Doncaster Council

Date: 28th November 2019

To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

HEALTH AND SOCIAL CARE: WINTER PLANNING IN PARTNERSHIP

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake – Cabinet Member for Adult Social Care	All	None

EXECUTIVE SUMMARY

1. Winter is a time when Doncaster people, particularly older people with underlying frailty, can experience poorer health and wellbeing. This is often in relation to seasonal illnesses, most often respiratory in nature. This report describes how in partnership Doncaster's organisations are responding this winter to ensure people get the support they need when they need it, so they are able to recover from illness quickly and get back to their everyday lives as quickly as possible.

EXEMPT REPORT

2. The report is not exempt.

RECOMMENDATIONS

3. The Panel is asked to consider and comment on partnership plans to ensure Doncaster people receive joined-up health and social care over this winter so they are able to recover quickly from any period of ill-health.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The measures described within this report are intended to improve the health and wellbeing of Doncaster people.

BACKGROUND

5. The Doncaster Urgent Care System - Overview

5.1. The Doncaster and Bassetlaw health and social care system is comprised of the following organisations:

- NHS Doncaster CCG
- Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
- Rotherham, Doncaster & South Humber NHS Foundation Trust
- Doncaster Metropolitan Borough Council
- Fylde Coast Medical Services
- Primary Care Doncaster
- Yorkshire Ambulance Service (YAS)

5.2. The system wide approach to managing winter has been in use across the Doncaster health and social care system since 2016/17 and has proved to be successful. The approach is fundamentally based around enhancing the existing system, as we have well established processes for flexing up and down, depending on need. However, it is essential that the system is not complacent and the approach to managing previous winters has been reviewed and the learning used to inform the plans for 2019/20.

5.3. Doncaster has undertaken a multi-faceted approach to preparing for winter 2019/20 as follows:

- Winter 2018/19 Review and Evaluation to understand individual organisational winter plans put in place and the impact on the urgent care system last year
- Demand and capacity analysis for local urgent care system as a whole
- Winter workshop, focussed on the relationship between individual organisational plans, the associated risks and contingencies and the impact on the urgent care system
- Table top exercise taking place to stress test the escalation framework
- Doncaster & Bassetlaw #System Perfect “Delayed Transfers of Care”, focussed on patient choice with a key aim of reducing delayed transfers of care and length of stay across the health and social care system
- Specific pathway opportunities, including direct booking, GP on line consultation, Urgent Treatment Centre at Mexborough, Community Based Frailty MDT testing and Mental Health Integrated Working Winter 2019/20 Communications Campaign
- Plans developed for use of Winter Pressures funding
- Winter 2019/20 Communications Campaign
- Development of the winter plan document to ensure that all actions are aligned and that the urgent care system is sighted on the risks and associated contingencies as a whole

5.4. Robust plans for winter are produced by each organisation within the health and social care system and are based on analysis of activity patterns, capacity management, escalation approaches and actions. The following sections provides further detail regarding the Doncaster Urgent Care System and the approach for this winter, divided into sections that describe community healthcare, acute hospital care, integrated discharge arrangements and extended social care.

6 Community Health enabling Prevention, Self-Care and Support

6.1. Extended Access to Primary Care

- Extended access appointments are still available in Doncaster after introduction in October 2018 (by Primary Care Doncaster) via hubs across Doncaster providing additional appointments on Saturday mornings at network level as well as additional appointments on Saturdays and Sundays at the Same Day Health Centre.
- Where capacity allows GP Practices will run a winter rota and make additional appointments available to manage surges in demand.
- The NHS app is now available for patients across all Doncaster practices which allows ordering of repeat medicines and digital booking of some appointments giving patients greater choice in how they are able to book and access services.

6.2. Pharmacy Urgent Repeat Medication Scheme (PURM)

- The PURM scheme is available across and provides an opportunity for urgent medication needs to be addressed in alternative settings. Focussed communications will be undertaken to promote the PURM scheme and share more general messages to Doncaster residents, care homes and GP practices around organising medications in advance of bank holiday periods in particular.

