Wiltshire Council

Health Select Committee

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

Present:
Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Clare Cape, Cllr Dr Monica Devendran, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Pip Ridout, Cllr David Vigar, Mary Reed, Diane Gooch, and Irene Kohler

Also Present:
Kate Blackburn, Cllr Ian Blair-Pilling, Cllr Jane Davies, Cllr Richard Clewer, Cllr Tony Jackson and Cllr Elizabeth Threlfall

29   Election of Chairman

Councillor Johnny Kidney was elected as Chairman for the year 2023/24.

30   Election of Vice-Chairman

Councillor Gordon King was elected as Vice-Chairman for the year 2023/24.

31   Apologies

Apologies for absence were received from Cllr Mike Sankey, Cllr Mary Champion, and Cllr Tom Rounds.

32   Minutes of the Previous Meeting

Resolved:

To approve and sign the minutes of the meeting held on 28 February 2023 as a true and correct record.

33   Declarations of Interest

Cllr Clare Cape declared that she worked for NHS England in a national capacity, and the Chairman declared that he was Wiltshire Council's Stakeholder Governor at the RUH.

34   Chairman's Announcements

The Chairman announced that since the last Committee meeting, Members had attended a briefing on the Good Lives Alliance retender, expressing that the contract was felt to allow for flexibility in being able to provide person-centred care. From an ongoing scrutiny perspective, there was interest in being able to carry out an independent review of providers, such as the Trusted Assessor Scheme run by the Wiltshire Care Partnership.

The Chairman announced that there had also been a Chair's briefing for both Heath Select Committee and Children's Select Committee on the Public Health Nursing Services Future Delivery model.

The Chairman announced that the Committee were due to be briefed on the Carers' Support Strategy and retender, but that this was put on hold and so the Committee looked forward to receiving an update in due course.

Finally, the Chairman announced that both he and the Vice-Chairman had received and submitted a response to Quality Accounts from the South West Ambulance Service and the two providers in attendance: AWP and Wiltshire Health and Care.

35   Public Participation

There was no public participation.

36   Wiltshire Health and Care Service Update

Stephen Ladyman and Shirley-Ann Carvill of Wiltshire Health and Care provided an update to the Committee on their organisation's services and challenges over the last year. They described the challenging times that healthcare had faced, both societal and financial. However, they also emphasised the successes they had achieved in that time, with progress being made towards the plans laid out last year, such as the response to Long Covid and the successful pilot of NHS@Home (Virtual Ward).

The Committee asked questions of the 2-hour urgent care response times, the potential for better promotion surrounding flow hubs and the possibility of initiatives to target long waiting lists.

Resolved:

To note the content of the report and to schedule an update in 2024 to follow progress on any stand-out issues.

37 **Dementia Care Strategy**

Robert Holman, the Commissioning Transformation Lead, reported to the Committee on the progress being made towards developing Wiltshire Council's updated Dementia Care Strategy. He explained that they were currently co-producing the Strategy with hundreds of partners and individuals. He described the massive human cost involved in dementia care and the significant contribution from informal carers, as well as the need to consider carers as well as patients in the new strategy. Other points raised included the need to support younger people diagnosed with dementia and the need for more certainty surrounding care plans for those diagnosed.

The Committee sought further information on how the strategy proposed to engage with individuals reluctant to engage back and on if the strategy accounted for gaps in effective provision across the county. Questions were also asked about if there was a plan to address recruitment issues in care homes. Enquiries were raised about the possibility of taking specific steps to increase the rate of diagnosis, and the importance of making communities dementia-friendly. The committee discussed the successful work undertaken in Bradford-on-Avon to that end, linking it to the important role Area Boards can play in the strategy. The Committee also discussed if the conversation surrounding dementia was sufficiently prominent in communities. Attention was drawn to the sessions being run by Alzheimer's Support and the possibility of greater promotion.

Councillor Tony Jackson asked if the strategy foresaw the utilisation of screening programmes and the possibility of using disease-modifying treatments, to which the Commissioning Transformation Lead agreed to feed back at a later date.

