

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 17 JULY 2024 AT COUNCIL CHAMBER - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Clare Cape, Cllr Mary Champion, Cllr Nick Dye, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr David Vigar, Diane Gooch and Irene Kohler

Also Present:

Councillor Jane Davies

42 Apologies and Substitutions

Apologies were received from Councillor Johnny Kidney, Councillor Dr Monica Devendran, Kate Blackburn, Alison Smith, Councillor Ashley O'Neill, Councillor Nick Holder, Emma Legg, Councillor Graham Wright, Councillor Clare Cape, Councillor Laura Mayes, Lucy Baker, Paula Weston-Burt, Terence Herbert, Caroline Finch and Fiona Slevin-Brown.

It was noted that Carole Shirley had substituted for Caroline Finch as the Committee's Wiltshire Centre for Independent Living (WCIL) representative.

43 Minutes of the Previous Meeting

Resolved:

To confirm and sign the minutes of the meeting held on 12 June 2024 as a true and correct record.

44 Declarations of Interest

There were no declarations of disclosable interest.

45 Chairman's Announcements

The Chairman made the following announcements:

- There would be an opportunity to clarify the appointment process for stakeholders and non-voting members for the Committee and that a report presenting options would come to the Committee in September. In the meantime, Members were encouraged to contact the Senior Scrutiny Officer with any questions or suggestions.

Cabinet reports

It was noted that two reports were considered by Cabinet earlier in the week that were of interest to the Health Select Committee:

- Wiltshire Community Advice and Support Services - a briefing for the Chairman and Vice-chairman took place before Cabinet. Option 2 was approved - the recommissioning, procurement and implementation of the Core and Carers elements of the Wiltshire Community Advice and Support Service for a minimum of five years with the option to extend for an additional two years with an uplift mechanism.
- ICB Community Health Service Procurement – it was approved to deliver the Home First service under a single provider – Reablement Wiltshire. And to give ‘in principle’ agreement to commit Better Care Funding of £9,235,123 to the ICB Community Health Contract from 2025-2032 (with a potential for a further 2 years to 2034). The Committee had briefings on the ICB procurement and emergency care contract in October 2023 and June 2024.

46 **Public Participation**

No questions or statements were received from the public in advance of the meeting.

47 **Unpaid Carers Strategy and Contract Update**

The Chairman noted that the report in the agenda provided an update on the All-age Unpaid Carers Strategy 2024-28 and implementation/mobilisation of the All-age Unpaid Carers contract following an earlier presentation to this Committee in July 2023.

The Chairman invited Councillor Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion), Alison Elliott (Director Commissioning) and Kai Muxlow (Interim Head of Families and Children Commissioning) to introduce the report. The report included but was not limited to that during the development of the strategy the Council had engaged with unpaid carers and young carers to focus on the word of carers as well as how they want care services to be provided in the future. It was outlined that on this basis the Council went out to tender and awarded a contract to a consortium of providers for adult services, with the new contract having went live on 1 April 2024.

It was outlined that the consortium was called “Carers Together”, and positive progress had been made with the consortium to fulfil the needs of the contract and that there was a Performance Outcomes Group in place to monitor performance monthly.

It was also stated that a memorandum of understanding of the unpaid carers Charter of the Council had been completed, which was an important statement for the Council regarding how unpaid carers are viewed.

The Committee asked the following questions, with clarity sought on the monthly reviews taking place, to which clarity was provided that Key Performance Indicators (KPIs) had been set within the contract and would review the timeliness of assessments, waiting lists and waiting times as well as the outcome of support plans. A question was asked regarding what would happen regarding training for Wiltshire unpaid carers, to which it was noted that the Council would support carers to attend the training sessions by putting in place support for them whilst they attended training. It was also noted that as part of the statutory carers assessment, individual needs would be considered to enable the Council to tailor such assistance.

A point was raised that recently letters had been sent out regarding the new emergency cards, however there had been issues in making contact to respond. The Director offered an apology as the letters had included the wrong phone number and that the Council was working with carers and putting in additional resource to respond to concerns.

