

## Health Select Committee

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### MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 12 JUNE 2024 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 Mary Champion, Cllr Nick Dye, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Tom Rounds and Cllr David Vigar

#### **Also Present:**

Cllr Ian Blair-Pilling (Cabinet Member for Public Health, Communities, Leisure and Libraries) for part of meeting, Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) for part of meeting, and Cllr Elizabeth Threlfall (Portfolio Holder for Adult Social Care Transformation) for part of meeting

Julie Bielby (Senior Scrutiny Officer) and Lisa Pullin (Democratic Services Officer)

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#### 25 **Election of Chairman**

To confirm that Councillor Johnny Kidney be elected as Chair of the Health Select Committee for 2024-25.

#### 26 **Election of Vice Chairman**

To confirm that Councillor Gordon King be elected as Vice Chair of the Health Select Committee for 2024-25.

#### 27 **Apologies, Substitutions and Membership Changes**

Apologies were received from Councillor Howard Greeman and Councillor Pip Ridout and from Caroline Finch, Carol Shirley and Mary Reed from the Wiltshire Centre for Independent Living, Diane Gooch, from Wiltshire Services Users Network, from Irene Kohler from Healthwatch Wiltshire, from Victoria Stanley and Fiona Slevin-Brown from the ICB and Katie Davies from Public Health.

There were no substitutions.

#### **Membership Changes**

Cllr Mike Sankey had stepped down from the Committee and Cllr Nick Dye had joined the committee having been appointed at the Annual Council meeting on 21 May 2024.

28 **Minutes of the Previous Meeting**

**Resolved:**

**To confirm and sign the minutes of the meeting held on 27 February 2024 as a true and correct record.**

29 **Declarations of Interest**

Councillor Clare Cape reconfirmed that she is employed by NHS England but did not feel that there was a conflict of interest due to the nature of her work that she undertakes with them.

Councillor Johnny Kidney reconfirmed that he is a Wiltshire Council Stakeholder Governor on the Council of Governors of the Royal United Hospital in Bath, but that he did not feel it affected the work of this committee.

30 **Chairman's Announcements**

The Chairman made the following announcements:

**Suggested Scrutiny questions**

In the agenda pack for the meeting there was a document titled 'suggested scrutiny questions'. This was a list of scrutiny questions that could be applied to almost any topic that a scrutiny committee might encounter and going forward it would be included for members' reference in all Overview and Scrutiny agendas.

Members were encouraged to make use of the document and it was hoped that it may prompt some questions that might otherwise have not been thought of. If a member felt that the list was missing something, then the Scrutiny team would be happy to add further questions in.

**General Election – 4 July 2024**

The forthcoming election had had an impact on some agenda items as representatives from the NHS would not be attending the meeting. The committee were referred to the statement on pages 19-20 of the agenda pack which laid out the approach the committee was taking to the item on NHS dentistry.

**Clare O'Farrell**

Clare O'Farrell, ICB's Deputy Place Director would be attending the meeting online on behalf of Place Director Fiona Slevin-Brown and this would be Clare's last Health Select meeting. On behalf of the committee the Chairman passed on his thanks to Clare for her dedication and contribution to the Wiltshire Integrated Care Alliance and NHS service provision in Wiltshire.

31 **Public Participation**

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

32 **NHS Dentistry and Oral Health Promotion**

The Chairman noted that the report which had been put together jointly by Public Health and the Integrated Care Board who commission NHS Dental Services in Wiltshire sought to improve oral health and access to services for residents across Wiltshire.

Officers responsible for this area of work were not present at the meeting but the Chairman suggested that the Committee could identify areas to focus on when the item is rescheduled.

The Committee reported that they would like to focus on new hygiene plans and oral health with the early diagnosis of oral cancer being higher on the agenda and on how prevention was making a success in treatments. Also, in the prevention of treatment needed going forward, particularly in children that were showing early signs of early dental decay feeling that education and treatment to prevent occurrences was key.

The Chairman felt that the workforce was an area of concern and that an update on incentives for workforce and access would be welcomed along with details of pilot initiatives in the BSW area.

**Resolved:**

**That the Health Select Committee**

- 1. Note the contents of the report.**
- 2. Request the following information when the item is rescheduled for consideration:**
  - i) The impact of preventative work**
  - ii) Update on incentives for workforce and access**
  - iii) Pilot initiatives in the BaNES/Swindon/Wiltshire ICB area.**

33 **Boater Community Survey**

The Chairman welcomed Vicki Lofts (Public Health Specialist) from the Public Health team and Kiersty Rose (Senior Business Insight Analyst) from the Data and Business Information Team, who were in attendance to give an overview of the highlights from the survey including the findings and lessons learned. Councillor Ian Blair-Pilling (Cabinet Member for Public Health, Communities, Leisure and Libraries) was also in attendance and highlighted that this work was completed following Covid, and outreach work undertaken with the realisation

that this was a community living with difficult circumstances and challenges in a place without an address. The findings would also be considered by the Health and Wellbeing Board and that it would be recommended that this be brought back to the Committee in six months' time to ascertain from other agencies where they were with supporting this community and what changes/improvements had been implemented.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- That boaters are a seldom heard community and the Council wanted to build a better understanding of those living on boats on the Kennet & Avon canal in Wiltshire and noting that the Canal and River Trust reported 2000 individual boat sightings in 2022-23, they wanted to find out more, so a survey was commissioned as it was previously believed only around 500 boats were on the canal in Wiltshire.
- A walk was organised for September 2023 with 40 council and partners staff involved and in pairs the volunteers talked to boaters to publicise the survey and the ways in which it could be completed. The volunteers provided summaries of their conversations with the boaters which highlighted the joys of life on the water and the challenges, and the volunteers were also able to provide feedback on the infrastructure and facilities available;
- The survey ran for 4 weeks and consisted of 68 questions across multiple topics. There were 218 responses which is around 10% of the estimated population, most were completed online, and some were returned by post or returned to collection points;
- 89% lived on their boats all year round and almost a quarter had been living on their boat for 10 years or more. 24 respondents (11%) had children under 19 living on boats;
- 63% of responses mentioned the benefits of the environment and community as reasons for living on boat feeling that it was less impactful on the environment and there was freedom, peace and beauty. Challenges faced in boater live emphasises issues with facility access, mooring difficulties, maintenance costs and the hardship faced during winter;
- The boaters were asked about their access to services and almost 40% reported that accessing clean drinking water was difficult or very difficult. Following this a meeting was held with the Canal and Rivers Trust and a Working Group will be set up to look to improve this along with the disposal of refuse and sewage waste. The Canal and Rivers trust funding had been reduced and boaters were paying more for their licence fees,

