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MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday, 30 November 2021
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Healthy Barnsley Workstream

Councillors Bowser, Clarke, Ennis OBE, D. Higginbottom, Lowe-Flello, Mitchell, Newing, Risebury, Smith, Tattersall, Wilson and Wray.

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting *(Pages 5 - 10)*

To note the minutes of the previous meeting of the Committee held on 2 November 2021 (Growing Barnsley Workstream)

Overview and Scrutiny Issues for the Committee

4 Dental Services in Barnsley *(Pages 11 - 32)*

Item 4a – Dentistry & the Impact of Covid 19 Cover Report

Item 4b – Dentistry report provided by NHS England & Improvement

Item 4c – Dentistry in Barnsley – A Position Statement from Healthwatch Barnsley

5 Barnsley Urgent & Emergency Care (UEC) Delivery Board Strategic Winter Plan 2021/22 *(Pages 33 - 64)*

Item 5a – Barnsley UEC Strategic Winter Plan 2021/22 Cover Report

Item 5b – Barnsley UEC Delivery Board Strategic Winter Plan 2021/22

Item 5c – Barnsley Integrated Care Partnership Health & Care Summary Plan 2021/22

Enquiries to Jane Murphy, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bowler, Bowser, Cain, Clarke, Coates, K. Dyson, Felton, Fielding, Frost, Gollick, Green, Hand-Davis, Hayward, D. Higginbottom, Kitching, Lodge, Lowe-Flelo, Markham, McCarthy, Mitchell, Newing, Noble, Osborne, Pickering, Richardson, Risebury, Smith, Stowe, Sumner, Tattersall, Wilson, Wraith MBE and Wray together with Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Shokat Lal, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement and Communications

Martin McCarthy, Service Director, Governance, Members and Business Support Press

Witnesses

Item 4 (2pm – all attending virtually):-

- Debbie Stovin, Dental Commissioning Manager – Yorkshire and the Humber, NHS England and NHS Improvement North East and Yorkshire
- Deborah Pattinson, Dental Commissioning Lead – Yorkshire & the Humber, NHS England and NHS Improvement
- Michael Speakman, Secretary, Barnsley Local Dental Committee
- Margaret Naylor, Chair of the Local Dental Network South Yorkshire and Bassetlaw

Item 5 (2.45pm (approx)):-

- Wendy Lowder, Executive Director Adult & Communities, BMBC
- Julie Chapman, Service Director Adult Social Care & Health, Adults & Communities, BMBC
- Andrew Osborn, Interim Service Director Commissioning & Integration, Adults & Communities, BMBC
- Carrie Abbott, Service Director Public Health & Regulation, BMBC
- James Barker, Chief Executive Officer, Barnsley Healthcare Federation
- Bob Kirton, Chief of Delivery and Deputy CEO, Barnsley Hospital NHS Foundation Trust
- Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnership Foundation Trust
- Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group
- A representative from Yorkshire Ambulance Service
- Councillor Jenny Platts, Cabinet Spokesperson Adult & Communities, BMBC
- Cllr Jim Andrews, Cabinet Spokesperson, Public Health, BMBC

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MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday, 2 November 2021
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis OBE (Chair), Cain, K. Dyson, Fielding, Gollick, Green, Hand-Davis, Hayward, Lodge, Markham, Noble, Osborne, Pickering, Smith, Stowe, Sumner, Tattersall, Wraith MBE and Wray

28 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

29 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Tattersall declared a non-pecuniary interest in Minute No. 31 as she is a Berneslai Homes Board Member.

Councillors Noble and Lodge also declared non-pecuniary interests in Minute No. 31 as they are Berneslai Homes Tenants. In addition, Councillor Lodge is employed by a social housing provider.

30 Minutes of the Previous Meeting

The minutes of the meeting held on 12th October (Sustainable Barnsley Workstream) were received.

31 Berneslai Homes Annual Report 2020-21

The following witnesses were welcomed to the meeting:

Amanda Garrard, Chief Executive, Berneslai Homes
 Arturo Gulla, Executive Director of Property Services, Berneslai Homes
 Dave Fullen, Executive Director of Customer & Estate Services, Berneslai Homes
 Kathy McArdle, Service Director, Regeneration & Culture, Place Directorate, BMBC
 Sarah Cartwright, Head of Strategic Housing, Sustainability & Climate Change, Place Directorate, BMBC
 Cllr Tim Cheetham, Cabinet Spokesperson – Place – Regeneration & Culture, BMBC.

The Committee received a report of the Chief Executive, Berneslai Homes and the Executive Director Core Services, BMBC regarding the annual performance of Berneslai Homes for 2020-21 together with the Berneslai Homes Together with Tenants Annual Report, which provided a more detailed reflection on the

achievements and challenges faced during the year and which was developed with their Tenant Voice Panel, a group of nine tenants who meet to share their views on how the service is performing.

Kathy McArdle and Sarah Cartwright introduced this item. It was explained that a review of the Council's existing client and contract management arrangements in relation to the Berneslai Homes had been undertaken by ARUM. This was timely as social housing had changed dramatically over almost 20 years since the inception of ALMOs and also changes in legislation around Building and Fire Safety. Berneslai Homes' new contract expires in 2030, which is also an important year for the Council. The Review outlines what 'good' looks like through observation and analysis of current arrangements against best practice and tenant engagement, and puts forward a number of recommendations around Governance (including meeting arrangements and scrutiny), Performance, Plans and budget setting, the Assurance Framework and roles and responsibilities. These will be taken forward through a robust implementation plan. Amanda Garrard then gave an overview of the Annual Review 2020/21, which had been a year like no other for both staff and tenants alike. Areas for Improvement and future priorities were outlined.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

Anti-Social Behaviour (ASB) is one of the hardest problems to deal with and has been identified as an area for improvement. Partnership working between Berneslai Homes, the safer Neighbourhood Teams (SNTs), Police, Probation and other agencies is crucial in tackling this issue, particularly when responsibility goes beyond Berneslai Homes and has to be escalated. It can be difficult to balance the needs of the individual and the community and can be particularly distressing when neighbours are vulnerable and/or older people. Decisions as to whether the perpetrator or the victim of ASB should move are not taken lightly, and involve social care, the Probation service, witness support, housing advice and homeless and others in order to achieve the best outcome for all. Cases are individually managed and work on behaviour change and addressing the root causes of the behaviour is undertaken rather than the ultimate sanction of people losing their home. Experience shows that tenants with problems will continue to live in Barnsley even when they are moved from their homes, which just means the problem is passed from one area in Barnsley to another. It was explained that over the last 12 months access to the Courts was suspended due to Covid restrictions so no evictions for ASB took place. Drug use by tenants does not necessarily lead to eviction. Figures from the previous year are available. There are very good working relationships and full cooperation in Barnsley with all agencies but in particular with South Yorkshire Police. The new Chief Superintendent invited Berneslai Homes to meet with him to strengthen this relationship and work towards the best solution to address ASB.

When a tenant moves into a Berneslai Homes property they are made aware of their rights and responsibilities under the tenancy agreement. Every new tenant is visited within 28 days. Where concerns are identified prior to the tenancy commencing and following a risk assessment they are allocated a Housing Coach to ensure they are adequately supported to enable them to commence and sustain their tenancy. The early signs of the impact of this service are positive. It was highlighted that sometimes perceived ASB is nothing more than lifestyle clashes, with young people living amongst elderly residents. It was explained that all properties have age

designations and under the choice-based lettings scheme, if an applicant qualifies for the property, they would be able to apply. This is also being examined as part of the lettings policy review.

Bank End in Worsbrough has been subject to high levels of ASB during the various lockdowns and the whole area has suffered as a result. It has not helped that a recent media article has stigmatised the area, referring to all residents as 'scum'. To combat the ASB pop-up Police stations have been developed with increased out of hours patrols. Berneslai Homes work closely with the Police around evidence, but some matters are the responsibility of the Police rather than the Landlord. Lamp post cameras have been erected but have not provided sufficient evidence. Injunctions have been used where appropriate. Close work with other agencies such as social care for those who need support has been developed. The situation is better than it was 12 months' ago but there are still areas for improvement. All concerned are committed to continue to work together and address these issues. There are no plans to increase the number of Housing Management Officers at the moment, although their role is being reviewed to evaluate if some of their tasks could be disseminated to others or if the current structure is still the most appropriate. The Safer Neighbourhood Service is also being reviewed in terms of staffing and structure to see if they could provide more 'out of hours' resources within the same budget envelope.

A Member was aware of the availability of funding for social housing through South Yorkshire Pensions. However, it was explained that in order to take advantage of this the Council would need to undertake more borrowing for larger scale social housing and also identify potential sites. Modular properties for vulnerable groups have been successful in other areas and are good in terms of sustainability and zero carbon, but the right sites and numbers of people have to be available, which is not the case in Barnsley. Doncaster has done some of work in this area but it is very expensive.

It was felt that with the various 'Masterplans' now coming through it is better to develop and grow housing stock linked to these sites using S106 agreements. The Council has conversations with developers when planning applications come through in order to get the best deal for Barnsley. It was explained that shared ownership schemes are not available within the HRA, but Berneslai Homes works closely with housing associations and other affordable housing providers to advertise their deals although it is not something they could deliver themselves.

Members were reassured that applications for Right to Buy on new social housing are covered by the cost floor, which means that nobody can purchase the property for 15 to 20 years. However, S106 properties can be a problem and a number of new build properties have been lost because of the discount. Last year around 100 properties were lost due to Right to Buy and this figure is expected to rise this year. Unfortunately, Right to Buy is subject to Government legislation so has to be adhered to. Tenants moving into bungalows with age designations (i.e. specifically for older people) are not covered by Right to Buy. Berneslai Homes is looking at designations of properties as part of the lettings policy review.

Satisfaction levels for Grounds Maintenance are an area for improvement, currently standing at 65%. Work is ongoing with Neighbourhood Services to see what can be

improved, looking at different options for some areas. This may include the development of wildflower meadows, mini forest work etc. with the aim of attracting wildlife, improving the general appearance and diversity of an area whilst enhancing the environment.

A Member was aware of tenants moving into properties which were of a very poor standard. Although Barnsley spends less on void properties than neighbouring Authorities, all properties let should be up to the minimum standard. In some instances, if an area will be subject to an upcoming programme -such as kitchen installations – a new tenant may have to wait for this type of work until the programme begins in the area.

A key priority for the period to April 2022 is to move away from gas heating to ground and air source heat pumps and retrofitting existing council homes. There is a need to ensure that the fabric of the property is right first before renewables are installed and lots of insulation work has been done already. Air source pumps are the favoured option as prices are coming down and systems are becoming more efficient. All Berneslai Homes new build properties will be built with air source heat pumps (with training for tenants), solar panels and battery packs. Help is available to help tenants to monitor energy efficiency, ensure they are on the right tariffs etc. £5m of grant funding for energy efficiency has been secured so far, which will be used primarily for private housing. However, there will be a huge shortfall in funding, which will need a creative solution, as is the case in the whole of the UK.

Another priority is to work with the Council to ensure communities have access to affordable broadband and can access services effectively. Lots of work has already been done within the community, supporting tenants with computers and giving them access to free Wi-Fi. Through ESF funding, 400 tenants will be supported into employment or training over the next 3 years. Barnsley is also on target for gigabit technology by 2030, working with Cityfibre and partners.

Funding bids have been submitted for the Darfield area as part of the South Yorkshire Flood Catchment Plan. This is managed by Matt Bell and is the responsibility of the Mayoral Combined Authority. Dan Jarvis has given assurances that Barnsley is a priority.

The report indicates that 7158 households are currently in rent arrears. This situation has multiple causes. Some will be due to a move to Universal Credit (and will need support in managing this transition) whilst other tenants may have been furloughed and have experienced a reduction in income. There has been a shift away from enforcement to a more understanding approach, with associated offers of help to prevent the situation escalating. £1.1m of additional benefit has been obtained over the last year through benefit maximisation and help has been offered for those in debt who are experiencing financial difficulties. Berneslai Homes funds a specialist Money Advice worker through Barnsley Citizens Advice Bureau and help is also available through Income Officer and Tenancy Support Officers. Housing Coaches are in place to identify new tenants at the beginning of their tenancy who may not have experience of managing a home, bank accounts etc. and will work with tenants to enable them to sustain their tenancies and manage their money successfully. The culture in Barnsley is predominantly that people want to pay their bills but have experienced financial difficulties and don't know what to do about it. It was reiterated

that the Courts have been closed for over a year so no evictions for arrears have taken place, although the aim is to keep eviction for rent arrears to a minimum.

The under-occupation charge (known informally as the 'bedroom tax') remains in place and is set down in benefit regulations. Discretion is always exercised for those people who may be classed as under occupying and face the bedroom tax but are looking at transferring to a more suitable property which they would not face the tax. Work with Benefits and Taxation is undertaken to try to help to alleviate the situation.

Members were aware of instances of contractor repairs carried out to poor standards of quality. It was explained that Berneslai Homes has its own workforce and aims to do most of the work itself. Quality checks are carried out on contractors and they are price checked. Members with a concern were advised to pass on any information about poor standards of work for further investigation.