Resolved:

1) **To note the progress that has been made with developing the dementia care strategy.**
2) **To request an opportunity to review the strategy and an implementation plan if possible.**
3) **To receive an update in 2024 to understand the impact of the strategy once it is implemented.**
4) **To support the involvement of Area Boards in promoting dementia-friendly towns.**

38   Measuring Performance in Adult Social Care

Tamsin Stone, Head of Performance, Outcomes and Quality, was then invited to talk the Committee through a presentation on the KPIs being used in Adult Social Care. The presentation gave an overview of the current KPIs being used to monitor Adult Social Care, highlighting the important role played by Performance Outcome Groups (POGs). The presentation also drew attention to the need to remain objective rather than being drawn into comparisons with other Local Authorities, and the need to carefully set targets to account for data variability.

The Committee asked questions on what data was held pertaining to staffing and referral. The Leader of the Council, Councillor Richard Clewer, suggested that the Committee considered the wider range of metrics that would soon be made available from the Integrated Care Partnership. Similarly, Councillor Cape reminded the Committee of their scheduled commitment to review these system metrics. The Committee discussed the best way to measure the KPIs until the Chairman suggested they receive an update in approximately six months and hold an inquiry session in the meantime.

Resolved:

1) **To scrutinise the Key Performance Indicators on a six-monthly basis with timing to be guided by officers.**
2) **For the Chairman and Vice-Chairman to identify and propose a broader range of health and wellbeing KPIs for approval by the Committee.**

39   Avon and Wiltshire Mental Health Partnership Trust

The Chairman welcomed Alison Smith, Deputy Chief Executive of Avon and Wiltshire Mental Health Partnership Trust (AWP) and Alexandra Luke and invited them to give an overview of their work in providing healthcare to people with mental illnesses, learning disabilities and autism and an update on their transformation programme.

The Deputy Chief Executive expressed her apologies for not getting the report to the Committee in time for the meeting and explained that as a result she would speak to the data more broadly and ensure the report was sent out as soon as possible.

Alexandra Luke described AWP's work on delivering advice and guidance to those with mental illness, explaining that they were the first area to offer this guidance on mental health after the pilot scheme in Bath and North East Somerset.

The Committee sought clarity on if there was any distinction in the data between different types of mental illnesses and on the scope of training for nurses, referring to the rarity of recruiting internationally for mental health practitioners and nurses. The Deputy Chief Executive explained that as a secondary

provider, AWP did not have different data sets for different mental illnesses and stated that recruitment was not as relevant a challenge for mental health treatment, noting an ongoing training programme with a national recruiter. She concluded by stating that regardless of the outcome of an upcoming report from the Care Quality Commission (CQC), a review was desirable to ensure the continuation of their improvement plan and that they were aware of several areas to improve upon already.

Resolved:

1) **To circulate the report from Avon and Wiltshire Mental Health Partnership Trust to the Committee and forward any questions from the Committee to AWP for a response.**
2) **To invite Avon and Wiltshire Mental Health Partnership Trust back for another update in 2024.**

40 **Rapid Scrutiny Report - NHS Dental Services**

Introducing the next item, the Chairman reminded the Committee of their agreement in February to carry out a rapid scrutiny of NHS dental services before responsibility for commissioning was transferred from NHS England to the Integrated Care Board (ICB). He then referred the Committee to the report from the scrutiny carried out on 29 March, thanking the input of Jo Lawton of NHS England and Jo Cullen from the ICB. He summarised the main findings as being that Wiltshire residents need greater access to NHS dental services, the ICB would face significant challenges in improving services, ongoing scrutiny was needed, and that more information was desired on the work being done to improve access to health services in disadvantaged communities.

The Chairman then called on the Cabinet Member for Public Health, Councillor Ian Blair-Pilling, to speak to the item.

