

## Health Select Committee

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### **MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 6 JULY 2021 AT ONLINE - MICROSOFT TEAMS MEETING.**

#### **Present:**

Irene Kohler, Sue Denmark, Elizabeth Disney, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Johnny Kidney (Chairman), Cllr Pip Ridout, Cllr Mike Sankey, Cllr Clare Cape, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Gordon King (Vice-Chairman), Cllr David Vigar and Cllr Antonio Piazza

#### **Also Present:**

Cllr Liz Alstrom, Cllr Jane Davies, Cllr Ian Blair-Pilling, Cllr Richard Clewer and Cllr Trevor Carbin

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#### **12 Apologies**

Apologies for absence were received from Cllr Caroline Corbin and Cllr Jack Oatley. Cabinet Member for Public Health, Cllr Simon Jacobs, Director Public Health, Kate Blackburn and Director of Access and Reablement, Emma Legg also stated that they were not able to attend. Tracy Cox, Dee Runciman, Claire Williamson and Clare O'Farrell from B&NES, Swindon and Wiltshire Clinical Commissioning Group (CCG) Diane Gooch (WSUN) and Lindsey Burke from SWAN Advocacy also sent their apologies.

#### **13 Minutes of the Previous Meeting**

##### **Resolved:**

**To confirm the minutes of the meeting held on 8 June 2021 as an accurate record.**

#### **14 Declarations of Interest**

There were no declarations of interest.

#### **15 Chairman's Announcements**

The Chairman informed the Committee that since their last meeting, he and the Vice-Chairman had responded to the Quality Accounts for Avon and Wiltshire Mental Health Partnership (AWP), Wiltshire Health and Care, Salisbury Foundation Trust and the South Western Ambulance Trust.

They had also received a briefing relating to the housing related support item in part nine of the agenda. Likewise, discussions had taken place with representatives from Bath Royal United Hospital (RUH) about plans for their capital programme.

Furthermore, he noted that he and the Vice-Chairman would soon be meeting with the cabinet members with responsibility for adult social care and for public health to discuss the executive priorities for the next 12 months. Discussions would in turn support the continued development of the Committee's forward work programme.

16 **Public Participation**

No questions were submitted by the public.

17 **Clinical Commissioning Group Update on Elective Care**

Mark Harris, CCG Director of Commissioning, provided an update on the actions taken to reduce waiting lists and improve capacity.

It was noted that across the CCG infection control requirements had reduced bed capacity when compared to 2019/20 levels. The number of outpatients and referrals had now returned to pre-Covid-19 levels and that diagnostic capacity compared favourably with other CCGs. Notably 29 percent of outpatients were now being seen virtually. GPs were also using the Advice and Guidance procedure to liaise with consultants to establish whether referrals were necessary.

However, despite a recent increase, the number of inpatients, those staying overnight, was still only at 82 percent of 2019/20 levels. Waiting lists had also increased significantly being 17 percent higher than before Covid-19. Furthermore, the number of patients waiting over a year for treatment had increased dramatically but had reduced by 34 percent since March 2021.

Measures being taken to improve capacity included a review of the age, gender and ethnicity of patients on waiting lists to analyse potential health inequality issues exacerbated by the pandemic. Joint Clinical Teams were working to transfer patients between hospitals to increase capacity, including with independent hospitals. The officer also reported that the RUH had recently acquired the Circle Bath facility (now Sulis Hospital) in order to improve facilities on site.

During the discussion the following points were made:

- Councillors reported concerns from constituents about the number of consultations being undertaken online rather than in person. They also asked about what they could do to reassure residents about the quality of online appointments. It was reported that GPs and hospitals were operating according to a nationally mandated procedure requiring, where appropriate, them to offer alternatives to face-to-face consultations. However, it was also noted that the

number of GP in person consultations was increasing and that a hybrid system of appointments was being adopted. A GP present acknowledged the challenges posed but also stressed that there were some advantages of online appointments, particularly in a rural county and for working age residents. It was stressed that ultimately the decision about the nature of the appointment would rest with a clinician.

- In response to questions about cost the Director of Commissioning noted that, due to a block contract with the acute trust, it was not possible to provide a breakdown of the costs of individual appointments, but the costs of online appointments were the same in terms of clinical time and may improve administrative efficiency.

- Responding to questions about the success of the hospital discharge policy representatives from the CCG noted that the longer that older people spent in hospital the worse their outcomes tended to be. The discharge policy, although often necessitating complex care arrangements, had allowed patients to be assessed in their home environment and enabled them to gain greater independence. It was explained that a plan was in place for the remainder of the year. However, long term funding was uncertain, and a lack of overnight nurses did limit the number of patients able to be discharged.