An observation was made that the previous providers had poorly delivered and whether there would be penalties in place should the new provider not provide up to standard. It was outlined that the monitoring of the previous contract had not been adequate, and that learning had taken place following this and that dedicated staff resource had been allocated to monitor the new contract. Furthermore, the organisations would be challenged if they did not meet the KPIs in place and would be placed into remedial action to meet them if required. It was further outlined that the Performance Outcomes Group would feed into the Council's wider Performance and Outcomes Board, which would provide oversight within the Council and that there would be penalties which could be implemented should organisations not meet the KPIs.

It was discussed that across the county out of the 18 Wiltshire Council Area Boards, there was only 3 Carers Champions, to which assurance was provided that work was being conducted with the Area Boards to increase the number of Carers Champions and that this could be reported back on.

A point was raised that in the report reference was made that a new post had been created to support young people in secondary education, however there had not been an indication of how children in primary education would be supported. Clarity was provided that work was being conducted to monitor attainment in primary and secondary schools as well as the impact that caring might have. It was outlined that the new post would be exclusively for secondary education, however additional posts had been placed into children's services to support carers from the age of 5. In addition, part of this process would be to go into schools to present an information piece about supporting young carers.

The notion of quality of life and social contact was discussed, with it noted that the contract included a requirement regarding the establishment and access to existing support groups and clubs for carers. It was stated that this would be monitored, and the consortium had been asked to conduct regular social care

surveys which would enable the Council to act faster to ensure greater access and support.

It was suggested that organisations such as surgeries and individuals had not been made aware of the new contract, to which it was agreed that communications would be sent out to ensure awareness was raised.

At the conclusion of the discussion, it was;

Resolved:

That the Health Select Committee would receive a briefing on the different providers and their role in delivering the Unpaid Carers contract to support report coming to committee on 12 March 2025:

- detailing implantation of the new contracts, and
- KPIs to be used to monitor effective delivery,
- delivery on the 8 priorities mentioned in paragraph 7 of the report, and
- delivery on the future actions listed in paragraph 7, with a particular interest in Carer Champions linked to Area Boards.

48 **Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy - Progress and Performance Reporting Update**

The Chairman noted that this report was an overview of progress towards the objectives set out in the Joint Local Health and Wellbeing Strategy (JLHWS) and Integrated Care System Strategy Implementation Plan.

The Chairman invited Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) and Emma Higgins (Swindon and Wiltshire Integrated Care Board) to introduce the report. The report included, but was not limited to, that the paper had been brought to the Health and Wellbeing Board and set out how joint work had taken place to produce the Joint Local Health and Wellbeing Strategy (JLHWS) and Integrated Care System Strategy Implementation Plan. It was noted that the two documents aligned with each other as well as having a shared set of priorities which would be taken forward across the delivery of work. Included within the agenda was a document which set out the schedule of work taking place, which would provide assurance.

Regarding assurance, it was noted that elements of the assurance process had changed with KPIs and data sets evolving to improve in line with the work being conducted each year. It was stated that progress and key highlights were included within the paper as well as the work to be conducted over the coming year.

The Committee asked the following questions, which included but was not limited to whether it would be possible in the future for a report to be presented in a more accessible format for lay readers. It was noted that there was the intention for narrative reports to be produced including assessments against the performance standards articulated within the spreadsheet.

Further detail was requested on the uptake of health checks for the population, particularly for those with autism, to which it was agreed that this would be taken away and investigated for an answer. It was stated that within the spreadsheet clear indicators had been included for the uptake of health checks for the population and though this had improved there was still work to be done and remained a high priority.

It was questioned how “Caring Steps Together” was developing, to which it was outlined that this had been a piece of work led by the Wiltshire part of the Integrated Care Board and was to be developed across the whole of the BSW. It was outlined that currently this was going through evaluation to understand where and how it could be used.

The need to understand the different operating parts of the NHS and care system was discussed, with a need to understand who was driving outcomes and who was auditing them. Clarity was provided that it is clear who has a commissioned responsibility for the delivery of each area, however it is incumbent on all partners to provide outcomes, for example increasing vaccination rates.

