

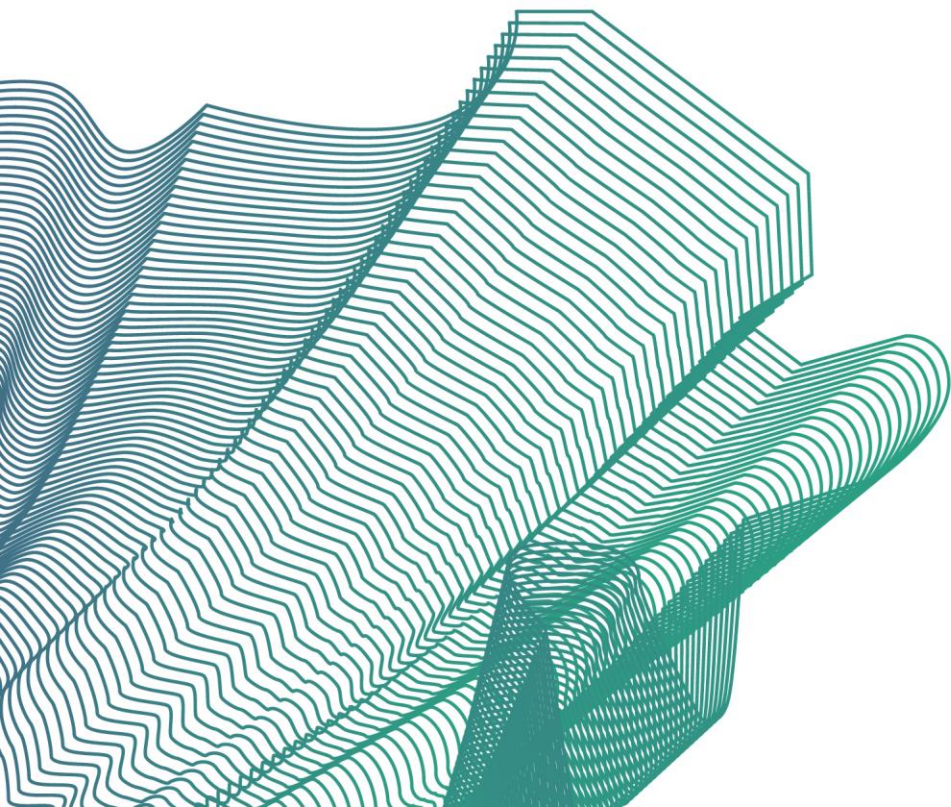
ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Demand Management/Surge Planning 2021-22

February 2022

Presentation to Health Select



Rotherham

Clinical Commissioning Group

**Rotherham, Doncaster
and South Humber**

NHS Foundation Trust

The Rotherham

NHS Foundation Trust

Rotherham 
Metropolitan
Borough Council



 **CONNECT
HEALTHCARE**
ROTHERHAM CIC

Preparing for Winter; What We Did

Acute / UECC

- Develop Additional Critical Care Capacity
- Cohorting Flu and Covid –Amber, Red, Green
- Reduction of elective cases pre planned
- Utilise local independent sector - elective care
- Maintain YAS relationships to improve Ambulance Handover times
- Length of Stay weekly reviews – MDT approach in Acute and Community setting

Community Services / Manage Flow

- Robust Contingency Plan in place for care homes including action plan links to Outbreak Plan
- Increase therapy/nursing resource in Integrated Rapid Response
- Equipment services available 7 days a week.
- New community respiratory pathway providing early supported discharge, in-reach, admission avoidance, exacerbation management.
- Increased Community Short Stay beds including Designated beds

Mental Health

- Continued promotion of 'Rotherhive' digital approach to delivering mental health support and communication on services are available.
- increase in demand for crisis services
- RDaSH has funding to support mental health discharge.
- More mental health support for primary care.

Social Care

- Continue to provide Brokerage support directly into IDT at peak times and on weekends
- Continued support of the principles of 7 day working arrangements in IDT (based on assessed demand)
- Daily virtual MDTs with system partners
- Continued support for the principles of discharge to assess in the community
- Increased resource in home care & reablement.
- Staff training in MH Awareness (for all reablement workers and reablement coordinators)

Primary Care

- Hot/Cold home visiting arrangements flex to more 'hot' during periods of demand.
- Rotherham Primary Care 'hot site' for Covid patients who require face to face services
- Extended Access service increased capacity.
- Same day ANP service increase capacity for 'cold' patients.
- Vaccinations for patients delivered as a system using PCN/place footprint for delivery to achieve required uptake.

What's working well?

- Robust Place Based Governance :- Strategic through to operational daily calls
- Operational Gold & Escalation Management / Command Centre oversight / Executive Escalation calls
- Mature relationships across the Place:- Early planning of IBCF funding for Winter/Covid19 2020-21 & 21-22
- Jointly funded posts in commissioning and operations Housing working with acute to support delays
- Integrated Discharge Team well established includes MDTs with community colleagues
- CHAT – UECC therapy and social care supporting admission avoidance at front door
- Flu vaccinations as early as possible/success of our Vaccination & Booster programmes
- Utilising ring fenced elective beds
- Emphasis on 'home first' with significant increase in assessment after discharge.
- Designated Covid19 positive community beds supporting flow
- Critical care Beds increased -Training of theatre staff to man Critical care
- Reduction in face to face interventions, quick development of hot visiting & hub

What are our on-going challenges?

- Covid 19 increasing community transmission and impact on staff sickness – potential for further variants emerging
- Risk of further bed reductions - Due to cohorting flu and covid19
- Pressure on social care provision - Home care / Reablement resource/capacity to meet demand
- Workforce challenges across Place - Sickness, morale, and mental health
- Unable to recruit to key capacity - Acute wards, UECC, Reablement
- Using elective beds for emergency care – impact on Elective programme including Urgent/Cancer
- Multiple outbreaks of flu and/or covid-19 in community i.e Care Homes, guidance reduced to 14 days, but Care Homes are seeing multiple positive results on retesting.
- Primary care support for UECC is fragile – Sickness/inability to recruit GPs
- Ongoing Covid19 issues :- Track and Trace (patients and staff), Access to PPE across the Place partners, Social distancing
- Critical care staff / Critical care equipment – including ability to access additional Ventilators
- Pressure on social care provision
- Requirement to reduce the number of people with a Right to Reside in Trust through increased discharges – concern over not meeting our Local target

ANY
QUESTIONS
?