



Doncaster Council

Date: 22nd November 2021

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 Cabinet Member(s)	Wards Affected	Key Decision
Councillor Andrea Robinson – 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 a huge, continued 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.

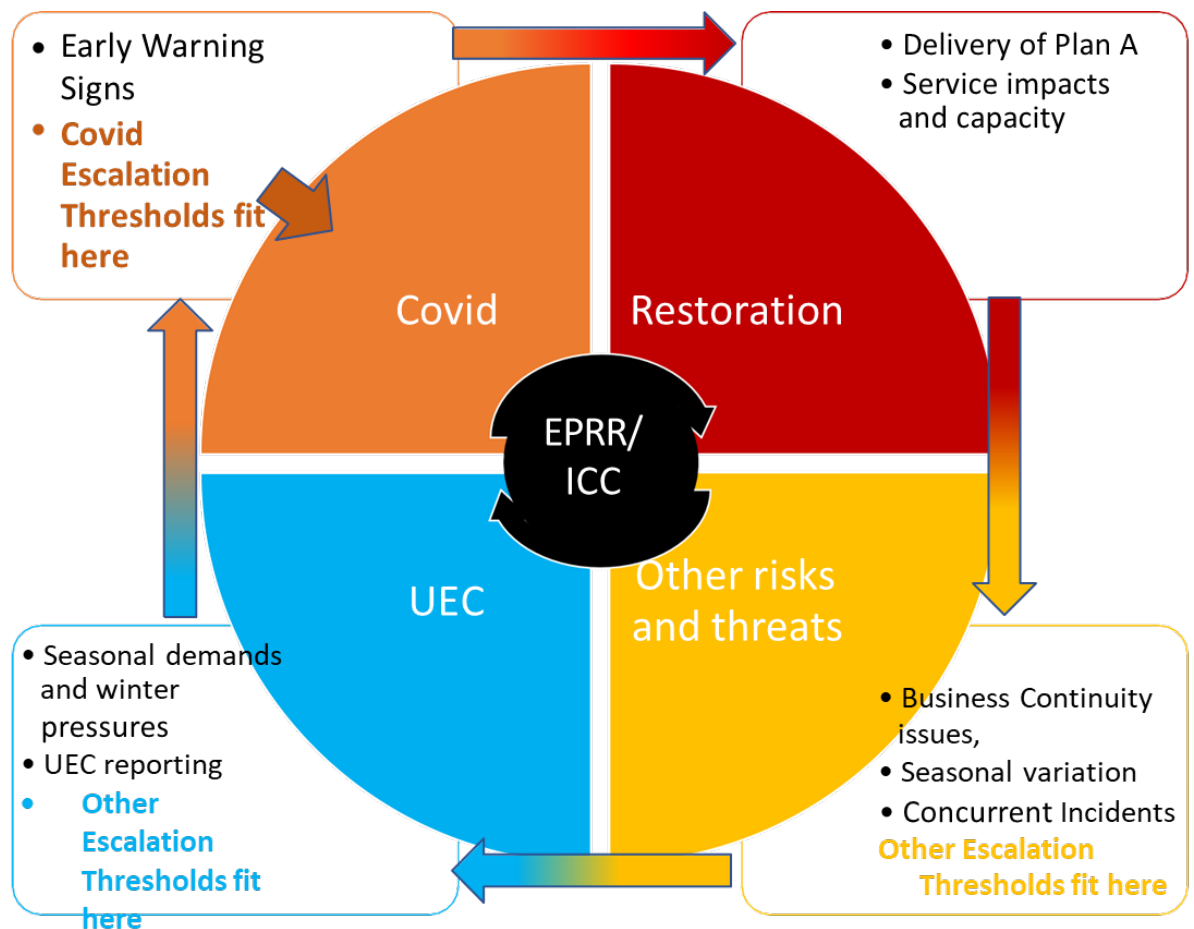
WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

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 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.
 - The resultant impact of services that were stood down during earlier waves of the pandemic
 - Other risks and threats that need to be managed concurrently.
- 5.5. The above combination of circumstances continue to require considerable coordination. Since the report to the Panel in 2020, the Doncaster health and care partners have put into action the local escalation framework, including the escalation dashboard, which provides the data behind the grading of escalation level and drives the response.
- 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 now meets once a week to review all of the above risks and ensure actions are in hand. It is supported by a System Partner call, which is currently meeting on a daily basis, and flexes up and down, depending on pressures within the system. The Health and Care Cell continues to report 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.
- 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.