There are currently 7482 people on the housing register, with 4800 in Band 4, the lowest priority. Those people in Band 1 are in, urgent housing need. Some of those in Band 4 are not actively bidding. All applicants are contacted at least once every 12 months to check they still want to be on the register. Between 125 and 150 new people join the register every week. Some may be on the list as a type of 'insurance policy'. A small number of properties are allocated on the basis of the length of time they have been waiting. This has been examined as part of the lettings policy review and will be going to Cabinet on 17th November.

RESOLVED that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Members note the report;
- (iii) Members be provided with eviction data for previous years
- (iv) The £20 charge for bins be looked at with Paul Castle and Neil Copley;
- (v) Information around flood bids for Darfield ward be provided;
- (vi) Contractor retention figures be provided;
- (vii) Members should continue to pass information about sub-standard works, voids and problem tenants on to Berneslai Homes for resolution;
- (viii) A workshop around ASB involving local councillors, Legal Services and partners be organised, and
- (ix) A copy of the Strategic Housing Needs Assessment should be made available to those Members who request a copy.

Chair

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**Report of the Executive Director Core Services,
to the Overview and Scrutiny Committee (OSC)
on 30 November 2021**

Dentistry and the Impact of Covid 19

1.0 Introduction

- 1.1 The attached report (Item 4b) provides the Overview & Scrutiny Committee (OSC) with an update from NHS England and NHS Improvement on dentistry, including dental provision in Barnsley; the impact of Covid 19; and the key challenges faced.
- 1.2 In addition, a position statement has been provided by Healthwatch Barnsley (Item 4c) to demonstrate what they are hearing from Barnsley residents, the work they have done and the next steps they plan to take to help improve services for residents across the borough.

2.0 Background

- 2.1 NHS England (Yorkshire and the Humber) is currently responsible for the commissioning and contracting of all NHS dental services across South Yorkshire & Bassetlaw (SY&B).
- 2.2 Commissioned dental activity is based on Courses of Treatment (CoT) ranging from a basic clinical examination to more complex courses of treatment requiring laboratory work.
- 2.3 Units of Dental Activity (UDAs) are the value given to a CoT. Their essential purpose is to measure practice activity and from that to ensure that the correct amount of patients' charges is collected. Depending on the complexity of the treatment, each CoT represents a given number of UDAs based on patients' charges regulations, which are divided into four main headings:-
- Band 1 – clinical examination, radiographs, scaling and polishing, preventive dental work, such as oral health advice – 1 UDA
 - Band 1 (urgent) – treatment including examination, radiographs, dressings, recementing crowns, up to two extractions, one filling – 1.2 UDAs
 - Band 2 – simple treatment, for example fillings, including root canal therapy, extractions, surgical procedures and denture additions – 3 UDAs
 - Band 3 – complex treatment, which includes a laboratory element, such as bridgework, crowns, and dentures – 12 UDAs
- 2.3 NHS England commissions a total of 487,492 Units of Dental Activity across the 29 dental practices in Barnsley. A number of additional services are commissioned by NHS England for Barnsley residents including orthodontics, hospital services (provided by Barnsley Hospital NHS Foundation Trust (BHNFT), community dental services (provided by Rotherham NHS Foundation Trust) and urgent care; accessed via NHS111.
- 2.4 As a result of Covid-19, from March 2020 a number of changes were introduced to manage services due to the proximity between a dental professional and a patient's airway and the relatively high proportion of aerosol generating procedures (the use of a high-speed drill) undertaken.
- 2.5 Dentists were asked to stop routine treatment and provide remote consultations and triage, and an urgent dental care system was established.
- 2.6 Since 8 June 2020, dental practices have been able to re-open, however, to ensure the safety of clinicians and patients, stringent infection prevention and control measures were introduced by the Chief Dental Officer and Public Health England, which has impacted upon the level of service that can be delivered by dentists.

3.0 Current Position

- 3.1 The focus of NHS England's dental commissioning team is to support providers to resume services. From October 2021, the minimum contractual expectation is that practices deliver 65% of their contracted appointments meaning there is a significant backlog of unmet need, delayed and suspended treatments.
- 3.2 All primary care providers are open and providing services. Practices have been asked to prioritise those patients with an urgent or emergency dental need. Therefore, patients requiring routine dental care such as check-ups and scale and polish will inevitably experience longer waiting times.
- 3.3 The latest advice on accessing urgent dental care is:-



- 3.4 Rotherham Community Dental Service and orthodontic services continue to provide face-to-face treatments.
- 3.5 Barnsley Hospital NHS Foundation Trust (BHNFT) dental specialties (paediatrics, oral surgery, orthodontics, oral medicine, oral microbiology and maxillofacial and restorative) continue to provide care. The Trust have reported that services have recommenced and that they are accepting new referrals which are clinically triaged, and a prioritisation model is in place.
- 3.6 Over 70% of the calls received by Healthwatch Barnsley about dental services relate to residents being unable to access routine dental appointments.
- 3.7 During October 2021, Healthwatch Barnsley contacted 28 dental surgeries in Barnsley to ask if they were accepting new NHS patients and they found that:-
- only 2 could offer an appointment for a routine dental check on the NHS, and both had a 6-8 week wait time
 - many of the surgeries said they were accepting NHS patients, but the waiting time was anything from 6 months to 2 years
 - 16 of the dental surgeries Healthwatch contacted said they are not currently taking on NHS patients and are not currently operating a waiting list
 - 6 of the surgeries said they would see a child (under the age of 16) for a routine check-up within 6-8 weeks

4.0 Future Plans & Challenges

- 4.1 NHS England face several challenges, including:-
- The inheritance of 'legacy' arrangements from Primary Care Trusts meaning there is inconsistent and inequitable access to dental services

- Lack of flexibility for either the commissioner or the provider within the primary care national contract rolled out in 2006

- Restrictive procurement rules

4.2 Healthwatch Barnsley have shared their intelligence with Healthwatch England and will continue to collect intelligence about local NHS dental services.

4.3 As well as concerns for the future of dentistry, Healthwatch Barnsley have expressed concerns around health inequalities; oral hygiene; and links to overall body health and mental health.

5.0 Invited Witnesses

The following witnesses have been invited to answer questions from members of the committee:-

- Debbie Stovin, Dental Commissioning Manager – Yorkshire and the Humber, NHS England and NHS Improvement North East and Yorkshire
- Deborah Pattinson, Dental Commissioning Lead – Yorkshire & the Humber, NHS England and NHS Improvement
- Michael Speakman, Secretary, Barnsley Local Dental Committee
- Margaret Naylor, Chair of the Local Dental Network South Yorkshire and Bassetlaw

6.0 Possible Areas for Investigation

Members may wish to ask questions around the following areas:-

- What do you consider to be your greatest achievement this year?
- What has been done to support providers to resume services as quickly as possible?
- What do you consider to be the greatest barrier to achieving the priorities for this year and how do you plan to overcome them?
- What measures need to be taken to prioritise and improve access to urgent dental care?
- Do dental surgeries work together and with their customers so that those requiring urgent care can be seen by another surgery? Is this option communicated to the public and how effective are communication methods?
- Are all local dental practices currently achieving the minimum expectation of 65% of contracted appointments? How do you know?
- What did access to dental services look like before the pandemic – what were the challenges locally?
- When do you expect routine appointments to go back to pre-pandemic activity levels?
- Given that routine appointments cannot be carried out frequently, what self-care/dental hygiene messages are being promoted?
- What do you expect the longer-term impact to be on the dental health of residents if routine appointments cannot be carried out as frequently as they were? What are the wider implications?
- What support is currently offered to residents living in care/residential homes?
- How are you reducing inequalities in access to dental care?
- Do you have the resources needed to clear the backlog that has been created by the Covid-19 pandemic?

- What further support do dental surgeries need and what is being done to support employee wellbeing?
- What can members do to support dentistry in Barnsley?

7.0 Background Papers and Useful Links

Item 4b (attached) – Dentistry – A Report by NHS England and NHS Improvement

Item 4c (attached) – Dentistry in Barnsley – A Position Statement from Healthwatch Barnsley

Standard Operating Procedure - Transition to Recovery – Document of the Office of Chief Dental Officer England:-

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C1287-Standard-Operating-Procedure_Transition-to-Recovery-A-phased-transition-for-dental-practices-towards-the-1.pdf

8.0 Glossary

8.1	BHNFT	Barnsley Hospital NHS Foundation Trust
	COT	Course of Treatment
	CDS	Community Dental Services
	OSC	Overview & Scrutiny Committee
	SYB	South Yorkshire & Bassetlaw
	UDA	Units of Dental Activity

9.0 Officer Contact

Jane Murphy scrutiny@barnsley.gov.uk

22 November 2021

NHS England - Yorkshire and the Humber - Barnsley Overview & Scrutiny Committee – Dentistry

1. Background

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across South Yorkshire & Bassetlaw (SY&B). Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. Dental services are:

- Primary care (general high street dentistry)
- Community Dental Services (CDS)
- Orthodontics
- Urgent care
- Secondary care

1.1 Key Challenges

- Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care.
- Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider.
- Procurement: procurement rules introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

2. Dental Provision in Barnsley

NHS England commissions a total of 487,492 Units of Dental Activity across the 29 dental practices in Barnsley. A number of additional services are commissioned by NHS England for Barnsley residents including orthodontics, hospital services (provided by Barnsley Hospital NHS Foundation Trust (BFT), community dental services (provided by Rotherham NHS Foundation Trust) and urgent care; accessed via NHS111.

3. Impact of Covid-19 Pandemic

Covid-19 has impacted, and continues to impact, on NHS dental services. There have been a number of changes, since March 2020, to manage services safely through the COVID-19 outbreak for patients and clinicians alike.

At the end of March 2020, following advice from the Chief Dental Officer, dentists were asked to stop routine treatment and provide remote consultations and triage. An urgent dental care system was established to ensure that patients, who were in pain, could access remote triage

and then (face to face) treatment where it was clinically necessary and appropriate. Since 8 June 2020, dental practices have been able to re-open, to resume NHS dental services in accordance with advice set out by the Chief Dental Officer and Public Health England. However, to ensure that clinicians and patients are safe, all practices must follow the stringent infection prevention and control measures published by the Chief Dental Officer and Public Health England. This is impacting on the level of service that can be delivered by dentists and is as low as one-fifth of the activity that was being delivered prior to Covid at some practices. All dental practices are expected to follow the guidance outlined in Standard Operating Procedures, including:

- Being open for face to face care unless there are specific circumstances which prevent it.
- To prioritise patients with urgent care needs. NHS England advice is that the sequencing and scheduling of patients should take into account the urgency of needs; the particular unmet needs of vulnerable groups and practices' available capacity to undertake activity.
- Patients requiring an urgent appointment should be offered an appointment, whether or not they have been treated on the NHS previously at the practice.
- An expectation that priority must be given to patients in pain, irrespective of whether they are new patients or not to a practice, over the provision of routine dental care.

The latest stakeholder communication – October 2021 is also available at Appendix A.

3.1 Impact on patients

Practices are prioritising urgent dental care for those patients who require immediate attention. In addition, they are also prioritising the health and safety of both patients and staff. The nature of the treatments involved means adhering to strict infection control procedures between appointments, this reduces the number of patients that are able to be treated on a daily basis.

The other impact is on those patients wishing to resume their routine dental check-ups and treatments. Practices have been asked to prioritise those patients with an urgent or emergency dental need. Therefore, patients requiring routine dental care such as check-ups and scale and polish will inevitably experience longer waiting times.

3.2 Current advice on accessing urgent dental advice/treatment

- Anyone with an urgent dental issue should telephone their dental practice (or any NHS practice if they don't have a regular dentist) for advice on what to do next.
- They will be triaged first over the telephone. If they need face to face care, they will be given an appointment and encouraged to attend as long as they do not have any COVID-19 symptoms.
- Anyone requiring treatment is given clear instructions by the dental practice on what they need to do prior to their face-to-face appointment and arrival at the practice.
- If after telephone triage the clinician decides the issue is not deemed urgent, the patient may be given advice on how to self-manage their dental problem. They will be advised to make contact again if their situation changes.

4. Resumption – General Overview

The focus of NHS England's dental commissioning team is to support providers to resume services, in line with Standard Operating Procedures and IPC guidance.

Primary Care

All primary care providers are open and providing services outlined in national Standard Operating Procedures. Urgent care is the priority for all dental care at this time and there are 2 ways of accessing care, i.e. via a high street dentist or via NHS111.

Community Dental Services – Rotherham Community Dental Service continue to provide face to face treatments.

Orthodontics – Due to the pandemic, routine dental services, including orthodontics, were closed for several weeks in line with government policy at the end of March 2020. From 8 June 2020, dental practices and orthodontists began to reopen to provide face to face appointments.

Secondary Care – Barnsley Hospital NHS FT dental specialties (paediatrics, oral surgery, orthodontics, oral medicine, oral microbiology and maxillofacial and restorative) and continue to provide care. The Trusts have reported that services have recommenced and that they are accepting new referrals which are clinically triaged, and a prioritisation model is in place.