- 63% of boaters said that accessing dentistry was difficult. There would be further work to understand the difficulties faced to register for primary health care as some reported that they would stay with a GP in an area and travel to them rather than risk being rejected to be accepted by another GP if they moved area. 37% of boaters reported that they don't receive invitations to health screening checks and 13.3% rated their health as bad or very bad;
- It is often assumed that boaters are not working, claim benefits and are drug and alcohol users, but nearly two thirds were currently in employment, smoking rates were double that that of the general population, there was low self-reported drug use and 14% said they never drank alcohol which was low compared to the general population;
- Boaters were asked about their emotional wellbeing and how safe and supported they felt but in hindsight it was felt that this was not a well phrased question and 60% of respondents said that they felt lonely or isolated some or all of the time;
- The vast majority of respondents raised the importance of safety and security and that they were concerned about anti-social behaviour and theft along the canal. Their storage space was limited, and this meant that their energy sources having to be stored outside of their boats so much more susceptible to theft. They reported that in many cases they did not bother to report this to the Police as they felt that no action was likely to be taken. Concerns were also raised about ease of access and condition of the on the canal bank, especially for those with mobility issues and that disposal of rubbish and sewage was getting more difficult;
- Although very few boaters were on statutory benefits, a number had struggled with food affordability and access and were reluctant to use food banks. There would be work with food banks/community fridges to reduce stigma around this some had reported challenges with online banking and accessing cash. 201 boaters had been supported by Household Support Fund payments in 2023/24 receiving £400 topped up by a further £200;
- Officers were currently working with the Corporate Office to produce a case study for the Local Government Association with Wiltshire being an exemplar of practice with their work with the boater community. Officers had created a podcast for GP trainees to highlight the needs of the boater community and this was added to Spotify so that it could be shared nationally;
- It was the team's ambition to carry out a similar style survey with the Gypsy and Roma community although that would be more complex than this piece of work;
- The insights from the voices of the boater community will be vital to the continuous improvement journey and a number of recommendations had been identified around access to clean water and waste collection,

opportunities for boaters to access boat repair services or support, increased engagement and awareness of support groups for communities to access, understanding the barriers to access dentistry services, work to increase access to food banks and breaking down barriers around the negative perception of using such services and raising awareness of the stop smoking support available; and

- Officers asked members to consider how this work could be spread across the whole Council and asked for the report and findings to be shared through their local networks.

The Chairman thanked Officers for the well written report and interesting findings and commented that a lot of what had been reported is what he hears from the boaters in Bradford-on-Avon.

The Committee asked questions about whether there had been similar survey work done in other counties and if there was any benchmarking around this, if the report and findings would be sent to town and parish councils, if dog waste bins would be replaced along the canal, would there be work to educate those who hire canal boats for stag parties who have little regard for other users on the water, if the report been shared with the Canal and Rivers Trust, if there were comparisons to the general population in relation to the levels of mental wellbeing and when would a further update be provided.

Officers confirmed that they would share the findings with Town and Parish Councils and the Health and Wellbeing Board and that they could report back to the Committee in around 6 months' time to report the progress on the identified recommendations and share any further updates that are available at that time.

**Resolved:**

**That the Health Select Committee**

- 1. Thank Officers for presenting their findings on the results of the Boater Survey carried out in September 2023.**
- 2. Recommends that the report and findings be shared with Town and Parish Councils.**
- 3. Request an update on actions taken as a result of the survey in early 2025.**

34 **Briefing on Wiltshire Health Improvement Hub and Smokefree Developments**

The Chairman noted that the Health Select Committee had closely followed the development of different initiatives to support residents to improve their health outcomes and to mark 10 years of the service, Gemma Brinn (Public Health Consultant – Health Improvement) and Sally Maynard-Smith (Public Health

Practitioner – Health Improvement SVC Lead) joined the meeting to share the progress of the service and the current work around smoking cessation.

Councillor Ian Blair-Pilling (Cabinet Member for Public Health, Communities, Leisure and Libraries) highlighted that the Committee had requested this update and was happy to welcome Officers to give details of the work that had been carried out of the last 10 years.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- The service had gone through several name and iterations over the last 10 years culminating in the Wiltshire Health Improvement Hub and specialises in behaviour change and helping Wiltshire residents make positive lifestyle changes;
- The service was managed by 3 Public Health Practitioners and includes a team of Health Coaches and a Wellbeing admin team, and they provided 1-1 and group support on smoking cessation, emotional wellbeing and weight management;
- There had been various milestones over the 10 years and changes made to adapt to current needs. Since Covid there had been a shift in the way that the population has viewed health and emotional mental health and wellbeing and there was a refocus of the service to emotional wellbeing and personal resilience;
- In 2021 there were funding streams available to Public Health teams including an obesity grant, so the team was expanded to support those with a high BMI to reduce their weight and work towards a better lifestyle;
- There was then a restructure of the service and in 2022 there was a Healthy Mind pilot group programme launched, and E-cigarette pilot launched to help people attempt to stop smoking;
- In 2023 a Group Stop smoking programme was launched with Apprentice Health Coaches being recruited. In 2024 a Smokefree generation grant was received which led to a 4<sup>th</sup> team being created dedicated to smoking cessation and this was a really successful piece of work;
- Details of a client's journey through the service were shared and the large proportion of those that wished to receive support would receive this either through 1-1 support or with a group programme;
- Those with alcohol addiction are referred to the Connect or Turning Point services, but if it was not an addiction but the client wishing to manage their alcohol intake better, they would be supported through this service;

- 30% of clients were received through self-referral, 60% through primary care referrals and 10% with other referrals;
- The number of clients supported in 1-1 sessions since the inception in 2018 had jumped significantly and there was an additional group of coaches recruited in one go. During Covid there was a dip in those supported and the Health Coaches were allocated to activities. Different ways of working were rolled out and see people virtually through Microsoft Teams and WhatsApp calls etc and that was a positive that the service became more flexible on how they could meet and work with clients;
- The service was finding that there was now a greater need with an increase in the number of men using the service. The ethnicity rates in the service data showed that there were managing to reach the other ethnic groups and work with them;
- The Wiltshire Health Improvement Hub was now a well established service and there was continued use of the service by Wiltshire residents. The SWAP Audit team had recently carried out an independent audit on the service which achieved the highest level of assurance stating that there was a sound system of governance, risk management and control with internal controls operating effectively and being consistently applied to support the objectives; and
- A new Public Health Practitioner had been recruited to work with a team of Health Coaches with a smoke free focus. The Health Needs Assessment would provide valuable data to inform on their smoking cessation offer and had included gathering feedback from Wiltshire residents to continue to further reduce smoking in Wiltshire.

The Committee asked questions about the smoking rates over time to help understand the impact of the service, the possible linking in with other groups e.g. One Chippenham pilot with Wessex Water, how well the service links up with social prescribing across Wiltshire and the impact of the Smoke Free generation initiative not going through legislation.

The Chairman thanked Officers for their presentation.

