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## DONCASTER METROPOLITAN BOROUGH COUNCIL

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

MONDAY, 22ND NOVEMBER, 2021

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held in the Chamber at the Civic Office, DONCASTER on MONDAY, 22ND NOVEMBER, 2021 at 1.30 PM

#### PRESENT:

Chair - Councillor Sarah Smith

Councillors Martin Greenhalgh, Laura Bluff, Jake Kearsley, Sue Knowles and Tracey Moran

#### ALSO IN ATTENDANCE:

DMBC;

- Carolyn Nice – Assistant Director for Adults, Health and Wellbeing,
- Rachael Leslie – Deputy Director of Public Health

External;

- Richard Parker - Chief Executive (Doncaster and Bassetlaw Teaching Hospitals)
- Adam Tingle - Senior Communications & Engagement Manager (Doncaster Bassetlaw Teaching Hospital)
- Ailsa Leighton - Ailsa Leighton, Deputy Director Strategy and Delivery, Doncaster NHS CCG.

		<u>ACTION</u>
8	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillors Linda Curran and Sean Gibbons.	
9	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
10	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 30TH SEPTEMBER 2021</u>	
	RESOLVED: The minutes of the meetings held on the held on the 30 <sup>th</sup> September 2021 were agreed as a true record.	

11	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
12	<u>UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS</u>	
	<p>The Panel received a presentation from the Chief Officer of Doncaster and Bassetlaw Teaching Hospitals, which outlined the following areas;</p> <ul style="list-style-type: none"> <li>• Covid-19 Data</li> <li>• Safety, Care and Infection Control</li> <li>• Estates and Facilities</li> <li>• Procurement</li> <li>• Health and Wellbeing</li> <li>• Vaccination and Testing</li> <li>• Communications and Engagement</li> <li>• What comes next and bed surge?</li> <li>• Priorities for 2021/22</li> <li>• Activity Year-To-Date</li> <li>• Benchmarking</li> </ul> <p>The Chair passed thanks for the work undertaken during the pandemic.</p> <p>There was a discussion held and the following areas were highlighted;</p> <p><b><u>Staff Welfare</u></b></p> <p><b>Sickness Absent Rates</b> - Concern was raised around the impact of increased sickness absence rates within the hospitals during winter and due to other pressures arising from the pandemic. Members were assured that appropriate support measures had remained in place, such as counselling services and occupational health. It was added that there were also standard levels of support such as helplines and contact through Vivup, an external provider and HR teams. It was noted that in addition to absence levels affecting areas like the availability of beds, there was also quality of patient care to consider, all of which was staff dependent. Recruitment was considered important with colleagues being recruited from overseas to reduce vacancy rates (there were currently more vacancies than students qualifying) and changing workforce profiles to allow more flexibility where appropriate. Finally, Members were informed about what communication was taking place for staff to understand current pressures as well as what mechanisms were in place. These involved four times a day meetings around staff allocation on wards, a pool system for shift allocations, pay enhancements for hourly rate for pool systems where allocated and use of agencies when needed. It was explained that as a last resource, the hospitals would stop activities</p>	

such as additional training and in some instances stop elective and planned care and procedures, to redeploy staff to try to ensure that areas were adequately and safely staffed.

**Staff Leave** – Further clarification was sought regarding whether staff were taking their allocated leave (that had not been taken during the pandemic). Members were informed that the Government had previously agreed that leave could be carried over a 2-year period to help manage staff pressures and that support was in place for staff to take it sooner. It was added that monitoring indicated that the majority of staff were taking their leave entitlement. It was also explained that there was a process in place to allow flexibility, where staff could sell their leave back to the hospital for a financial payment.

**Staff Mental Health** – Members reiterated that they were pleased to hear about what was currently in place and asked what further support was planned. The Panel was informed that a great deal of impact had been seen on people's mental health and therefore efforts had been made to ensure appropriate access to hospital services. It was noted that over the next 3 years demand for mental health services was expected to increase across all elements of the system and therefore work was needed to be undertaken with staff to identify what they needed and look at what works well. A brief outline was provided around what was being done in respect of workforce plans to ensure that the right staff were in place and that there will be capacity in the future where needed.

**Mandatory Covid Vaccination for Frontline staff** – Members were informed that efforts were being taken in checking information and looking at why individuals have not been vaccinated. It was explained that the Trust was waiting for further detail from within the legislation. Members heard that there was a wish to address staff concerns and issues before the situation reached a point where difficult decisions needed to be made.

