



# Doncaster Council

Date: 26<sup>th</sup> November 2020

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

## HEALTH AND SOCIAL CARE: COVID AND WINTER PLANNING IN PARTNERSHIP

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

### EXECUTIVE SUMMARY

1. Health and Care is the responsibility of a wide range of Doncaster organisations. The Council and the NHS play a key role, as do local care homes, homecare agencies and housing-related support providers. The Voluntary, Community and Faith sector are also essential. Covid 19 has created huge additional pressure this year, which will add to the challenges of winter. This report sets out the support that is planned in Doncaster this winter and how it will be coordinated.

### 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

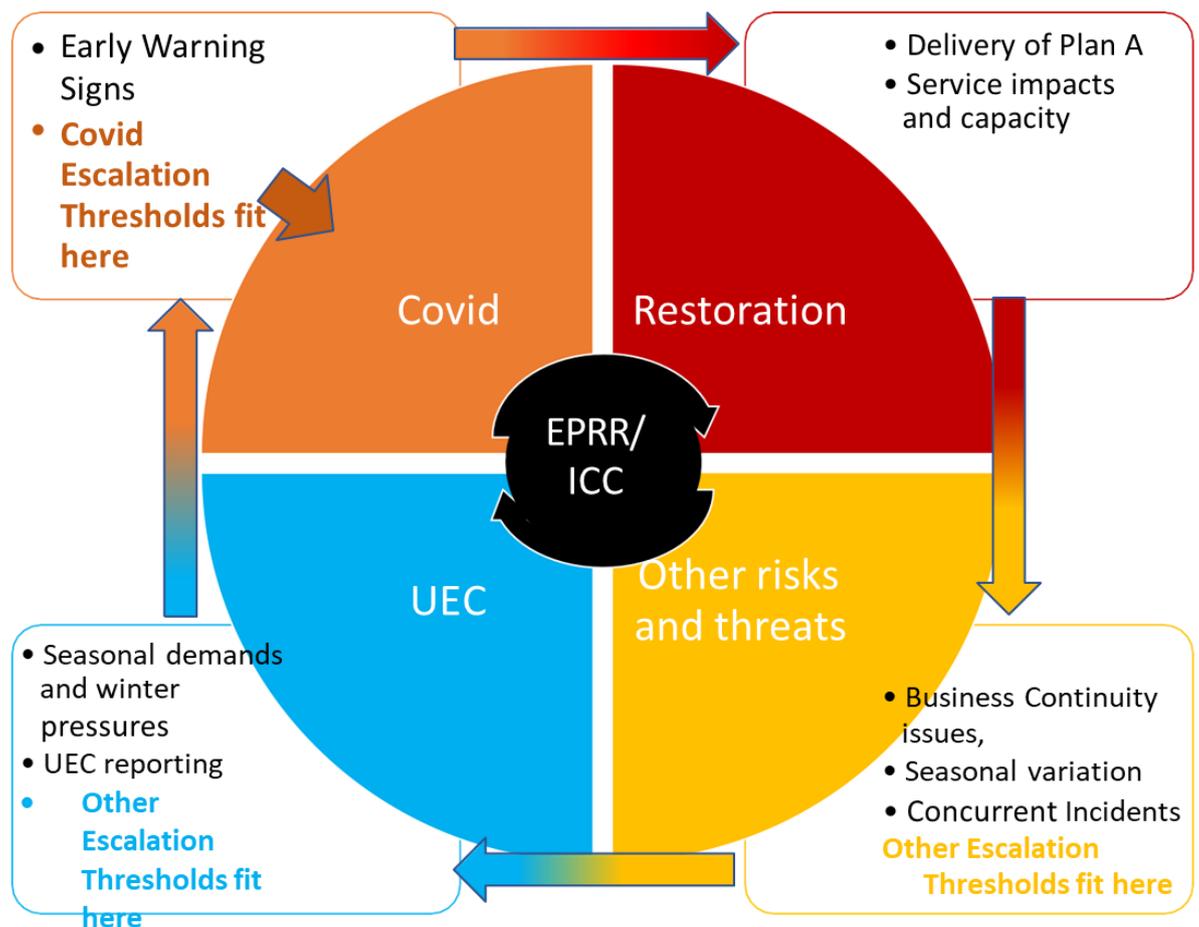
## 5. The Doncaster Urgent Care System - Overview

5.1. The Doncaster health and social care system is comprised as follows:

- NHS Doncaster Clinical Commissioning Group (CCG)
- Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
- Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH)
- Doncaster Metropolitan Borough Council (DMBC)
- Fylde Coast Medical Services (FCMS)
- Primary Care Doncaster (PCD)
- Yorkshire Ambulance Service (YAS)

5.2. As referred to in the Executive Summary, a wider range of local organisations play a key role in delivering care to local people, including family carers. NHS organisation and the Council have a role in supporting this wider system both financially and via fostering collaboration.