A brief overview of Neighbourhood Collaboratives was provided, with it noted that Neighbourhood Collaboratives are groups based on Primary Care Network footprints that aim to share intelligence, expertise and resources to enable local solutions to local need, tackle health inequalities. Examples of Neighbourhood Collaboratives taking place were cited, including work relating to falls in Melksham and a livestock pilot in Salisbury working with farming and rural communities. A set of slides was provided to be attached to the minutes to provide a greater overview of Neighbourhood Collaboratives.

Clarity was sought regarding carer breakdown, to which it was noted that this was where an individual had come into the system and required support as arrangements at home had broken down. It was stated that this was acknowledged as a key priority with work taking place across the system to prevent such situations.

At the conclusion of the discussion, it was;

Resolved:

- 1. The Health Select Committee noted the update,**
- 2. The Health Select Committee would receive brief updates on Collaboratives through the year, including:**
 - A) Chippenham, Corsham and Box Launch programme, starting with the roll out then measuring of impact/success.**
 - B) the Salisbury collaborative including roll out and measuring of impact/success.**

C) Progress on the target that each of the 13 areas would have an established collaborative by 2025.

- 3. That the Health Select Committee would receive an overall Progress and Performance Report in a year's time which would be in a more accessible format. This should include an update on the additional capacity for domiciliary care to support carer breakdown, preventing avoidable admissions to hospital.**

49 **Better Care Fund**

The Chairman introduced an update on the progress being made in delivering the Better Care Fund (BCF) Plan.

The Chairman invited Helen Mullinger (Commissioning Manager) and Karl Deeprise (Senior commissioner) to introduce the report, which included a presentation that had been attached to the agenda. The presentation provided an overview of the Better Care Fund and included, but was not limited to:

- It was detailed that the total budget for 2024/25 was £68.2m and that BCF plans must be agreed by the Integrated Care Board, with guidance provided from the national team as to how spending could be attributed.
- An overview of the national context for the Better Care Fund was provided.
- An overview of the key services and contracts provided by the Better Care Fund was provided as well as the costs incurred for the 2024/25 budget. It was noted that many of the schemes in place linked.
- The Fund is held to account by the national team who had set performance metrics and targets. Detail was provided on how the Fund measured against the 2023/24 performance metrics as well as the planned performance for 2024/25.
- The reporting of the Fund was outlined, with it noted that the Health and Wellbeing Board oversaw the delivery.
- Extensive work led by the Integrated Care Board relating to demand and capacity had taken place, which had enabled the Fund to plan on an operational level using a modelling tool.
- Additional discharge funding had been received with direction provided by the national team on how the funds would be used.
- An overview of the contract re-commissioning for the next 12-18 months was provided.

The Committee asked the following questions, which included but were not limited to why there was a significant drop in the planned admissions to residential care from 2023/24 to 2024/25. Clarity provided that the 2024/25 data would only include new admissions as the Fund was no longer required to use ASCOF data and was therefore able to collect local data using its own agreed methods. Further detail was provided on hospital discharges into care homes, with it stated that there was a practice within adult social care that where possible residents were not discharged from a hospital to a care home.

Clarity was provided that regarding the origins of the Better Care Fund, which was established by health providers and local authorities to provide the ability to work together to jointly commission services and improve integrated working across health and social care. It was stated that joint decisions were made on how to spend the funding, with a large proportion being spent on adult social care services. Clarity was provided that the performance metrics in place related only to the Better Care Fund and were set by the national team. Additionally, reablement was a Council service that was funded significantly by the Better Care Fund.

It was noted that “system wide support” accounted for the categorisation of some of the schemes in place that provided wider support for elements supporting capacity within adult social care teams. It was noted that the funding for the Better Care Fund was wholly held by Council and was kept separate to the Council budget.

At the conclusion of the discussion, it was;

Resolved:

- 1. That the Health Select Committee would receive an update in 12 months, or sooner if issues were raised by the Health and Wellbeing board, with a focus on community equipment and any adjustments to budget to meet demand.**

50 **Forward Work Programme**

The Committee noted that the Forward Work Programme (FWP) would be updated to reflect any changes made throughout the meeting.