Councillor Blair-Pilling summarised the rapid scrutiny session as sitting in the foothills of a mountain of a learning curve, explaining that dental care was remarkably different and distinct from other forms of healthcare. He emphasised that while it was important for scrutiny to make its own choices, this work could benefit from being conducted as a joint enterprise with the ICB, with updates coming from both.

The Director of Public Health, Kate Blackburn, suggested the recommendation that the Public Health team bring a report on inequality back to Committee covering public health and dental care was of such a scale so as to necessitate collaboration with the ICB as part of a system approach. The Director suggested that rather than a massive report, a focus on dental provision and access would be more suitable and achievable, as well as bringing in the work being done by the Wiltshire Health Inequalities Group's work.

The Chairman noted The Director's point and invited the Leader of the Council's input.

Councillor Clewer noted the new structure of the Integrated Care System involving the ICB and the Integrated Care Partnership. He advised that it could prove unproductive for too many Councils to be trying to assess the issues processes of the Integrated Care System before it was on its own two feet. He suggested that the work would be better suited to the Integrated Care Partnership as one of their statutory requirements.

The Committee discussed the issue further, with Councillor David Vigar highlighting that unnecessary reports were to be avoided and that instead, regular updates were all that was required. Councillor Cape noted that one of her key takeaways from the report was that the root cause of issues with dental provision was the way in which the payment system for dentists operated. She suggested that until that systemic issue was properly addressed at a national level, the Committee were unlikely to make any significant progress in improving dental service provision. The Director of Public Health agreed that while there was work they could undertake to address issues surrounding inequality, the fundamental problems they faced were national ones. Councillor Clewer added that the area was essentially dysfunctional and that the ICB would need time to decipher and then address it. Councillor Blair-Pilling stated that the priority of Public Health was addressing inequality, and that was work in which they could make headway, establishing links of communication and ensuring people are better informed.

Resolved:

To endorse the recommendations of the NHS Dental Services Rapid Scrutiny Group, with recommendation i) amended to read as follows: To request performance updates on NHS dentistry from Public Health and the Integrated Care Board, including areas of high deprivation.

41   **RUH & Salisbury NHS Foundation Trust - Quality Accounts**

The Chairman presented to the Committee the Quality Accounts published by the Royal United Hospital (RUH) in Bath and the Salisbury NHS Foundation Trust for questions or comments.

Councillor Vigar stated that generally, the accounts were brilliant, expressing praise for the way the report was structured. He expressed confusion regarding the apparent lack of correlation between certain objectives and outcomes but was otherwise impressed. Councillor Cape similarly praised the layout of the reports and the use of charts.

The Chairman explained that he and the Vice-Chairman would construct their own feedback outside the meeting but would be sure to include the comments of the Committee.

Resolved:

For the Chairman and the Vice-Chairman to submit a response to the Quality Accounts of the Royal United Hospital and Salisbury NHS Foundation Trust that would incorporate the comments of the Committee.

42   **Forward Work Programme**

Cllr Vigar suggested adding the data discussed by the Committee to the Forward Work Plan, to which the Chairman agreed subject to a discussion to decide how best to work them in.

Resolved:

1) **To add the resolutions from the meeting to the Forward Work Plan.**
2) **To approve the Forward Work Plan.**

43   **Urgent Items**

There were no urgent items.

44   **Date of Next Meeting**

The date of the next meeting was confirmed as 4 July 2023 at 10:30am.

(Duration of meeting: 10:30 am - 12:55 pm)

The Officer who has produced these minutes is Cameron Osborn of Democratic Services, e-mail: cameron.osborn@wiltshire.gov.uk

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Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee   **Date: 10th May 2023**

Author:	Jason Everett, AWP Operational Lead for Wiltshire
Wards:	All Wards
Parishes Affected:	All Parish Area

1.   Purpose and Reasons

This report provides the Wiltshire Health Select Committee with an update of performance and key issues relating to Avon and Wiltshire Mental Health Partnership NHS Trust.

