



Buckinghamshire Council

Health & Adult Social Care Select Committee

Agenda

Date: Thursday 24 March 2022

Time: 10.00 am

Venue: The Oculus, Buckinghamshire Council, Gatehouse Road, HP19 8FF - Aylesbury

Membership: J MacBean (Chairman), S Adoh, P Birchley, M Collins (Vice-Chairman), P Gomm, T Green, C Heap, H Mordue, C Poll, G Sandy, R Stuchbury, A Turner, L Walsh, S Morgan, J Wassell and Z McIntosh (Healthwatch Bucks)

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE AND CHANGES IN MEMBERSHIP	10:00	
2 DECLARATIONS OF INTEREST		
3 MINUTES To confirm the minutes of the meeting held on Thursday 3 rd February 2022 as a correct record.		5 - 12
4 PUBLIC QUESTIONS Public questions is an opportunity for people who live, work or study in Buckinghamshire to put a question to a Select Committee. The Committee will hear from members of the public who have submitted questions in advance relating to items on the agenda. The Cabinet Member, relevant key partners and responsible officers will be invited to respond. Further information on how to register can be found here: https://www.buckinghamshire.gov.uk/your-council/get-involved-with-council-decisions/select-committees/		
5 CHAIRMAN'S UPDATE	10:10	
6 SOUTH CENTRAL AMBULANCE SERVICE The Committee will hear from representatives from South Central	10:15	13 - 44

Ambulance Service about the performance of the service against national standards, the impact of Covid, workforce challenges and the findings from the recent CQC report.

Presenters:

Mr M Begley, Head of Operations, Aylesbury Vale & Milton Keynes
Mr A Battye, Head of Operations, South Buckinghamshire & East Berkshire

Papers:

Overview report of the service
Powerpoint presentation

- | | | | |
|-----------|---|--------------|----------------|
| 7 | SUPPORT FOR CARERS
In 2018, the HASC Select Committee undertook an inquiry looking at the current support available for carers (both young and adult). The inquiry report contained recommendations which spanned across a number of council service areas. The progress in implementing the recommendations was monitored at a Committee meeting in 2019.

This item builds on the findings from the HASC inquiry and focusses on four key areas – Social Care, Carers Bucks, Education and the Council’s Carers Staff Network.

Presenters:
Cllr A Macpherson, Cabinet Member for Health & Wellbeing
Ms E Quesada, Adult Social Care, Service Director

Papers:
Report with appendices | 11:25 | 45 - 58 |
| 8 | HEALTHWATCH BUCKS UPDATE
The Committee will receive an update on recent key projects for Healthwatch Bucks.

Presenter:
Ms Z McIntosh, Chief Executive, Healthwatch Bucks

Paper:
Update attached | 12:35 | 59 - 60 |
| 9 | WORK PROGRAMME
For Committee Members to reflect on the work of the HASC Select Committee over the last year and discuss possible items for future meetings.

Presenters:
All Committee Members | 12:40 | |
| 10 | DATE OF NEXT MEETING
This is the last meeting in this council year. The proposed dates for future meetings will be agreed at full council in April 2022. | 12:50 | |

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Liz Wheaton on 01296 383856, email democracy@buckinghamshire.gov.uk.

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Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 3 FEBRUARY 2022 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.02 AM AND CONCLUDING AT 12.56 PM

MEMBERS PRESENT

J MacBean, S Adoh, P Gomm, T Green, C Heap, H Mordue, C Poll, G Sandy, R Stuchbury, L Walsh, S Morgan and Z McIntosh

OTHERS IN ATTENDANCE

Mrs E Wheaton, Ms G Quinton, Cllr A Macpherson, Mr N Macdonald, Mr D Williams and Ms K Bonner

Agenda Item

1 APOLOGIES FOR ABSENCE AND CHANGES IN MEMBERSHIP

Apologies were received from Councillors Turner, Collins and Birchley.

2 DECLARATIONS OF INTEREST

Mr Macdonald declared an interest in item 6 as his wife was the Accountable Clinical Director for the Arc Primary Care Network (which includes Marlow Medical Group).

3 MINUTES

The minutes of the meeting held on Thursday 25th November 2021 were agreed as a correct record.

4 PUBLIC QUESTIONS

The following public question had been submitted from Kirsty Shanahan, who attended and read out her question:

Question 1 - Given that the Council has decided to include actions to reduce carbon emissions in all its areas of influence, could there be a part of the Better Lives Strategy that provides for the Council to support people to save energy at home, advise or help them to make their homes warmer by taking measures to insulate or draught-proof them, and therefore also help vulnerable or elderly people save money and live more healthily in order to live independently for longer?

Cllr Angela Macpherson, Cabinet Member for Health and Wellbeing provided the following

response:

Response - In implementing the Better Lives strategy, we have adopted a 'no wrong front door' principle. This means that if someone contacted the Council with an adult social care issue, they would have an initial conversation with someone in our adult social care multi-agency hub. If during the conversation, should any issues be raised about quality of housing or fuel poverty, social care workers would make the appropriate referrals or signposting to resolve the concerns. This may include resources such as the Bucks Online Directory for example, which has information on the local Affordable Warmth Network and is accessible to both staff and the public.

Additionally, adult social care is keen to link up initiatives across the Council and provide an holistic approach to helping people and their families. As part of this, in relation to housing energy efficiency improvements, social care workers may make referrals to the Council's Better Housing Better Health scheme. The scheme, co-ordinated by the National Energy Foundation on behalf of the Council, pulls in available funding to carry out energy efficiency improvements to people's homes. The latest annual report confirms that over 210 referrals of vulnerable households were made to the scheme from health and social care agencies.

Health professionals can also refer vulnerable people to the Council for a Healthy Homes on Prescription grant of up to £5,000 to provide small scale adaptations to their homes to avoid admission to hospital or enable discharge from hospital. These grants can be used for a range of adaptations including home efficiency measures such as cavity wall insulation or new windows and doors.

In December, the Government published its long-awaited White Paper, People at the Heart of Care, setting out reforms to social care. In addition to key elements relating to a new care cap and capital limits, the White Paper also raised the importance of housing in social care and work will be taking place to embed housing within local health and social care strategies. In light of the White Paper, the Better Lives strategy will be amended to ensure it reflects the focus on housing.

5 CHAIRMAN'S UPDATE

The Chairman updated Members on the following:

- Future healthcare provision, Lace Hill, Buckingham - The HASC Select Committee had submitted a response to the consultation proposals and the Chairman had recently received a detailed response from the Executive Partner at the Swan Practice. This response would be circulated to Committee Members in due course.
- The inquiry into the development of Primary Care Networks was progressing well. Further evidence gathering meetings were due to take place during February and March.

6 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST'S COMMUNITY HUBS

The Chairman welcomed Mr N Macdonald, Chief Executive, Mr D Williams, Director of Strategy, and Ms K Bonner, Chief Nurse from Buckinghamshire Healthcare NHS Trust (BHT).

The Chairman started by reiterating that one of the main roles of the HASC Select Committee was to be a critical friend to the health and social care system and to independently review and challenge health and social care service developments. The Chairman requested that future reports were clear about this.

During their presentation, the following main points were made:

- Community hubs were established, as a pilot, in Thame and Marlow in 2017 as part of BHT's strategy of developing care closer to home. The inpatient community beds were closed to enable the new model of care to be delivered.
- The report outlined BHT's proposal to permanently remove the inpatient beds at Thame and Marlow Community Hospital and to continue investing in the community hubs model.
- The inpatient community wards at Thame and Marlow were no longer suitable to provide high quality care, due to challenges around sustainable staffing, the age of the facilities and enhanced infection control standards.
- The report provided evidence of additional services introduced as part of the community hubs, as well as the support of the home first model of care. It also outlined plans to further develop this model.
- A community assessment treatment service to provide multidisciplinary assessments, especially for frail adults, had been implemented which had led to a reduction in Hospital admissions.
- Patients had responded positively to this service and support from some key stakeholders had been included in the paperwork.
- Some services provided at the community hubs had had to be suspended during the pandemic but were restarted in March 2021.
- The number of outpatient services, diagnostic services and x-ray services had increased.
- The community hubs do not work in isolation and a number of other services had been developed to support the system. For example, the Home First model had been developed since 2017 which was safer and more effective for patients who were medically fit to be discharged from the Hospital. Investments had been made in the Ageing Well service and the patient stroke pathways had been strengthened.
- The evidence showed that the number of patients maintaining their independence had improved since 2017.
- It was acknowledged that challenges were still being faced due to Covid-19, particularly staffing pressures (8% of the workforce was currently off sick).
- A full demand and capacity model was being developed for discharge pathways into community beds, which was forming the basis of a business case to develop a single integrated pathway for Buckinghamshire residents. A proposal had been made for further provision of bedded capacity on all sites.

During discussion, Members made the following comments and asked the following questions:

- In response to a Member's concern about the lack of feedback following a public meeting in Buckingham in 2017 to discuss the roll-out of community hubs, Mr Macdonald explained that no decisions had been made in relation to Buckingham. BHT were in discussions with the Swan Practice around the proposals for the Lace Hill development but nothing had been finalised.
- It was noted that the Equality Impact Assessment included in the paperwork was from 2018 and the landscape had significantly changed. Mr Williams acknowledged this but explained that the EIA had been included to reassure Members that this process had been undertaken at the start of the pilots at Marlow and Thame.
- A Member expressed concern about how well the voices of people who are difficult to reach had been reflected in the Hospital Trust's plans. Mr Williams reassured the Committee that the Trust works closely with the voluntary sector. For example, work was currently being carried out with Heart of Bucks on cancer screening awareness amongst certain vulnerable groups. There were also projects around cardiology, cardiovascular

prevention schemes which supported vulnerable people.

- A Member raised concerns that some services, which were originally offered at both Thame and Marlow community hubs, were not now being offered – for example, rheumatology and diabetes. Mr Macdonald responded by explaining that there was a systematic process in place to determine which services were in most need. Some service changes had taken place due to the pandemic.
- There would be long-term investment in digital care to improve access to patient services.
- A Member expressed concerns about people who do not necessarily require hospital care but need some additional support to get their confidence back. For example, hip replacement patients who require physiotherapy following surgery. Mr Macdonald advised that there were patient pathways available for patient who required additional support following their discharge from Hospital. He mentioned the Home First model and the work of community teams to provide this additional support.
- Mr Williams mentioned the work of the Thame and Marlow stakeholder group which meets on a regular basis to help shape the development of the hubs. The group consisted of councillors, patients and advocates in the local community. He went on to say that the public had been engaged on the changes made to the hubs, via surveys and other methods.
- Mr Macdonald explained that there would be a move away from a GP referral system for the hubs as this relied heavily on the GPs being aware of the services available at the hubs. The development of the Bucks shared record allowed for a patient's data to be accessed by the health and social care system which helped to identify those people most at risk.
- In response to a question about whether the Trust had access to voluntary services as areas of support, Mr Williams advised that all voluntary organisations were accessible via a database held by the Council and regular communication was made to groups on engaging on service change and communicating issues of joint interest through this route.
- A Member asked whether there was engagement with the Primary Care Networks so that GPs were made aware of the services being undertaken in Thame and Marlow. Mr Macdonald gave an example of a multidisciplinary team which meets across the ARC PCN, which includes the Marlow GP surgery. These meetings include the community nurses and mental health workers.
- A Member asked whether services for patients suffering with dementia would be made available across the hubs. Mr Macdonald said that he would take this back for further consideration as to how this could be delivered through the hubs. The Chairman agreed that access to dementia services needed to be improved.
- In response to a question about what services were available at Amersham Hospital and the current status on Chartridge Ward, Mr Macdonald confirmed that there was a community assessment and treatment service available at Amersham alongside other services. He confirmed that Chartridge Ward was open for patients requiring rehabilitation.
- A Member asked how Buckinghamshire compared to the other component parts of the Integrated Care System, in terms of the number of community beds. Mr Macdonald confirmed that Buckinghamshire had fewer beds than the other parts of the ICS but the business case for the Intermediate Care model would look at this deficit.

In summing-up, the Chairman made the following statement.

The Committee were generally supportive of the Thame and Marlow community hubs model of care and understood the reasons for no longer using these facilities for providing community

inpatient beds. However, the Committee remained concerned about the removal of these beds, in terms of the alternative provision available for patients who would have used these community beds. The patient pathways for those requiring additional support, following discharge from Hospital, were noted by the Committee but Members felt that information on timeliness of the assessment process, length of treatment and information on the community teams was needed in order to seek reassurance.

At a future meeting, the Committee would be looking for the following.

- Evidence of developing links with voluntary and community organisations at the hubs to further enhance the services, to include services for dementia patients and carers;
- Evidence of investment in IT and equipment at the hubs so that more diagnostics could take place leading to better patient outcomes;
- More clarity and explanation around the impact on the whole system by providing alternative pathways for patients requiring additional support after being discharged from Hospital;
- As part of the development of the business case for the Intermediate Care model of care in Buckinghamshire, present evidence on the deficit in community beds and the plans to meet this deficit through alternative provision and the funding associated with this.

The Chairman concluded that the Committee would be reviewing the draft business case for supporting sustainable intermediate care model of care. BHT to confirm the timeframes for when this would be available.

