

Minutes

of a meeting of the

Scrutiny Committee



held on Tuesday, 5 December 2023 at 7.00 pm
This was a virtual, online meeting.

Open to the public, including the press

Remote attendance:

Councillors: Councillor Katherine Foxhall, Councillor Judy Roberts and Councillor Hayleigh Gascoigne

Officers: Tim Oruye (Head of Policy and Programmes), Adrianna Partridge (Deputy Chief Executive for Transformation and Operations) and Ben Silverthorne (Trainee Democratic Services Officer).

Cabinet members: Councillor Helen Pighills (Cabinet member for Community Health and Wellbeing) and Councillor Bethia Thomas (Leader of the Council and Cabinet Member Climate Action and the Environment, Strategic Partnerships and Place).

Guests: Gordon Muvuti (Place Director, Swindon Locality, NHS BSW ICB) and Caroline Holmes (Deputy Place Director, Swindon Locality, NHS BSW ICB)

Sc23 Apologies for absence

Apologies were received for Councillors Ron Batstone, Oliver Forder, Debby Hallett and Sally Povolotsky.

Sc24 Urgent business and chair's announcements

No urgent business, but the chair did run through housekeeping matters.

Sc25 Declaration of interests

None.

Sc26 Minutes of the last meeting

Resolved: Chair suggested that the minutes be approved in the next in person meeting in February. The committee agreed to this.

Sc27 Public participation

None.

Sc28 Work schedule and dates for all Vale and Joint scrutiny meetings

The committee reviewed the work programme.

Sc29 NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board - community services engagement

The NHS Bath and Northeast Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) Community Services Engagement presentation was presented by invited guests Caroline Holmes and Gordon Muvuti. Councillor Helen Pighills, Cabinet Member for Community Health and Wellbeing was also present. The PowerPoint slides were provided.

The presentation provided an update on the board's integrated community base care programme, which would be informing the recommissioning of community services from April 2025, whose area included the western part of Vale of White Horse (VOWH).

Below provides a summary of the discussion:

- A member asked for clarity around the list of contracts and their ability in gaining new contracts with providers, and the different types of health services that would be provided. It was explained that in Swindon it was Great Western Hospitals NHS Trust and they held the community services for the scheme. With regards to Shrivenham (on the BSW ICB border) there were specific areas, such as community nursing and speech therapy, that were provided by Oxford Health. There were also contributions to three Minor Injury Units.
- A member asked if the GP system fitted into the framework of the programme. It was explained that Elm Tree Surgery was one of the practices within the Swindon locality within the Integrated Care Board and was one of the primary care networks, which spread out into Oxfordshire for social care services and VOWH for some community services. Aim to operate fluidly around geographical boundaries and not let that affect people's experience of care services.
- A member commented on the digital platform and how it was progressing to be incorporated into the programme. It was responded that the ICB was developing an integrated care record, which was currently at a variety of levels of integration but was progressing. Aim to see increased opportunity of using digital platforms, such as apps and home monitoring.
- A member asked for further clarification on dealing with crossing boundaries through their contracts and whether they overlapped. It was recognised that there was an ongoing need for neighbouring Integrated Care Boards to work together and there was real opportunity to build these relationships.
- Cabinet member for Community Health and Wellbeing was welcomed to ask a question with chair's permission. She asked about moving people from hospital care to home care and would this be possible in this overlapping boundary. It was responded that not much would change within the current framework, as this was already being done. A change in provider would not change this. Using Swindon as an example, performance levels were good but there were challenges with ambulance queues and handovers at Great Western Hospital. Discharges were performing well.
- Vale Council Leader was welcomed to ask a question, with chair's permission. She asked about the connection between Oxford services and Swindon services, looking through the eyes of Faringdon and the western side of Vale of White Horse District. GP services for Faringdon were mainly BOB ICB, and hospital provision was BSW ICB, whereas Shrivenham GP services would be mainly through BSW ICB. It was therefore important to have good connections between services. The guests from BSW ICB did acknowledge there was a need to reach out to more groups within Oxfordshire, and Oxfordshire County Council, to ensure more positive links and

connections. Existing pathways won't change, but BSW ICB should make links with Oxfordshire County Council as they develop health services. Guest speakers suggested that they would take this away for consideration.

