

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 16 MARCH 2022 FROM 7.00 PM TO 8.40 PM**

Committee Members Present

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Jenny Cheng, Barrie Patman and Rachel Bishop-Firth

Others Present

Michael Firmager

Charles Margetts

Jim Stockley, Healthwatch Wokingham Borough

Madeleine Shopland, Democratic & Electoral Services Specialist

Simon Broad, Assistant Director Adult Services

Pamela Iyer, Senior Commissioner

Lewis Willing, Head of Health & Social Care Integration

Kirsten Willis-Drewett, Head of Operations (Berkshire West) & Interim Head of Operations (Oxfordshire), South Central Ambulance Service

Mark Ainsworth, Director of Operations, South Central Ambulance Service

60. APOLOGIES

Apologies for absence were submitted from Councillors Tahir Maher and Adrian Mather.

Councillor Michael Firmager attended the meeting virtually.

61. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 19 January 2022 and the Minutes of the Extraordinary meeting held on 21 February 2022 were confirmed as a correct record and signed by the Chairman.

Councillor Bishop Firth clarified that whilst the Committee had been informed that the Peach Place toilets were a Wokingham Town Council facility, they were a Borough Council facility.

62. DECLARATION OF INTEREST

There were no declarations of interest.

63. PUBLIC QUESTION TIME

There were no public questions.

64. MEMBER QUESTION TIME

There were no Member questions.

65. SOUTH CENTRAL AMBULANCE SERVICE

The Committee received an update on South Central Ambulance Service from Kirsten Willis-Drewett, Head of Operations (Berkshire West) & Interim Head of Operations (Oxfordshire), South Central Ambulance Service, and Mark Ainsworth, Director of Operations.

During the discussion of this item, the following points were made:

- Mark Ainsworth referred to graphs which highlighted the demand for 999 calls and 999 responses. With regards to 999 calls, the blue line was where the Trust anticipated demand would be using historical data from the last 12 months to set the budget. This was recalculated every 5 weeks to see how demand was progressing. This was represented by the red line. The green line represented the volume of calls actually received. In the middle two weeks of February 15,000 calls per week had been expected but approximately 17,500 had been received. Mark Ainsworth explained that this would not all relate to separate incidents and that people often phoned back to check on the progress of the ambulance. The second graph highlighted the 999 responses. The number of actual responses was below predictions and approximately 10,500 were responded to a week by sending an ambulance or car. Some of the other calls would be dealt with by Emergency Clinicians in the Emergency Operations Centre or who would advise of different routes to access their medical care.
- With regards to performance, there were nationally set standards for all ambulances. For Category 1 calls there was a mean target of a 7 minutes, and the Trust was performing at around 9 minutes. There was also a target of 15 minutes for being on scene for the 90th percentile. Through December to early January this was being met but this was starting to slip. For Category 2 calls the National Target was an 18 minute mean. This was not being met with an upward trajectory of decline, at around 33 minutes. The target for being on scene was 40 minutes for 90th percentile. Performance against this target had also started to deteriorate. For Category 3 calls the National Target was 2 hours for the 90th percentile. This was being exceeded by just over an hour currently
- Performance on all measures was challenged.
- In response to a question from Members Mark Ainsworth explained that:
 - Category 1 calls were patients in cardiac arrest, or who were unconscious, or who were not breathing, or who were fitting uncontrollably or had noisy breathing (e.g., were unconscious and were swallowing their tongue)
 - Category 2 calls were patients who had chest pains, breathing difficulties, or strokes. This represented the biggest category of call.
 - Category 3 calls were patients who had a lower grade medical emergency such as an isolated fracture.
 - Category 4 calls were patients who required a face-to-face assessment and were non emergencies.
- SCAS also transported GP admissions as requested and there were time targets related to this that the Trust was required to meet.
- There were challenges in meeting operational hours required to meet the demand and the Trust was approximately 5,000 hours short per week. The picture was fairly consistent across the South (Hampshire) and North Thames Valley and Milton Keynes). This was as the result of higher than predicted staff sickness levels, and lower recruitment levels during the pandemic.
- With regards to handover of patients to the Acute Trusts there was a target of 15 minutes. Royal Berkshire Hospital was most challenged regarding ambulance handover delays in October, November, and December, with a steady improvement being seen into January and February. In November, 511 operational hours had been lost, which had reduced to 287 hours in February. Frimley were more challenged earlier in the year, with a steady improvement from October onwards.
- Nationally the number of ambulance handover delays over 1 hour was monitored. There had been an improvement in Quarter 4 on Quarter 3.
- Members received information on how the Trust performed against other England Ambulance Trusts in various areas. Whilst it was first in some areas, it was 8th out