Action: Buckinghamshire NHS Healthcare Trust

7 ADULT SOCIAL CARE BETTER LIVES STRATEGY

The Chairman welcomed Cllr Angela Macpherson, Cabinet Member for Health and Wellbeing, and Ms Gill Quinton, Corporate Director, Adult and Health, to the meeting.

During their presentation, the following main points were made:

- The Council's refreshed Better Lives Strategy (BLS) for 2022 – 2025 was published on 19th January 2022. The strategy focuses on how services would be delivered to help people to achieve independence at home.
- The BLS strategy had already achieved £10 million in savings and a further £6.9 million of savings were forecast over the next budget period.
- Case studies to highlight the impact of the strategy on people's lives had been included in the agenda pack.
- The report sets out key areas of priority in terms of transformation projects, most of which were currently in the early stages.

During discussion, Members made the following comments and raised the following questions:

- A Member asked whether the strategy delivers the correct balance in terms of independent living and the provision of care. Concerns were also raised around costs in terms of domiciliary care and residential/nursing care. The report compared the costs which were estimated at an average of £285 per week for domiciliary care and £1000 per week for residential and nursing care.
- The refreshed strategy builds on the tiered approach. Tier 1 focussed on living independently, with services provided through referrals and signposting to universal services (around 70% of adult social care clients). The second tier focussed on

reablement, where many short-term packages were provided to enable people to return to their home environment (e.g. disabled facilities grants), (around 20 % of clients). The refreshed strategy aimed to reduce this number. Tier 3 focussed on long-term support for clients, which tended to be the high-cost services (around 10 % of clients were in this tier).

- A Member pointed out that although savings have been achieved, the adult social care budget had increased. The Cabinet Member explained that this was due to an increase in demand for services, particularly from younger people with disabilities.
- A Member commented that the Care Advice Buckinghamshire website was not well publicised. The Cabinet Member acknowledged that this was the case and agreed to review this. She went on to say that the website does provide many useful resources and signposting to other services.
- The report stated that 3 % of people were dissatisfied with the service they had received. A Member asked how this issue was being addressed. The Cabinet Member advised that Cabinet was continually monitoring this issue through performance indicators. A monthly report was in place which records compliments and complaints, and it was noted that more compliments were now being recorded.
- A Member asked whether there had been any progress with developing services for people with dementia. The Cabinet Member explained that this project would be a co-ordinated one across many areas, including health care providers, housing and the voluntary sector.
- A Member raised an issue around future proofing houses to minimise potential changes later in life, for example, making the doorframes wide enough for wheelchair access and that planning teams should be brought into the conversations around this. It was noted that discussions were taking place with some housing providers, but they were at the early stages. The Committee asked for any progress to be shared with them.
- It was agreed that this issue should be discussed with the Chairman of the Growth, Infrastructure and Housing Select Committee.
- A Member suggested that a Committee should be set-up to review and challenge the Buckinghamshire Local Plan. The Cabinet Member agreed to discuss this with the Leader.

Action: Cabinet Member

- A Member mentioned that self-funders were not mentioned in the strategy and asked what services were available to them. Ms Quinton explained that the recent White Paper would give self-funders the opportunity to access care services through the council. She went on to say that the council does signpost self-funders to a number of services, including a brokerage service which helps to find the right care. Members felt that the information for self-finders needed to be more clearly communicated. The Cabinet Member agreed to look into this.

Action: Cabinet Member

- In response to a question about staffing, Ms Quinton explained that the recent restructure was aligned with the deliverables in the Better Lives Strategy. There was an ambition to reduce the number of agency staff but there would always be a need for agency staff.
- A Member raised concerns in relation to the quality of domiciliary care provided to residents by independent companies. Ms Quinton explained that the sector was currently under a lot of pressure. All care providers were registered with the Care Quality Commission, which carried out inspections around every four years (or more frequently if there were concerns). If complaints were received, these were investigated by the safeguarding team and any information was shared with the commissioning team to ensure the issues were resolved.

- Ms Quinton advised that the council commissions many voluntary organisations to support people, such as the Red Cross, but there was a need to further promote these and to be clear that these support services were funded by the council.

The Chairman thanked the Cabinet Member and Corporate Director for attending the meeting.

8 HEALTHWATCH BUCKS UPDATE

Ms Z McIntosh, Chief Executive, Healthwatch Bucks updated the Committee on their latest activities.

- The Enter and View programme has restarted following the pandemic and three reports had recently been published. Thrift Farm, a day opportunity centre, had been visited.
- Healthwatch Bucks continued to support Buckinghamshire's Patient Participation Groups (PPGs). Additional funding was received from the Clinical Commissioning Group (CCG) to undertake this work. The results of a recent survey had been published on Healthwatch Buck's website.
- A network event for PPGs had recently been held where the CCG advised attendees about changes in health and social care and the options to work together to support the Primary Care Networks. A report detailing the key findings was currently being produced.
- Feedback from signposting services for resident's had been collected and Healthwatch Bucks had provided a summary of the results, which could be found on their website.

During discussion, the following questions were asked:

- A member asked whether there were any trends in terms of the quality of both GPs and Dentists. It was noted that the issue with Dentists was mainly due to not being able to get an appointment, so it was difficult to get any robust data on specific Dentists.
- A member expressed concern about the negative feedback in relation to the mental health services provided by Oxford Health. Ms McIntosh advised that, both the CCG and Oxford Health were aware of the feedback. The Chairman advised the Committee that access to mental health services was on the work programme.

The Chairman thanked Ms McIntosh for her update.

9 WORK PROGRAMME

Members discussed the work programme and agreed the following items for the March meeting.

- South Central Ambulance Service;
- Support for Carers.

Members made the following suggestions for future meetings:

- Access to mental health services;
- End of Life Care (Hospice Care provided by the community palliative team);
- Transitions (Children to Adult Services);
- Healthcare planning;
- Dementia services (part of the refreshed Better Lives Strategy).

The Chairman explained that she had produced a report which brought together various issues that came to the attention of the HASC in the preceding 18 months around the future identification of healthcare need and progression of adequate provision. The report was shared

with the Corporate Management Team but she believed there would be value in circulating it to Members to absorb, with a view to further discussion around how to enhance and expand it, prior to discussing it with key partners.

Action: Chairman

10 DATE OF THE NEXT MEETING

Thursday 24th March 2022 at 10am.



SCAS Annual Health Scrutiny Committee Report

Buckinghamshire

Mark Begley (Head of Operations, Aylesbury Vale & Milton Keynes)
Andrew Battye (Head of Operations South Buckinghamshire & East Berkshire)

March 2022

The Purpose of this report is to provide an overview of the service provided by South Central Ambulance Service NHS Foundation Trust (SCAS) against our contractual arrangements and, at greater detail, within Buckinghamshire.

Performance

2021/2022 Summary

Whilst the performance contract is held at a Thames Valley level, SCAS continues to work in collaboration with the Buckinghamshire Clinical Commissioning Groups (CCG's), BOB ICS (Bucks, Oxon & Berks Integrated Care System) and BHT (Buckinghamshire Healthcare Trust) to improve the performance specifically for the Buckinghamshire County area.

In cases where we have not been able to send a SCAS resource within the required time, we undertake a review of cases where patients have waited longer than expected with a view to ensuring that there is no patient harm. We aim to identify causes, themes, identifying any areas that we can learn from to mitigate risk.

Performance & Demand – Buckinghamshire

Ambulance Response Programme, the new categories:

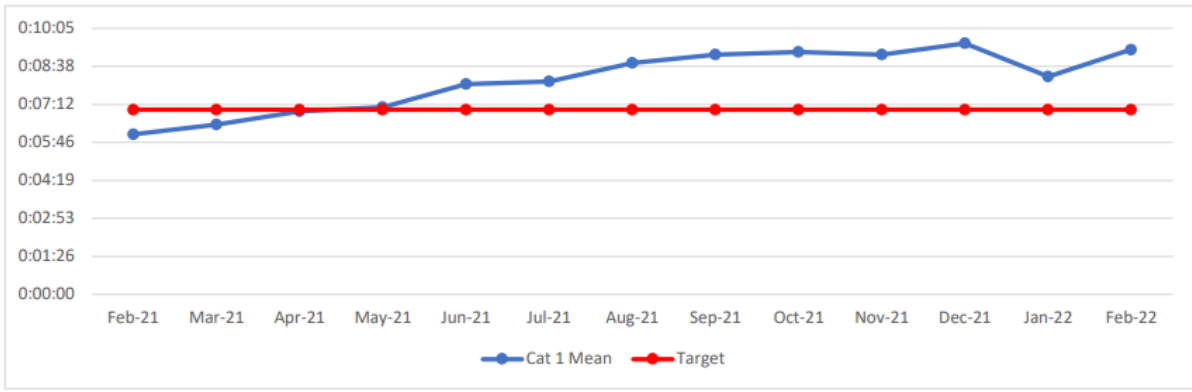
CATEGORY 1 - LIFE-THREATENING Time critical life-threatening event needing immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest; airway obstruction; ineffective breathing; unconscious with abnormal or noisy breathing; hanging.
CATEGORY 2 - EMERGENCY Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.
CATEGORY 3 – URGENT Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe.
CATEGORY 4 – NON-URGENT Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.
TYPE S – SPECIALIST RESPONSE (HART) Incidents requiring specialist response i.e. hazardous materials; specialist rescue; mass casualty

Categories	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	7 minutes mean response time 15 minutes 90 th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arrives at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	18 minutes mean response time 40 minutes 90 th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance service-dispatched emergency responder arrives at the scene of the incident
Category 3	120 minutes 90 th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance service-dispatched emergency responder arrives at the scene of the incident
Category 4	180 minutes 90 th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

Key Benefits:

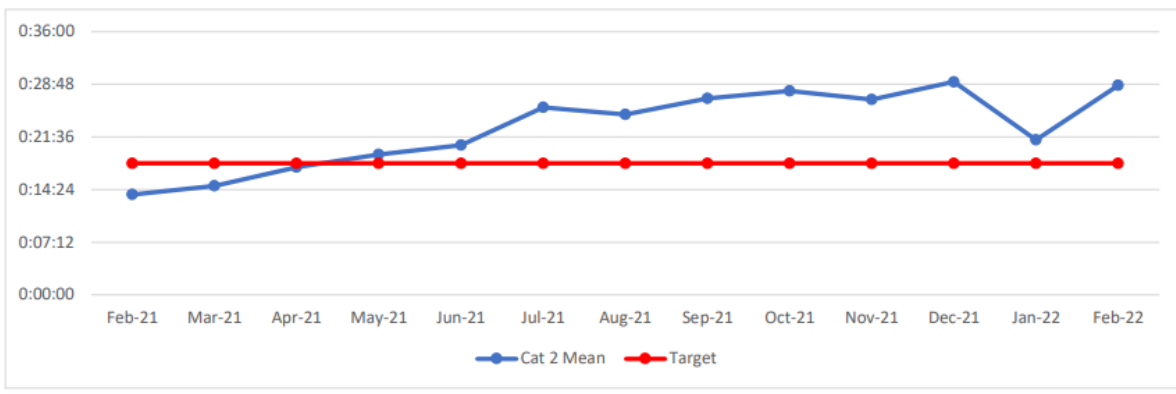
- Ensuring a timely response to patients with life-threatening conditions
- The most appropriate clinical resource to meet the needs of patients based on presenting conditions not simply the nearest
- Fewer multiple dispatches = increased efficiency
- Reduction in diversion of resources
- Increasing the ability to support patients through hear and treat, see and treat
- Having a transporting resource available for patients who need to be taken to a definitive place of care
- Improved patient experience
- Provides staff with greater role satisfaction – doing the right thing for patients

Cat 1 performance



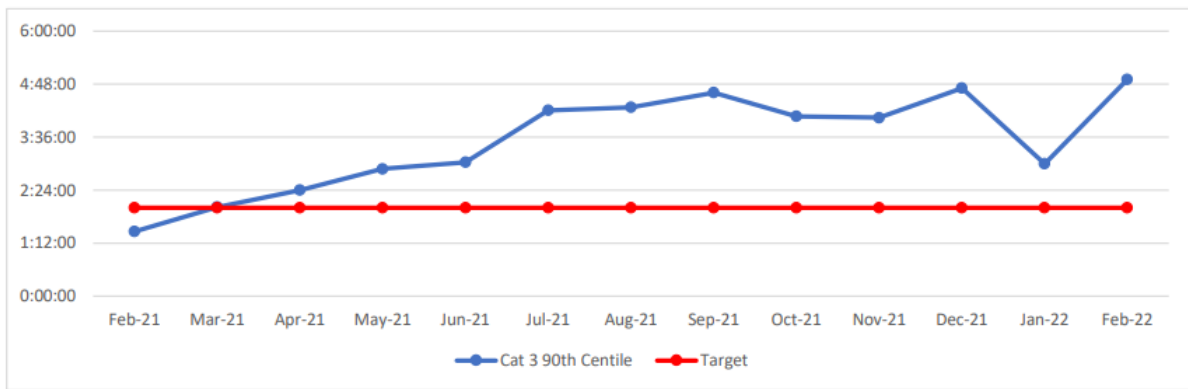
Cat 1			
	Dec-21	Jan-22	Feb-22
Mean (00:07:00)	0:09:31	0:08:15	0:09:17
90th Centile (00:15:00)	0:17:20	0:15:40	0:17:03
No. Incidents	456	413	391
Total Responders	633	620	576

