourism and Health and Wellbeing

Key Decision: Non-Key

Purpose of Report

1. To outline the developing arrangements for Bath and NE Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS) and the role Wiltshire Council should play in them.

Relevance to the Council's Business Plan

2. This item is relevant to the guiding themes of prevention and early intervention and working together set out in the new council business plan as well as the outcomes set out under 'empowering people' – we get the best start in life, we are active and we are safe.

Background

3. In February 2021 the Government published the White Paper "Integration and innovation: working together to improve health and social care for all"¹. This was followed by the introduction of the Health and Care Bill [2021]² which was passed into law at the end of April 2022.
4. The Health and Care Act focusses on setting out how the health and social care system should be based on integration rather than competition; its structure, and how Integrated Care Systems (ICSs) will be set up with distinct statutory functions for the Integrated Care Board (ICB) and Integrated Care Partnership.
5. The reforms place Integrated Care Systems (ICSs) on a statutory footing with a "broad duty to collaborate", and a "triple aim duty" to pursue:
 - Better health and wellbeing for everyone;
 - Better quality of health services for all individuals; and
 - Sustainable use of NHS resources.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960549/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-print-version.pdf

² [Health and Care Bill publications - Parliamentary Bills - UK Parliament](#)

6. Fundamentally different from the purpose of Clinical Commissioning Groups (which will cease to exist at the end of June 2022), ICSs will exist to:-
 - improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development.
7. Every part of England will be covered by an ICS that will bring together NHS organisations, local government and wider partners at a system level. For our area, the ICS covers Bath and North East Somerset, Swindon and Wiltshire (BSW).
8. Placing ICSs on a statutory footing, and assigning them clear duties will, the Government states, deliver more efficient and more collaborative health and social care services to local populations.
9. The Health Foundation, however, noted while legislation is necessary, “making collaboration work depends as much on culture, management, resources, and other factors as it does on NHS rules and structures”. The King’s Fund agreed, noting that the success of the reforms would be “critically dependent on culture and behavioural change” rather than on legislation.

Guidance

10. In line with the Health and Care Act 2022, the ICS Design Framework states new structures include:-

An ICS Health and Care Partnership

- Each ICS will have a **Partnership at system level**, formed by the NHS and local government as equal partners – **it will be a committee**, not a body.
- Members must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.
- There is an expectation that the ICS Partnership will have a specific responsibility to **develop an “integrated care strategy”** to promote and address broader health, public health and social care needs for their whole population.
- The chair of the partnership can also be the chair of the ICS NHS body but doesn’t have to be – for local determination (*the chair of the BSW Partnership will be independent*)

An ICS NHS Body (known locally as the Integrated Care Board – ICB) - whose functions will include:-

- Developing a plan to meet the health needs of the population
- Allocating resources
- Joint working and governance arrangements

- Arranging for the provision of health services and major service transformation programmes
 - People Plan implementation
 - Leading system-wide action on digital and data
 - Joint work on estates, procurement, community development, etc.
 - Leading emergency planning and response
11. The ICS NHS bodies will take on all functions of CCGs as well as direct commissioning functions NHSE may delegate, including commissioning of primary care and appropriate specialised services. There is an expectation that the ICS NHS body will have a unitary board – members of the **ICS NHS Board** – known locally as the Integrated Care Board (ICB) will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation.

The BSW ICS Board and Partnership

12. Since the announcement of the Government reforms, the BSW ICS has been making further preparations to take on the additional powers and arrangements set out in the Act.
13. The BSW Partnership provides a mechanism for collaboration and common decision-making for issues which are best tackled on a wider scale. The partners are inclusive of health, local authority and voluntary sector representatives across BSW. The BSW Partnership does not replace Partners' Boards and Governing Bodies. Two principles underpin the governance arrangements:
- Decisions are made at system- or place (B&NES, Swindon and Wiltshire) -level, and taken by the partner organisations – leaders at system and locality levels come together and form agreements in principle and by consensus, then take these to their sovereign organisations for ratification;
 - We aim to make and take decisions at the most appropriate level and as close to local level as possible.
14. The BSW Partnership has been developing its Partnership Memorandum of Understanding that sets out its vision, values, how it is led, and how the partners will work together. This is known locally at the BSW Integrated Care Partnership (ICP).
15. Stephanie Elsy was confirmed as Chair-Designate of the BSW Integrated Care Board (ICB) in July 2021. The high-level vision for BSW has been agreed as *“Working together to empower people to lead their best life.”*
16. Since the last update to Cabinet, additional Non-Executive Directors and Integrated Care Board Executives have been appointed. The development of ICB and ICP membership and functions is ongoing. There will be senior council involvement in both bodies. Richard Clewer, Leader of the Council and Terence Herbert, Chief Executive will represent the Council on the ICP and ICB respectively.