**Resolved:**

**That the Select Committee**

- 1. Note the progress of the service over the past 10 years.**
- 2. Receive information on the impact of the service going forward including an update on the Smokefree Generation programme in June/July 2025.**



The Chairman welcomed Sarah-Jane Peffers (Associate Director for Patient Safety and Quality and All Age Continuing Care) to the meeting who was present to update the Committee on Continuing Health Care and its management in Wiltshire.

Summarising the more detailed presentation shared at the meeting (attached as Appendix 1 to these minutes), the following was highlighted:

- Continuing HealthCare (CHC) is a package of care provided outside of a hospital setting that is arranged and funded by the NHS. It's provided to individuals who have complex health needs that are primarily healthcare related. To determine eligibility for CHC, individuals undergo an assessment process which considers their overall health and care needs;
- Mandatory quarterly reporting to NHS England monitors Integrated Care Board's (ICB) performance and activity in all areas of the CHC process and there are 3 set key performance indicators. The quarter 4 2023-24 data shows that 53% of all CHC assessments were completed within 28 days of notification that an eligibility outcome was required and whilst this was a significant increase from the position in quarter 1 it remained below national targets and they wished to improve on making progress in that area;
- The BSW ICB would have to ensure that they respond to the all age continuing care requirements as they were seeing increases in the elderly population who were also having more long term health conditions, therefore needing additional support;
- The intention of the Fast Track Pathway is that it should identify individuals who need to access NHS Continuing Healthcare quickly, with the minimum delay, and with no requirement to complete the Checklist or the Decision Support Tool (DST). Therefore, the completed Fast Track Pathway Tool, which clearly evidences that an individual is both rapidly deteriorating and may be entering terminal phase, is sufficient to establish eligibility;
- For individuals in care homes, registered nurses are usually employed by the care home itself. To fund the provision of such nursing care by a registered nurse the NHS makes a payment direct to the care home. NHS Funded Nursing Care (FNC) is a standard rate contribution towards the cost of providing registered nursing care to individuals who are eligible. Local Authorities are not permitted to provide or fund registered nursing care. Eligibility for NHS Continuing Healthcare (CHC) should always be considered before a decision is reached about eligibility for FNC. The CHC checklist is used to determine the need for a full CHC assessment, if the checklist is negative and nursing needs are identified then FNC is authorised;

- There were a number of transformation activities that were being undertaken to continue to identify those individuals that are eligible for CHC. An improvement in the 28 day assessment target was expected to achieve 80% by the end of quarter 1 2024-25. They had seen an increase in referrals for CHC and would work with colleagues in the South West to further increase referrals. There was now a System CHC Transformation Group chaired the Chief Nursing Officer of the BSW ICB. There was now a joint funding approach for people found not eligible for CHS and since April 2024 joint funding arrangements had been agreed for 9 people in Wiltshire who were found not eligible for CHC but had recognised health needs not met by existing commissioned services; and
- Future opportunities had been identified and they wished to go further with transformation to ensure that all the right processes and procedures were in place to secure funding and they would continue to work on finding the right workforce. There would hope to be able to have a new digital offer with an end to end IT solution by April 2025.

The Chairman thanked Sarah-Jane for attending and welcomed further updates to come back to the committee in due course.

Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) reported that she felt that the financial aspects of the fund would be of interest to the committee and that they would be interested in clarity around how many assessments result in eligibility for the CHC, specifically for Wiltshire and how they compare to national conversion rates. Also it would be useful if information could be provided on Wiltshire's ICB spend on CHC and if it was a percentage in comparison to other ICBs. Cllr Davies also reported that she is being told that CHC process is a particular challenge for those with complex needs including those that have learning disabilities and that also affects fast track at the end of life. Further information on what additional steps the ICB are taking to ensure this vulnerable group are able to access support and in timely manner would be welcomed.

The Committee asked questions about how people are referred to CHC for the assessment process to take place, if the process fair for all or are there groups that are not receiving what support they should be, the gap between referrals and unmet need and how this can be improved recognising that this is a challenging area.

The Chairman thanked Sarah-Jane for her presentation.

**Resolved:**

**That the Select Committee**

1. **Receive a copy of the presentation shared on the Continuing Health Care Funding in Wiltshire (attached as appendix 1 to minutes).**

2. **Return to this item at a future meeting to allow the Committee time to review the information provided today and consider further financial information for Wiltshire and the additional queries raised at the meeting.**

*Cllr Clare Cape left the meeting at 12.09pm.*

**Appendix 1 to Minutes - Continuing Health Care Funding in Wiltshire presentation**  
**Update on Care Quality Commission Inspection of Adult Social Care**

36

The Chairman highlighted that in January 2024 the Committee received a presentation of the work being carried out in anticipation of an inspection of Adult Social Care by the CQC. That Council had now received notification of an inspection and Emma Legg (Director of Adult Social Care) and Debbie Croman (Adult Social Care Inspection Lead) were welcomed to the meeting to talk the Committee through the preparations to date.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- The inspection of Adult Social Care had commenced on 15 April 2024 and would take place across a period of 6 months, with three phases. The first was an information return with over 200 evidence items being submitted for the CQC to review and they would then contact registered care providers to request feedback about Wiltshire Council;
- The next stage was case tracking which would be 2 weeks' notice of 50 case files to be shared with the CQC and from those 10 would be selected for them to review in detail with the person/carer being contacted to speak about their personal experiences around the care received. That feedback from the providers and the service's self-assessment would help to triangulate evidence when they are reviewing the service;
- Stage 3 would be a site visit with notice being given anytime before 15 October 2024 and would last for 2-3 days involving a range of focus groups with staff, people and carers. The focus groups could also take place in the community if that worked well for those participating in them. Eight to ten inspectors would be involved in this work;
- The four inspection themes were, working with people, providing support, ensuring safety and leadership. The self-assessment reflected the co-produced Adult Social Care vision and the service's strengths and areas for development; and
- To support staff teams, people, carers and partners in preparation for the next steps in the inspection process, a range of resources and support had been implemented or were planned.

The Chairman thanked Officers for the presentation.

The Committee asked questions about the recent peer review and if this had helped with the preparation for the inspection, was the service confident in the services provided, what clients would be involved in the inspection and the types of care being received by them and where, what a coded case file was, how the team were managing the current workload and if the inspectors would wish to talk to members of the Committee.

Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) reported that she was very proud of the team and all staff involved with the excellent work that they do, and that the scrutiny was welcomed and that it could only make them even better.

**Resolved:**

**That the Health Select Committee continues to receive ongoing updates related to the CQC inspection of Adult Social Care.**

*A brief comfort break was held at 12.35pm.*

*The meeting resumed at 12.40pm.*

37 **Rapid Scrutiny Interim Report - Mental Health Strategy**

The Chairman highlighted that in September 2023 the Committee received a progress report on the development of the ICB's new mental health strategy and it was agreed to carry out a joint rapid scrutiny of the strategy with the Children's Select Committee. A meeting was held on 26 April 2024 to consider the draft strategy and that group noted that the strategy looks to address concerns both the select committees have had around early access to help, preventative work and support following treatment.

