



# Buckinghamshire Council

## Health & Adult Social Care Select Committee

### Minutes

**MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 9 FEBRUARY 2023 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.00 PM**

#### **MEMBERS PRESENT**

J MacBean (Chairman), P Birchley, P Gomm, T Green, C Heap, H Mordue, S Morgan, C Poll, G Sandy, R Stuchbury, A Turner, N Thomas, M Walsh, J Wassell and Z McIntosh

#### **OTHERS IN ATTENDANCE**

Mrs E Wheaton, Ms J McAteer, Ms E Quesada and Mr W Hancock

#### **Agenda Item**

##### **1 APOLOGIES FOR ABSENCE**

Apologies were received from Councillor S Adoh. Cllr A Macpherson, Cabinet Member for Health and Wellbeing, sent apologies for item 7.

##### **2 DECLARATIONS OF INTEREST**

- Cllr Chris Poll declared an interest in item 5 as South Central Ambulance Service were a dormant client.
- Cllr Robin Stuchbury declared an interest in item 7 as a retired member of UNITE.

##### **3 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on Thursday 17<sup>th</sup> November 2022 were agreed as a correct record. In response to a Member question about the status of two queries raised in the previous meeting, a response has not yet been received but will be circulated in due course.

##### **4 PUBLIC QUESTIONS**

There were no public questions submitted for this meeting.

##### **5 SOUTH CENTRAL AMBULANCE SERVICE**

The Chairman welcomed Will Hancock, Chief Executive, South Central Ambulance Service.

During their presentation, the following key points were made:

- In addition to the 999 emergency services and 111 service, South Central Ambulance Service

(SCAS) also facilitated non-emergency transport services for vulnerable patients.

- Many of the findings in the CQC inspection report related to concerns around safeguarding. In terms of the wider organisation and governance, there were concerns around managing safety within the organisation. Two factors identified as key risks leading to the inadequate rating were frontline delivery of emergency services and the safety domain for the organisation overall.
- The ratings had considerably declined due to the pandemic. However, an extensive improvement programme had been launched to identify improvements to be made. Immediate concerns had been addressed, with a longer-term plan of quality improvement building on it. A wide range of stakeholders including safeguarding boards were involved in this process.
- No further feedback had been received from the CQC, which was considered positive as any further concerns would have been addressed immediately.

During the discussion, Members raised the following questions:

- In response to a Member question around the timeframe of the improvement plan, it was noted that SCAS were moving to business as usual. Due to the rating, SCAS had dropped from level two to four within the strategic oversight framework. A national oversight and scrutiny process had to be completed, starting with a meeting with NHS England in March to agree the exit criteria. There was an expectation that SCAS would move out of level 4 of the framework by September 2023 and remain on an improvement plan for the next 2-3 years.
- In response to a question about the safeguarding issues raised in the CQC report, Mr Hancock explained that the safeguarding system had been completely overhauled in the past months and the team had been increased from three to nine.
- There had also been issues with the 111 system as it had not been able to pass electronic referrals to local authorities but this had now been resolved.
- A Member asked about workforce training and whether specific training around autism and learning disability was provided to staff. As an emergency service, there were occasions when training had to be cancelled due to extreme pressures. But level three safeguarding training was now protected, with 40 people a week being trained, and training was not cancelled even at the highest level of escalation. A response around specialised training for certain health conditions would be provided outside of the meeting.

**ACTION: Will Hancock**

- In response to a question about staff appraisals, Mr Hancock confirmed that staff received appraisals and these were reported annually to the Board. The appraisals included a section on health and wellbeing which provided an opportunity to ensure mandatory training had been completed.
- Mr Hancock went on to say that significant interventions to protect the wellbeing for frontline staff had been introduced, such as an end of shift policy outlining which types of patients can be seen by ambulance crews in the last hour of their shift.
- A Member raised concerns about the use of private ambulances. Mr Hancock explained that a strategy was in place to manage private ambulance usage, which included how and why they were being used and monitoring the quality and safety. He went on to say that private providers were regulated and inspected by the CQC.
- In response to a question about workforce challenges, Mr Hancock explained that SCAS had decided to focus more on local recruitment, with paramedics completing training through Buckinghamshire New University in High Wycombe. SCAS also had an apprenticeship programme for paramedics, with many internal employees moving onto the programme. Over 500 students were currently enrolled both internally and externally. There was currently no mechanism in place to ensure that qualified paramedics and clinicians remain with the NHS on completion of their training although there were incentives offered to try and get them to remain with the NHS.