- A member asked how the board envisaged working with VOWH District Council, being the main link into the area. It was responded that the board would look into this as they were currently in the process of appointing a new Deputy Chair of the strategic Integrated Care Alliance in Swindon, as well as looking into committee effectiveness and memberships. Guests from BSW ICB commented that they could work with Vale officers to look at joining up forums where VOWH can be involved, councillors and officers.
- A member asked further questions on the digital platform, regarding the integrated care record, and whether this was something the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) was also going to do. If that was the case, members asked what the impact would be if patients were referred between geographical areas without this integrated record. The BOB ICB was trying to implement and digital provision into community centres. The member asked whether this would be compatible with the Community Health Provisions and whether that would be put into the current plan. Guest speaker agreed with this but expressed that there was currently no solution to this, but due to the NHS growing the "spine" of the NHS database, they believed a solution could be found. A lot of information can be shared across but different areas may have their own bespoke systems (possibly several systems together), so this can be confusing when sharing information with other areas. There may be potential to address this through procurement process and looking at embedded cultures and working practices.
- A member asked what were the key risks to the service becoming sustainable? The guest speakers responded that a big case for change was noting the number of beds needed and the possible influx of admissions if no changes were made, which would lead to a much larger amount of funding that would be needed to run the services. If we look at supporting people in their own homes and support prevention (helping people to stay healthy, lifestyle, mental health), this would help sustainability over being a reactive service. This programme gives us opportunity to challenge being sustainable and preventative. A cited example was 6% population growth by 2038 for the BSW ICB. Noting mainly 60+ age group and the fact that this group develops more chronic conditions, often more than one. Our workforce was changing and aging, retiring earlier also, impacting the services. Demographic changes would raise the cost of hospital services, noting that this was a national issue. If we did nothing, this was unsustainable, so we were working to transform our services to prevent the risks, treat people earlier and prevent conditions where possible. Technology may assist in this, and not all solutions were expensive.
- A member asked about health scrutiny – it was confirmed that health scrutiny was combined with other scrutiny areas for Swindon. Noted that Oxfordshire County Council had a separate health scrutiny overview committee. Chair suggested that we should ensure all partners have effective and constructive scrutiny, this could be looked at.
- Guest speakers were thanked for their time and expertise and chair hoped that the communication would be sustained between VOWH and the BSW ICB.

The meeting closed at 8.13 pm





Section 5

What do we want to achieve?



5.3 What achieving our vision will look like

Healthy pregnancy, birth and neonatal care

1. Mothers have a healthy pregnancy and good birth experience
2. Babies are born in good health
3. Parents approach parenting with confidence

Start well 0-25 years

1. Children, young people and families have a healthy environment in which they can grow up in
2. Mental health support is available for children and young people who need it
3. The most vulnerable children and young people are well-supported, including those in and leaving care, as well as those who need to be kept safe
4. Children are ready to start education
5. There are better links between health and care services and schools