The group were encouraged by a shifting focus on expenditure to allow more community-based provision. However, without seeing the delivery plan there was uncertainty about the capacity to deliver and the accessibility of services in Wiltshire. The committee would need to understand how the strategy aligns with other strategies and informs future commissioning.

The Chairman highlighted that the Rapid Scrutiny Group's recommendations were as follows:

Recommendations

The Health Select Committee agree:

- i. That the rapid scrutiny group need to review the delivery plan of the mental health strategy to be able to draw meaningful conclusions and recommendations.

- ii. That the rapid scrutiny group meet again when the Delivery Plan has been drafted (possibly September 2024) to review how the strategy will be implemented in Wiltshire.
- iii. That they will review a) how the overarching mental health strategy is aligned with existing strategies (e.g. carers support, dementia strategy) and b) how the strategy informs commissioning of related services.

There were no questions from the Committee.

**Resolved:**

**That the Health Select Committee approve the recommendations of the rapid scrutiny of the mental health strategy as stated in the interim report.**

38 **Salisbury and Bath Royal United Hospital Quality Accounts 2023-24**

The Chairman reported that a Quality Account is a published report about the quality of services and improvements offered by an NHS healthcare provider. Health Select Committees and other stakeholder bodies are asked to consider and respond to the quality accounts of health providers in their area. The response deadline for the two hospital accounts is the end of this week and input was welcomed from the committee.

Royal United Hospitals Bath NHS Foundation Trust

The Committee noted that there was a discrepancy about the number of members of staff at the RUH, with page 88 of the agenda pack stating that there were 6442 and later in the report the figure is 8142 and was this perhaps a vacancy gap, to what extent are they managing the budget to ensure that there is a quality of service to the public with those possible vacancies in play to be able to provide an effective service?

The Committee asked how the Quality Account priorities are arrived at and if they differ each year.

Salisbury NHS Foundation Trust

A Committee member commented felt that the production of the document was an exercise to prove that the Department for Health had taken on areas of concern, reviewed their policies, and completed training but he felt that it was short on quality outcomes and data, asking what the value is gained from the quality accounts and what value the committee can add to them. It was suggested that this could be the Committee's standard response to all quality accounts and that this would be discussed further with the Senior Scrutiny Officer outside of the meeting when they were looking at providing a response to the quality accounts.

A Committee member felt that there was divergence in the two quality accounts and suggested that there be a template for these so that they could be more comparable.

The Chairman felt that the quality accounts were missing a summary which could highlight 3 measures for quality, and these could be considered when others are asked for feedback usually in a really short space of time.

A Committee member questioned the term significant harm and felt that it did not explain it well as serious harm for one person might not be the same for another and felt it would be interesting to see how that would be defined.

#### Wiltshire Health and Care Quality Accounts

The Chairman explained the Wiltshire Health and Care quality accounts had been received after the agenda for the meeting had been published and so these had been circulated to the committee as a supplement. There were no questions or comments from the committee.

#### **Resolved:**

#### **That the Health Select Committee**

- 1. Include the feedback raised at the meeting in the formal response to the RUH and Salisbury Hospital in relation to their Quality Accounts for 2023-24.**
- 2. Request that providers allow more time in the future for the committee to review and respond to the quality accounts and to include a summary of 3 key measures of quality.**

#### **39 Forward Work Programme**

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

Councillor Mary Champion reported that she would soon be meeting with a resident who had asked a question about delays in diagnosis for dementia. Julie Bielby (Senior Scrutiny Officer) highlighted that the Committee was due to receive an update on Dementia Care at their September 2024 and that a representative from the ICB would be happy to be invited to attend the Councillor's meeting if required.

#### **Resolved**

**That the Committee approve the Forward Work Plan.**

#### **40 Urgent Items**

There were no urgent items.

41 **Date of Next Meeting**

The date of the next meeting was confirmed as 17 July 2024.

(Duration of meeting: 10.30 am - 12.50 pm)

The Officer who has produced these minutes is Lisa Pullin of Democratic Services,  
direct line 01225 713015, e-mail [committee@wiltshire.gov.uk](mailto:committee@wiltshire.gov.uk)

Press enquiries to Communications, direct line 01225 713114 or email  
[communications@wiltshire.gov.uk](mailto:communications@wiltshire.gov.uk)

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## **Wiltshire Health Select Committee**

### **Continuing HealthCare (CHC)**

**Peppers**  
Sarah-Jane Peffers Associate Director for  
Patient Safety and Quality and All Age  
Continuing Care (AACC)



# Continuing HealthCare (CHC)

Continuing HealthCare (CHC) is a package of care provided outside of a hospital setting that is arranged and funded by the NHS. It's provided to individuals who have complex health needs that are primarily healthcare related. To determine eligibility for CHC, individuals undergo an assessment process which considers their overall health and care needs. Within the framework of integrated care

Page 18 Mandatory quarterly reporting to NHSE monitors ICBs performance and activity in all areas of the CHC process. NHSE have set 3 Key Performance Indicators (KPI's) which are reported on and discussed in quarterly assurance meetings with NHSE Regional CHC Lead, BSW Associate Director of Patient Safety and Quality, and BSW ICB Head of Operations and Clinical Quality for CHC/FNC. The targets set by NHSE are:

1. 80% of all Decision Support Tools (DSTs) to be completed within 28 days of referral; a DST is the assessment tool completed to identify a person's eligibility for CHC funding.
2. 0 Cases waiting longer than 4 Weeks. (If cases are identified over this timescale, then they are reported on at 4-12 weeks, 12-26 weeks, and 26+ weeks)
3. <20% of DSTs completed in an acute setting.

BSW ICB's Quarter 4 submission reflects that 53% of all CHC assessments were completed within 28-days of notification that an eligibility outcome was required. This is a significant increase from the position reported in Quarter 1 of 2023/24, however remains below national targets.