Becoming an Integrated Care Alliance / Place-Based Partnership in Wiltshire

17. The BSW ICP is mapped to the footprint of the BSW Clinical Commissioning Group (CCG) which was formed from a merger of B&NES, Swindon and Wiltshire CCGs in April 2020.
18. Within the BSW area, there are separate, established and complex health and social care eco-systems with varying degrees of integration between health and social care services. B&NES, Swindon and Wiltshire will therefore form their own Place-Based Partnerships of “Alliance”. These Alliances will sit underneath the BSW ICB . The following diagram demonstrates the nested view of the BSW system as currently envisioned.

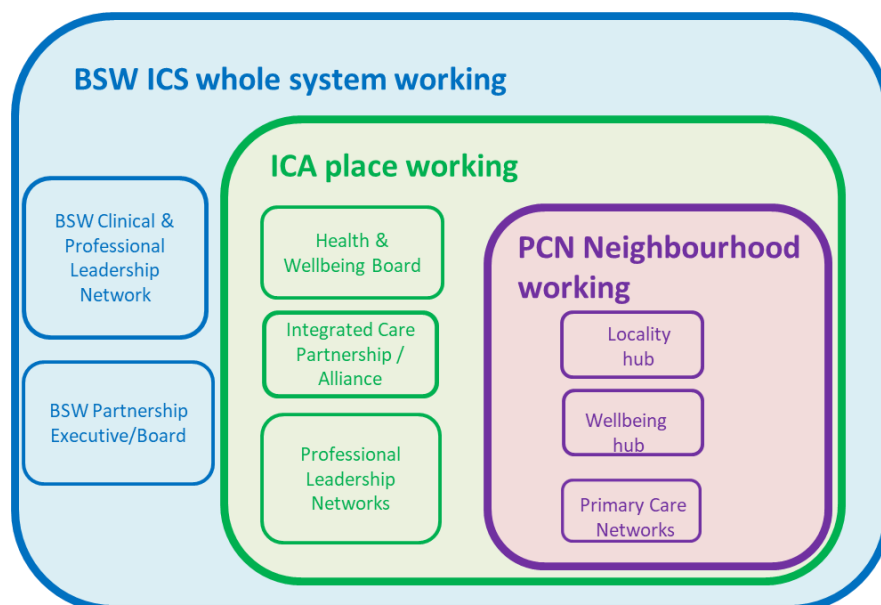
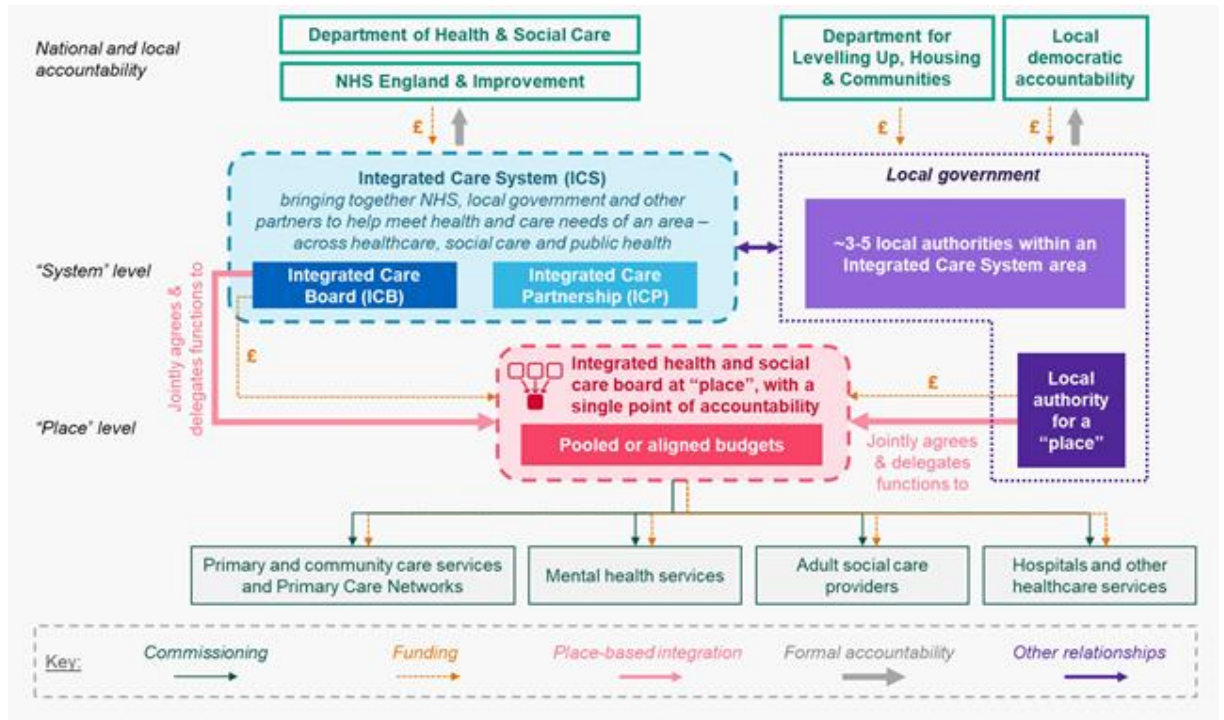


