CITY OF DONCASTER COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 24TH NOVEMBER, 2022

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the , DONCASTER on THURSDAY, 24TH NOVEMBER, 2022 at 9.45 AM

PRESENT:

Chair - Councillor Sarah Smith

Councillors Martin Greenhalgh, Laura Bluff, Linda Curran, Yetunde Elebuibon, Jake Kearsley and Sue Knowles

ALSO IN ATTENDANCE:

DMBC

- Phil Holmes - Director of Adults Health and Wellbeing

EXTERNAL

- Richard Parker, Chief Executive - Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- Ailsa Leighton - Acting Director of Strategy & Delivery, NHS South Yorkshire
- Martina Clark – Head of Patient Flow (RDaSH)
- Andrew Brankin – RdaSH

| | | ACTION |
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| 15 | APOLOGIES FOR ABSENCE | |
| | Apologies for absence were received from Councillors Glynis Smith and Councillor Sean Gibbons. | |
| 16 | DECLARATIONS OF INTEREST, IF ANY | |
| | There were no declarations of interest made. | |
| 17 | MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 29TH SEPTEMBER 2022 | |
| | RESOLVED: That the minutes of the meetings held on the 29th September 2022 be agreed as a correct record and signed by the Chair. | |
| 18 | PUBLIC STATEMENTS | |

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| | The Chair read the following statement;<br><br>Today the Panel will be receiving an update from Doncaster and Bassetlaw Teaching Hospital. As part of work of the Panel, we are always looking for the lived experience of those impacted by the services delivered from the Council and its partners.<br><br>I have been contacted by Mr Mills, who has raised the following points through a journal he has updated on a weekly basis dating from early July to this current day. It relates to his caring responsibilities and an individual's journey from being admitted to DRI following a fall. This continues to be an ongoing issue.<br><br>From the journal, I would like to raise the following key points and concerns;<br><br>• Admission and discharge issues.<br>• Experience of ambulance waiting times of 8 hours following a fall and concern around the length of time around admission and triage.<br>• Not able to accompany patient in the triage area where they were alone for 2-3 hours (worried about patient who is elderly and felt confused and alone).<br>• Reference made to the length of time taken for patient to be discharged from her first admission to hospital, which was already extended from the original Care Plan due to the lack of home carers available. It was noted that a private home care was eventually arranged to facilitate the discharge.<br>• Constant pressure needed for medical staff to investigate medical issues against advice of an earlier discharge, whilst health condition worsened and length of hospital stay extended and still goes on.<br>• Problems with communication and sharing information – Mr Mills found that there was an inability to share systems and information (demonstrated through medical staff not able to access digital information provided by ambulance staff), Mr Mills needed to repeat case histories of patient to various member of medical staff and was not updated promptly when the patient experienced a further fall whilst at hospital.<br>• Hospital Liaison Service – a need for clearer accountability and neutrality.<br><br>The Chief Executive of the Doncaster and Bassetlaw Teaching Hospital and Director of Health and Wellbeing asked to receive a copy of the journal. | |
| 19 | <u>UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS</u> | |

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| | The Panel received a presentation from the Chief Officer of Doncaster and Bassetlaw Teaching Hospitals, which outlined the following areas;<br><br>• Urgent and Emergency Care<br>• Ambulance Data<br>• Transfer of Care<br>• Elective, Cancer and Diagnostics<br>• Finance in Month Five<br>• Winter Planning<br>• Health and Wellbeing<br>• Estates and Infrastructure<br><br>There was a discussion held and the following areas were highlighted;<br><br>**Treatment of Carers in Hospital** – Members expressed an interest in hearing about the treatment of carers in Hospitals, when there for the person they were caring for. It was noted that the Carers Action Plan had been considered at a recent meeting.<br><br>The Chief Executive had explained that it had been challenging to support the role of carers during the pandemic but acknowledged the value of carers and the support they provide to patients. It was continued that the D&BHFT was supportive of the Carers Statement 22-25 and would do their best to implement it. It was commented that the role carers had in taking burden of caring staff and contribution they make was recognised.<br><br>It was viewed that at present, it was about maintaining the right balance and minimising the number of people in ward and department areas to maximise the ventilation and space whilst also prioritising carers. Reference was made to the role of the Deputy Chief Nurse as lead in this area, who would also help and support carers and families, as well as addressing challenges. Mention was made of the PALS service, which served as a conduit with carers and loved ones and that Hospitals endeavoured to take the necessary steps to ensure it was a positive relationship. It was recognised that there could be issues around communication and not being able to access patients.<br><br>**Ambulance/Handover Waiting Times** – Concerns were raised about the length of time people were left waiting for an ambulance and of the handover period (upon arrival at hospital) which was seen to be increasing. It was noted that there was the potential to be more efficient if the Departments were more co-located. It was explained that the challenge was that the Department was originally designed for 200 patients a day, however, on a busy day this now reached over 400. The Panel heard how building work had been undertaken to make the system more efficient and improve the flow but that they continued to be challenged on busier days. | |