Live well 25-64 years

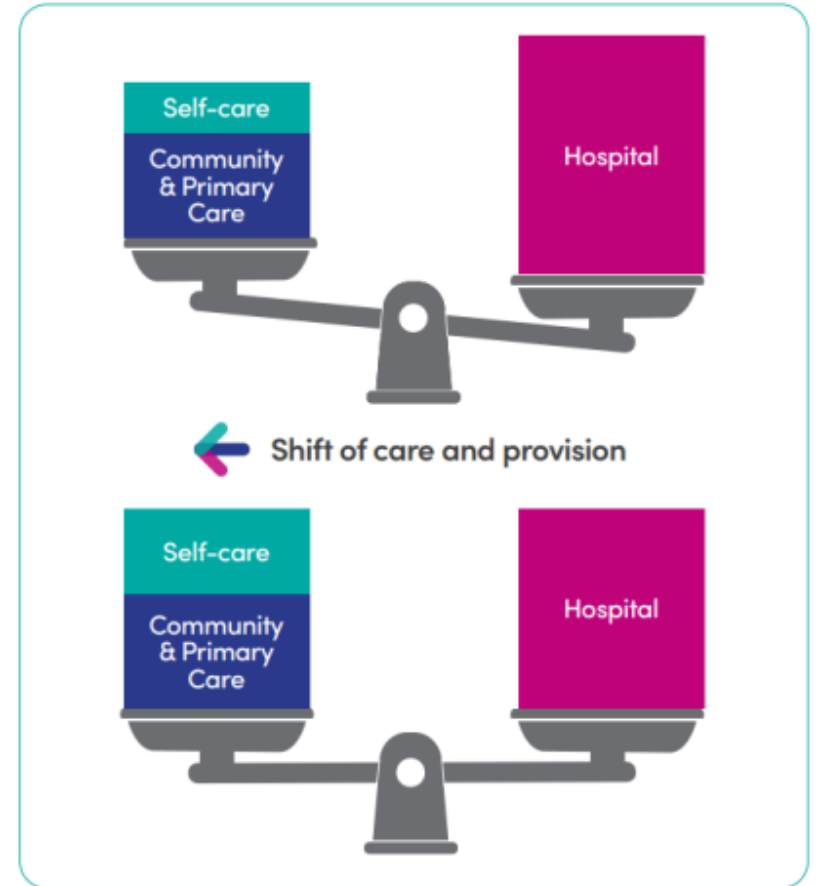
1. Individuals are supported to look after their own health and wellbeing
2. All residents benefit from living and working in places that promote health and wellbeing
3. Those with physical disabilities, learning disabilities and mental health conditions are in good health. Their care and support includes access to opportunities such as accommodation, housing and employment

Age well +64 years

1. Older people feel that they are happy, healthy, independent and in control of their own care
2. The health and wellbeing of carers is prioritised and supported
3. When needed, health and care services are delivered at home, or as close to home as possible

Die well

1. Individuals are consulted on where they would like their life to end and how they would like to be cared for in the final months of their life
2. Individuals feel that their wishes are respected by staff and those around them
3. Comprehensive support services are provided for individuals and their loved ones through palliative care, including bereavement support for families

