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## DONCASTER METROPOLITAN BOROUGH COUNCIL

### HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 26TH NOVEMBER, 2020

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held by MICROSOFT TEAMS - VIRTUAL MEETING, DONCASTER on THURSDAY, 26TH NOVEMBER, 2020 at 10.00 AM

#### PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Lani-Mae Ball, Phil Cole, Martin Greenhalgh, Pat Haith and Derek Smith

#### ALSO IN ATTENDANCE:

- Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Phil Holmes, Director of Adults, Health and Well-being, DMBC
- Carolyn Nice, Assistant Director – Adults, Health and Wellbeing, DMBC
- Anthony Fitzgerald, Director of Delivery and Strategy - Doncaster NHS CCG
- Caroline Martin – Senior Governance Officer

		<u>ACTION</u>
17	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillor Rachel Hodson and Councillor Gibbons.	
18	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	RESOLVED that there were no matters on the agenda requiring the press and public to be excluded.	
19	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 1ST OCTOBER 2020</u>	
	There were no declarations of interest made.	
20	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	

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UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS

The Panel was provided with a presentation from the Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on the following areas;

- Current Position
- Changes and Developments
- Looking Ahead
- Maternity Development Update
- Emergency Department Update
- Nursing Workforce and Education
- Ambulance Handovers Update

The Chair conveyed thanks on behalf of the Panel regarding the ongoing hard work undertaken and dedication shown by the staff and healthcare professionals.

There was a discussion held and the following issues were raised;

**Intensive Care Beds** - Members were informed that in terms of Critical Care Occupancy, the maximum number of critical care patients in the system had reached 28, which was within the top range of normal bed availability. It was clarified that this did not equate to staffed beds. It was noted, however, that in the event that critical care admissions were similar to those which had been seen in other areas such as Italy, it had been estimated that up to 130 intensive care beds could be required, this was described as the super surge capacity. It was explained that this related to physical bed spaces and that staffing an increased numbers of beds would be extremely difficult. It was confirmed that the super surge capacity would only be achieved by converting operating theatres into recovery areas etc. or by creating new accommodation. To try to ensure that the correct type of facilities would be made available, capital delivery works had been undertaken specifically for patients who required mechanical ventilation or high flow oxygen.

Clarification was provided that during the first and second peak of the pandemic, the Trust had not exceeded their normal physical bed space capacity. It was stated that at present there were 12 patients in intensive care and this was still within normal capacity.

It was acknowledged that there had been challenges in terms of staffing. It was explained that for the first and second wave, additional staffing had been required such as runners, due to restrictions around Personal Protective Equipment (PPE) and additional infection prevention and control measures.

It was commented that geographically, there had been a difference in

areas effected at different times and it was currently particularly challenging for North East and South Yorkshire. It was shared that recently mutual aid had been provided to North Lincolnshire and Goole as well as providing care for a couple of patients due to the close geographical distance. It was continued that mutual aid and support had also been provided to Barnsley and it was acknowledged that mutual aid would be provided to Doncaster if it came under pressure.

**Provision of Free Meals and Free Parking** – It was commented that support had been provided to improve the working days and lives of staff through the provision of free meals and free parking. Members expressed their gratitude for the additional support provided to staff. It was acknowledged that there were challenges placed through PPE requirements and the need to stagger breaks. Members were informed that free parking had continued to the present day as well as a barrier controlled parking for those staff who wished to continue to pay for specified parking spaces.

Regarding the funding of that provision, it was explained that whilst final confirmation on what central funding would be made available, these costs were presently accrued to the Covid Plans. It was noted that what would be in place during 2021 was not currently agreed.

In terms of food provided, it was explained that catering was undertaken by Sodexo as part of a volume contract and negotiations had taken place to provide food in the wards and departments to staff (as the number of patients had fallen). It was noted that a small gap that remained had been funded through the Covid Plan as this was recognised to be a more cost effective decision to reduce PPE requirements associated to staff leaving and returning to clinical areas.

**Hospital Admissions and Covid** – Members were informed that in total there had been 1776 patients admitted since March 2020 with approximately half of that figure being admitted during the second wave. It was explained that the second wave had been shorter, however, there had been a significantly higher number of patients presenting during this time.