It was suggested that it would be useful if the Committee was to receive a short report before the end of the Council cycle which would cover an overview of the Integrated Care Board, including the Board’s starting place and what actions were achieved. Ideally this would be received through the Chairman and Chief Executive of the Integrated Care Board.

It was agreed that the Chairman and the Vice-Chairman of the Committee would meet outside of the meeting to agree which items from the Forward Work Programme would be brought to the September meeting of the Committee.

Resolved:

- 1. The Committee approved the Forward Work Plan and delegated to the Chair and Vice-Chair to prioritise items for the September meeting.**

51 **Urgent Items**

There were no urgent items.

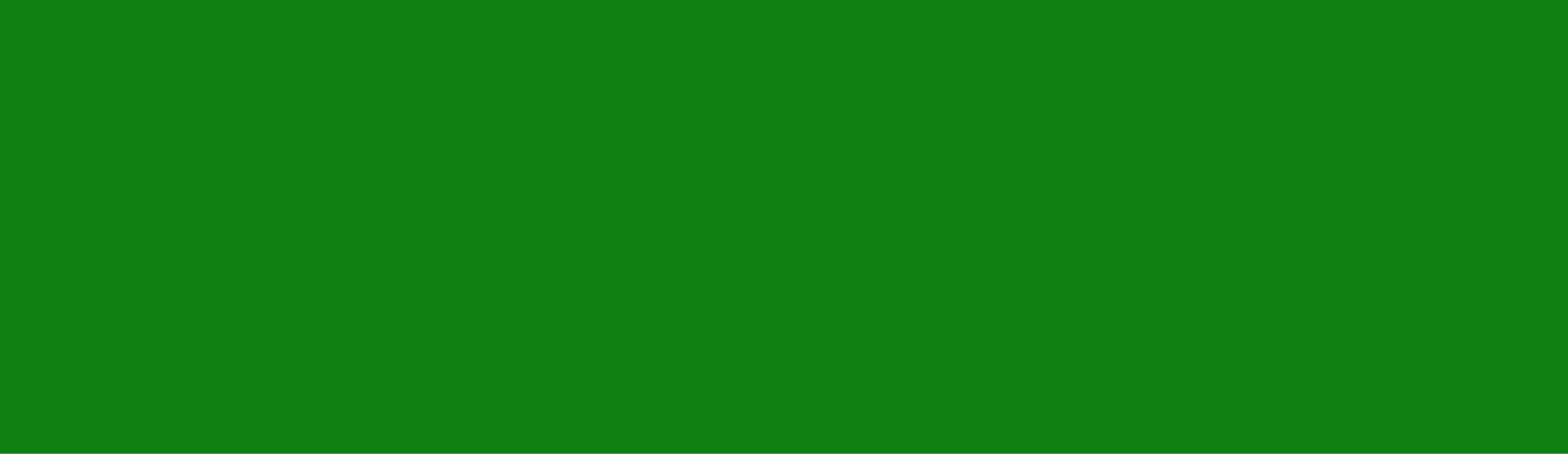
52 **Date of Next Meeting**

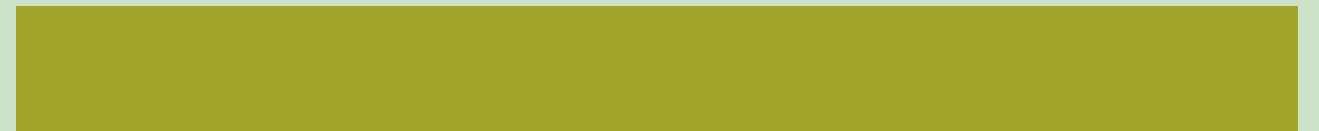
The date of the next meeting was confirmed as 10 September 2024.