5.3. The focus in the system is on managing a number of concurrent factors:



5.4. These factors are reflected in the above graphic as follows:

- The degree of Covid 19 in Doncaster communities and therefore the need to manage health and care services safely, both to support those with the virus and to protect those without it.
- The restoration of as many NHS and care services as possible following the first wave of Covid when national policy required some of these services to be stood down.
- The need to manage Urgent and Emergency Care pressures over the winter period when other respiratory infections (including but not limited to flu) are at their height and can have a significant impact on the wellbeing of frail older people in particular.
- Other risks and threats that need to be managed concurrently. The key example going into 2021 will be EU exit and the potential risks to be managed around imported goods including medicines.

5.5. “Perfect storm” is an over-used phrase but the above combination of circumstances is clearly unprecedented and requires considerable coordination. Doncaster health and care partners have agreed an escalation framework to address risks on a more granular level. Each of the areas below within the framework is informed by activity data to determine grading and therefore response:

- Covid community transmission levels
- Covid occupancy in DBTH, RDaSH and community beds
- Covid impact on available staffing
- Covid outbreaks in health and care settings
- General Accident and Emergency performance
- Community Nursing capacity and demand
- Overall bed occupancy in DBTH, RDaSH and community NHS beds
- Delayed Transfers of Care (people waiting to leave NHS beds)
- Psychiatric Intensive Care capacity
- Planned Community Mental Health capacity
- Overall demand for Mental Health support
- Overall staffing
- Care home capacity
- Restoration of full NHS services
- Adverse weather
- Primary Care capacity and demand

5.6. Operationally these pressures are managed and monitored daily. Issues are escalated to regular multi-agency meetings (for example, there are separate senior level meetings at least weekly for partners to discuss and resolve pressures on Primary Care, social care provision (care homes, supported living, Extra Care, domiciliary care) and discharge flow out of both hospital and mental health settings.

5.7. At the time of writing a Health and Care Cell meets three times per week to review all of the above risks and ensure actions are in hand. It in turn reports to the Tactical Coordination Group which is facilitated by the Council's Emergency Planning function and connects Health and care actions to wider work on the

Covid pandemic, for example public awareness, support to businesses, wider humanitarian work.

- 5.8. Chief Executives of the Council, CCG, DBTH and RDaSH meet at least weekly to review the overall position, supported by the Director of Public Health. Arrangements are also in place to brief Council Cabinet, opposition leaders and Doncaster's MPs at least weekly about Health and Care alongside wider Covid risks and actions.
- 5.9. The above paragraphs cover the health and care system's approach to coordination and escalation. The following paragraphs in Section 6 describe the content of support being provided to Doncaster people.
- 5.10. Information about Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is not provided below because that is shared in a separate report also being considered by the Overview and Scrutiny Panel today.

## **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 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.
  - In addition, NHS England launched the Community Pharmacy Consultation Service (CPCS) in October 2019. This service is available via NHS 111 and connects patients who have a minor illness or need an urgent supply of medicine with a community pharmacy. As part of the response to COVID-19, patients being referred to the CPCS are being advised to phone the pharmacy and to speak to the pharmacist. Unless there is a clinical need for the patient to be seen in the pharmacy, the pharmacist can provide a consultation by telephone
- 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 now provided as part of the Doncaster Provider Alliance, which enables capacity to be flexed across the urgent care system, in line with demand, and at peak periods to direct patients away from the A&E setting.

#### 6.4. Support for vulnerable patients

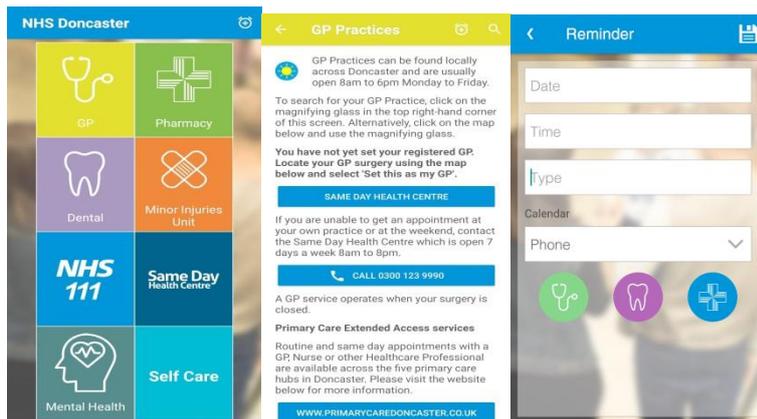
- Inclusion Health drop-in clinics have been provided across three locations hosted by Changing Lives, Wharf House Homeless Hostel and The Conversation Club at the Quaker Meeting House providing easier access to health for the more vulnerable population of Doncaster. These were paused at the start of the Covid-19 pandemic but were re-introduced in September 2020.