- of 10 for Calls Answered 90th percentile, due to a shortage of Emergency Call Takers,
- Mark Ainsworth provided more information regarding recruitment:
 - There were challenges with recruiting Emergency Call Takers in the Bicester Emergency Operations Centre. Bicester was an area of high employment and reasonably high wages. The Emergency Call Taker role had a relatively low salary. In NHS terms it was a Grade 3. A recruitment and retention premium was being trialled in the Winchester and Bicester Emergency Operations Centres. 15 call handlers had also been appointed who were based with the Isle of Wight Ambulance Trust but who answered emergency calls on behalf of SCAS. There was currently 100 FTE's and the Trust was working towards the full 150 FTE's by June.
 - The Trust was part of a Health Education England pilot to appoint Australian paramedics. 48 has been planned for and 42 had been appointed so far and would be starting in the summer.
 - The Trust was reviewing options for Eastern European Recruitment with London Ambulance Service, particularly from Finland and Poland.
 - The loss of paramedics to Primary Care Networks as funded through NHS to recruit paramedics, was a big challenge to the Trust. Hours and salaries were often more favourable.
 - The SCAS region had a high cost of living against the national pay banding. Sometimes paramedics trained with the Trust before going to cheaper areas in the country.
 - Shortages were backfilled with Private Providers, registered with the CQC. This was more expensive as the equipment and ambulance also had to be paid for. Private providers were currently covering approximately 9,000 hours a week and this was to rise to 15,000 in April.
 - Mark Ainsworth outlined the vacancies in the different areas covered by the Trust. High Wycombe, Slough and Windsor and Maidenhead were areas of particular concern with 120.47.
 - It was more difficult to recruit clinical staff as they were required to undertake a 3 year degree programme.
 - Kirsten Willis-Drewett outlined how patients could be dealt with:
 - Hear and Treat by a clinician in our Emergency Operations Centre
 - See and Treat by a clinician face to face with the patient
 - See treat and convey to Emergency department. This represented the largest percentage of patients.
 - See treat and convey to non-Emergency Department location
 - The rates for the different options were noted.
 - Members were informed of the impact of Covid:
 - Absence levels had been well above that expected and budgeted for.
 - There had been impacts on estate and capacity at operational bases due to social distancing requirements.
 - Delayed ambulance handovers due to 'green' vs 'red' patients. (Red being those with either a positive test or symptomatic)
 - There had been a detrimental impact on the health and wellbeing of staff who had worked in high stress situations for an extended period, and a significant toll had been taken on individuals' mental health and wellness.
 - The Trust continued to work closely with colleagues from its community partners, utilising pathways which avoid conveyance to the acute trust emergency departments.

- Members asked what mitigation steps were taken when the service was overloaded. Mark Ainsworth commented that there was a National Resource Escalation Action Plan designed by the National Ambulance Resilience Unit and which provided direction on increasing resources on the road. For example, the Education Team may be deployed to crewing ambulances. 30 military personnel had acted as co-responders during the pandemic and 11 would remain in place until the end of March. The Fire Service, particularly Hampshire Fire Service had provided support in the form of blue light driving. Consideration was also given as to how the Patient Transport Service could be deployed. Staff and front-line managers could also be asked to work overtime during peak periods.
- A Member questioned how many staff crewed an ambulance and was informed that it was usually two, but a student could also accompany for training purposes.
- A Member asked about the Trust's experience of using private ambulances and the impact on the budget. Mark Ainsworth commented that budget was a significant impact and the level of staff vacancies. He reemphasised that private ambulance crews were more expensive. There were ambulances not currently being used to full capacity due to staff shortages. The Trust was assured on the quality of staff provided by the private ambulance providers.
- In response to a Member question as to whether recruitment was becoming more difficult, Mark Ainsworth confirmed that it was. There had been a change in academic requirements for paramedics. The number of staff coming in was consistent but the numbers leaving were increasing.
- A Member questioned whether the Ambulance Trusts could pressure the NHS for the national pay scales to be revisited. They went on to question whether Thames Valley waiting was possible. Mark Ainsworth commented that a national review on ambulance service roles was being undertaken. The paramedic pay scale had increased 3 years ago. With regards to London waiting, Bracknell and Wexham ambulance centres received a high living cost allowance, but this did not have a great impact on recruitment. A retention and recruitment premium had been applied to High Wycombe and 40 additional staff had joined in that area in the last 12 months. It was hoped that the national review would provide an increase for ambulance technicians and emergency call handlers.
- In response to a question as to how the Council could assist, Mark Ainsworth asked that they promote referring people to the correct services.
- Members questioned whether the Trust worked with volunteer transport services, and was informed that they worked the Local Authority and health providers.