### **Waiting Times**

**Cancer Referrals** - Concern was raised that data (from the South Yorkshire Cancer Alliance Board) indicated that Doncaster was missing over 3,000 people who had not been through the cancer referral and diagnostic pathway. Members were informed that in response to this information, efforts were being made to accelerate faster diagnosis. It was explained that it was about identifying the local needs and inequalities that existed within Doncaster's communities. It was added that consideration needed to be given around how there could be better access to a faster diagnosis. An example was given around how lung health checks were being taken to people within their local area and it was felt that work being undertaken by GPs looking at signs of those most at risks and encouraging those on practice lists to get tested were also part of the answer. It was commented that the impact

of people not accessing services during the pandemic was now being felt and that this gap needed to be closed as quickly as possible. Members were also informed about work taken to increase diagnostic capacity such as the creation of a diagnostic centre at Mexborough further to a successful bid. It was continued that further bids were being made to central funding streams, and there was an aspiration to see waiting times become more consistent and equal across the board.

**Cancer Targets** – Members were pleased to see that Doncaster was outperforming some cancer standards but raised concern around the most underperforming area being the 62-day target from screening service to definitive treatment. Confirmation was provided that this month the 62-day standard had been achieved but remained challenging.

It was explained that this was a pathway, which usually involved more than one provider on more than one site and required enough skilled experts to complete it in time order. It was explained that providers were working as a system to try to improve waiting times. Members were informed that work would be undertaken to try and return to previous levels of performance.

It was explained how going forward there would be more system working across the whole of South Yorkshire and to offer patients more choice during the next period of recovery. It was commented that it was that patient's choice and right to decline appointments with another provider who had the capacity. It was considered important though to ensure that those patients had that choice and did not therefore have to wait a prolonged period of time.

**Waiting times for the provision of assessments** – Further information was sought regarding hospital care for waiting times for assessments that helped to prevent people going into hospital.

Members were informed that detailed board papers were publically available which contained a range of information. It was outlined that the majority of services had a 6-week wait prior to the pandemic, but this wait had been since extended. It was commented that a more specialist pathway would usually involve more of a wait than a less complicated pathway. It was noted that pre pandemic some pathways like Attention Deficit Hyperactivity Disorder (ADHD) had much longer waiting times and these had also lengthened during the pandemic as there was a requirement to have skilled practitioners to undertake those pathways. Members were informed that the biggest challenge was around the workforce to undertake a greater scale of work than anticipated and it was recognised that further work was needed to bridge this gap as quickly as possible.

**Ambulance Care**

It was noted that in October 2021 there was a significant increase in hospital waits of 30 - 60mins. Clarification was sought around the reason behind this increase and the level of delays currently being experienced in Doncaster around ambulance handovers.

The Panel heard that the 30-60 minutes target was an indicator of how well a system was responding. The Chief Officer spoke about current challenges to Doncaster Royal Infirmary, which was due to having a large Emergency Department and the issues that had arisen from April 2021 onwards when its bed base had been impacted by the loss of beds when a major water leak caused serious damage to the electricity system. Further detail was provided about waiting times and the impact of the number of patients along with the fact that ambulances went to both major and minor units. It was explained that it was about balancing the risk of taking patients off ambulances as quickly as possible, safely and into the right level of care. Members were told about the Accident and Emergency refurbishment where an ambulance handover area had been built but that with Covid and non Covid pathways it was now not large enough on certain days. It was stated that Doncaster and Bassetlaw Teaching Hospitals Trust was one of the Trusts in the lowest 10% for ambulance handover delays and therefore options were being considered to address this. It was commented that for ambulances, flow remained the best option and there was an expectation that this was going to be challenged during the next 2 to 3 weeks. It was commented that in 3 weeks, beds would be brought back into the system through the modular build to maintain flow and improve ambulance handover times. It was explained that at present this was a key priority and an area of focus, with monitoring taking place 4 times per day reviewing ambulances. It was considered essential to work as a team with the ambulance service.

**Improving locality and community working and access to GPS** – It was acknowledged that GPs were as busy as they had ever been, though working in different ways. It was felt that the likelihood of returning to all face-to-face interaction was extremely unlikely, and viewed that communication was now much better than it had been previously. It was added that although all measures were successful, demand was now greater with the potential to bring added value and quality. A Member commented that the new ways of working was helpful for those who worked full-time.

It was considered that due to the latent demand built, there was a need to work through that before the system could be thoroughly evaluated. It was viewed that in the short-term there was a need to increase the capacity to address the backlog before identifying whether that capacity was needed long term.