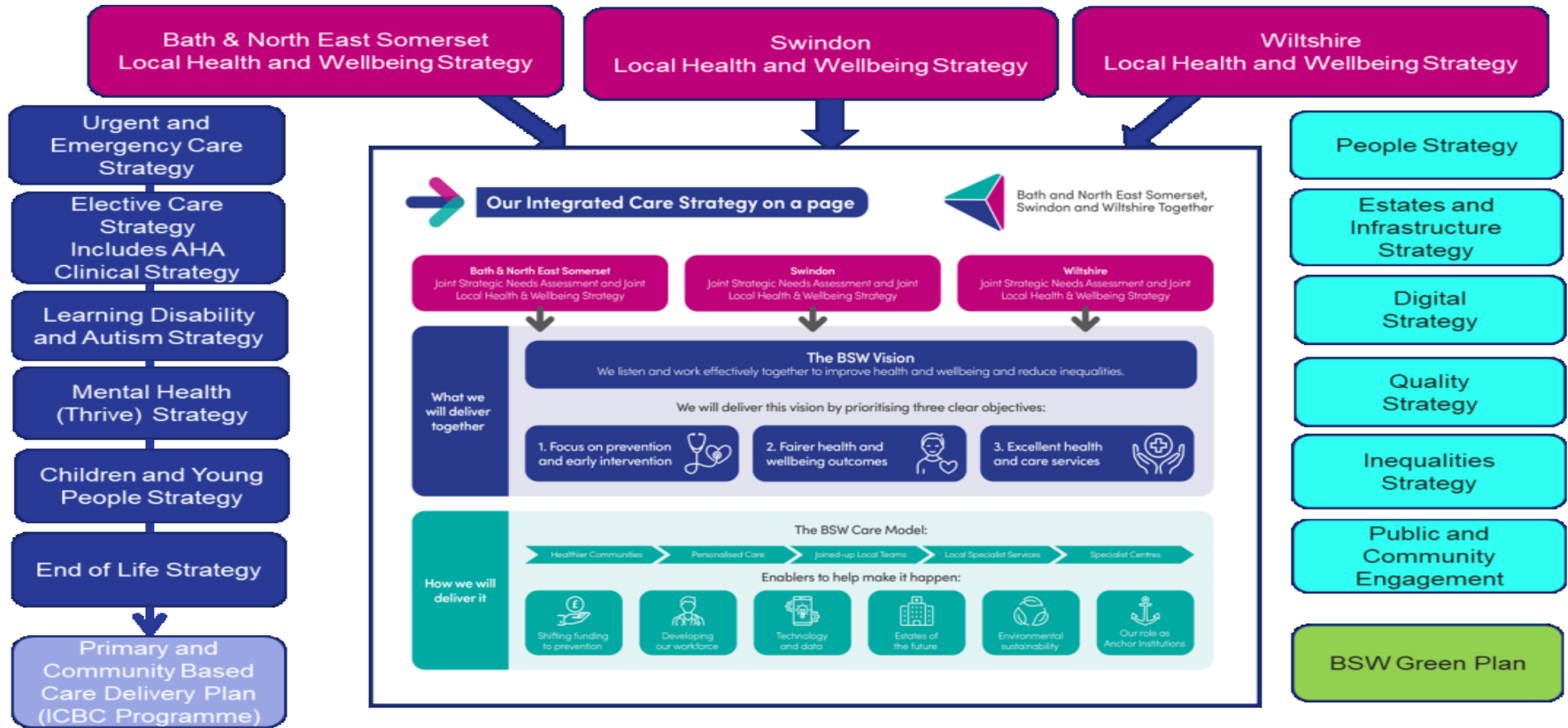






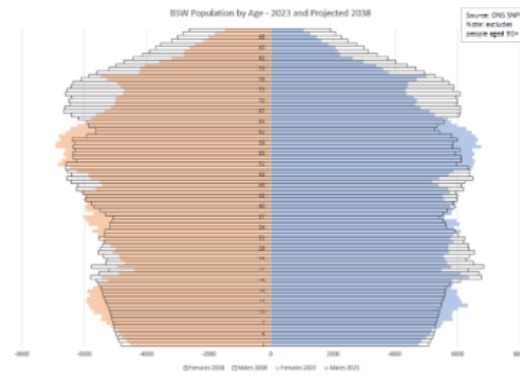
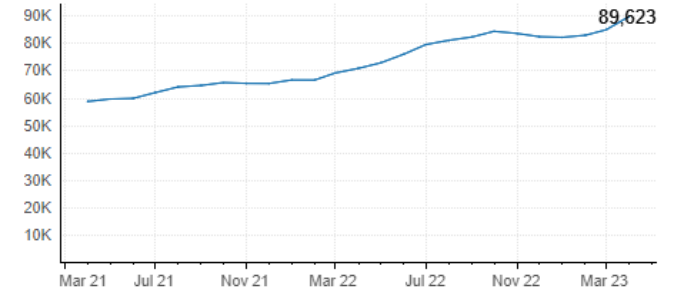
Informing Operational Planning and Financial Recovery

