

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING  
HELD AT 7.00PM, ON  
TUESDAY 9 NOVEMBER 2021  
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

**Committee Members Present:** Councillors B Rush (Chair), A. Ali, S Barkham, C Burbage, S Hemraj, I Hussain, S. Farooq, H. Skibsted, S. Qayyum, B. Tyler, S. Warren and Co-opted Members Parish Councillor June Bull and Parish Councillor Neil Boyce

**Officers Present**

Jyoti Atri, Director of Public Health  
Charlotte Black, Director of Adult Social Care (DASS)  
Will Patten, Director of Commissioning  
Oliver Hayward, Assistant Director - Commissioning  
Paulina Ford, Senior, Democratic Services Officer

**Also Present:**

Carol Potgieter, Member of the Board of a National Care Association  
Marcus Bailey, Chief Operating Officer, East of England Ambulance Service NHS Trust  
Phil Walmsley, Chief Operating Officer, NWAFT  
Taff Gidi, Company Secretary & Head of Corporate Affairs, NWAFT

**23. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Elsey and Councillor I Hussain was in attendance as his substitute.

**24. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

Agenda item 6. North West Anglia NHS Foundation Trust COVID Recovery Plan For Elective Care and Winter Pressures

Councillor Hemraj declared an interest in that she worked for North West Anglia NHS Foundation Trust and therefore would leave the meeting for agenda item 6.

**25. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 21 SEPTEMBER 2021**

The minutes of the Adults and Health Scrutiny Committee meeting held on 21 September 2021 were agreed as a true and accurate record.

**26. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS**

There were no call-ins received at this meeting.

## 27. EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST) REPORT ON PROGRESS ON CQC INSPECTION TARGET AND OVERVIEW OF PERFORMANCE IN THE PETERBOROUGH AREA

The report was introduced by the Chief Operating Officer and provided the committee with an update on the following areas:

- Progress towards the targets set by the CQC
- Action taken since the Trust's Ofsted Report
- COVID-19
- Planning for winter pressures

The Committee were advised that during the last 12 months the Trust had been busy addressing CQC actions, findings from Ofsted and dealing with COVID and were now moving into winter pressures.

The CQC report had identified 178 actions to address regulatory concerns which were either now fully or partially completed. Whilst the journey was far from over much progress had been made.

The Chief Operating Officer thanked all of the staff and volunteers at the Trust who had worked tirelessly over the winter and summer months.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members referred to paragraph 5.1 Body Worn Cameras and sought clarification on whether patients were aware that body worn cameras were being used and activated. Members were advised that the body worn cameras were only activated if a member of staff thought that they were in a difficult or vulnerable situation and the camera would be identified and visible when used.
- Members sought clarification on how the Trust had got to the position of being put into special measures, and how this could be avoided in the future. The Chief Operating Officer advised Members that leadership had been one of the key issues and whether the right questions were being asked and if the data had been read and correctly interpreted and looked at in depth, and if the risks within the organisation had been identified. Instability within the senior leadership team had also been an issue with a number of temporary posts in place.
- Members sought further detail regarding the statement in the report which highlighted the concerns that many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day, and wanted to know what was being done about this. Members were advised that some of the cases had been staff on staff cases, but it had also been recognised that it had been at every level of the organisation. Work was being done to change the banter, culture and environment of the workplace around sexual harassment which had included both physical and verbal examples. Safeguarding and Freedom to Speak up capacity had been increased.
- Not all issues could be resolved in one go and were being prioritised. The culture going forward was very much a 'fix, embed and sustain' one. Sustainability was important and recentring and rebalancing behaviours within the organisation and building an environment which enabled people to speak out. The systems and processes in place were already enabling more people to come forward and there had been a 900% increase in the Freedom to Speak Up policy however there was still much work to be done. Whistle blowing had increased and all those coming forward received anonymity and were supported through the process. Behaviour,

trust and stability were the main focus.