Figure 1 - System, Place and Neighbourhood

19. The Act does not set out fixed arrangements for the governance of place-based partnerships such as the Wiltshire Alliance; instead, it gives flexibility for partners to agree how they work locally. For Wiltshire, this means we need to establish a structure and governance system for the Wiltshire Integrated Care Alliance which supports the strategy and vision of the BSW Partnership whilst facilitating local decision-making, collaboration and integration.
20. A further Integration [White Paper](#) (Joining up care for people, places and populations) came out in February 2022. It set out a vision for integration, proposed shared outcomes for health and social care, proposed simplified s75 agreements to enable pooled budgets, proposed single leaders and new inspection regimes for place, and committed to a single health and care record for all by 2024.
21. The Integration White Paper sets out the expectation that by spring 2023, all places within an Integrated Care System (ICS) adopt a governance model that achieves clarity of governance and clarity of scope in place-based arrangements, including:

- a clear, shared, resourced plan across the partner organisations for delivery of services within scope and for improving shared local outcomes
- over time, a track record of delivery against agreed or shared outcomes
- a significant and, in many cases, growing proportion of health and care activity and spend within that place, overseen by and funded through resources held by the place-based arrangement.



22. Alongside this, expectations for Integrated Care Partnerships were set out – with each ICP expected to publish an integrated care strategy by December 2022. This aligns well with the intention of Wiltshire’s Health and Wellbeing Board to refresh its Joint Health and Wellbeing Strategy later this year.

Main Considerations

23. Accordingly, the following formal financial delegation to a Wiltshire Integrated Care Alliance Joint Committee is likely to be sought after July 2022:

- From the ICB and Council for:
 - Better Care Fund
 - Other joint funding lines already managed using S75 agreements.
- From the ICB for:
 - Community services – adults and childrens
 - Primary care – needs further work on details
 - Locality MH/LD/ASD
 - Hospice and end of life care
 - Other children’s services e.g. SEND
 - VCSE funded services

NB This is an early draft which will include any further developments by the time of the cabinet meeting.

- Individual commissioning – S117, LD/A, other specialist
- CHC and FNC
- From Wiltshire Council: to be determined in due course.

Other partners may choose to delegate whole or parts of budgets to be governed by the Joint Committee in support for specific initiatives.

Place Based Collaboration

24. New Terms of Reference for the proposed structures, will be submitted for approval after July 2022. Currently, there is an understanding that the following functions will be delivered as the core components of the Wiltshire Alliance:
- An Alliance Joint Committee will act as the key committee for the Alliance.
 - Delivery and implementation of decisions of the Joint Committee – the membership and function of an Alliance Delivery Group will be reviewed, establishing a group with stable membership drawn from across partners focussed on implementing the decisions of the Joint Committee.
 - The following partnership support arrangements are developing in order to support members of the Joint Committee:
 - a. Monthly meetings of Clinical Directors of the Primary Care Networks, and Practice Managers.
 - b. VCSE Leadership Alliance – members for the Joint Committee will be nominated from this group
25. The Alliance Joint Committee will have a key role in aligning strategies, developing commissioning and operational plans, determining work programmes, planning services, ensuring clinical and care professionals' input to local plans, managing a place-based budget (to be agreed and delegated by ICB and Cabinet), maintain and review s75 agreements including the Better Care Fund, and monitor quality and performance. The Committee will also develop proposals for approval by the ICB/ Cabinet as appropriate that are not covered under existing s75 agreements.
26. Membership of the Alliance Joint Committee will include the Directors for Adult Social Care, Children's Services and Public Health in Wiltshire Council as well as ICB Directors of Place, Clinical Leads, Acute Trusts, Community Providers, Primary Care, Mental Health, VCS and Healthwatch Wiltshire. The secretariat for the Alliance (the Joint Committee, the Delivery Group and any sub committees) will be provided by the ICB corporate office.

Overview and Scrutiny Engagement

27. Health Select Committee had the opportunity to contribute to an early draft of this report at their meeting on 7 June. The Health and Care Act led to some minor changes to the powers of the Health Select Committee which have been considered.