**12 Hour Waits in Emergency Department** – Concern was raised about those people who waited 12 hours or more and what could be done to reduce this wait. It was explained that numbers varied on a

daily basis and that if necessary, a bed would be moved into the Emergency Department to avoid a trolley wait (or waiting in corridors). It was explained that this was treated as a quality standard, which would be about the patients being seen, treated and discharged in a reasonable amount of time. It was stated that there was an aspiration to return to pre-pandemic performance when 90 – 95% of patients were dealt with within a 4-hour waiting time as standard. It was commented that it would be better in terms of capacity as they move out of winter into next year and stabilise the position. It was stated that there was a need to make sure that the Trust was hitting their set targets even on a busy day.

**Children's Ward/Care** – Concern was raised around the reduction in children's beds, which had been highlighted as being the 3rd biggest risk in Yorkshire and Humber. Further information was sought on what plans were in place, especially due to children's excess need of respiratory support during the winter and accessing the right care.

Members were reminded about the reduction of beds at Doncaster Royal Infirmary and informed that the bed base would improve once the modular build was completed and about what was in place across South Yorkshire. It was explained that as a result of a Respiratory Syncytial Virus (RSV) outbreak that took place during the summer months, huge pressure had been placed on the South Yorkshire bed base. It was clarified that immunity had not been as high as normal and therefore the RSV outbreak had spread even more.

It was added that mutual aid would be sought where appropriate to ensure that the child had an admission bed and received the appropriate care before returning to a normal bed base next April. It was added that where possible, the Trust would itself try to respond to additional needs, for example, where a cot was needed.

The Deputy Director of Public Health explained how children across the country remained the biggest group not vaccinated against Covid. It was outlined that 'bubbles' at school had been removed, resulting in children and young people coming back together. Members were told how steps were being taken such as flu vaccinations for children and the communication of simple steps to keep children well in winter such as handwashing.

In terms of respiratory illness, it was explained that children were in the largest group of people who had not been vaccinated were not in contact with each other (resulting in higher respiratory issues). Reference was made to opportunities around flu vaccinations and sending out simple messages around the prevention of transmitting illnesses.

#### **Mental Health Care**

	<p><b>Suicides Amongst Young Men</b> – It was noted how there had been a significant increase of young male suicides across Doncaster over the last few months. Concern was raised about bed capacity for mental health care and crisis access across Doncaster in view of recent challenges and pressures in view of increased demand.</p> <p>Members were informed that this would be addressed through either first response ambulances or otherwise where attempts of suicide had been made. It was explained that the patients would go direct to the Emergency Department before being referred to RDaSH and other providers who would undertake an assessment and look at the patients future needs. It was noted that admission to beds in relation to mental health was relatively small and managed by RDASH</p> <p>The Deputy Director Strategy and Delivery, Doncaster NHS CCG commented that they was not aware of any reductions of beds and assured Members that there was a great deal of support in place for that particular group those patients. It was offered that further information would be provided outside of the meeting.</p> <p>It was acknowledged that demand for mental health support had risen across all age groups ranging from children to adults. It was recognised that Doncaster Child and Adolescent Mental Health Service (CAMHS) was currently under a significant amount of pressure following the pandemic.</p> <p>It was noted how Mental Health involved real partnership work and might be helpful for the Panel to consider in the future as part of its workplan.</p> <p>RESOLVED that the Panel note the information provided.</p>	
13	<p><u>HEALTH AND SOCIAL CARE: COVID AND WINTER PLANNING IN PARTNERSHIP</u></p>	
	<p>The Panel received a presentation from the Deputy Director, Strategy and Delivery, NHS Doncaster CCG, and the Assistant Director of Adults, Health and Wellbeing.</p> <p>The presentation covered the following areas;</p> <ul style="list-style-type: none"> <li>• Current Context</li> <li>• Other Demand Pressures</li> <li>• What Have We Done So Far?</li> <li>• Stress Testing the Plan</li> <li>• System Escalation</li> <li>• Investment</li> <li>• The Covid Vaccination Programme</li> <li>• Mandatory Vaccination Programme</li> </ul>	

- Current Covid Staff Booster Vac Position

There was a discussion held and the following areas were highlighted;

**Support/Care Package For Supporting Social Care Staff** - It was explained that staff had a range of measures available that included occupational health and access to counselling services. Members were informed that the main difference was that the workforce was spread across a range of providers and it was important to communicate effectively across them all to see how they was supporting their staff, making sure that they have access to support. Members heard that regular meetings had been set up with providers to discuss with them direct any concerns that they have about their workforce, any support the Council can provide or what other support was needed. It was continued that £3M had been invested into the sector to try and ensure that the workforce was as robust as possible, and efforts were being made to raise the profile of social care using the Council's and NHS communications mechanisms. It was considered that it was about how we ensure the workforce is looked after, with a hope that providers set incentives, apply the national living wage, offer childcare vouchers and support working mums.