2.   Recommendations

The Committee is recommended to:

2.1   Note the report.

3.   Detail

3.1   Wiltshire Performance Activity

This report provides an overview of **Wiltshire** AWP services performance using latest available data (**May 2023**) for most indicators.

Access

Referral to assessment 28 day compliance
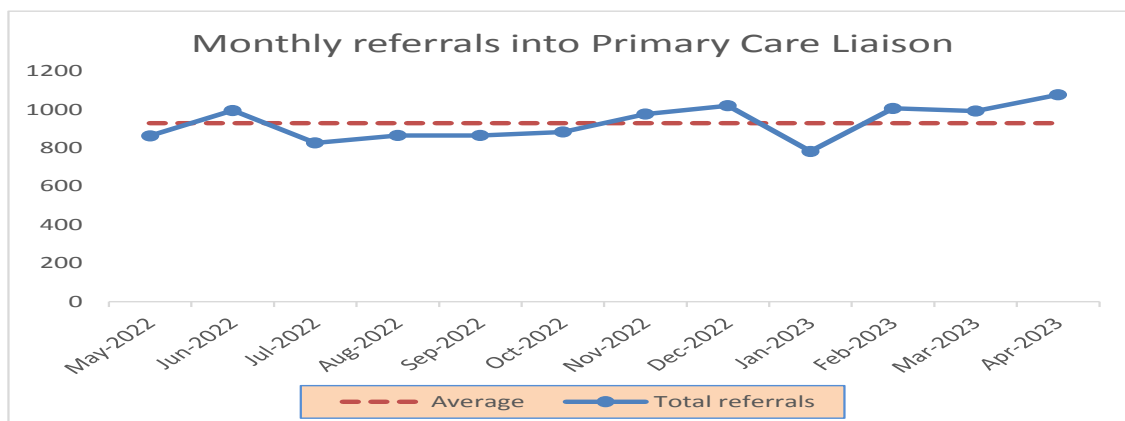
Wiltshire has 2 primary care liaison services. The North team based in Devizes and south, based in Salisbury.   Last Month the teams received at total of 416 referrals, 190 in the north and 226 south respectively.

At present (and as per the chart below indicates) we are not meeting the performance against the referral to assessment target for both teams, as such we are currently are risk assessing all referrals and priority is given to those people who present with greatest risk and need.

Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee   **Date: 10th May 2023**
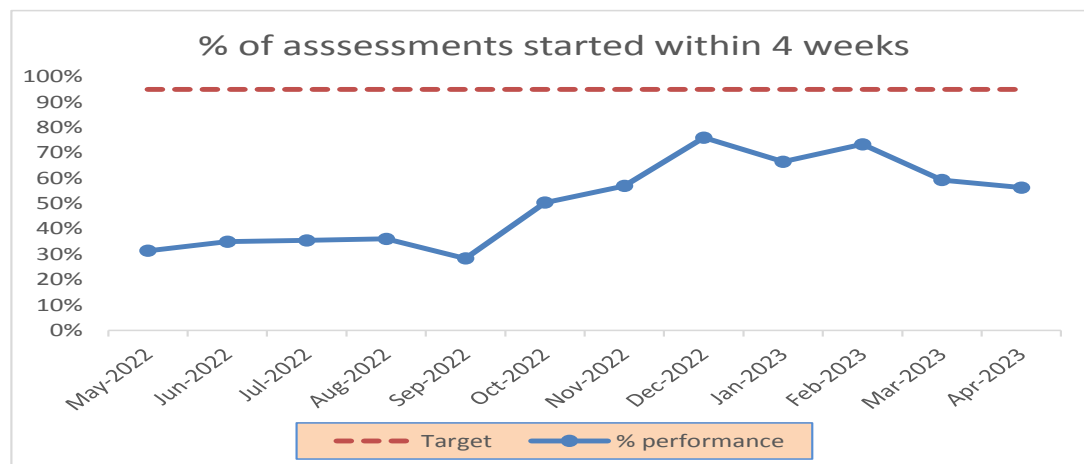
Assessment detail for April

PCLS TEAM	Total Assessed	Seen under 28 days	Seen over 28 days	waiting for assessment	Waiting less than 28 days	Waitng more than 28 days
North	120	68	52	255	113	142
South	131	69	62	238	121	117

In total last year 6121 people were referred to the primary care liaison services in Wiltshire.

