



# Doncaster Council

## Report

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24<sup>th</sup> November 2022

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 Andrea Robinson - Portfolio Holder for Adult Social Care	All	No

### EXECUTIVE SUMMARY

1. Health and care is the responsibility of a wide range of Doncaster organisations. The Council and the National Health Service play a key role, as do local care homes, homecare agencies and housing-related support providers. The voluntary, community and faith (VCF) sectors are also essential. 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 support the wellbeing of Doncaster people over the winter even in spite of the great pressure on health and care services.

## **BACKGROUND**

### **5. The Doncaster Urgent Care System - Overview**

- 5.1. The Doncaster health and social care system is comprised as follows:
- South Yorkshire Integrated Care Board (ICB) at Doncaster Place
  - 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 VCF organisations play a key role in delivering care to local people. Family carers are also critical. NHS organisations and the Council have a role in supporting this wider system both financially and via fostering collaboration.
- 5.3. The range of health and care functions supporting Doncaster people and the way they relate to one another is set out in the Appendix A infographic. This report will go on to break down the different areas of partnership activity and set out their focus for the coming winter. Primary Care was the subject of a recent in-depth report to Scrutiny so is not covered here.
- 5.4. Covid will play a significant role this winter. Further waves of infection are expected. At the time of writing, Covid prevalence is beginning to decline from a recent peak but there is likely to be further fluctuations throughout the winter. Covid creates two impacts on health and care, firstly increasing the number of sick people who need support (including hospitalisations), and secondly reducing the availability of workforce to care for them. Seasonal influenza is also expected to have a significant impact this winter. One of the key actions for health and care partners going into this winter is to maximise vaccinations, both of staff and of the at-risk Doncaster population, to reduce the impact that both Covid and influenza would otherwise have.

### **6 Urgent and Emergency Care**

- 6.1. Urgent and Emergency Care activity relates to rapid support required both in the community and in hospital to address an emergency issue. Challenges here manifest as long waits to be seen. These can occur within the Accident and Emergency Department itself or, increasingly frequently, in ambulances waiting outside the hospital for space to become available so people can be seen.
- 6.2. Actions established to build capacity this winter from key partners such as DBTH, RDaSH and FCMS include:
- Increase in Urgent Community Response capacity and pathways

- Consolidation of the Emergency Assessment unit within the Accident and Emergency footprint
- Increase the cubicle capacity within minors at Doncaster Royal Infirmary
- Increase out of hours capacity for Advance Nurse Practitioners / Advance Clinical Practitioners / Acute Nurse/ CARE Practitioners
- Trauma activity increase in line with increased Trauma presentations
- Increase diagnostic capacity, particularly Magnetic Resonance Imaging (MRI)
- Increase pharmacy/junior doctor support at weekends
- Additional 10 beds at Mexborough Montague hospital: 10 beds
- Additional 4 beds on the DRI site ward 22
- Increase in Same Day Emergency care equivalent to 9 beds
- Virtual Ward Development across Doncaster care equivalent to up to 60 beds
- Additional 4 surgical Beds on ward 19

6.3. There is also significant partnership focus on ambulance handover delays which is a particular area of under-performance for Doncaster, and a symptom of the pressures within urgent care.

## **7 Home First**

7.1. “Home First” refers to a set of actions picking up support for people after the emergency stage, ensuring they recover as quickly as possible and are able to get back on with their lives.

7.2. NHS England have set out ten best practice initiatives to ensure strong performance. Four of these relate to proactive organisation within hospital and a further four relate to organisation of appropriate support outside hospital. The remaining two relate to cross-cutting issues across both hospital and community: the ability to provide support seven days per week and a shared recognition that it is harmful, both physically and mentally, for people to be kept too long in hospital and associated settings. A programme of activity has been set up to develop each best practice initiative for Doncaster.