#### **Catch Up Work/Waiting times**

**Waiting Times For The Provision Of Assessments** - It was explained that this would fluctuate according to need and across all assessments with the current average number of working days for an assessment at 59.48 (from start of the assessment all the way through). It was acknowledged that this would be based on what the level of need and the complexity was. It was recognised that there had been an increase in demand and consideration was being given as to how this figure could be reduced.

**Financial Assessment** – Concern was raised regarding how many individuals were waiting to undertake a financial assessment in relation to the costs of their care, the time it was taking to complete this and the number of assessments in progress. Members were informed that there was 371 assessments, with the longest waiting referral dating back to 1<sup>st</sup> October 2021, 39 referrals booked in for next week (face-to-face support with financial assessments) and 50–60 requests for financial assessments were made per week. It was explained that as a result of the pandemic there was now a backlog and additional capacity was being brought in to address that. Members heard how consideration was being given in seeking to implement a local digital solution known as 'Looking Local', which was an online assessment form that families, individuals or staff could do which would reduce that backlog down even further.

#### **Bed Capacity/Care Capacity**



Concern was raised around the capacity of care available bearing in mind agencies and providers that were going out of business and the risks associated with that happening.

Members were informed that a care home within the Borough was closing down in the near future (although not solely in relation to financial sustainability). It was explained that there were a number of beds available within Doncaster care homes (in excess of 400 beds on a daily basis) and this was therefore not an area of concern at the current time. Members were told that there was more concern around workforce availability than the number of beds available.

Members were reminded that the Council had a duty to manage the market and therefore engaged with providers regularly. It was acknowledged that some parts of the Borough were better served than others for providers and the market forces would determine what took place. The duty to manage the market would influence and inform the Council's response to any provider who experienced difficulties. It was acknowledged that agencies were more challenged. It was not expected that any provider agencies would be lost within domiciliary care. Members heard that contingency plans were being explored to see what capacity and alternative provision was available, should it was needed through winter. Members were reminded that Doncaster was fortunate to have a STEPs service, which could be drawn on if needed.

### **Prevention**

**Flu Vaccinations** - Regarding flu vaccinations, concern was raised about adults and children who have not been able to access their vaccinations easily.

The Panel was told how the aim was to reach a similar uptake to the exceptional levels experienced last year through vaccinations being offered through GPs, community pharmacies and schools (for school age children). A Member spoke about their own experience in struggling to get their child a flu vaccination after they had missed it at school. It was explained that the flu catch-up programme was challenged at the moment with both flu and Covid vaccination programmes taking place for 12-15 years old at the same time. It was noted that the system should however, be easier to navigate for those children who had missed the vaccination. Members were told that this feedback would be taken back to colleagues within the NHS.

**Accessibility/Take-up of Covid Booster Vaccines** - It was explained that there was a vaccination site located in each of the localities and confirmed that some centres had moved location to improve access. It was continued how the system was back to a scenario similar to before whereby people were being invited in order to book appointments and may therefore have a longer wait than previously. It was explained that

	<p>further walk-in centres would be provided but this was being managed alongside a high number of booked appointments.</p> <p><b>Communication</b> - Members were informed that the winter booklet providing general advice, would be distributed to every household in the Borough. Other examples of communication were outlined that included transfer of care information in hospitals, information being distributed through GP surgeries, a health bus circulating the Borough, advertising through local radio, HealthWatch website and locally, more neighbourhood based work. It was acknowledged that there was a great deal of information about, which could prove a challenge to ensure at the right information was communicated effectively without missing anything. It was noted that Communication Team was used to plan how to best communicate, identify which important messages should be sent out using a mixed form of media. It was recognised that Councillors had a role to play in getting information out to communities and officers welcomed any further suggestions.</p> <p>RESOLVED That the Panel resolved to note information received regarding partnership plans to ensure Doncaster people receive joined-up health and social care over this winter so they are able to recover quickly from any period of ill-health.</p>	
14	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	
	<p>The Senior Governance Officer presented the Overview and Scrutiny Work Plan report for the 2021/2022 municipal year.</p> <p>RESOLVED that:-</p> <ol style="list-style-type: none"> <li>1. The updated Overview and Scrutiny Work Plan for 2021/2022 be noted and to include mental health and accessible housing; and</li> <li>2. That the Council's Forward Plan of Key Decisions be noted.</li> </ol>	