- Mr Hancock went on to say that recruiting and retaining call handlers continued to be challenging as there had been an unusually high turnover following the Covid pandemic. The NHS was due to publish a workforce plan later in the year.
- In response to a question about the quality of the fleet, Mr Hancock said that SCAS had made good progress in terms of modernising its fleet.
- The CQC report found equipment did not always work and medicines were not always being managed safely and effectively. A Member asked how these concerns were being monitored. Mr Hancock responded by saying that an audit of all equipment had been completed and SCAS had invested in an asset tracking tool which monitors the age, location and maintenance record of the equipment. The new system would allow for better identification and reporting of risks. Medicine management was a challenge, but investments were being made in bigger teams and more resilient infrastructure.
- A Member commented that there had been no connection between the improvement plan and the potential impact on SCAS due to current industrial action. Mr Hancock explained that the current industrial action had had very little impact on SCAS in terms of patient care and ability to deliver services. Mr Hancock emphasised the importance of the Board taking responsibility for the CQC overall rating and he reassured Members that the improvement plans were well underway.
- A Member asked for further clarification around the management of safeguarding and the review and governance around it which were identified as areas of concern in the CQC report. Mr Hancock explained that the size of the team had increased in line with additional activities, as had staff training around safeguarding. Members suggested that different pathways could be utilised to decrease pressure on social care. Ms Quesada further emphasised the importance of distinguishing between safeguarding and welfare concerns to ensure that residents are provided with the right care at the right time.
- In response to concerns around staff turnover, particularly at director level, Mr Hancock said that building a permanent team had been difficult, and interims were filling those roles. The Chairman suggested that the recruitment and concerns around the current safeguarding referral process should be discussed further outside the meeting between adult social care colleagues and SCAS.
- In response to a question about call abandonment rates, Mr Hancock explained that the abandonment rate of 40% was in line with other parts of the country. He went on to say that the demand on the 111 service had led to SCAS seeking support from other areas.
- In response to a Member question about serious incident reports, Mr Hancock explained that the process had now been consistent with the national system. SCAS also had a cascade system to inform staff about risks, improvements and changes made as a result of incidents, both through a route of clinical notices and through the education and training update programmes.
- A Member raised concerns around the level of communication issued by SCAS. It was noted that updates on the improvement programme were issued on a regular basis to stakeholder management groups. Mr Hancock confirmed that he would ensure the Select Committee and Healthwatch received these updates.

**ACTION: Will Hancock**

- A Member asked about SCAS's strategy for implementing the use of electric vehicles Mr Hancock explained that a range of electric non-emergency vehicles were currently being introduced and tested. A number of national trials were being conducted which also included the use of other fuels.
- A Member raised concerns around the time taken to answer category two calls, which should be answered within 18 minutes. Mr Hancock explained that performance across the country, in December, was the worst on record. However, there had been a significant improvement in January, with the average of category 2 response times decreasing to 19 minutes and 6 seconds.

- Mr Hancock went on to say that 8100 hours were lost in December due to delays in handovers. The average handover time was 36 minutes, but 1700 patients took longer than an hour to transfer.

The Chairman thanked the presenters for their attendance and participation and asked that more data, particularly around the improvement plans be provided to the Committee so that progress could be monitored more closely.

**ACTION: Will Hancock**

## 6 CHAIRMAN'S UPDATE

The Chairman updated Members on the following:

The first formal meeting of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee took place on Wednesday 25<sup>th</sup> January, 2023. The Chairman reported that she had been elected as the Chairman, and Cllr J Hanna from Oxfordshire County Council had been elected as the Vice-Chairman for the ensuing two years. The draft Integrated Care Partnership strategy had been discussed and a formal response had been submitted to the ICP, outlining the key concerns and suggestions made by JHOSC Members.