# Background- BSW Demographics

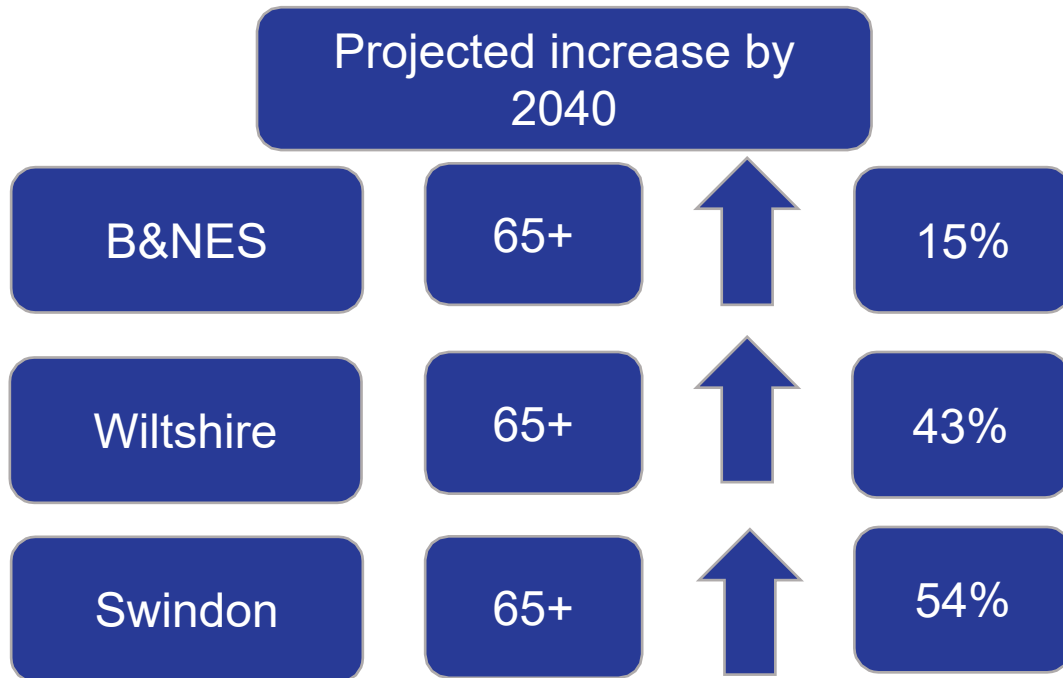


BSW ICB covers a population of 987,166 is served by 94 GP practices, three acute hospital trusts and three Local Authorities.

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% of BSW Population Currently on Community Services' Caseload				
Segmentation Model	Generally Well	Long Term Conditions / Needs	Complex LTC(s)	Total
Children and Young People (0-25)	25.7%	20.8%	75.0%	25.3%
Working Age Adults (26-65)	9.3%	12.5%	29.6%	10.5%
Older People (66+)	12.4%	18.3%	39.4%	17.5%
End of Life	N/A	N/A	55.7%	55.7%
<b>Total</b>	<b>16.1%</b>	<b>15.1%</b>	<b>42.2%</b>	<b>16.4%</b>

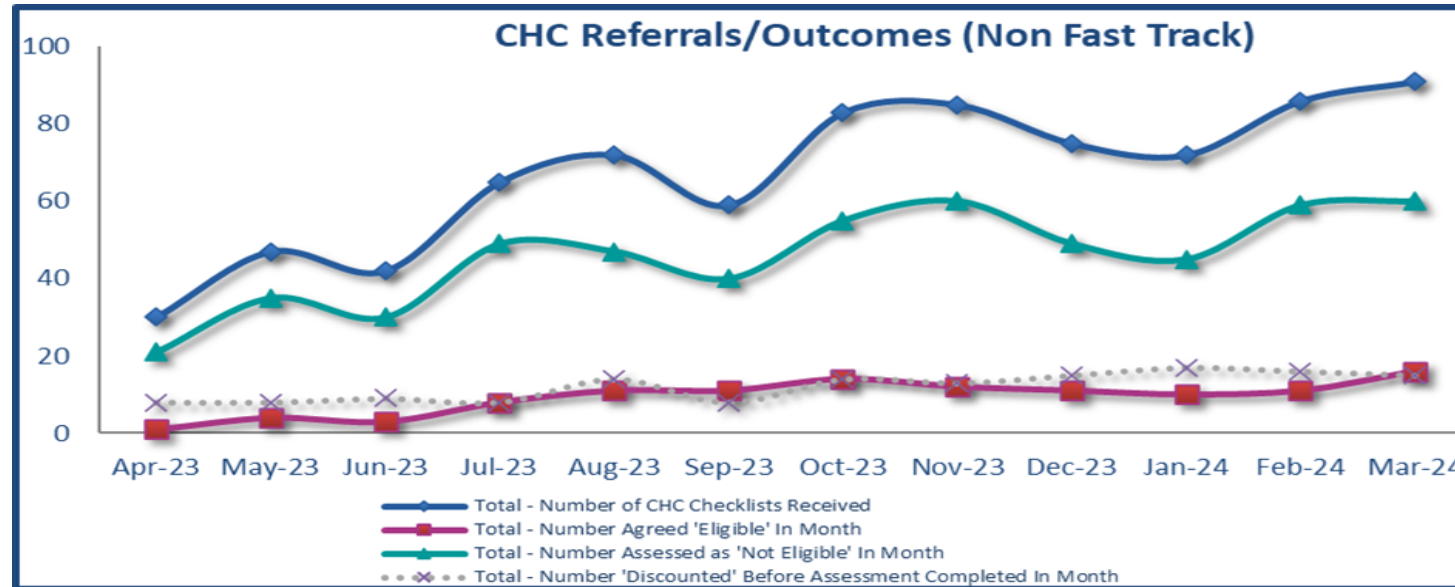
Generally Well	No (QOF-defined) Long-Term Conditions
Long Term Conditions / Needs	1-3 (QOF-defined) Long-Term Conditions
Complex LTC(s)	4+ (QOF-defined) Long-Term Conditions and/or Frailty, Dementia, Organ Failure, or Incurable Cancer
Children and Young People (0-25)	Defined by Age
Working Age Adults (26-65)	Defined by Age
Older People (66+)	Defined by Age
End of Life	Frailty, Dementia, Organ Failure, or Incurable Cancer



It is important that BSW system recognises the population now and, in the future, and secures the appropriate resources to meet population needs