Cat 2 Performance



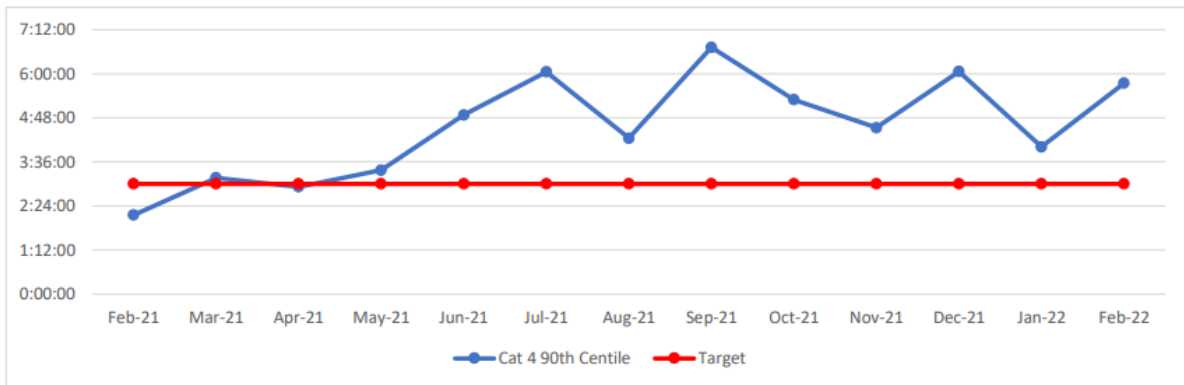
Cat 2			
	Dec-21	Jan-22	Feb-22
Mean (00:18:00)	0:29:09	0:21:12	0:28:41
90th Centile (00:40:00)	0:58:47	0:41:12	0:59:14
No. Incidents	3,405	3,055	2,912
Total Responders	3,585	3,229	3,087

Cat 3 Performance



Cat 3			
	Dec-21	Jan-22	Feb-22
Mean	2:07:46	1:26:08	2:15:46
90th Centile (02:00:00)	4:42:37	2:59:33	4:54:17
No. Incidents	1,740	1,848	1,505
Total Responders	1,899	2,059	1,663

Cat 4 Performance



Cat 4			
	Dec-21	Jan-22	Feb-22
Mean	2:23:54	1:50:53	2:38:41
90th Centile (03:00:00)	6:03:24	4:00:27	5:44:29
No. Incidents	95	136	91
Total Responders	109	155	100

Urgent Care Pathways (admission avoidance)

Not every patient who has received an emergency ambulance response requires conveyance to the nearest Emergency Department (ED). Several of our patient cohorts are suitable for referral to acute units within the hospital, (away from ED), or can be managed safely in the community setting, as close to their own home as possible by community health care providers.

This communication outlines the services available, for our Urgent Care patients, in Buckinghamshire (excluding Milton Keynes) which allows our staff to get the right care locally or in their own home rather than being transported to the ED.

Same Day Emergency Care (SDEC) Medical Referral

- Stoke Mandeville Hospital 24-hour advice and referral for patients with an acute medical presentation that cannot be managed in the community or by the patient's own GP.

Community Pathways

Urgent Community Response

- **Rapid Response & Intermediate Care (RRIC)** – Therapy-led care in the community, to support admission avoidance and support adults in their own home.

Frailty Advice/Referral

- The frailty line should be used when managing patients presenting with a frailty syndrome in a care home or private residence, where emergency conveyance to a treatment facility is not required or the patient does not require assessment/treatment at the Emergency Department.

Use the Frailty line for:

- Advice and Guidance **BEFORE** considering conveying to hospital
- Conveyance to MuDAS or CATS
- Liaison with specialist services, eg: Therapy home visits, dietician advice

Nursing/Care Home Telemedicine Service

- Service offers a virtual 24/7 Senior Nursing Team, within a Digital Care Hub providing support, clinical assessment, and virtual management of Care Home residents.

Buckinghamshire Integrated Respiratory Service (BIRS) Team

- Respiratory Nurse Specialist Team providing community services to chronic respiratory disease patients experiencing complications of known COPD. Service also manages home oxygen requirements for both chronic respiratory conditions and patients who do not fall under a respiratory team i.e. palliative care, Heart failure.
-

Mental Health (via 111)

- 24/7 Advice/Referral service for patients experiencing 'low risk' mental health crisis

Urgent Treatment Centre (High Wycombe)

- Management of ambulant patients presenting with a minor illness/injury. Following acceptance of your patient they must be encouraged to make their own way to the treatment centre

Emergency Department Clinical Advice Line (Stoke Mandeville Hospital)

- When you are uncertain whether conveyance to the Emergency Department is required.

EoL/Palliative Care (Florence Nightingale)

- Advice and referral for patients with a life-limiting illness.

Cancer & Haematology

- Advice and management for patients and ambulance staff relating to all Cancer and Haematology issues. Service available to 'known' patients only.

Diabetes

- Diabetes Specialist Nurse advice line with out of hours answerphone service.

Drug and Alcohol Support

- Switch Bucks. Advice and referral for patients between age of ten and seventeen years old looking to cease their ongoing substance abuse.

Community First Responders:

Community Responders are members of the public, trained by the ambulance service, who volunteer to help in their community by responding to medical emergencies before the arrival of an emergency ambulance.

There are currently many active Community Responders schemes operating in the Buckinghamshire area (excluding Milton Keynes). Work continues with communities across the county.

First Responder schemes work with community volunteers responding within a small radius of their home or work address to immediately life threatening calls, where having someone with training and a defibrillator present a short time scale could make the difference between life and death for the patient. In all instances Community First Responders are backed up and supported by a SCAS clinical response.

We continue to work hard in evaluating new areas and expanding our Community First Responder Schemes in rural areas to continue with our successful campaign placing more defibrillators in villages and training local communities to use them.

Co Responder Schemes

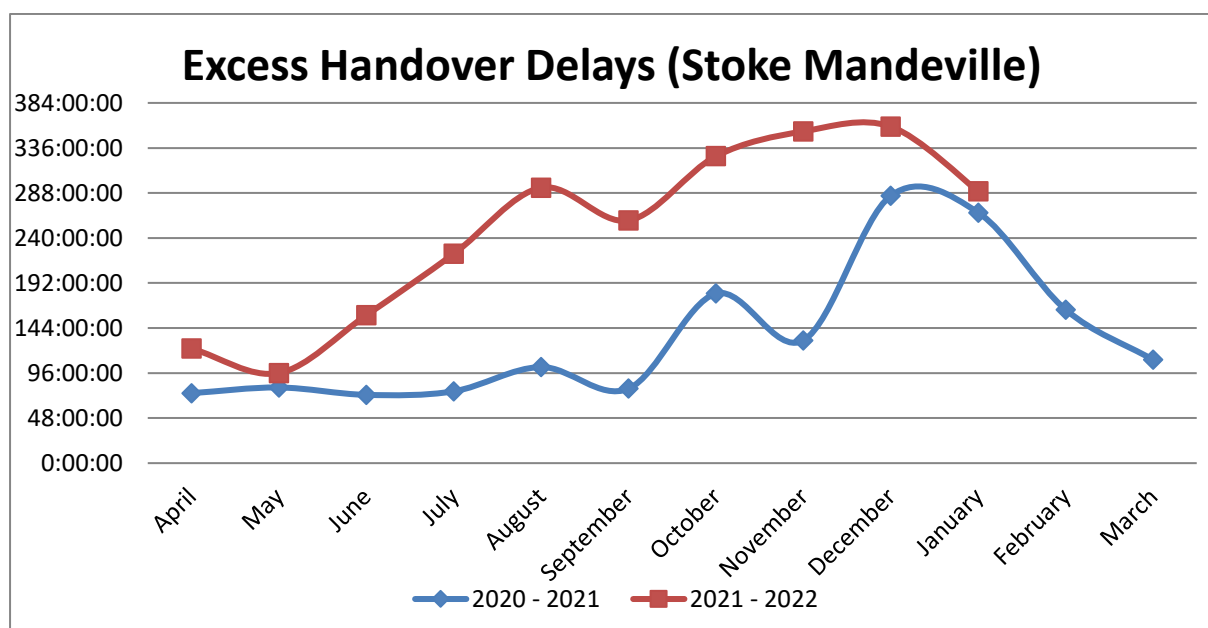
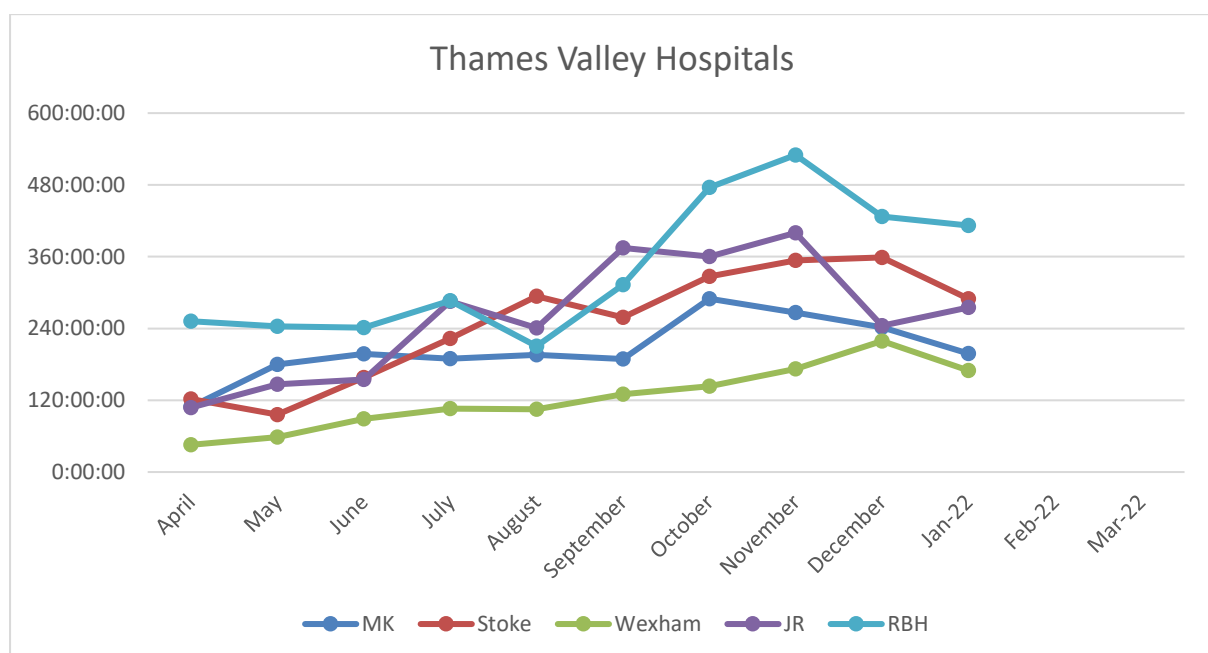
We have been working with the Military (RAF) in training their staff in First Person on Scene and emergency driver training. They have already attended many incidents and are proving to be valuable and effective. The response ranges from specific Co-Responding cars to attending in a Response car. This is a similar position as for Community Responders, but with the added bonus of a blue light capable response, and enhanced care, enabling them to cover a wider geographical area.

Hospital Handovers:

Receiving Hospitals are required to facilitate a handover of arriving ambulance patients within 15 minutes of arrival. NHS England/Improvement are monitoring and challenging Hospitals that continue to not achieve the defined hand-over process and timelines. Acute Trusts have all been tasked to prioritise this area to ensure that they minimising delays and the knock-on effect that has to responding to patients within the community.

Handover is deemed to have occurred when a clinical handover has taken place, the patient is transferred on to a hospital trolley and all ambulance equipment/apparatus is returned (NHS England, 2014).

The chart below details excess handover delays (over 15 minutes) in hours, by month for the local acute hospitals.



Category arrivals to Stoke Mandeville Hospital



SCAS has continued to work with colleagues from the Acute Trusts, however with the increase in demand on both SCAS and the Acute Trusts, handover delays have remained a challenge. 2020/21 SCAS lost **42,553** hours of which **3,113** hours were lost at Stoke Mandeville Hospital and **1,552** hours at Wexham Park Hospital due to handover delays. This is the equivalent of losing just over **466** ambulances completing a 10 hour shift.

SCAS and all of our Acute Trusts operate a double verification of the handover time between the SCAS crew and the receiving hospital clinician at the Emergency Departments (ED's) and Medical Assessment Units within the SCAS area, via a web-based handover screen. We continue to work collaboratively with our Acute colleagues in reviewing the process of handover to see if there are new ways of improving the system we follow, including identifying best practice from around the SCAS area and other services across the country. This has included introducing streamlined handover (pit stop style) areas whereby SCAS crews can handover their patient to a senior clinician within the area the patient will be transferred to a Hospital bed. This has been successful and provides the patient a much better experience than previously.