5. Communicating with the public

NHS England has been posting messages on social media platforms on a weekly basis. An example of these (local) posts are shown below.

Tweet: Please be aware that dentists are currently still prioritising vulnerable patients or those with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou



OPEN Accessing dental care **NHS**

Dental Practices are open, however practices will need to prioritise patients with the most urgent need.

If you need help from a dentist:

- Contact your regular dentist or if you do not have one, call any NHS dental practice
- You will be given advice or offered an appointment if appropriate.
- For urgent dental care, out of hours or at weekends that cannot wait, please ring NHS111

Please do not visit your dental practice unless you've been advised to. This will ensure the practice can continue to provide essential care safely.

Report prepared by:

Debbie Stovin

Dental Commissioning Manager, NHS England and NHS Improvement – North East and Yorkshire (Yorkshire and the Humber)

Date: 22nd October 2021

October 2021 – Stakeholder Update No.4
COVID-19: Resumption of dental services

This is our most recent stakeholder bulletin which aims to keep you up to date with the current situation regarding the resumption of dental services across our region, which like everywhere in the country have been severely impacted by the coronavirus pandemic.

The dental sector faced particular challenges during the pandemic, due to the proximity between a dental professional and a patient's airway and the relatively high proportion of aerosol generating procedures (AGPs) undertaken. In dentistry, AGPs are when treatment involves the use of a high-speed drill.

During the first wave of the pandemic, in the interest of patient and dental staff safety, routine and regular dental services were paused and urgent dental centres (UDCs) were established to ensure patients who were in dental pain could access dental services.

All practices reopened for provision of face to face care between July and September 2020 and whilst the NHS contractual expectation is that all NHS funded capacity is used to safely deliver the maximum possible volume of care for patients, revised contractual targets have been in place since July 2020, which outline the requirements on dental practices to deliver a proportion of their normal activity volumes. Activity levels have increased since then and from 1 October 2021 the minimum expectation is for practices to be delivering 65% of their contracted appointments. However, it will be some months before dental services return to providing care in a similar manner and to the activity levels that patients previously experienced. It is also dependent on the further easing of COVID-19 infection prevention and control measures which is being led nationally. Given this reduction in the number of available appointments, there is a significant backlog of unmet need, delayed and suspended treatments.

Practices have been asked to continue to prioritise patients with the greatest need into their available NHS treatment capacity, those requiring urgent dental care and vulnerable patients are prioritised, which likely means a delay for patients seeking an appointment for non-urgent treatment. NHS England continues to support dental providers across the region to resume regular NHS dental services safely and effectively and in accordance with the advice set out by the Chief Dental Officer.

Across Yorkshire and the Humber there are some localities where patients have had historical and continuing problems accessing NHS dentistry and plans were being developed to increase capacity and look at alternative ways of providing care in these areas. Unfortunately, the COVID-19 pandemic has temporarily delayed progressing with this. Once the NHS emerges safely from the on-going Covid-19 pandemic our intention is to continue with this work to improve general access and reduce inequalities, where possible.

It is important to remember that unlike general medical services patients do not 'register' with a dentist and it is not a requirement for a patient to be on a specific practice's list to access NHS dental care.

Many NHS dental practices also offer private appointments which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be

available across the practice's contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.

At this time, we are asking patients for their understanding and co-operation during this unprecedented and difficult period of time for the NHS.

Current impact on patients

NHS England recognises that people may be experiencing difficulties accessing dental services. Practices are providing services in line with standard operating procedures issued by the Chief Dental Officer and Public Health England which means the level of appointments they are able to provide has significantly reduced. It is therefore necessary for dental practices to triage patients who contact them to ensure that patients with the greatest clinical need, ie those requiring urgent dental care and vulnerable patients are prioritised, which likely means a delay for patients seeking non-urgent and more routine dental care such as check's ups.

Progression to resume the full range of routine dental care is being risk-managed by practices themselves and they should be seeing patients with the most urgent issues first, followed by those that have open courses of treatment, with a return to a full routine dentistry, such as check-ups and recalls, following in due course when they have capacity to provide this. We continue to work with our NHS dental providers to explore opportunities to increase the clinical treatment capacity available within the constraints of the Covid pandemic and infection prevention and control measures to ensure that care can be delivered safely for both patients and staff.

The current advice to patients is:

- If your teeth and gums are healthy – a check-up, or scale and polish may not be needed for up to 24 months
- When you come into the surgery for an appointment, please remember that social distancing remains in place and you will still need to wear a face mask upon entering the practice.
- The infection control process for dentistry has not changed with the lifting of COVID19 restrictions – masks and hand hygiene measures are still required.
- It's important that dental practices continue to follow this guidance as they are a healthcare setting and they are doing all they can to ensure your safety when you come to the practice.
- Every dental practice is working extremely hard to provide care to patients within the restrictions and guidance – please be respectful at all times.
- All NHS dental practices are following the guidance, and private dental practices are recommended to follow them by the health regulator, the Care Quality Commission.
- Similar public health measures are still in place for hospitals and GP practices too. Advice is that the infection prevention control measures in dentistry should continue to be followed until further notice
- Dental practices will continue to have restrictions on leaving time between patients to ventilate rooms – this has an impact on how many patients they are able to see each day.
- All dental practices are prioritising patients for treatment based on urgency and priority groups, such as those more at risk of dental disease or children.

Our previous messages are also still in place:

- Please only visit your practice if you have an appointment and telephone to book an appointment only if essential – dentists are currently prioritising the vulnerable or those with the most urgent need.
- Appointments for some routine treatments, such as dental check-ups, may be delayed.
- Your practice will look a little different than usual as they will be operating in a way that observes COVID-19 social distancing and hygiene rules to ensure everyone's safety.
- If you develop an urgent dental issue telephone your regular dental practice (or any NHS practice if you don't have a regular dentist) for advice on what to do next.
- Dental issues will be triaged over the telephone, initially. If the dentist thinks that you need face to face care, you will be given an appointment at the practice and advised to attend as long as you do not have any COVID-19 symptoms.
- Anyone clinically triaged as requiring treatment will be given clear instructions by the practice on what they need to do prior to their appointment and once they get to the practice.
- If after a telephone triage the clinician decides the issue is not urgent, you may be given advice on how to self-manage the dental problem. You will be advised to make contact again if your situation changes/worsens
- We know you would like to be able to make an appointment for routine dental care but please be understanding of the current situation with regards to the prioritisation of those with urgent needs and be respectful of the clinical decisions taken by the practices.

For out of hours care:

- Toothache should initially be managed with over the counter pain relief until an appointment can be made with your general dental practice. A pharmacist can advise you what is the best pain control to meet your needs.
- Lost fillings, crowns or bridges, broken teeth or braces are not usually deemed to be clinically urgent and patients are advised to contact their local dental practice when they re-open.
- Only ring NHS 111 out of hours when your dental needs cannot be met by self-care and cannot wait till your practice is open to contact them for advice.

Communicating with the public

Please find below a number of tweets/Facebook messages and a digital asset that you may share on your own social media accounts etc.

- **Tweet:** Dental practices are safe and open for face to face care, but it is not 'business as usual'.
- **Tweet:** You will still be required to wear a face mask when you visit a dental practice and follow strict hand hygiene. Please be respectful of the guidance and dental teams at all times.
- **Tweet:** The dentist is best placed to clinically assess dental issues. If your dental issue is deemed non-urgent, we would ask that you don't then call 111 for a second opinion leaving 111 staff free to deal with other patients with urgent health issues.
- **Tweet:** Please be aware that dentists are currently still prioritising vulnerable patients or those with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou
- **Tweet:** Please note that appointments for some routine dental treatments, such as dental check-ups, are limited at this time as dentists prioritise vulnerable patients and those with urgent dental needs. #helpushelpyou
- **Tweet:** Only ring NHS111 out of hours should you require urgent dental care – please note that lost fillings, crowns or bridges, broken teeth or braces are not deemed to be

clinically urgent and patients are advised to contact their local dental practice when they re-open.

- **Tweet:** Toothache should initially be managed with over the counter pain relief until an appointment can be made with your general dental practice – if you don't have a regular dentist call your nearest NHS dental practice. #helpushelpyou

Digital Asset



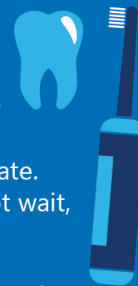
Accessing dental care



Dental Practices are open, however practices will need to prioritise patients with the most urgent need.

If you need help from a dentist:

- Contact your regular dentist or if you do not have one, call any NHS dental practice
- You will be given advice or offered an appointment if appropriate.
- For urgent dental care, out of hours or at weekends that cannot wait, please ring NHS111



Please do not visit your dental practice unless you've been advised to. This will ensure the practice can continue to provide essential care safely.

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Dentistry in Barnsley

What we are hearing about access to NHS dental services in Barnsley.



About us

We are the independent champion for people who use health and social care services in Barnsley. We are here to make sure that those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that people’s worries and concerns about current services are addressed, and work to get services right for the future.

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Introduction

The dental sector has faced particular challenges during the pandemic due to the close proximity of the dentist to the airways of patients and the many treatments involving aerosol generating procedures (AGPs). The use of high speed drills in dentistry is classed as an AGP.

Prior to the pandemic, Healthwatch (nationally and locally) were recording problems with residents accessing dental services. However, from March 2020 there was a sharp increase in the number of residents contacting their local Healthwatch as dentists closed their doors during the first wave. We were advised that if a resident was in urgent need of dental treatment which was life threatening; they would be seen at one of the Urgent Dental Centres which were being set up around the country. Our nearest one was Sheffield, although actual locations were not given out to prevent residents turning up without an appointment. All other urgent cases were dealt with by the three As:

- Advice
- Antibiotics
- Analgesics

In the main, residents accepted this and acknowledged that routine appointments were being delayed and that patient and staff safety was paramount. As time has gone on and other services have re-opened, dentists have struggled to reach anywhere near pre-pandemic capacity. There are a number of contributing factors including the extra infection prevention and control measures, social distancing, ventilation, PPE requirements and complex contracting and commissioning challenges.

This is the latest update (November 2021) from the Dental Commissioning Leads for Yorkshire and the Humber

The current advice to patients is:

- If your teeth and gums are healthy, a check-up or scale and polish may not be needed for up to 24 months.
- When you come into the surgery for an appointment, please remember that social distancing remains in place and you will still need to wear a face mask upon entering the practice.
- The infection control process for dentistry has not changed with the lifting of COVID-19 restrictions - masks and hand hygiene measures are still required.
- It is important that dental practices continue to follow this guidance. They are a healthcare setting and are doing all they can to ensure your safety when you come to the practice.
- Every dental practice is working extremely hard to provide care to patients within the restrictions and guidance. Please be respectful at all times.
- All NHS dental practices are following the guidance, and private dental practices are recommended to follow them by the health regulator, the Care Quality Commission.

- Similar public health measures are also still in place for hospitals and GP practices. The advice is that the infection prevention and control measures in dentistry should continue to be followed until further notice.
- Dental practices will continue to have restrictions on leaving time between patients to ventilate rooms - this has an impact on how many patients they are able to see each day.
- All dental practices are prioritising patients for treatment based on urgency and priority groups, such as children or those more at risk of dental disease.



Accessing dental care



Dental practices are open, however practices will need to prioritise patients with the most urgent need.

If you need help from a dentist:

- Contact your regular dentist or if you do not have one, call any NHS dental practice.
- You will be given advice or offered an appointment if appropriate.
- For urgent dental care that cannot wait, out of hours or at weekends, please ring NHS 111 or use the NHS 111 online service.



Please do not visit your dental practice unless you've been advised to. This will ensure that the practice can continue to provide essential care safely.

What Healthwatch Barnsley are hearing

Comments received on dental services



Over 70% of the calls we have received on dental services have been regarding residents being unable to access routine dental appointments, either because they are not “registered” with a dentist or their dentist is only covering emergency treatment.

Here are some comments and feedback that we have received over recent months with regards to dentistry in Barnsley:



“Due to covid-19 I have been unable to have any dental work done. I understand social distancing and PPE and all that but please give us a little bit of advice and help. I've been struggling with toothache now since the middle of April and it's doing my head in. My dentist won't see me as it isn't classed as an emergency”.



“Lack of information either nationally or globally. It feels like a forgotten service. Treatment began in January still unfinished in September. GPs unable to prescribe antibiotics for tooth infection. I had to phone daily to plead for treatment; Dehumanising and humiliating. I had a good relationship with my dentist - that has now been destroyed”.



“I am so stressed and suffer from mental health issues I can't get an appointment I have suffered with gum disease for quite some time now and wear partial dentures but I have 2 loose teeth which are making my dentures loose and I'm so afraid of the loose teeth falling out and then dentures not fitting at all. The loose teeth are at the front so I'm so anxious all the time which is affecting my sleep what can I do I can't afford to go private”.