- The current pandemic was not over, and winter pressures were coming. The EEAST were working with the North West Anglia NHS Foundation Trust and both were under significant pressure. NHS staff were tired, and they were having to be supported in both their mental health and wellbeing. It would be extremely difficult to cope if there was another pandemic.
- Members noted that out of the 178 actions of the CQC report 13% of the green or amber rated ones related to areas of lower confidence (amber rating) in delivering to the timescale rather than concerns on the ability to deliver the actions. What were the sticking points regarding these concerns and what action was being taken. Members were informed that they were around the embed, sustain element an example of which was clearing the backlog of job evaluations, which was taking some time to clear and then finding a sustainable route to do those going forward. Some of the longer term system processes had also required looking at. All actions were being monitored very closely and regular dialogue was being held with the Care Quality Commission.
- Members sought clarification on how many apprentices had left the organisation before the new training provider Medipro had been signed up. Members were informed that 600 learners had been transferred over to Medipro but information on how many might have left was not available at the meeting.
- The change in training providers had meant a delay of approximately 12 weeks in training for apprentices, although there had been a pause in the formal training but on the job training had continued. Each trainee would receive an individual assessment as to where they were in the training by the end of the month.
- Concern was raised regarding ambulance waiting times at A&E and wanted to know what the cause was and how it could be resolved. Members were advised that the delays were challenging and a symptom of a number of things such as the ability to flow patients, discharge, access to other alternative services and complexity of patients. A whole system approach was required to provide a solution.
- Private ambulance provision was a framework provision whereby companies applied and went through a range of checks before being accepted. Twelve private companies were being used regularly and this was being increased to approximately twenty. EEAST were not the only Trust using private ambulance services
- Members were advised that patients who called with mental unwellness could be classed within categories C1, C2 or C3.
- Members noted in the report that in preparing for winter pressures there would be an increase in overtime levels for existing and experienced staff. Clarification was sought as to what the limit was on the amount of overtime that staff could work and what would be the backup plan if staff could no longer do the overtime. Members were informed that the ambulance sector tended to produce around 10% of patient facing hours as overtime. The EEAST normally ranged between 9% to 13% as overtime and this was covered by a small pool of paramedic staff. Additional support had been used in the past such as military personnel. Additional recruitment had begun for non-emergency patient transport staff. One of the issues during the pandemic had been getting people the right category of driving licence which had caused a backlog of trained drivers; however, this was now being worked through. People could opt out of the working time directive, but this was monitored and there was an upper threshold of 100 hours per month. There was no ban on overtime during annual leave, but this was monitored as was annual leave to ensure people were taking it.
- Health and wellbeing of the staff was important and additional health and wellbeing practitioners had been brought in to support staff. Longer term solutions would be

about recruitment and staffing numbers.

- Members noted that the Trust was now operating at REAP 4 (Resource Escalation Action Plan 4). The national REAP framework was designed to maintain effective and safe operational and clinical response for patients and that REAP 4 was the highest escalation alert for ambulance trusts. Clarification was sought as to how long it was projected that the Trust would operate at REAP 4 level. Members were informed that the Trust had been at REAP 4 level since July and advised that currently every ambulance Trust was at REAP 4 level. The plan was to continue to be at REAP 4 level through the winter and into February/March. Members requested statistical data around workforce capacity modelling to enable the Trust to continue at REAP 4 level until February 2022.

The Chair thanked the Chief Operating Officer for attending the meeting and answering questions and wanted to convey the Committees thanks to all of the EEAST staff for their dedication and hard work over the last twenty months.

### **AGREED ACTIONS**

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Note the contents of the EEAST Report to Peterborough City Council Adults and Health Scrutiny Committee attached at appendix 1.
2. The Adults and Health Scrutiny Committee requested that the Chief Operating Officer provide the following:
  - a) A further update report on the progress of actions from the CQC Inspection report and the EEAST's performance at a future meeting.
  - b) Details of how many apprentices had left the organisation before the new training provider Medipro had been signed up
  - c) Provide statistical data around workforce capacity modelling to enable the Trust to continue at REAP 4 level until February 2022.

