

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 2 NOVEMBER 2021 AT COUNCIL CHAMBER - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

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

Also Present:

Cllr Richard Clewer and Cllr Ruth Hopkinson

38 Apologies

Apologies for absence were received from:

- Cllr Caroline Corbin
- Cllr Jack Oatley
- Cllr Jane Davies
- Lindsey Burke – SWAN Advocacy
- Diane Gooch – Wiltshire Services Users Network
- Sue Denmark – Wiltshire Centre from Independent Living

39 Minutes of the Previous Meeting

Resolved

To confirm the minutes of the meeting held on 8 September 2021 as a true and correct record.

40 Declarations of Interest

There were no declarations of interest.

41 Chairman's Announcements

The Chairman announced that the meeting was being recorded and webcast online. He drew the attention of the committee to updates from Public Health providing information about concerns over the accuracy of some PCR tests in the South West, as well as vaccination rates in Wiltshire for 12- to 15-year-olds.

He then reported that the Vice-Chairman and he had attended meetings on the following topics since the previous Health Select Committee:

- Reconfiguration work taking place at the Salisbury Hospital site over the next decade.
- Adult Social Care in Wiltshire.
- An update on Furlong Close following the inspection by the Care and Quality Commission.
- Delivery of NHS Health Checks in Wiltshire
- The latest challenges facing Wiltshire's care homes and how to potentially incorporate these into the committee's work programme.

The Chairman also attended a Health and Wellbeing Board workshop to discuss the future role of the Board.

It was noted that Henry Powell was standing in as Scrutiny Officer for the meeting.

42 **Public Participation**

Questions and a statement were received from the following member of the public:

Mr Chris Caswill

As the questions, available in Agenda Supplement 1, and statement related to the Forward Work Programme and Integrated Care System items, it was decided to provide verbal responses under items 8 and 11 respectively. A link to the attached responses is available in Appendix 1.

43 **A Review of the Impact of the Pandemic on Carers Across the County**

The Chief Executive Officer of Carer Support Wiltshire, Judy Walker, and the council's Director for Joint Commissioning, Helen Jones, provided an overview of the impact of the pandemic and the longer-term implications for carers.

The officers referred the committee to the findings of a recent Carers UK survey, contained within the agenda pack. Key findings included:

- 70 percent of carers were providing more care than they had been pre-pandemic. This was believed to be in part due to the reduced availability of existing services.
- 87 percent strongly agreed that they were worried about what would happen to the person they were caring for if they themselves had to self-isolate or become ill.
- There was an increase in mental health issues, with particular concern about the isolation of young carers.

The pandemic forced Carer Support Wiltshire and its partners to work in different ways, including a shift to online working and the delivery of new services. An example of this was that a team of volunteers offering wellbeing checks via 'phone or Zoom. Wiltshire Council had also provided PPE to carers supporting people not living in their own home. Furthermore, Lottery funding had allowed the delivery of a new counselling service for carers affected by lockdown and a Hospital Liaison Service (HLS) was established in response to winter pressures. Although many services had been able to resume after July 2021 as lockdown restrictions eased, some services, such as the Carer's Café at Great Western Hospital had not been able to reopen due to ongoing Covid-19 related issues.

During the discussion the following points were made:

- It was noted that HLS was developed specifically in response to the winter pressures exacerbated by Covid-19 and had run until April 2021.
- Questions were received about whether community services across the county reflected the population profile and in particular the impact of the pandemic on carers from ethnic minority backgrounds.
- The relative merits of online and in person services were discussed and it was noted that a blend of approaches was being maintained, including virtual cafes. Virtual services enabled Carer Support Wiltshire to offer services to those who would not have benefitted beforehand, but virtual meetings were not beneficial to all. Officers noted that it was a priority to assist carers with technological issues.
- Members noted that it might be beneficial for Area Board Chairmen to be notified of the pressure on services and for Community Engagement Managers to provide additional support in their areas.
- Officers explained that there were fewer Covid-19 outbreaks in care homes than at the start of the pandemic. An outbreak was when two or more cases were found in a single home and this would lead to it having to close to visitors.