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| | It was explained that the problem was around bed bases and having to sustain flow when ambulance peaked at certain times of the day. Members heard how there tended to be certain patterns during the day when an ambulance was called for, then on arrival at the hospital it would takes around 2 hours to process a patient. Members were informed that the problem was how there were no immediate beds, and therefore patients would have to wait somewhere. It was noted that there was a need to balance where it was the safest and sometimes that this was with the ambulance crew or in the hospital. It was explained that the hospitals would try to avoid 'corridor care' because it had risk for the patient and that discharges were being pushed, for example, discharges in the morning allowed for better patient flow. It was commented that co-location was not an option at present, so it was about creating more capacity to generate empty bed spaces and to use those spaces to create better patient flow out of Emergency Department and therefore performance could be better.<br><br>It was explained that on occasion, Doncaster and Bassetlaw Hospitals and South Yorkshire Hospitals supported one another in order to help manage risk, treating patients as quickly as possible and keeping wait times down.<br><br>It was reported that across South Yorkshire (during the last period, since October onwards), the number of times that Trusts had declared Opal Level 4 (alert indicating that Trusts were at capacity) had increased significantly, as they had all been dealing with increased Covid and influenza numbers. Reference was made to pressures being experienced in the remainder of the system. It was commented that patients, who had not attended healthcare over the last few years, had developed more complex health and care needs as well as demand increasing and the system had not expanded to cope.<br><br>It was noted that when everyone was trying to recruit at the same time then there was competition for staff and also staff taking up different posts with higher salaries. It was commented that the Integrated Care Strategy played an important part in helping everyone to work together as a health community, thinking about Doncaster as a place, what it could achieve and how everyone could become more effective and efficient.<br><br>Further information was requested on ambulance waiting times data for Category 1, 2 and 3. Members were informed that this was reported on a monthly basis in the public board session, which should be available to them.<br><br>**DNA (Did Not Attend)** – Concerns were raised that DNAs were resulting in costs to time and money as well as causing delays to treatment.<br><br>Members were told that before the pandemic, the hospitals were | |

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| | undertaking a major programme of work to reduce DNA risks (which at that time was over 10%). It was explained that there was a small degree of overbooking clinics to reduce the lost slots from DNAs, which was not efficient. It was commented that during the pandemic, appointments were even more complex as they were not being undertaken face-to-face. Members were informed that in some instances text reminders were sent where the hospital was in possession of the relevant details to do so. It was recognised that technology played a vital part but there was a need to return back to good housekeeping measures.<br><br>It was recognised that the last few years had changed the way hospitals had interacted with patients. Future steps would include patient initiated appointments, alternatives to face-to-face appointments, for example, virtual or by telephone, further use of technology, Electronic Patient Record (EPR) project and virtual wards, all which should help demand and decrease DNAs in order to return to pre- pandemic numbers. It was felt that the EPR project was important in driving efficiencies.<br><br>The Chair commented that from her own experience, it was not always clear what type of appointment was taking place. It was acknowledged that communication did need to be improved with patients and recognised that the future was about technology, ease of access and using artificial intelligence. It was noted that the most expensive area was the hospital and there was a need to work together to minimise the costs of the most expensive areas that patients need to access.<br><br>**Recruitment and Staffing** – Reference was made to the overspend on temporary staffing, which had been impacted by the pandemic as well as other factors. Reference was made to the early 1970s when there were predictions around the falling numbers of nurses and particularly those retiring from 2000 onwards.<br><br>It was seen during the pandemic, that there had been an imbalance which had become worse, and that the number of staff retiring but not returning had increased alongside a higher demand for health services and longer length of stays. Members were advised about steps taken involving national level planning, developing a long term workforce plan and by communicating what a great place the NHS was to work. It was recognised that staff tended to live where they worked, moving to a place for a university then establishing themselves in their place of work and having in place appropriate terms and conditions.<br><br>It was noted that the opportunity of a new build and facilities in Doncaster was exciting. Members were informed that a case had been developed for a university hospital and new build hospital. It was explained that it would help attract investment for research and other benefits through the levelling up fund and will provide decades of benefits. | |