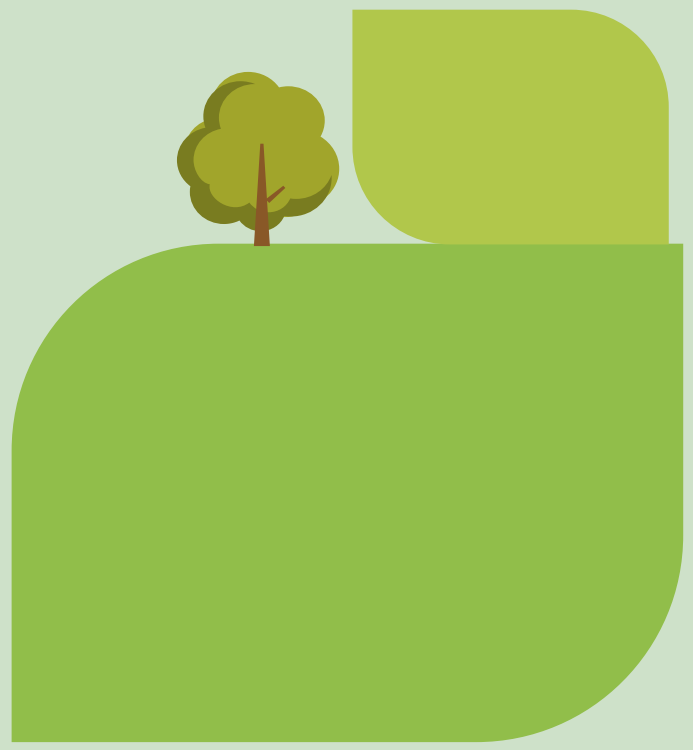
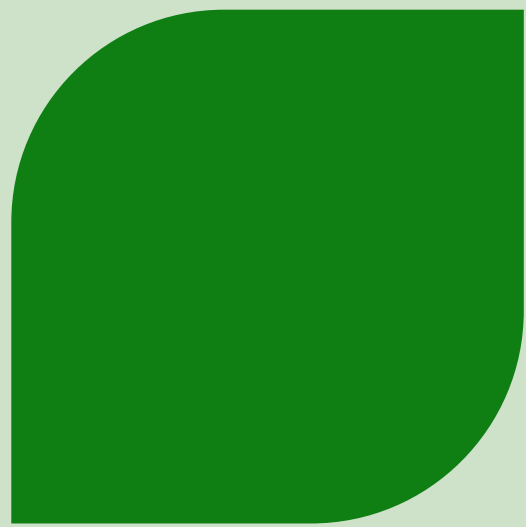
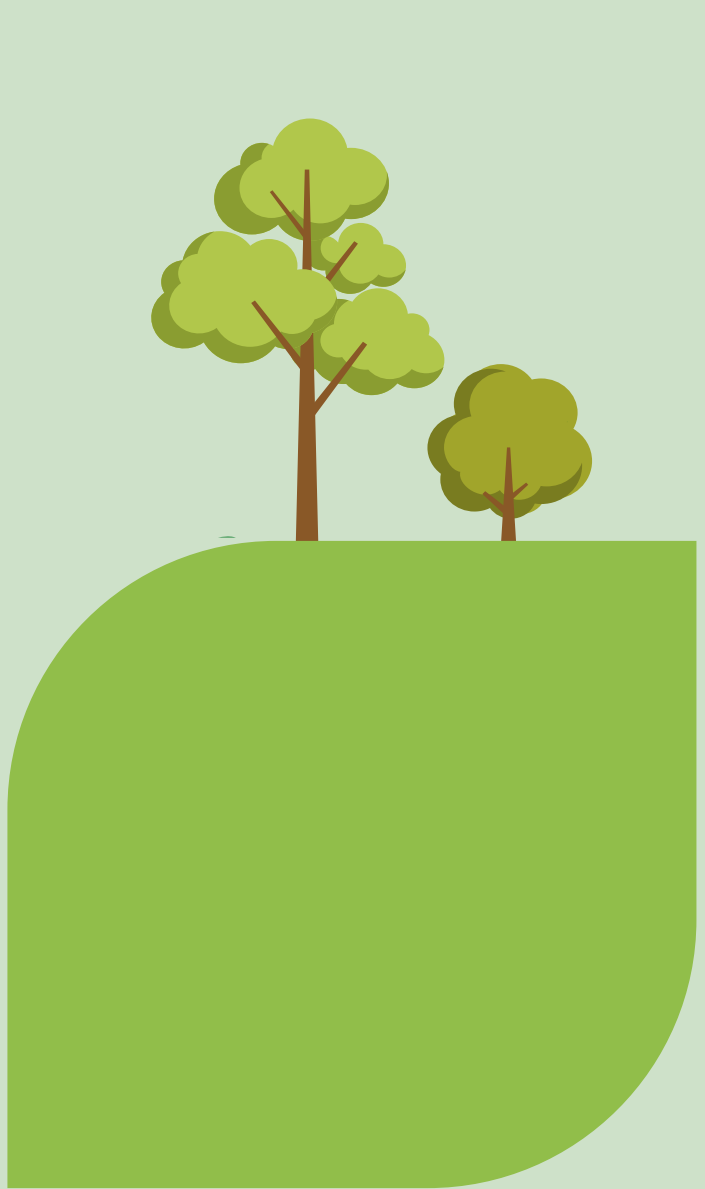
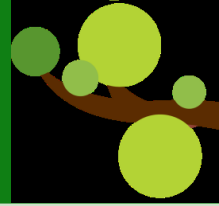
(Duration of meeting: 10.30 - 11.52 am)