During high handover delays, SCAS will provide a Hospital Ambulance Liaison Officer (HALO) as the interface between SCAS and the hospital staff to manage issues and assist with patient

flow. HALO's will help by reducing the number of SCAS staff looking after patients (cohorting) and improve the efficiency of the queue.

Emergency Journeys and Final Disposition

- Hear and Treat: Emergency calls are resolved over the telephone without the attendance of an ambulance resource to scene.
- See and Treat: Ambulance resource attends the scene and treats and discharges or refers to another service without transporting the patient to a Type 1/2 (Consultant Led) Hospital Emergency Department.
- See, Treat and Convey: Ambulance resource attends the scene, treats and transports the patient to a type 1/2 (Consultant Led) Hospital Emergency Department.
- GP Urgent: Urgent Hospital admission booked by a GP or Health Care Professional.

2021/22 (3 months)

The tables below detail the % of Hear & Treat, see & treat, see, treat and convey for Bucks patients:

Outcomes			
	Dec-21	Jan-22	Feb-22
Hear & Treat	13.34%	11.52%	11.16%
See & Treat	32.94%	33.18%	31.90%
See, Treat & Convey (ED)	51.45%	52.66%	55.14%
See, Treat & Convey (Non-ED)	2.27%	2.64%	1.80%

Recruitment and Vacancy Rates

The role of the Paramedic has developed over the years, to the point now where it is educated at a BSc level. This ensures we have a highly skilled workforce, able to operate in the varied environments that we work in. However, this also means that they are seen as a viable group of staff to be recruited to the wider health sector as well. As a result, we are often challenged by other parts of the health network also trying to recruit our staff. Primary Care being a good example.

Align this to the cost of living within the Thames Valley in comparison to other parts of the country and you have a recipe for staffing challenges. SCAS is like every other Trust in the country bound by Agenda for Change which stipulates national pay scales and rates for staff.

The South and mid-Buckinghamshire regions of SCAS are one of the most challenged around workforce within SCAS. However, we continue to actively recruit, looking at options and alternative methods to bring staff into SCAS.

This has included, but not limited to, partnership working with Oxford Brooks and Portsmouth Universities to fund places for both internal and external candidates to train to become a paramedic. Recently we have partnered with Bucks New University in High Wycombe and the first cohort of students are now starting their exciting journey with the ambulance service.

Whilst we focus on recruiting locally and from across the country, we are also looking into more international options, similar to acute trusts, there are pre-hospital staff across the world who have skills, experience and the drive that we look for in SCAS. Unlike nursing, there are some differences across the world in respect to paramedics and their training. So it is important that we assess, review candidates, to ensure that they will be able to deliver the correct level of care to our patients. We are currently working with Health Education England to recruit newly qualified paramedics from Australia, this is in conjunction with 4 other ambulance services.

The trust has launched an Apprentice scheme. Successful candidates will move through various stages within SCAS starting with Patient Transport then on to the Emergency Care Assistant (ECA) after 12 months. This route gives a good grounding for progression on to a Paramedic.

Current Position – Buckinghamshire

The main staff vacancies are in South Bucks where the cost of living is very high. This is not specific to SCAS but reflects the challenges on the NHS in this area. Work streams are going ahead to include NHS specific low cost housing schemes but unfortunately these do take time to establish.

Private Provider Usage

With the increasing levels of demand, aligned to the challenges faced with staffing levels, has meant that we have a needed to maintain the use of our private providers.

Our private providers undergo a strict assessment process before being accepted as a suitable provider. This followed up by regular reviews, undertaken by senior members of SCAS who monitor, review and assess their performance, clinical practice, standards of care and ensure they are maintaining their agreed standards.

As part of the Private Provider cadre, SCAS utilises 5 different providers, including the existing voluntary aid societies, but on a commissioned basis. They provide resources from patient transport vehicles to fully equipped Emergency Ambulances.

Safeguarding

SCAS have had a focussed inspection by the CQC and their report was published in February 2022. The report did not provide us with the level of success that we had hoped for, but demonstrated that some areas needed some greater focus to bring them back up to the standards we had striven for pre-pandemic. It was recognised in the report, that whilst there were areas below the level we would have hoped for, there were no instances where anybody had come to harm. In response to the report, SCAS are working through a comprehensive action plan of improvements and have engaged an external safeguarding specialist to work with us temporarily to provide advice and support. The action plan progress is being monitored by the SCAS Board and regular updates are being provided to our commissioners.

Conclusion

The last two years have placed unprecedented demand and challenge to the ambulance service nationally. This has been reflected in the work that SCAS has undertaken during this time. Following the times of lockdown and the gradual returns to the new normal SCAS has faced massive increases in our demand which has continued to increase throughout SCAS and the wider health services in Thames Valley. As with many organisations, we are still facing the challenges brought about by Covid-19 and the requirements for staff to isolate. These impacts have continued even though the rest of the country have returned to a more normal approach. The NHS has maintained the level of protection that is necessary to protect the public and the staff. This with increase demand versus resourcing continues to put pressure on our ability to provide the speed of service we strive for. Despite the increase challenges and financial constraints, SCAS has remained focused on delivering a High Standard of pre-hospital care to its patients in the form of both 111 and 999 services. Our PTS teams have adapted to increase demand whilst managing the challenges associated with social distancing but have continued to serve its patients to a high standard making sure wherever possible targets are met.

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SCAS, our Vision

Mark Begley:

Head of Operations – Aylesbury Vale & MK

Andy Battye:

Head of Operations – South Bucks &
East Berks





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South Central
Ambulance Service
NHS Foundation Trust

Content

- What we do
- Our focus and support
- CV-19 impact
- Our strategy and values
- Blue light Hub



NHS

South Central
Ambulance Service
NHS Foundation Trust

- Respond to emergency calls
(999 service)
- Respond to non-emergency calls
(NHS 111 service)
- Deliver Integrated urgent care in partnership
- Offer a range of commercial services:
 - Non-emergency patient transport services (PTS)
 - Logistics
 - First Aid training
 - National Pandemic Flu Service
- Resilience and specialist operations

What do we do?





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South Central
Ambulance Service
NHS Foundation Trust

We deliver together

- Work with key partners including our Air Ambulances
- Community First Responders, Co-Responders (fire, police and military), Student responders and Volunteer car drivers.
- Work collaboratively with other ambulance trusts

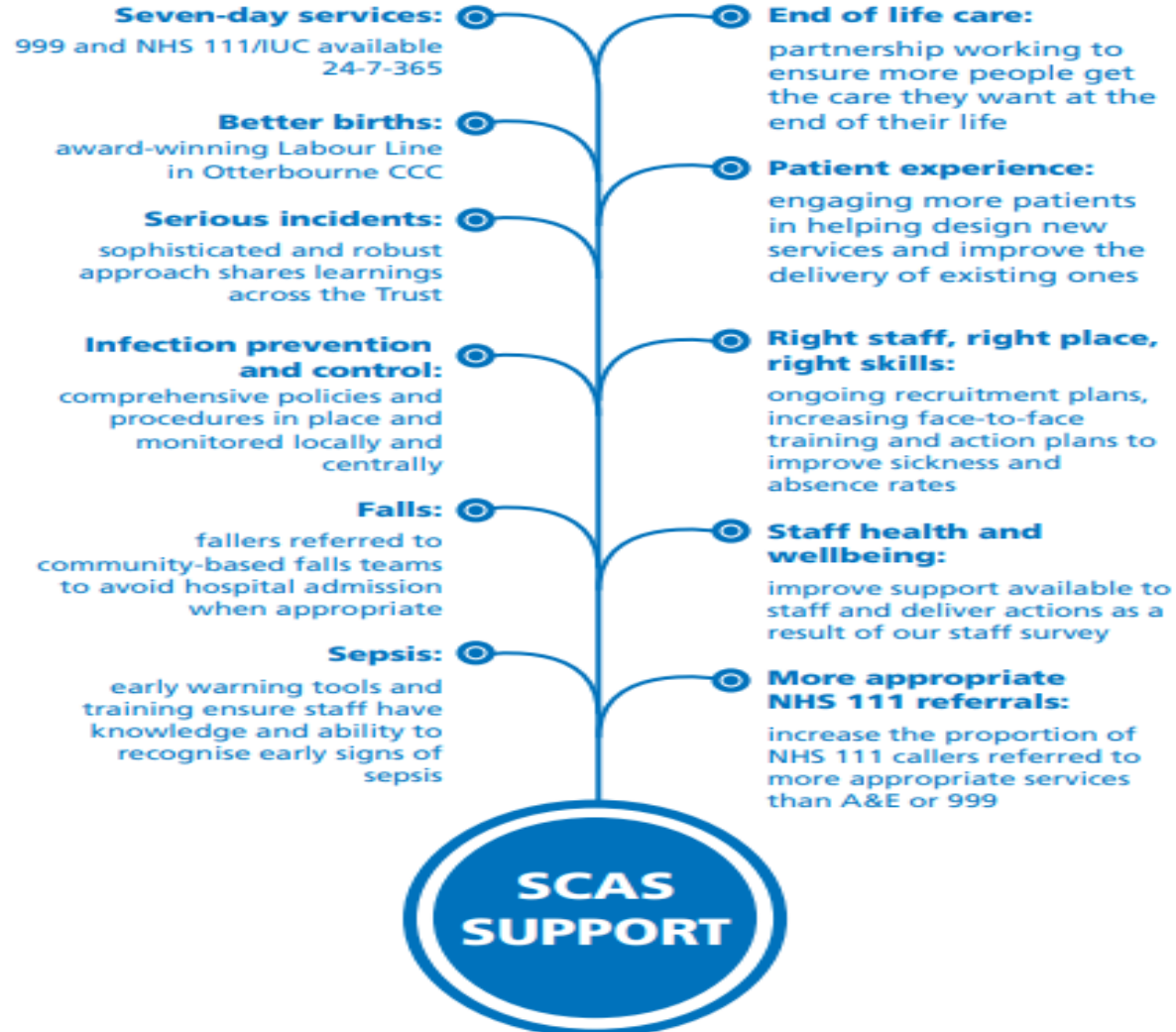




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SCAS supporting National and local priorities





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Our focus



999

- Deliver against all national performance targets under ARP
- Continue to develop career pathways and opportunities for all paramedics
- Adjust workforce and vehicle mix to meet requirements of the Ambulance Response Programme (ARP)
- Support our specialist practitioners to support more people in their own homes and communities, working with local partners in new and innovative ways



NHS 111 / Integrated Urgent Care

- Manage 3% increase in demand
- Further develop call centre capability to increase resilience of the service
- Continued focus on retention of NHS 111/IUC staff
- Further develop clinical abilities within CCCs, such as mental health and booking GP appointments



PTS and Logistics

- Continue to deliver high-quality, patient-focused services that meet targets agreed locally with our commissioners
- Develop new services and added value benefits to commissioners and patients to enhance the margin potential of each contract
- Continue to develop the sustainability of the PTS to grow and deliver the service within a financial envelope



Corporate Services

- Deliver approx. £7.5 million savings across the Trust
- Open new tri-services hub in Milton Keynes and key upgrades to other resource centres
- Significant investment in new ambulance fleet with 62 van conversions and additional HART vehicle
- Significant investment in IT, including projects under the Global Digital Exemplar Programme



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Impact of Covid 19

- Longer term service changes and developments initiated in response to Covid-19 has become integrated in our strategic planning cycle.
- We continue to carefully consider the post-Covid implications on, and relationships between, our 999, NHS 111 and PTS operations, as well as developing the role of business intelligence in order to improve our data analysis and insight to keep at the forefront of developments in a rapidly changing health and social care environment.



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Impact of Covid 19

- Fatigue
- PPE and Level 3 PPE
- Mental health pressures
- Stress
- Impact on family, friends and loved ones
- Upsetting scenes
- Feeling hopeless
- Afraid

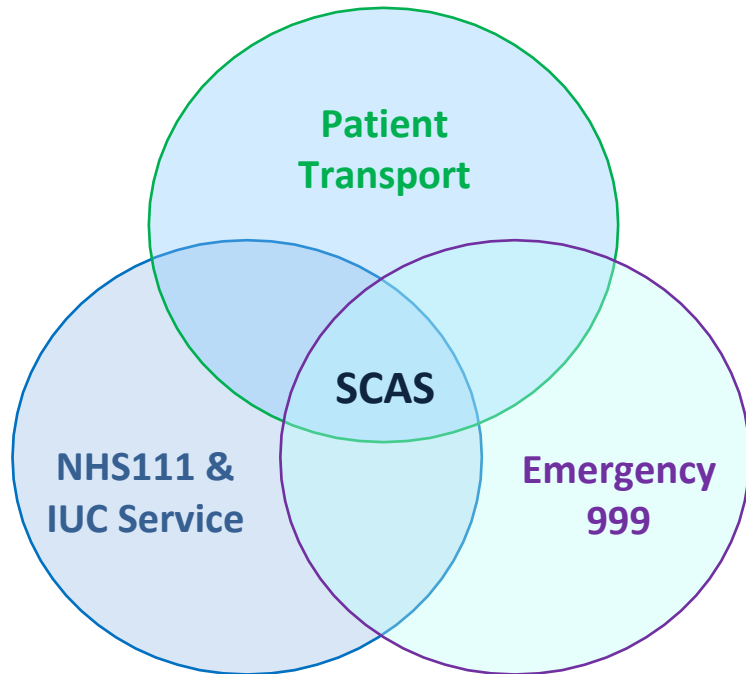


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We have a clear strategy

- Our service



- An integrated approach

- Enabling people to access right care, first time
- Saving lives and *improving outcomes*
- *Supporting people in their own homes*





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South Central
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Our strategy is supported by our goals and a set of values

OUR VALUES...