Sub-Strategies





Total Wait List

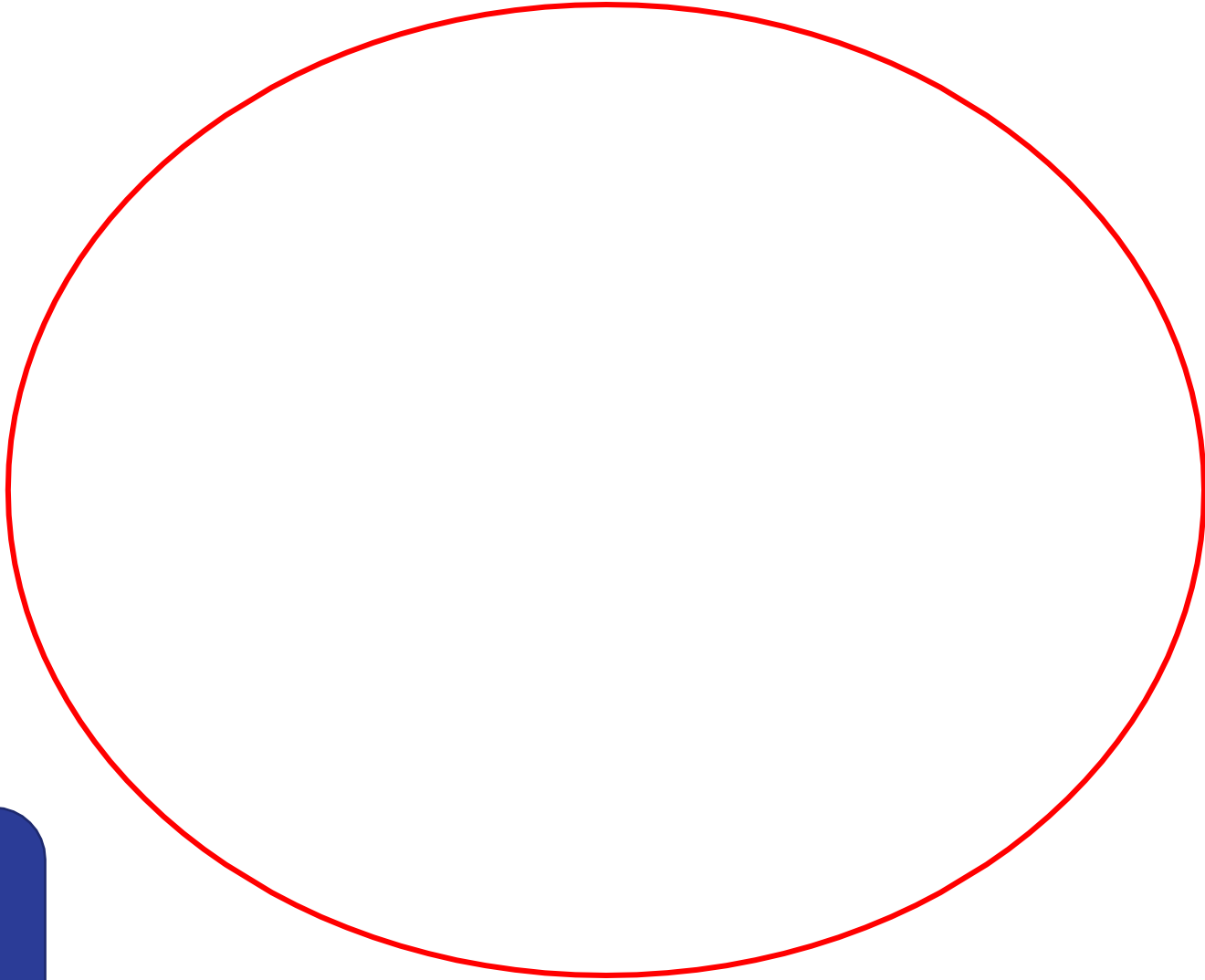


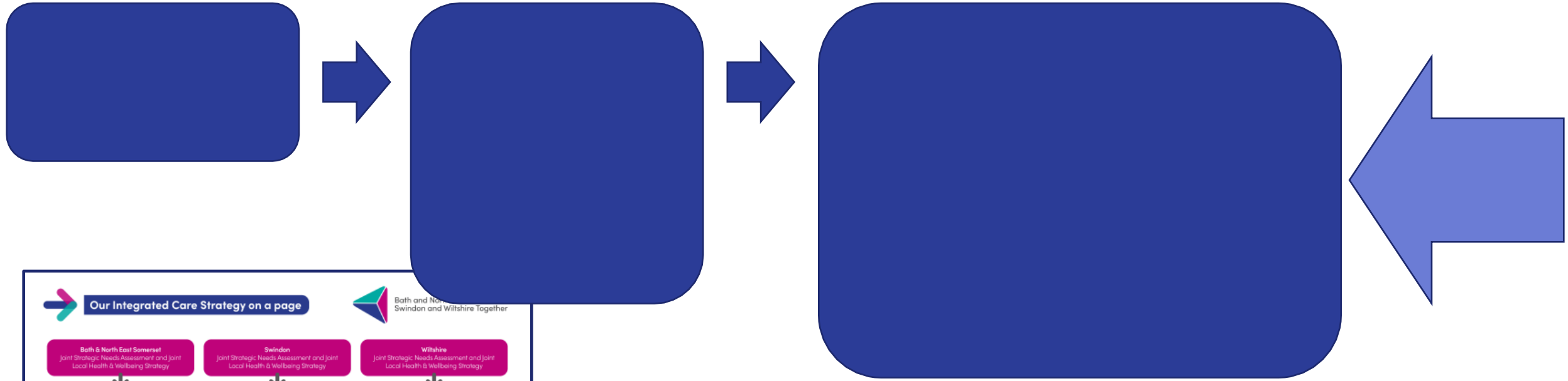
BSW TOGETHER GREEN PLAN 2022 - 25

KEY AREAS OF FOCUS

- CLIMATE RESILIENCE:** Enhance resilience and build preparedness for the impact of climate change on our services and communities. This includes... (text partially obscured)
- FOOD AND NUTRITION:** Enhance resilience and build preparedness for the impact of climate change on our services and communities. This includes... (text partially obscured)
- SAFE CARBON FOOTPRINT:** Enhance resilience and build preparedness for the impact of climate change on our services and communities. This includes... (text partially obscured)
- ENERGY EFFICIENCY:** Enhance resilience and build preparedness for the impact of climate change on our services and communities. This includes... (text partially obscured)
- WASTE AND WASTEWATER:** Enhance resilience and build preparedness for the impact of climate change on our services and communities. This includes... (text partially obscured)
- SOCIAL TRANSFORMATION:** Enhance resilience and build preparedness for the impact of climate change on our services and communities. This includes... (text partially obscured)
- HEALTH AND FITNESS EQUIPMENT:** Enhance resilience and build preparedness for the impact of climate change on our services and communities. This includes... (text partially obscured)

NHS logo





Our Integrated Care Strategy on a page

Bath and North East Somerset Swindon and Wiltshire Together

Bath & North East Somerset
Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

Swindon
Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

Wiltshire
Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The BSW Vision
We listen and work effectively together to improve health and wellbeing and reduce inequalities.

We will deliver this vision by prioritising three clear objectives:

- 1. Focus on prevention and early intervention
- 2. Fairer health and wellbeing outcomes
- 3. Excellent health and care services

The BSW Care Model:
Healthier Communities → Personalised Care → Joined-up Local Teams → Local Specialist Services → Specialist Centres

Enablers to help make it happen:

- Shifting funding to prevention
- Developing our workforce
- Technology and data
- Estates of the future
- Environmental sustainability
- Our role as Anchor institutions



CONTEXT
MATTERS



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