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| | Concerns were raised about the problems surrounding the logistical issues of discharge and it was questioned whether hospitality facilities had been considered for supporting patients prior to being released. Members were informed that this had been considered but would not be feasible as those types of venues were no longer empty (as they were during the pandemic) and were not reflective of the care provided within a hospital. It was explained how the focus on how we can keep people in their normal care environment.<br><br>**Virtual Wards** – It was explained that a virtual ward was about a group of people with something in common such as certain conditions, for example, respiratory problems. It was outlined that it was an approach with people in the community supported by a range of clinicians, that monitoring was undertaken through hubs and there were links with the acute hospital if required in order to provide that specialist oversight.<br><br>RESOLVED that the Panel note the information provided. | |
| 20 | <u>HEALTH AND SOCIAL CARE: WINTER PLANNING IN PARTNERSHIP</u> | |
| | The Panel received an overview from the Director of Adults, Health and Wellbeing and Acting Director, Strategy and Delivery, NHS Doncaster CCG, NHS South Yorkshire ICB, Doncaster Place.<br><br>The following areas were raised as part of the discussion;<br><br>**Urgent Community Response And Pathways -** Members were informed that this was about referring to a set of responses set in the community. The aim being when there was someone in the community who had an urgent and acute need that they could be treated in the community, and could receive a response within 2 hours and ongoing care over next couple of days to keep them at home. Members were reminded that historically this was the Rapid Response Team, which focused on treating respiratory patients. It was explained that the challenge was to now expand and work was underway to take this forward to increase the number of pathways. It was acknowledged that an expanded workforce may also be required which may mean it takes time to be established. It was explained it was about creating a one team approach through investment, forming a dynamic workforce providing a wraparound care within the home.<br><br>**Additional Beds** – The Chief Executive of D&BFTH told Members that there was a plan in place which saw additional beds implemented in October. With regards to options for any further beds, it was outlined that there was one hospital based area in Doncaster that had the potential space, although the likelihood was that it would not be made available because it would rely on temporary staffing which was already stretched. Members were told that there would be an impact | |

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| | on Elective Care due to the current pressures whereby emergency cases were having to take the place of planned surgery at times. It was continued that the plan would be to transfer activity from planned elective inpatient care to planned day case care and therefore change the balance because day case care would not need that overnight stay and were carried out in different facilities. It was commented that in winter, elective and emergency services increased, particularly in orthopaedics and there was also a rise in general surgery admissions. Members were told how there was not much additional acute capacity to open and that was why virtual wards had become so important.<br><br>Members were informed about transfer of care beds, where someone could go whilst they were waiting for their social care package, that was ready to return home and did not need acute care. It was explained that 16 of those beds had been commissioned, which were now in place across Doncaster. It was noted that efforts were being made to understand how such work was freeing up acute beds, and efforts were being made to look across the board to see what could be done and create the right kind of support and the right flow.<br><br>**Mental Health** - Members were informed that RDaSH was seeing an unprecedented demand for mental health inpatient beds. It was continued that work was being undertaken in the flow team with Place partners trying to ensure that admission to hospital was the least restrictive option for patients and be very proactive with discharge plans. Members were informed with support from the three Integrated Care Boards (ICBs) that they had commissioned an extra 4 additional beds in County Durham (with a 'Good' CCQ rating'), had an existing good relationship with the organisation and as a flow team, could go and visit those patients to undertake quality and assurance visits. It was explained that although those beds were further away, the facility was a better resource than ones were closer to Doncaster. Member heard that maximum use was made of crisis beds, operated by Rethink, and there was an option to offer a fifth bed with 72 hours' notice required to mobilise staff.<br><br>It was explained that sometimes additional beds were avoidable, and sometimes could mean inefficiency as more transfers were required. It was considered that it should be more about how quickly we can get people back home. It was explained that in Doncaster, more people were moved into care homes than compared to comparative Councils.<br><br>**Embedding New Home from Hospital Service for Simple Discharges** – Clarification was sought on which Voluntary Community First organisation had taken this contract. Members were informed that the Homes from Hospital contract had been recently won by Sheffield Churches Council for Community Care (SCM4Cs).<br><br>**Mental Health (Children and Younger People)** – Members heard that there was support in place for younger people (in particular CAMHS). | |