- Team work
- Innovation
- Professionalism
- Caring

OUR GOAL TO BE...

- Provider of choice
- The partner of choice
- The employer of choice
- Sustainable and dynamic



Care coordination and integrated urgent care

So you can identify and access the care you need.



Mobile care and emergency responses

We will be with you when you need us.



Expanded patient transport and logistics

We will help you travel to and from your care.



SCAS as a partner in local care systems

We will work with each care system to meet your need.



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Working with our local systems

Page 37

Integrated Care Systems *	Local care systems				
Buckinghamshire, Oxfordshire & Berkshire West (BOB ICS)	Buckinghamshire	🔴	🟢	🟡	
	Berkshire West	🔴	🟢	🟡	
	Oxfordshire	🔴	🟢	🟡	
Dorset ICS					🟡
Frimley Health ICS	Berkshire East	🔴	🟢	🟡	
	North East Hampshire & Farnham		🟢	🟡	
	Surrey Heath		🟢	🟡	
Hampshire & Isle of Wight STP	North and Mid Hampshire	🔴	🟢	🟡	🟡
	South West Hampshire	🔴	🟢	🟡	🟡
	Southampton City	🔴	🟢	🟡	🟡
	Portsmouth & South East Hampshire	🔴	🟢	🟡	🟡
	Isle of Wight				🟡
Milton Keynes, Bedfordshire & Luton ICS	Milton Keynes	🔴	🟢		
Surrey Heartlands ICS			🟢		
Sussex & East Surrey STP			🟢		

🔴 Emergency 999 🟢 Patient Transport 🟡 NHS 111/IUC 🟡 NHS 111 Dental

Promoting health and preventing illness

SCAS can identify patients who might be at risk of deterioration from an existing condition, have unmet needs or at risk of requiring emergency, urgent or crisis services, and work with partners to develop plans for these individuals.

Improving emergency responsiveness

Rising call demand, increasing acuity of conditions and growing workforce shortfalls are a national problem. SCAS working locally, and nationally, to ensure ambulance services are better able to respond appropriately to emergency, life-threatening calls.

Integrating urgent care systems

SCAS will work with local hubs that are being developed in each area that bring together primary care and community teams, including the possibility of developing SCAS paramedic visiting services offering patients face-to-face assessments in such hubs and/or home visits.

Care coordination

Building on the existing infrastructure for NHS 111 services, more people will be supported in their own homes and signposted to more appropriate and effective services (other than 999 or A&E).



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NHS Foundation Trust

Engaging with our local communities

Effective engagement is a key element for providing excellent patient care and staff retention. As a Foundation Trust we have a large body of members – both public and staff – as well as a Council of Governors, whose views and opinions can help shape our services and improve the experience of our patients.

Over the next 12 months, SCAS will focus on:

- Recruiting more members in under-represented areas
- Delivering a wide-range of engagement opportunities for members and the public
- Keep members informed through a wide range of communications channels
- Undertake an election process for new governors





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National Position

Trust	Cat 1 Mean Rank		Cat 1 90th %ile Rank		Cat 2 Mean Rank		Cat 2 90th %ile Rank		Cat 3 90th %ile Rank		Cat 4 90th %ile Rank		HCP L3 90th %ile Rank		Call Answer 90th %ile Rank	
EMAS	8:31	5	15:21	6	38:50	7	1:23:24	7	5:01:28	6	4:36:33	4	3:34:22	4	3	1
EoE	9:56	9	18:09	9	46:09	9	1:40:17	8	5:36:59	7	6:05:19	6	9:47:50	10	117	9
LAS	6:37	1	11:03	1	34:55	6	1:17:42	6	3:58:12	4	6:47:55	8	4:10:35	5	54	7
NEAS	6:48	2	11:45	2	31:22	3	1:06:35	3	3:16:10	2	2:40:42	1	2:47:04	2	44	5
NWAS	8:31	5	14:32	5	43:37	8	1:41:35	9	5:39:43	8	11:07:52	10	5:27:55	8	33	3
SCAS	7:52	3	14:27	4	22:58	1	45:47	1	3:06:59	1	4:24:13	3	2:29:01	1	111	8
SECAMB	8:44	7	15:57	8	28:21	2	56:54	2	4:34:40	5	6:21:52	7	5:27:36	7	38	4
SWAS	10:14	10	18:53	10	57:25	10	2:08:19	10	6:13:26	9	5:17:41	5	5:35:27	9	152	10
WMAS	8:10	4	14:21	3	34:44	5	1:16:10	5	6:29:35	10	6:57:07	9	5:23:43	6	21	2
YAS	8:55	8	15:45	7	32:43	4	1:13:03	4	3:31:29	3	3:33:07	2	3:28:57	3	44	5
England	8:31		15:05		38:04		1:23:35		4:47:18		5:52:28		4:29:25		59	



NHS

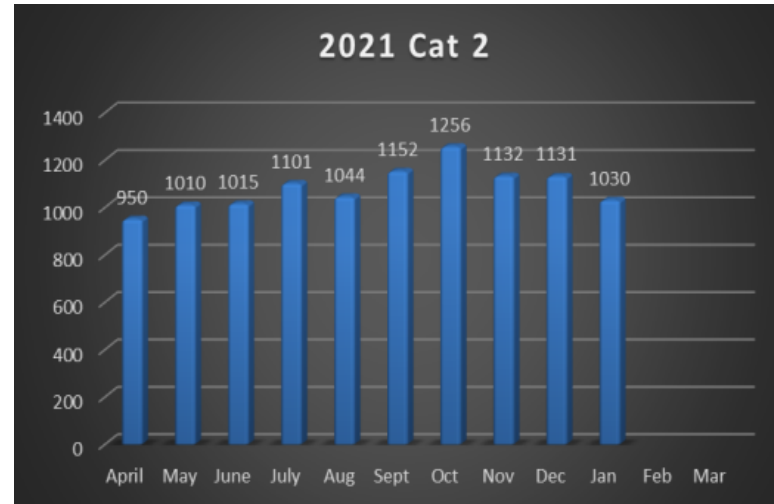
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21/22 Category of calls transported to SMH