It was acknowledged that learning had taken place during the first wave, which allowed for better preparations for the second wave and ensuring that services hadn't needed to be scaled back to the same degree as during the first wave. Members were informed that the Trust was provided with data from the Public Health team and was able to reasonably predict what the peak would be.

It was outlined that numbers continued to fall although the Trust was now planning for the potential impact of the Christmas period and possible changes to tier levels once they were reviewed.

A Member expressed their concern that as many cases of Covid in the communities had been experienced during October 2020 than during

the previous six months.

Members were informed that there was an expectation how following the second wave, the decline would be at a slower rate as the prevalence of Covid in the communities was greater. It was recognised that communities had done fantastically well at adhering to the national guidance because of the preparations put in place.

It was commented that as there was a slower decline with the second wave, it was expected that there wouldn't be less than 60 patients during the Christmas period. It was noted that underlying health and issues with respiratory disease as well as others meant that the Doncaster population would be more susceptible to being impacted by Covid. It was heard how the guidance of "hands, face and space" needed to be applied until the vaccine was rolled out.

**Hospital Preventions of Contracting Covid** – Members heard how access to the master testing programme was not available during the first wave. It was explained that during the first wave, testing was not routine and asymptomatic carriage was not identified as there was no testing of patients who did not show any symptoms.

It was further outlined that during the second wave, testing was introduced at the point of admission, then at 5 days, at 14 days and then testing if those patients had further symptoms. An outline was provided of the process and the complexities involved in defining where the virus had originated from and what was now in place for staffing. Members were told how the Trust went on to pick up what were classified as outbreaks.

It was clarified that there was around the 1% to 2% of asymptomatic carriage, and that asymptomatic carriage was an area of concern. The 1, 5 and 14 day testing was very helpful in addressing this to prevent internal carriage within the hospital. It was added that the hospitals had now begun to test ward and department staff twice a week.

It was explained that there were more complicated streams in place to try to prevent patients coming into contact with those who may have had asymptomatic Covid.

A Member of the Panel commented that they felt assured that the hospital was a safe environment for individuals to attend.

**Reopening of Hospital Services** – It was explained that even without Covid there were often differences across the country in terms of service provision and performance through the winter months.

It was outlined that during the first wave, preparations needed to be made for the worst case scenario including that the right staff were in the right areas (to be able to care of emergency admissions). Members were assured that services were targeted around clinical

priorities and need. It was explained that various services needed to be stepped back and that what were called the planned (routine) service had been the most impacted.

Members were told how the Trust was on track with recovery at the time of the second wave, but as a result of the impact of significantly increased Covid admissions, it was now looking like the middle of January to end of February 2021 before services would be able to start to recover (subject to the impact of the Christmas period). It was acknowledged that there would be a significant backlog of work to return waiting times to pre Covid levels.

**PPE Procurement** - Members were informed that during the first wave there had been a number of challenges nationally and locally. It was explained that procurement teams in the Acute Trusts had worked strongly together and also that significant amounts of mutual aid had been provided to ensure that the Trusts in South Yorkshire had the quality and quantity of PPE required.

Members were assured that moving into the second wave, a significant level of stock had been built up to levels to last for 4 months. It was explained that originally, the majority was sourced from overseas and now around 70% was sourced from within the UK enabling more control at the end of the supply chain (with the exception of gloves). It was commented that overall PPE had not been on the acute worry list during the second wave.

**Virtual Technology** – Members were informed that the pandemic had resulted in an accelerated pace of change around the use of certain technologies establishing its position in future healthcare provision.

It was noted that the organisation did not want to lose those benefits and it was commented that people had found those changes positive. It was recognised that there was a need to make sure that technology inside the Trust advanced in order to move with new technology. It was recognised that there was a generation that were very comfortable with technology and others less so, and therefore important to get the balance right.

In terms of the digital midwife, it was considered that Covid had made the individuals experience more difficult at times whilst steps were made to try and manage down the risk of transmission. It was explained how midwifery guidance had continuously changed with the latest set being to adapt processes even further. It was continued that efforts were being made to make that guidance more flexible and ensure that the opportunity was not lost. It was noted that this area continued to remain a challenge whilst there were still certain risks due to Covid.

It was recognised that there had been delays in people seeking

hospital treatment. It was made clear that the message was that hospitals were open in the event of an emergency or urgent need. Members were informed that there had been struggles in dealing with minor illnesses, which presented a higher risk due to individuals coming into contact with increased numbers of other people.