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| | Regarding the winter months, Members heard that there was a crisis line in place, which operated 24/7 and could be accessed by children, younger people and families out of hours. It was hoped that there would be a dedicated CAMHS Crisis line in the future. It was added that efforts were being made to recruit as many staff into the CAMHS service although it was commented that this had been a challenge. Members were told that there was a CAMHS Encore Manager and one Practitioner that worked across the Emergency Department.<br><br>It was noted that with People Focused Group (PFG) there was a dedicated building for CAMHS that was close to the hospital and with staffing in place was currently waiting on a date to open.<br><br>It was explained that there had been a single point of access for families throughout the winter period, with requests for support triaged for urgency within 24 hours. In terms of recruitment, it was stated that efforts had been maximised in recruiting posts, in particular for Crisis and Intensive Community Support Teams which would take pressure off of other services. It was explained that this service was currently Monday to Friday 9am to 5pm and there was a target to have a dedicated line 7 days a week by January 2023 before being open 24/7 once the right staff is in place. Members were informed about a number of specialist CAMHS services that included intellectual disability team, eating disorder services and dedicated Looked After Children team. It was reported that a sustained increase in neurodevelopment referrals was being picked up, but would continue with a digital offer for neuro-assessments for ADHD over winter. Finally, Members heard that there had been signposting through the CAMHS website to support services and online resources such as Kooth and Young Minds.<br><br>**Cost of Living** – Concern was raised around the wider work being undertaken to address the Cost of Living crisis. Members expressed interest in how this data was being gathered, how it would help to identify who was being impacted, and how we were connecting with those people.<br><br>It was recognised that many people were being impacted in different ways and it was important not to narrow this information down prematurely. It was explained that the authority was aware of those who were eligible by being in receipt of certain benefits and support. Members heard that there was greater focus on what partnership working looked like. It was outlined that the authority was working with Citizens Advice Bureau (CAB) and network of Voluntary and Community groups and the CAB was already in contact with a number of services to deliver training around providing appropriate responses.<br><br>Reference was made to information being circulated to Doncaster residents and it was hoped that a number of people affected would self-identify as it was commented that often, when direct support was | |

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| | available, that eligible individuals did not come forward.<br><br>**STEPS** - Members expressed concern whether STEPS was in a better position of being prepared for increases within the system resulting from the faster processing of applications.<br><br>It was explained that efforts had been made to increase productivity within this area through investment made in staffing. It was outlined that care hours had increased and had delivered on average this month 142 hours (more than other months during the year) and was 40% higher than the highest month last year. It was continued that the second part was about increasing efficiency around assessments, before care was put in place by end of November there would be 62 people per week, rather than 48 people per week. It was noted that when an individual was considered medically fit, then it was found they were not following an assessment, meant that the authority could get across more people and more discharges, It was noted that the biggest issues for STEPS would be getting people moving across to domiciliary care after their STEPS support has finished.<br><br>**Additional Funding** – In reference to funding, Members heard that there had recently been national confirmation of the Adult Social Care Discharge Fund, to be allocated via Local Authorities and the South Yorkshire Integrated Care Board. It was explained that the plan for Doncaster would be to support the adult living wage for care workers and fund this before the national uplift; the Local Authority was planning to ask for a written undertaking that the money would be passed onto staff. It was recognised that the key issue was to offer more attractive starting wages, and then it was more likely that those people entered into a social care profession.<br><br>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. | |
| 21 | <u>INTEGRATED CARE SYSTEM UPDATE (ICS)</u> | |
| | The Panel gave consideration to a presentation, which described the current planning processes underway across NHS South Yorkshire and within the Doncaster Place.<br><br>• The National Context<br>• What is the Ambition?<br>• What is the Ask?<br>• The South Yorkshire Approach<br>• Integrated Care Strategy Engagement<br>• Our Emerging Vision for the Strategy<br>• Shared Outcomes | |