There are significant challenges in meeting the referral to assessment performance indicator, the causes are multi factorial. The 2 main contributor factors are:

The volume of referrals continue to increase year on year, as issues relating to mental wellbeing become more prominent but the number of people who actual required to be referred for ongoing secondary specialist mental health services remains low at an average of 13%.

In addition to an increase in volume of referrals the teams' capacity to undertake assessment is compromised in both teams. The North PCLS team has 6.3 wte filled of an establishment of 9.1 (this excludes any sickness absence numbers). We have 2.15 agency staff on long lines l=working into the team to also try to mitigate the impact of vacancies.

In the south the staffing challenges are even more notable with 1.8 wte in post from a establishment of 7.1 wte and an additional 1.9 agency staff in south These are the staff who will undertake the front line assessments

In addition both teams have a senior practitioner and a team manager who can support the teams and clinical assessments. In addition the teams have 2 clinical associate practitioners (caps) roles who can

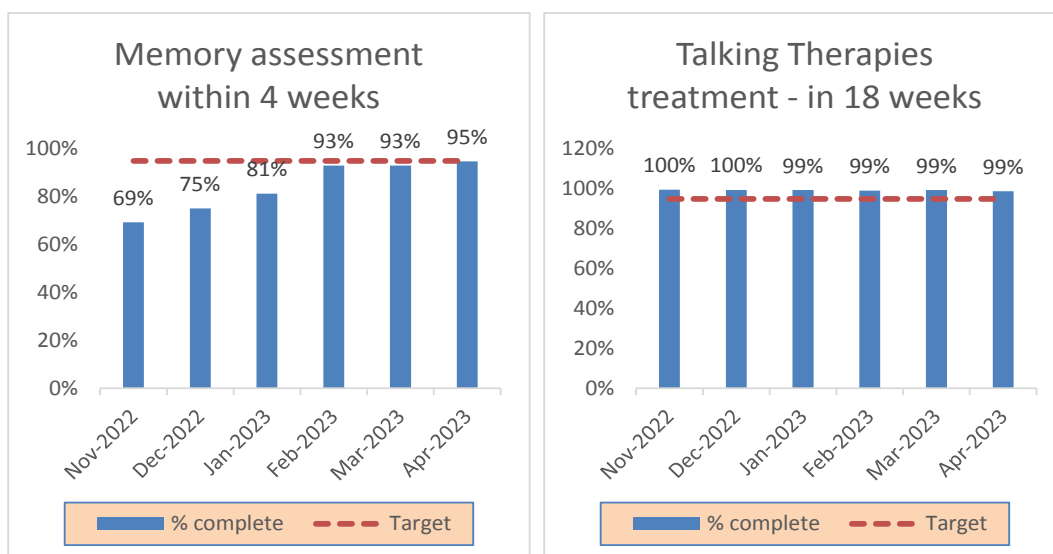# Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee   **Date: 10ᵗʰ May 2023**

offer brief interventions to people accessing the services. These roles have been developed by the trust over the past couple of years and have been a valuable addition to the service.

In order to try to address the issue of demand and as part of the transformation of mental health services and to help address the issue of timely access, as a system we have been working closely with third sector partners to work on transforming access to services and ensuring that people get the most appropriate support when required.   In Wiltshire this alliance is with "access mental health" who are a partnership of Alabare (south) and Rethink (north), we are working closely with them to reshape the model so that they transform towards being the "front door" for services and that we work seamlessly as a collaborative, so that when access to a registered mental health professional is required for an assessment of mental health this can be done in a timely manner, but if they require advice support and guidance around mental wellbeing matters, these are addressed by a more appropriate service.