6.3. Doncaster Same Day Health Centre and the Urgent Treatment Centre (UTC)

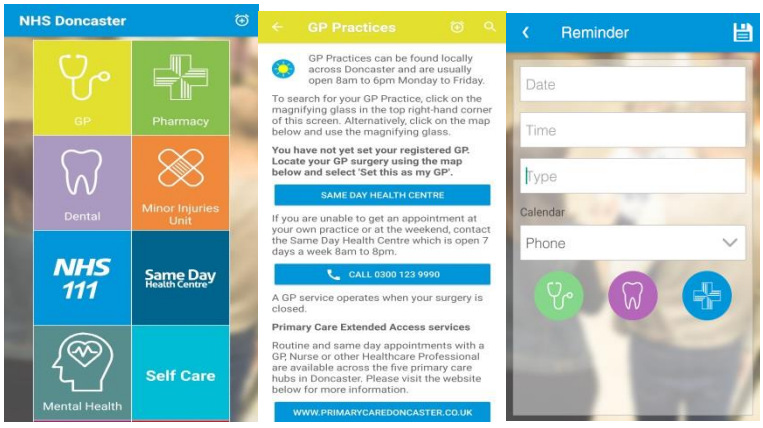
- The Doncaster Same Day Health Centre provides access to urgent primary care, 7 days a week. The Urgent Treatment Centre, co-located with A&E, provides a primary care response for patients identified at the A&E Front Door streaming service, and the GP Out of Hours Service.
- The Same Day Health Centre and the Urgent Treatment Centre are provided by the same organisation. They have tested out different ways of managing patient flow and appointments across the two services. This enables capacity to be flexed in line with demand, and at peak periods direct patients away from the A&E setting.

6.4. Support for vulnerable patients

- Inclusion Health drop-in clinics are in place across three locations hosted by Changing Lives, Wharf House Homeless Hostel and The Conversation Club at the Quaker Meeting House providing easier access to health for the more vulnerable population of Doncaster (including wound care).

6.5. Signposting to the best service

- The locally developed Choose Well App is currently being re-developed to ensure it is easily accessible by all of our local population; includes the relevant services such as Mental Health; and to allow us to publish messages via the App when there are pressures in the system or as reminders such as remembering to order and collect repeat prescriptions.
- The benefit for patients is to provide an easily accessible and comprehensive 'guide' to all urgent & primary care services in Doncaster at the touch of a button. The App will also help patients to locate their own GP and Dental Practice, as well as find the nearest Pharmacy to their home and allow patients to input reminders of appointments.
- As well as information around urgent care services, the App also details information about our local mental health services and what to do in a crisis, and information about self-care.



- The Choose Well App also links to the DMBC public facing website, Your Life Doncaster, which signposts the public to various public and third sector services across Doncaster

6.6. NHS 111

- Use of NHS 111 is growing in Doncaster and work is underway to ensure provision of local clinical assessment and advice, following a call to NHS 111.
- Direct booking from NHS 111 is now live in to Doncaster's Same Day Health Centre, GP Out of Hours Service and in development at the Urgent Treatment Centre.
- A plan is currently being drafted to extend Direct Booking into the GP Extended Access hubs and GP Practices to enable further opportunities to ensure that patients are seen in the right place first time.

6.7. Supporting Professional Decision Making

- A number of referral pathways and supporting services are in place to support professionals in making the right choice within the Doncaster urgent care system. These are summarised below.
- The Integrated Doncaster Care Record is now live. This is an electronic way of storing patient data that can be seen by health staff in a wide range of services in Doncaster. The information is significant in

supporting patients to be managed at home, as critical information such as assessments, current care plans and care packages can be accessed within any community setting.

- With regards to elective referrals Doncaster has rolled out the Advice and Guidance service, Consultant Connect, to more Specialties - this enables Primary Care Clinicians to contact Trust Consultants via telephone for advice and guidance prior to referral; it also allows for booking into clinics for some Specialties
- With regards to non-elective referrals/admission GPs are able to directly admit DBTHFT's Ambulatory Care Unit, the Acute Medical Unit, the Surgical Assessment Unit (this is via a triage process with the Consultant) and the Frailty Assessment Unit. This is both in and out of hours.

6.8. Community Alternatives

- The RDaSH Single Point of Access (SPA) provides triage and access to Community Nursing, Intermediate Care Rapid Response, Mental Health and Palliative Care services. The SPA operates 24/7 and is staffed by experienced nurses to ensure that patients are directed to the most appropriate service, and are ideally managed at home, avoiding admission to the acute hospital wherever possible.
- This Rapid Response service, based on a multi-agency team, is now well established and receives direct referrals from community healthcare professionals on a daily basis. The service ensures that appropriate patients can be supported and cared for within their own home, avoiding A&E attendances and non elective admissions. The service also works to keep people as independent as possible in their own homes.
- During Winter 2018/19 the Rapid pathway was also opened to Care Homes which has supported Care Homes in their decision making, providing on site care for patients and avoiding unnecessary A&E attendances. This approach, along with support from the Older Peoples Mental Health team will continue for winter 2019/20.