- It was reported that a hospital discharge support unit was run with Wessex Care to complement the support given to discharged of Covid-19 patients. Wiltshire had been successful in reducing the infection rate. Although government funding for rapid testing was welcome, limited money to implement rigorous protection infection control measures had restricted the capacity of care homes in the discharge process.

- Discussion turned to the future of the vaccination programme including whether it was more cost effective to vaccinate the public at large centres or smaller surgeries and whether the public were being directed to be vaccinated in the most cost-effective way. It was noted that the CCG's Vaccine Implementation Team were setting out proposals for the booster programme and that cost would be one of the factors taken into consideration alongside preference and accessibility.

- It was asked what plans were in place to mitigate the impact of potential future pressures, such as an increase in flu cases, on clearing the waiting list backlog. It was explained that plans were in place to allow for the continuation of elective care, including work on demand and capacity modelling. An option considered was to take up more capacity in independent hospitals as had been the case during earlier stages of the pandemic.

**Resolved:**

**To thank the Director of Commissioning for the update, noting the current position and actions to reduce waiting times.**

18 **Clinical Commissioning Group Update on Staff Wellbeing**

Elizabeth Disney, Chief Operating Officer of the CCG noted that a comprehensive staff wellbeing plan had been submitted to NHS England. She explained that certain teams had been particularly impacted by Covid-19 and that others faced long term recruitment issues. The plan included a range of

measures including trauma risk management, ensuring that staff take annual leave and the use of mental health first aiders.

Lisa McLuckie, Head of Health and Wellbeing at Salisbury Foundation Trust (SFT), stated that there had been a change in attitude to the wellbeing of staff, so it was now at the centre of their work. Mental health issues were the main cause of staff absence and there was evidence to suggest that good staff wellbeing led to improved patient outcomes.

She went on to provide some tangible examples of measures being implemented, including an in-house councillor working in SFT and the promotion of NHS support lines. Care was being taken to provide ample green outdoor spaces for staff and to encourage physical fitness. Managers were attending psychological wellbeing workshops to allow them to better support the mental health of staff and to reach employees who lack regular access to emails.

The officer also went on to outline some of the key points about the NHS People and Post Covid-19 Recovery Plans. These plans included a risk assessment for all to ensure that appropriate support was in place. She stressed that the plans were being informed by feedback from staff surveys so they could best meet user requirements.

During the discussion the following points were made:

- Members questioned whether measures were available to agency staff, bank staff and those on a zero-hour contracts and, if they were not available, whether that was in line with agency worker regulations. The officer reported that the services were available to employees, including bank staff, but would not be available to agency staff. However, an example was provided of a locum doctor who had recently been given access to services and it was explained cases would be considered on an individual basis. The officer stated that she would liaise with HR to find more information relating to agency staff and those, if applicable, on zero-hour contracts.
- The steps that were being taken to achieve model employer status and to attract more people to work in the NHS were also raised and it was noted that thousands of volunteers had come forward to help with the vaccination programme and in caring roles. Work was being done with education providers to encourage more people to undertake health courses in higher education. An officer offered to speak to the HR department of the CCG to find out specific information about the steps being undertaken to achieve model employer status.

**Resolved:**

**To thank officers for the update noting the current strategies in place to support staff health and wellbeing.**

Claire Edgar, Director of Adult Care Operations, provided an overview of the work of the Mental Health Social Work Team. The service comprised care management, safeguarding, Approved Mental Health Practitioners (AMHPs) and forensic social work (working with those in the Criminal Justice System or detained under the Mental Health Act).

It was noted that a large body of work had taken place to study demand and capacity as the pandemic had led to a reduced number of contacts. Although face-to-face consultations were reduced at the start of the pandemic, it was not deemed that mental health assessments could be carried out virtually. However, these were able to be quickly re-introduced by taking the appropriate precautions.

It was reported that there had been a significant increase in the number of people undergoing Mental Health Act Assessments since 2018. As a result, additional resources were being made available to the Emergency Duty Service to provide out of hours support. A suite had been commissioned through the CCG to offer a place of safety for those suffering mental health issues and detained by police under Section 136 legislation in Swindon and Wiltshire. However, due to significant pressure on the equivalent suite in Bath, a number of referrals were coming from there to the Wiltshire and Swindon suite.

The director went on to stress that it was challenging to predict demand and stressed the need to help those with poor wellbeing in the community before they progressed to severe mental illness. A mental health phone line had experienced lower than anticipated demand with most contacts being from people already known within the mental health system.

