Wiltshire Council

AGENDA

Meeting: **Health Select Committee**

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

Date: **Wednesday 22 January 2025**

Time: **10.30 am**

Please direct any enquiries on this Agenda to Lisa Pullin, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225713015 or email committee@wiltshire.gov.uk

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Membership:

Cllr Johnny Kidney (Chairman)
Cllr Gordon King (Vice-Chairman)
Cllr David Bowler
Cllr Clare Cape
Cllr Mary Champion
Cllr Dr Monica Devendran
Cllr Nick Dye
Cllr Howard Greenman
Cllr Tony Pickernell
Cllr Horace Prickett
Cllr Pip Ridout
Cllr Tom Rounds
Cllr David Vigar

Substitutes:

Cllr Liz Alstrom
Cllr Trevor Carbin
Cllr Mel Jacob
Cllr Kelvin Nash
Cllr Jack Oatley
Cllr Ian Thorn
Cllr Bridget Wayman

Non-elected, non-voting members

Irene Kohler	Older Person's Champion representative
Diane Gooch	Wiltshire Service Users Network (WSUN)
Caroline Finch	Wiltshire Centre for Independent Living (CIL)

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Public Participation

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

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

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AGENDA

Sample Scrutiny Questions *(Pages 7 - 8)*

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies and Substitutions**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** *(Pages 9 - 34)*

To approve and sign the minutes of the meeting held on 20 November 2024.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

To note any announcements through the Chairman, including:

5 **Public Participation**

The Council welcomes contributions from members of the public.

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

Questions
To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Wednesday 15 January 2025** in order to be guaranteed of a written response**.** In order to receive a verbal response, questions must be submitted no later than 5pm on **Friday 17 January 2025**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Cabinet Member Update**

To receive a brief verbal update from attending Cabinet Members (or Portfolio Holders on their behalf) highlighting any news, successes or milestones in their respective areas since the last meeting of the committee, not covered elsewhere on the agenda.

7 **Older Person's Accommodation Strategy 2025-2030**

The Committee will receive an overview of the draft Older Person's Accommodation Strategy 2025-2030 at the meeting.

8 **Continuing Health Care (CHC) Funding in Wiltshire**

The Committee will receive an update on the aims and benefits of Continuing Health Care (CHC) funding and this will address the queries raised when this was last presented to the Committee in June 2024. The report is *to follow.*

9 **Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy - Progress of Neighbourhood Collaboratives** *(Pages 35 - 46)*

The report seeks to update the Committee on the progress of Neighbourhood Collaboratives across Wiltshire during the past year. These collaboratives are integral to achieving the objectives of the Wiltshire Joint Local Health and Wellbeing Strategy and the Integrated Care System (ICS) Strategy.

10 **Introduction to Wiltshire Pioneers** *(Pages 47 - 84)*

The Committee will receive an overview of the Wiltshire Pioneers project. Case studies and further details of the project are attached.

11 **Non-Elected Non-Voting Co-Opted representation on Health Select Committee** *(Pages 85 - 94)*

The report seeks to present the options available to the Committee with regards to the appointment of non-elected non voting co-opted members.

12 **Forward Work Programme** *(Pages 95 - 110)*

To review and approve the attached Committee forward work programme in light of the decisions it has made throughout the meeting.

13 **Date of Next and Future Meetings**

To confirm the date of the next meeting as Wednesday 12 March 2025 at 1pm.

Future meetings are as follows:

5 June 2025
9 July 2025
9 September 2025
12 November 2025.

14 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

None.

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Sample Scrutiny Questions

Below are some sample questions for scrutineers to use as a reference and adapt according to the issue or proposal under scrutiny.

Area of Enquiry	Sample Scrutiny Questions
Customers	• Who will benefit? Is there a demographic breakdown of those eligible for the service? • Has the proposal's impact on different groups been considered? • How has customer experience informed the proposal? • How can service users give feedback or get involved in designing or reviewing the service?
Purpose	• What evidence of need is there for the actions proposed? • How has the need been identified?
Link with wider objectives	• How does the proposal support the delivery of the council's Business Plan or other relevant strategies?
Resources	• What assurances can you give that the proposal can be delivered on time / within budget? • Is there a clear action plan for delivery? • What resources are in place to meet the identified need?
Workforce	• What staff development will be needed and how will this be achieved? • How will the staff be recruited and retained?
Performance	• What system is in place to monitor performance? • What are the key performance indicators (KPIs)? • How will performance indicators be used to inform planning and decision-making?

Area of Enquiry	Sample Scrutiny Questions
	• To what extent is the service meeting the needs of Wiltshire residents? • Is performance improving or dipping?
Impact	• What are the expected outcomes of the proposal? • What would success look like? • What would failure look like? • How will you measure the difference the service/change will make?
Risk Management	• Is there a framework in place for risk management? • What are the key risks and what actions will mitigate/reduce these risks? • At what point would the risk be unmanageable? Is there an exit strategy?
Efficiency	• How will efficiency be measured? • How will processes be reviewed and improvements identified?
Compliance	• How will you ensure compliance with regulatory standards? • Do the service standards meet external standards?
Public awareness	• How will you raise awareness of the service/changes proposed?
Benchmarking	• How well does the council perform compared to comparator authorities? • How well do service users do in comparison to those in other areas?

Wiltshire Council

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 20 NOVEMBER 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 Dr Monica Devendran, Cllr Nick Dye, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Tom Rounds, Cllr David Vigar, and Irene Kohler (Older Person's Champion representative), Diane Gooch (Wiltshire Service Users Network WSUN)) and Caroline Finch (Wiltshire Centre for Independent Living (CIL))

Also Present:
Cllr Ian Blair-Pilling (Cabinet Member for Public Health, Communities, Leisure and Libraries), Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion), Marie Gondlach (Senior Scrutiny Officer) and Lisa Pullin (Democratic Services Officer)

66 **Apologies and Substitutions**

Apologies were received from Cllr Pip Ridout and Cllr Mary Champion. There were no substitutions.

67 **Minutes of the Previous Meeting**

Resolved:

To confirm and sign the minutes of the meeting held on 10 September 2024 as a true and correct record.

68 **Declarations of Interest**

There were no declarations of interest.

69 **Chairman's Announcements**

The Chairman made the following announcements:

Change to agenda order

Agenda item 9 – the Cabinet Member's update would be brought forward to be the first main item of the agenda

Care Quality Commission (CQC) Inspection of Adult Social Care

During the inspection in later September, the Chair and Voice Chair had an interview with CQC inspectors and it was expected that the outcome report would be available to be shared at the January 2025 meeting.

Recent Cabinet decisions to note:

17 September 2024
ICB Community Health Service Procurement – Cabinet committed Better Care Funding of £9,668,777 to the ICB Community Health Contract from 2025-2032 (with a potential for a further 2 years to 2034)

8 October 2024
Telecare Service Recommissioning – the vice-chair and I received a briefing on this on 7 October. Cabinet approved the commissioning of the Telecare Service via the ESPO Framework from 1 April 2025, with a three-year contract awarded to the successful provider, with the option to extend up to a further year.

Cabinet items of interest on the forward plan

There are no items that seem directly linked to the remit of the Health Select Committee in the Cabinet's current December 2024 to March 2025 forward plan, but an eye would be kept on it.

Marie Gondlach – Senior Scrutiny Officer

Thanks to Marie Gondlach for her support of the Committee and good luck to her in her new role.

70 **Public Participation**

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

71 **Urgent Care in Rural Communities**

The Chairman welcomed Heather Cooper (Urgent Care and Flow Director – BaNES, Swindon and Wiltshire Integrated Care Board) (BSW ICB), Helen Wilkinson (ICS Community Pharmacy Clinical Lead, BSW ICB), Jo Cullen (Director of Primary Care, BSW ICB) and Paul Birkett-Wendes (Head of Operations, BSW, SWAST) who were in attendance to give an update on urgent care in Wiltshire's rural communities.

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

- An overview of the urgent and emergency care (UEC) approach across the BSW ICB included the focus and priority to ensure that safe services are provided with a system wide approach. There were a number of key

objectives to improve response times, A&E waiting times and maintain acute bed and ambulance service capacity. Providers were to deliver key performance outcomes and partners had worked collaboratively to develop the system operational plan for 2024-25;

- There were four focus areas in the BSW Urgent Care and Flow 2024-25 plan which included Virtual Wards, System Care Coordination, Process Improvement and Locality Plans;

- There had been an increase in non-elective demand. Details were shown of the areas where there had been an increase in activity and the actions being taken to address the challenges. Prevention would play a significant role in the future management of the UEC demand and would be through the delivery groups that relate to Primary Care and Community, THRIVE (mental health) and Children and Young People;

- Details were given of locality funded schemes to support patients to stay at home and receive the right care from the right clinician at the right time;

- The BSW primary care services are a vital part of the system serving a combined population of 940,000 which is made up of 84 GP practices and 28 Primary Care Networks. The map shared in the agenda pack showed where these services were located. The ICB spend around £175 million a year on primary care services including around £12 million on locally commissioned services;

- The demand on services was in increasing challenge – 500,000 appointments requested a month across BSW, a mixture of phone calls, online consultations and some face to face appointments. There was monitoring around this at practice level and they were trying to do what they could to support additional access with the increasing demand.

- The Pharmacy First scheme had been launched nationally and individual pharmacies could choose whether to participate or not. All Wiltshire pharmacies had signed up to help with seven common health conditions without needing a GP appointment which included sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and urinary tract infections. This was to enable GPs to have more time to deal with patients who needed to be seen;

- Local specific data dashboards were in development and the Wiltshire data could be shared at a future meeting. There was an average of 6000 Pharmacy First consultations a month across 139 BSW pharmacies which can be broken down by clinical condition (e.g. sore throat, UTI) of what consultations are going to the pharmacy first. The vast majority of those are dealt with by the pharmacy and when a referral is needed then most patients are referred back to the general practice;

- Ambulance mean response times by local authority area for 2023 and 2024 were shown for category 1 responses (life-threatening injuries and illnesses, specifically cardiac arrest) and category 2 responses (for emergency calls such as stroke patients). Response times across the Southwest had been under increasing pressure over the last two years, linked both to increases in activity volumes and hospital handover times at acute hospitals. For BSW, the average hospital handover times during this period is around a 69 minute delay per patient compared to the 15 minute national standard; and

- The Trust currently manages a high proportion of activity without conveying the patient to an Emergency Department (ED) which helps avoid unnecessary attendances. The percentage of incidents conveyed to an ED was around the mid thirties. Only 3 or 4 patients go on to an ED as there was an increased focus on treating at the scheme with the care being directed throughout the Care Coordination Hub which had a number of experts based in Chippenham. Calls can be made to them to get further expert advice to take to an alternative destination rather than an ED so as to avoid handover delays at Eds and the ability for ambulances to respond in a timely manner.

The Committee asked the following questions which included but were not limited to:

- Did the planned growth in the system to benefit the community come with any money from government to improve emergency and urgent care - has there been an increase to the number of beds available, particularly in the winter, are there more ambulances available, has the number of clinicians been expanded particularly in NHS 111 to ensure that people are directed to the right place. What help has the Government given you to rise up to meet some of these challenges? It was noted that there had been in increase in funding which had helped increase the number of and hours ambulance resource that they had been able to provide. An extra £33 million had been received across the Southwest which had been used to increase operational cover and to increase the number of clinicians in call take centre to give advice to patients directly. It was further noted that in previous years they had been told that there were no more winter monies and they have to work within their allocated finances. There had been work into looking at demand and bed capacity and what is needed at acute hospitals. This was factored into planning so that the capacity can increase as the demand increases. The workforce is a critical issue which was a well known issue particularly for the Southwest. They were fortunate to have an integrated urgent care provision that was provided by Medvivo and there were senior clinicians that support that service. It was recognised that demand had and continues to increase and they would continue to work on that in line with the national drive so that people are seen by the right clinician at the right place and at the right time. Overall, there had been no significant financial increases apart from for the ambulance service and would not be for this winter coming. There had been additional funding for primary care services or winter care funding.

- Feel that the scales on the Pharmacy First graphs are not clear and not sure what the actual pattern is showing – could they be made clearer going forward? It was noted that these graphs were a work in progress and they could try to make these clearer going forward. There had been a dip in GP practices referring patients to pharmacy over the summer and as it was still quite new they would continue to work hard with the practices and PCN's get them to refer to pharmacy. They were working on the digital barriers and it was hoped that it would come back up when the autumn data was received and they could continue to monitor carefully. It was hope that they would be able to see the GP referrals dropping with patients knowing that they can now use pharmacies for the 7 identified conditions and there was a further public communications campaign around this starting this week.

- Comment that a committee member would have liked to have seen the range across the ambulance mean response times as to what the lowest and highest times are and what they are for rural communities.

- Are the numbers of consultations undertaken broadly what was expected since the service launched in January 2024? It was noted that the ICB benchmark well nationally as prior to Pharmacy First they had a locally commissioned service in place which looked quite similar and the pharmacists were quite experienced with this. However, they would like there to be more use of the service as it suits their skills, helps their income stream and makes a community pharmacy a more attractive pace to work, and takes the pressure off GP practices.

- Is there any follow up / tracking for the 96% of pharmacy First consultations that are not referred onward to ensure that this was the appropriate course of action? It was noted that there was not a lot of data available at this time but for some patients it would be appropriate for them to go back to the GP's. There were tight conditions on the 7 illnesses and for those that fall outside of those criteria will need to go back and be seen by their GP.

- Had there been a reduction in consultations in other areas since the launch of Pharmacy First – was there any data on that? It was noted that there was no data for that, and it was likely that those appointments would be filled up with others that needed to be seen.

- How available is the pharmacy service overall but especially out of hours 100-hour pharmacies? It was noted that all Wiltshire pharmacies had signed up to provide this so it should be available for the hours that they pharmacy is open. There had been some challenges with the locum population that were not quite on board at the beginning, but this was now a core part of community pharmacy. There were some pharmacies that had reduced their opening hours – they have to supply core hours, and they can they do optional supplementary hours but some had cut these

back for financial and business reasons. There was not complete coverage in Wiltshire but if it could be used where it can it should help to take the pressure of GP surgeries.

- What are the plans to bolster the 100 hours a week pharmacy? It was noted that some pharmacy businesses had made the decisions about their opening hours down to their profitability. Whist they have a core set of contractual hours anything above that is supplementary and optional. Whilst they could not make them open for 100 hours a week they could have a conversation around that. An update could be brought to a future meeting around this.

- Could we explore the reasons for the long handover times as presumably the ambulance staff are not working during those handover times as the NHS staff have not got the capacity to onboard the patients and what needs to happen in ambulance service or A&E service to reduce those times and who is leading on improving that? It was noted that when ambulance crews are waiting for a handover they are still caring for the patient and remain responsible for them but are obviously not able to respond to other calls. The handover delay dues are a symptom of capacity and demand across the whole system. There was work being undertaken to look at having capacity at the right times of the day and how there can be flow through the hospitals with patients being able be discharged timely to home or other suitable settings. Heather Cooper was leading on this work.

- Are we still using First Responders and if not, why? It was noted that absolutely First Responders are still being used and they are trying to expand how they can help us. They had also developed a scheme called Hospital Helpers who would be working alongside crews who are outside of the ED. It was confirmed that there were lively community responder schemes which were used and felt to be extremely valuable and an essential part of the team.

- Noted that Wiltshire is higher than Swindon or BaNES in the mean response time across 2023 and so far in 2024 for category 1 responses – is there any analysis on this presuming is has something to do with rurality and is there anything that can be done to improve it? It was noted that generally now ambulances are released to responses from hospitals (as opposed to standby points or bases) and of course can take longer to reach a patient. The intent is that when there is capacity they are at standby points so that they are in the right position to respond to calls in a timelier manner.

- We seem to be doing better for category 2 responses but note that we still rank 2nd or 3rd behind Swindon and BaNES – is this for similar reasons? It was noted that this was the case and when there is an improvement in handover times they usually see an improvement in category 2 response times.

Resolved:

That the Health Select Committee:

1. **Undertake a Rapid Scrutiny to understand the data collected with regards to Urgent Care (to include range of response time and hospital handover). The aim would be to develop a report for the Committee on Urgent Care, having reviewed what data is available.**

2. **Following this the Committee receive an annual report on Urgent Care based on the findings of the Rapid Scrutiny which should include a specific update on 100 hours pharmacies (availability and viability).**

72 **Wiltshire Council Adult Social Care Performance**

The Chairman welcomed Emma Legg (Director – Adult Social Care) and Emma Townsend (Head of Service - Living and Aging Well) who were in attendance to provide an update on the Council's Adult Social Care key performance indicators.