2021 Cat 1



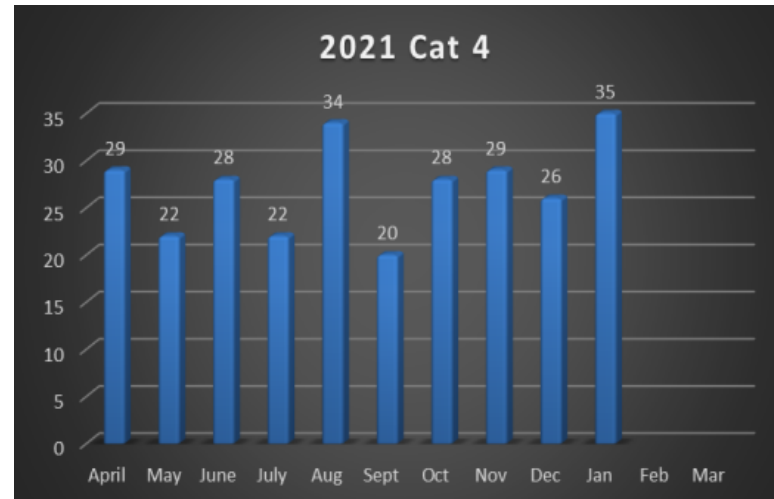
2021 Cat 2



2021 Cat 3



2021 Cat 4

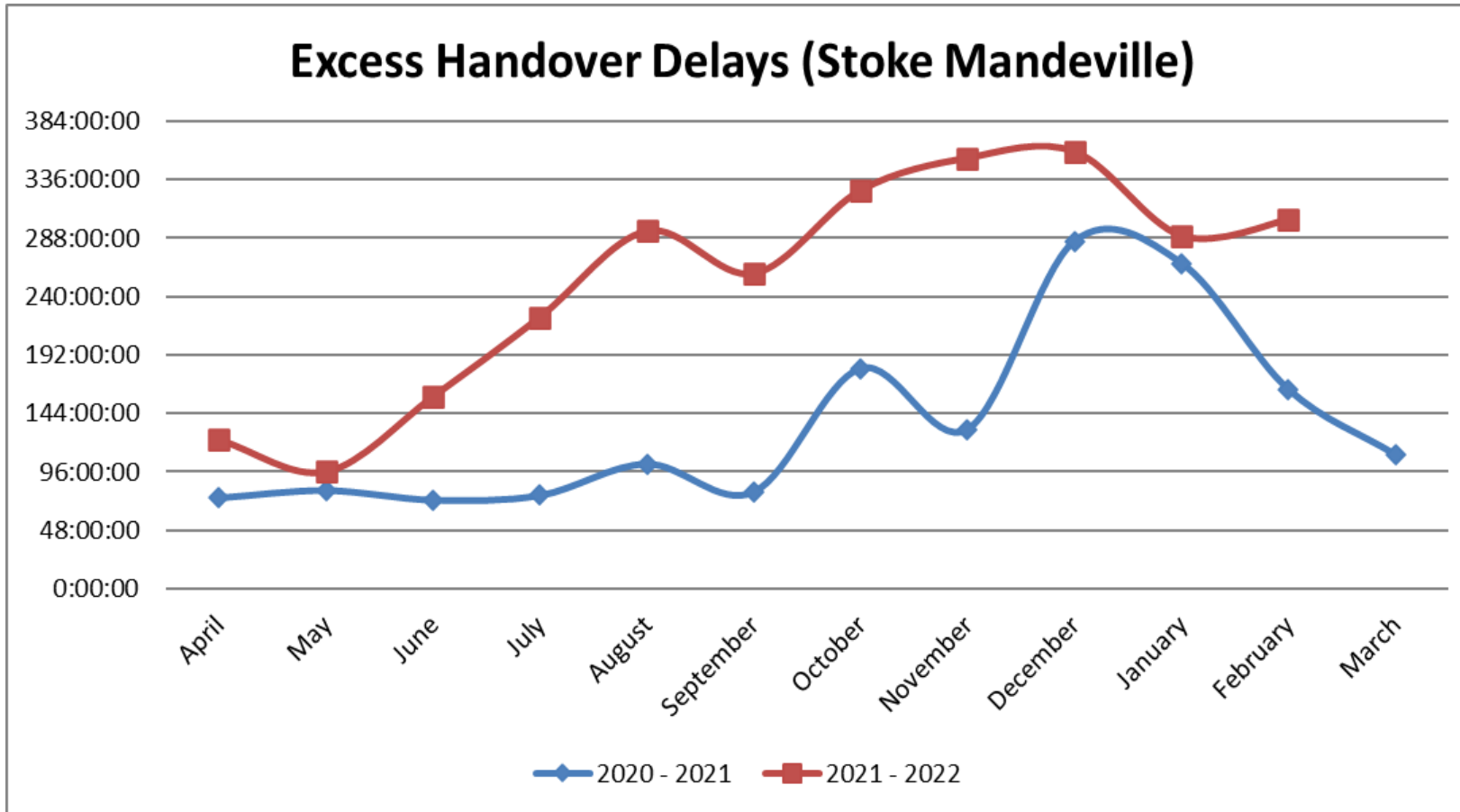




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Handover delays at SMH

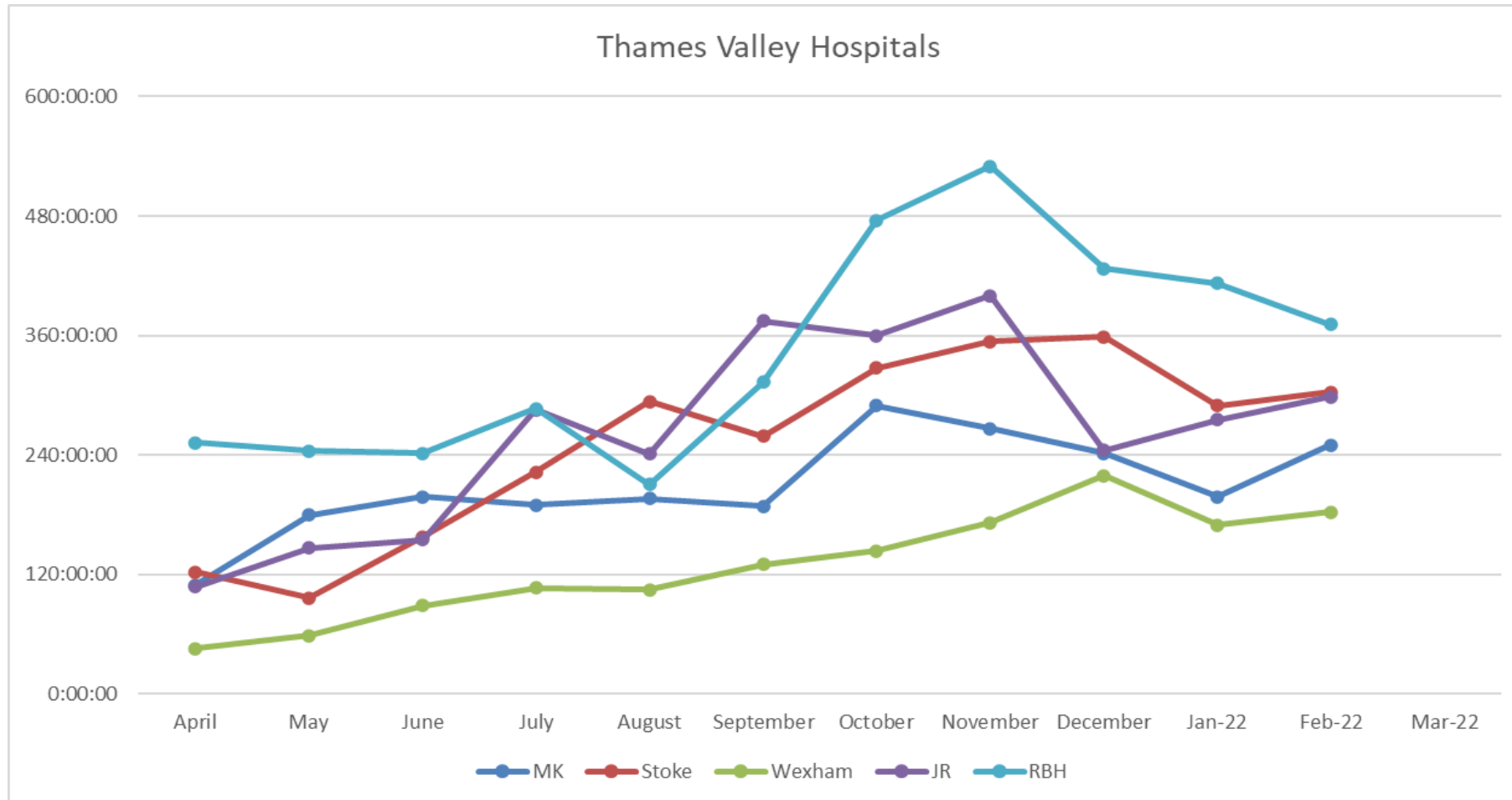




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Thames Valley Handover delays





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First in the Country Tri service Blue Light Hub



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Report to Health & Adult Social Care Select Committee on Carers Support in Buckinghamshire 2022

Date: Thursday 24th March 2022

Title: Carers Update

Contributors: Adult Social Care Operations, Integrated Commissioning, Quality Standards and Performance, Buckinghamshire Council Human Resources, Carers Bucks.

1. Introduction

A carer is anyone, including children and adults who look after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

There are three key pieces of legislation that underpin the statutory responsibilities placed on local authorities and Health in regard to carers, the Care Act 2014, Children's and families Act 2014 and most recently People at the Heart of Care: Adult Social Care white paper 2021. The Care Act requires that all adult carers are entitled to receive an assessment of their care needs, this can be undertaken by either the local authority or a commissioned delegated assessor. The Local Authority are also required to make sure that carers have access to information, advice, and guidance to support them in their role and ensure that carers maintain their health and wellbeing. In Buckinghamshire the social work team within Adult Social Care and Oxford Mental Health complete statutory carers assessments for Adults, whilst Children's services complete Children in need assessments for young carers. Commissioners contract Carers Bucks to deliver information, advice, and guidance alongside a number of carers services. This contract value £815,000 per year, £543,000 is funded via the BCF (Better Care) to provide support to Young and Adult Carers and £272,000 is provide by children's services for young carers.

In 2018 the Department of Health and Social Care (DHSC) completed an enquiry into carers support and building on the Care Act 2014 developed a two-year action plan setting out actions to ensure that unpaid carers had access to information and support to balance their caring responsibilities with their own employment and to maintain their personal health and wellbeing. Whilst the Carers Action Plan proposed a number of changes to the support that was offered to carers, the pandemic delayed the wider review of carers. Post pandemic the DHSC have renewed the commitment to support unpaid carers and outline requirements for Local Authorities to review their offer. Where carers are eligible for formal support from

the local authority or health services, the white paper outlined the need for carers to be offered choice, control, and independence and should focus on the following outcomes:

- ✓ I am supported to provide care as I wish and do so in a way that considers my own access to education, employment, health, and wellbeing.
- ✓ I have a life outside of caring and I am able to remain connected to the people who matter to me.
- ✓ I know my needs are equally recognised and my goals and aspirations are respected and fulfilled.
- ✓ I have the right information and advice to be able to make informed decisions.
- ✓ I have access to appropriate support, that suits my needs including respite care and carers breaks.

2. [HASC Inquiry Background](#)

On the 30th October 2018, the HASC Select Committee invited a number of internal Council officers including HR, Commissioning, Adult Social Care, Children's services and colleagues from Health services and Carers Bucks to attend a full day HASC Inquiry into carers support in Buckinghamshire. The five themes the Inquiry Group wanted to explore were Communities, Health, Voice of Carers, Education and Employment and the scope of the inquiry was to:

- Gain a greater understanding and recognition about the numbers of carers in Buckinghamshire (child, young adult, and adult).
- Gain a greater understanding about carers needs and the support they currently receive from across the whole system – health, social care, local communities, and schools (if child and young adult carers).
- Explore the current transition arrangements for children and young carers as they enter adulthood.
- Review the Council's current arrangements for employees who are carers.
- Help shape and inform the Carer Assessment internal review.
- Identify areas of improvements across the system and raise the profile of carers.

Following the meeting the Inquiry Group produced a full report detailing their key findings and areas of recommendations for making improvements. Officers were invited to a Committee meeting in March 2019 to provide an update on the progress with implementing the recommendations. During this meeting, each recommendation was given a RAG status by the committee members and it was confirmed that all actions had been successfully completed. A full copy of the HASC Inquiry and Action Update are included as appendix 2 and 3 respectively.

Following the previous HASC inquiry a large piece of work was undertaken by Adults Social Care to understand and recognise the role played by unpaid carers and review the way that the service offers support to this group.

3. [Main content of report](#)

The contents of this report will provide HASC Committee Members with details of how the system identifies and supports young and adult carers, how it meets its statutory obligations and what the Council's offer to its staff who are carers. This will be focused on the following four areas:

- Social Care

- Carers Bucks
- Education
- Buckinghamshire Council Human Resources.

3.1 Social Care

3.1.1 Better Lives

All Social Care services in Buckinghamshire are assessed and offered in line with the Better Lives approach, this vision for social care within Buckinghamshire focuses on strength's-based conversations and assessments where both the Carer and Social Care Worker explore positive outcomes for the Carer with a focus on improving wellbeing as well as supporting the Carer in their role.

Assessment conversations follow a three-tier model, case studies have been included in appendix 4.

- Conversation 1 – At this stage carers are invited to community cafes to discuss their caring role and the social worker is able to assess what support is required. If the need is low level such as sign posting to another voluntary or community organisation who could offer practical or support with emotional health. Information and advice will also be easily available and accessible which will in turn help people to lead independent and fulfilled lives. The social worker will follow up the look to follow up with the carers and if the need remains, they will complete a conversation 2.
- Conversation 2 – Carers who present with a higher level of need will be referred to carers Bucks and any other appropriate agencies or VCS organisation who can offer information, advice and guidance, practical support such as peer sessions, training or access to small grant funds.
- Conversation 3 – Carers will be offered a full assessment of needs resulting in a detailed care plan detailing the outcomes that they wish to achieve and the support that is available. The outcome may include a review of the cared for persons needs to ensure that the carer is able to protect their health and wellbeing or the carer may receive a direct payment to meet their needs.

3.1.2 Feedback on carers assessments

Following a review of social work practise and responding to comments received from the carers community engagement group, the Quality standards and performance team completed a full review of the carers assessment process with a refreshed **My Carers Assessment forms** – '[Supporting you](#)'¹ & '[Improving Wellbeing](#)'² launched in September 2019.

3.1.3 Internal Audit Review and Improvement

As part of the Quality Assurance Framework, Adult Social Care annually commission a number of external independent audits to undertake a deep dive of particular themed areas. In February 2021 an external auditor was commissioned to undertake a carers Thematic review including a review of 70 carers assessments.

Outcome of Carers Thematic review.

The review focused on the following areas:

- The process of how a carer's assessment is initiated,

¹ '[Supporting you](#)'

² '[Improving Wellbeing](#)'

- Where services or options provided are strength-base and outcome focused
- The quality of information and advice provided?
- Evidence of partnership working.

From undertaking the deep dive, we identified the following opportunities for improvement and took action to address the areas identified:

- There was no-online availability for a Carer to self-refer.
What we did: Implement in March 2021 a new digital platform to enable Carers to undertake and complete an on-line self-assessment.
- Carers Assessments lacked detailed and basic information about the wellbeing of the carers.
What we did: As part of the implementation of the new social care case management system, LAS; the carer's pathway was redesigned to support best practice in areas of assessment, care planning and reviews.
- There was a lack of quality carers advice and information available.
What we did: We Redesigned the Care Advice Bucks website, so it is clear what information and advice is available to carers. This was co-designed with the Adults Social Care Service User forum and this has representation from several carers that received support from the council.
- The review identified that there was seldom a carers contingency plan e.g. in the event of a Carer going into hospital who could support the cared for person during this time.
What we did: A carers contingency plan was built into the new social care case management system. The monthly audits have highlighted an improvement in this area and work will continue as part of the Carers Transformation to establish a more effective way for carer's contingency plans to be shared across relevant agencies.

Following this to ensure consistency of practise, Adult Social Care changed its approach to internal audit to ensure audits of carers assessment became part of the planned tabletable that managers use to audit practice and highlight areas for improvement on an ongoing basis.

Through ongoing audit, some further learning has been identified which is more about how all partners work together across health and social care and the voluntary sector to ensure carers receive the right support at the right time. We also need to be more strength-based in our approach and take a more holistic approach to carer's wellbeing that is across the whole year as opposed to one off payments for a weekend break. The monthly audit cycle are also provided evidence where things are working well too. Some assessments show good practice around the carers eligible needs being clearly documented within the assessment and professional analysis being clear and concise.

3.2 Commissioned Service - Carers Bucks

The carers support service contract commenced on the 1st March 2019, the service was redesigned to deliver an All Age Integrated Service to young and adult carers within Buckinghamshire. The contract requires the service provider to work with other community and voluntary community sector (VCS) partners to promote

a strength based whole family approach to service delivery. The transformation of integrated care within Buckinghamshire brings better sharing of information across commissioning teams, social work teams, hospital, and community teams to include carers and their needs within provisions alongside those of the 'cared for'. The Service is divided into three key areas for delivery

3.2.1 Young Carers – 5 – 18

The aims of this service is to provide support to young carers and work with partner agencies, to ensure that there is minimal negative impact on children and young people from undertaking a caring role and that they are able to have a positive childhood where they can reach their potential. To support young carers, Carers Bucks works with partner agencies to ensure that across schools and services (such as GPs) there are conditions where young carers feel safe, secure, and confident enough to identify themselves and talk about the challenges they're facing.

3.2.2 Young Adult Carers 18 – 25

The service supports young adult carers who support family members including people who are caring for those with complex needs and multiple factors contributing to their situation e.g. mental health, learning disabilities, drug, or alcohol dependency etc. Carers who are transitioning from a young carers service should be supported as they 'step down' from potentially receiving intensive 1 to 1 support or specialist service for children and who are making the transition into adult services.

The young adult carer services support and motivate individuals to consider and make plans for the future by working with the carer to identify their goals and how they would like to go about achieving them. Worker offer personal life skills development opportunities and work with young adult carers to help them plan for the next phase of their caring journey.

3.2.3 Adult Carers 18+

The revised carers support service commissioned in 2019 was developed with a vision that services and support for carers was more localised, increasing the number of support groups available within a person's community and encouragement was given towards support workers being attached to particular PCN's. This restructure of the service was underway during 2019 and Carers Bucks developed essential relationships with health colleagues, local community groups and health and social care colleagues. However, during the pandemic Carers Bucks reprioritised their service delivery towards identifying vulnerable carers specifically targeting carers who provide care for someone with dementia, carers who were receiving additional support via the resilience service and young carers who were no longer able to access support through schools. Following the initial period of lockdown during the first week of July 2020, Carers Bucks adjusted their offer from face to face groups to delivering virtual support groups for adult carers via Zoom, and they continued offering support services to carers who contact them through the usual referral routes. Many of the calls they received related to the Covid pandemic, new carers registering following government guidance, or carers in crisis seeking emotional or practical support.

As part of their recovery plan, in 2021 Carers Bucks engaged with their user groups and identified that people were experiencing "Zoom-fatigue" and in response Carers Bucks offered outdoors sessions where possible. When developing future plan around their service offer they have consulted with adult carers via a survey,

asking what they would like future support groups to look like and they will use the feedback from that in planning the delivery of learning and information sessions going forward.

Investors in GP Award

Since 2019 Carers Bucks have continued to support carers via primary health environments further developing their investors in GP award, working with surgeries across the County. The award requires that all staff are trained in recognising the needs of carers and that flexibility is offered where possible to promote carer wellbeing. Since 2020, 7 surgeries have gained the award, moving forward Carers Bucks would like to approach this as a system rather than focusing on individual practises as this can be ineffective with the capacity allocated to this scheme.