The Officer who has produced these minutes is Ben Fielding, Senior Democratic Services Officer of Democratic Services, direct line: 01225 718656 or e-mail: Benjamin.Fielding@wiltshire.gov.uk

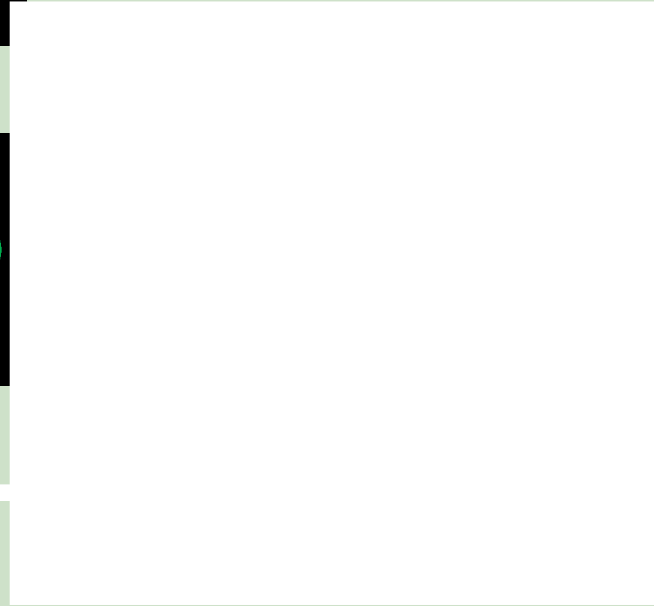
Press enquiries to Communications, direct line 01225 713114 or email communications@wiltshire.gov.uk

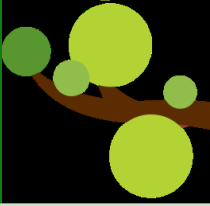




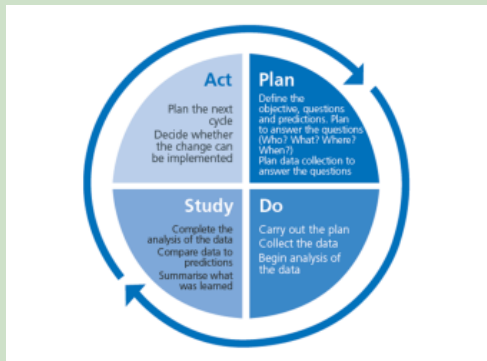




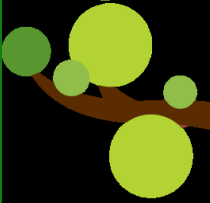




Population Health Management







● [Redacted text]

● [Redacted text]

● [Redacted text]

● [Redacted text]

● [Redacted text]

● [Redacted text]