### **28. NORTH WEST ANGLIA NHS FOUNDATION TRUST COVID RECOVERY PLAN FOR ELECTIVE CARE AND WINTER PRESSURES**

Councillor Hemraj left the meeting at this point.

The report was introduced by the Chief Operating Officer accompanied by the Company Secretary. The report provided the Committee with an update on the approach the Trust would take to prepare for 2021/22 winter to support emergency and elective activity.

The Chief Operating Officer advised Members that it would be a difficult winter due to the long and prolonged pandemic which had exhausted staff. The Trust were focussing on both psychological support and wellbeing of staff. It had been difficult to recruit staff into the NHS and health care sector which was having an impact across the whole patient pathway. There was an expectation that there would be a rise in respiratory infections especially in young children and flu as people had not built up a level of resistance.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members wanted to know if there was any data to show how many people were readmitted after failed discharges, and what were the reasons for those who did not meet the 'reasons to reside' criteria. Members were informed that failed discharges were normally around more complex patients which were about 25 to 30 patients daily, about 1% to 2% a day which was a small number of failed discharges. Most of these were either due to the Trust failing to prepare early enough for the patients

discharge, or because there had been lack of co-ordination with community colleagues and therefore the patient had struggled to cope at home without support.

- There was a good rehabilitation and intermediate care team in place and the Trust were looking at enhancing the team this winter to ensure greater capacity. Part of the winter plan was to buy additional residential care home beds. The biggest problem currently was getting staff across the system including Primary Care and domestic support. There were issues in obtaining professional staff particularly registered nurses, doctors and registered social workers. There had been a reliance on doctors and nurses coming through from the international market and particularly from Europe of which the supply had been cut off. Covid had put a stop to international travel which had therefore stopped recruitment from the international market. There was also great difficulty in recruiting health care assistants which was unusual.
- Members referred to the Trusts winter plan and wanted to know if much had changed since it had been signed off last month. Members were informed that the modelling used for the winter plan was the most likely scenario and a best and worst case scenario has also been taken into account. Peterborough had one of the highest rates per population of Covid cases and the hospital had the second highest rate of hospital admissions in the East of England. The East of England was the second worst in terms of the number of patients being admitted to hospital. It had been noted that a different group of patients were now being admitted with Covid. Approximately half of the patients being admitted for other reasons had shown positive for undiagnosed Covid on arrival. This meant that they had to be handled differently even though they were not as sick from Covid which caused added pressure for the hospital. Hinchinbrook ran at about 92% to 93% bed occupancy and Peterborough ran between 98 and 101% bed occupancy. There had been a surge but this was now gradually reducing. The expectation was that two weeks after the peak there would be a peak in intensive care admissions, preparations were therefore being made for surge two.
- Part of the winter plan was to invest approximated £480,000 in increasing the ability to manage patients at the front door so that they were seen by people with the appropriate skill set for their condition to provide same day emergency care and therefore avoid having to be admitted.
- Members wanted to know what was causing the delays in getting patients who were waiting in ambulances admitted to the Emergency Department and what the solution might be. Members were informed that there was a lot of evidence as to why Emergency Departments got blocked up which included the issue of exit block where patients were unable to move out of the A&E department when requiring an in-patient bed. A consequence of this was that patients were queuing to get into the A&E cubicles. There was a need to improve processes so that discharge plans were being thought about as soon as the patient was admitted, working with partner organisations to ensure if required support and care could be provided at the point of discharge. Bed days were lost due to people not being discharged when medically fit due to no onward care or support being in place. It was a complex issue and required system wide partners working together to provide a solution.
- The Urgent Treatment Centre (UTC) had been a great success with 37% of patients arriving at A&E now being seen at the Urgent Treatment Centre. Approximately 90% of patients seen were discharged within four hours. Without the UTC the situation at A&E would have been significantly worse.
- Approximately £2m had been set aside to try and recover the backlog of elective procedures. Current staff were exhausted and could not take on any more work so work was being done with external organisations to bring their staff into the Trusts buildings and use the resources when not being used by the staff of the Trust. This

should improve the elective waiting position and it was hoped that by the end of March 2022 no one would be waiting for longer than two years for a procedure and the waiting list would be stabilised.

