

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 Vice 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 an 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. Whilst 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 does 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 to 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 it 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 ASCOF'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)

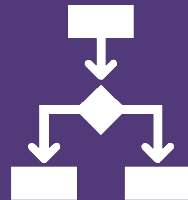
The Officer who has produced these minutes is Lisa Pullin of Democratic Services,
direct line 01225 713015, e-mail lisa.pullin@wiltshire.gov.uk

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**

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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

Age 22  4.2% households pensioners

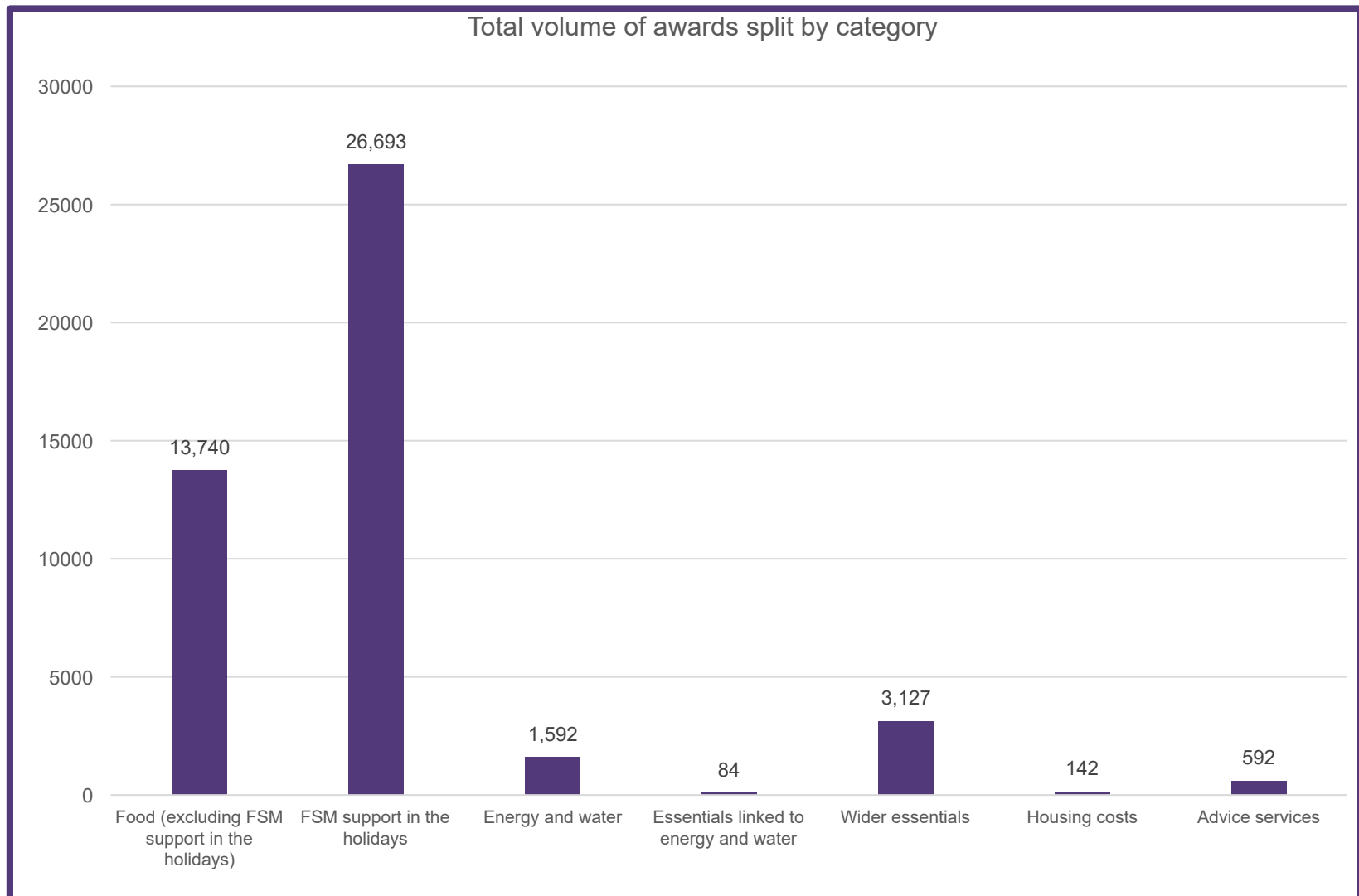
 77% households children

 78% vouchers or cash

 8% Tangible items

37,898 Households helped

45,970 People helped



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.

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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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