Summarising the more detailed presentation shared within the agenda supplement pack, the following was highlighted:

- From the graphs showing the demand and activity data it was to be noted that there had been an increase in demand for adult social care (ASC) since April 2023 and that the number of new contacts had increased by 41% and the percentage of work requests to be allocated at risen by 26%. Another graph showed that there was a rise in productivity rates whilst the ASC demand continues to rise;

- Placements of adults of working age and 65 and over were detailed as to whether they were in permanent residential care, in permanent nursing care or receiving care in their own homes. It was noted that there was growth in the number of adults of working age ASC were supporting but that more of them were in their own home and there was a steady increase in demand for residential placements for those aged 65 and above;

- Details of how long people wait for a Care Act Assessment showed that more were waiting longer in the winter months but that the trajectory is reviewed by Performance and Outcomes Board and the wait continues to reduce;

- At April 2023, there were 67 adults with a learning disability in paid employment who had also had an annual review in the last 12 months. At October 2024 this was the case for 85 adults. At April 2023, there were 637 adults with a learning disability living in their own home or with family who had also had an annual review in the last 12 months. At October 2024 this was the case for 784 adults. Both graphs showed improvement

but the service remains ambitious and they would strive for improvements to continue;

- ASCOF was the Adult Social Care Outcomes Framework which is designed to measure how well care and support services achieve the outcomes that matter most to people. The ASCOF 2023-24 results were due to be published in mid December 2024 and so the Wiltshire 2023-24 data is provided alongside the last national survey data and the ASCO's previous years data was being used as a benchmark;

- Some of the statutory return data was provided and showed how Wiltshire is positioned out of the 14 local authorities in the Southwest area and the England average in relation to a number of different indicators. Wiltshire were top for the % of carers who receive direct payments but low in the rankings for the % of service users who receive direct payments. This was a priority project in the transformation programme work and it was hoped this would improve to reach the England average of - 26% by April 2026;

- The last slide was information drawn from surveys which are self-reports from individuals themselves – in addition, a number of factors impact on how people view their circumstances, not just related to adult social care. Wiltshire ranked towards the bottom in the Southwest for the % of people who reported that they spend their time doing things they value or enjoy and the % of people who say help and support helps them to think and feel better about themselves - for an individual these indicators could be impacted by transport, availability of opportunities and by the disposable income they have; despite this, the service wants to be ambitious with their partners to see those numbers increase

- The Council performs well on the % of people satisfied with their care and support and the bottom 3 indicators which show people feel they have choice which is a real positive because that provides people with more control over their lives and that the services they receive make them feel safe.

The Committee asked the following questions which included but were not limited to:

- The waiting list for the Care Act Assessment shows remarkable improvement – what were the reasons behind that? There had been wider workforce development with the service's recruitment and retention to make use of market supplements and apprenticeships to make sure that the workforce is as full as possible and that staff are well trained and supported. There was also a range of performance management tools to ensure that they are responsive to demand and show where some of the pressure is. They were also making use of preventative services and had introduced their performance and outcomes groups to look at the work waiting and that is report to the board to review the challenges and look at how the wait list numbers can continue to come down.

- Why do the cumulative outcomes for residents with a disability reset at April? It was noted that these figures were based on when a person has an annual review – when the review has happened they can then be counted in the cumulative total. This was the way it had to be reported nationally; however, they could look at how else that could be presented in a future report.

- How are the reviews done for those with a learning disability – is it the Social Worker or is it an independent review? It was noted that these were statutory reviews and the Care Act states that they should be checking that everything is working and their outcomes are still being met on a regular basis. They aim to do them annually but there is some flexibility due to people's circumstances. They are usually done by the Social Worker or a Social Care practitioner depending on the complexity they would be flexible in meeting with the individual and their family and the methods that they use so they can really hear the voice of the person and ensure that the support plan is continuing to meet their needs.

- Looking at the graph of the outcome at 91 days after discharge with the % of people at home – does that mean only 35 people are at home – what group of people does that relate to? It was noted that this graph was focused on Wiltshire Council activity and would add up through the year. This was the number of people taken into the Home First service and then they are people they can measure but agree numbers look slightly low so would check on the figures. The % figure was the one to focus on and they were achieving around the 90% of people still at home 91 days after discharge.

- Is there a mechanism for looking at financial indicators such as comparing day rates for example for domiciliary care with other counties so that it could give a sense of whether it was value for money? It was noted that there was a lot of data around finances and spend and that could be shared in terms of where they are focused and where they were prioritising. It may be worth having a discussion with the Chair and Vice Chair to bring the information that the committee would find helpful.

- Whilst noting that there was a steady increase in demand for residential placements for those over 65, the number staying at home was flat lining – was there a change in cohort, more complexity, why is it that more are opting for residential and nursing homes rather than staying at home? It was noted that there was a degree of complexity in the graphs but that they would expect those in residential homes to decrease or remain the same. A few years ago there was a potential lack of capacity in domiciliary care in the community and that may have meant that some did move into placements because for some rural areas it was difficult to source care, but that position has improved significantly where there is the right amount of high quality community capacity to be able to keep people at home more effectively.

- When you talk about outcomes for those with learning disabilities – are those with autism included or have you done something separate for those that have autism not learning disabilities? It was noted that the graphs shown did relate to those who had a learning disability, but that information could be provided for those that have autism or were neuro diverse.

- Has the implementation of Caring Steps helped with the discharge of people to home? It was noted that it had been implemented and that there was further embedding as it is an excellent scheme in terms of giving people information at the right time and allowing them to plan and make decisions for themselves. Keen to ensure that all staff and whole range of organisations know how to access and help people understand what the offer might be and how we can support our own loved ones. Raising awareness of this scheme is really valuable.

- What is this data telling us in terms of top priorities for actions over next few months and do we have the capacity to carry out those actions? It was noted that the improvement that has been seen in terms of activity and productivity, the number of reviews completed, the number of people waiting for a Care Act assessment is hugely improved and the focus over the next few months is going to be maintaining and improving that position because we know that working with people in a timely way delivers the best outcomes for them. That would continue to be prioritised. As they go into winter will ensure that they are working effectively with system partners around likely increased pressure in acute hospital and community issues whilst keeping a focus on key transformational priorities. Longer term they would be focusing on technology enabled care and other digital solutions. There was a huge amount of activity underway and glad to be able to say that the majority of indicators going in the right direction.

The Chairman commented that it would be useful to have some context in first slide to give details of how many people are in those two age ranges and also an idea of what the budgets are perhaps for last few years and then current budget. He also asked if the graphs showing the age cohorts could be split further to show the numbers of those who are aged 64 who are about to drop into the 65+ age range. Emma Legg reported that a key area of focus is around transitions and working with young people who are coming into adulthood and making sure there is a strong offer and the right solutions at that point. It was felt that information on transition would be helpful to share with the committee.

The Chairman also asked if it would be possible to have the yearly data going back 3 years to help understand the trends.

Resolved:

That the Health Select Committee:

1. **Take into account the ASCOF publication pattern (mid-December) and receive an annual report on Adult Social Care KPIs at the January / February committee meeting, which shall include:**

a) **The first page of the report showing budget for Adult Social Care for the last 3 to 5 years (depending on data included) and overall population in Wiltshire split by the same age groups as used in the report (if data available)**
b) **The data being split a little more with regards to age to understand "trend" and predictable demand (currently 18-64 then 65+ years)**
c) **Yearly data for at least last 3 or 5 years for demand, activity and place/placement.**

Noting that the next annual report on KPIs would then be on 14 January 2026.

73 **Update on the Service User Engagement Contracts**

The Chairman welcomed Alison Elliott (Director – Commissioning, Adults and Children) who was in attendance to update the Committee with details of the Service User Engagement contracts commissioned by Adults Commissioning and Wiltshire ICB.

Alison wished to make an apology to the Wiltshire Centre for Independent (WCIL) as in the report circulated with the agenda referred to the Wiltshire Pioneers project but omitted to say that this is run by the WCIL and that they are a very important partner for the Council in gaining the voice of those people who use our services.

Summarising the more report included within the agenda pack, the following was highlighted:

- In January 2024, the contracts for Service User Engagement (SUE) were jointly commissioned by Wiltshire Council and Wiltshire ICB. The SUE for 5 to 18 year olds was awarded to the Wiltshire CIL and the SUE for those aged 18+ was awarded to Voice It Hear It which is a consortium of voluntary sector organisations to get the voice from a health and social care perspective;

- The Council has made to clear with those organisations what they need from them so that they are hearing the voice from a broad spectrum of the community and that they are consulted and engaged with on new innovations or changes to services that are provided and they inform on how the Council can engage with those hard to reach.

- The project reports show how those commissioned have engaged and feedback is received from the Voice It Hear It group who did a survey on the Council's behalf and found that the majority of people would rather remain at home and be supported and going into a care home was the least favourite option, obviously sometimes it is not possible for all wants

to be actioned but within the commissioning they consider and reflect what people want;

- The Voice It Hear It providers work in close collaboration with the Wiltshire Youth Voice and Participation team to ensure there is a joined up approach to delivering engagement activity and they particularly want to hear the 18-25 SEND voice to be able to make improvements;

- Public Health identified engagement groups and people using The Medley services were set as a pilot project to understand how to support adults with a learning disability and their unpaid carers to complete their health checks due to current health inequalities data;

- An additional contract was awarded on 1 January 2024 to Healthwatch Wiltshire which is a statutory organisation acting as champions of Wiltshire communities to report health issues and feedback to the Wiltshire ICB, Wiltshire Council and the Care Quality Commission. They were currently supporting the Council on engagement of Fijian and Nepalese military families and Wiltshire's understand of childhood vaccines;

- The Wiltshire Pioneers is run by the Wiltshire CIL and they are a group of residents in Wiltshire with experience of Adult Social Care (ASC) services who work alongside practitioners colleagues in ASC. The Council is challenged in a positive way by the Pioneers and they have helped to change the way they do things for example they had reviewed and coproduced the financial benefits assessment form to make it more user friendly and the Pioneers now support a segment of ASC induction for new staff and they are including quarterly disability ally training to all staff; and

- Following the recent SEND inspection, it was highlighted that the Council does well with coproduction work and hearing the voice of parents and children and they would hope to see the same in the CQC inspection findings. These Service User Contracts were important to gain the voice of a range of residents to further develop and commission services.

Caroline Finch from Wiltshire CIL thanked the Officer for the acknowledgement that they lead the Wiltshire Pioneers project and commented that the Pioneers initiative which they had designed developed was taking off and that it had attracted national interest with four universities to date keen to work with them and develop the concept further. The University of the West of England were collaborating with them and were currently evaluating the programme.

The Committee asked the following questions which included but were not limited to:

- Could the report circulated with the agenda be amended to acknowledge that the Wiltshire CIL were leading the Wiltshire Pioneers project. It was noted that the Clerk would action this after the meeting.

- How are pioneers appointed? It was noted that a briefing to the committee could be provided and that the people are encouraged to join when they are working with them at the CIL if they feel they would be interested and provide useful insight.

- What area of Wiltshire do the pioneers work in and if it is localised how would it go forward to reflect all of the county as member had not heard of the scheme in Salisbury? The member would appreciate details of the breadth of work in the county. It was noted that it covers the whole of the county as Wiltshire CIL covers all of the county. YouTube videos had been produced and it was not restricted by locality. The Pioneers had been working with specific teams of practitioners and that work would spread across the county but the impact is on the whole of Wiltshire.

- What are the general ages of the pioneers? It was noted that most of pioneers were younger, up to the age of 25 and whilst there were older pioneers, the younger ones were working with the Council at the moment.

- How are you hearing the views of older people? It was noted that the Pioneers was just one part of hearing voices and that through the Voice It Hear It groups involved they are engaging with a number of different groups of people to get their input and feedback on services and what can be done differently.

- As someone who has been involved in a number of the engagement projects for older people – will those involved in giving their views and feedback actually receive feedback themselves as to what happens next and what the outcomes are? It was noted that that was a really important point raised and Alison Elliott agreed to pick that up to the particular event that was referred to and also check on the general feedback loop. If any others were involved with feedback sessions and wanted to know the outcomes could they contact the Officer directly regarding this so that it could be picked up.

- Do these contracts roll on annually and has it gone through the relevant approval system. It was noted that it had gone through the appropriate systems and that it was a joint funded contract with the ICB and details could be provided if required.

- Are there any new initiatives that might get prioritised because of what you have learned? It was noted that it was too early to tell from the specific Service User Engagement contracts what the priorities would be however, those involved with the Carers Strategy engagement and the Dementia Strategy were heavily influenced by what carers and services users said. The feedback received from carers was very clear that they wanted support from organisations that understood what their cared for person was going through specific to their needs and not a generic carers organisation. There had been immediate differences highlighted by the

Pioneers in changing the financial assessment letter so that it is easier to use and the way that the Council does staff training around disability.

- The papers refer to a Wiltshire ICB is there a subset organisation? It was noted there was an error in the report to refer to just a Wiltshire ICB as that was not the case – it is the BSW ICB, and Caroline Holmes (present at the meeting) was the Director for the Wiltshire locality area.

- Details had been given of outcomes for the Wiltshire Pioneers but that details were not included for some of the other contracts – could further brief details be provided as to what the outcomes were following that engagement. This comment was noted.

- It would be useful for the committee to know who led on the projects. It was noted that the Wiltshire CIL would lead on projects for children and young people and that those in the Voice It Hear It consortium would lead on the other projects as relevant.

Resolved that:

1. **That there be a briefing to the Chair and Vice-Chair in 6 months, to update on the delivery of the Service User Engagement Contract. (This would then inform the timing of the annual report as below).**

2. **That an annual performance report on the delivery of the Service User Engagement Contract (including outcomes / evaluations where available – e.g. "what good looks like", number of attendees, highlighting key changes made, etc.), be timed to include the evaluation by the University of the West of England on the Pioneers. It should also include the 'you said, we did' information to show how feedback is being used and how people have engaged are told about what happens to their feedback, and changes to ways of working based on engagement (e.g. financial assessment letter changes were mentioned at the meeting).**

3. **The Committee receive a briefing from the Voice it, Hear it consortium to understand the roles, responsibilities and relationships within the consortium, the plans to deliver the contract in the year ahead and a review of performance on its first year.**

4. **The Committee receive a briefing on the Wiltshire Pioneer Project run by the Wiltshire Centre for Independent Living.**

74 **Cabinet Member Update**

The Chairman stated that this was a new item for the Committee and was an opportunity for Cabinet Members (or Portfolio Holders on their behalf) to give us a brief verbal update on any news, successes or milestones in their respective areas since the last meeting of the committee, not covered elsewhere on the agenda.

Cllr Ian Blair Pilling (Cabinet Member Public Health, Communities, Leisure and Libraries) gave an overview, speaking to the slides shared at the meeting (attached to the Minutes) of round 6 of the Household Support Fund and highlighted the following:

- As part of the funding round to cover 1 October 2024 to 31 March 2025 £2,728,656,41 was allocated and how this was spent was delegated to the Cabinet Member and the Director;

- A high level of assurance was given that this was a successful programme which was doing good in a lot of places. A range of different cohorts of people were being supported and there was work across a number of teams of the Council to run the different programmes. The Department for Work and Pensions had recognised how well Wiltshire was doing to distribute the funding and had been asked to share this with other Local authorities;

- There was a six month window to spend the allocation and the Council are not notified of the allocation in advance of the spending window. The Cabinet were immensely proud of what officers had achieved to support the more vulnerable in the community and felt it was a great example of it was good for local government to apply their knowledge of their communities and apply the funding flexibly.

The Committee asked the following questions which included but were not limited to:

- What are the standards you are setting to select people to receive the help and are you drilling down to the individual communities to get this information or are your officers out and about doing this and if so how many? It was noted that lots of the cohorts were defined by the DWP and guidance however when the Council took over the HSF they connected with the internal departments within the Council including adult social care, revenues and benefits, and schools etc and also met with third sector voluntary organisations as they also know our communities well especially as Wiltshire is a rural area. There were a lot involved in identity cohorts and communities that needed support.

- Do you have a good level of contact with the Parish Councils? It was noted that the Public Health Specialist spoke to the Town and Parish Council Chairs on HSF4 last winter and that he had been invited on 26 November to speak to them again. There would also be different communications for this this round with posters to distribute to Parish Councils and it was hoped that they could share these within the parish magazines or put on local notice boards. There was also a Members briefing issued last week.

- To what degree was this anticipated for funding coming through and how much planning work was possible to try and smooth out the process to be able to get the solutions out to our clients? It was noted that with the amount of money given for the HSF that a long term approach would have benefited and that notification was only received at the end of August for the work to start on 1 October, but the guidance was only received at the end of September. Officers were in the position of trying to second guess how to deliver the money and whilst they had experience of how previous funds had been spent they want to be more inventive work and work with partners to get further reach into Wiltshire.

- Was there something that the committee could scrutinise to look at the success of the programme and perhaps shows a breakdown of how much is done in house and how much by third parties, how many recipients are proactive in seeking help and how much is us going to them. It was noted that a report from HSF4 was put together and that had been submitted and perhaps that could be shared with the committee. It was also noted that the government had announced that the funding would continue next year although details of how much funding was available was to be confirmed.

Resolved:

That the Chair and Vice Chair of the Committee receive a briefing to identify what details they would want in the report of the Household Support Fund to be presented to the Committee.

Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND and Inclusion highlighted that the first week of November was Occupational Therapy week which was celebrated in Wiltshire and Dee Christie OBE had been present to talk about how to support Occupational Therapists in their role. This week was Safeguarding week and they were reminding people that safeguarding is everybody's business. Those present were encouraged to complete the training provided by the Safeguarding Vulnerable People Partnership (SVPP) and to report any concerns of any adult being subject to harm or abuse to the adult MASH.

They continued to work on ensuring that there was appropriate accommodation for people that met their needs and there had been really good work on independence through Stone Circle and providing options for people to remain in their own homes.

Resolved:

That the Health Select Committee note the updates provided by Cabinet Members.