“I contacted the dentists a year ago to advise of pain in my teeth, I could not get an appointment until Jan this year. I finally got an appointment for the tooth and discomfort. On the day of my check-up an X-ray was taken and the dentist told me that my teeth were fine. The pain persisted and eventually the tooth fell out at the dinner table, leaving only the root in. I called the dentist and obtained another appointment. The dentist tried to remove the root but could not (not their fault) I needed to be referred to the hospital, closest appointment being the end of Feb. After my appointment I began to have severe pain where the root had been pulled at. I phoned the dentist to ask for help or stronger pain killers and was advised that only the Dr could only help us with this. I called my GP surgery and was advised only the dentist could help with that. I called 111 to see what else could be done, was assessed over the telephone and later that evening the dental hospital rang to tell me only the dentist could help. Today I have spent over 1 hour on the phone either talking to dentists, hospitals or doctors or on hold and the end result is to go to the dentist which was my first port of call and where I was turned away. Is there a reason patients are passed from pillar to post to be sent back to pillar? Is it a cost saving technique used in the hope patients will get fed up? Trust me if this is the case and you have someone with the pain that I was experiencing in my face this person is not going to give up, they would even go as far as writing a review due to being so irritated by 1. The tooth and 2. The processes. Please sort out your systems and don't have people chasing about. The wait we don't mind, but at least help me with the pain”.

Where residents have been able to gain appointments we have had good feedback.



“All the staff I have met are caring and always have a smile, my dentist is so good and always says what he is doing, making sure I am in the least pain possible”.



“Each time I have been to have work done, reception have been polite and professional. They have always been able to offer an appointment to suit and the dentists are amazing! I used to be very nervous, as do most but they explain everything and made me feel at ease each time. Top quality treatment very time and certainly wouldn't hesitate to recommend. Keep up the good work!!”

We also received an increasing number of calls from residents who were unable to get an NHS dental appointment:



“Client asked how she could access a dentist. She is not registered with the NHS and has been told she can only access private treatment. She can't afford this and needs help now as she is in a lot of pain.”



“Dentist is only offering emergency services no scheduled treatments”.



“I have called over 20 dentists in the area, NHS and private. I cannot find any who are taking on patients”.

What we have done

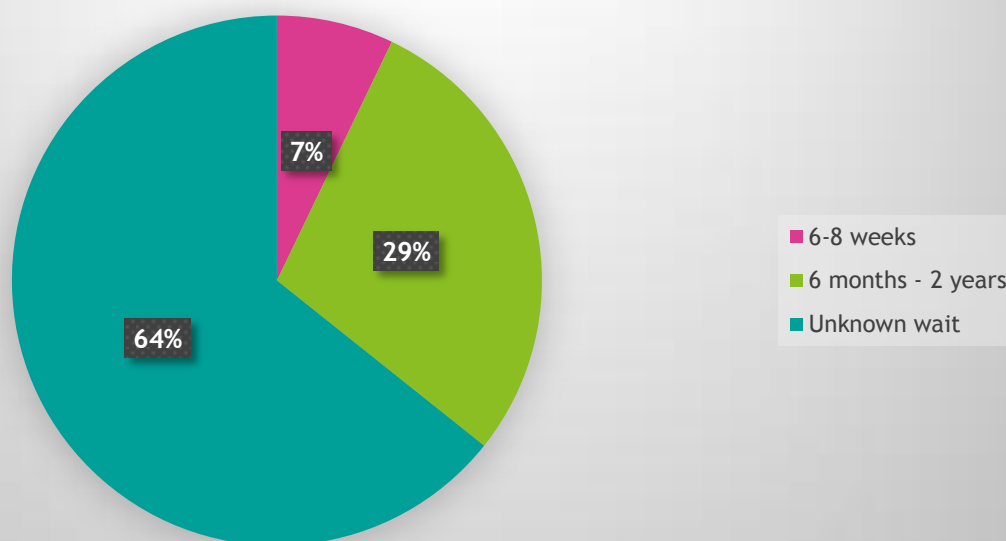
We have passed our intelligence on to Healthwatch England and continued to attend timely meetings/briefing sessions with the Dental Commissioning Team for Yorkshire and the Humber.

Healthwatch England continue to lobby in Parliament and recently teamed up with the British Dental Association to write to the Chancellor of the Exchequer to consider the future of NHS Dental Services in the 2021 Spending Review (appendix a).

During October 2021, Healthwatch Barnsley contacted 28 dental surgeries in the Barnsley area to ask if they were currently accepting new NHS patients. Only 2 could offer an appointment for a routine dental check on the NHS, and both had a 6 to 8 weeks waiting time. Many of the surgeries said they were accepting NHS patients but the waiting time was anything from 6 months to 2 years.

16 of the dental surgeries we contacted said they are not currently taking on NHS patients and are not currently operating a waiting list. They either had no idea when they would be taking on NHS patients for routine treatment or they already had an unmanageable waiting list.

Waiting times for a routine NHS dental appointment in Barnsley (October 2021)



We asked if the wait for a routine NHS appointment would be the same for children. 6 of the surgeries said they would see a child (under the age of 16) for a routine check-up within 6 to 8 weeks.

Next steps

Healthwatch Barnsley will continue to collect intelligence about local NHS dental services (or lack of) and will follow the journey as the commissioning comes under the newly formed Integrated Care Systems which will have a more local approach.

Our fear going forward is that all the previous good work which has been done around oral hygiene will now fall by the wayside as residents are not able to get routine NHS dental care. These are often residents with, for example, complex health needs, living in areas of high deprivation or from minority ethnic groups.

The link between oral health and overall body health is well documented and backed by robust scientific evidence, as is the link between inequitable access and exacerbated health inequalities. We are seeing an increase in residents whose mental health is being compromised due to not being able to get dental treatment - replacement crowns and dentures are not classed as emergencies. This is obviously affecting residents that are unable to eat due to loose teeth or ill-fitting dentures.

Alongside this are concerns that dental practices will no longer be attracted to the outdated NHS contracting model, or that many dental practices (which are, of course, private businesses) will face a capital spending problem due to the nature of the practice. A large proportion are in converted old residential buildings which makes it difficult to retrofit air handling equipment to increase the number of air changes, thus reducing the waiting time between successive appointments.

Appendix a



Rt Hon Rishi Sunak MP
Chancellor of the Exchequer
Sent by email

Dear Mr Sunak,

The 2021 Spending Review and the future of NHS Dentistry

We are writing on behalf of the dental profession, current dental patients and the broader public across England.

NHS dentistry faces an unprecedented backlog. The initial suspension of face to face care, and ongoing restrictions mean over 30 million appointments have been lost since lockdown, and patients and the NHS will be feeling the impact for years to come.

Dentistry has risen to be the number one issue raised with Healthwatch over the last 18 months, and the volume of feedback continues to grow. From April to June 2021 feedback was up 55% on the previous three months, and 794% higher when compared with the same period in 2020. Nearly 4 in 5 people (79%) of those sharing their stories said they had found it difficult to access timely care.

The coming Spending Review is an opportunity to determine the shape of *any* recovery plan.

Even before COVID, England lacked an NHS dental service capable of meeting patients' needs. Now the pressures of the pandemic mean ongoing access problems, widening health inequalities, and many dental team members reconsidering their futures in the NHS. The service is now at risk of a double whammy of increased demand and reduced supply.

It is our shared view that the approach taken in past spending reviews cannot be revisited. In 2015 commitments to annual inflation-busting increases in patient charges served as real barrier to patients on modest incomes. With flatlining budgets, what has been dubbed 'contributions' has morphed into a substitute for meaningful state investment. Even cash for the fundamentals - the epidemiological surveys on which any coherent oral health strategy should rest - have remained in doubt.

On core funding for high street services, no attempt has been made to keep pace with either inflation or population growth. The gulf is such that the BDA has estimated it would take an additional £879m to restore resourcing to 2010 levels.

The Government has acknowledged that the system NHS dentistry works to is unfit for purpose and has pledged reform. This Spending Review will determine whether necessary resources are in place to underpin the promised rebuild. Patients deserve an adequately funded system that

delivers dental care for all those who need it. It is crucial that further increases in patient charges are not used to help balance the books, and that funds are in place to guarantee the research required to measure and meet patient demand.

Ultimately, dentistry is a cradle to grave service the NHS offers which primarily focuses on maintaining good health. If the Government and the NHS are committed to the prevention agenda, then we need meaningful reform. 'Do more with less' cannot be the mantra underpinning any new model for NHS dentistry.



Sir Robert Francis QC
Chair, Healthwatch England



Eddie Crouch
Chair, British Dental
Association

cc. Rt Hon Sajid Javid MP, DHSC, Maria Caulfield MP, DHSC, Sara Hurley, NHSE, Ed Waller, NHSE, Sharon Egan, DHSC

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**Report of the Executive Director Core Services
to the Overview and Scrutiny Committee (OSC)
on 30 November 2021**

Barnsley Urgent & Emergency Care Delivery Board Strategic Winter Plan 2021/22

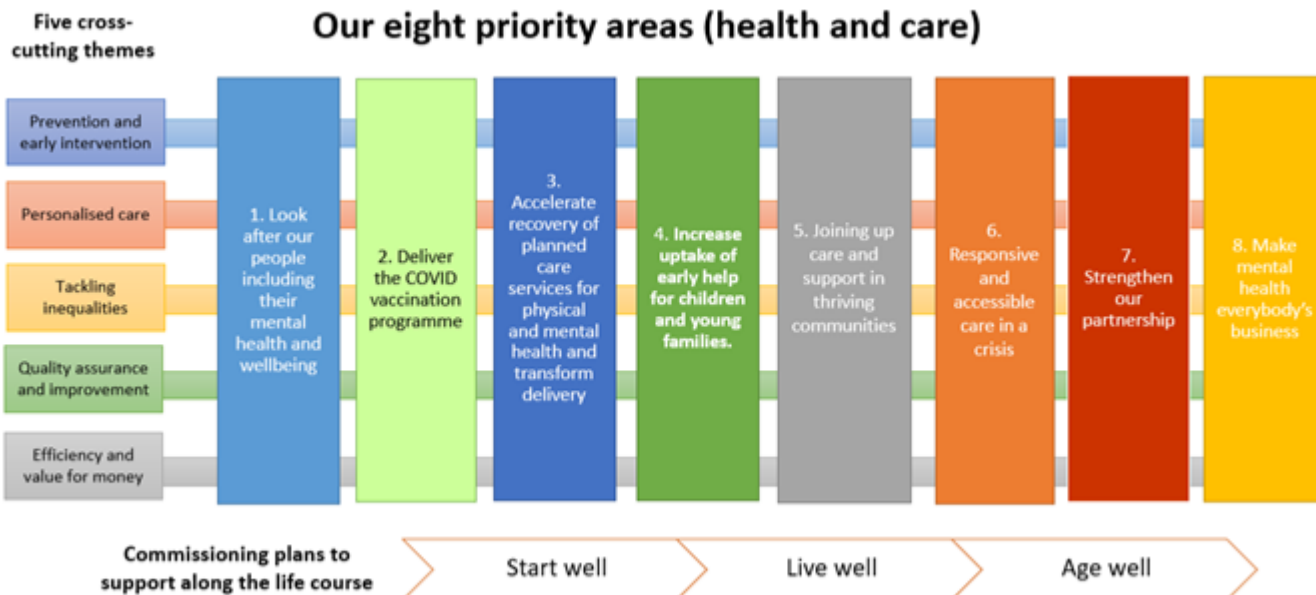
1.0 Introduction

- 1.1 The purpose of the attached report, the Barnsley Strategic Winter Plan 2021/22 – System Overview (Item 5b), provided by the Barnsley Urgent & Emergency Care Delivery Board, is to provide the Overview & Scrutiny Committee (OSC) with a strategic overview of the arrangements in place in Barnsley to enable the effective delivery of health and care services for patients throughout the winter period. It focuses on meeting the needs of the population and responding to the anticipated winter pressures and the potential resurgence of COVID 19.
- 1.2 To give context to the report, it should be read alongside the summary of the Barnsley Integrated Care Partnership's (BICP) Health and Care Summary Plan 2021/22 (Item 5c) which sets out the broader approach and priorities for health and care services during 2021/22.
- 1.3 It is important to note that the Barnsley Strategic Winter Plan is not intended to duplicate or replace individual provider/partner operational plans and processes which form an integral part of business continuity arrangements. It is intended to set out the 'system arrangements' for winter and complement the other plans by increasing the focus on winter and providing a co-ordinated approach across the whole health and social care system.

2.0 Background

- 2.1 As in other years, winter is not an emergency, but is an element of good business continuity and contingency planning. It is an annual event and, for the most part, pressures can be forecast, and to some extent, the weather and the nature of prevailing infectious diseases.
- 2.2 In 2021 however, winter continues to be set against the back drop of COVID-19 and therefore winter planning is set in the context of the Government's 'COVID 19 Response: Autumn Winter Plan' published in September 2021.
- 2.3 The Government plan is set around five key areas aimed at sustaining the progress made in the response and recovery from COVID 19 and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure. The Government plan to achieve this by:
 - a) Building defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics
 - b) Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate
 - c) Supporting the NHS and social care: managing pressures and recovering services
 - d) Advising people on how to protect themselves and others: clear guidance and communications
 - e) Pursuing an international approach: helping to vaccinate the world and managing risks at the border
- 2.4 The Barnsley Urgent and Emergency Care Delivery Board, chaired by the Deputy Chief Executive, Barnsley Hospital NHS Foundation Trust is responsible for bringing together all local Health and Social Care partners to develop a co-ordinated and planned approach to dealing with urgent care and the pressures associated with winter, ensuring an integrated response to any emergency or disruptive challenge impacting on the health community.