Three questions had been submitted to the Cabinet Member for Health and Wellbeing, Cllr Angela Macpherson in advance of the meeting. These questions are detailed below along with the written responses received.

**Funding** – What has the impact of the recent Government announcement, in relation to the use of care home beds to support Hospital Discharge, had on ASC and the development of the new model for Hospital Discharge?

With respect to the recent announcement of funding for hospital discharge, this additional government funding is being used to fund additional social work capacity for the social work assessments and working with the person and their family members to support them through the process. Additional discharge beds within care homes are also being sourced alongside provision for patients waiting to be discharged who are unable to return home because they are homeless or their house is in a state of disrepair.

A Health and Care and Integration Programme is already in place which we briefed HASC on at the last committee. This is developing a new discharge model for Buckinghamshire. At the moment, programme capacity has been diverted to manage current winter pressures (drawing on new national funding streams) - this has slowed the development of our new model for hospital discharge. It was agreed in January that the pace on this would be slower across the Winter period and pick up again afterwards with external support.

**Capacity** – During December and January, how many people have been discharged to Olympic Lodge and other facilities across the county? How does this compare to the same period last year? What has been done differently this time to improve the discharge process at times of significant winter pressure.

By mid-January, Olympic Lodge had been operating for 14 weeks. As at the week ending 15th January, (week 14), Olympic Lodge had admitted 219 patients, compared to 150 in week 14 in 2022.

The key difference to last year is that the focus of the Olympic Lodge facility is patients who are most likely to be able to respond to therapeutic intervention and regain much or all of their

former independence. People with highly complex needs such as dementia are being discharged directly into a care setting which is able to support their specialist complex needs – this may be at home with home care or into a care home.

**Workforce** – At the budget scrutiny session, you mentioned that there are 19 agency staff within the discharge team. Can you give us a sense of how long the agency staff have been working in this area – longest serving staff member to the newest agency staff member. What is the total number of ASC staff working within the integrated team, what is the current vacancy rate and what are the plans to reduce agency staff in this area?

As of 7th Feb, the number of agency staff in the discharge service has risen to 21. These are funded by the NHS through the winter pressures discharge grant funding. Some of these staff have previously been working in other parts of the ASC service before moving into the discharge area. The longest serving agency worker has been working with us (but not always in the discharge service) since August 2019 and the most recent started in in the last couple of weeks.

There are 19 permanent posts in the ASC discharge service with, (as of 7th Feb) 5 vacancies – a vacancy rate of 26%.

In simple terms, whilst demand continues in hospital discharge and the cost of agency staff is met by external funding, we are not planning to reduce agency use in this area.

## **7 ADULT SOCIAL CARE WORKFORCE**

The Chairman welcomed Jenny McAteer, Director of Quality, Performance and Standards and Elaina Quesada, Service Director, Adult Social Care (Operations), to the meeting.

The Chairman started by explaining that the recent Primary Care Network (PCN) inquiry raised concerns around staff recruitment and retention within the adult social care service. One of the recommendations within the inquiry report was in relation to having named social workers to work alongside PCNs. The response from adult social care said that it was not possible to have a named social worker due to team capacity and locality mailboxes were currently being used.

During the discussion, Members raised the following questions.

- A Member emphasised the importance of rostering, particularly when dealing with staff shortages. It was noted that staff performance was on track to be the best in the last three years. The team had gone through a restructure in June 2021, which created additional social work and occupational therapy capacity. Despite the challenges in wait times, people contacting the department were offered face-to-face appointments at community cafes, which were joined by other partners for more complex cases. The community cafes were located across the county to ensure residents could visit them locally.
- A Member raised concerns around staff retention once they had obtained their qualifications. Although some people had left following the service restructure, there had been significant improvements in the service over the past two years, with some staff returning to the authority. Staff surveys had also had very positive responses. It was further noted that Buckinghamshire Council had a good multimedia presence. Members suggested that contracts could be amended to ensure people who received their qualifications through the Council would remain in the authority for a certain period of time. It was noted that in the past two months, a memorandum of understanding had been signed by local authorities in the Southeast region that social workers leaving a

local authority could not be employed by an agency for 6 months.