7 Acute Hospital Care

7.1. Ambulance Handovers

- Doncaster Royal Infirmary (DRI) works in partnership with the Yorkshire Ambulance Service (YAS) to ensure safe, timely and effective handovers from crews to A&E staff. Relationships have been built on by having regular attendance/presence of a YAS locality manager within the A&E department and at the weekly Surge and Operations group.
- Notable improvement was seen in ambulance handover times during winter 2018-19 and these have been maintained to date during 2019/20.

7.2. Front Door Assessment and Signposting Service (FDASS) and A&E Flow

- The FDASS service is based at the front door of A&E (on the DRI site) and provides streaming of patients to the most appropriate pathway. During quarter 1 of 2019/20 a navigation nurse was introduced, based on national best practice. The introduction of this approach has seen a

significant increase in the number of patients streamed to the Urgent Treatment Centre; this approach will continue.

- A Quality Improvement project on A&E flow has taken place which has brought about a change in the Assessment areas. This has also resulted in a positive impact in ambulance handovers due to the increase in space in the handover area
- Radiology tracker system has been implemented in DRI A&E that improves the flow of patients waiting for x-rays/CTs
- Oncology Nurses are now in place at the Front Door

7.3. Rapid Assessment Programme Team (RAPT)

- RAPT is a team of social workers and therapists who identify patients in A&E, the Clinical Decision Unit, the Acute Medical Unit or Surgical Assessment Unit at DRI that have the potential to be assessed and treated or supported at home/ within the community to avoid an acute admission.
- The RAPT team work at the front door to turn patients around at the front door to enable discharge the same day and can directly admit patients for other Intermediate Care support.

7.4. Same Day Emergency Care

- The Ambulatory Care unit provides rapid access to investigations and treatment without the need for a hospital admission. The service is available seven days a week.
- Patients attending the service tend to be suspected Deep Vein Thrombosis or require some diagnostics for another suspected medial or surgical condition.
- If it is deemed that an inpatient assessment is required, then there is the option to transfer to the Acute Medical Unit.
- Ambulatory care is also in place for Surgery, Trauma and Paediatrics.

7.5. Clinical Decision Unit (CDU)

- The CDU plays a critical role in supporting the A&E team, by providing a more appropriate setting to care for adult patients who may need more time for assessment in order to establish the best pathway for onward care. The unit provides ongoing assessment until it is deemed clinically safe to discharge home, for example head injuries, patients awaiting test results.

7.6. Frailty Assessment Unit

- The Frailty Assessment Unit at DRI delivers an enhanced assessment and healing environment for our frail older patients, helping them become more independent, and mobile, with less fear and confusion. Patients undergo specialist assessment on the Ward and a daily Multidisciplinary Team meeting takes place to ensure people can get back home as soon as it is safe to do so.

8 Integrated support to help people leave hospital

8.1. Integrated Discharge Team

- Doncaster & Bassetlaw already have in place 7 day Integrated Discharge Teams made up of health and social care workers.
- These teams manage the safe discharge of more complex patients from hospital to the most appropriate setting at the earliest opportunity, ensuring that patient flow is maintained and care continues in the community or wherever clinically appropriate.
- Feedback from these teams is essential to understand pressures and blockages in the system; their attendance at weekly discharge meetings ensures that feedback continues to be received and acted on.
- DMBC will be introducing 7 day working management support in the Integrated Discharge Team, prior to winter, to support the team in managing transfers of care.

8.2. Length of stay review meetings

- Multi-agency meetings are in place to review every patient with a length of stay at DBTHFT greater than 7 days. These are attended by representatives from the CCG, community staff and social care partners.
- The review aims to establish if the patient is medically fit/stable to be discharged and if there are any barriers to the discharge which can be supported by partners in the meeting.
- Themes and trends from the meeting are then fed into the wider system meetings, to ensure there is senior support in removing barriers that stop people getting back home as soon as they are medically able to.