This transformational process is in its early stages.   A pilot was undertaken by access mental heath being based in a local gp surgery in North Wiltshire and in the duration of that pilot only one referral was required into the north CMHT from that surgery. A more detailed analysis of the findings are being undertaken by access mental health and work is required on how to scale up these pilots but initial feedback has been positive.

Memory service referral to assessment

Following a review of how we deliver this service and the introduction of rapid assessment and diagnosis (RAD) clinics the dementia teams. The RAD clinics provide a one stop shop for assessment, the giving of diagnosis and if indicated a prescription. As a result of their introduction the teams have shown continued and sustained improvement trajectory in the area of timely dementia diagnosis and April was the first time we have met this metric, after 2 months where we were hovering just below at 93.1%.

Talking Therapies treatment

Avon and Wiltshire NHS Partnership Trust – Performance Update

## Wiltshire Health Select Committee   Date: 10th May 2023

Talking therapies continue to implement waiting list reviews to ensure where possible patient availability is met within 18 weeks of referral. Talking Therapies have received a steady increase in referrals over the last 6 months which has increased the number of patients on our waiting list caseloads. However they have been able to maintain an 18 week wait for treatment from moving staff resources to any projected longer waits and also continue to be supported by other BSW Talking Therapies Services for remote treatment requests whilst they implement strategies to increase our staffing in line with the NHS National Team plan.
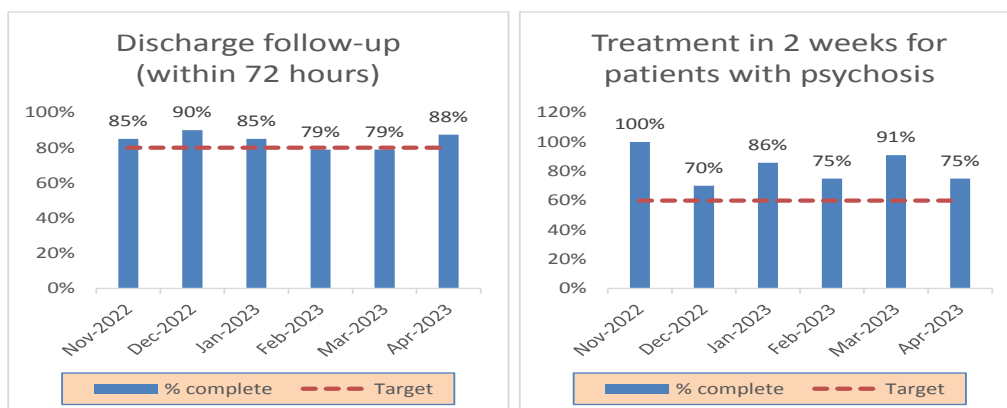
We continue to perform well for our 2 week referral to treatment target for people with a first presentation of psychosis.

In relation to 72 hours follow up to discharge, despite challenges with inpatient flow and often short notice discharges we continue to meet this key metric (the first few days after discharge are the riskiest in regards to risk of self harm/ suicide/ relapse). The majority of these breaches tend to relate to "narrative breaches" whereby there is a reason that the follow up could not occur, rather than there being a failure of process, or to arrange follow up as part of the discharge plan (process errors).