3.3 Education

A **young carer** is defined as a child under 18 years of age, whose life is significantly affected because of the need to care for a family member who is ill, has a disability or mental illness or is affected by substance abuse (including alcohol) or other debilitating illness.

Carers Bucks work with a number of schools across Buckinghamshire to offer young carers support. This process starts with the school agreeing to an initial meeting where the school's worker explains how school's groups operate within Bucks.

Step 1: A carers support champion is identified from school's staff

Step 2: The carers champion receives support from Carers Bucks to start a support group, including training and promoting the group

Step 3: The group becomes self-operating with ongoing advice and guidance from Carers Bucks.

During the second wave of the Covid pandemic Carers Bucks noted that a number of schools were not accepting external agencies in line with government advice to limit potential cross contamination and that they noted that were a large number of changes to staff impacting in their ability to engage with schools.

In September to October 2021 the young carers support service offered targeted support groups within schools, the targeted group offers young carers the opportunity to more about their caring role and to seek practical support from the other group's members. To compliment this new offer the services has also been operating young carer drop-in sessions within schools, these are individual sessions of 20 minutes that take place on a one-to-one basis.

In January 2022 the young carers service sent out requests to all schools in Bucks offering renewed support and trying to reach new contacts that were not familiar with the offer. 10 new schools that had not engaged with carers bucks responded and are now in discussions to develop a support for carers programme within their school.

3.4 Human Resources & Equalities

In September 2020, the Council set up a Carers Staff Network (alongside three other equalities-based networks) which meet quarterly, normally via Teams.

The purpose of this network is:

- To provide a forum to exchange and promote good practice
- To recommend actions to the Equality Steering Group
- To provide a mechanism to voice opinions relating to carers for staff
- Have an open membership policy and encourage representatives from all departments
- Provide a voice for carers by offering a source of consultation on issues relating to council policies and practices
- To develop networking opportunities for staff within the council
- Work closely with the other staff networks to jointly address issues that are of common interest
- Provide a safe and confidential environment for staff to meet with others and an opportunity to discuss issues that they may be facing.

Carers Bucks are invited to the staff network meetings to provide additional support and resources to those that attend. The group is co-chaired by the Senior Policy Officer (equalities specialist) and a staff/peer representative, who also report into the overarching Equality Diversity and Inclusion Steering Group about the network and any concerns staff may have raised.

Over the last year, HR have delivered a virtual manager training session (run by Carers Bucks) as well as a staff led training/tea-break session on Carers rights (on Carers Rights Day). They have developed a webpage of support for staff, including documents such as 'Carers Leave Explained' which looks at the different legacy leave arrangements and what staff are entitled to, a directory to support staff who live out of county on where their local services are provided, and how to seek support in an emergency. Internal comms campaigns including staff blogs have also raised the profile of carers in the workplace and our numbers within the staff network have tripled as a result.

To develop support for carers that is tailored to meet the needs of the workforce, a staff survey was completed where staff were asked to detail their caring responsibilities so that the organisation could better understand the make-up of carers within our workforce. The work of the Carers Network feeds into the wider Equality Diversity and Inclusion Action Plan (owned by the Steering group and reportable to CMT) which is due to be refreshed for May 2022. Within this document is an action to develop a toolkit for staff and managers to help further raise awareness of carers/caring and ensure appropriate support is provided to staff carers as and when needed.

4 Next steps and review

4.1 Carers Transformation project.

Our overall direction, in line with government policy, is to work in ways which give people real control and choice over how they are supported. We want to focus on the things that mean the most to carers that make the biggest difference, and are confident that if we do this, we will move towards achieving better outcomes and better lives for the carers. In order to plan future services, a transformation programme has been approved by the Adults Health and Wellbeing Board to review and improve carers support in Buckinghamshire.

The role out of our Carers transformation programme has been impeded by as a direct result of the impact COVID pandemic and Omicron surge. We now need to respond to the immense commitment shown by

carers, by committing ourselves to taking forward the priorities and actions in making a real impact on the lives of local carers in areas of:

- Assisting Carers to carry on caring if they want to.
- Getting good quality information and advice when they need it.
- Being recognised, feeling respected and heard as carers and partners in care and experts in the needs of the person they care for.
- Having a life outside of and after caring, including working or volunteering if they want to & being able to fully access their local community and local services.
- Staying mentally & physically fit, healthy and being safe
- Accessing full benefit entitlements and financial advice.
- Receiving consistent joined up services

Our approach with this transformational programme is underpinned through a co-design and co-production principle in engaging with carers and partner agencies such as Carers Bucks.

- A whole systems approach to community offer of information and advice and broader community support options.
- A whole systems approach to identifying who a carer is in Buckinghamshire.
- Delivering a strength-based model of practice.
- Developing a carer's co-production model.
- Implementing a range of innovative technology.
- Emergency Planning.
- Commissioning approach and Contracting model to deliver a whole system approach including young carers.

4.2 Delivery Method:

We recognise that more work needs to be done to understand what life looks like for all carers and design services to meet this reality. Our cross-cutting approach will ensure that Carers are at the heart of this transformation and captured through the following five work streams.

- Carers and Community
- A quality approach
- Systems and Processes
- Workforce
- Policy, governance, and framework

Appendix 1 Carers Data in Bucks

Table 1 – Comparative data year on year number of carers registered with Carers Bucks

Total Registered Carers 2019 - 2022

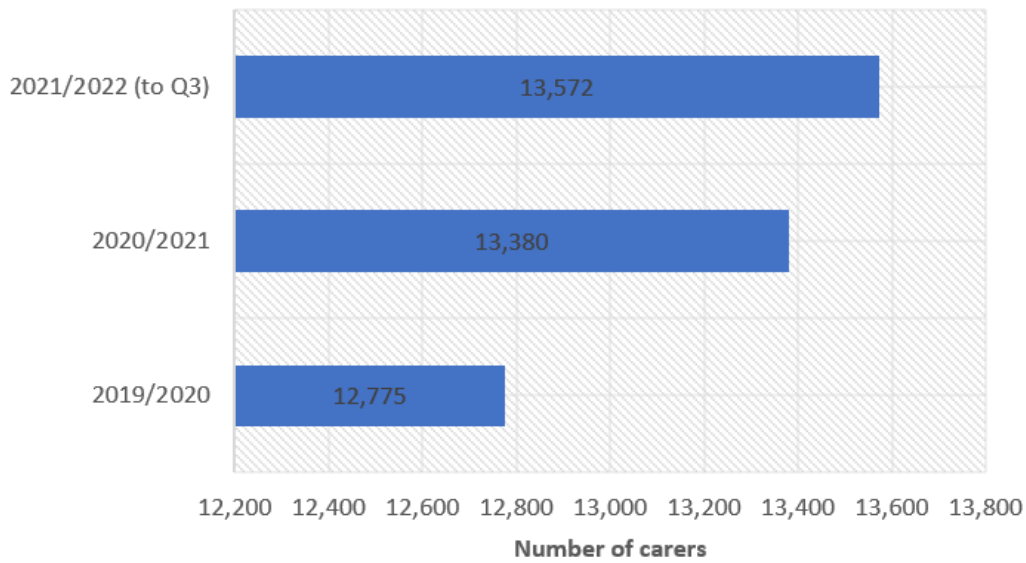
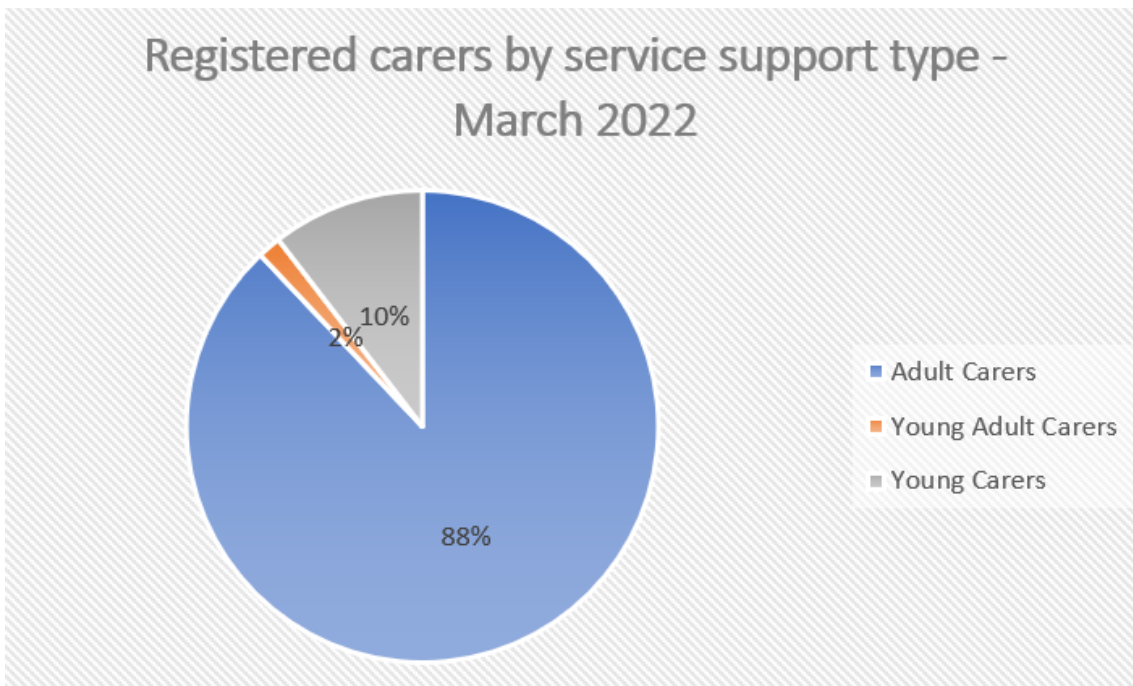
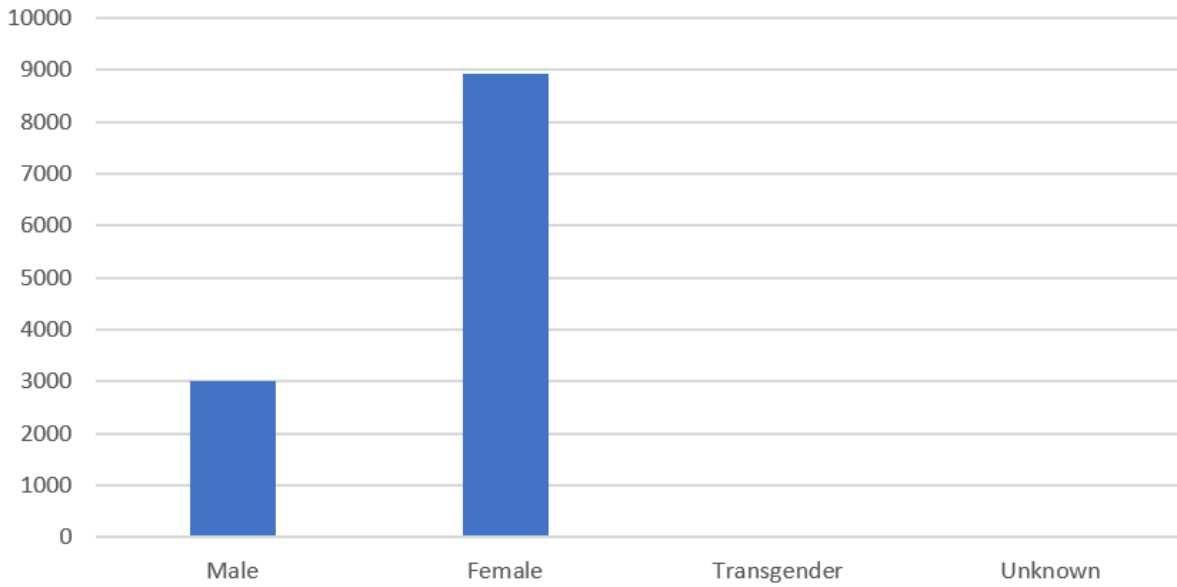