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| | • System Enablers – Building Blocks<br>• Questions to Consider<br><br>**Health of our Doncaster Population/Cost of Living Crisis** – Concern was raised around the huge pressures families were facing and it was questioned, what was being done in Doncaster to support its most vulnerable. In addition to what had been discussed during the meeting, reference was made to what was taking place in Primary Care, which was looking at how they could be more proactive with those that were vulnerable. It was explained that this may involve going out and to see those that were known to be vulnerable at home.<br><br>It was added that a challenge around the Integrated Partnership Care Strategy was about how it would add value and look at different perspectives, moving away from repeating what had been asked through various other strategies. It was explained that what had emerged was an appetite around support for early years (0-5 years).<br><br>**JSNA** – There was a brief discussion about the healthy life expectancy for Doncaster women as reported in the recent JSNA. In terms of the Doncaster plan, it was explained that there was already a set of plans and pieces of work in place across health and care. Members heard that the Doncaster JSNA would be revisited and challenged to ensure that the Doncaster plan had the appropriate responses in place on issues such as women's healthy life expectancy.<br><br>Reference was made to health inequalities and healthy life expectancy across the borough. There had been a recent presentation at Health and Wellbeing Board about what investment from the Integrated Care Board (ICB) would experience the biggest benefit. It was recognised that there was a need to consider how resources could be freed up from existing system to be sent further downstream, for example, early years of children. Examples of targeted investment, included lung cancer pathway and the use of a bus to carry out CT scans to identify this at an earlier stage so it can be treated at a curable stage.<br><br>There was a brief discussion about the Health and Wellbeing Strategy and how it would look to take account of the issues around women's healthy life expectancy and should influence the further planning work that will be undertaken. It was added that as a publicly accountable board, the Health and Wellbeing Board would continue to look at this issue.<br><br>It was noted that taking into consideration the work that had been done around Early Help already, there was a need to build on what we have in place already although this would need revisiting. It was explained that the principle across South Yorkshire would be for partners to come together to support families and children through the years to help create a stronger Doncaster. | |

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| | A Member raised concerns about the impact of menopause on women's lives and whether this had been taken into account in the strategy. It was explained that the strategy would address the top 3 to 4 things that will make a significant difference in South Yorkshire, and then sitting under the strategy was a Joint Forward Plan, which would include the detail once developed. It was explained that this Joint Forward Plan would then feed into local plans in Doncaster.<br><br>It was noted that there had been a lack of understanding around the menopause but that it was recognised as a medical condition and that organisations were looking more at this, with some developing a menopause policy.<br><br>**Impact of Doncaster Being Awarded City Status on Health and Care** – It was noted that there had been no automatic changes further to Doncaster becoming a city. It was considered that it was important as it would help build Doncaster's profile to attract people as a place to live and work. It was added that it should also provide some status around the facilities it should have, for example, Health and Care facilities such as a new hospital.<br><br>It was commented that Doncaster now was the largest city in England without a university and therefore aspirations have changed. There was a brief discussion around the benefits of having university hospital and new build hospital.<br><br>Members were informed that a copy of the presentation would be shared with the Panel.<br><br>Reference was made to a forthcoming Health and Care summit for Doncaster in order to engage more broadly and consider issues beyond the Place Plan.<br><br>RESOLVED that;<br><br>1. The report and update be noted; and<br>2. That the Panel receive an update as part of its future workplan. | |
| 22 | <u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u> | |
| | The Senior Governance Officer presented the Scrutiny Work Plan that had recently been agreed by the Overview and Scrutiny Management Committee and the Council's Forward Plan of Key Decisions.<br><br>RESOLVED: That the update be noted. | |

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