Appendix 1 to Minutes - Household Support Fund presentation

75 **Forward Work Programme**

The Chairman highlighted that the expected reported on the Co-opted/stakeholders members of this committee had not been included on the agenda for the meeting. This was because it would have seemed illogical to do so before considering fully the Service User Engagement Contract update that was presented at today's meeting as this was a key factor in inviting groups and organisations to nominate a representative and to ensure we hear the voices of service users at committee level. There would also be a change of supporting officer for this committee, when Julie Bielby would return and present the report on co-opted members at the next available meeting.

The Chairman also highlighted that as agreed at the last meeting, the forward work programme had been extensively reviewed and updated. Further consultations would take place with council officers, partners and stakeholders to carry on fine-tuning the forward work plan once the committee feeds back on the items included in the agenda pack.

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

Resolved:

That the Health Select Committee approve the approve the Forward Work Programme with the additions agreed at the meeting.

76 **Urgent Items**

There were no urgent items.

77 **Date of Next and Future Meetings**

The date of the next meeting was confirmed as Wednesday 22 January 2025 at 10.30am.

Future meetings were noted as follows:

12 March 2025
5 June 2025
9 July 2025
9 September 2025
12 November 2025.

(Duration of meeting: 10.30 am - 12.50 pm)

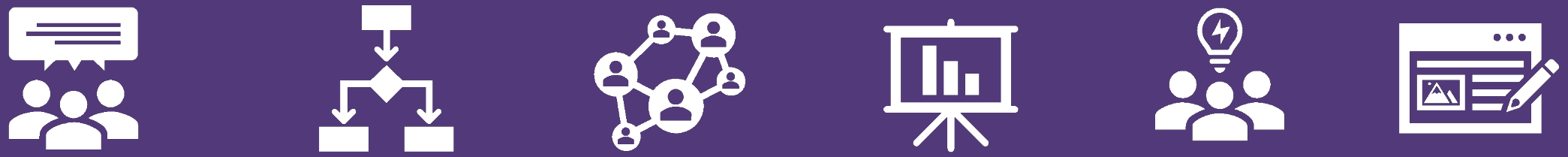
The Officer who has produced these minutes is Lisa Pullin of Democratic Services, direct line 01225 713015, e-mail lisa.pullin@wiltshire.gov.uk

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

Household Support Fund 6

Health Select Committee

https://www.wiltshire.gov.uk/article/10672/HSF6-overview-eligibility-and-how-funds-can-be-used



HSF 6 - Award & Cohorts

£2,728,656.41 (1 Oct 24 – 31 Mar 25)

- families with children of all ages
- pensioners
- unpaid carers
- care leavers
- disabled people
- larger families
- single-person households
- struggling with one-off financial shocks or unforeseen events

Activities funded through HSF6

Energy & Water - Vouchers/cash to support energy bills

Wider Essentials - broadband, phone bills, clothing including uniforms, essential transport-related costs such as repairing a car, buying a bicycle.

Essentials linked to Energy & Water – insulation, boilers, lightbulbs, fridges, freezers, ovens and slow cookers.

Preventative Measures – financial advisors in our community food providers.

Advice Services - advice services, including debt, benefit and/or employment advice linked to food banks

Housing - Housing costs to those in need where existing housing schemes do not meet need.

Highlights HSF (5) 2024

71 Total Schemes:

Wiltshire Council 15

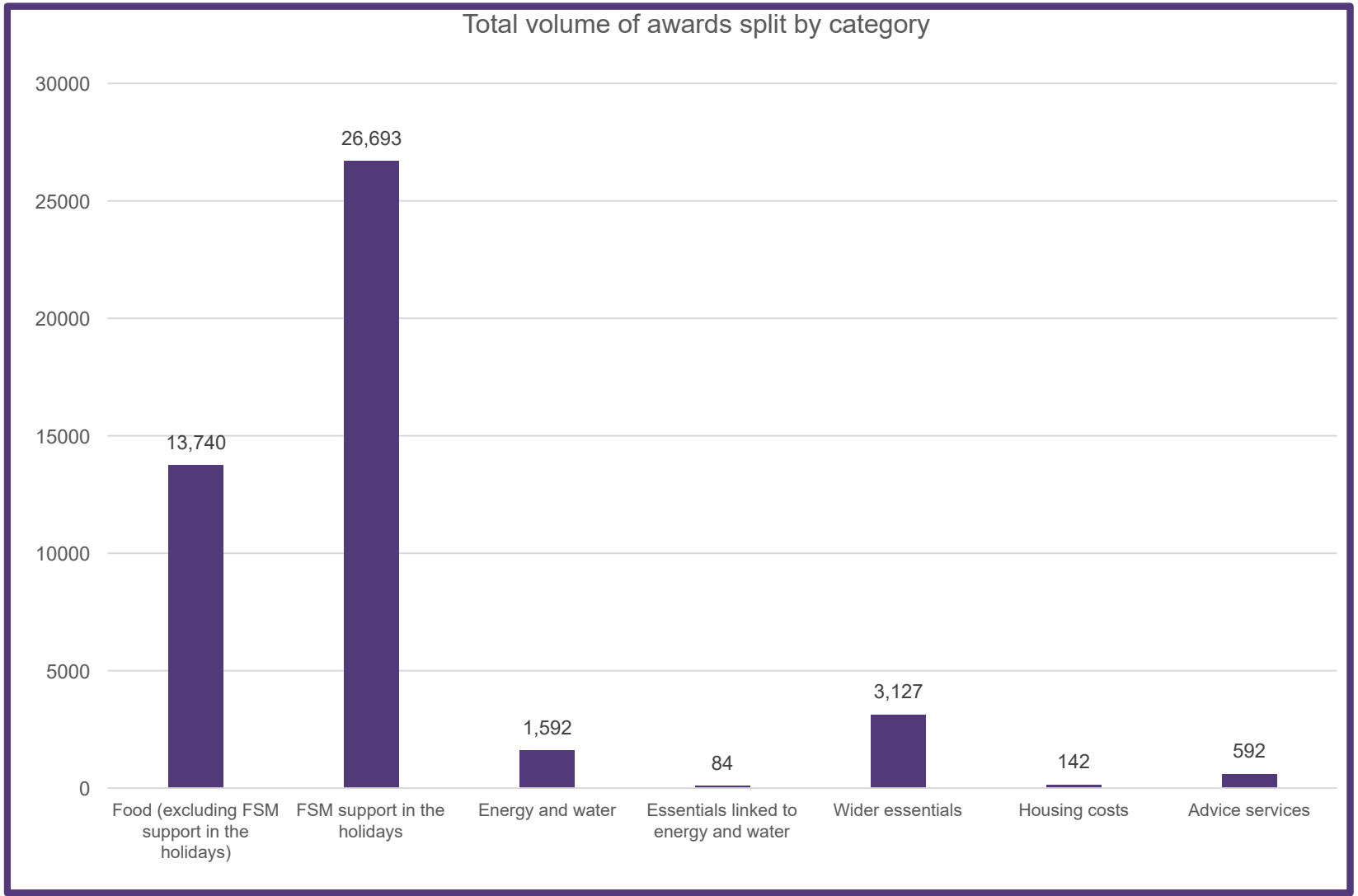
WCF 18

Foodbanks, Community food Providers 30

Third Party Organisations 8

37,898 Households helped

45,970 People helped



4.2% households pensioners

77% households children

78% vouchers or cash

8% Tangible items

PH Wiltshire Delivery Plan - National Exemplar

Wiltshire Council

Boater Maintenance Support Fund (29 Boaters supported)

- Preventing Enforcement action & Homelessness
- Improving Mental Health and Well-being

Canal Boat household
Female, health condition & mental health illness
Low income, unable to afford repairs, threat of homelessness
Identified by Julian House, referred
Awarded HSF5 Support
Repairs
Passed safety inspection
Remains a home

"My living conditions improved and gave me a sense of hope and pride in my home"

Implications of cost of living & removal of WFA on Warm&Safe Wiltshire

- **Budget strain for heating homes, especially for vulnerable up**.
- Cold homes significantly **impact physical and mental health**.
- **Warm and safe helpline referrals up 50%** (Jul-Sep 23 = 463 - 24 = 1021),
- Average **call lengths up** (Call length - 2023 = 20/30 mins - 2024 = 40/50 mins
- Plus **second follow up call due to complexities** (beyond affordable warmth, wider debt and wellbeing support)
- Further impacted by **older people contacting the service regarding WFA removal**.
- **Backlog** and **longer wait times for support**.
- **Increase in call numbers and length** across Council's Wellbeing line and Citizen Advice.

HSF6 Targeted Older People Energy Support (R&Bs) Jan 2025

Removal of Winter Fuel Payments

- **23/24 - 124,004 Wiltshire pensioners received WFA . Total = Approx £28M**
- **24/25 - Wiltshire Pensioners receiving WFA ?**

- **Support pensioners** not eligible for pension credit but **on low income** and **in poor health**
- **Will identify**:
  - low-income pensioner households not on Pension Credit
  - In receipt of council tax reduction support
  - In receipt of a disability related council tax reduction
  - In receipt of adult social care services package
  - Aged 80 years or over (evidence shows that the health needs are greater with age)
- Approx **1000 households meet criteria** - reducing slightly as pension credit applications are made
- **£300 voucher per household will be offered for application**
- **Encourage pensioner households to claim Pension Credit before 21st December 2024**. Successful claimants will then receive WFA.

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Wiltshire Council

Health Scrutiny Committee

22 January 2025

Neighbourhood Collaboratives - update

Executive Summary

This report offers an overview of the progress and learning from the Neighbourhood Collaboratives. It sets out the progress on establishing Collaboratives and articulates some of the challenges before going on to provide an overview of the learning from the Livestock Market pilot in Salisbury – A full report of that evaluation is available.

The report describes at high level how the Collaboratives have engaged with the Community Conversations programme.

Despite some challenges, progress has been made towards the goal of developing Collaboratives across Wiltshire - there are exciting opportunities to embed the learning and approach as we move further into 2025, a full Steering Group in February will focus on the lessons learned and celebrating success in order to inform future developments.

Purpose

1. This report provides an update to the Wiltshire Health Select Committee on the progress of Neighbourhood Collaboratives across Wiltshire during the past year. Neighbourhood Collaboratives are integral to achieving the objectives of the Wiltshire Joint Local Health and Wellbeing Strategy and the Integrated Care System (ICS) Strategy. They represent a community-led, partnership-based approach to addressing health inequalities, improving health outcomes, and fostering a culture of prevention and early intervention.

2. The report focuses on four key areas:

   Chippenham, Corsham, and Box (CCB) Collaborative: An update on the launch programme, initial engagement work, and plans for measuring the impact of their prevention-focused initiatives, starting with a targeted cohort of residents.

   Salisbury Collaborative: A summary of its innovative approach to engaging the farming and rural communities, the development of health and wellbeing support at the Salisbury Livestock Market, and the plans for potential future rollouts and evaluations.

Countywide Progress: An update on the overarching target to establish Neighbourhood Collaboratives in all 13 Primary Care Network (PCN) areas by 2025, including recent developments in Warminster, Calne, Trowbridge, and Devizes, and insights from readiness reviews.

Community Conversations: An exploration of how ongoing dialogue with communities has shaped priorities, informed Collaborative activities, and ensured the work remains responsive to local needs.

3. This report aims to provide assurance on the progress made, identify opportunities for improvement, and highlight the role of Neighbourhood Collaboratives in contributing to the long-term goals of integrated care delivery and health equity. It also sets the stage for further discussions on lessons learned and how they can help inform the future development of integrated neighbourhood teams, particularly in collaboration with HCRG as the new Integrated Care Board Community (ICBC) provider.

Background

Origins and Development

4. The Collaborative model was established in 2022 by Wiltshire Integrated Care Alliance (ICA) partners, who recognised the need to engage directly with communities to co-design solutions. The model connects health, social care, and voluntary sector partners with local residents and organisations, enabling them to address local health challenges collaboratively. It draws from national best practices, such as the Fuller Stocktake report, and supports priorities like the Core20PLUS5 health inequalities framework.

Structure and Approach

5. The development of Neighbourhood Collaboratives is supported by a robust framework that includes:

   i) **Readiness Reviews**: Conducted in each neighbourhood to identify existing strengths, gaps, and opportunities for improvement. These reviews form the foundation for tailored action plans that reflect local priorities and capacities.

   ii) **Launch Programmes**: Facilitated workshops where neighbourhood partners come together to co-develop strategies, agree on objectives, and establish a shared vision. The programme is supported by detailed resources and toolkits.

   iii) **Six Key Principles**: Each Collaborative operates around these guiding principles:

      - **Partnership Working**: Establishing strong, multi-sector relationships to integrate care.
      - **Community Participation and Engagement**: Ensuring residents are central to decision-making.

- **Population Health and Prevention**: Focusing on root causes of health issues and promoting early intervention.
- **Data-Driven Working**: Leveraging health and demographic data to target interventions effectively.
- **Enabling Volunteers and Staff**: Supporting capacity-building and sustainable workforce contributions.
- **Creating a Movement for Change**: Building momentum for community-driven health solutions.

iv) **Toolkits**: Comprehensive resources tailored to each neighbourhood, including templates, guides, and practical tools to support implementation.

Countywide Oversight and Integration

6. The Wiltshire Collaborative Steering Group was established in late 2022 to provide strategic oversight and share learning across neighbourhoods. This group has grown to include over 20 partners from health, social care, and voluntary organisations. It meets quarterly in a conference-style setting, fostering collaboration and enabling cross-pollination of ideas and practices.

7. The Steering Group's recent focus has been on improving community engagement, particularly with underserved populations, and supporting alignment with other ICS programmes, such as Integrated Neighbourhood Teams (INTs). This group also provides a forum for troubleshooting challenges and celebrating successes, helping to maintain momentum and enthusiasm among stakeholders.

Key Progress to Date

8. The Collaborative programme has already achieved several important milestones:

- **Pilot Projects**: The Melksham and Bradford-on-Avon Collaborative's focus on falls prevention has demonstrated success, identifying at-risk individuals and providing targeted support. Learning from this pilot has been shared across other areas.

- **Engagement Initiatives**: The Chippenham, Corsham, and Box (CCB) Collaborative has completed its launch programme, focusing on a specific high-risk cohort: residents aged 30–49 on obesity registers who smoke but are not diabetic,

- **Innovative Models**: Salisbury Collaborative has taken a unique approach by piloting health and wellbeing services at Salisbury Livestock Market, targeting farmers and rural communities who traditionally face barriers to accessing care.

- **Expansion Efforts**: Readiness Reviews are underway in Warminster, Calne, and Trowbridge, with the aim of launching their Collaborative programmes in the coming months. The Warminster and Calne are using different

approaches by leveraging the strengths of active Health and Wellbeing Forums.

Community Engagement

9. A defining feature of the Neighbourhood Collaborative model is its emphasis on continuous dialogue with local communities. These conversations:

- Help identify priorities that matter most to residents.
- Provide insights into barriers to accessing services.
- Ensure that solutions are co-designed, culturally appropriate, and sustainable.

10. The Collaborative approach has demonstrated that solutions often exist within communities themselves and that effective partnership working can amplify the impact of local initiatives.

11. Supported by Health Inequalities funding. this year's focus on engagement with underserved populations has been particularly impactful, informing interventions in the livestock market, fostering trust between communities and service providers. Insights from engagement have also informed the development of the Integrated Neighbourhood Teams (INTs) blueprint, ensuring that these teams operate with a strong foundation of local knowledge and relationships.

Main Considerations for the Committee

Progress Towards the Target of 13 Neighbourhood Collaboratives by 2025

12. The overarching goal of establishing a Collaborative in each of Wiltshire's 13 Primary Care Network (PCN) areas by 2025 is progressing well, with significant milestones achieved during the past year.

13. Since October 2024, the ICB has been working to transition community services to HCRG and the Integrated Community Based Care (ICBC) Service in April 2025. This new service re-defines how community services will be developed and delivered and includes objectives and requirements to rapidly establish Integrated Neighbourhood Teams, taking the learning from Collaboratives onboard.

14. The service transition phase has slowed developments in some areas of the Collaboratives as we work together plan the future milestones.

15. At the current time, the status of each Collaborative is: -

- **Established Collaboratives**:

Area	Progress
Melksham, Bradford-on-Avon	Established – meetings have reduced due to a change in PCN staffing however will progress early in 2025. Current work is focussed on re-

	engagement with people who participated in the original cohort to understanding their experience.
Chippenham, Corsham, and Box (CCB)	Established - Health Inequalities Funding is supporting the first project. An extensive engagement exercise commences in January 2025 – this was slightly delayed as we stepped through some Information Governance and Sharing processes. The Collaborative is targeting non-hypertensive residents aged 30–49 with obesity and smoking behaviours, focusing on preventing long-term conditions such as diabetes and cardiovascular disease. Engagement sessions are planned for January.
Devizes	Launch programme completed – meetings planned in early January to explore engagement options with Children and Young People, linked to a new community CYP 'cafe'. Aiming to improve CYP emotional health and wellbeing.
North Wiltshire	Pre-launch. In discussion about the launch process.
Warminster and Westbury	Readiness Review undertaken, next steps meeting booked for January 2025.
East Kennet	No active work or discussions currently in progress.
Salisbury Area PCNs	Established. All 5 PCN areas will work together, but not all are currently involved in the Livestock Market work. Following discussions with HCRG and alignment with the ICBC contract, a second project area may be considered. Work is still ongoing in the Market supported by the Health Inequalities funding and is taking a prevention approach.
Calne	Pre-launch. Meeting agreed for 15 January to undertake the Readiness Review.