- 2.5 The Delivery Board membership consists of representatives from the following organisations:
- Barnsley Hospital NHS Foundation Trust (BHNFT)
 - NHS Barnsley Clinical Commissioning Group (CCG)
 - South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
 - Yorkshire Ambulance Service (YAS)
 - Barnsley Healthcare Federation
 - Barnsley Metropolitan Borough Council (BMBC)
 - Barnsley CVS
 - Healthwatch Barnsley
- 2.6 The Board plays a key role, supporting the development of a Barnsley response to national, regional and local requirements for urgent and emergency care, ensuring partners' actions are co-ordinated and pulled together to form a cohesive local strategy for improving and delivering integrated urgent care services in Barnsley.
- 2.7 The Board also has oversight of performance and provides the strategic level of support for escalation arrangements and ensures a system wide response addressing any significant periods of pressure.
- 2.8 The last year has been incredibly difficult for everyone. For health and care services, it has been a period like no other and services continue to be under significant strain. Pressures presented by the pandemic include:-
- preparing for a likely surge in illness in spring 2020 and maintaining services whilst protecting staff and service users from the virus
 - staff working tirelessly to restore services and accelerate treatment during the summer and autumn
 - people having to wait longer for treatment due to social distancing measures and limitations of the health and care estate
 - an increase in demand for health and care services since the easing of restrictions resulting in some people experiencing difficulties accessing care when they need it
 - many services experiencing unprecedented levels of demand such as general practice, A&E and parts of community services
- 2.9 The plans for winter 2021/22, both operational and this strategic plan, aim to ensure that learning from winter 2020/21, along with key risks identified have been taken account of and that the resilience of services is strengthened to ensure access to the right care at the right time and in the right place.
- 3.0 Current Position**
- 3.1 The plan outlines the eight priority areas for health and care for 2021/22 along with the five cross-cutting themes and the deliverables identified to achieve those priorities:-



3.2 In addition, it also outlines the key lessons learned from winter 202/21 which will be used to prepare services for winter this year; the headlines specifically related to managing demand over the winter period; and demonstrates how key elements of individual plans come together to meet expected levels of demand by ensuring appropriate capacity is in place across the system in order to manage peaks in pressure that they see every year, taking into account the potential impact of any increase in the prevalence of Covid 19.

3.3 The Barnsley UEC Delivery Board will continue to have oversight of activity and performance and will oversee the delivery of the winter resilience schemes included within the plan. The Board will also continue to identify improvement actions to ensure that services are able to effectively meet the urgent and emergency care needs of the local population.

3.4 Throughout the winter period the Board will undertake ongoing review and evaluation of plans, assessing the impact of the developments put in place and where appropriate identifying additional actions to support the system during periods of increased pressure.

4.0 Key System Risks

4.1 The key risks/issues for the winter period, identified by the UEC Delivery Board are:

- Excessive demand for services across all areas of the system
- Risk of further pressures as a result of the rate of infection with flu and fluctuating levels of Covid19 infection amongst staff and patients
- Resilience and capacity of external provider market for social care provision - Home care / Reablement resource to meet demand
- Risks to discharge and flow due to capacity in NRU, IMC & community care packages
- Workforce challenges – Sickness, morale, and mental health
- Multiple outbreaks of flu and/or covid-19 in community including care homes
- Consistency of Primary care provision for streaming and navigation at the A&E Front Door
- Ongoing Covid19 issues – Track and Trace (patients and staff), Access to PPE across the Place partners, Social distancing

5.0 Invited Witnesses

5.1 The following witnesses have been invited to answer questions from members of the committee:-

- Wendy Lowder, Executive Director Adult & Communities, BMBC
- Julie Chapman, Service Director Adult Social Care & Health, Adults & Communities, BMBC
- Andrew Osborn, Interim Service Director Commissioning & Integration, Adults & Communities, BMBC
- Carrie Abbott, Service Director Public Health & Regulation, BMBC
- James Barker, Chief Executive Officer, Barnsley Healthcare Federation
- Bob Kirton, Chief of Delivery and Deputy CEO, Barnsley Hospital NHS Foundation Trust
- Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnership Foundation Trust
- Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group
- A representative from Yorkshire Ambulance Service
- Councillor Jenny Platts, Cabinet Spokesperson Adult & Communities, BMBC
- Cllr Jim Andrews, Cabinet Spokesperson, Public Health, BMBC

6.0 Possible Areas for Investigation

Members may wish to ask questions around the following areas:-

- What do you hope to achieve through the implementation of this plan?
- What do you consider to be the greatest barriers to achieving the plan and how do you plan to overcome them?
- Does the plan meet the full needs of all partners, are there any conflicts and are there any gaps between services?
- How confident are you that the plan aligns with the government's winter plan and will achieve the eight priority areas as set out in the report?
- What mitigation has been put in place to address the key risks and issues and how will they be monitored throughout winter to ensure they are well managed?
- Do you have the resources to cover the key risks/issues mentioned in the plan?
- How will the plan be translated into actual practice and communicated to front-line workers to achieve 'buy-in'?
- How will you review and evaluate performance throughout the winter?
- How are the most vulnerable prioritised in your plans?
- What communication tools will you use to ensure your messages reach as many residents as possible?
- What is the focus of the vaccination strategy over the winter period and how well is this going?
- How confident are you that recruitment initiatives will be successful?
- How will you support the external provider market for social care?
- What is the role of the community and voluntary sector and what support is available for them?
- How would you describe the current morale, health and wellbeing amongst staff?

- How are you working with other authorities within the South Yorkshire & Bassetlaw Integrated Care System (SYB ICS) to support each other, identify areas of good practice and to provide the right care at the right time for the residents of Barnsley?
- What can members do to support the implementation of the plan and the work of the Board?

7.0 Background Papers and Useful Links

- Item 5b (attached) – Barnsley Strategic Winter Plan 2021/22 – System Overview report of the Barnsley Urgent and Emergency Care Delivery Board (October 2021)
- Item 5c (attached) – Barnsley Integrated Care Partnership (BICP) Health & Care Summary Plan 2021/22.
- Covid-19 Response: Autumn and Winter Plan, HM Government:-
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020982/COVID-19-response-autumn-and-winter-plan-2021.pdf

8.0 Glossary

BHNFT	Barnsley Hospital NHS Foundation Trust
BICP	Barnsley Integrated Care Partnership
CCG	Clinical Commissioning Group
CVS	Community & Voluntary Services
OSC	Overview & Scrutiny Committee
ICS	Integrated Care System
NHSFT	NHS Foundation Trust
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
SYB	South Yorkshire & Bassetlaw
UEC	Urgent & Emergency Care
YAS	Yorkshire Ambulance Service

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**Barnsley Strategic Winter Plan 2021/22 -
System Overview**

**Barnsley Urgent and Emergency Care
Delivery Board**

October 2021

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Introduction

As in other years, winter is NOT an emergency, but is an element of good business continuity and contingency planning. It is an annual event and for the most part we can forecast the pressures and to some extent the weather and the nature of prevailing infectious diseases. In 2021 however, winter continues to be set against the back drop of COVID-19 and therefore winter planning is set in the context of the Governments [‘COVID 19 Response: Autumn Winter Plan’](#) published in September 2021.

The Government plan is set around 5 key areas aimed at sustaining the progress made in the response and recovery from COVID 19 and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure. The Government plan to achieve this by:

- a) Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- b) Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- c) Supporting the NHS and social care: managing pressures and recovering services.
- d) Advising people on how to protect themselves and others: clear guidance and communications.
- e) Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

The last 18 months have however shown that the pandemic can change course rapidly and unexpectedly and it remains hard to predict with certainty what will happen and therefore our local plans aim to provide resilience across health and care services to ensure that we are able to manage the pressures and continue to recover services as quickly as possible.

In addition, winter is always a challenging time for the NHS. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). It is a realistic possibility that the impact of flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of flu over winter 2020-21.

The Barnsley Urgent and Emergency Care Delivery Board Winter Plan 2021/22 has been produced with input from health and care partners working in Barnsley. The plan has been developed taking account of the lessons learned from 2020/21, including the response to COVID 19 and from previous years.

This planning document sets out the arrangements in place and the actions that have been taken along with new initiatives being put in place over winter to help us to manage these pressures and continue to deliver high quality services and care during times of increased demand and pressure.

Purpose and Aims

The purpose of this plan is to provide a strategic overview of the arrangements in place in Barnsley to enable the effective delivery of health services for our patients throughout the winter period. It focuses on meeting the needs of the population over the winter period and responding to the anticipated winter pressures and potential resurgence of COVID 19

The purpose of this plan is not to duplicate or replace other emergency preparedness, resilience and response or business continuity arrangements. Individual organisations will therefore have their own operational plans and detailed escalation processes.

This plan should be read alongside the Barnsley Integrated Care Partnership, Health and Care Plan 2021/22 which sets out the broader approach and priorities for health and care services during 2021/22.

The Barnsley Strategic Winter Plan is not intended to duplicate or replace individual provider/partner operational plans and processes which form an integral part of business continuity arrangements. It is intended to set out the 'system arrangements' for winter and complement the other plans by increasing the focus on winter and providing a co-ordinated approach across the whole health and social care system.

Our aim is to provide safe, effective and timely care for our patients and population through the delivery of our reset plans and amidst any subsequent resurgence of the COVID-19 pandemic and anticipated demands on services through the 2020/21 winter period.

Governance

The Barnsley Urgent and Emergency Care Delivery Board, chaired by the Deputy Chief Executive, Barnsley Hospital NHS Foundation Trust is responsible for bringing together all local Health and Social Care partners to develop a co-ordinated and planned approach to dealing with urgent care and the pressures associated with winter, ensuring an integrated response to any emergency or disruptive challenge impacting on the health community.

The Delivery Board is responsible for the co-ordination and local assurance of system planning ahead of winter to ensure a whole system approach to preparing for and managing winter, seasonal flu and other pressures across the local hospital system, as well as the NHS and social care more generally.

The Delivery Board membership consists of representatives from the following organisations:

- Barnsley Hospital NHS Foundation Trust
- NHS Barnsley Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust

- Yorkshire Ambulance Service
- Barnsley Healthcare Federation
- Barnsley Metropolitan Borough Council
- Barnsley CVS
- Healthwatch Barnsley

Each organisation has an executive level representative identified to attend the Board.

The Delivery Board has clear terms of reference setting out the scope, purpose, responsibilities and membership of the Board.

The Board plays a key role, supporting the development of a Barnsley response to national, regional and local requirements for urgent and emergency care, ensuring partners' actions are co-ordinated and pulled together to form a cohesive local strategy for improving and delivering integrated urgent care services in Barnsley. The Board also has oversight of performance and provides the strategic level of support for escalation arrangements and ensures a system wide response addressing and significant periods of pressure.

Whilst the Delivery Board brings all partners together to provide collective ownership of the challenges and develop shared plans, each organisation has its own governance and decision making arrangements which need to be adhered to. The members of the board have the responsibility of taking recommendations of the delivery board through these governance arrangements where a decision is required by an individual organisation.

Barnsley Health and Care Plan 2021/22

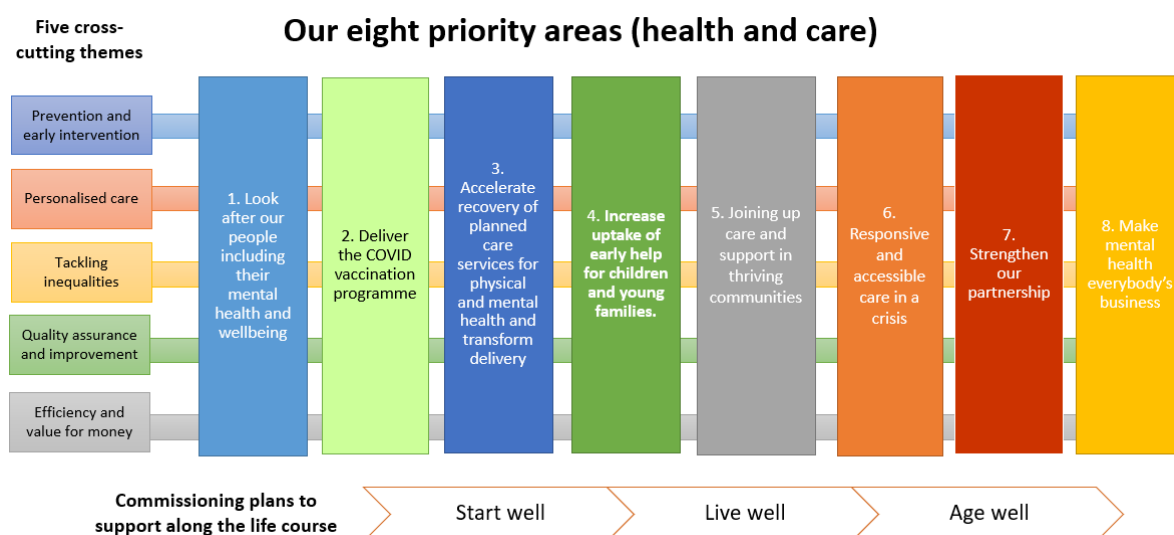
The last year has been incredibly difficult for everyone. For health and care services it has been a period like no other services continue to be under significant strain. During the early part of the pandemic back in spring 2020 the pressure was to prepare for a likely surge in illness, maintain essential services and protect staff and service users from exposure to the virus. During the summer and Autumn staff worked tirelessly to restore services, accelerate treatment for people who had experienced delays and to encourage those people who chose to stay away from services to return if they had concerns about their health.

