HEALTH OVERVIEW & SCRUTINY COMMITTEE
ADULT SOCIAL CARE AND COMMUNITIES SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview & Scrutiny Committee held on Tuesday 30 July 2019 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Cllr Phil Awford	Cllr Carole Allaway Martin
Cllr Collette Finnegan	Cllr Helen Molyneux
Cllr Terry Hale	Cllr Dilys Neill
Cllr Jeremy Hilton	Cllr Nigel Robbins OBE
Cllr Stephen Hirst (Chair)	Cllr Steve Robinson
Cllr Paul Hodgkinson	Cllr Jill Smith
Cllr Martin Horwood	Cllr Pam Tracey MBE
Cllr Steve Lydon	Cllr Robert Vines

Substitutes:

The following were also present:

In attendance:

Becky Parish – Associate Director Patient and Public Engagement (GCCG)
Candace Plouffe - Chief Operating Officer (Gloucestershire Care Services)
Dr Marion Andrews-Evans, Director of Quality and Nursing (GCCG)
Clare Hines - ICS Workforce and OD Project Manager (^{2}gether NHS Foundation Trust)
Margaret Willcox – Director Adult Social Care (Gloucestershire County Council)
Sarah Scott – Director Public Health (Gloucestershire County Council)
Mel Walker – Human Resources (Gloucestershire County Council)
Mark Astle - Assistant Chief Fire Officer (Gloucestershire Fire and Rescue Service)
Cllr Tim Harman – Cabinet Member for Public Health and Communities

Apologies: Cllr Iain Dobie, Cllr Andrew Gravells, Cllr Brian Oosthuysen, Cllr Shaun Parsons and Cllr Suzanne Williams

11. APOLOGIES FOR ABSENCE

See above.

12. DECLARATIONS OF INTEREST

No additional declarations made.

13. GLOUCESTERSHIRE WORKFORCE

3.1 Members were reminded that this was a joint committee meeting made up of Health Scrutiny and Adult Social Care and Communities Scrutiny members to consider workforce issues and challenges across the Integrated Care System. The purpose of the meeting was to receive information to help inform both committees' work planning and to ensure members had the background on these issues to help understand future service changes.

Presentation

3.2 Members noted the presentation slides within the pack including the data bank which provided additional information. Mel Walker and Claire Hines took members through the presentation highlighting key areas of activity and providing points of clarification.

3.3 The total healthcare and public health workforce as well as the total paid adult social care and support workforce were shown on a pie chart for members. There was a total of just over 11,000 wholetime (wte) staff in Gloucestershire NHS Trusts. There was a total of 945wte medical staff of which 448wte were medical consultants. 3350 wte registered nursing and midwifery staff. This was alongside the volunteer workforce which was estimated to be at around 30,000. Unpaid carer support was at more than 50% of the total care available in Gloucestershire.

3.4 Risks and challenges:

- Top 3 workforce risks related to supply and capacity, recruitment and retention and leadership and succession planning. Work streams and interventions were in place to support solutions to address those risks.

- There were supply issues with registered nursing and paramedics and experienced social workers were provided as two examples.

- There was uncertainty around the impact of a European Union exit on workforce numbers.

3.5 Collaboration and partnership working

- Important to share best practice and work together within the system. Members understood that the ICS worked collaboratively through the Local Workforce Action Board to determine shared risks. It was explained that Gloucestershire was the only ICS to be represented by both NHS and Adult Social Care in the regional workforce planning arena..