- The Trust had been working with a number of organisations to try and encourage people to manage their own care through self-care at home. Communications had also gone out to encourage people to get their flu and Covid vaccinations.
- Recruitment in the health care sector had been challenging and government had now dictated that all staff had to be double vaccinated by the end of March 2022, unless there was a valid reason not to. A large percentage of the Trusts staff had already been double vaccinated with a few still to have the vaccine. Having to have the vaccine may cause a small issue with recruiting staff but there was a good lead in time to manage the situation.
- Members noted that the winter plan stated “*We expect to see ongoing challenges across all staffing groups*” and sought further clarification on this statement. Members were informed that the main areas of particular concern with regard to recruitment were A&E, emergency medicine, maternity, paediatrics and intensive care. There were also specialist groups where recruitment was challenging including speech and language therapists. The winter plan had included additional budget to increase the recruitment team.
- Members noted that the wellbeing offer was being increased to all staff and sought further information. Members were informed that additional psychologists were being recruited to support staff in A&E. A winter and Christmas wellbeing event was being planned and there was an internet offer to access occupational health and counselling services.
- Members were informed that there was an acute care unit which provided same day care, an acute medical unit, an acute gynaecological unit and a paediatric and assessment unit. Expansion of the front door offer was being looked at to avoid people having to come into A&E. The assessment capacity was not an issue, it was additional bed capacity which was needed so that the beds in A&E were not obstructed.
- Members were informed that approximately 3% of the people who were triaged at the front door of A&E did not need to attend A&E and were referred on to another health care provider.
- Patients in A&E who needed to be referred on to a specialist ward would remain in A&E until a bed became available unless they were acutely ill in which case a bed would be made available immediately on a ward, but it may not necessarily be on a specialist ward straight away.

The Chief Operating Officer wished to record his thanks to Charlotte Black, Director of Adult Social Care and Will Patten, Director of Commissioning for their support and co-operation provided to the hospital on a day-to-day basis.

The Chair thanked the Chief Operating Officer for attending the meeting and answering questions and wanted to convey the Committees thanks to all of the staff at the hospital and GP's for their dedication and hard work in keeping everyone safe.

## **AGREED ACTION**

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note the approach North West Anglia NHS Foundation Trust will take to prepare for winter to support emergency and elective activity.

## 29. RELATIONSHIP BETWEEN THE COUNCIL AND PRIVATE SECTOR COMMERCIAL PROVIDERS (ADULT SOCIAL CARE)

Councillor Hemraj re-joined the meeting at this point.

The report was introduced by the Director of Commissioning accompanied by the Assistant Director of Commissioning and Carol Potgieter, Member of the Board and Director of the National Care Association. The report provided the committee with details of the Council's commissioning relationship with providers of Adult Social Care across Peterborough which enabled the Committee to review the outcomes of the approach adopted.

The Director of Commissioning gave a brief overview of the report and advised that most of the providers were small to medium enterprises.