Community Conversations and Engagement

16. Community Conversations, a Wiltshire Council-led initiative, plays a critical role in shaping and supporting the work of Neighbourhood Collaboratives. The approach focuses on engaging with 'Core20' areas in Wiltshire to build trust, foster relationships, and adopt a strengths-based community activation approach to improving wellbeing in its broadest sense.

17. **Integration with Collaboratives** Community Conversations Leads are embedded into the Neighbourhood Collaboratives, ensuring alignment between the two approaches. This close working relationship facilitates shared learning and maximises the impact of community-led interventions. Examples include:

- **Informed Priorities**: Learning from Community Conversations has directly influenced the development of Collaborative priorities, ensuring that local needs and strengths are reflected in intervention design.

- **Collaborative Support**: In return, the Collaborative programme provides resources and support to enhance the reach and effectiveness of Community Conversations, such as data insights, engagement toolkits, and access to cross-sector partnerships. This has worked particularly well in the CCB Collaborative where there are strong correlations between the Community Conversations community area and the Collaboratives cohort.

Integration with Priority Areas and Programmes

18. Neighbourhood Collaboratives align closely with other ICS initiatives, enhancing their contribution to system-wide goals:

- **Prevention Focus**: Collaboratives provide a foundation for integrated working to address challenges through a prevention lens. This includes working alongside Community Conversations, and focussing on areas identified through the Joint Local Health and Wellbeing Strategy and other needs assessments including Children and Young People.

- **Wiltshire Health Inequalities Group**: The Group's work complements Collaborative initiatives, particularly in addressing Core20PLUS5 health inequalities, by providing actionable insights and promoting effective engagement methods. The Collaboratives also share learning and insights with the system-wide Prevention and Inequalities groups.

- **Integrated Community Based Care – new community contract**: HCRG, our new Integrated Community Based Care (ICBC) provider will incorporate the insights and learning from the Collaboratives to drive a new model of Integrated Neighbourhood Teams across BSW. Early conversations are underway to explore the opportunities linked to wellbeing practitioner roles that will operate in integrated neighbourhood teams.

Challenges and Areas for Support

19. Despite progress, several challenges require attention:

- **Capacity**: Limited staffing and resources across partner organisations have slowed the pace of development in some ways, particularly in resource-intensive endeavours (including leadership of this work). Good will is prevalent however immediate operational challenges limit participation in some ways.

- **Funding**: Linked to the point above. One of the founding principles of Collaborative working is the shared use of resources. As funding opportunities have become scarcer, the need for additional funding to support participation has increased. However, Collaboratives have been successful in bidding for multiple funding streams and have demonstrated significant impact with low sums of money.

- **Consistency and Equity**: Ensuring equitable outcomes across PCN areas, while respecting local flexibility, remains a complex balance. The long term ambition was always to share learning and adopt best practice. The above challenges have limited the pace at which this has moved.

The Livestock Market

20. Part of the Wiltshire Integrated Care Alliance priorities and programme of work, the Well Farmers for Wiltshire Pilot, conducted at the Salisbury Livestock Market, aimed to address the distinct health and wellbeing challenges faced by the farming community in Wiltshire and the wider area. Bringing together 14 system partners to work collaboratively, this Neighbourhood Collaboratives initiative delivered healthcare, prevention and support services over a 12 week period directly to the market, a familiar and convenient setting for local farmers.

21. 'I saw the pharmacist last week; he took my blood pressure, and we talked about my medication running out. I had a call from him this week, it is all sorted now….'

22. The pilot engaged traditionally hard-to-reach rural populations [part of the Wiltshire CORE20Plus5 group as manual workers], who often face barriers such as geographical isolation, time constraints, farming and livestock care needs and cultural reluctance to engage with traditional healthcare settings. It took a co-produced approach, dynamically responding to community feedback.

23. "I didn't carry out my blood pressure readings because of lambing season... But when my husband had his blood pressure checked at the market, I decided to do it too" – [urgent care referral for treatment for immediate risk]

24. Key outcomes of the pilot include the identification of six early cancer cases, numerous urgent and non-urgent referrals, and significant engagement in preventive health practices, including blood pressure monitoring, mental health discussions, and wellness education. The pilot successfully highlighted the importance of delivering services in familiar environments, demonstrated the value of preventive care, showed the strategic importance of multidisciplinary, integrated working between services including community and VCSE organisations and provided critical insights into the health barriers faced by the rural farming community.

25. "I was feeling funny, and they found my blood pressure was low... I was referred for urgent help."

26. Importantly, the pilot demonstrated the cost effectiveness of this model. The pilot was made possible through £10,000 funding from the Vaccine Accelerator programme. A total of £5,000 was spent during the 3 month pilot period (although this does not take into account the un-paid contribution of many organisations in operational delivery or co-ordination). In relation to the six early cancer diagnoses alone, not only are the longer term outcomes for these individuals likely to be significantly more positive, the savings to the NHS

system as a whole are very conservatively estimated to be in the region of £60,000 [Cancer Research UK].

27. "Honestly I could cry thinking about it – I had no idea how ill I was and how lucky I've been that you and the guys spotted it. Now I stand a better chance of getting better"

Objectives and Key Achievements

28. Deliver On-Site Health, Support and Prevention Services; Working alongside the Rural Chaplaincy team as advocates, the pilot provided on-site physical and mental health checks, ranging from blood pressure checks, physio checks and vaccines advice (and will offer vaccines themselves in November) through to community pharmacist consultations, visits by the SFT cancer team and support from the RABI and Citizens Advice. Farmers engaged positively with the accessible services, many of whom were first-time participants in health checks and discussions about their health and wellbeing.

29. Reduce Barriers to Healthcare Access; By situating services at the market, the pilot effectively addressed logistical challenges such as time constraints and transport issues.

30. Farmers appreciated the opportunity to receive healthcare without disrupting their work schedules. Face-to-face consultations and conversations allowed for overcoming technological barriers, and casual settings helped to mitigate cultural stigma. The ability to have in depth conversations about vaccine concerns and barriers to access meant there was demand for the clinics were offered in November within the market environment.

31. Promote Preventive Care; The pilot's focus on early detection and wellness education successfully encouraged proactive health management, with several farmers receiving timely referrals for serious conditions. Wellness education on topics like blood pressure management and lifestyle changes specifically related to the challenges people told us about, fostered self-care practices. This element in particular is the focus of ongoing work within the Collaborative in Salisbury and aims to have a long-lasting impact.

32. Understand Health Challenges in the Rural Community; The pilot shed light on the unique health challenges of the farming population, including mental health stigma, financial pressures, and untreated chronic conditions. Fear of losing driving or firearms licenses remained a significant barrier to mental health support.

33. Insights and feedback from the community were pivotal in developing and adapting the approach throughout the course of the pilot, so the team learned what and how people needed services to work for them – a genuine model for co-producing services together.

34. Test Different Engagement Methods; The pilot demonstrated that informal, face-to-face engagement in familiar environments is the most effective way to

connect with farmers (and potentially other communities). Simplifying communication materials and maintaining a consistent presence built trust over time and deepened the conversations and insights. It became obvious that 'knowing and understanding' the community and individuals there was critical to success. It was important that the team demonstrated responsiveness to feedback.

Impact and Recommendations

35. The Well Farmers for Wiltshire Pilot delivered clear evidence that targeted, community-based healthcare interventions can significantly improve engagement and health outcomes in rural populations. The approach and lessons learned are very transferrable to other communities. Key recommendations include:

- Maintaining a Consistent Presence at the Livestock Market: Continued healthcare services at the market will sustain the engagement momentum, focusing on preventive care and routine health checks, particularly targeting high-risk groups such as older isolated farmers and working with younger people on longer term prevention strategies. There are exciting opportunities for the ICBC teams to support rural communities. This is part of the transition discussions.

- Enhancing Clinical Infrastructure: In order to achieve the maximum impact improvements to facilities, including private consultation areas, appropriate clinical equipment, and infection prevention resources, should be considered and would expand the range of services offered to include clinical interventions which would reduce the workload on primary care and further benefit the system through delivering an early intervention / prevention approach.

- Broader Integration of VCSE Partners: Strengthening collaboration with Voluntary, Community, and Social Enterprise (VCSE) organisations will provide a holistic approach to health, addressing financial, mental, and social needs. There is ongoing work in BSW to consider how working with VCSE colleagues can be strengthened. This pilot has evidenced the value of an integrated approach.

- Tailored Mental Health Support: Specifically with this environment, developing a confidential, community-specific approach to mental health, with sensitivity to cultural concerns and financial implications, will help overcome stigma and encourage engagement. It's important that the system responds to the feedback and concerns raised and works to 'myth bust' perceptions about what might happen to someone who seeks help.

- Exploring Transferability: The success of the pilot suggests that similar models could be effectively implemented in other rural and even urban communities, with adjustments to meet the unique needs of each population. There is a case for sharing the learning from this pilot across the system.

36. “what do you know about feet? – ‘cause I can’t feel mine” - [diagnosed with diabetes and peripheral neuropathy]

Livestock Market Pilot Conclusion

37. The evaluation concludes that the Well Farmers for Wiltshire Pilot offers a transferable, scalable, efficient and cost effective model for rural health interventions, with clear benefits for the NHS in terms of early detection, reduced emergency admissions, and long-term healthcare savings. There are ongoing discussions around the learning from this model to consolidate the progress made and explore opportunities for longer term support.

38. “Thanks for asking and listening, it’s been so hard and it’s been good to talk” – [Dad of a young family with multiple health struggles].

39. There is a full evaluation report available on request.

Conclusion

40. Despite significant challenges at national and local scale, the Neighbourhood Collaboratives programme has continued to make progress in its second year, demonstrating the potential of community-led, partnership-driven approaches to improving health outcomes and tackling health inequalities across Wiltshire. This work aligns with the ambitions set out in the Wiltshire Joint Local Health and Wellbeing Strategy and the ICS Strategy, reflecting a commitment to prevention, early intervention, and integrated care tailored to the needs of local populations.

Key Achievements

Progress Towards 2025 Target:

41. Multiple Collaboratives have successfully completed their readiness reviews and launch programmes, with Melksham, Bradford-on-Avon, Salisbury, and Chippenham, Corsham, and Box (CCB) advancing into implementation phases.

42. Active development in areas such as Warminster, Calne, and Trowbridge has further expanded the programme, bringing the county closer to its target of establishing Collaboratives in all Primary Care Network (PCN) areas. Whilst the original 2025 target has been delayed, there are new opportunities through the ICBC Service to adopt learning at pace.

43. The readiness review and toolkit approach has provided a structured yet flexible framework to address local needs and priorities while fostering consistency across neighbourhoods.

Community-Led Innovation

44. The Salisbury Livestock Market pilot exemplifies how Collaboratives can engage hard-to-reach populations by leveraging local knowledge and trusted

community networks. This initiative has uncovered critical unmet health needs among rural communities, such as undiagnosed chronic conditions and mental health challenges, and has laid the groundwork for targeted interventions.

45. Further – this group has yielded additional areas of focus which are now being progressed via successful bids. Women in rural communities will be the focus of an engagement research grant until July 2025.

46. The CCB Collaborative has focused on preventing long-term conditions, such as hypertension and diabetes, by engaging a targeted cohort of residents. This data-driven approach illustrates the potential for population health management to community-led evidence based approaches.

Integration and Alignment:

47. The programme's alignment with broader ICS priorities, such as the development of Integrated Neighbourhood Teams (INTs) and the Core20PLUS5 framework, ensures that Collaborative efforts contribute to system-wide transformation and can support the development of teams across BSW.

48. Collaboratives have fostered stronger relationships among health, social care, and voluntary sector partners, creating a foundation for sustainable, integrated care delivery.

Community Conversations:

49. Close working with the Community Conversations programme has strengthened the Collaboratives' ability to engage with underserved communities. This strengths-based, co-production approach has informed the design of local interventions and ensured that the voices of residents are central to decision-making.

50. The reciprocal relationship between Community Conversations and Neighbourhood Collaboratives has maximised impact, with shared learning and resources enhancing both initiatives.

51. The Neighbourhood Collaboratives programme is making progress against its objectives. Its emphasis on prevention, local engagement, and partnership working is already demonstrating positive impacts, both in immediate outcomes and in laying the foundation for long-term change. With continued strategic support and resource investment, whether in this form or an evolved model through ICBC, Collaboratives will play a role in advancing health equity, improving population health, and creating a sustainable, integrated care system for the county.

Report author: Emma Higgins (Head of Combined Place – BSW ICB)
Report date: 13 January 2025

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#WILTSHIRE
VISION

Overview

Led by Wiltshire Centre for Independent Living working with TASC

A grant funded co-production project

Aim:

People who use social care are key engineers in its transformation, working in equal partnership with WC staff.

Organisation:

- Co-produced vision
- Innovators and pioneers
- Small change, person centred projects

What is Co-production ?

‘Co-production’ describes working in partnership by sharing power between people who draw on care and support, carers, families and citizens. SCIE, 2022

What are the policy drivers for Co-production?

Co-production is recommended in the **Care Act 2014**
"Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community" UK Govt Statutory Guidance 2024

Co-production is reflected in the **CQC Six Principles**
See for example: #1 "Develop and deploy innovations with the people who will use them" and #4 "Adopt the best ideas and share your learning“ CQC 2022

What are the benefits of Co-production?

Intrinsic benefits

Co-production develops social networks and communities, especially when working with groups rather than just individuals.

Instrumental benefits

Professionals involved in coproduction are likely to have a stronger focus on the outcomes of the support provided.

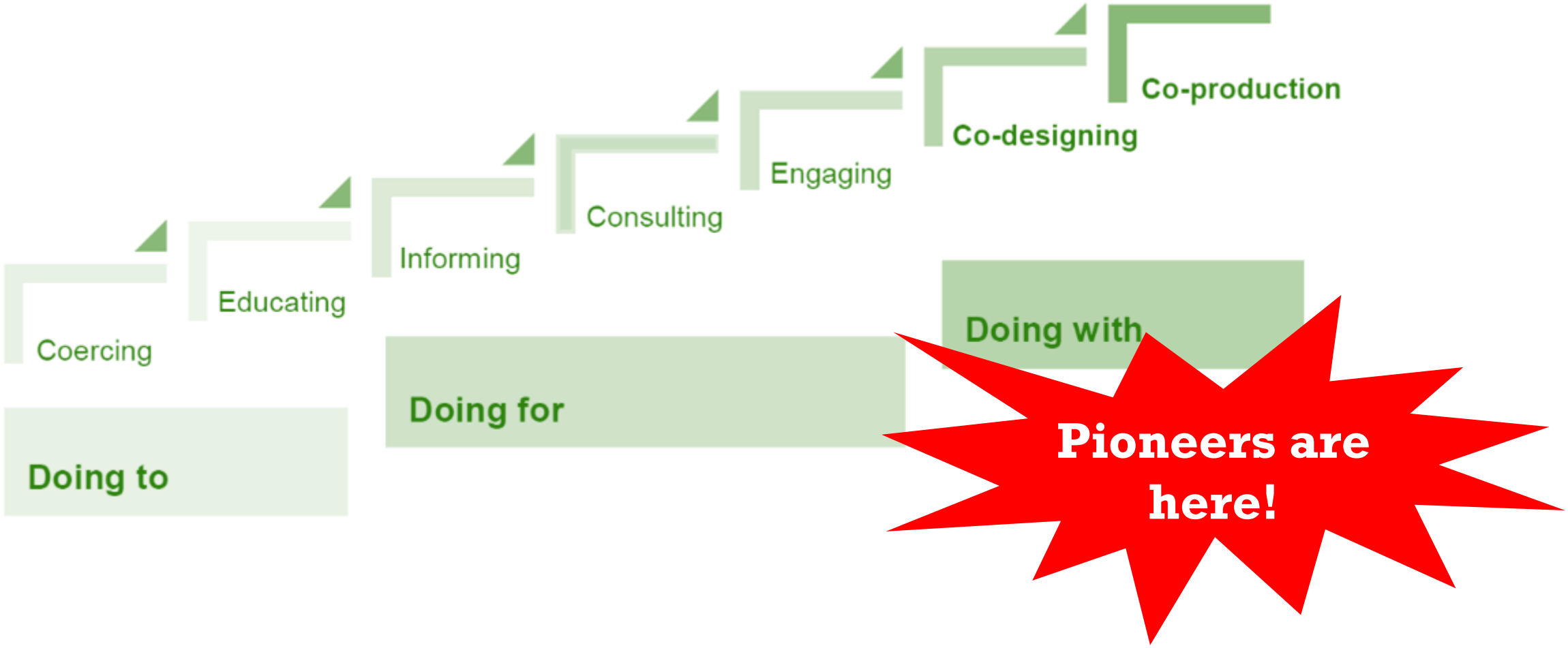
Economic benefits

Co-production leads to a better focus on prevention, early intervention, and community services, with people less likely to need more expensive services later on.

This reduces the cost of acute services.

Sources: SCIE 2022; Smith et al 2022; Loeffler & Bovaird 2016.

What is best practice for doing Co-production?



What is best practice for doing Co-production?