# Current Demand and Capacity

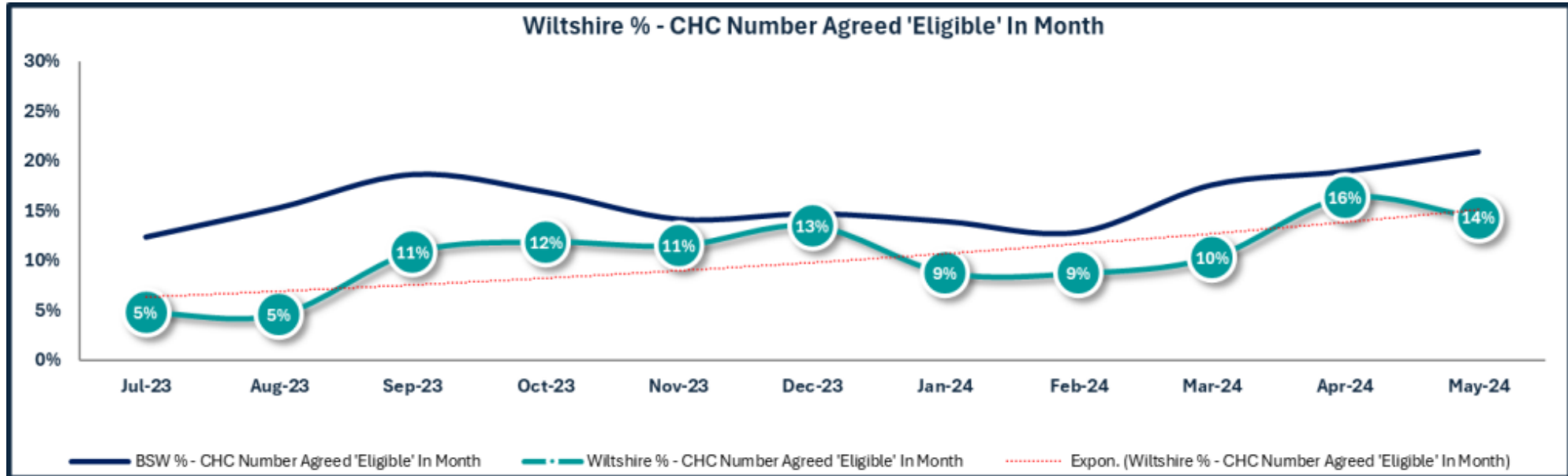
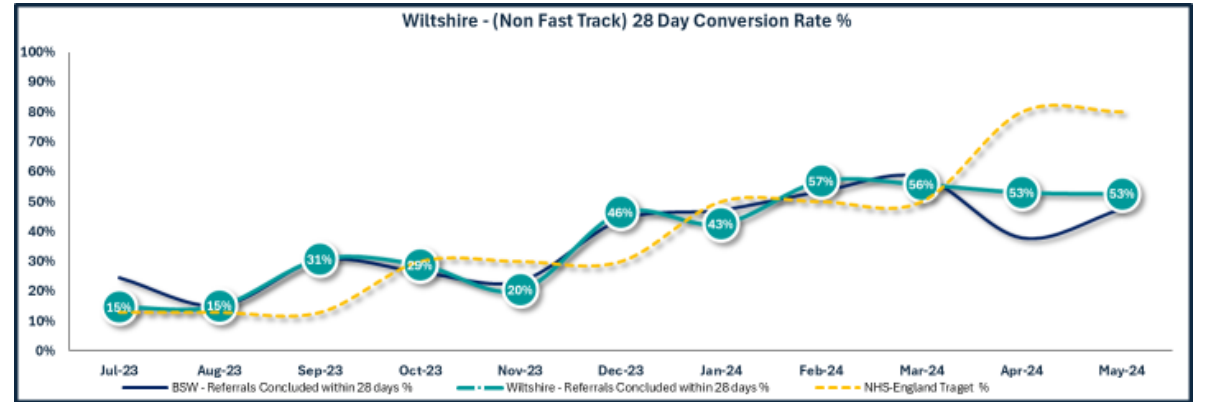
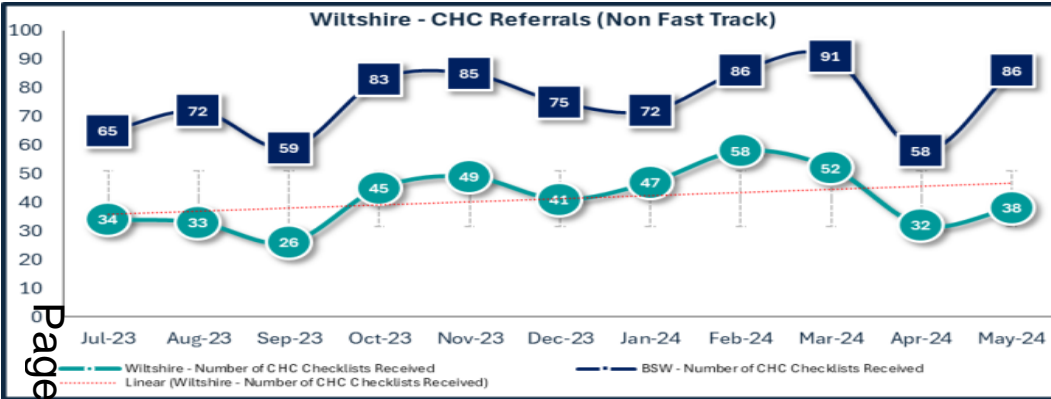


Referrals for CHC assessments have increased by 60% during 2023/24. The largest increase in activity is identified in the BANES and Wiltshire localities with just over double the number of referrals being received from both areas by the end of Q4 2023/24. Early intelligence on Q1 2024/25 data is identifying this trend continuing with similar numbers of referrals in all three localities being received.



Bath and North East Somerset,  
Swindon and Wiltshire Together

# Wiltshire

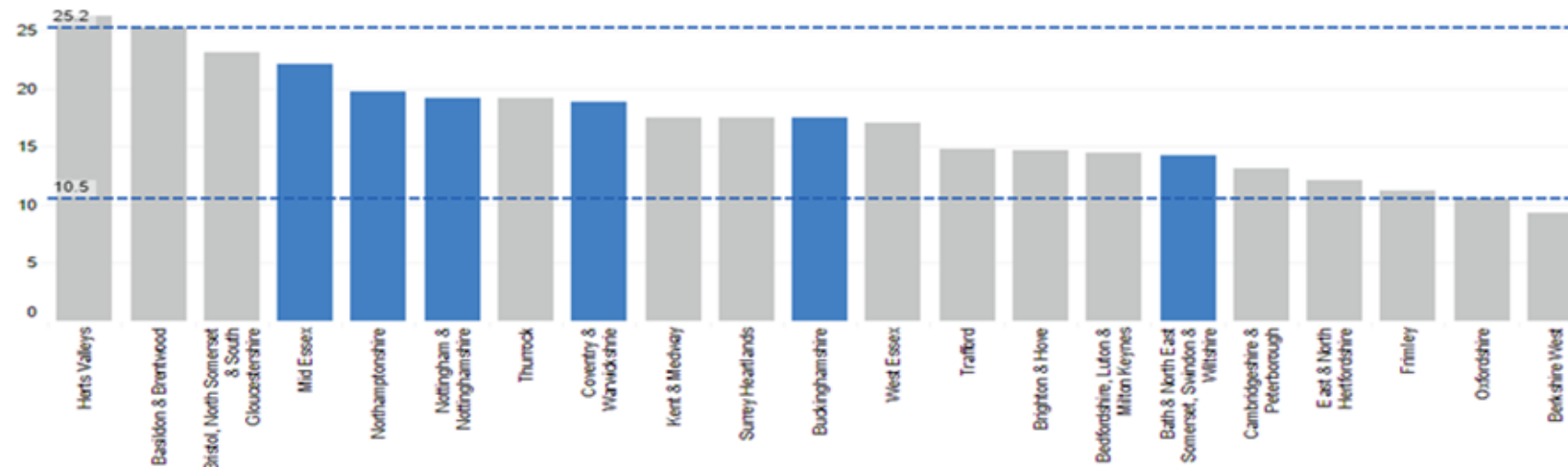




# Comparison with nearest neighbour

Nearest Neighbour Description	Cluster Name	Region Name	ICB Name
ICB Sub Location Selected	Cluster 3	South West	Bath & North East Somerset, Swindon & Wiltshire
Nearest Neighbour 1	Cluster 3	East of England	Mid & South Essex
Nearest Neighbour 2	Cluster 3	Midlands	Northamptonshire
Nearest Neighbour 3	Cluster 3	Midlands	Coventry & Warwickshire
Nearest Neighbour 4	Cluster 3	Midlands	Nottingham & Nottinghamshire
Nearest Neighbour 5	Cluster 3	South East	Buckinghamshire, Oxfordshire & Berkshire West