Table 2: Number of carers accessing services with Carers Bucks March 2022

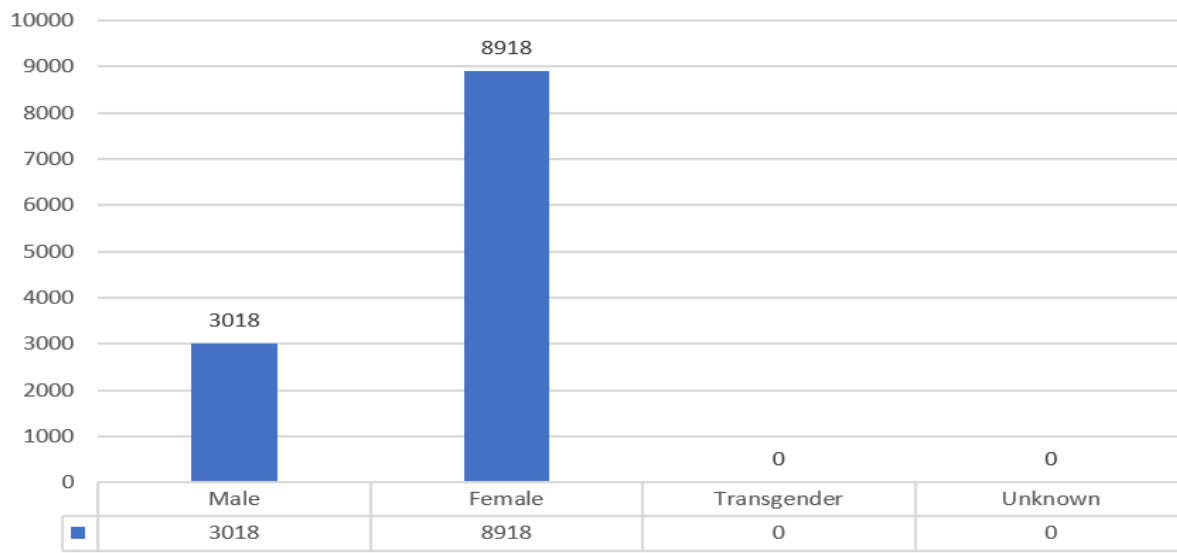


Adult Carers demographic information March 2022

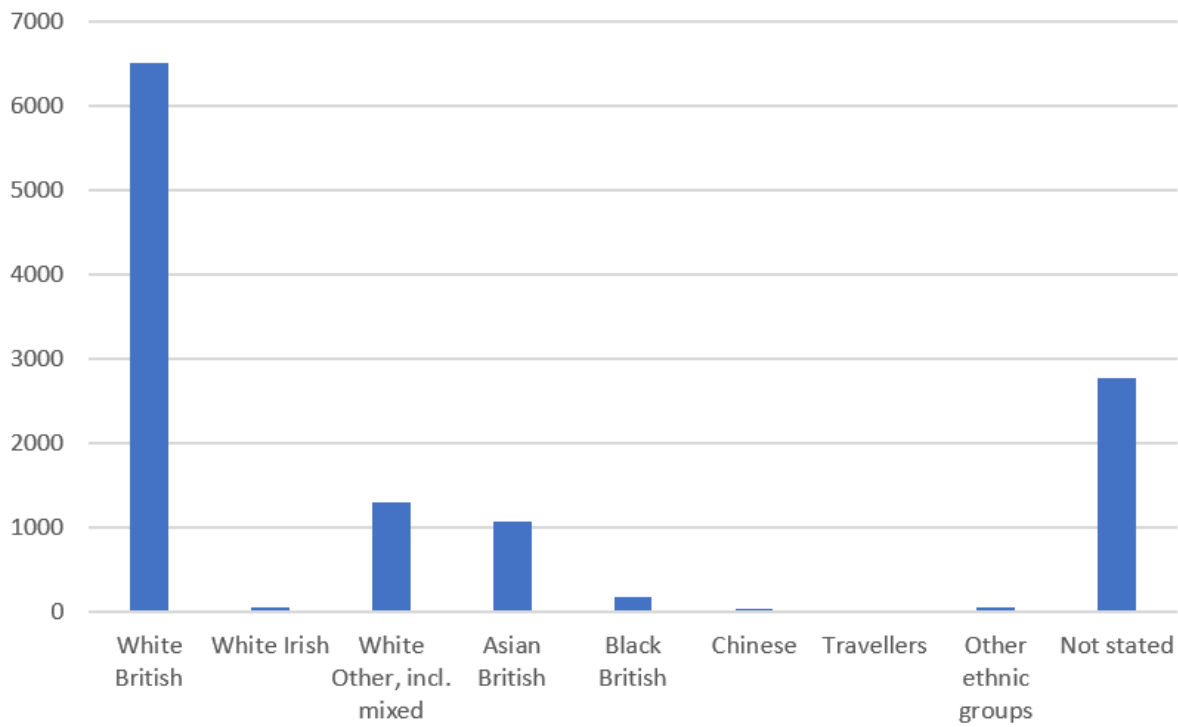
Sex of Adult Carers - March 2022



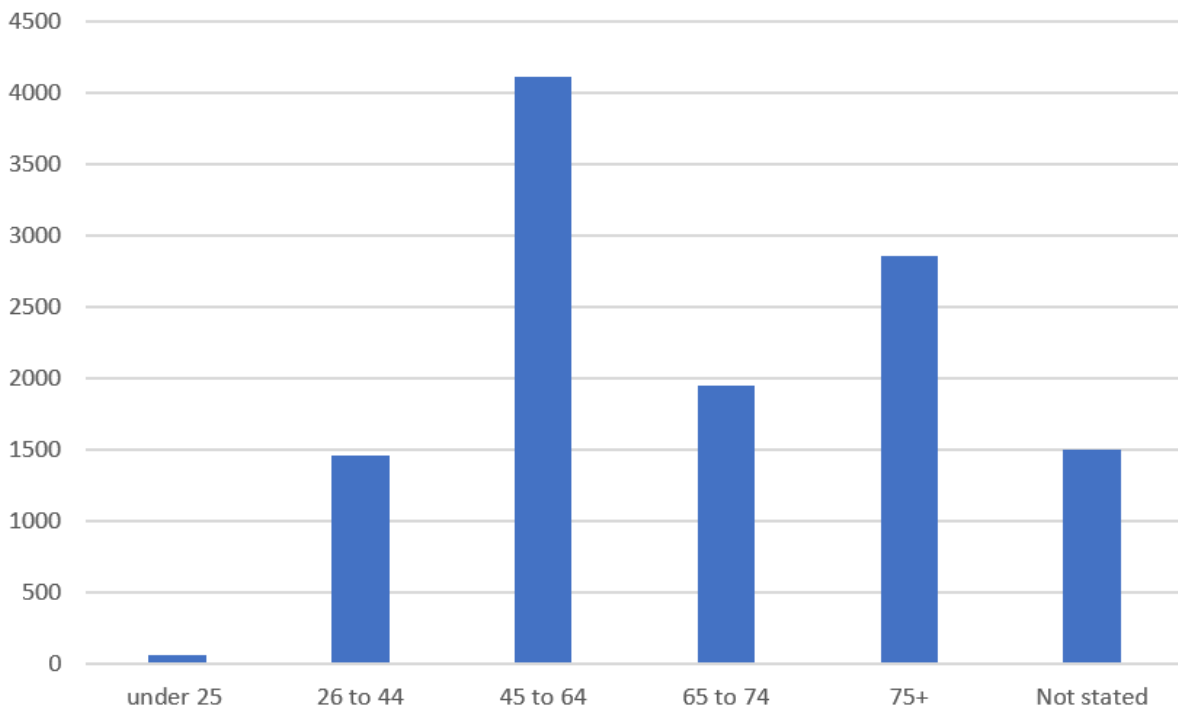
Gender of Carers - March 2022



Ethnicity of Adult Carers - March 2022



Adult Carers Ages - March 2022



Appendix 2 : HASC Report 2019



FINAL REPORT -
Support for Carers.pp

Appendix 3 : HASC Reporting 2020



6 month
recommendation mor

Appendix 4: Case Studies

Case Study - Adult Carers
<i>What happened?</i>
<p>Miss AA aged 25 referred herself as a carer for her mother. She said she was a working carer, working nights at the hospital but was caring for her mother. Mrs A has a range of physical health conditions where she is restricted to the bed or chair if no one else is around.</p> <p>Carer said she was finding it difficult to manage work and her mothers care.</p> <p>Carer said she was not aware on any benefits available and wanted to know about how she could apply for a Blue Badge. She also wanted to know about support for her mother.</p>
<i>What was the outcome?</i>
<p>I let the carer speak about all her issues within the caring role and spoke about the benefits her mother would be entitled to. I emailed her the link to PIP and after discussing her mother's mobility I also sent her the link to applying for a Blue Badge online.</p> <p>In regards to her mother's mobility I told her to speak to the GP about the most recent falls her mother had had and the tingling sensation in her mother's hands, I offered to refer her mother for an OT assessment and the carer was grateful and gave me permission to do this.</p> <p>I spoke about how important it was to look after our own mental health and offered to send the link to Buckinghamshire MIND where the carer would find useful tools when experiencing anxiety.</p> <p>I emailed the carer a link to our website as I felt she would benefit from joining in some of the workshops running and also emailed her the Care Services Directory so she understood the care system within Bucks</p> <p>I will continue to support the carer and have advised her I will be calling her back after 6 weeks.</p> <p>Carer was very grateful for all advice given and thanked stating Carers Bucks was a fantastic service and a lifeline for carers in her situation</p>
<i>How did this support the individual / service / partnership outcomes?</i>
<p>The carer was able to find solutions to many issues within her caring role and was given all information to understand care and carer services within Bucks.</p>

Case Study - Young Adult Carers (YAC)

<i>What happened?</i>
<p>YAC in full time education caring for Mother with clinical depression PTSD and Alcohol addiction. YAC has also suffered with her own mental: struggles in college with attendance and managing workload.</p>
<i>Outcome:</i>
<ul style="list-style-type: none"> • Buckinghamshire Family Information Service have supported the family in providing advice signposting to relevant organisations around parent's addictions. • One recovery and social care have been involved towards engaging parent with attending group settings around substance abuse. • College have extended their YAC's counselling sessions to run into the new year to enable the YAC to continue to have a safe place to talk to a professional around

managing her emotions and providing some coping mechanisms for when there is a crisis at home.

- YAC continues to see father spending every other weekend at father's house. This has helped YAC to have some time away from home where she can relax and seek support from extended members of the family.
- Social care is due to close their support with the family in the next 3 weeks

How did this support the individual / service / partnership outcomes?

Work Undertaken by: Social care, Bucks MIND and healthy living centre, One recovery Bucks , 1to1 support from YAC SW in college, Adult mental health team and FIS

Able to identify need of carer working with team around the family to structure and engage the family providing therapeutic work from one recovery and supporting parent to continue implement tools provided. Carer has been developing skills to learn triggers and identify those early warning signs where she can seek help and be able to have a safe discussion around any safeguarding issues arising.

Healthwatch Bucks update (March 2022)

This paper summarises recent project work we have undertaken in relation to health and social care services, as aligned with the priorities of Joint Health & Wellbeing strategy.

Live Well

Remote Blood Pressure monitoring

We worked with Healthwatch Oxfordshire to understand people's experience of taking their blood pressure at home.

Healthwatch England managed the study. It was supported by five local Healthwatch, including Bucks and Oxfordshire. We used an online survey and in-depth interviews to collect the feedback between August and October 2021.

What did we find?

We had 159 survey responses and interviewed six people. We wrote a report summarising what we heard. We've had a joint response to our report from the Bucks and Oxfordshire Clinical Commissioning Groups (CCGs). They welcomed the report. They also said they will use our recommendations to support home blood pressure monitoring in the future.

As well as commenting on the individual recommendations the response said:

Buckinghamshire and Oxfordshire CCGs would like to thank Healthwatch for this very helpful report. The report covers areas we are working to expand so is an extremely timely and valuable addition to our knowledge base.

The Healthwatch feedback and recommendations will be extremely valuable to share with GP practices as they develop more comprehensive programs to support home BP monitoring.

[HW Bucks and Oxon Keeping an Eye on Things February 2022.pdf](#)

[Response to Keeping an Eye on Things from OCCG and BCCG 20220202.pdf](#)

Patient Participation Group update

On 28th January 2022 we held an online PPG networking event on behalf of the Bucks Clinical Commissioning Group (CCG). The purpose of the event was to give Bucks PPGs a chance to talk to each other and hear from the CCG.

34 people attended the event and approximately 21 Practices were represented.

You can listen to the CCG's presentation about changes to the Health and Social Care system and the following Q&A session by clicking on this link: <https://youtu.be/ARfWvoqQ0xM>.

The event also gave PPGs an opportunity to discuss key issues. We suggested two questions for discussion. These were:

- how is your PPG working at the moment? What are the current challenges and opportunities?
- what sort of help or support does your PPG need?

You can read about the key themes that emerged from the discussion in our summary report of the event.

[HW Bucks PPG Networking Event - Mar 2022.docx \(sharepoint.com\)](#)

Enter and View visits to Community Opportunity providers

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows these representatives to watch how services are delivered and to talk to service users their families and carers on premises such as hospitals, care homes, GP & dental surgeries and others. Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

In 2021/22 we are looking at Covid19 response and recovery in Health and Social Care. Together with our cross-cutting interest in lesser heard voices, we decided to visit locations where community opportunity services are provided. These had to close in 2020 at the height of the pandemic and then adapt to changing circumstances as they opened through 2020 and 2021.

We wanted to hear from those who attended this provision in Buckinghamshire; what they gained from the experience and how it promotes wellbeing and self-reliance, one of the aims of [Our Ambition | Buckinghamshire Council \(buckscc.gov.uk\)](#). In this strategy, Bucks, Council are looking to develop 'meaningful and appropriate day and employment opportunities in the community to enable people to live fulfilling lives. We want to support a culture of choices for individuals rather than the current culture of dependency and having to fit into services.' We also wanted to identify good practice and ways to improve service delivery.

Reports for visits in January and February 2022 can be accessed here:

- [Enter & View visit to Animal Antiks - Healthwatch Bucks](#)
- [Enter & View visit to Talkback - Healthwatch Bucks](#)