3.6 Recruitment and retention initiatives

- It was important to provide additional supply routes such as work with the University of Gloucestershire and University of West of England.
- Therapists were in short supply
- 30 registered Nursing Associates were now in post with 41 to complete training in 2020 and a further 42 to commence in both September and April.
- Learning Disabilities support was a national issue for which there wasn't a solution in place for yet.
- Apprenticeships routes were being explored with further discussions with the University of Gloucestershire.
- At a national level a trailblazer scheme had been approved. The apprenticeship qualification would be offered to current social care assessor staff. The aim was to appoint up to 4 by March 2020 once the Universities were in a position to offer the programme. Procurement would be taking place to achieve this.
- There was an agreed plan for the development of an apprenticeship hub.
- Members noted a variety of case studies were available for further reading.
- Succession planning was a big focus with individual schemes in place across employees.
- 'Grow your own' was a focus particularly to support the capacity issues in radiology. Placements were provided to the largest number of students in the south west with internal development and support roles.
- Established in 2017 as a result of the regional Proud to Care South West Partnership. There had been success in increased advertising and messages through TV, radio and social media. Gloucestershire was a pilot county for the National Adult Social Care recruitment campaign. During the campaign the PTC Glos jobs portal experienced a 54% increase in vacancies being advertised.

3.7 Training and Development

- Supporting the upskilling of staff to ensure they are skilled to meet the changing demands on Gloucestershire's services.
- 'Proud to Learn' platform was a rebadging of long standing multi agency programmes that had been in place for many years. High numbers were supported, over 13,000 completed safeguarding adults training in 2018/19, at

the various levels including e-learning and utilising the train the trainer model. Over 6,000 multiagency staff completed dementia training in 2018/19.

- Training and development was an important factor in terms of building capacity and providing pathways for staff to move within the system. There were considerations as to how to use the new nursing associate role in adult social care and bridge the gap between support worker and traditional nursing care.

- In adult social care members were informed of the three tier approach to support three conversations to achieve the best outcomes for people. This had been well received by those at the end of care and those providing it.

- Staff health and wellbeing – members heard about the one Gloucestershire approach to health and wellbeing. The website GloW was one example.

- Diversity – going the extra mile, long term plan sets challenge around BME representation in leadership team.

- Consideration was being given to how the NHS staff survey could be mapped across with the GCC staff survey so that there could be greater link up in questioning.

3.8 Leadership

- Currently up to cohort 6 in the leadership programme, with more cohorts planned later in the year (additional 92 attendees).

- Broad cross section of system was represented including: 2gether Trust, Gloucestershire Care Services, Gloucestershire County Council, Police, and South Western Ambulance Trust.

- Adult Social Care Leadership – registered manager's development programme linking with a level 5 qualification. Experienced adult social care managers had been invited to attend.

- Two programmes will have a certain degree of overlap – working to make them more collaborative and system wide.

3.9 <u>Future workforce planning</u>

In response to a question, it was explained that there were 416 whole full-time equivalent GPs in Gloucestershire and 945 whole-time equivalent medical staff of which 448 were medical consultants.

Much of the effort was aimed at reducing demand on GPs and Consultants in primary care by new and upskilled roles promoting self care which if fully effective could reduce the need for GPs by almost 90 wte.

Based on national evidence, the planning assumptions included a demand reduction of new GP requirements by 50% based on a range of measures including new and upskilled roles, digital developments, self-care, care navigation and social prescribing. The current plan for GPs in 5 years is to achieve 448wte GPs.

Members commented that the public wanted to see their doctor and not an assistant. It was about managing these expectations. Members were keen to have some the figures around the number of GPs and an understanding of what 'good' looked like. In addition it was explained that the private sector did not fit into these figures but had to be considered when looking at the 'whole'. Members noted that over 50% of nurses nationally did not work for the NHS.

It was explained that Gloucestershire was second best in the region with regards to GPs per patients. Members felt that the positive comments made here did not reflect what the public were saying on the ground about GP wait times. It was explained that there was a national GP work crisis but that Gloucestershire compared favourably in the statistics but also in patient feedback.

50% of physio therapists go into private practice. This has to be kept in mind when we do work force modelling.

Members of Health Scrutiny were reminded that at their September meeting they would be having an update on Primary Care and that part of the report in September would look at those comparison figures.

There was some discussion regarding staff shortages in radiology which had led to urgent temporary service changes. One member asked how the shortage in radiography treatments in Gloucestershire had come about, given the forward planning that was carried out. It was explained that the priority had been to ensure interventional radiology was staffed. Combined with high vacancy levels and sickness absence this created an urgent situation. There had been successful recruitment over the summer and discussions with the university which would be reported to Health Scrutiny at future meetings.