Number of new referrals for Standard CHC - per 50k



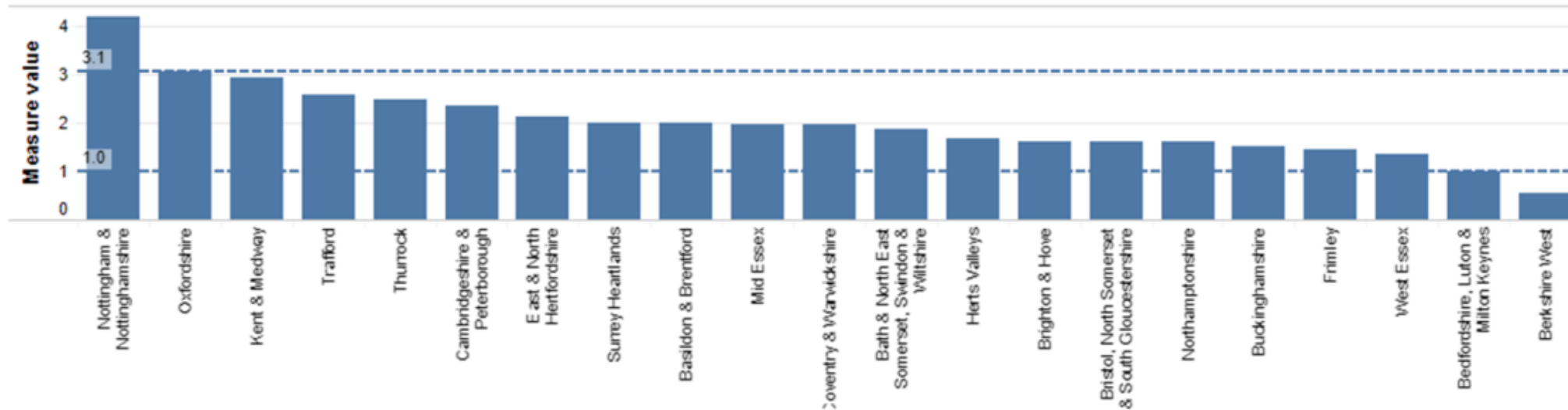
Number of new referrals for Standard CHC – per 50k  
BSW are within confidence levels.



# Comparison with nearest neighbour

Number assessed as eligible for Standard CHC – per 50k

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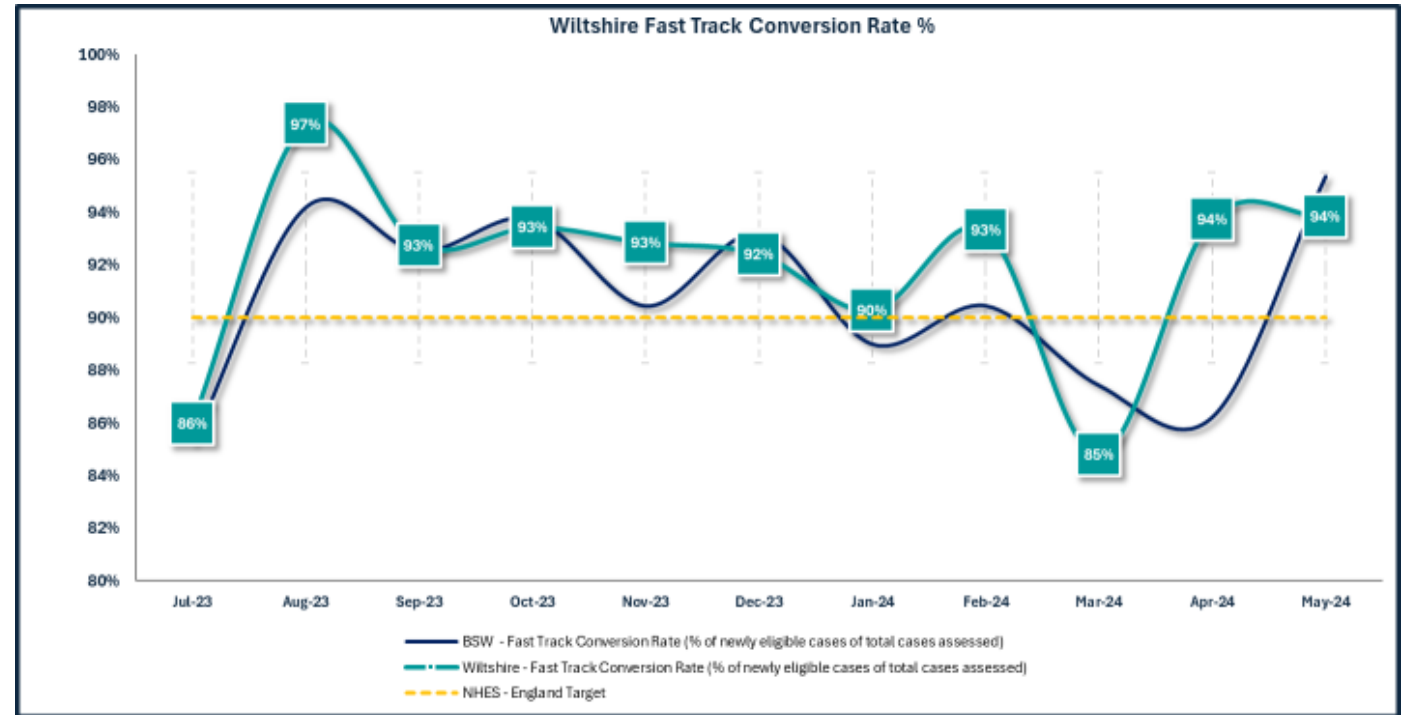
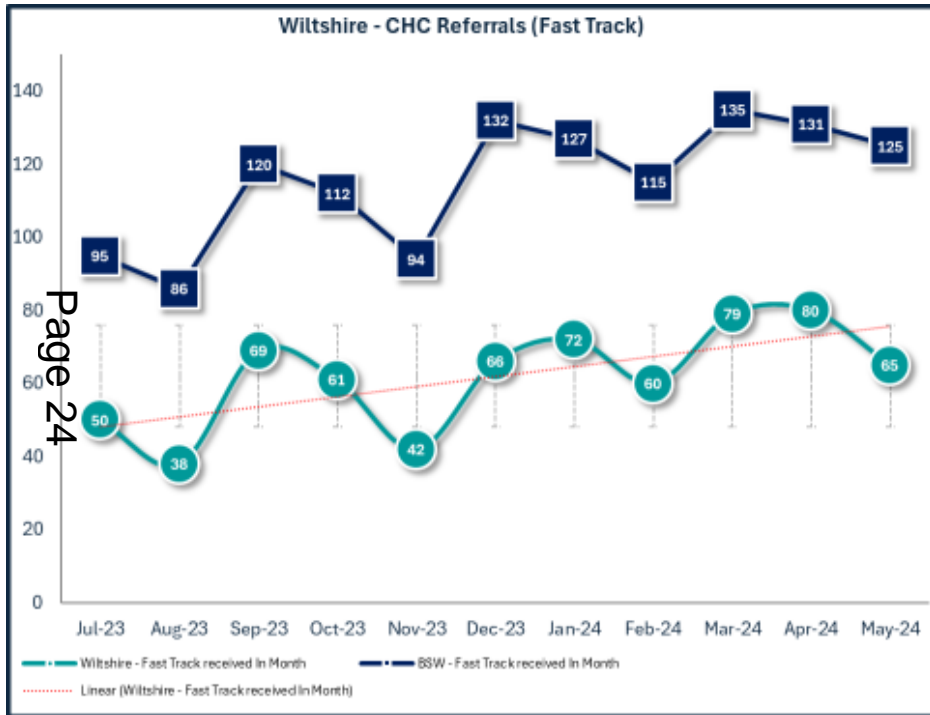