**Recruitment of Midwives and Nurses** – Regarding the recruitment of midwives to vacant posts, it was explained that in the first wave, there were challenges of multi-site maternity services with vacancies and it was considered safer to bring those maternity services together. It was noted that for all of students that go through University training there were only certain points in the year when they qualified. It was shared that during the pandemic and before, there had not been a great deal of geographic relocation for jobs. It was commented how international recruitment had been more difficult due to the requirements of Nursing and Midwifery Council (NMC) for midwifery staff and training across the world. Members heard that there were currently 84 in midwife in post and 2 vacancies. It was added that the other challenge was retaining staff and efforts were being undertaken to achieve this. It was acknowledged that there was a national issue in midwifery recruitment although interest had risen during the year along with other healthcare positions.

**Nurse Education** – Members were informed that all pre-registration educational programmes required some form of travel through placements. It was explained that two local largest educational providers were Sheffield Hallam and Sheffield University, however, the vast majority of local students undertook placements and training locally in Doncaster. Members were informed that this formed part of the thinking behind the development of a new hospital campus and reference was made to the opportunity that for a local university campus that could provide that education. It was stated that although unsuccessful in the first wave of funding, this proposal would be pursued through other funding opportunities.

Members felt that it was important that more local recruitment and education opportunities were made available.

**Take up of Flu Vaccination** - It was explained that there were a number of reasons why 100% of flu vaccines had not been taken-up. It was noted that it was about encouraging those individuals to consider evidence and ensure that their decision was evidence based. It was added that professions were never mandated to this, as although they were health professional they were also members of the public.

It was noted that although the 100% target of staff had never been reached previously, the aim was that it had been raised with 100% of those eligible offered the vaccine so they were able to make informed decisions. It was clarified that the target locally was for 90% of staff to be vaccinated (particularly frontline staff), and the approach to Covid vaccine would be the same and to reach similar levels (at least 60% of

	<p>the population). Members were informed that at the time of the meeting Doncaster and Bassetlaw Teaching Hospital was the top performing trust in the North East and Yorkshire.</p> <p>RESOLVED the report be noted.</p>	
22	<p><u>WINTER PLANNING PARTNERSHIP PLAN</u></p>	
	<p>The Panel was provided with an update from the Director of Adults Health and Wellbeing and Director of Strategy on Delivery from Doncaster NHS CCG on the support that was planned in Doncaster this winter and how it will be coordinated. A brief overview of the update was provided and the Panel discussed the following areas;</p> <p><b>Work Undertaken</b> – The Director of Adults Health and Wellbeing clarified that their role included having the statutory responsibility around adults social care and broader responsibilities such as the wider support to care homes and other aspects of Doncaster’s communities. It was acknowledged that those areas were undertaken with the support of other partnerships such as the NHS CCG.</p> <p>It was explained that as part of a wider arrangement through Team Doncaster, frequent meetings had taken place at gold level due to the second wave of Covid. It was further outlined that there was an extensive infrastructure in place that linked to a wider governance and the Council had established a Tactical Co-ordination Group around Covid to which various pieces of work reported to.</p> <p><b>Extend Access Appointments to Primary Care</b> – Members heard how this system had been introduced around 2 years ago. It was explained how it had been stepped down originally in response to Covid although more recently had been stepped back up in various ways. It was noted how proactive communications and engagement activity had taken place to make this known although take-up had been varied</p> <p>It was responded that the NHS CCG was relatively satisfied with what had been achieved and assurances were provided that this issue would continue to be reviewed with primary care Doncaster. It was added that alternative innovative methods would be considered, for example, the health bus, and work would be continued with primary care networks and Clinical Directors regarding the best way of providing early morning, late evening and Saturday morning clinics. It was reported that the roll out of the Covid vaccination was now a priority and further thought needed to be given as to how capacity would be used across primary care to implement that programme robustly.</p> <p><b>Elderly People and Care Homes</b> - Members raised concern over those with undiagnosed Covid being discharged from hospital into a</p>	

care home setting. Assurances were provided that everyone discharged was tested 48 hours before they were discharged in accordance with national guidance. Also, that those leaving hospital to go into care homes were all treated as potentially positive (even if they were negative and then self-isolated in the care home) and they would then enter the national testing programme.