Many people have waited longer for treatment because of the pandemic and whilst the majority of services were sustained or have been recovered, social distancing measures and the limitations of the health and care estate mean that not all services are operating at the same level as before the pandemic. We remain committed to restoring services safely and as quickly as possible as well as building back fairer by prioritising those people most at risk of poor health outcomes.

Recently, on the back of easing of restrictions we have seen a big increase in demand for health and care services and this has already been resulting in some people experiencing

difficulties accessing care when they want it. Many services are now experiencing unprecedented levels of demand. Across general practice, A&E and parts of community services activity is now higher than before the pandemic and is becoming unsustainable.

Our eight priorities for 2021/22, set out below, build on the progress made over the last year to sustain and transform services during the pandemic whilst also recognising the associated ongoing demands. The five cross cutting themes run through all of the work.



The key deliverables against each of these priorities is set out in the table below

Priorities	Deliverables
Look after our people including their mental health and wellbeing	<ul style="list-style-type: none"> Launch a Barnsley Health and Social Care Academy Create partnership wide training opportunities bringing together 100's of staff to learn together and share practice
Deliver the Covid Vaccination Programme	<ul style="list-style-type: none"> Deliver the COVID vaccination programme in line with national requirements Undertake focussed work on low uptake groups using targeted approaches and behavioural insights to maximise uptake
Accelerate recovery of planned care services for physical and mental health and transform delivery	<ul style="list-style-type: none"> Establish measures to ensure the safe and effective care for people waiting for treatment Provide targeted interventions to encourage those who have stayed away from services to come forward and access treatment Extend advice and guidance, patient initiated out-patient follow up, video appointments

	and other innovations to create more efficient pathways and choice for patients.
Increase uptake of early help for children and young families	<ul style="list-style-type: none"> • Establish mental health and wellbeing teams in Barnsley Schools • Create a single point of access for children and young people's emotional health and wellbeing services • Work with local maternity and neonatal services to improve services and outcomes for parents and babies
Join up care and support in thriving communities	<ul style="list-style-type: none"> • Have more and better conversations with people about their health and wellbeing and how we can co-produce solutions to issues that matter to them. • Deliver targeted, proactive interventions to those who are at greatest risk of poor health and wellbeing outcomes and inequalities. • Work with our communities to increase resources that support health and wellbeing.
Responsive and accessible care in a crisis	<ul style="list-style-type: none"> • Provide consistent messaging and signposting support to best utilise self-care and urgent care away from A&E • Review and implement and new 'front door' navigation and streaming model • Introduce new clinical standards for emergency care
Strengthen our partnership	<ul style="list-style-type: none"> • Work with our staff and stakeholders to adopt and deliver a place-development strategy
Make mental health everybody's business	<ul style="list-style-type: none"> • Produce and all age mental health strategy to underpin delivery across our partnership, increasing provision of early support

Lessons Learned from Winter 2020/21

There is an ongoing process for reviewing pressures within the system throughout the year with regular discussions taking place at the UEC Delivery Board. In addition all organisations have their own internal review processes to inform the development of operational plans. Looking back at the winter of 2020/21 and the early part of 2021 the key lessons identified by the UEC Delivery Board to take into 2021/22 were:

- Having a clear focus at the Urgent and Emergency Care Delivery Board and recognising the whole system pressures and role in supporting resilience.
- Maintaining robust governance arrangements including escalation and exception reporting arrangements – strategic through to daily operational calls.
- Maintaining mature relationships across place at strategic and operational levels and working collectively and collaboratively to manage pressures and demand. Barnsley system 'Bronze' established in response to COVID and retained has provided additional capacity to work through key issues and identify solutions e.g. Implementation of Discharge to Assess
- Continuing to increase utilisation of the Rightcare Barnsley service, linking key services together to support admission avoidance, flow and discharge. Increasing referrals from 111 and Ambulance to allow access to SDEC and out of hospital services.
- Proactive social care support for discharge through the Hospital Social work team – including 7 day working.
- Discharge to Assess arrangements established rapidly in response to COVID to ensure timely discharge from hospital and improve patient experience. This included a strong partnership approach with a multi-disciplinary approach to discharge planning.
- Flexibility of IHEART primary care at scale services (out of hours, extended hours and COVID services) to meet peaks and surges in demand including over bank holiday periods.

Key System Risks

Whilst the year on year learning and continuous service developments help to ensure plans are robust and services are able to effectively manage the pressures associated with winter, there will inevitably still be some risk across the system over the winter period. This plan, along with the individual organisation plans and the escalation arrangement in place in Barnsley and across South Yorkshire and Bassetlaw aim to mitigate some of these risks.

Each partner organisation has strategic and operational risk management arrangements and risk registers in place and these are monitored through the individual organisational governance arrangements.

The key risks/issues for the winter period, identified by the UEC Delivery Board are:

- Excessive demand for services across all areas of the system
- Risk of further pressures as a result of the rate of infection with flu and fluctuating levels of covid19 infection – Staff and Patients
- Resilience and capacity of external provider market for social care provision - Home care / Reablement resource to meet demand
- Risks to discharge and flow due to capacity in NRU, IMC & community care packages
- Workforce challenges – Sickness, morale, and mental health
- Multiple outbreaks of flu and/or covid-19 in community including care homes
- Consistency of Primary care provision for streaming and navigation at the A&E Front Door
- Ongoing Covid19 issues – Track and Trace (patients and staff), Access to PPE across the Place partners, Social distancing

Readiness for Winter 2021/22

The plans for winter 2021/22, both operational and this strategic plan aim to ensure that learning from winter along with key risks identified have been taken account of and that the resilience of services is strengthened to ensure access to the right care at the right time and in the right place.

The Barnsley UEC Delivery Board will undertake ongoing review and evaluation of capacity and demand across the system throughout the winter period and will escalate any issues as appropriate through the Integrated Care Partnership.

The Integrated Care Partnership Delivery Group acts as the Partnership 'Gold Command' for managing escalations due to pressures in the system. The ICP also has an operational 'Bronze' Group which supports partners at an operational level with planning and delivery of actions to mitigate issues.

Each organisation will have operational plans in place for winter including details of specific actions aimed at ensuring staffing capacity and service resilience over winter and each organisation has escalation processes in place and appropriate business continuity arrangements and plans. Current arrangements are in place across the system include a common escalation framework which includes clear actions for all partners in response to the level of pressure being experienced across the system. The escalation framework is based upon the national OPEL framework and will therefore be reviewed and refined in line with any changes to this framework.

SitRep calls take place on a regular basis dependent upon the level of demand and operational pressures escalation level (OPEL). The SitRep calls include Acute, Community, Social Care (including reablement), Primary Care and Ambulance providers, all of who have access to the local escalation information, and the CCG. The frequency of SitRep calls is adjusted to reflect the level of demand and pressure on services and in times of extreme pressures this will be at least daily.

The escalation and SitRep arrangements will continue to be used as the mechanism for identifying any potential surges in demand or capacity issues and ensure that these are managed effectively, flexing resources where appropriate to respond to areas of specific concern. These arrangements also provide the mechanism for de-escalation.

All organisations also have in place infection control plans linked to Emergency Preparedness, Resilience and Response arrangements which would come into place should there be an outbreak of infection such as norovirus or potentially a flu pandemic. Plans also include business continuity arrangements. Details of any outbreaks are reporting into the SitRep calls.

In addition to information arising from the escalation and SitRep arrangements, the Urgent and Emergency Care Delivery Board will continue to receive the monthly UEC performance dashboard on key performance and activity information to ensure system wide oversight of performance issues and risks.

There will also be ongoing communications and engagement activity in place throughout the lead up to and over the winter period. A dedicated budget has been identified to support the delivery of the communications and engagement plan. Part of this will be utilised to support the delivery of communication activity, promoting 'Think 111 First' and the 'Help us to Help You' campaign and the [Healthier Together](#) website providing advice and guidance for parents, carers and children and young people.

The second part of the funding will be offered as small grants to local voluntary and community sector groups to work with the target communities to deliver relevant interventions in 2021/2022. Support to administer these grants would be sought from Barnsley Council.

There will also continue to be ongoing COVID and Flu awareness raising activity encouraging everyone to continue to take sensible steps to reduce the risk of spreading infection and to maximise the uptake of both flu and COVID vaccinations across the Barnsley population.

Barnsley Plans for 2020/21

Across Barnsley there are a wide range of transformational plans in place aimed at improving integration between services, improving outcomes for patients, ensuring that pathways and referral processes are in line with national variation and reducing health inequalities for our patients.

This includes the Barnsley UEC Delivery Board Plan which includes the key priorities to help to deliver the change required to meet the needs of patients and ensure that growing demand for services can be met in the most appropriate way.

The key UEC priorities are:

- Front door streaming/navigation – including increasing alternative dispositions to ED and bookable appointments across the system
- 111 First and wider communications
- Same day emergency care (SDEC)
- Directory of Services (DoS) – Ensuring all available service options are available to 111 and other Health Care Professionals

This winter plan is not intended to duplicate these and therefore this section sets out the headlines specifically related to managing demand over the winter period, demonstrating how key elements of our plans come together to meet expected levels of demand by ensuring appropriate capacity is in place across the system and in order to manage peaks in pressure that we see every year over the winter months and taking into account the potential impact of any increase in the prevalence of Covid 19.

The plans for each part of the system have been developed taking into consideration the expected demand levels, capacity requirements and work force challenges to reflect the Key Lines of Enquiry (KLOE) developed by NHSE/I to support winter planning considerations.

KLOEs will be developed to support conversations, grouped under five specific domains



EXTERNAL EVENTS

Systems should consider both national and local factors beyond the immediate healthcare setting and how these have the potential to impact on the domains below. Systems may wish to use strategic planning techniques such as PESTLE analysis to support this. These events may be things that are unusual for this winter, such as the impact of covid-19 prevalence or they may be routine winter challenges such as short term influxes/outfluxes of tourism, extreme weather events or routine movement of staff between sectors

DEMAND

Systems should use sophisticated techniques to model expected demand on their services across the winter period. Such plans should consider a range of scenarios and be realistic around what is expected. Where providers do not have good history of accurate forecasting additional analytical support should be considered as well as signposting to national planning tools

CAPACITY

Systems should thoroughly review their available physical capacity including, but not limited to, inpatient spaces. Where the capacity available does not meet the predicted levels of demand mitigating actions must be taken. Systems should also define thresholds at which capacity risks being overwhelmed and agree clear escalation procedures if these tolerances are met. Systems should also make sensible assessments of how IPC protocols will impact on available space looking to maximise digital solutions

WORKFORCE

Systems should ensure that both clinical and non-clinical workforce levels are reviewed and aligned to the expected levels of demand and capacity. Steps must be taken to ensure all rosters are completed in good time and any workforce gaps mitigated as far as possible. Procedures should also be agreed to manage short notice sickness effectively to limit this impacting service delivery, this should include system-level interventions such as staff passporting and integrated working arrangements

EXIT FLOW

Systems should review points of interaction between services and identify instances of friction. Where delays are identified systems must ensure approaches are in place to alleviate these agreed between affected parties. Processes should ensure care pathways are optimised with only patients requiring an inpatient stay being admitted and that discharge takes place promptly

Summary of headline actions

Preventing/minimising urgent care demand	Access to urgent/same day care and treatment	Treatment (in-patient care) and flow	Discharge and out of hospital support
<ul style="list-style-type: none"> • Communications and engagement activity to help people to understand and choose the right services • Increasing access to alternative services from 111 • Ensuring all LTC reviews are undertaken in a timely manner • Maximising use of additional roles in Primary Care • Pulse oximetry@home pathways • Extending core hours of Neighbourhood Teams and Urgent Community Response • Nursing capacity for step up palliative care provision • Increased capacity to support Crisis Response nursing out of hours to prevent patients requiring care home or hospital beds • Increased focus on secondary prevention to avoid escalation up pathways. • Out of hours CAMHS crisis line 	<ul style="list-style-type: none"> • Additional capacity in 111 and 999 services • Improving Ambulance handover process • Increased ED capacity • Additional majors' capacity including additional bays following reconfiguration. • Introducing physical and digital navigation/signposting to alternative services • Improving GP/streaming in ED • New co-located Children's ED and Assessment Unit • Fully embedded the 24/7 Community Crisis Response within 2 hours. • All age Mental Health Liaison - 1hr response • New CAMHS model embedded • Psychiatric Liaison Service provides 24-hour cover (all ages) 	<ul style="list-style-type: none"> • Increased critical care capacity • Flexible use of bed capacity to provide for additional beds as required • Increased capacity and hours of medical and surgical same day emergency care (SDEC) • Direct access to SDEC via 111/999 and other HCP's through Rightcare Barnsley • Paediatric RSV pathways in place between secondary and primary care • Intermediate Care bed capacity in place to provide rehabilitation for patients unable to return home • Maintaining capacity in in-patient MH services • MH patient flow service, 7 days 	<ul style="list-style-type: none"> • Virtual 'COVID Ward' supporting patients outside of hospital • Discharge Hub in place • Increased capacity for rehabilitation support and intensive rehabilitation therapy through Neighbourhood Rehab Service (NRS) • Comprehensive Discharge to Assess model with additional assessment slots from September 2021 • In-reach support and early supported discharge for patients admitted to hospital due to respiratory conditions • Increased hospital social work cover • Increased use of tech and equipment to support patients at home • Work with current home care providers to increase capacity • Five additional home care providers identified • Additional reablement capacity