BSW ICB are within confidence intervals.



Bath and North East Somerset,  
Swindon and Wiltshire Together

# CHC Fast Track



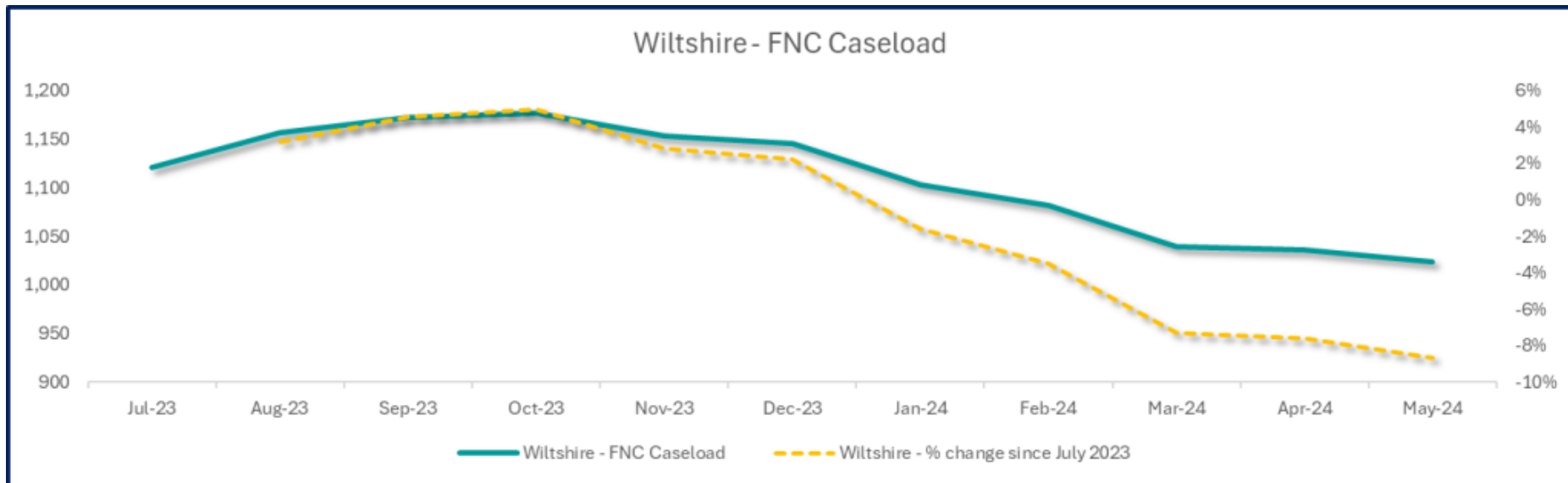
The intention of the Fast Track Pathway is that it should identify individuals who need to access NHS Continuing Healthcare quickly, with minimum delay, and with no requirement to complete the Checklist or the Decision Support Tool (DST). Therefore, the completed Fast Track Pathway Tool, which clearly evidences that an individual is both rapidly deteriorating and may be entering terminal phase, is sufficient to establish eligibility.





# Funded Nursing Care (FNC)

For individuals in care homes registered nurses are usually employed by the care home itself. To fund the provision of such nursing care by a registered nurse the NHS makes a payment direct to the care home. NHS Funded Nursing Care (FNC) is a standard rate contribution towards the cost of providing registered nursing care to individuals who are eligible. Local Authorities are not permitted to provide or fund registered nursing care. Eligibility for NHS Continuing Healthcare (CHC) should always be considered before a decision is reached about eligibility for FNC. The CHC Checklist is used to determine the need for a full CHC assessment, if the Checklist is negative and nursing needs are identified then FNC is authorised.





# Transformation

1. Improvement in 28-day assessment target expecting to achieve 80% by the end of Q1 24/25.
2. Increased referrals
3. Improved operational efficiencies including CHC, CHC fast track and FNC.
4. Legacy backlog assessments have all been completed.
5. System CHC Transformation Group chaired by BSW ICB Chief Nursing Officer.
6. BSW shared policies.
7. Joint Funding approach for people found not eligible for CHC-
  - I. In Wiltshire since April 2024 joint funding arrangements have been agreed for 9 people who were not found eligible for CHC but had recognised health needs not met by existing commissioned services.



# Future Opportunities

Working together to empower people to live their best life



## Commissioning

Creating opportunities to commission services jointly to maximise investment opportunities

## Contracting

NHS short form contracts to provide oversight of quality metrics and reduce risk of providers handing back care provision

## PHBs

Strengthening of infrastructure to increase PHB offer

## Digitisation

end-to-end IT solution. To include all complex patient services i.e. LD, MH and Section 117

## Brokerage

Development of a brokerage services to meet the needs of complex health care provision

## Shared Policies

Integrated health and social care policies that demonstrate personalisation as a priority

## Workforce

System wide competent and knowledgeable integrated workforce.

All Age Continuing Care

Personalisation

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