RESOLVED: That

- 1) The presentation on South Central Ambulance Service be noted.
- 2) Kirsten Willis-Drewett and Mark Ainsworth be thanked for their presentation.

66. ADULT SOCIAL CARE KEY PERFORMANCE INDICATORS

Councillor Margetts, Executive Member for Health, Wellbeing and Adult Services and Simon Broad, Assistant Director Adult Services provided an update on the Key Performance Indicators for Quarters 2 and 3.

During the discussion of this item the following points were made:

- AS1: Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation) – there had been a drop off in performance over the last few quarters. There had been an increase in complexity in cases.

Steps being taken to rectify this included increased recruitment and improved retention. Members were reminded that it was a stretch target and Wokingham was performing well above national average.

- AS3: People aged 65+ who received reablement from the START team following discharge from hospital, and remained at home 91 days later, was on an upward trajectory.
- AS4: safeguarding timeliness – concerns completed within 2 days. This target continued to improve.
- AS7: Proportion of people receiving long term care who were subject to a review in the last 12 months – this was another stretch target and Wokingham was third in the South East. A small improvement had been made.
- AS9: Permanent admissions to residential and nursing care homes per 100k population and AS10: Information and Advice at the front door - % of contact referrals closed with 'NFA – Advice & Information only' were both performing well.
- AS11: Proportion of people who use services who receive direct payments – snapshot at end of quarter, was slightly under target.
- A Member sought an update on action being taken to improve AS7. Councillor Margetts commented that they were trying to raise the department to the top 25% for all measures. Simon Broad added that the Council had a statutory responsibility to review all those who received care support. However, it also needed to be able to respond to care quality concerns which meant that the reviewing team sometimes had to undertake unplanned reviews. The stretch target for the number of planned reviews needed to be balanced against any unplanned reviews.
- Members asked if there were any issues around recruitment and retention. Simon Broad indicated that there was a shortage of Occupational Therapists and Social Workers nationally. A number of mitigating actions were being taken including the production of a Workforce Development Strategy, reviewing the recruitment website and including videos from different practitioners and advertising on radio. The Council was trying to be more competitive.
- Members asked whether the Council had looked beyond the UK for recruitment. Simon Broad indicated that it was supporting the provider market, which was looking to widen recruitment to overseas. Lewis Willing, Head of Health & Social Care Integration, added that work was being undertaken on a Workforce Strategy, which included the provider network, and various schemes were in place to ensure appropriate levels of Occupational Therapists and Social Workers. Nationally it was Social Worker Week and the Council's social media referred to this.
- Councillor Margetts commented that KPIs needed to be meaningful.
- Simon Broad referred to the work around the effectiveness in discharging from hospital. The Council had consistently outperformed its neighbours in this area.

RESOLVED: That the Adult Social Care Performance Indicators be noted.

67. UPDATE ON HEALTHWATCH REPORT REGARDING CARERS IN WOKINGHAM BOROUGH

The Committee received an update on the response to the report from Healthwatch Wokingham Borough regarding carers.

During the discussion of this item, the following points were made:

- In 2020/21 Healthwatch Wokingham surveyed unpaid carers about their experiences of caring during the pandemic. 89 carers had completed the survey. As of the last census there were approximately 14,000 carers within the Borough.