Carol Potgieter addressed the committee and thanked the Local Authority on behalf of providers for the exemplary support provided to them during the pandemic.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members wanted to know what concerns the Local Authority had with regard to the Government's plans to ensure those who self-fund social care could ask the council to arrange it for them in order to access better rates. Members were advised that there was not a lot of detail in the government announcement, and guidance had not yet been issued. It was unclear at the moment what the impact would be for providers, self-funders and those that the LA supported. It was assumed that the Local Authority would have to assess the self-funders. One of the key differences was that there would be a cap of up to £86,000 on care costs which did not include the accommodation costs. It was too early to say if this would destabilise the care market provision.
- Members sought clarification on whether the £86k cap was also applicable to younger people, for example a 24 year old with complex needs that would need care until death. Members were informed that it would be highly unlikely that an older person receiving care would exceed that cap, for working age adults they would get through the £86k cap very quickly. The means tested part had been reduced from £22k to £20k which was concerning.
- Members were informed that recruitment had been one of the most significant issues going forward for the social care workforce, which had been complicated further with the mandatory vaccinations now in place. Carers were leaving and going to other types of jobs due to low wages and lack of career progression. Additional funding had just been announced for a workforce development fund. Conversations would be held with the Care Association to discuss the best way of investing the money to help support the recruitment and retention of care workers.
- The 'Be a Carer' Campaign had been collectively worked on with the Care Association and in the first month of the campaign an additional 200 applications had been received of which there was a ten percent appointment which was higher than usual.
- Prior to Covid the care sector was running at 140,000 vacancies for care workers. There were insufficient numbers of staff to fill vacancies either in the private sector or the NHS and many of the workforce had refused to have the Covid vaccinations and had moved to other sectors for work. The reality was that providers were not against vaccine, but it was mandatory and initially 40% of staff had refused to have the vaccine but with continuous education it was now down to 5% with no vaccination.

- Other issues that had impacted on recruitment included not having done enough work to promote work in the care sector and understanding that Health Care Workers were not unskilled. Lack of funding had also been a long-term issue.
- Members noted that there was going to be a 10% fee uplift in recognition of the immediate challenges that were being presented to the independent sector. The Council had taken the decision to support the market financially through the award of a 10% emergency uplift in provider rates. Members sought clarification as to whether this would continue and were informed that it was a temporary three month uplift. It had been awarded to providers to obtain a level of sustainability until the implication of the costs during the pandemic could be assessed.
- Members noted and were concerned that workers aged 24 and under made up only 9% of the workforce. What was being done to encourage younger people to become health care workers? Members were informed that university placements were available within social care and that Peterborough was one of the only services that offered placements for mental health students from the Anglian Ruskin University. Talks and active recruitment campaigns had taken place within the university but competing with the NHS who also did similar events was not easy as the benefits of working in the NHS exceeded those in the health care sector.
- Members commented that there appeared to be a national concern that Local Authorities were buying health care packages based on cost and not looking at the package in a more holistic approach. Members were informed that it was a delicate balance between price, quality and value for money. From a commissioning point of view there was a requirement for value for money, but it was also about what could be delivered later down the line. When benchmarking Peterborough against other local authorities who were our statistical neighbours, Peterborough performed really well both on cost and quality of care provided. The focus would always be on prevention and early intervention.

Members commended the dedicated work and support that health care workers provided for the people of Peterborough. The Chair thanked the officers and Carol Potgieter for attending and answering questions on the report.

### **AGREED ACTIONS**

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the contents of the report.

## **30. MONITORING OF SCRUTINY RECOMMENDATIONS**

The Democratic Services Officer introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

### **AGREED ACTIONS**

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report.

## **31. FORWARD PLAN OF EXECUTIVE DECISIONS**

The Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where



appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

### **AGREED ACTIONS**

The Adults and Health Scrutiny Committee considered the current Forward Plan of Executive Decisions and **RESOLVED** to note the report.

### **32. WORK PROGRAMME 2021-22**

The Democratic Services Officer introduced the item which gave members the opportunity to consider the Committee's Work Programme for 2021/22 and discuss possible items for inclusion.

### **AGREED ACTION**

The Adults and Health Scrutiny Committee **RESOLVED** to note the work programme for 2021/22.

### **33. DATE OF NEXT MEETING**

17 November 2021 - Joint Scrutiny of the Budget Meeting  
11 January 2022 – Adults and Health Scrutiny Committee

The Chair on behalf of the Committee congratulated Charlotte Black who was in attendance on her new appointment as Executive Director for People and Communities. Charlotte would be taking up the post at the end of January 2022 when the current director would be retiring.

7.00PM - 21:10

CHAIRMAN