The Jigsaw

Culture

working with the beliefs and values of the organisation

Practice

working with how organisation and its people do their work

Structure

working with how organisation is arranged and its systems

Review

reflecting and evidencing impacts the co-production work

Source: SCIE 2022

Timeline

2023:	• Pioneer concept created by Wilts CIL: ensuring that disabled people get to lead the way on how they want to live their lives • Wilts CIL developed and delivered 'vision creation' sessions in response to request from ASC to incorporate co-production into TASC, resulting in a shared vision for ASC

2024:	• Wiltshire Council 1 year grant to continue work of pioneers and embed the vision in everyday practice and culture
	  • 10 core Pioneers steer the project with a reach of over 100 pioneers in wider network, using email, social media and surveys, continues to grow
	  • Innovators (WC staff) recruited to work with pioneers as equal partners and make change happen
	  • Small 'action based' projects are set up with individual teams
	  • Wiltshire CIL and Prof Mat Jones, UWE, collaborate on initial, small scale, evaluation
	• Wiltshire CIL Pioneers expand into other areas including young people with SEND.

2025:	• Wiltshire Council 1 year grant to continue work of pioneers and innovators. • Feb 19th Wilts Cil hosting 'get excited' day with all pioneers, planning TASC work as well as other projects that the pioneers are involved in • Wilts CIL Pioneers expanding in other areas, having gained interest from educational, statutory and voluntary organisations in the UK • UWE and Wilts CIL to apply for funding to evaluate the pioneers and innovator model.

This Means:

- My support on my terms at the right time with people I know and trust
- My relationships are real, equal and honest; I feel love and give love
- My own home works for me and makes me feel safe and secure
- My community is where I belong, contribute, have and add value

Pioneers & Innovators

‘Reality of Change’ model

Pioneers and innovators

- Vision that unites
- In it together
- Power to change
- Action orientated
- Humble enquiry

Improving service design and delivery

- Meets person led outcomes
- Streamlined
- Increase in satisfaction
- More targeted

Improving organisational systems

- Better distribution of resources
- Continuity and integration
- Culture change

Impact

People living their life their way

With relationships that matter, in communities that value them and homes that work for them. Backed up by support delivered on their terms

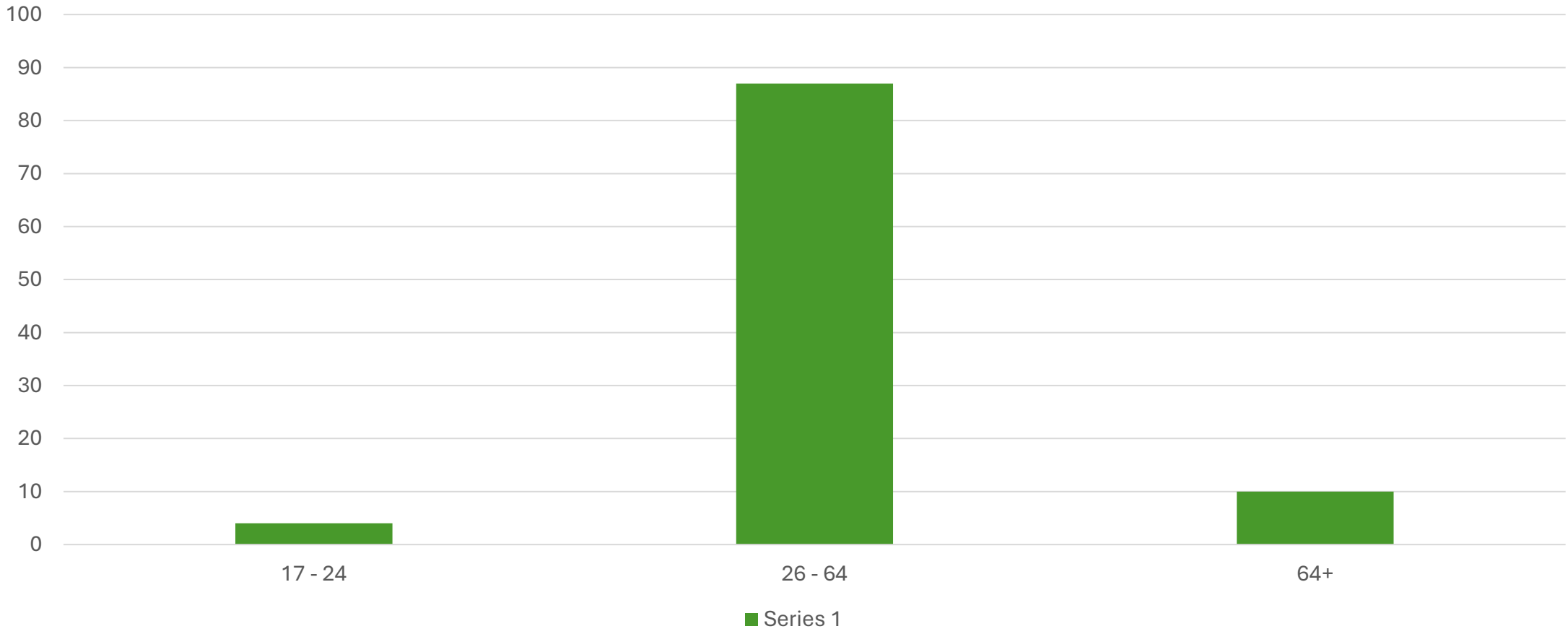
FOUNDATIONS

Equality | Joy | Hope | Strengths | Co-production | Person led

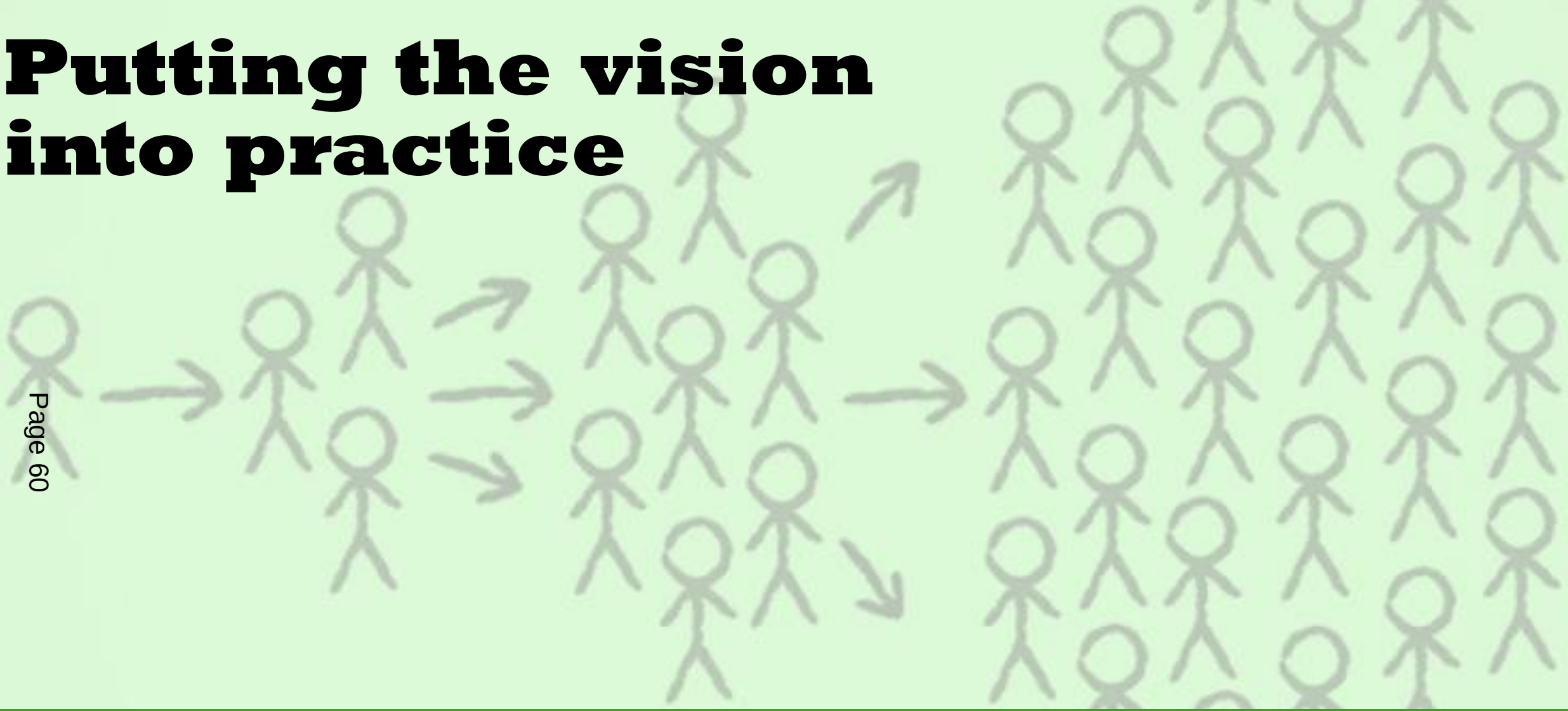
'Smithy'
Socialising
Friends and Neighbours
Proud man - Likes to be Clean
Enjoys Good Food

Transforming Social Care

Age Range of Pioneers



Putting the vision into practice



Creating highly participatory, dynamic, experimental, and reflective processes

Social Distancing
Please use hand sanitiser before entering
THIS
IS
WHERE
THE
FUN
STUFF
HAPPENS

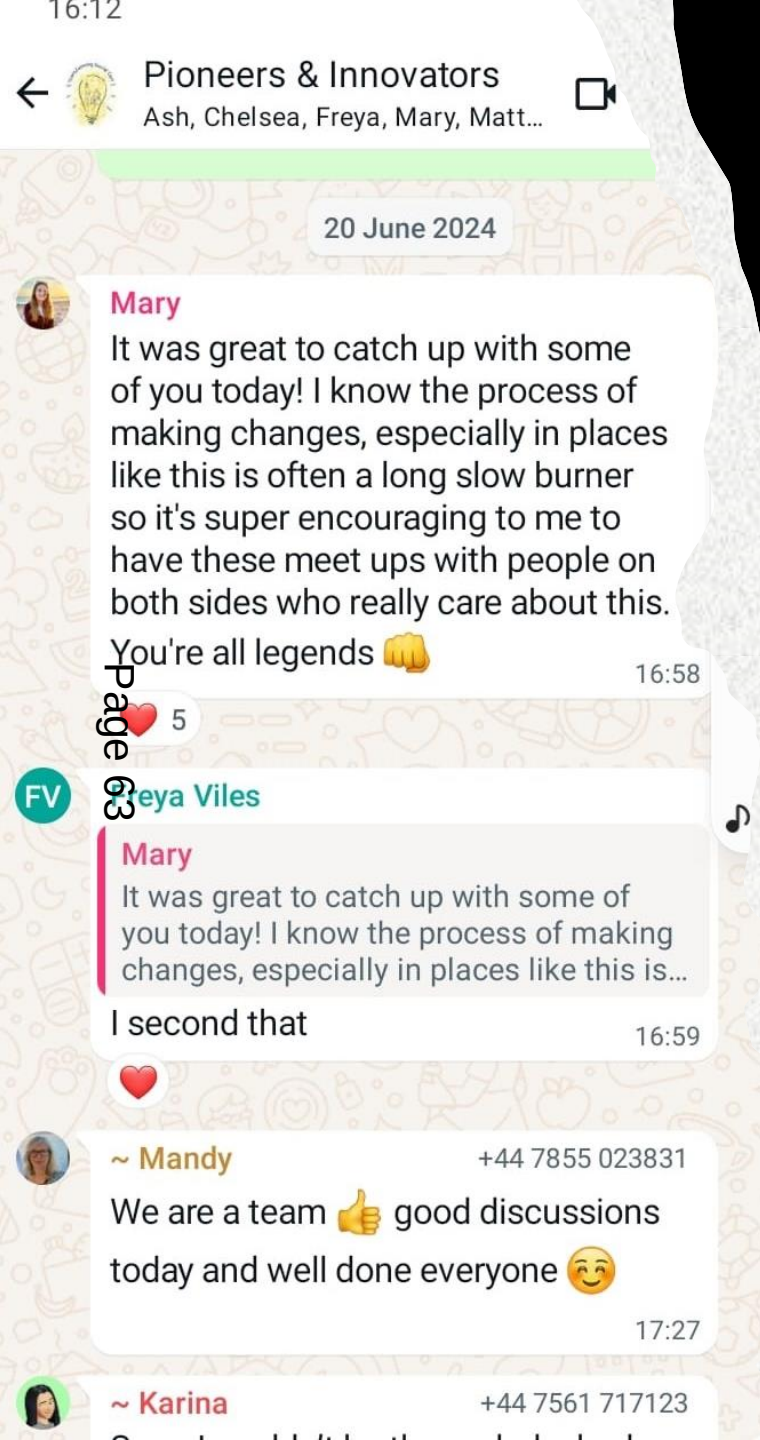
Examples of time and input for work streams

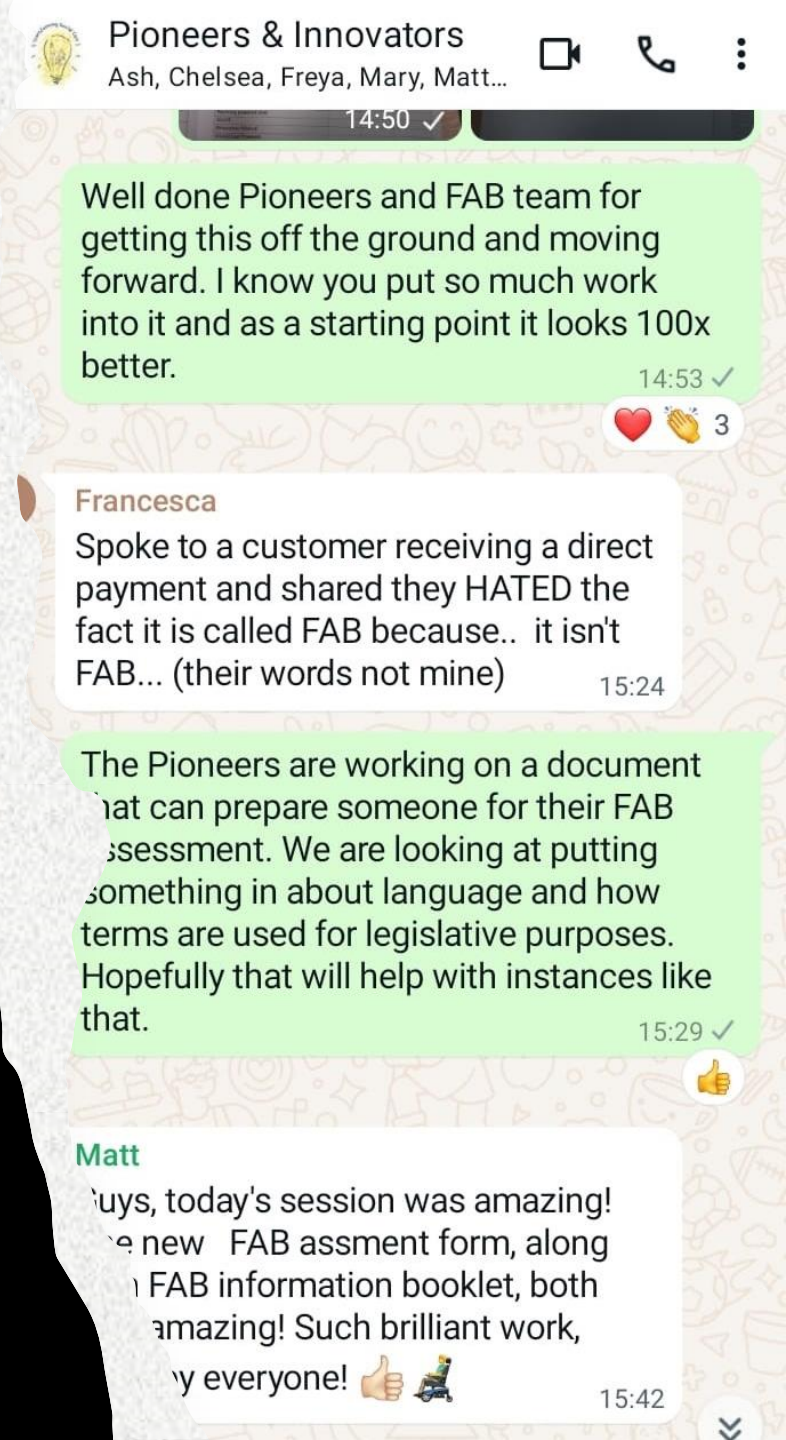
- FAB
  - 1 initial meeting with team leader and 1 pioneer
  - 4 sessions with Pioneers so far
  - 58 people involved in changing form and guidance.