8.3. Discharge to Assess

- The Doncaster Discharge to Assess beds have been in place since January 2014. In August 2017 the beds were re-procured and the ratio of beds were changed, in line with demand and capacity planning. The contract has now been extended for 12 months until 31st July 2020 to link in with the current work around intermediate care.
- It is expected that patients will stay in the Discharge to Assess beds for a maximum of 6 weeks and patient flow through is regularly monitored and reported to the System Resilience Group.
- Following a review of usage during the contract term the beds have been reduced to the following;
  - Roman Court – 5 Nursing dementia beds
  - The Old Rectory – 4 Nursing Beds
  - Dr Anderson Lodge – 2 Nursing Beds
  - Dr Anderson Lodge – 3 Nursing Dementia Beds
  - Manor View – 5 Nursing Dementia Beds
  - Swallow Wood – 5 Nursing Beds

8.4. Positive Steps Unit

- Positive Steps provides 24 hour care and support, 7 days a week. This programme introduced a number of additional Support workers meaning that the unit can take more cases awaiting discharge and potentially

more complex cases. Winter 2018/19 demonstrated that flow through these beds is essential and that the balance of male/ female beds can be critical.

8.5. STEPS – Home First Programme

- In late 2017 a Domiciliary Care Home First Programme was introduced into STEPS (Short Term Enablement Programme) to reduce waiting times for domiciliary care packages to commence and enable home based assessment of future need, potentially reducing longer term care needs.
- This provides immediate domiciliary support for people up to 21 days pending a permanent care package starting, acting as a bridging service.
- Initially this was provided from within existing services whilst the longer term solution was put in place. The bridging service is now well established, with the longer term provider in place and working well in advance of winter.

8.6. Intermediate care on discharge

- Home first has become the mantra for the Intermediate Care programme and work is underway to explore how a greater number of patients could be cared for in their own home, or how existing community beds could be used differently to support this by working closely together across health and social care. It is expected that some aspects will be put in place this winter and agreed to include Dementia and delirium patients in this approach.

8.7. End of life care

- Woodfield 24 provide end of life care in patients homes on a flexible basis, in line with patient need. Capacity for this service was increased in February 2018 due to the success of the service model and positive patient feedback. The future capacity requirements for the service are currently under review.

8.8. Working with the Voluntary Sector

- The voluntary sector are critical to the urgent care system in Doncaster, providing and supporting a range of services such as Home From Hospital, Social Prescribing and the Wellbeing Officers team at DMBC.
- The Social Prescribing scheme has been re-commissioned for the next two years and works on a locality basis accepting referrals from GPs, Community Nurses and ECPs.
- Significant work has also taken place with a number of voluntary sector groups, including the Peoples Focused Group, in support of mental health services.

8.9. Patient Transport

- Patient transport is essential to enable health and social care services to function effectively. However, any changes to weather conditions, especially during winter can compromise these services and their delivery.

- NHS Doncaster CCG has a number of patient transport contracts, with providers other than YAS, in order to manage the potential service risk and disruption caused by bad weather conditions. Close working relationships are maintained with those providers in order to maximise flexibility when needed.
- Support is also available from the local 4x4 club. All transport services have robust Business continuity services and plans to vaccinate their staff against flu.

9 Extended Adult Social Care

9.1. The Secretary of State for the Department of Health and Social Care (DHSC) wrote to Council Leaders on 17th October 2018 to set out details of additional funding for Councils that had been announced on 2nd October 2018.

- The funding is intended "to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services".
- The allocation for DMBC in 2018-19 was £1,509,880 and the same amount was subsequently allocated for 2019-20.
- Allocation of the Winter Pressures Funding will enable DMBC to continue to support the NHS by appropriately reducing both non-elective admissions and length of stay. This will improve outcomes for Doncaster people by increasing their health and wellbeing. It will also ensure continued capacity in social care services that otherwise would be at risk from continuing reductions in central government grant.
- The focus of this additional funding is set out below

9.2. Rapid response to avert community crisis:

- Increased capacity to ensure urgent community issues are dealt with quickly to reduce the potential for escalation and unplanned admissions to hospital or care home settings.

9.3. A strong and consistent focus on "Home First":

- Enhancing availability of therapy support and assessment, minimising length of stay in hospital, supporting recovery and proportionate assessment in people's own home environment
- Improving the targeted capacity of the independent sector to provide rapid home care packages and additional provision especially in areas where historical supply has been challenging
- Sustaining overall independent sector capacity even in the advent of increased seasonal demand

9.4. Ensuring capacity to escalate response when the system is under pressure:

- Additional assessment capacity to enable flex
- Capacity to invest in short-stay care home beds to supplement the Home First approach if necessary

Details of specific schemes are below.