Delayed Transfers of Care
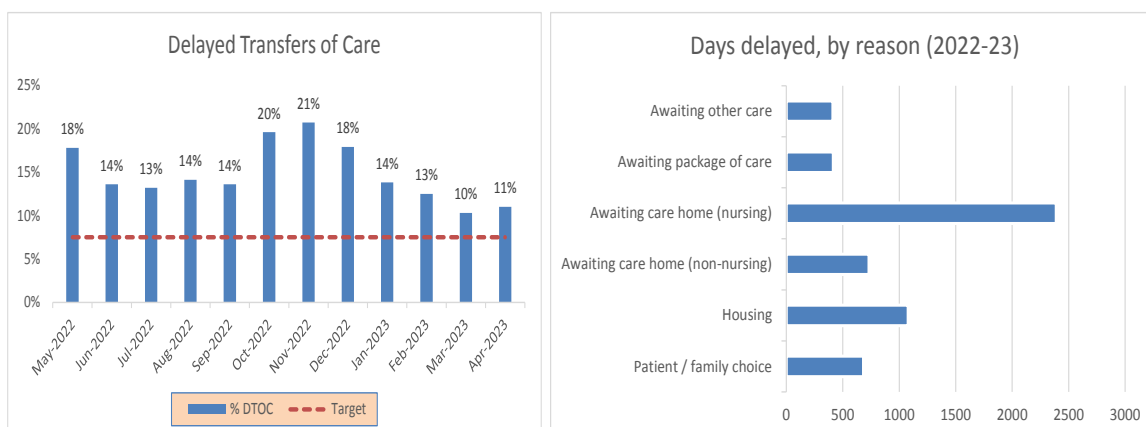
There remains an ongoing challenge with our ability to flow patients in and out of our wards and whilst we work incredibly closely with our colleagues in the ICB and Local Authority and meet weekly to try to reduce the number of delays this still remains problematic.

Avon and Wiltshire NHS Partnership Trust – Performance Update

Wiltshire Health Select Committee   **Date: 10th May 2023**

For the older adult inpatient population the main challenge is the availability of onward specialist nursing/ care homes for people who are unable to return home.   For adults inpatients there have been significant challenges with people awaiting housing/ onward accommodation and there are meetings set up with colleagues in Wiltshire housing to see if we can mitigate this going forward/ work more closely however, there remains a lack of social housing in Wiltshire which adds to this challenge and wellbeing houses are unable to accept people without onward discharge plans so we are unable to effect safe discharge plans for some people who no longer require to be on an inpatient ward.
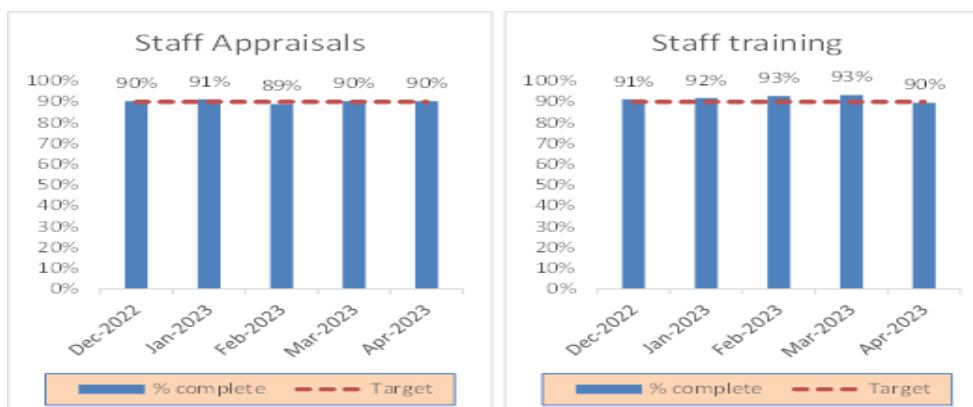
Patient/ carer experience
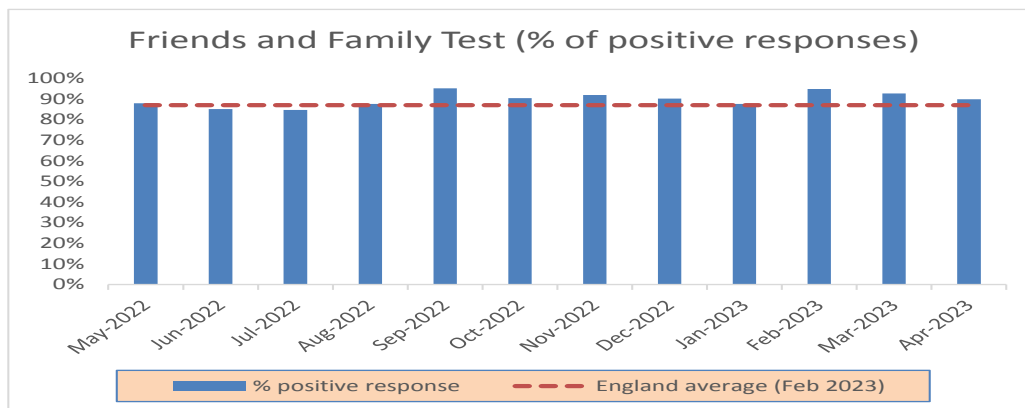
The experience of people who use our local services is overall positive and we benchmark around the average for services in England.