Resolved

- 1) To thank Carer Support Wiltshire and officers for the information provided on the impact of the pandemic on carers across Wiltshire.**
- 2) To receive the further information offered on the impacts of the pandemic on Black and Minority Ethnic (BME) carers.**
- 3) To ask the council's Area Board Chairmen to consider the needs of vulnerable members of their communities and explore what community-led support can now be coordinated in readiness for this winter.**

44 Royal United Hospital Bath (RUH) - Shaping a Healthier Future - Health and Care Model Development

Richard Smale, Executive Director of Strategy and Transformation, at B&NES, Swindon and Wiltshire Clinical Commissioning Group, provided an update on

the development of the health and care model. The director reiterated that they were focusing on how best to join up services and learning the lessons about how technology and services were delivered during the pandemic. He explained that the model was also an opportunity to do things differently, such as adapting services to specific locations, for example in rural areas. Emphasising that the development of the plans was part of a longer-term conversation, he then invited the committee to submit questions.

During the discussion the following points were made:

- Members thanked the director for the update, praising both the ambition and realism of the plan.
- Members stated that they would welcome further details about how the goals would be implemented. They also queried whether certain changes, such as the roll out of new technology would be able to be implemented as quickly without the plan. The director emphasised that the plan was the starting point for further conversation and that extra funding would be delivered for hospitals and diagnostics.
- The director noted that a better integrated system would allow a greater opportunity for local services, such as optometry, to input into the system.
- Given the importance of the social aspect of shaping a healthier future, questions were asked about the level of engagement with groups not overtly connected to healthcare, such as parish councils or voluntary groups.
- Members agreed with the director about the need for an honest conversation with patients, for example recognising that some services could only be delivered in certain locations and care could be carried out by a range of health staff.
- Lucy Townsend, Corporate Director of People, stated that she would welcome further engagement opportunities around the implications of the plans for local authorities, the governance framework and financial modelling.
- Richard Smale noted that he would welcome feedback from as many groups as possible and stressed that the committee was critical to overseeing how the plan met the needs of the Wiltshire population.
- Clarity was sought about the title of the project as well as the involvement of other hospitals and the planned Integrated care System (ICS). The director explained that the title originated from plans for financial investment in the RUH, but it was only a single piece of the jigsaw and what was ultimately built would depend on how wider system developed. Further details about possible investment in diagnostics and Salisbury District Hospital would be available in due course.
- Members stated that they would welcome further updates at a future meeting, particularly in terms of delivery and project costs.

Resolved

- 1) To note the update on the health and care vision and support model being developed and how this will shape any potential business case bids to invest in the RUH infrastructure.**

- 2) **To receive a further report at a future meeting, after the 2 November – 14 December consultation, providing further information on the issues raised by Committee today.**

45 **Update on the ICS Governance Framework for Wiltshire**

The Chairman invited the committee to consider the draft report, contained within the agenda pack, ahead of its consideration by Cabinet on 30 November. He also responded to question Q21-03 submitted by a member of the public. A copy of the question and response can be found in Appendix 1.

Corporate Director of People, Lucy Townsend, provided an overview of the proposed arrangements for the BSW Integrated Care System (ICS) and the role of Wiltshire Council in the governance framework. As a result of the government's Health and Care Bill, expected to come into law in April 2022, the current Clinical Commissioning Group (CCG) for BSW would be replaced by an **ICS NHS Body**. As well as this body, the ICS would contain an **ICS Health and Care Partnership**, responsible for supporting integration. The Health and Care Partnership would include representatives from local authorities (including Wiltshire Council), other local partners and the NHS.

The director noted that the ICS would operate on so called system (BSW), place (Wiltshire) and neighbourhood levels. The focus of Wiltshire Council would be on the place-based part of the ICS, through a group called the **Wiltshire Integrated Care Alliance**. As part of the Alliance the council would work with other community providers, including from the voluntary sector and those currently working within the CCG. It was explained that there was a degree of flexibility around what the governance arrangement for the Alliance could look like, as it was not fixed in statute.