Scheme	Description
Single Point of Access Team	Additional social work capacity at the front door during winter to provide a rapid response to urgent needs and provide additional assessment capacity to facilitate discharge from hospital when required.
STEPS – additional social work and OT capacity	More therapy professionals in in-house intermediate care to help people to gain independence. They will also provide more therapy training for staff and work alongside care providers for those needing medium and longer term care packages to increase reablement and reinforce independence.
Investment into Independent Sector Domiciliary Care Provision	Investment in the independent sector provision to support greater responsiveness and positively impact on DTOC. This will include options to invest in specific areas such as hard to reach localities and services to support individuals where short term provision is not suitable.
Short Stay care home	This will buy additional capacity in placements where a home first response cannot be facilitated in the first instance.
Social Care and Increasing Demand	To sustain domiciliary capacity and business continuity ensuring adequate services provision and staffing resources.

OPTIONS CONSIDERED

10. Doing nothing in response to winter pressures on the health and wellbeing of Doncaster people would create significantly worse outcomes for them and also risk the sustainability of core health and social care services. If health and social care organisations attempted to address issues separately rather than together then opportunities would be missed to ensure joined up support, ensure the best experience for local people and also make the best use of resources.

REASONS FOR RECOMMENDED OPTION

11. As above.

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	**Doncaster Working:** Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future; • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment	Supporting Doncaster people with increased health and care needs over winter not only supports their own wellbeing but also those of family members, including those who work. A joined up programme to ensure people get the right support when they need it has a strong impact on all of the Council's key objectives.
2.	**Doncaster Living:** Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time; • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage	
3.	**Doncaster Learning:** Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling; • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work	

4.	**Doncaster Caring:** Our vision is for a borough that cares together for its most vulnerable residents; • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes	
5.	**Connected Council**: • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance	

RISKS AND ASSUMPTIONS

12. To maximise the effectiveness of the Overview and Scrutiny function, it is important that the work plan devised is manageable and that it accurately reflects the broad range of issues within its remit. Failure to achieve this can reduce the overall impact of the function.

LEGAL IMPLICATIONS [NAME: SRF DATE: 27/11/19]

13. There are no specific legal implications arising from this report. All partnership organisations will continue to work in line with their statutory responsibilities. Specific legal advice can be provided to the Panel on any matters arising.

FINANCIAL IMPLICATIONS [OFFICER DB DATE: 27.11.19]

14. The Winter Pressures Grant for 2019/20 is £1,509,880. The funding is temporary and as such has been used to fund the following schemes on a temporary basis, to deliver the outcomes discussed in the main body of the report.

Scheme	Amount
Single Point of Access Team	£176,000
STEPS – additional social work and OT capacity	£59,000
Investment into Independent Sector Domiciliary Care Provision	£185,000
Short Stay care home	£100,000
Social Care and Increasing Demand	£989,880
Total	**£1,509,880**

The impact of this additional resource is not measured in isolation but contributes to the overall Adult Social Care activity and spend included within the forecasting on social care provision within the Care Ladder, which forms part of the overall Adults Health & Wellbeing monthly monitoring position.

It also forms part of the wider Better Care Fund report presented to the Joint Commissioning Operational Group on a quarterly basis.

HUMAN RESOURCES IMPLICATIONS [Officer Initials AT Date 27/11/19]

19 There are no specific human resource implications arising directly from this report.

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 26/11/19]

20. There are no specific technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials CW Date 27/11/19]

21. Access to health and social care services has the potential to impact on the overall health of the population. Evidence suggests that this could contribute up to 25% of factors that can determine the health status of the population. The system wide, partnership approach to responding to winter pressures, enabling people to access the appropriate support when it is needed will benefit recovery, outcomes and overall wellbeing. Public Health supports the recommendation.

EQUALITY IMPLICATIONS [Officer Initials PH Date 02/08/19]

22. There are no significant equality implications associated with the report.

CONSULTATION

23. There has been no specific consultation connected with the production of this report.

BACKGROUND PAPERS

23. None

REPORT AUTHOR & CONTRIBUTORS

Phil Holmes, Director of Adults, Health and Wellbeing
01302 737529 phil.holmes@doncaster.gov.uk

Phil Holmes
Director of Adults, Health and Wellbeing