- Top concerns raised included –
 - Decline of person being cared for either physically or mentally, during lockdown. Some had reported those with dementia had found it difficult to understand the restrictions.
 - Workload and lack of time out: 78% said the hours of care they provided had increased, 70% hadn't been able to get regular breaks.
 - Carer wellbeing, notably a negative impact on their: mental health (84%) physical health (62%), family wellbeing (73%)
- One positive was that many carers had found it easier to get access to food and medication as result of the Wokingham community response, coordinated by the One Front Door.
- Direct payment recipients had reported delays and Council inflexibility, which was being addressed by a Direct Payments review.
- 2 out of 3 respondents were not aware of their rights as a carer, 30% did not know what a carer's assessment was and 40% were not registered as being a carer with their GP.
- The Council had reviewed the report's recommendations –
 - Identify hidden carers – this aligned with Priority 1 of the Council's Carer's Strategy 'Identifying and recognising carers' and it was important that seldom heard and hidden carers were included in that. A Keeping in Touch project had been commissioned and would run for 12 months. In addition, a data validity exercise would be undertaken to make sure the Council was aware of who all the carers were and to update if the person being cared for had sadly passed away.
 - Improve GP surgery support – this was being undertaken through integration work with the Primary Care Networks, including ensuring that there was a link of GP websites which linked to upto date information for carers.
 - Increase information and support to known carers – A co-production customer engagement toolkit was being developed which would enable greater engagement of carers. Current and former carers had given their input on the service during the retendering process. In addition, the Community Directory was being reviewed and Project Joy, an online platform allowing service users to connect with services, was being recommissioned. TuVida would be undertaking Care Act training and service improvement plan.
 - Continue what worked well during the Covid period – this linked with all 4 priorities in the Carers Strategy. A review was being undertaken of the Council's community response. The Council had been engaging in welfare calls to carers (approximately 1000 in January) and this would continue
 - WBC to publish written guidance for direct payment recipients who cannot spend their payments normally - A review would be undertaken on Direct Payments arrangements within Adult Social Care, to strengthen current practice. One of the workstreams in the Carers Strategy would also focus on this.
 - Prioritise provision and take up of respite options - No action required as respite was already considered in care planning following assessments and carers' assessments. Consideration had been given as to how the respite services were structured.
 - Clinical Commissioning Group to consider updates to carers information on GP websites – work was being undertaken with the CCG.
 - End disparity between number of carers registered with GP and number registered with WBC - Incorporated within ongoing data validity work.

- Members commented that carers needed to feel safe, valued, and supported, and questioned what the biggest challenge was to the implementation of the report's recommendations. Pamela Iyer, Senior Commissioner, commented that from a commissioning view, how the commissioned provider worked on the ground. The Council was looking how the providers were working with the voluntary sector throughout the Borough, and at statistical neighbours and whether what the Council paid for the services was fair, reasonable, and equitable. Identifying who was a carer could also be difficult. Simon Broad added that he wanted carers to understand their rights as carers and where they could go to ask for help. Lewis Willing indicated that carers was hopefully going to form one of the priorities of the Integration Board this year, subject to agreement. It was important to provide a good offer to encourage people to sign up as carers.
- Simon Broad commented that carers had a lot to offer, and he would like to see them contribute to the shaping of policy and co-production.
- Jim Stockley stated that Healthwatch recognised the Council's reaction to the report and positive steps were being taken by the Council and the CCG to make improvements.

RESOLVED: That

- 1) the update on the response to the report from Healthwatch Wokingham Borough regarding carers be noted.
- 2) Pamela Iyer, Lewis Willing and Simon Broad be thanked for their presentation.

68. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH

Members received an update from Healthwatch.

During the discussion of this item, the following points were made:

- The team was working towards the transition to a new provider which would take effect at the end of the month.
- The annual report would be published in June.
- The GP access report would be published by the end of March.
- Access to NHS dentistry continued to be a challenge. The Committee was informed of one resident who had been offered an urgent appointment elsewhere but had not been able to afford to travel there, and of another who had been hospitalised as a result of an untreated tooth problem.
- The Committee thanked Jim Stockley for his hard work and support during his time with Healthwatch.
- Members were reminded that the Overview and Scrutiny Management Committee would be considering suggestions for the work programme for the next municipal year at its next meeting. The Chairman encouraged Members to send any suggestions that they might have to Democratic Services.
- The Chairman thanked Councillors Patman and Cheng for their contribution to the Committee as it was their final meeting.

RESOLVED: That

- 1) the update from Healthwatch be noted.
- 2) Jim Stockley be thanked for his hard work during his time with Healthwatch.

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