It was reported that a governance framework for the Alliance had been agreed in principle at series of workshops and it was proposed to establish a joint committee, similar to the existing Locality Commissioning Board, run through the council and the CCG, but also including other local partners. However, the director stressed that the governance model was adaptable and could change over time as the model developed.

The workshops had also been used to agree key priorities and, as a result, several projects were now underway. Examples of the projects included reviewing how population data could be better utilised, as well as running a pilot scheme in Trowbridge to look at ways of providing wrap around support at a local level. To build upon the proposals discussed at the workshops it was planned to submit a Memorandum of Understanding (MoU) and Collaboration Agreement to Cabinet for approval. The Collaboration Agreement would contain a Terms of Reference for the proposed statutory structures. Both the MoU and Collaboration Agreement would also need to be agreed by the **ICS**.

During the discussion the following points were made:

- Members thanked the director for the update.
- Cllr Richard Clewer, Leader of the Council and Chair of the Health and Wellbeing Board, reassured members that conversations were ongoing with a wide range of partners at both a political and officer level. He reiterated the importance of a strong working relationship between the politically run local authorities and the NHS.
- The director explained that the complexity of language included in the report largely originated from the language used within the government's Health and Care Bill.
- It was noted that that decision about the wider role of the NHS in social care would be made a central government level. At a Wiltshire Care Alliance level, the focus of the report, it would be up to local authorities to decide what funding went into the Alliance beyond the Better Care Fund.
- In response to questions about the relationship between the Health and Wellbeing Board and the Integrated Care Alliance, it was reported that the Health and Wellbeing Board was not able to hold the Alliance to account on a statutory basis, but conversations were ongoing about ways in which it could maintain oversight.
- The director stated that she would welcome further collaboration on development of care models and the wider ICS governance framework.
- Members commented that they looked forward to extra information about the role of scrutiny and the relationship between the Health Select Committee and the new structures as the model evolved.

Resolved

- 1) To note the draft proposals to Cabinet on 30 November, which are to:
 - a) develop place-based working through the Wiltshire Alliance, and**
 - b) agree to the development of a Memorandum of Understanding (including a collaboration agreement) together with new Terms of Reference for the proposed statutory structures;****
- 2) To ask that officers ensure the final report to Cabinet is written in as plain English as possible so that it is understandable to all.**
- 3) To receive further reports as the Integrated Care System Governance Framework develops at appropriate milestones.**

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South Western Ambulance Service Trust - Engagement with the Health Select Committee

Paul Birkett-Wendes, Wiltshire County Commander from the South West Ambulance Service Trust (SWAST), provided a verbal update on the key priorities for the service as it developed a new engagement strategy. He explained that the number of 999 calls they received had gone up significantly

over the past six months. The increased pressure on the service meant that a major incident was declared between 7 and 10 September as three thousand incidents were reported in five consecutive days. Despite the rise in the number of calls, the overall number of people being admitted to hospital had not increased, with fewer than four in ten calls leading to someone being admitted to Accident and Emergency (A&E).

Of particular concern was an increase in the time that ambulances had to wait outside of hospitals. In the week commencing 6 September handover delays had led to the equivalent of 510 ambulance shifts being lost across the South West. This extra strain on resources meant that in September only 51 percent of category one calls were able to be responded to within 10 minutes, when the target was seven minutes. The commander reported that they were about to undertake an 18-month long transformation programme, so welcomed the input of the committee.

During the discussion the following points were made:

- Members thanked the commander for update and asked what they could do to remind their constituents to only ring 999 in a genuine emergency.
- Given that the overall number of patients going to A&E had not increased, the commander stated that the goal was to reduce the number of lower acuity 999 calls.
- Questions arose about the relationship between the increase in 999 calls and the ability of patients to see their GP or get through on the 111 line. The commander noted that they had a good relationship with their 111 colleagues. A pilot study was being trialled for 111 to hold on to category two calls for longer, allowing for extra evidence to be gathered about whether an ambulance was required.
- Members noted that they would like to see further information about Wiltshire specific figures and how they related to the wider South West figures.
- In response to questions about staff turnover in call centres, the commander stated that they were recently seeing around 10 to 13 resignations a month, out of an overall staff of around 500, which was higher than the figures the previous year.
- It was stated that council representatives were in regular contact with SWAST's governance board. The Corporate Director of People stressed that the health system worked collectively and that conversations were ongoing about how best to relieve pressures.