● [Redacted text]

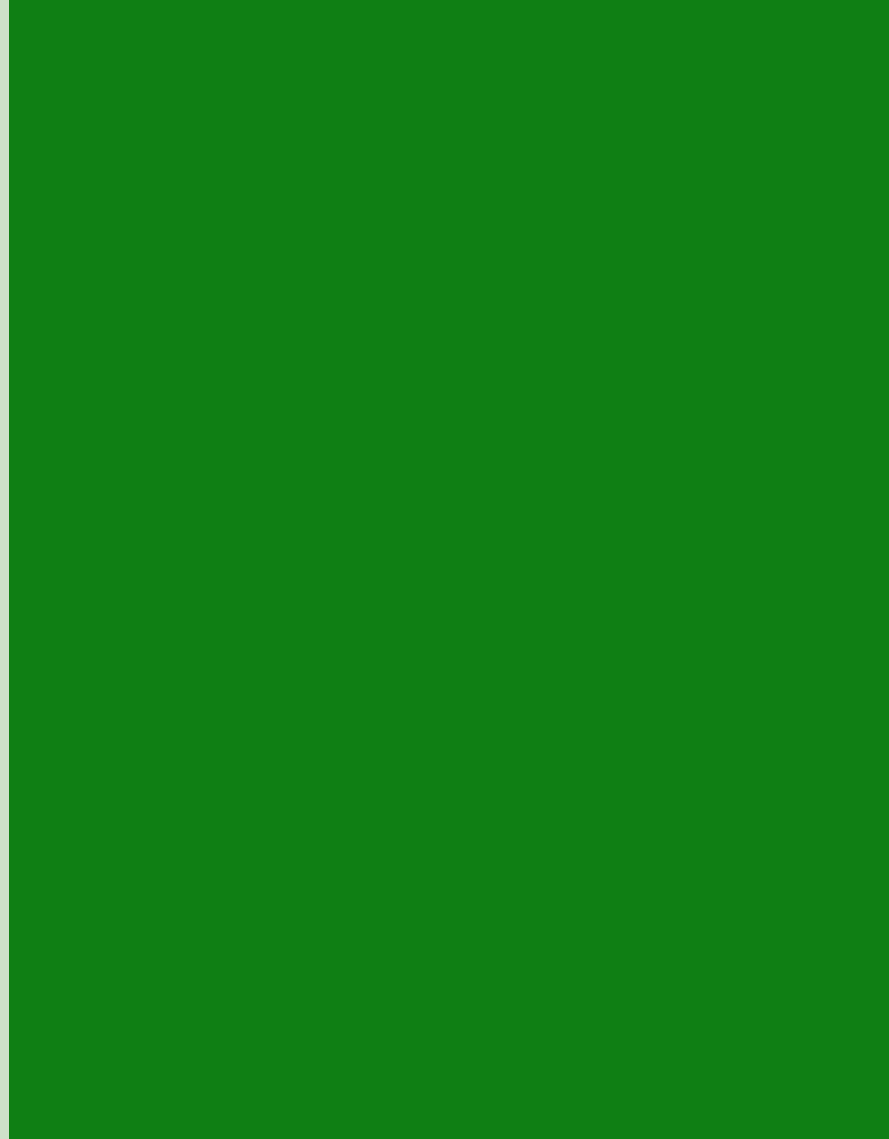
● [Redacted text]

● [Redacted text]

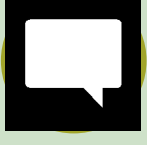
● [Redacted text]