Finally, it was noted that 20 Covid beds had been commissioned across the system to ensure that any individual with Covid followed that pathway and was given intensive support.

Members were referred to the Care Home Action Plan, which had been developed as part of the first wave with every authority and system. It was explained that the plan limited staff working across care home groups or care homes internally. Other courses of actions included that;

- the Infection Prevention and Control (IPC) grant from Central Government contained stringent conditions from cohorting staff to ensure that they did not work across groups of care homes and units.
- that care homes were being called on a daily basis by the Council's contact officers, offering support and to check that they were following guidance and requirements of grants.
- there was a Daily Instant Management Team meeting that monitored outbreaks across the Borough.
- for each individual care homes there was dedicated outbreak meeting through a multiagency team.
- booked agency staff were exclusive to one care home.

**Future Fears/Risks** - Members were assured that there was a robust risk log and risk management approach in place to the Covid response and that risks and threats were reviewed three times per week through the health and care cell.

The following areas of concerns were referred to;

- the well-being and burn out of staff across many health and social care settings.
- the backlog of application of care.
- that patients were not accessing services in a timely fashion, such as cancer care.
- the implementation of the Covid vaccination programme. It was acknowledged that there was an ambitious timescale through a multi-agency approach. It was also recognised that it was being implemented at a time whilst ensuring services can respond to Covid and maintaining routine care where possible.
- the need to plan around issues such as the EU exit.
- supporting Care Home Providers with the loss of residents, raising levels of occupancy to make them more sustainable and working

behind the logistics of managing new Government announcements.

**Winter Flu Vaccination Programme** – It was explained that there had been a multi-organisational approach (chaired by the CCG) taken with ambitious targets set in terms of vaccinating the population. Members heard how significantly more people had been vaccinated at this time in comparison to the same time last year.

Members heard how there had been a programme of activity in place. It was added that the gap between flu and first Covid vaccination had been used to maximise the uptake of flu vaccination during November in care homes with 80% of care home residents.

Member heard that it was about enabling people to make the correct decisions by providing the right information.

It was reported that the NHS CCG was behind in meeting vaccination targets in certain cohorts (apart from ones in over 65 and within the domiciliary care home sector) although significant improvements had been made compared to the previous year.

Members heard that this work was being steered through individual practices with their primary care networks through flu groups aligned to proactive communication to encourage more of the population to have flu jabs. The Director of Strategy and Delivery of the NHS CCG offered to provide a future update to the Panel on this area.

**Community, Voluntary And Faith Sectors To Tackle The Loneliness** – The Panel was told how there was now a broader range of support and focus from the Council and its partners. It was explained that since the first wave, a Social Alliance had set up groups to ensure that they were engaging, briefing and supporting the voluntary community sector.

Members were informed that the following had been done to help sustain and promote frontline delivery;

- £25k funding from South Yorkshire Community Forum had been provided to tackle food poverty experienced by the most vulnerable and supported in the communities.
- Creation of £250K humanitarian fund launched with match funding from the Social Alliance, South Yorkshire Housing Association and the Council.
- Generally, that a great deal of activity taking place within the sector.

The Panel provided their thanks and gratitude for the work being undertaken.

RESOLVED that the Panel note the report.

OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS

The Senior Governance Officer presented the 2020/2021 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.

The dates of the next few meetings were noted along with the scheduled agenda items. Members were made aware that March 2021 meeting currently had one item. Regarding the latest forward plan, the Panel requested a briefing note on a forward plan decision around an integrated model of adult substance misuse treatment.

Finally, there was a brief conversation around the potential proposal of a new hospital in the Borough and the Panel noted that this would be an area they would like to consider in future.

'RESOLVED that the Panel;

- a) note the Overview and Scrutiny Work Plan 2020/21 and the Forward Plan of key decisions.
- b) that a briefing note be provided on the forward plan decision 'To develop an integrated model of adult substance misuse treatment and supported housing services, by Riverside supported housing services to be sub-contracted by Aspire & to extend the contract to 31 March 2023, to pilot and evaluate an integrated model.'
- c) That a letter be forwarded to the Chief Executive of Doncaster and Bassetlaw Foundation NHS Trust outlining the Panel's support of a local nurse education provision for Doncaster residents and to request an opportunity to explore the potential proposal for a new hospital in the Borough.