Cllr Ridout briefly left the meeting between 13:06 and 13:14pm.

Resolved

1) To thank the Trust for the update on the ambulance service's current activity and pressures.

2) To note:

- a) That during September, the Trust declared a major incident due to the unprecedented levels of activity.
 - b) That during that period, the rates of people assessed by paramedics as requiring hospital treatment actually reduced; and
 - c) The significant handover delays being experienced at hospitals and the impact of this on ambulance response times.
- 3) To note that the Trust is about to commence an 18-month transformation programme, to include exploring ways to address the challenges being experienced at present.
 - 4) To raise with the Health and Wellbeing Board the challenges being experienced by the Ambulance service and the importance of developing and promoting other ways of accessing treatment.
 - 5) To receive a future report on the 111 trial being run by Medvivo and the Trust.

47 **Housing Related Support - Outcome of the Rapid Scrutiny Exercise**

Cllr Ruth Hopkinson, lead member for the rapid scrutiny exercise, referred the committee to pages 57 - 61 of the agenda pack and provided an overview of their key findings. She noted that the service was non statutory, not equitable and no longer fulfilled its original purpose. However, whilst the rapid scrutiny group were satisfied that the position of council was the most appropriate way forward and a transition plan was in place, they did have some concerns about timescales, particularly in relation to the completion of care assessments. They also felt that further reassurance was required to ensure that landlords were meeting their statutory responsibilities. Given the need to guarantee that residents continued to be supported it was felt appropriate to request a further meeting in February 2022.

During the conversation the following points were made:

- Members thanked Cllr Hopkinson and praised her report.
- As a consultation found that 62 percent of service users used it to reduce social isolation rather than for its intended purpose, reassurance was sought about what was being done to alleviate loneliness for those who had benefitted from the scheme.
- Director for Joint Commissioning, Helen Jones, explained that individuals needing a care act assessment would be seen on a one-to-one basis. Information had also been shared with the Community Engagement Team to ensure that they were working with landlords to look at the services being offered.
- Members asked for further information about the statutory responsibilities required and whether landlords were meeting those responsibilities in their divisions.

Resolved

To approve the following findings of the Rapid Scrutiny Exercise:

- 1) That the group was satisfied that the preferred position of the council – option B, was the most appropriate way forward for Housing Related Support;
- 2) That the group was satisfied that a transitional plan was in place to 31 March 2022, subject to the project team engaging with Public Health colleagues to identify potential substance misuse support;
- 3) That in recognition of the number of milestones within the transition plan that the Rapid Scrutiny group reconvenes to meet with landlords, the project team, the community engagement team and volunteers to ensure that ongoing appropriate support was in place for residents up to and beyond 1st April 2022, reporting to Health Select Committee's meeting in March 2022;
- 4) That the Health Select Committee incorporates an update on the work of the Prevention and Wellbeing Team into their forward work programme.

48 **Forward Work Programme**

The Chairman read out a statement submitted by Mr Caswill relating to the committee's Forward Work Programme and responded to question Q21-02. A copy of the question and the Chairman's response can be found in Appendix 1. The committee endorsed the Chairman's response. A longer version of Mr Caswill's statement had been circulated to members prior to the meeting.

During the discussion members stated that they would welcome a further update from SWAST as well as a written report on the development of the RUH health and care model.

Resolved

To approve the Forward Work Programme, subject to all additional items agreed by Committee at today's meeting, plus an update from SWAST in March 2022 on the challenges they have reported today.

49 **Urgent Items**

There were no urgent items.

50 **Date of Next Meeting**

The next ordinary meeting of the Health Select Committee was confirmed as 2.30pm on 11 January 2022.