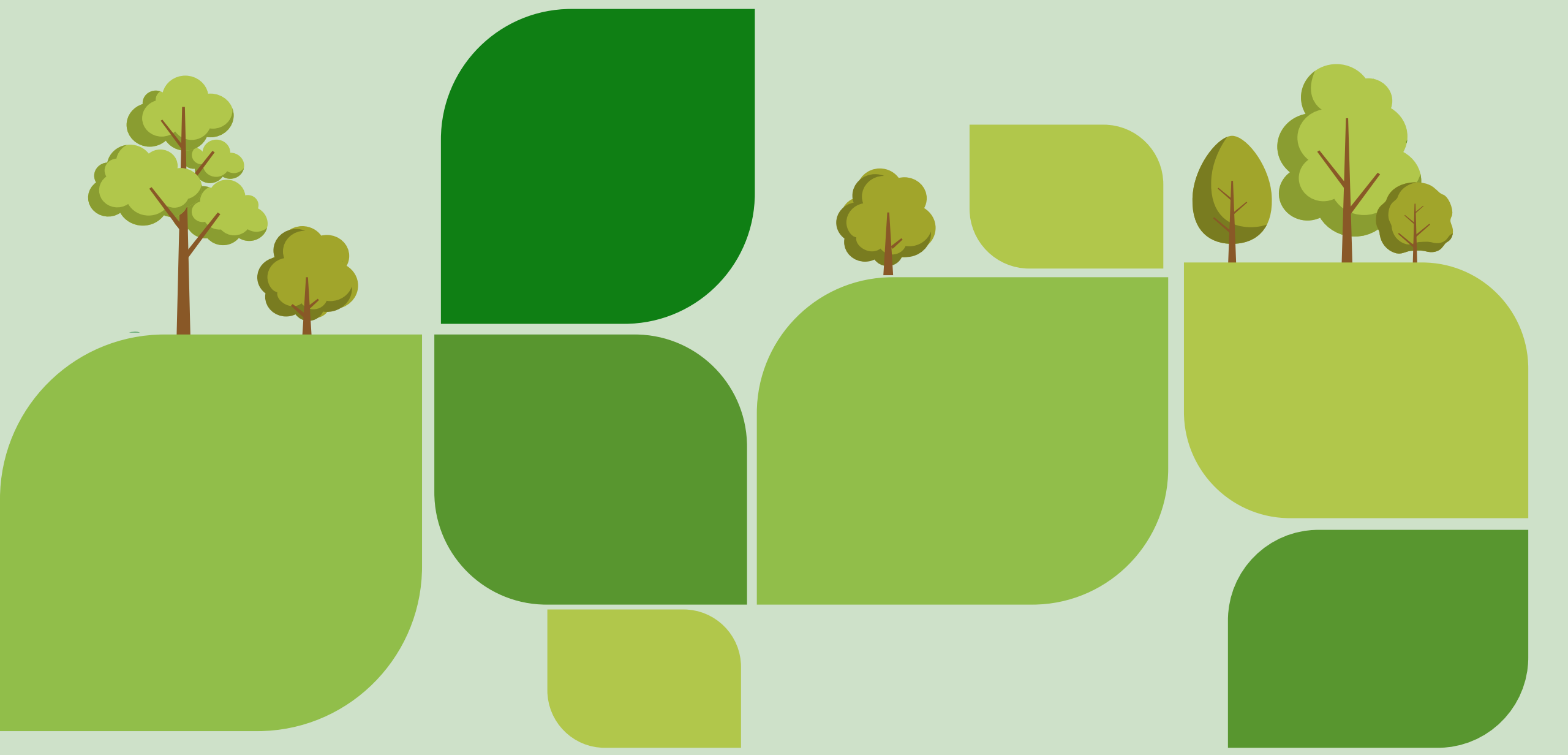
● [Redacted text]

● [Redacted text]











WELCOME TO YOUR NEIGHBOURHOOD COLLABORATIVE



Communities Together

Working with those living and working in our local communities to identify needs and deliver change



Working As One

Our tree represents people, services, charities and community groups growing in partnership and understanding



Inclusive

Ensuring everyone has a voice in our community to help find answers to health challenges



Improving Health and Wellbeing

Focusing on reducing health and wellbeing inequalities and preventing future health problems



Tools to help in all parts of our work

Using new tools and techniques to identify problems and resolve them having built shared competencies



Finding Solutions

Using our combined resources, information, improvement skills and capabilities in new ways to understand need and make changes

To find out more about a Neighbourhood Collaborative in your area, please contact:
bswicb.neighbourhoodcollabs@nhs.net

Inspiring
excite
community
our
towards