Further details of issues affecting demand, actions to maximise capacity and maintain/enhance services over winter and workforce plans are included below

Acute

Demand

- A&E attendances expected to be 100-110% of 19/20 levels
- Non-Elective activity is rising month on month and is expected to be back to 100% of 2019/20 levels (which were high in comparison to similar neighbours) by Q3/4
- Elective recovery will continue over winter with planned activity at 95% of 2019-20 levels. Referrals have increased to near the same levels.
- Covid activity is expected to remain at c5-10% bed base

Actions and plans to maximise capacity and maintain flow

- Capacity is in place to support approximately 300 attendances day in ED (including limited GP stream)
- Critical care capacity has been increased to 3x 19/20 baseline
- Additional 'majors' capacity through reconfiguration to create additional bed space in ED
- Bed capacity is in place to match 2019/20 levels with provision for a further 38 flex beds (including 20 bedded medical ward scheduled to open Nov 21)
- Additional imaging workforce is in place for winter to provide additional imaging capacity
- Medical & surgical SDEC to be in place 12 hours per day, 7 days per week with 2 hour diagnostic turnaround. Direct access pathways are in place via RightCare for GP referrals and YAS pathways are in place for direct access
- Emergency Department are able to flex capacity where activity is exceeding expected demand through use of agency staff.
- Point of care testing machines are available in ED, SDEC and AMU to support admission pathways and flow.
- A virtual covid ward has been established and will continue to be in place to support patients outside of hospital.
- Discharge hub is in place and working effectively.
- Work is ongoing as part of the SYB ICS iUEC programme to improve ambulance handover times and processes
- Working with SYB ICS UEC Programme to introduce digital navigation at the front of ED to signpost patients to appropriate alternative services such as SDEC, GP services, Pharmacy etc
- Paediatric RSV pathways developed between secondary care and primary care. (Comms plans include raising awareness of pathways)
- New co-located Children's ED and Children's Assessment Unit in place and already seeing impact in reduced admissions and better linkages to Children's Community Nursing Teams.

Workforce

- Temporary staffing will continue for medics, nursing, therapy & imaging to support gaps from vacancies, sickness, maternity & additional work, managed via workforce group & reported to Executive Team monthly.
- Seasonal recruitment has been approved for imaging, pharmacy, nursing, therapy.

Ambulance/111

Demand

- 999 and 111 services have been under significant pressure since Autumn 2020 and even further from May 2021
- 999 calls received have increased by 30% in 2021 (including calls back to patients where delays occur)
- Increased ambulance handover times increase impact of additional demand by restricting resource availability
- 111 demand running above expected levels (17% Apr – Aug 21)

Actions and plans to maximise capacity and maintain flow

- Strategic level calls with all key internal directorates present (999, 111 & PTS) three times p/week. There is also 7 day on-call strategic rota with tactical support 24hrs. When required, the strategic cell has been stepped up to daily calls in order to manage demand and initiate actions.
- Additional capacity (supported by additional funding) is being put in place across frontline services, 111 and the emergency operations centre.
- Plans are in place to maintain sufficient supplies (consumables, PPE, winter stocks etc to keep vehicles on the road) and good link are in place with NHS Supply Chain
- Implementation and embedding of 111 First, working with DOS leads and improving pathways
- Continue to work with hospital ED teams to improve handover delays
- Strengthen PTS services by increasing opportunities to do multi patient journeys taking a risk based approach
- Working with commissioners re 111 clinician access across IUEC system

Workforce

- Redeployment of clinical staff in non-clinical roles back to frontline work, and the bolstering of frontline operations with private provider ambulances and transport vehicles
- Recruitment underway for additional capacity
- Ensuring capacity and demand alignment to maximise capacity during peak times.

Community Services

Demand

- **Neighbourhood Teams:** Surge in demand is estimated to be around 5% to 7% based on previous winters, this will be managed through business continuity and caseload management.
- **Neighbourhood Rehabilitation Service (NRS):** Increase in patients supported at home from 70 to 100. Plans to accommodate a 20% surge in home visiting requirements (exceeding the 100 beds) are in place utilising overtime and increases in part time hours.
- **SPA** Further roll out of pathways with YAS via our Integrated RightCare SPA for Crisis Response and Breathe Community Respiratory Service.

- **IV's in Community** Expand the first IV pathways to include residents in Care homes with Chest and UTIs infection utilising skills and knowledge from our specialist teams.
- **EOL Care:** increase in fast-track step up of palliative care patients that do not meet the hospice criteria but are not for hospital admission. We would look to access the Better Care fund for these beds and pilot during this winter. 2 Nursing beds required
- **Crisis Response** nursing, out of hours, seeing an increase in need for wrap around care to keep people safe until core services come back on stream at 8am

Actions and plans to maximise capacity and maintain flow

- **Neighbourhood Teams** - to ensure core hours are extended as per specification and mobilisation. Recruitment almost complete which also links to the new National Anticipatory Care specification / modelling. This will also link into our Crisis Response Service. Full recruitment will ensure minimum staffing levels in each neighbourhood to meet the current demand. We will review to ensure staff and patient safety is at the forefront. We will continue to explore bank, additional hours and agency, where required, but being mindful not to overburden current staff with extra hours.
- **Neighbourhood Rehabilitation Service (NRS)** recruitment against new model is almost complete. This will allow for more capacity of rehabilitation support workers and more intensive rehabilitation therapy of patients under NRS. Community OT and Physiotherapy being sited together allows for more flexibility across the system to manage the demand and patient flow overall. This will enable the delivery of the increase in beds at home from 70 to 100.
- **Discharge to Assess** – this was implemented during Covid. A permanent model has been agreed between partners. Recruitment to additional posts, by BHNFT, is still underway with the team sitting in SWYPFT under at Memorandum of Understanding. We have developed a single hub for all adult therapy services and support workforce, with Social care, Reablement and Social Workers aligned within the team. Additional assessment slots will be available from September 2021, seeing an increase to 16 from 10.
- **EOL Care** – Arrangements are in place to secure nursing bed capacity in the Independent Sector, specifically for fast-track step up of palliative care patients that do not meet the hospice criteria but are not for hospital admission. Additional specialist training will be provided to care home staff and in-reach will be provided by the palliative care service.
- **Crisis response:** Agreed increased resource into Supportive Care at Home to support Crisis Response nursing out of hours to prevent patients needing to be stepped up to Independent Care Homes beds or hospital.
- Community Urgent Response capacity in place – working to increase utilisation and access via Rightcare Barnsley, particularly to reduce ambulance conveyance and hospital admission
- Increased focus on secondary prevention across all service areas, preventing patients escalating up pathways and requiring more complex care at home or in needing admissions to hospital.
- Increase focus on supporting self-managed care, reducing the frequency of home visits and clinic attendance where appropriate.
- In reach support and early supported discharge for patients admitted to Hospital and exacerbation management to avoid admission provided by the BREATHE service working with secondary care

Workforce

- **Neighbourhood Teams:** Drive to reduce vacancy factor will ensure minimum staffing levels in each neighbourhood to meet the current demand. We will review to ensure staff and patient safety is at the forefront. We will continue to explore bank, additional hours, and agency, where required, but being mindful not to overburden current staff with extra hours. Ongoing recruitment drive, hotspot Band 5 nurses, 5 WTE appointed ready to start October
- **Neighbourhood Rehabilitation Service (NRS)** recruitment is almost complete to new posts. This will allow for more capacity of rehabilitation support workers and more intensive rehabilitation therapy of patients under NRS. Community OT, Physiotherapy, Social care reablement and Hospital D2A therapy team being sited together allows for more flexibility across the system to manage the demand and patient flow overall.
- **Discharge to Assess** – Recruitment to key therapy post remains challenging but we are attracting candidates beyond the Barnsley provider boundary because of the positive narrative around partnership working

Mental Health

Demand

- Community Mental Health (adults/children)
- Pandemic related pressures continue to impact – with increases in mental health crisis, self-harm etc. presentations - business continuity arrangements remain in place.
- Specific demand pressures on adult SPA/core/IHBT service (including psychology).
- Adult Intensive Home Based Treatment (IHBT) caseload significantly increased. Currently 75 with average in last 6 months 67.
- CAMHS eating disorder pathway under pressure with high caseload numbers and increase in acuity.
- CAMHS eating disorder and crisis pathways adversely impacted by national shortfall of Tier 4 beds.
- IAPT referral levels during early stages of pandemic led to increase in waiting list/times.
- Modelling suggests significant increase in referrals across adult/children services from October 2021.

Mental Health Acute Wards and 136 Suite

- Last Winter and subsequent lockdown exit strategy has seen increasing pressures on beds and community services across the SWYPFT system. Since July these pressures have continued to rise exceeding typical winter demand. The psychological impact of the pandemic and lockdowns is not fully understood but there has been an increase in mental health crisis where alcohol, drug use and self-harm are a significant feature.
- Increased pressure on partnership agencies is reflected in a rise in referrals from emergency departments and section 136 usage. Pressure on the 136 suites continues to exceed commissioned activity assumptions and the three suites within SWYPFT are being utilised round the clock. The 136 suite in Barnsley has been impacted by the wider workforce pressures within inpatient services.
- The impact of covid infection on the wards risks further bed reductions due to cohorting/quarantine
- Pressure on social care provision is delaying discharge into care for older adults with dementia

Actions and plans to maximise capacity and maintain flow

Community Mental Health (adults/children)

- All-age liaison team at BHNFT maintaining effective response times. One hour response to referral in A&E's remains in the 90%+ range - Liaison function includes a specialist post focused on supporting high intensity users of A&E
- Working closely with police to develop other forms of support to service users well known to services.
- IHBT will operate 136 suite and triage functions from October 2021
- A dedicated street triage service is under consideration. This will offer real time advice, assessment and possible crisis alternative to 136 on site assessment
- IAPT capacity restructured to predominantly offer groups-based support. Waiting lists/times maintained.
- Out of hours CAMHS crisis line (Night Owls) under consideration.
- Adult SPA developing a brief intervention capability (as part of locally agreed ARRS). This will divert activity from core teams.

Mental Health Acute Wards and 136 Suite

- All wards are fully functional and acute OOA usage has remained at an all-time low despite the immense pressure of demand for beds.
- There is a centralised patient flow room located at Fieldhead, mirroring the acute trust winter room model. This assists the patient flow team in coordination
- The patient flow service now operates a 7 day model to manage communication between patient flow practitioners, gatekeeping services and the inpatient areas.
- We are working closely with police to look at offering other forms of support to service users well known to services. We have developed a high intensity user network which meets regularly.
- A dedicated street triage service is in place within four localities of the Trust but is not in place in Barnsley, outside of a telephone advice offer. This model works alongside police to offer real time advice, co assessment and possible alternative to 136 on site assessment
- The Psychiatric Liaison Service continues to provide 24-hour on-site cover for all ages including for younger people
- Last winter saw a restructuring of the CAMHS service and crisis response and this winter will see the formation of an all-age liaison service. These developments will have a significant impact on response to crisis (particularly in ED)
- Housing worker continues to be based within the patient flow service successfully supporting discharge where accommodation is a factor

Workforce

Community Mental Health (adults/children)

- Inpatient and community services are experiencing staffing pressures and high levels of vacancies.
- Seasonal ill health will compound existing vacancies.
- Ongoing a proactive utilisation of bank and agency staffing to supplement staffing levels.
- Senior cover at weekends has been stepped up to work through real time issues
- A number of incentives are being explored to ensure safe staffing levels are maintained.
- The Trust reviews safer staffing levels at EMT and there is a coordinated approach to the monitoring of safety, recruitment and retention
- Operational services work very closely with the bank team and safer staffing lead
- BCP's are in place for essential services and have plans for redeployment if staffing becomes critical or staff cannot make it to work due to weather
- Business continuity plans are in place to ensure cover during adverse weather conditions and during the holiday period

Primary Care

Demand

- Demand for GP appointments continues to rise and is above pre pandemic levels
- iHEART Extended Access is already seeing activity over 10% above usual levels and this is expected to increase further over the winter period.
- Out of Hours demand is high with expected demand rising further during the winter months
- The Blue Clinic is seeing continuous numbers of patients with COVID/respiratory symptoms and with ongoing high levels of infection rate in Barnsley this is not anticipated to reduce.