(Duration of meeting: 10.30 am - 1.40 pm)

The Officer who has produced these minutes is Matt Hitch
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Wiltshire Council

Health Select Committee

2 November 2021

Item 5 – Public Participation

From Chris Caswill

To the Chairman

Question (Q21-02)

The only item on this Health Select Agenda which even begins to address the currently very serious health delivery issues for the people of Wiltshire is the one titled: **South Western Ambulance Service Trust - Engagement with the Health Select Committee** - where the possibility is floated of a discussion of the ambulance service's performance levels. In the meantime, in the real world, Wiltshire's COVID levels have increased dramatically, to the point where the County is reported to have the worst figures in the country. This in turn must be putting further strain on Accident and Emergency services and staff, at a time when A&E Departments are said by many reliable sources to be at breaking point. Hospitals are reporting many Never events and many are at the highest levels of alert. Hospital waiting lists are now at record levels, and even cancer services are being delayed. At the same time, there is growing public and Government concern about access to GPs and GPs are threatening to go on strike.

My question is - why has this storm of issues passed this committee by? Why do almost none of them appear on your agenda for scrutiny, nor even on your Forward Work Programme? How is this compatible with your remit which includes the remit to "review and scrutinise any matter relating to the planning, provision and operation of health services in Wiltshire" ? Could it be that you are ideologically accepting the Government's un evidenced claims that there are no crises in the health services, rather than doing your job of evidenced scrutiny on behalf of the people of Wiltshire?

Response

We would like to thank Mr Caswill for his questions and statement, and state that we fully acknowledge the current Covid-19 case rates and the ongoing impact of infections on hospitals, on waiting lists and of course on Wiltshire residents.

We also agree that this Committee has a very important role to play in highlighting the pandemic situation and scrutinising the effectiveness of the response to it.

Having received Mr Caswill's questions, we have looked back at this committee's agendas over the last few months and, having done so, would disagree that we have not been focused on the pandemic. We have reviewed a great many issues that directly relate to the pandemic, such as the impact on Elective Care waiting times, on the Wellbeing of health and care staff, on Mental health services, and – today – on our ambulance service. But we agree we have also made space for other issues that

we believe are of equal importance, such as funding for Domestic Abuse support and plans for the redevelopment of the RUH. In virtually all of our debates we would say this committee has touched on Covid-19 in terms of its impact on the specific issue being discussed.

Having said that, we agree with Mr Caswill that the committee must remain keenly aware of the state of our local hospitals and their ability to respond to the pandemic throughout the Winter. We therefore propose that we include an item on this on our next meeting agenda on 11th January 2022, and invite the three local hospitals to provide position statements at that meeting for us to scrutinise.

Question (Q21-03)

The paper on Integrated Care Services which is on its way to Cabinet is no doubt intelligible to those who are closely involved in yet another reorganisation of health and social care cooperation and partnership. I suggest to you that it is almost entirely unintelligible to the public whose interests this Committee is in place to serve. This is especially the case where it concerns differences these lists and charts and system diagrams and words are actually going to deliver, and how success (or otherwise) will be measured. A small example of the unintelligibility of the proposals can be found in para 8: The ICS NHS Body will also merge the functions of non-statutory STPs/ICSs with the functions of a CCG. Even when it comes to upcoming projects, only three specific and comprehensible intentions do creep into the text at the end of para 26 alongside the raft of no doubt well meaning but vague general aims. So my question is:

Will the Committee ask the Cabinet to authorise a Plain English version of this document, and ask for a much clearer statement of the projects to be undertaken and the difference these collaborations will make to the day to day lives of Wiltshire residents?

Response

While we acknowledge that the report covers a technically complex subject, we do agree that all reports that this committee and Cabinet receives should be in Plain English. We note that the report received is in draft and subject to further change, so we propose that we ask officers to ensure that the final version to Cabinet is written in as plain English as possible so that it is understandable to all.

It should be emphasised that the model will evolve over time. Further reports will allow the Health Select Committee to monitor the projects being undertaken and the impact that collaborations will have on the services provided to Wiltshire residents.