6. Community Health enabling Prevention, Self-Care and Support

6.1. The support described in the report to Panel last year still stands; however, there are additional actions being undertaken this year as noted in the table below.

6.2. In light of the level of pressure being faced this year, the plan has been stress tested by setting out a series of key questions:

- How do we help get our population to the right service first time when they need help
- How are we increasing capacity
- How are we preventing admissions
- How are we reducing our delays
- How are we maximising our staffing resource
- How are we using our resources to the greatest impact

6.3. The key, high level actions are noted below:

Key Question	Action
How do we get our patients to the right service, first time	Implementing the streaming and redirection tool in A&E and using the opportunities to signpost away
	Communicating with our public
How are we increasing capacity	Re-introducing the Urgent Treatment Centre at Mexborough
	Supporting the Primary Care Networks and urgent primary care services to respond to the rise respiratory cases/ more general demand
	Increasing paediatric and adult acute bed capacity
	Range of staffing for winter at DBH to support flow and discharge
	Increasing the number of rehab assistants on the Rehabilitation wards at RDASH
	Increasing Mental Health bed capacity
	Exploring potential for additional bed bases
	Increasing reablement bed capacity to support flow

	Exploring opportunity to support staffing within care homes
	Exploring additional portering to support discharge medication reaching wards on a timely basis and transport for medication when not ready at time of discharge
	Increasing home care/ care home and STEPS capacity over winter
	Targeted support for our vulnerable population during winter (Intake)
	Additional resources at the Wellness Centre including foodbank
How are we preventing admissions	Delivering the flu and covid vaccination programmes, including targeted support for our complex lives, more vulnerable cohorts and domiciliary carers
	Increasing SDEC
	The patients on the Community Nursing caseload will be reviewed and individuals supported remotely by the Telephone Nursing Service where appropriate
How are we increasing our patient flow and reducing LOS/ delays	Implementing Right to Reside across Doncaster, utilising the System Perfect approach to launch the use of the letters in particular
	Explore use of care home beds as an out of hospital alternative for people ready to be discharged but cannot yet go to their final destination
	Focus on flow within DBH and RDASH
How are we maximising our staffing resource	Using equipment to its fullest potential (particularly in primary care, care homes and home care), including single handed care "moving with dignity"
	Joint recruitment campaign across health and social care
How are we using our resources to the greatest impact	Reviewing the system surge plan for standing down

OPTIONS CONSIDERED

7. 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

8. As above.

IMPACT ON COUNCIL'S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>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;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<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>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;</p> <ul style="list-style-type: none"> • 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.	<p>Doncaster Learning: 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"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or 	

	<p>better</p> <ul style="list-style-type: none"> • Learning in Doncaster prepares young people for the world of work 	
4.	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • 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.	<p>Connected Council:</p> <ul style="list-style-type: none"> • 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

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 [OFFICER INITIALS: SRF DATE: 05.11.21]

11. There are no legal implications arising from this report. Specific legal advice can be provided on any issues arising from the meeting.

FINANCIAL IMPLICATIONS [OFFICER INITIALS: DB DATE: 05.11.21]

12. There are no specific financial implications arising from this report. The Councils

investment in increasing home care, care home and STEPS capacity referred within this report includes additional increases to provider rates for registered community care services and increased STEPS staffing/support capacity, which were both from existing budgets and covered under officer decision records. There are also ongoing discussions underway around the block purchase of step down bed capacity within care homes, but again will be from existing approved budget.

HUMAN RESOURCES IMPLICATIONS [OFFICER INITIALS: AT DATE: 08/11/21]

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

TECHNOLOGY IMPLICATIONS [OFFICER INITIALS: PW DATE: 08.11.21]

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

HEALTH IMPLICATIONS [OFFICER INITIALS: CW DATE: 05.11.21]

15. 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 and covid-19, enabling people to access the appropriate support when it is needed will benefit recovery, outcomes and overall health and wellbeing. This report describes measures to improve the health and wellbeing of Doncaster residents.

EQUALITY IMPLICATIONS [Officer Initials 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

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

- EPRR = Emergency Preparedness Resilience and Response
- ICC = Incident Coordination Centre
- SDEC = Same Day Emergency Care
- STEP = Short Term Enablement Programme

REPORT AUTHOR & CONTRIBUTORS

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

Ailsa Leighton, Deputy Director Strategy and Delivery, Doncaster CCG
ailsa.leighton@nhs.net

Phil Holmes
Director of Adults, Health and Wellbeing