- Communication doc
  - 1 session with Pioneers and innovators
  - 1 meeting with Kaylie Chapman
  - 46 people involved

- Induction
  - 1 Initial meeting with Kaylie Chapman
  - 1 session to plan out the inductions
  - 35 people involved
  - Ongoing commitment for WiltsCIL, pioneers and innovators

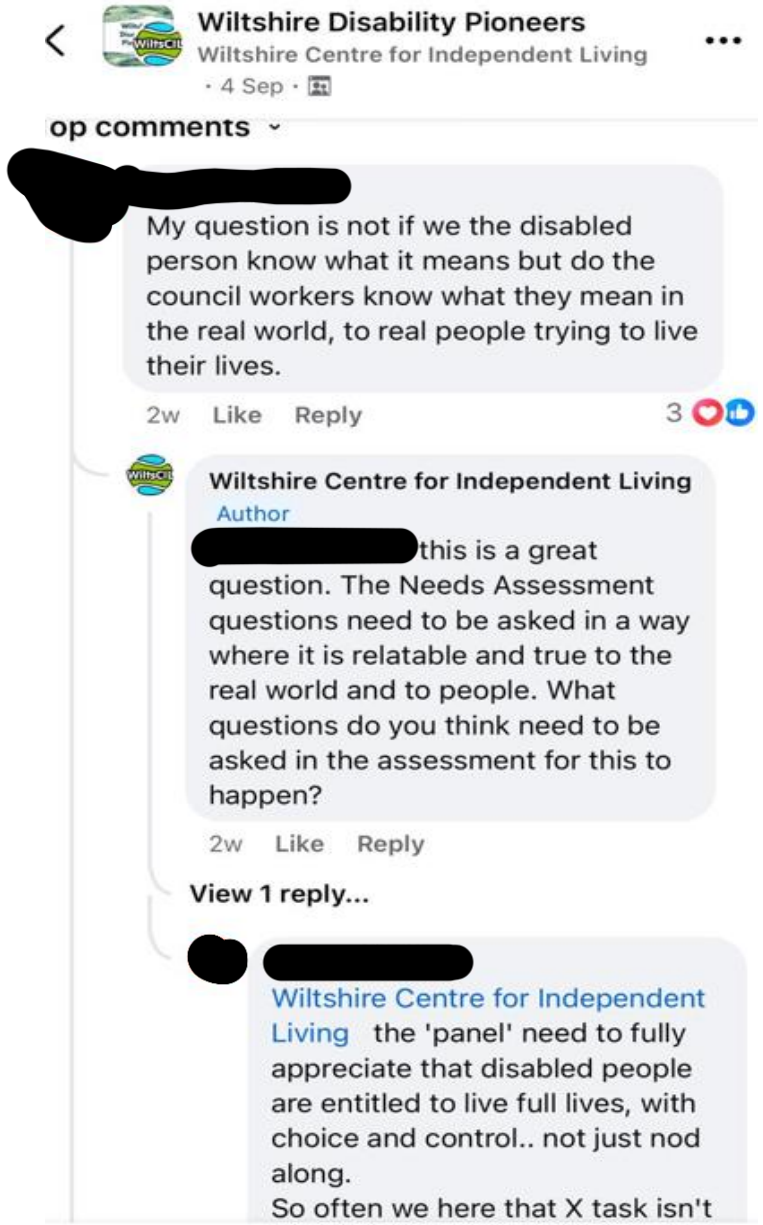
Enabler: positive relationships





Example: Wider engagement

What does the needs assessment need to look like?



WORK	PROGRESS
FAB	The form is being tested on a small cohort before being rolled out
Safeguarding	Pioneers working with safeguarding team. Meeting on regular basis to review paperwork and practice
Inductions	Pioneers have produced a slide pack for induction of ASC staff, they present this alongside an innovator
Advice & Contact along with ILC	Advice and Contact have shared the first conversation questions with the Independent Living Centre and the wider Pioneer network.
'How I will communicate with you' document	Being trialled with LDAS and WEST team, who are taking it out on first visit and adapting
Needs assessment and support plan	Wider pioneer network have inputted, changes have been made to wording

Progress and Impacts in Year 1

- 6 work streams and growing
- Real world impact for innovators and pioneers
- Nationally held up as an example of good practice in co-production

Wiltshire Vision Pioneers:
Impact Case Studies

Showcasing different types of impact achieved by Pioneers and Innovators in the early stage of the project.

- **Case Study 1. Better service integration.** Reducing frustrating 'back and forward' queries about support and advice
- **Case Study 2. Improving productivity.** Speeding up financial assessment and benefits processes
- **Case Study 3. Enhancing staff insight and practice.** Better understanding and improvements to practice for social care staff
- **Case Study 4. Changing the culture of Social Care**. Changing the ASC workforce through the expertise of people with lived experience

1: Better service integration

Reducing frustrating 'back and forward' queries about support and advice

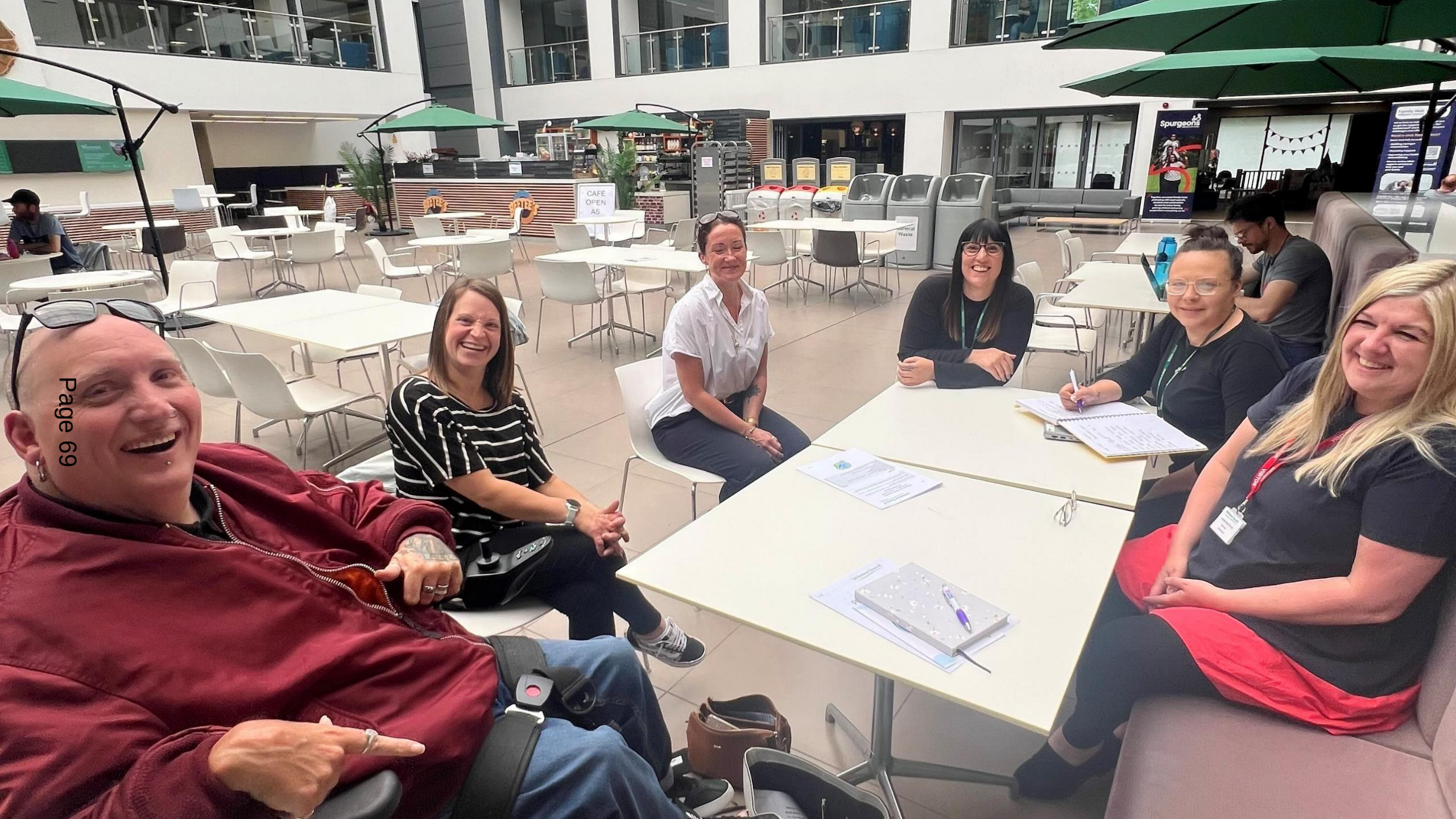
- Pioneers have bought Independent Living Centre (ILC) and Advice and Contact teams together after ILC made contact through our social media post.
- The issue:
  - People go to ILC for equipment and ILC recommend people call advice and contact
  - People are told *they aren't* eligible for support
  - Go back to ILC for a private assessment , ILC ends up referring back to advice and contact because *they are* eligible for support

Simple solutions: Advice and Contact will encourage people to take a copy of their conversation to ILC. ILC can help people to understand advice, minimising miscommunication.

2: Improving productivity

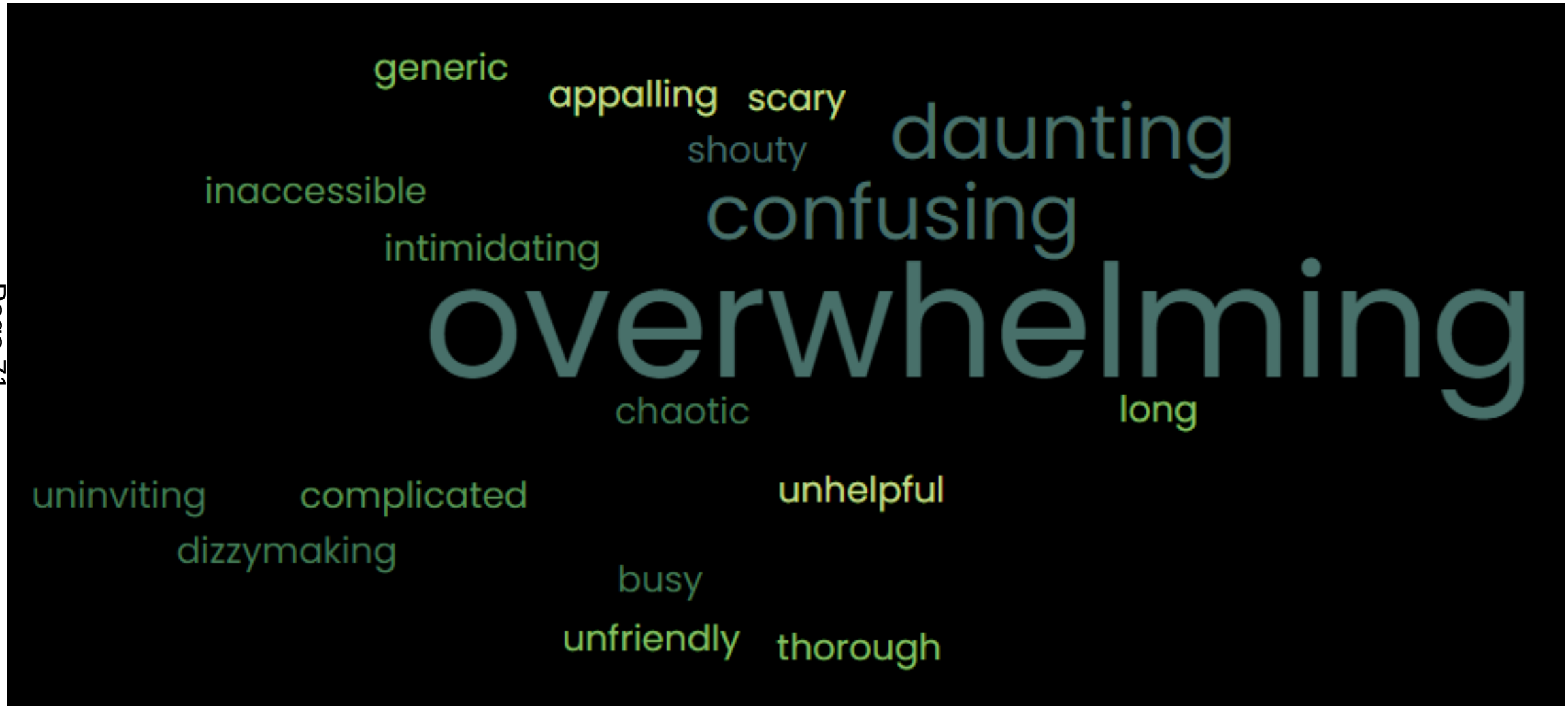
Speeding up financial assessment and benefits processes

- Finances Assessment and Benefits team (FAB) and the core group of Pioneers worked together to change the assessment form and the letters they send out to people.
- The wider pioneer network helped with feedback and together they have created a helpful guide. The guide is to be given to people after they have had a Care Act assessment, in preparation for their FAB assessment.
- The FAB Team have altered the form based on the Pioneers feedback to make it more user friendly, accessible and easier to understand.
- The team and the Pioneers have found common ground and worked around barriers together. For example, in the guide, they talk about official language and how that isn't the preferred terminology but is in line with legislation and to reassure people what this means and where they can get help if needed.


CAFE
OPEN
AS
Spurgeons

“Last month I had my FAB assessment and used the new design, and it was a lot easier to fill in with the support from Gemma from the FAB team, who was amazing! .....I think it will make the whole FAB assessment a lot easier and quicker...So good work guys”

FAB Form: Before



FAB Form: After

3: Enhancing staff insight and practice

Better understanding and improvements to practice for social care staff

Evaluation feedback from ASC staff showed a range of benefits linked to the project. These included changing understanding about work roles and people's experiences:

"It makes me more mindful of my interactions."

"It makes me more confident that that the work we are doing and supporting is the right work (in that it's important to the people of Wiltshire). It also makes our work more valid."

"It helps remind me of why I became a social worker in the first place [because] the opportunity for direct contact is far less in my current role than it was when I was in a Community Team."

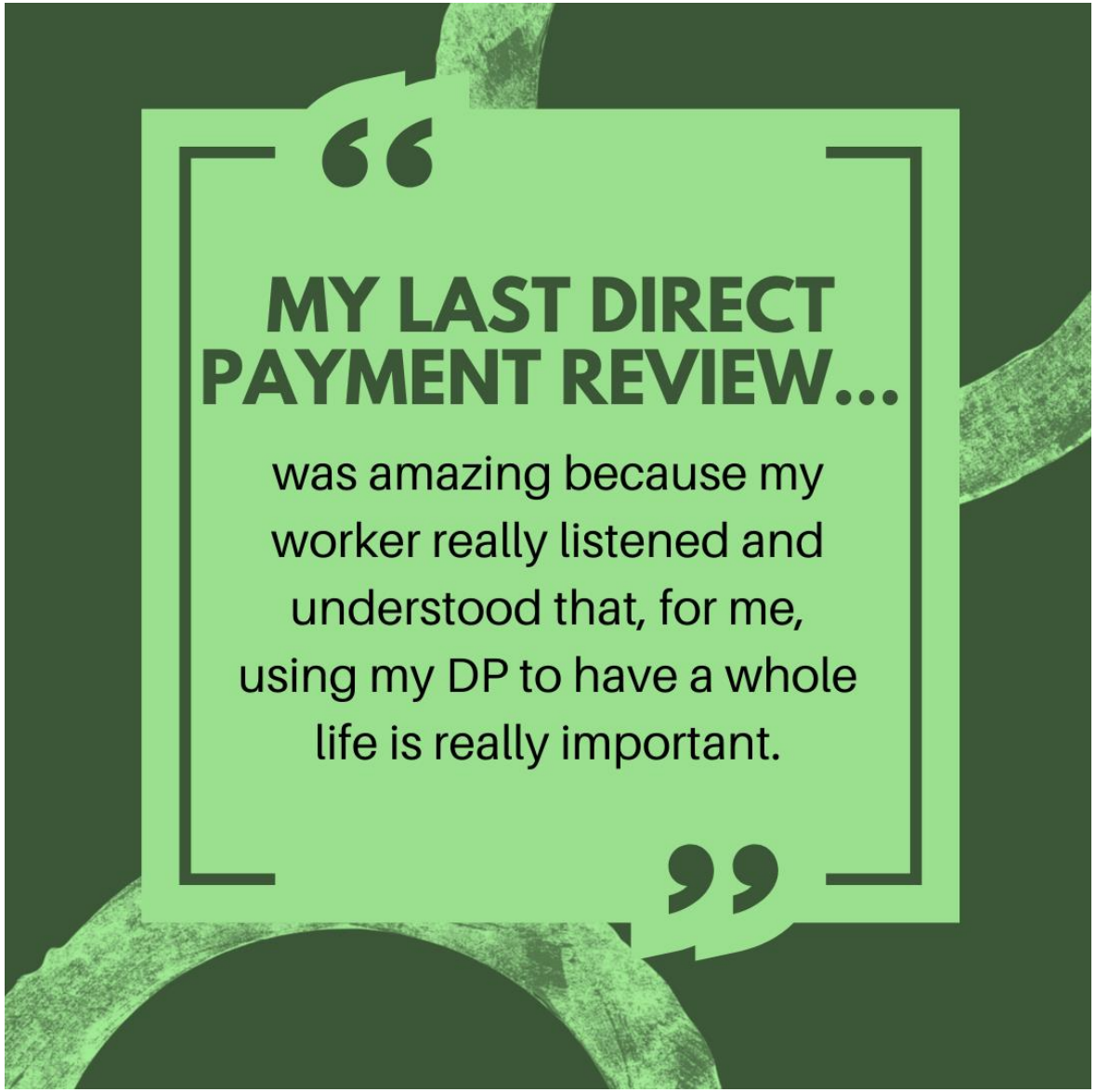
In addition, staff reports impacts on working practices:

"It was so beneficial to hear the thoughts and views of people with lived experience ..... which can be used to inform our practice, training, and our overall support for the community."