Safeguarding Implications

28. No direct safeguarding implications of this proposal; further discussion on how the statutory NHS partnership discharges its safeguarding functions will take

NB This is an early draft which will include any further developments by the time of the cabinet meeting.

place. The Safeguarding Vulnerable People Partnership will continue to involve appropriate NHS representation.

Public Health Implications

29. No direct public health implications. The Director of Public Health will be a member of the relevant boards. Integrated working is essential and will help us to shift the focus from acute to primary and community care and, in turn, to preventative activity and population health.

Procurement Implications

30. No direct procurement implications. The proposed place based governance will have to navigate different funding sources and accountabilities, procurement regulations and VAT regimes in the same way as existing joint procurement and commissioning between the council and NHS partners.

Equalities Impact of the Proposal

31. No direct equality implications. Equality analysis for service reconfigurations will need to be undertaken ahead of agreement as it is currently.

Environmental and Climate Change Considerations

32. No direct environmental or climate change considerations. However, the Council is involved in supporting the BSW ICS Net Zero Design Authority.

Risks that may arise if the proposed decision and related work is not taken

33. NHS decision making will reside at system (BSW) level if appropriate place based (Wiltshire) governance is not agreed.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

34. Governance arrangements may become complex and accountability blurred. This risk will be managed through developing a clear understanding of the role of each board within the proposed MoU and amongst partners.

Financial Implications

35. There are no direct financial implications arising out of this report. Any pooled budgets, s75 agreements or requests for formal delegations will be brought before cabinet in due course.

Legal Implications

36. The Health and Care Act is not overly prescriptive in recognition that integration needs to be structured and agreed at a local level. There is, however, a requirement for local authorities to participate and be a part of the ICS.

37. At this stage, there does not appear to be any fettering of the Council's powers or functions. The arrangements will still be subject to the Council's governance arrangements and other relevant law such as the Public Contracts Regulations 2015.

The Health and Wellbeing Board is set to maintain its existing responsibilities for developing a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and encouraging integration. The HWB has considered its desired relationship to other elements of place based governance. The membership of the Health and Wellbeing Board will change following the abolition of the CCG, however new regulations on this as part of the Health and Social Care Act have not been issued yet. They are likely to be forthcoming within the next couple of months. This will also allow consideration to be given to membership from the VCS as well as other appropriate local partners.

38. Any further formal delegations of local authority decision making will need to be agreed by cabinet in due course. At this stage there are no proposals for that other than that already covered under the s75 agreement overseeing the Better Care Fund and associated activity.

Workforce Implications

39. No direct workforce implications. Any proposals for additional joint teams would be brought forward in due course.

Conclusions

40. The governance for the ICS and place-based decision making within that continues to develop. Once the ICS is on a formal statutory footing, any further proposals for pooling of budgets will come to cabinet for consideration.

Lucy Townsend, Corporate Director, People

Report Author: David Bowater, Executive Office, david.bowater@wiltshire.gov.uk

23 May 2022

Appendices

None

Background Papers

None

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Health Select Committee Forward Work Programme

Last updated 1 JUNE 2022

Health Select Committee – Current / Active Task Groups			
Task Group	Details of Task Group	Start Date	Final Report Expected
N/A			

Health Select Committee – Forward Work Programme			Last updated 1 JUNE 2022		
Meeting Date	Item	Details / Purpose of Report	Corporate Director and / or Director	Responsible Cabinet Member	Report Author / Lead Officer
7 Jun 2022	Long Covid Support Service	Wiltshire Health and Care to outline the long covid support available to Wiltshire residents, outlining associated challenges and opportunities.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Douglas Blair
7 Jun 2022	Integrated Care Alliance	Update report on the development of an Integrated Care Alliance within Wiltshire as part of the Integrated Care System proposals.	Lucy Townsend (Corporate Director - People)	Cllr Richard Clewer	David Bowater Elizabeth Disney
7 Jun 2022	Care Home Risk Report	An overview of how the council is supporting care homes during the challenge of emerging from the pandemic.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Victoria Bayley
7 Jun 2022	Commissioning Pathway 2 Beds	Commissioning update.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Mullinger
5 Jul 2022	AWP Transformation Programme	Overview of AWP's Transformation Programme and associated opportunities for Wiltshire.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Dominic Hardisty

Health Select Committee – Forward Work Programme			Last updated 1 JUNE 2022		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Jul 2022	South West Ambulance Service update	Performance update and overview of transformation proposals.			Nicola Ash
1 Nov 2022	Day Opportunities Update	Committee update following the launch of the open framework.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Jones
18 Jan 2023	Wiltshire Living at Home Alliance Update	Update following the launch of the new alliance.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Jones

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