Insert bit about involvees/ carers from c

Effective Workforce

There are significant work force challenges in Wiltshire and it is really important to that we grow and develop our existing workforce and make Wiltshire and attractive place to work.   Supporting staff through regular supervision and appraisals is really important

As a locality we should employ 635 member of staff from all grades of role, we currently have 165 wte vacancies across our inpatient and community services and are currently mitigating these vacancies

through the use of 146 temporary staff via bank/ agency lines of work (approximately 23% of our total work force).

We have been keen to embrace new roles for example the Clinical Associate Psychologist as described earlier, mental health wellbeing practitioner roles, who offer psychological intervention to people in our secondary services.

We have also successfully operated the think ahead scheme in Wiltshire attracting and training several cohorts of newly qualified social workers into our community teams. We are now working to role this scheme out the rest of BSW based on local success.

We are also introducing MPAC (multi-professional approved/ responsible clinicians) in a number of our Wiltshire inpatients, to support the inpatient pathways and are looking to create roles beneath this for advanced clinical practitioners.   We currently have 2 trainee MPACs 1 working in older adults; one based in adult acute ward and 1 graduated Mpac in Picu, alongside 2 staff working towards their ACP role, one baed in dementia services and one in a community mental heath team.

We are also exploring the feasibility to be able to implement nurse associate roles within the locality, so that we have a training route for our unregistered staff to gain a professional registration and potentially into full registered nurse status.

3.2 Local Changes

Local transformation work is ongoing in relation to the Community Mental Health Framework, both in repsect to the access to services (as described earlier) and the mental health interventions.

3.3 What has gone well?

Reduction in use of out of area admission: With a focus over the last months on ensuring that for those service users requiring inpatient care we are able to deliver this locally, we have placed an emphasis on patient flow, with close working between our inpatient, intensive and community services in addition to 3ʳᵈ sector colleagues to unblock pathways and ensure that service users are able to access the right care at the right time.

This has resulted in a significant decrease in out of division placements and overall the total at the end of April for Wiltshire is 3. These have all required admission to Picu (psychiatric intensive care) due to the acuity of their presentation. All are within AWP footprint.

In addition to the work force development plans discussed earlier we are also proactively recruiting a number of overseas nurses to our inpatient wards, predominantly to our fountain way site. In order to support their transistion and to assist them with adjusting to working in our acute inpatient settings we are also piloting a leadership role that will oversee and support the international nurses, to assist them gain their competencies and professional development with us.

AWP Inclusivity progress as we recently were recognised within the top 50 of UK organisations for our inclusivity reaching 32 - fantastic recognition of our approach to recruitment and well being for staff.

4.   Alternative Options

4.1   None.

5.   Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1   There are no financial and procurement implications contained within this report. Any emerging financial and procurement implications will be detailed if the committee wishes to investigate the issue further or to make recommendations for improvement.

Legal and Human Rights Implications

5.2   There are no legal and human rights implications contained within this report. Any emerging legal and human rights implications will be detailed if the committee wishes to investigate the issue further or to make recommendations for improvement.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3   None.

Diversity Impact Assessment

5.4   None.

Risk Management

5.5   None.

6.   Consultees

6.1   The

7.   Background Papers

7.1   None.

8.   Appendices

8.1   None.

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