However, she explained that there had recently been a growth in the complexity of cases, which could potentially be linked to the pandemic. Particular attention was drawn to the wellbeing of unpaid carers as they deal with complex cases. Although overall crime had gone down in the pandemic there was an increase in mental health related crimes and Section 136 arrests.

During the discussion conversation turned to the number of AMHP workers who were professional social workers. The director noted that only one of the workers was not a professional social worker, but she was a nurse. Questions were also submitted about whether there had been occasions where people from Swindon and Wiltshire had to be turned away from the Bluebell Unit, the place of safety in Devizes, due to demand from those in other local authorities. The director noted that this had happened on occasions but was rare. She also stressed that the location where the person was picked up by the police determined where they were taken and not necessarily their place of residence.

**Resolved:**

**To thank the Director for the update, to note the current position in respect of the Adult Mental Health Services and invite future updates at the appropriate time.**

## 20 **Housing Related Support**

The Chairman noted that Vice-Chairman and himself were briefed by officers on Wednesday 16 June about Housing Related Support (HRS). At that point, although the report was to be considered at Cabinet on 29 June, in advance of the meeting, he felt it was important for the report to be considered at committee, particularly as the Executive developed its plans to April 2022. He noted that Cabinet had now adopted a preferred position ahead of a delegated decision on the future of the service due in the autumn.

Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion, referred Members to the cabinet paper on the subject and the recommendations for housing related support. She went on to provide background information about the scheme. She explained that HRS was a non-statutory service currently delivered to around 1,200 residents across 130 schemes in Wiltshire and was designed to promote independence.

She described that HRS was most recently commissioned as a Help to Live at Home (HTLAH) service in 2013. However, since the HTLAH contracts expired in 2018 providers continued to operate the services. A consultation conducted in November and December 2020 found that there was considerable overlap in the HRS and the housing management provided by the Registered Social Landlords (RSLs). It also found that under 40 percent of eligible tenants were using the service.

Given the annual cost of HRS was nearly £1 million, that it was an inequitable, based on location rather than need, and duplicated other services, the Executive proposed that it was not renewed after 31 March 2022. Instead, during a transition phase, the Council would liaise with providers and residents to help them access alternate support from existing tenant support services. Through this process, residents with statutory eligible care needs would have a care act assessment and appropriate support.

During the discussion the following points were made:

- Members proposed that a rapid scrutiny exercise be held, and the Cabinet Member noted that she would welcome that to allow for scrutiny but avoid a prolonged period of uncertainty for residents.
- Questions were submitted in relation to support provided where Wiltshire Council was the landlord. Leader of the Council, Cllr Richard Clewer reassured Members that the Housing Revenue Account (HRA) already provided many of the services to the Council's tenants and had a ringfenced budget due to the Council's responsibility as a landlord.
- Members also raised questions about how people heavily relying on the service would be identified during the transition phase and whether a follow up review would take place in 2022 to ensure that gaps have not emerged in provision. Officers stated that a questionnaire would be sent to all residents. Events would be held with residents to gather their feedback and to provide further information.

- Discussion turned to whether some of the money saved by withdrawing the service could be used to better support people to live in their own homes. The Cabinet Member noted that parallel proposals relating to early support would be brought forward in due course and it was a priority to ensure that services were based on need and delivered in a fair manner.
- It was noted that there would be no redundancies of council staff due to the withdrawal of the scheme. The two providers of the scheme, Cerca Care and Somerset Care had a total of 28 staff working on the programme between them and they would be engaged with as part of the process to see if Transfer of Undertakings Protection of Employment (TUPE) applied.

**Resolved:**

**For a rapid scrutiny exercise of the Council's transition plan for the Housing Related Support Service to be undertaken at the appropriate time in advance of the delegated decision on the future of the service being signed off in October 2021.**

21 **Forward Work Programme**

The Chairman noted that there was an item scheduled for the next meeting relating to potential developments at Bath RUH. He then invited Members to comment on the Forward Work Programme.

Members expressed interest in the Shared Lives Programme and suggested that an update could be brought to the Committee at the appropriate time. They also discussed the possibility of inviting an officer to provide an update on the impact of Covid-19 on the Access and Reablement Service. Given the reference to carers in the presentation on adult mental health the Chairman stated that he would welcome further information on the number of carers accessing mental health services. The Vice-Chairman suggested that Carer Support Wiltshire could be invited to provide further detail.

22 **Urgent Items**

There were no urgent items.

23 **Date of Next Meeting**

It was confirmed that the next ordinary meeting of the Health Select Committee was to be held on 8 September at 2:30pm.

(Duration of meeting: 10.30 am - 1.00 pm)

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