## 6.5. Signposting to the best service

- Within the Doncaster health and social care system there are a number of ways to ensure that patient and the public are signposted to the right service, the first time as much as possible. A comprehensive Communication plan is key to achieving this, and a single winter communications campaign will be running across all health and social care organisations winter 2020/21.



- The locally developed Choose Well App is available to all of our local population. 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 helps 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. Work has also been complete 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 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 develop provision of local clinical assessment and advice, following a call to NHS 111.
- NHS 111 is also able to directly book appointments at the Doncaster Same Day Health Centre, GP Out of Hours Service, Urgent Treatment Centre at Doncaster Royal Infirmary and GP Practices. However, during the initial phase of the COVID-19 pandemic, direct booking in to these services was paused, to allow local triage and direction of patients to the most appropriate service available at that time. As part of the recovery and reset process direct booking has now been reinstated in GP Practices and is currently being re-instated at the Urgent Treatment Centre.

#### 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

#### 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.

- The 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 2020/21.

#### 6.9. Support to Care Homes

In March 2020, version 2 of the Enhanced Care in Care Homes (ECCH) Framework was issued by NHS England and NHS Improvement (NHSE/I). The framework sets out practical guidance and best practice for CCGs, Primary Care Networks and other providers and stakeholders as they work collaboratively to develop a mature EHCH service. However, a further letter issued 1 May by NHSE/I requested that CCGs – working with general practices, community health services providers and engaging Local Medical Committees – should take immediate steps to implement the following support for care home residents:

- Delivery of a consistent, weekly ‘check in’, to review patients identified as a clinical priority for assessment and care
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

This has been put in place across Doncaster and a multidisciplinary team approach is in place to support each care home.

## 7 Integrated support to help people leave hospital

7.1. The Hospital Discharge Service Requirements guidance was published on 19 March 2020. This National guidance made clear recommendations for the care model required to be in place to support the discharge of patients from the acute hospital in response to the COVID-19 pandemic.

7.2. The guidance presented a number of pathways, with the recommendation that:

- Acute hospitals would be responsible for leading on the discharge of all patients where there were no ongoing health or social care needs
- Providers of community health services would lead on pathways for patients that required some ongoing care, as they will play a lead role in assessing and providing care for patients once they are home.

7.3. The approach to discharge management was adapted in Doncaster, in line with the guidance. Since that point a review has been undertaken regarding the changes, and a Quality Improvement event held, to build on the learning and

continue to improve discharge pathways. An integrated approach to discharge is still in place in Doncaster, with teams from all health and social care providers coming together to support patients and residents in their discharge, with a “home first” methodology at its heart.

7.4. Services in place to support the needs of Doncaster people on discharge include:

- Discharge to Assess beds, which enable a patient to have a longer time to recover and be assessed for future needs
- The Positive Step Unit providing short-term 24-hour reablement 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.
- The STEPS Home First team providing short term domiciliary care and enablement to people in their own homes. This service is in place both to reduce waiting times for domiciliary care packages to commence and enable home based assessment of future need, potentially reducing longer-term care needs.
- 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 and has been increased again during 2020, due to the success of the service model and positive patient feedback.
- 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 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.
- 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.

## **OPTIONS CONSIDERED**

8. 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

9. As above.

## IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	<p><b>Doncaster Working:</b> 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;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<p>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.</p>
2.	<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	
3.	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	

4.	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	
5.	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	

## **RISKS AND ASSUMPTIONS**

10. 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 (SF 16.11.20)**

11. There are no legal implications arising from this report. All partnership organisations will continue to work in line with their statutory responsibilities.

## **FINANCIAL IMPLICATIONS (PW 16.11.20)**

12. There are no specific financial implications arising from this report. All work already takes place within agreed budgets.

## **HUMAN RESOURCES IMPLICATIONS (AT 16.11.20)**

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

## **TECHNOLOGY IMPLICATIONS (PW 16.11.20)**

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

## **HEALTH IMPLICATIONS (RS/PH 16.11.20)**

15. This report describes measures to improve the health and wellbeing of Doncaster residents.

## **EQUALITY IMPLICATIONS (PH Date 13.11.2021)**

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

## **CONSULTATION**

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

## **BACKGROUND PAPERS**

18. None

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

- ECCH - Enhanced Care in Care Homes
- NHSE/I - NHS England and NHS Improvement
- YAS – Yorkshire Ambulance Service
- STEPS - Short Term Enablement Programme
- ECPs - Emergency Care Practitioners
- SPA - Single Point of Access
- PURM - Pharmacy Urgent Repeat Medication Scheme
- UTC - Urgent Treatment Centre

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