Actions and plans to maximise capacity and maintain flow

- All GP practices and primary care services are open and running at increased capacity to support additional demand.
- BHF working with BHNFT to improve the streaming offer
- Anticipatory Care Programme is in place to identify high risk patients taking a PHM approach and utilising risk stratification tools
- Ensuring that all LTC reviews are undertaken (prioritised by risk) and providing appropriate support guidance and onward referral – for example to the community BREATHE (Respiratory) service to support patients to manage their conditions
- Maximising use of additional roles such as First Contact Physio's, Physicians associates and Nurse associates to maximise capacity within general practice and increase available appointments with appropriate clinicians.
- Pulse Oximetry @ Home pathway is in place supporting for higher risk patients and helping to avoid exacerbation and potential hospital admission.
- Increasing capacity with the Blue (COVID) Clinic, extending operating hours to cover day and evening, providing additional face to face appointments for patients (Children and Adults) for patients with Covid symptoms to free up GP practices to support non Covid patients and provide face to face appointments where required including for all under 5's.
- Utilise PCN additional roles such as care coordinators and health and wellbeing coaches to provide advice and guidance as part of a targeted awareness campaign (linked to comms) around self-management, spotting early warning signs and improving knowledge on existing NHS services.
- Provide patients with information on how to self-manage respiratory infections in children and make them aware of other NHS services out there other than ED and GP practice.
- Work with secondary and community to ensure clear pathways and processes are in place to support patients with respiratory conditions, avoiding hospital admission or following hospital admission where this has been required
- Increased capacity in iHEART Extended Access services to provide additional appointments in Primary Care – from 1500 appointments in April 2021 to 1800 appointments per month from September
- Support to the delivery of the Oximetry @ Home pathway and Long Covid assessment and treatment pathways
- Roll out Community Pharmacy Referral Service to provide an alternative service for patients to be referred to from GP practices and 111.

Workforce

- Maximise the use of additional roles in Primary Care employed through the ARRS scheme through the PCN DES.
- Review of staffing rotas in extended access, OOH and hot clinics to make sure that capacity is aligned to expected demand and peaks in activity.
- Resilience arrangements in place between practices and supported by BHF to provide mutual aid and support where workforce or other issues put the delivery of the services at risk
- Utilise Locum support if this is required to maintain resilience across GP practices and other services.

Social Care

Demand

- Joint Commissioning working with operational teams to monitor level of demand in key areas (hospital discharge/reablement/home care/residential care).
- Demand for assessment has increased to support increased hospital activity and discharge requirements – this is in the context of capacity challenges in the market as a result of covid related staffing pressures.
- Challenges in the provider market has resulted in increased demand for support from reablement services as the provider of last resort.
- Review of demand for designated beds to be completed and solution agreed within bronze cell

Actions and plans to maximise capacity and maintain flow

- Increasing the hospital social work cover to 8pm Monday to Friday and increasing support over the weekends and Bank Holidays.
- Co- location with Community nursing teams to increase capacity and prevent duplication, when safe and appropriate
- Increasing the appropriate use of equipment, to reduce physical resource
- Pilot for Admission Avoidance & Social workers now deployed in GP practice
- All home care providers to be asked to consider review of packages to identify opportunities to reduce or change structure of packages to free up capacity
- Sitrep data collated weekly for home care and residential care provision to ensure accurate understanding of capacity available
- 5 additional home care providers identified to increase overall capacity for care packages
- New contract issued for bridging and additional reablement capacity to support hospital discharges
- Providers asked to review business continuity plans in preparation for winter
- Capacity in brokerage support increased to ensure sufficient cover for hospital discharges and CHC fast track

Workforce

- Staff levels across providers monitored using NHS capacity tracker

- Memorandum of Understanding to be re-issued to support shared staffing arrangements across care sector
- Development of a pool of bank staff
- In House provision to be utilised according to priority, should there be increased risk.
- Provider forums in place to explore opportunities around recruitment and retention

Ongoing Review and Evaluation

The Barnsley UEC Delivery Board will continue to have oversight of activity and performance and will oversee the delivery of the winter resilience schemes included within this plan. The Board will also continue to identify improvement actions to ensure that services are able to effectively meet the urgent and emergency care needs of the local population, and will support the local delivery of the South Yorkshire and Bassetlaw Urgent and Emergency Care Programme priorities.

Throughout the winter period the Board will undertake ongoing review and evaluation of plans, assessing the impact of the developments put in place and where appropriate identifying additional actions to support the system during periods of increased pressure.

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BARNSELEY HEALTH & CARE

SUMMARY PLAN 2021/2022

The NHS Long Term plan is improving the way people experience health and care services. Hand-in-hand with Barnsley 2030, these plans will help focus our collective efforts for, and with, local communities.

At a regional level we've shaped these plans as the South Yorkshire and Bassetlaw Integrated Care system. In Barnsley we do this through the Integrated Care Partnership Group (ICPG) - health and care organisations across the NHS, council and voluntary and community sector working together with local communities.

The shared commitment of the ICPG partnership has supported organisations to see beyond their boundaries, freeing up teams to work together in a more joined-up, seamless and effective way.

BETTER TOGETHER: THE BARNSELEY APPROACH

TEAMWORK

"Working in an integrated way isn't about being based in a building or working on a patch together; it's been about how we interact and support each other to improve things for people."

We know that when we work best, we work as a team - we focus on the ask and we come together to get things sorted. We also look out for and after each other.

The emergency contact centre response during the pandemic; the roll out of the COVID-19 vaccine; getting the best and timely support for people leaving hospital - none of these are easy but they've worked really well in Barnsley because of the commitment to work in a joined-up way.

REMOVING BARRIERS

"What really strikes me is how fantastic people are at working together across Barnsley and coming up with solutions to improve things- they just get stuff done. We've got a real opportunity here to support them to build on that."

There are things in the way that our organisations are set up and run that can add barriers to the improvements we want to make.

This plan will address some of those things, freeing up staff from across and within the NHS, the council, the voluntary and community sector and the care sector to work more seamlessly together.

THRIVING COMMUNITIES

"We want to talk to local communities more about the types of health and wellbeing concerns they have and the opportunities they can see - we can't expect a good reception if we turn up with new services when they're not what people want - it can be like an unwanted birthday gift: Despite best intentions, if it doesn't fit the bill neither the person receiving it, nor the person giving it, gets a good experience."

Working with a range of organisations and the local community in the Dearne, we found that what mattered to the local community wasn't always the same as the things we'd anticipated. We also saw that improving health and wellbeing is much more than local services. It's about the assets in that community and the way they support and grow local people's wellbeing and resilience.

Having multi-disciplinary teams, working in and alongside the local community, has brought real benefits in the Dearne and it is part of our plans to bring care closer to people's homes.

BETTER TOGETHER PRIORITIES

SUMMARY PLAN 2021/2022

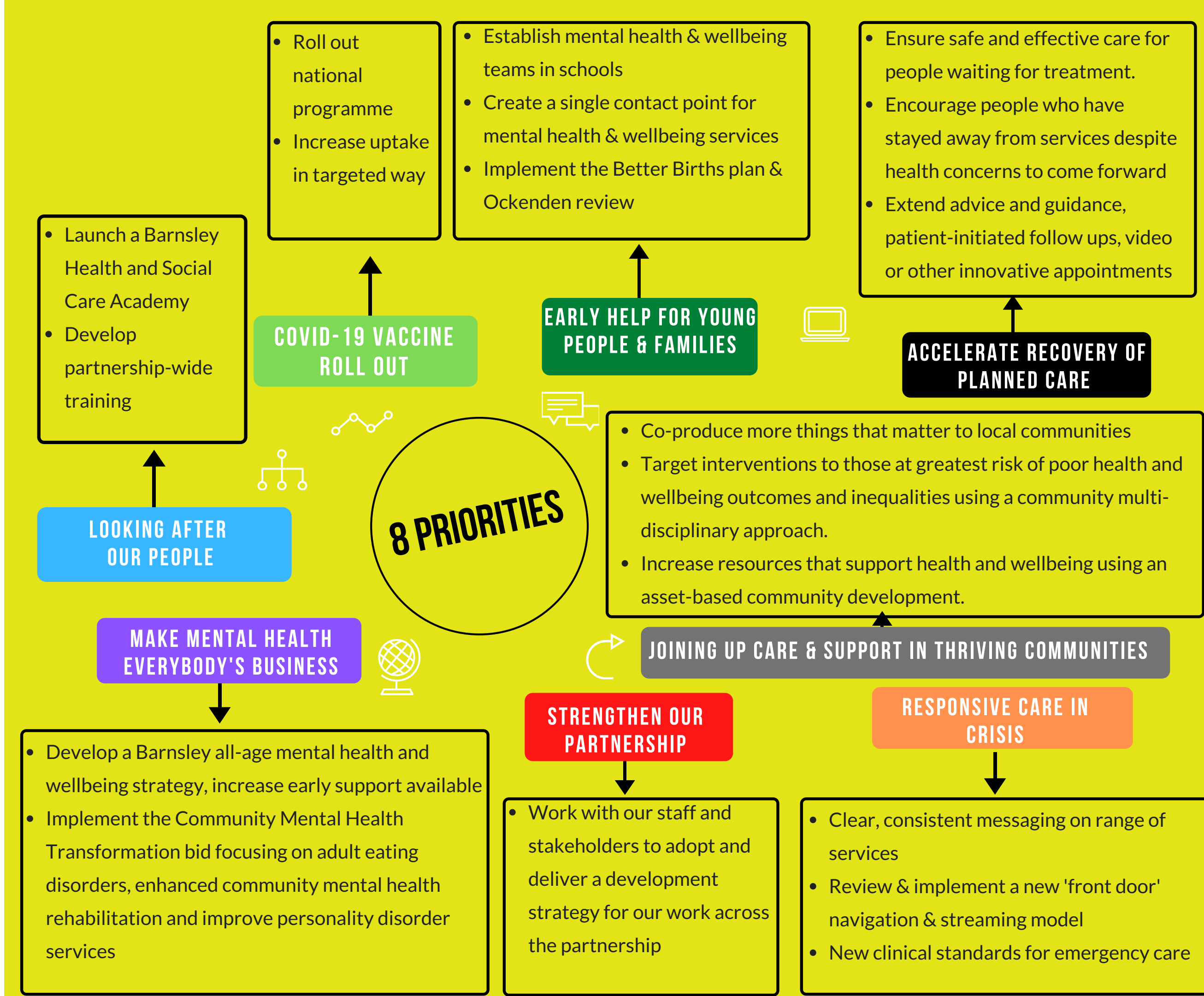
Our eight priorities for 2021/22 have been shaped by The NHS Long Term plan and the operational planning guidance sets out those that are must dos over the coming months.

Importantly, our priorities reflect those things which require or would benefit from collective effort from across our partnership.

They sit alongside the work of the Barnsley Mental Health Partnership.

Running throughout these priorities are some cross-cutting themes:

- Prevention and early intervention.
- Personalised care.
- Tackling inequalities.
- Quality assurance and improvement.
- Efficiency and value for money.



BETTER TOGETHER INVOLVING PEOPLE

SUMMARY PLAN 2021/2022

Listening to local communities about their ambitions and concerns for their own health and wellbeing, and that of their communities, is the basis of the work we want to do as a partnership.

Valuing their voice, alongside that of our staff and other stakeholders, is vital.

These guiding principles have been developed using feedback from local residents and people and carers who have used local services.

We will use the principles as we work through the Barnsley Health & Care Plan.

BETTER TOGETHER: PRINCIPLES OF INVOLVEMENT

- Have a strong local focus and work on both strengths and solutions with local communities
- Value equality and the diversity of local communities
- Make sure information is accessible and jargon free
- Ensure that everyone has a voice and we listen and learn from our staff and communities
- Involve the right people, at the right time and come to you
- Keep it simple and be honest about what you can influence
- Avoid repeating the same conversations
- Be open and transparent with what we know and what we have done and why



BETTER TOGETHER PARTNERS

SUMMARY PLAN 2021/2022

Health and care organisations have a strong history of working together in Barnsley. This has been highlighted and strengthened during the response to the COVID-19 pandemic.

This plan builds on these foundation and puts Barnsley in a good place as we move towards proposed changes set out in '*Integration and innovation: working together to improve health and social care for all*' legislation.

The Barnsley Integrated Care Partnership Group is made up of partners from across the health and care sector, including the voluntary and community sector and the independent voice of Healthwatch Barnsley.

This plan sits alongside the work of all the partners and has clear interdependencies.

BETTER TOGETHER: PARTNER MEMBERS

- Barnsley Clinical Commissioning Group
- Barnsley Community and Voluntary Services
- Barnsley Council
- Barnsley Healthcare Federation
- Barnsley Hospice
- Barnsley Hospital NHS Foundation Trust
- Healthwatch Barnsley
- South West Yorkshire Partnership NHS Foundation Trust