- Members raised concerns about the number of agency staff, which made up around 50% of social workers overall. Ms Quesada explained that out of the 50 agency workers, 19 were not paid for by the Council but by the NHS. Compared to the workforce in the department overall, which equated to around 415 staff, 50 agency workers was a relatively small number. It was noted that there would always be a need for agency workers.
- A Member asked about strategies and support that had been put in place to limit burnout in staff members. Ms Quesada explained that staff had regular supervision with their managers, and there were opportunities for teams to get together to reflect on and discuss work situations. A social work task force group was also in place and the service had also appointed wellbeing champions. Responses to the together survey had been positive, with staff showing high levels of motivation and engagement. In addition, staff members on ASYE had support from the ASYE coordinator, and access to wider wellbeing support offered by the Council.
- A Member raised concerns about remote working for social workers. Ms Quesada explained that social work assessments were carried out all over the country rather than just in Buckinghamshire. Residents who moved outside of the Buckinghamshire area remained in the Council's care. Home working was primarily reserved for administrative duties, such as compiling assessment reports.
- Members raised concerns around whether enough work was carried out with colleges and other educational institutions. Ms McAteer assured the Committee that despite the pandemic, much work had been carried out to increase partnership working with educational bodies, particularly Buckinghamshire New University. For example, an approved mental health programme had been launched in Buckinghamshire, which was the first programme in the country to be quality assured by Social Work England.
- For the past two years, the Council had taken part in the social care cadet scheme, allowing people from any age to get into social work. Ms McAteer noted that feedback on the scheme had been received and collated as part of the annual principal social work report, which could be shared with the Committee.

**ACTION: Jenny McAteer**

- A Member felt that it would be helpful to hold a Member briefing, following the service restructure, to outline who does what within ASC and where to access useful information on the service.

**ACTION: Jenny McAteer**

- In response to a Member question, Ms Quesada confirmed that the council had not experienced any issues with the registration of social workers. It was further explained that inspections and registrations were managed nationally.
- As a result of the success of community cafes, the number of referrals taking more than 28 days had dropped significantly in both social care and occupational therapy.

The Chairman thanked the presenters for their attendance and participation.

## **8 HEALTHWATCH BUCKS UPDATE**

Ms Z McIntosh, Chief Executive, Healthwatch Bucks updated the Committee on the latest activities and made the following main points:

- A report on social prescribing had been completed to gather information about people's experiences with the service. Feedback was generally positive, but some issues were highlighted around transport and waiting times. The feedback from the report was shared with the ICB, including with Philippa Baker, Place Director for Buckinghamshire.
- A second report had been published concerning young onset dementia, which detailed

experiences from people living with the condition in Buckinghamshire. It was established that the support was difficult to access and people living with dementia and their carers felt it was not age appropriate. The feedback had been forwarded to both Buckinghamshire Council and the ICB.

The Chairman thanked Ms McIntosh for her update.

**9 THE DEMENTIA JOURNEY - A RAPID REVIEW OF SUPPORT FOR PEOPLE LIVING WITH DEMENTIA AND THEIR CARERS - SCOPING DOCUMENT**

The Chairman thanked Cllr Heap and the Principal Scrutiny Officer for their work on the scoping document. It was noted that Cllrs Turner, Thomas and Gomm had volunteered to join the Review Group. Committee Members were asked to email the Principal Scrutiny Officer if they were interested in being part of this Review. Evidence gathering would take place across 3 full days in March.

**10 WORK PROGRAMME**

Members discussed the work programme and agreed the following items for the April meeting:

- Maternity Services;
- 6-month recommendation monitoring of the Primary Care Networks Inquiry;
- Evaluation of the System Winter plan.

The Chairman proposed holding a work programming session in advance of the new council year in May.

**11 DATE OF NEXT MEETING**

Thursday 20<sup>th</sup> April 2023 at 10am.