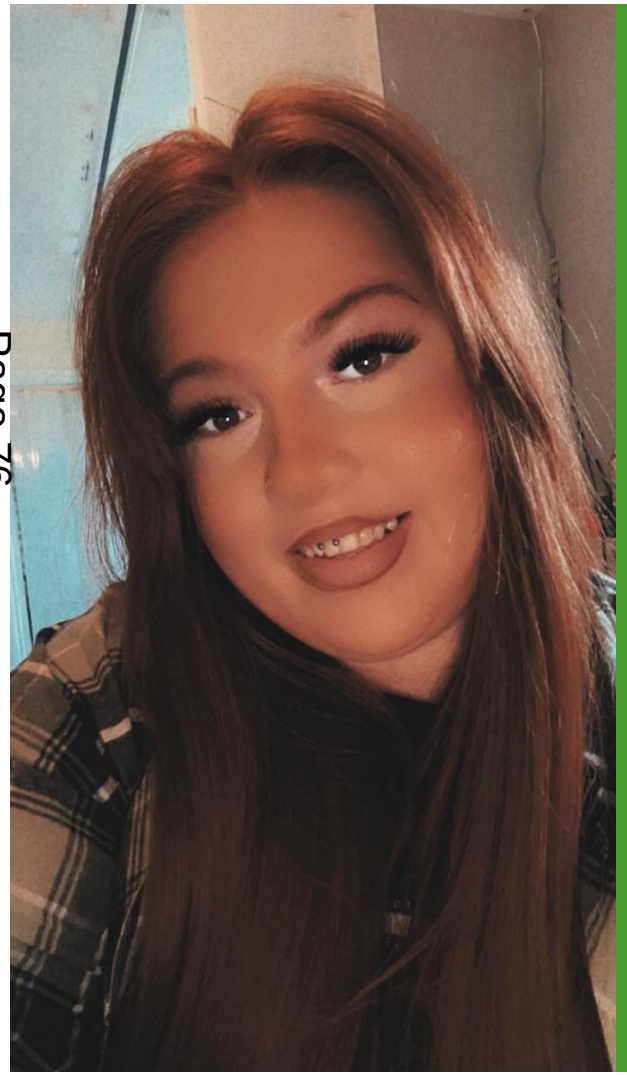
"Engagement [with the] Pioneers has led to so many good ideas, and some very simple changes, that will make all the difference."

"The meetings have just been so proactive, and person centred and fun...both the team and pioneers are committed to working together to get it right and make a difference"

"The Pioneers have such depth of knowledge and experience, which has proved to be invaluable for a team who are wanting listen, reflect change, be supportive and enhance experience."


MY LAST DIRECT PAYMENT REVIEW...
was amazing because my worker really listened and understood that, for me, using my DP to have a whole life is really important.

4: Changing the culture of Social Care



Changing the ASC workforce through bringing on board the expertise of people with lived experience

Chelsea experience of being a Pioneer led her directly into a job as a Financial Assistant. Her personal insights are changing the 'us and them divide' between service users and staff.

"Back in February/March I was struggling to get a job, I was struggling with self-confidence and ***lost most of my hope*** *in society. This is when I had the opportunity to become a Pioneer. It was a chance to* ***have a voice to finally be heard****, to make* ***small but important changes*** *to the world we live in for those with disabilities. Not only has being a Pioneer helped me to do this, but it has also provided me with many other amazing opportunities! I have grown as a person and finally feel* ***I have a purpose in life again****...The opportunity enabled me to get a job as a Finance Assistant."*

For clarity, we made small edits to the qualitative feedback.

Outcomes

Better service integration.

- Pioneers as system connector e.g. ILC and Advice and Contact

Improving productivity.

- Making services more targeted, and working for the people who receive them = more productivity = save money

Outcomes

Enhancing staff insight and practice.

- Better understanding and improvements to practice for social care staff, greater autonomy and job satisfaction, better partnerships with the people they work with

Changing the culture of Social Care.

- Finding outlets for staff creativity
- Challenge perceived norms e.g. ‘I don’t bother as it will get rejected’
- Coming together as equals

Development and Learning from Year 1

- Early adopter model = positive spread and growth
- Flexing approach to ensure services change
- Action orientated
- Introduction of innovators, to make change stick
- Pioneer capacity , engagement and motivation. *People **not** system led agenda*
- Keeping it alive!
  - Pioneer stewardship
  - Comms

Next Steps for the Wiltshire Vision project

- Prepare the ground for the next stage – identify how we can scale up successfully
- Engage with different groups. Use existing models of working with older people, E.g. https://wigo.org.uk/
- Work with UWE to develop a proposal to National Institute Health Research to support the development, learning and evaluation of the project

“Take the leap and become a Pioneer you will not regret it. Together it will enable us to make the changes to our lives, and make society better”

Chelsea

Core group pioneer

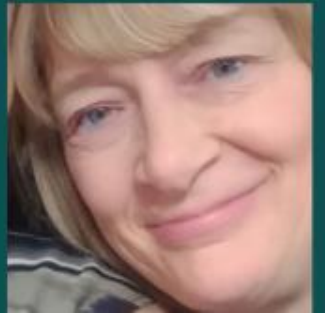
Contacts

To find out more about the pioneers:

mary@wiltshirecil.org.uk

To become a pioneer and join the revolution:

Pioneers — Wiltshire Centre for Independent Living
Join Our Team — Wiltshire Centre for Independent Living



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Wiltshire Council

Health Select Committee

22 January 2025

Non-elected non-voting co-opted representation on Health Select Committee

Purpose

1. To present options available to the Health Select Committee (HSC) with regards to the appointment of non-elected non-voting co-opted members (thereafter referred to as "co-opted members" or "co-opted") with regards to:
    a. The number of co-opted members for the HSC.
    b. Term of office and when appointments should be reviewed.
    c. The Voluntary and Community Sector (VCS) organisations and groups who should be invited to select a representative to become a co-opted member on HSC (taking into consideration whether the VCS organisations or groups are in a contractual relationship with the Council).
    d. The role of co-opted members and expectations both of service and support.
    e. Developing ways of working for the committee to support inclusion of co-opted members.

2. Co-opted members are non-councillor members of certain committees, appointed where specialist input is required or where an outside view of the council can be useful in guiding councillors' deliberations.

Background

3. The Health and Social Care Act 2012 increased emphasis on the role of patients and the public in shaping services. This was recognised in the inclusion of Healthwatch membership for health and wellbeing boards.

4. Overview and Scrutiny (OS) committees may include co-opted members, including from Voluntary Community Sector (VCS) organisations. These may not be given voting rights except where permitted by the relevant local authority (Local Government Act 2000).

5. Wiltshire Council's constitution, under Part 8 – Overview and Scrutiny Procedure Rules, with regards to co-optees states:
   3.1 All Overview and Scrutiny Committees shall be entitled to appoint non-voting Co-Optees, subject to ratification by Full Council.
   3.2 They may also select key partners or stakeholders as informal non-voting members of their committee.

6. The Local Authority Health Scrutiny guidance issued by the Department of Health (June 2014) states that:
   "local authorities (…) ***keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services***

***to health scrutiny bodies**. Although health scrutiny functions are not there to deal with individual complaints, **they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends**."*
*"Furthermore in the light of the Francis Report, health scrutiny will need to consider ways of **independently verifying information provided by relevant NHS bodies and relevant health service providers** – for example, by seeking the views of local Healthwatch."*

7. The HSC has a long-standing arrangement of including co-opted members. The benefits of contributions made by co-opted members has been apparent at committee level, as well as task groups and rapid scrutiny exercises.

8. At its meeting on 10 September 2024, the Health Select Committee received an update report on this matter detailing the research undertaken at that point, which will not be repeated in this report but can be accessed on the relevant agenda (here). Co-opted membership was also previously reviewed by this committee in September 2016 and July 2018.

Comparison

9. Desk-based research was undertaken between September and November 2024 to review the approaches taken by other local authorities with regards to appointing co-opted members. Unfortunately, this did not yield particularly useful data and information as VCS organisations representation on health scrutiny committees varied widely.

10. On a positive note, the research highlighted that Wiltshire HSC remains a pioneer in its inclusive approach as it compared very favourably to the local authorities listed in the July 2018 report.

11. Non-elected representation (of a comparable purpose) on other boards and committees of Wiltshire Council are as follows:

    a. the Health and Wellbeing Board has the following VCS representation:
    - VCSE (Voluntary, community and social enterprise) Leadership Alliance
    - Healthwatch.

    b. Children's Select Committee
    - Further education representative
    - School teacher representative
    - Children and young people representative

Main considerations

The number of co-opted members for the HSC

12. Appointing a maximum of 5 co-opted members would bring the total membership of the HSC to 18.

13. This is the same number as the current membership for the Children's Select Committee, which provides evidence that this is a manageable number in terms of ensuring time for participation for all members of the committee at meetings, whilst keeping the length of the meetings reasonable.

14. In terms of balance, the membership split would be just over 2/3 as elected councillors (13) and just under 1/3 as co-opted members (5). Again, this aligns with the Children's Select Committee, and no issues have been highlighted in terms of balance of membership.

15. The increase in number may require the HSC to meet in the Council Chamber rather than a committee room. This may make the meetings slightly more dauting for external witnesses, but this would be balanced by the fact that all attendees would have access to a microphone throughout the meeting (avoiding the current "seat swapping" for witnesses). The Council Chamber is used by the Children's Select Committee and the same approach for a seating plan can be taken to ensure that all attendees feel included in the meeting.

Term of office and review periods

16. To ensure that the organisations remain representative of service users and / or Wiltshire residents, it is suggested appointments are reviewed annually.

17. No limits are currently placed on the number of years a co-opted member can be appointed to HSC. No issues have been raised with regards to this for any overview and scrutiny committee, therefore no changes are proposed but this can be reviewed annually.

18. Based on reviewing issues considered in 2016 and 2018, it should be noted whether a VCS is commissioned by the Council to deliver specific services.

19. This would also ensure that there remains a balance of "independent" VCS as co-opted, although this should not be seen as suggesting that co-opted members would not offer a true reflection of service users' views and issues because their VCS delivers a contract for the council.

20. It is therefore proposed that a brief report by the Scrutiny team is considered at the HSC meeting when the election of chair and vice-chair takes place (first meeting of a new municipal year).

21. This report would:
    a. review appointments from the previous year,
    b. review whether a limit on terms of office should be applied,
    c. summarise contracts and working relationships between the council and VCS organisations,
    d. make recommendations with regards to which VCS should be invited to appoint a representative as a co-opted member on the HSC for the coming year.

Representative Membership

22. Key benefits in appointing co-opted members to HSC include:
    a. Specialist input;
    b. Outside view of the council;
    c. Ensuring the voice of service users is heard.

23. Therefore, the focus of work and ways in which the VCS organisations and groups engage with service users should be carefully considered to ensure that the organisations appointed on the committee are significantly representative of service users and / or Wiltshire residents, as well as offering that specialist, external input.

24. It is proposed that the annual review process would involve engagement with the sector to be mindful of current trends and issues in Wiltshire health and social care services and to reflect whether the voice of people experiencing these challenges is being heard by the committee.

25. It would also seem logical to take into account key policies and strategies underpinning the work of adult social care when these are likely to be considered by HSC and / or have an impact on specific service users.

26. A draft protocol is included in Appendix 1.

Developing ways of working for the committee to support inclusion of co-opted members

27. The work of the HSC is guided by its forward work plan, which is regularly updated to include:
    a. Resolutions made by the HSC,
    b. Upcoming Cabinet items,
    c. Items suggested by committee members, council officers, and partners.

28. Additionally, the forward work plan is reviewed on a yearly basis following consultation with Executive members (relevant Cabinet Members and Portfolio Holders), Council Directors, and key officers in partner organisations.

29. It would seem beneficial for co-opted members and their respective organisations and groups to be consulted annually when developing the HSC's forward work programme. This would ensure that the forward work plan for the HSC benefits from their input, based on their knowledge of service users' experiences.

30. Opportunities were identified to develop the HSC's understanding of the role and breadth of work of the organisations and groups represented by its co-opted members, which in turn would support inclusion of co-opted members as well as encouraging participation from co-opted members at HSC meetings, as follows:

31. Annual informal presentations delivered by co-opted members, and / or other representatives of their respective organisations and groups, before a meeting of HSC (for example 10am to 10.20am in the meeting room before a meeting of HSC at 10.30am) along the lines of "this is who we are and what we do".

32. These would be short presentations on the role and work of the organisations and groups, their key successes and challenges in the previous year as well as priorities for the year ahead.

33. In addition to the value of the contributions made by co-opted members at HSC meetings, the significant benefits of co-opted members participating in other forms of overview and scrutiny should not be forgotten. It is therefore beneficial that co-opted members are aware of all opportunities to engage with Task Groups and Rapid Scrutiny exercises.

Proposal

1. That the Health Select Committee agrees the following:

   a. A maximum of 5 co-opted members to be appointed to the HSC.

   b. Terms of office of 1 municipal year to be reviewed at the first meeting of each municipal year, supported by a report from the Scrutiny team (paragraph 22 refers).

   c. The VCS organisations who should retain their current seat as co-opted members:
      - Healthwatch Wiltshire
      - Wiltshire Service Users' Network (WSUN)
      - Wiltshire Centre for Independent Living (CIL)

   d. To adopt the following approaches to support inclusion of co-opted members:
      - Annual consultation of co-opted members and their respective groups and organisations when developing the forward work plan for the HSC
      - Annual informal presentations delivered by co-opted members, and / or other representatives of their respective organisations and groups on the role and work of the organisations and groups, their key successes and challenges in the previous year as well as priorities for the year ahead.
      - Ensure that co-opted members are aware of all opportunities to engage with Task Groups and Rapid Scrutiny exercises.

2. That the Health Select Committee delegates to the Chair and Vice-Chair to report the above decisions to the next available meeting of the Overview and Scrutiny Management Committee.

3. That the Health Select Committee recommends to the Overview and Scrutiny Management Committee that a protocol for non-statutory Co-opted members be included with the relevant protocol for overview and scrutiny to offer clarity on the role of co-opted members, their appointment, and the expectations and support linked to it (draft included as Appendix 1).

Report author: Julie Bielby, Senior Scrutiny Officer, julie.bielby@wiltshire.gov.uk

Date of report: 13 January 2025

Background papers

A councillor's workbook on scrutiny (local.gov.uk)
Adult social care policies and strategies - Wiltshire Council

Appendices

Appendix 1 – DRAFT Protocol for non-statutory Co-opted Members to Overview and Scrutiny

Protocol for non-statutory Co-opted Members to Overview and Scrutiny

For the purpose of this document, “co-opted members” refers to non-statutory co-opted members to overview and scrutiny, i.e. non-elected non-councillor non-voting members of overview and scrutiny.

Purpose

The purpose of this protocol is to:

- Provide guidance to Overview and Scrutiny Committees when seeking to appoint co-opted members to committees, task groups, rapid scrutiny exercises or any other form of overview and scrutiny activity.
- Outline the role and responsibilities of co-opted members.
- Outline the support and training to be provided to co-opted members.

Appointment of co-opted members to overview and scrutiny activities

1. Co-opted members should be appointed where specialist input is beneficial or where an outside view of the council can be useful in guiding councillors’ deliberations. It is widely recognised that co-opted members can significantly aid the work of OS.

2. However, co-opted members should not be viewed as a replacement for professional advice from officers.

3. Furthermore, when seeking external input into OS work, consideration should always be given to other alternative approaches, such as the role of expert witnesses or use of external research studies, to help achieve a balanced evidence base.

4. To ensure that the reason(s) why a co-opted member was appointed (i.e. specific skills, knowledge, representative of a specific group or organisation, etc.) remain relevant, appointments should be reviewed on an annual basis, usually at the beginning of a new municipal year.

5. The number of terms of office a co-opted member can be appointed to are not currently limited.

6. The number of co-opted members appointed to overview and scrutiny (OS) activities should be limited to ensure that:

    a. An over-representation of any particular specialist area is avoided, and the elected members of a committee retain a majority over co-opted members. In practice this has been 2/3 of elected members and no more than 1/3 of co-opted members for committees. No issues of balance have been raised therefore this proportion could be applied for committees and other OS activities

b. The composition of the local community has been considered to ensure that the co-opted membership it is as representative as possible.

c. Each member (both councillors and co-opted) can participate in a meeting without making the length of the meeting unreasonable. For guidance a total membership of 18 members for committee, 7 for task groups and 5 for rapid scrutiny exercises has been manageable.

7. When considering the appointment of a co-opted member, OS should be mindful of any potential conflicts of interest that may arise during the course of the year in view of the terms of reference of the relevant OS activity, for example the co-opted member's paid employment and the work of the committee.

8. Co-opted members will usually (but not exclusively) be nominated by specific organisations relevant to the work of the committee. The committee should invite the organisation to make an appropriate nomination, although a vacancy can be advertised more widely if the committee agrees it would be beneficial. Anyone who lives, works (including voluntary work) and/or studies in Wiltshire is eligible to be a co-opted member, except if they are a Wiltshire Council Member or Wiltshire Council Officer.

9. The process for appointing co-opted members should be open, effective and carried out in a manner which seeks to strengthen the work of the OS activity.

10. A report from the select committee on the appointment of co-opted members should be presented at the beginning of a new municipal year to include:
    a. A review of appointments from the previous year,
    b. A review of whether a limit on terms of office should be applied,
    c. A summary of contractual and / or working relationships between the council and the organisations or groups the co-opted members may belong to (where relevant),
    d. Recommendations for the appointments of co-opted members for the coming year.