One member asked whether we were seeing evidence of a pathway from nursing associates through to registered nurse and asked what more could be done to encourage this. In response it was explained that those figures were not collected nationally. The focus was on values based recruitment with nursing positions being vocational rather than an academic career. In

addition there was a focus on having the right training in place to allow this career progression.

3.10 Recruitment and retention of staff

There was some discussion around the 'Proud to Care' initiative and in particular the website and whether there was data to show how clicks on the website had translated into enquires and then recruitment. In response it was explained that these were provider vacancies and so there was no tracking to show what advert had led to recruitment. Work was underway with providers to help put in place mechanisms to record that data. It was difficult because some were generic adverts which were not always matched to a specific vacancy. It was free to advertise on the site because there was recognition on the importance of supporting providers.

There was further discussion around the importance of care being considered as a career with opportunities to progress and specialise. There was an effort to move away from the perception of care being a low-paid low-entry job. Members were informed of the 67 'Proud to Care' ambassadors who were part of this promotion.

In response to a question it was clarified that the Council did not commission 15 or 20 minute appointments.

3.11 Apprenticeships

Members discussed the importance of 'growing your own' and the role that apprenticeships could have. There had been success in adult social care in the past with traineeships and now it was about working closely with the universities to start a 3 year programme in March 2020. In response to a question it was confirmed that the aim was to have one apprentice in each locality. Placements in the workforce would also be offered to social work students and newly qualified social workers but it was important to ensure the workforce balance was right with regards to experience.

Members also received details of NHS apprenticeships. For the last four years work had been underway with Health Education England and the National Skills agency for up to 60 apprenticeships at any one time. The minimum age was 16.

3.12 Requests for additional information

Some members requested additional information that would help add to the data they had already received. One member noted that the turnover in domiciliary care looked high at 48% and that it would be useful to see how that had changed over time and how comparable that was to other areas.

It was explained that there was a lot of adult social care information that could be shared with members which would allow comparisons with other areas.

Specifically relating to domiciliary care, the 48% related to movement from one agency to another for a modest pay rise. There were plans around 'passports' that would mean that carers would not have to start fresh with the Council having made the move. Turnover in adult social care as a whole was quite high nationally.

Social care staff turnover in Gloucestershire was 0.3% higher than the South West average which put Gloucestershire in the middle with regards to statistical neighbours.

Members would be provided with additional data around key indicators that showed comparisons with other South West counties.
ACTION Clare Hines/ Mel Walker

3.13 Implications of Brexit

Members discussed the impact of Brexit on workforce across the Integrated Care System. One member suggested that at this stage the options seemed clear including a no deal Brexit and wanted to understand what planning was in place to mitigate the risks of major staff turnover within the NHS and adult social care.

From an Adult Social Care perspective, work had been carried out with ADASS (Association of Directors of Adult Social Services) to map the movement of staff. When the announcement was made following the referendum there had been a number of adult social care staff who had left. Since then a number of people had applied for settled status. Commissioners were working directly with the homes monitoring work force on a weekly basis. Recruitment activity would also continue in the UK and in Europe and the rest of the world.

From an NHS perspective, comprehensive plans were in place. Staff had been encouraged to apply for settled status. Shortly after the EU referendum it was noted that a number of staff had left through the uncertainty but also because of the impact on the value of the Euro. The team reported to NHS England and arrangements were overseen from Central Government. The Local Resilience Forum provided updates across the County.

In response to further questions on the Local Resilience Forum, it was explained that preparations were focused and that all the agencies understood the risks associated with Brexit. Weekly conference calls were chaired by the Assistant Chief Constable and activity would increase as we moved closer to the October leave date. In addition members understood that the Local Health Resilience Partnership was in place and activity would

increase in September. There had already been briefings with senior NHS colleagues.

One member raised the issue of insurance cover for medical practitioners citing concerns around there being no primary legislation to support them following Brexit. In response it was explained that those working within the NHS were automatically covered and that those working privately would take out their own insurance. Officers were not aware of any particular issue on this front.

CHAIRMAN

Meeting concluded at 3.30 pm