11. Each OS committee can appoint co-opted members in line with paragraphs 1 to 5 above as members of said committee.

12. The appointment of co-opted members to other OS activities should be endorsed by the relevant parent OS committee, either by the full committee or its Chair and Vice-Chair.

Role and responsibilities of co-opted members

13. Co-opted members are intended to bring an additional element of external challenge to the work of OS. By bringing a diverse spectrum of experience and adding a different perspective to many items they are expected to add value to OS by performing the following roles:

a. To act as apolitical voices for those who live and / or work in Wiltshire.
b. To bring specialist knowledge and / or skills to the OS process.
c. To bring an element of external challenge by representing the public.

14. Co-opted members like all members are bound by the Council's code of conduct.

15. Co-opted members may be removed from the role during their term of office if:
    a. they do not engage with the OS activity to which they have been co-opted
    b. if they fail to adhere to the Code of Conduct which applies to them, or

16. Where co-opted members are nominated by a particular organisation to provide insight about that user group or section of society, then their term of office will also end when they are longer a member of that organisation, or if that organisation/group ceases to exist.

17. It is the responsibility of the co-opted member to inform the Council if a circumstance arises that they believe disqualifies them from continuing in their term of office.

18. Co-opted Members can also resign during their term of office if they feel that they can no longer fulfil the requirements of the role.

19. Co-opted members are an integral part of the OS activity they are appointed to and can contribute to questioning of witnesses and analysis of evidence. However, co-opted members do not have voting rights.

20. Co-opted members are asked to:
    a. Attend formal meetings of the OS activity they have been appointed to and when unable to attend to make written representations ahead of the meeting.
    b. Attend additional meetings and evidence gathering sessions such as site visits.
    c. Prepare for meetings by reading the agenda papers and additional information to familiarise themselves with the issues being scrutinised.
    d. Help OS to make practical suggestions for improvements to services.
    e. Assist in the preparation of reports and the formulation of recommendations where relevant.
    f. Contribute to the development of the annual scrutiny work programme.
    g. Establish positive working relations with members, officers and other co-opted members.
    h. Abide by the relevant sections of the Council's Constitution in terms of the rules and procedures for Overview and Scrutiny; and
    i. Keep abreast of key issues for the authority and bear these in mind when scrutinising services and making recommendations for improvement.

Support and training to be provided to co-opted members

21. Co-opted members will be provided with a comparable level of support to OS elected members in terms of advice from the scrutiny team, access to agendas and training as detailed below.

22. Newly appointed co-opted members will receive an individual induction following appointment and prior to attending their first scrutiny meeting, that will outline their expected contributions and familiarise them with the Code of Conduct which applied to them.

23. The induction may include meeting with relevant OS members (such as the Chair of the OS committee they are joining) and scrutiny officer(s).

24. Co-opted members will be invited to join training and development sessions offered to elected members of OS that relate to their role as co-opted members, including sessions delivered during the induction of Wiltshire Councillors.

25. The role of co-opted member is a voluntary position and there is no allowance provision for this role.

Health Select Committee

Forward Work Plan

Updated 13 January 2025

Health Select Committee – Current Task Groups/Rapid Scrutiny			
Task Group/Rapid Scrutiny	Details of Rapid Scrutiny	Start Date	Final Report
Emotional Wellbeing and Mental Health Strategy	A joint rapid scrutiny with Children Select Committee members to review the development of the strategy (subject to agreement of CSC) **NB** a second meeting was agreed and will take place when the Delivery Plan has been drafted to review how the (Mental Health) strategy will be implemented in Wiltshire.	26 April 2024	Tbc
Voluntary Sector provision of health and social care in Wiltshire	Inquiry session with representatives from the voluntary sector to understand their perspective	TBC	TBC
NEW Urgent Care	To undertake a Rapid Scrutiny to understand the data collected with regards to Urgent Care (in particular response time NB to include range of response time and hospital handover). The aim would be to develop a report for HSC on Urgent Care, having reviewed what data is available. (HSC 20 November 2024)		

Standing items on agendas (at all meetings)	Type	Report author / Lead
Cabinet Member update – To receive a brief verbal update from attending Cabinet Members (or Portfolio Holders on their behalf) highlighting any news, successes or milestones in their respective areas since the last meeting of the committee, not covered elsewhere on the agenda.	Verbal	Cabinet Members (or Portfolio Holders on their behalf)

Health Select Committee – Forward Work Plan **Briefings for Chair and Vice-chair**	
Timeframe	**Topic [Origins]**
tbc	**Household Support Fund 6** – briefing for Chair and Vice-chair to identify areas of focus for performance report and any other information the committee should receive on the HSF. Chair and Vice-chair to select areas to focus.
March 2025	**Technology Enabled Care** • the data for the outcomes listed as priorities (on page 38 of the agenda) to indicate progress/direction of travel. • the implementation plan for TEC Care (including an update on the number supported with TEC care with regards to the 60% target of funding packages). *Nb – outcomes of the briefing will inform update to HSC in September 2025.* [HSC 10 September 2024 - minutes]
April / May 2025	**Service user engagement contract** A briefing to Chair and Vice-Chair to update on the delivery of the Service User Engagement Contract. This would then inform the timing of the annual report to HSC. (HSC decision 20 November 2024)
June 2025	**Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy** - Progress and Performance Report Have a preview of the report to ensure it is in a more accessible format (last received at HSC 17 July 2024)
July 2025	Update on the **Implementation Plan of the Integrated Care Strategy** - Chair and Vice Chair to have sight of the report when it is being drafted to ensure that it provides performance information that the committee can meaningfully review. Report due to HSC in September 2025. [HSC 10 September 2024 - minutes]
September 2025	**Technology Enabled Care** A briefing on the delivery of the Technology for independence project with Swindon, 12-months into the 18-months project. This update should include performance measures and feedback from customers.

	Nb – outcomes of the briefing will inform update to HSC in March 2026. [HSC 10 September 2024 - minutes]

Health Select Committee – Forward Work Plan **Briefings for the committee**	
Timeframe	**Topic [Origins]**
tbc	**Service user engagement contract** A committee briefing from the Voice it, Hear it consortium to understand the roles, responsibilities and relationships within the consortium, the plans to deliver the contract in the year ahead and a review of performance on its first year. (HSC 20 November 2024)
tbc	**Service user engagement contract** A committee briefing on the Pioneer project ran by Wiltshire Centre for Independent Living (NB time around the UWE evaluation of the Pioneer project) (HSC 20 November 2024)
	NEW Demand, capacity and costs in Adult Social Care Details to be provided by Alison Elliott
	NEW Effectiveness of the Provider Quality Assurance Framework Details to be provided by Alison Elliott
	NEW The effectiveness of CQC regulation of providers in Wiltshire Details to be provided by Alison Elliott

Health Select Committee – Forward Work Plan

12 March 2025, 10.30am

*Pre-meeting briefing (**9.30am** in the meeting room) – topic: the different providers and their role in delivering the Unpaid Carers contract implementation report to be considered at the meeting)*

Type & timings (including Q&A)	Item title	Details / Purpose of report Origins / history	Cabinet Member / Portfolio Holder	Report Author / Lead Officer
Substantive 20 mins Deferred from Jan 25 as report not published in time.	Care Quality Commission (CQC) Inspection of Adult Social Care	A brief report presenting the outcomes of the CQC inspection and how this compares with the position presented on slide 4 of the agenda supplement (which are the strengths and areas for further development). HSC may review its forward work programme, if required, based on the outcomes of the CQC inspection. HSC 10 September 2024 - minutes	Cllr Jane Davies	Emma Legg
Substantive 20 mins	Wiltshire Council and Wiltshire Integrated Care Board (ICB) **Dementia Strategy Update 2023-2028**	Receives an update report to include: a. Demonstrating the implementation of the Dementia Strategy 2023-2028 (highlighting any key changes if required), including the eight key priorities listed in paragraph 40 of the report; b. A year's overview of delivery of the KPIs set for the Dementia Advisor Contract; c. A year's overview of delivery of the KPIs set for the Dementia Community Services contract. HSC 10 September 2024 - minutes	Cllr Jane Davies	Jo Body (Senior Commissioner), Alison Elliott (Director – Commissioning) and David Leveridge (NHS)

Substantive 20 mins	Unpaid Carers Contract Carers Strategy	Report 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. To review impact of the strategy following a presentation to committee, 4 July 2023. HSC 17 July 2024 - minutes	Cllr Jane Davies	Georgia Tanner
Substantive 20 mins	Wiltshire Council Business Plan	Adult Social Care performance against Business Plan targets. This would inform the HSC's areas of focus for its work in the new council.	Cllr Jane Davies	Emma Legg
Informative 20 mins	Pharmacy update	A review of the Pharmacy Needs Assessment (PNA) process and consideration of how commissioners (ICB) use PNA to commission pharmacy services, including: • an update on the work undertaken to date by the PNA steering group (started in October 2024)	Cllr Ian Blair-Pilling	Kate Blackburn / ICB Rich Francis David Bowater Victoria Stanley
Informative 20 mins	Better Care Fund	*NB may be brought forward sooner if issues are identified by the Health and Wellbeing board.* Update report with a focus on community equipment and any adjustments to budget to meet demand. HSC 10 July 2024 - minutes	Cllr Jane Davies	Karl Deeprose
Informative	*Direct payments*	*A report on management of direct payments in Wiltshire*	*Cllr Jane Davies*	*Emma Legg*

10 mins		*Legacy forward work plan*		
Informative *10 mins*	*Self-directed support*	*A report on self-directed support in Wiltshire.* *Legacy forward work plan*	*Cllr Jane Davies*	*Emma Legg*

Health Select Committee – Forward Work Plan

5 June 2025, 10.30am

Pre-meeting briefing (10am in the meeting room) – topic: Co-opted member presentation NB to be agreed by HSC on 20 November 2024

Type & timings (including Q&A)	Item title	Details / Purpose of report Origins / history	Cabinet Member / Portfolio Holder	Report Author / Lead Officer
	Election of chair and vice-chair of the committee	Annual process	n/a	Democratic Services Officer
BC	Appointments of co-opted members - review	Annual review HSC 22 January 2025	n/a	Scrutiny Officer
Informative / substantive 30 mins	Adult Safeguarding	There would be two parts to the item: • A general update on the work undertaken by the Wiltshire Safeguarding Vulnerable People Partnership • A review of performance against Adult Safeguarding KPIs HSC 2 November 2023 - minutes	Cllr Jane Davies	Emma Legg
Informative 20 mins	Public Health Health Protection	A report providing: • an overview of the areas of work delivered by Public Health, with an understanding of the commissioning of Public Health Services in Primary Care. It should be noted that the following has previously been of interest to the HSC:	Cllr Ian Blair-Pilling	Kate Blackburn Alice Marriot

		○ Wiltshire Health Coach Service ○ Wiltshire Health Inequalities Group and its annual / impact report if available (HSC 2 November 2023) • A review of the impact of health protection initiatives in Wiltshire. Following elections this would enable the newly formed HSC to familiarise itself with Public Health.		
Informative 20 mins	Wiltshire Health Improvement Hub and Smokefree Developments - update	A review of the Delivery Plan to be considered with other Primary Care Commissioned services. A report on the impact of the service including an update on the Smokefree Generation programme. HSC 12 June 2024 - minutes	Cllr Ian Blair-Pilling	Kate Blackburn Gemma Brinn / Sally Maynard-Smith / Katie Davies
Informative 10 mins	Substance use grant	To review the succession plan before the end of the grant period (April 2025). HSC 27 February 2024 - minutes. Deferred from January 2024.	Cllr Ian Blair-Pilling	Kate Blackburn Kelly Fry/Lizzie Shea
Informative 10 mins	Domestic Abuse Safe Accommodation Grant	To review the succession plan to support victims of domestic abuse before the end of the grant period. HSC 27 February 2024 - minutes Deferred from January 2024.	Cllr Ian Blair-Pilling	Kate Blackburn Hayley Morgan Daisy Manley
Informative 20 mins	NHS Dentistry and Oral Health Promotion	*NB – date to be confirmed* Request the following information when the item is rescheduled for consideration: • The impact of preventative work • Update on incentives for workforce • Access to dental services	Cllr Ian Blair-Pilling	Kate Blackburn

		• Pilot initiatives in the BaNES/Swindon/Wiltshire ICB area. HSC 12 June 2024 - minutes Outcome of Rapid Scrutiny exercise – 8 June 2023		
Informative 10 mins	Boater Community Survey – actions taken	An update on actions taken on the results of the Boater Survey carried out in September 2023, including: • Sharing the report and findings with Town and Parish Councils. HSC 12 June 2024 - minutes	Cllr Ian Blair-Pilling	Kate Blackburn Vicki Lofts Kiersty Rose

Health Select Committee – Forward Work Plan

9 July 2025, 10.30am

Pre-meeting briefing (10am in the meeting room) – topic: Co-opted member presentation NB to be agreed by HSC on 20 November 2024

Type & timings (including Q&A)	Item title	Details / Purpose of report Origins / history	Cabinet Member / Portfolio Holder	Report Author / Lead Officer
Informative 15 mins	Avon & Wiltshire Mental Health Partnership – performance update	Annual – to receive a performance update on the work undertaken by AWP in the last 12 months, including: o Key performance indicators, o Narrative on key successes and issues, o priorities for the year ahead. HSC 8 June 2023 - minutes	Cllr Jane Davies	Avon & Wiltshire Mental Health Partnership
Informative 15 mins	Wiltshire Health and Care – performance update	Annual – to receive a performance update on the work undertaken by Wiltshire Health and Care in the last 12 months, including: o Key performance indicators, o Narrative on key successes and issues, o priorities for the year ahead. HSC 8 June 2023 - minutes	Cllr Jane Davies	Wiltshire Health and Care
Informative	Healthwatch	Annual Report	?	?
Informative 15 minutes	South West Ambulance Service Trust (SWAST) – performance update	Annual – to receive a performance update on the work undertaken by SWAST in the last 12 months, including: o Key performance indicators, o Narrative on key successes and issues, o priorities for the year ahead. HSC 8 June 2023 - minutes	Cllr Jane Davies	South West Ambulance Service Trust

Health Select Committee – Forward Work Plan

9 September 2025, 10.30am

Pre-meeting briefing (10am in the meeting room) – topic: Co-opted member presentation NB to be agreed by HSC on 20 November 2024

Type & timings (including Q&A)	Item title	Details / Purpose of report Origins / history	Cabinet Member / Portfolio Holder	Report Author / Lead Officer

Substantive
20 mins
	Implementation Plan of the Integrated Care Strategy	Progress and Performance Report 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
		• delivery of the Wiltshire Priorities (page 55 of the agenda) for 2024-25 in relation to:
		  ○ Healthcare inequalities
		  ○ Neighbourhood collaboratives
		  ○ System flow
		HSC 17 July 2024 - minutes
		HSC 10 September 2024 - minutes
			Cllr Jane Davies	Emma Higgins (ICB)

Informative 20 mins	Technology Enabled Care – update	Update on: • Delivery of priorities • Implementation plan for TEC Care HSC 10 September 2024 - minutes	Cllr Jane Davies	Helen Mullinger (Commissioning Manager)

Informative 20 mins	Primary and Community Care Delivery Plan	Annual update on the delivery of Primary and Community Care, including key successes and issues in 2024-2025. HSC 2 November 2023 - minutes	Cllr Jane Davies	ICB

Health Select Committee – Forward Work Plan

12 November 2025, 10.30am

Pre-meeting briefing (10am in the meeting room) – topic:

Type & timings (including Q&A)	Item title	Details / Purpose of report Origins / history	Cabinet Member / Portfolio Holder	Report Author / Lead Officer
			Cllr Jane Davies	

Health Select Committee – Forward Work Plan

14 January 2026, 10.30am

Pre-meeting briefing (10am in the meeting room) – topic:

Type & timings (including Q&A)	Item title	Details / Purpose of report Origins / history	Cabinet Member / Portfolio Holder	Report Author / Lead Officer
Substantive 20 mins	Adult Social Care KPIs	Taking into account the ASCOF publication pattern (mid-December), to receive this annual report on Adult Social Care KPIs at the January / February meeting, with the inclusion of: - first page of the report showing budget for Adult Social Care for the last 3 to 5 years (depending on data included) and overall population in Wiltshire split by the same age groups as used in the report (if data available) - data be split a little more with regards to age to understand "trend" and predictable demand (currently 18-64 then 65+ yo)? - yearly data also be included for at least last 3 or 5 years for demand, activity and place/placement. HSC 20 November 2024	Cllr Jane Davies	Emma Legg Emma Townsend

Health Select Committee – Forward Work Plan

11 March 2026, 10.30am

Pre-meeting briefing (10am in the meeting room) – topic:

Type & timings (including Q&A)	Item title	Details / Purpose of report Origins / history	Cabinet Member / Portfolio Holder	Report Author / Lead Officer
Informative 20 mins	Technology for independence – outcome of pilot	Receives a short report once the pilot for Technology for independence is completed (18 months) presenting evaluation of the pilot, outcomes, feedback from customers, and the proposed way forward. Further information may be requested for this update report based on the briefing to Chair and Vice Chair requested 12-months into the pilot. HSC 10 September 2024 - minutes	Cllr Jane Davies	Helen Mullinger (Commissioning Manager)

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