7.3. Actions established to improve timeliness and build capacity this winter include:

- Launch information for people in hospital that explains “why not home, why not today” approach and ensures people receive this on admission
- Launch shared vision for staff across partner organisations that builds on “why not home, why not today” approach that is centred on making best use of time for people in hospital and intermediate care.
- Support early hospital discharge before 12pm and 5pm for as many people as possible
- Shift from bedded to home models of rehab for lower acuity people
- Monitor weekend discharges to maintain flow 7 days a week
- Embed new Home from Hospital contract with VCF organisation to increase simple discharges where person requires a little bit of support but does not need statutory services

- Extend discharge lounge hours in hospital equivalent impact of 3 beds
- Commission additional transport capacity to facilitate discharges at earlier stage, equivalent impact of 3 beds
- Ensure focus on “No Right to Reside” in RDaSH and DMBC intermediate care beds as well as in the hospital
- Transfer of Care Hub developed and daily Multi-Disciplinary Team meetings in place across hospital and community
- Provision of additional therapy capacity in the community to support people on discharge
- “Transfer of Care” beds in care home settings to support discharge and flow over the winter period
- Allied Health Professional recruitment and reduction of waiting times across services
- Improve efficiency of DMBC Short Term Enablement Programme (STEPS) to increase assessments from 63 to 93 per week
- Increase STEPS care hours from 2112 to 2496 per month
- Increase homecare and care home capacity through recruitment support and marketing as part of the “Proud to Care” campaign
- Additional social care support depending on clarity about if and when national government plan to release the Hospital Discharge Fund to Councils

## **8 Mental Health**

- 8.1. It is essential there is parity of esteem for Mental Health in Doncaster, which faces similar challenges and needs a similar focus, firstly on dealing better with emergencies and secondly ensuring timely discharge and return to daily life in the community.
- 8.2. Actions established to build capacity this winter include:
  - Enhancing use of Safe Space crisis drop in to provide emotional and practical support to people in need, including looking at direct referral by Yorkshire Ambulance Service (YAS)
  - Ongoing use of four crisis beds provided by ReThink as an alternative to admission including exploring options to increase the number of beds
  - Explore options for extending crisis line provision to support children and young people
  - Mental Health ambulance pilot
  - Increased oversight of mental health Emergency Department presentations and twelve hour breaches to support rapid improvement
  - Exploring options for providing enhanced support into learning disability care homes, including supporting vaccine uptake and health promotion, to reduce placement breakdown
  - Review of Doncaster mental health Psychiatric Decision Unit (PDU)
  - Increased focus on discharge to reduce delays, maximising flow and capacity and reducing the need for out of area placements, including options for securing an additional discharge coordinator.

- Considering block booking of independent sector beds to ensure prompt admission and reduce distance from home by minimising out of area moves
- Improve system support to identify appropriate placements for individuals with complex needs, in particular those with personality disorders, who are autistic or who have a learning disability
- Joint housing event to identify opportunities and initiatives for improved working with housing services to reduce delays in securing appropriate accommodation to facilitate discharge
- Further embedding discharge peer support
- Increased Social Care Assessment capacity to support early discharge planning (subject to discharge grant approval and recruitment)

## **9 Cost of living**

9.1. Unprecedented cost of living pressures in Doncaster's communities are likely to affect the health and wellbeing of local people and also of many staff working in the health and care sector. There is a potential that this will impact upon demand for health and care, and also upon availability and productivity of workforce. The following principles have been agreed across health and care partners:

- Take a compassionate approach throughout the cost of living crisis – being hungry and cold isn't a lack of personal responsibility, it's a lack of money
- Support our own staff who are impacted by this
- Encourage staff to take a holistic approach to people they are working with - showing professional curiosity
- Maximise local social value when making investment decisions

9.2. Wider work on reducing the impact of cost of living pressures also includes:

- Understand who is being impacted by the cost of living crisis
- Provide financial support, information advice and guidance
- Reduce costs of housing including work to address fuel poverty
- Increase skills and training
- Support for voluntary, community and faith sectors including supporting welcoming community spaces and the food system
- Reduce the consequences of digital and social isolation
- Supported by communication and campaigning approach
- Alignment with work happening in localities to maximise focus, promotion and communication

## **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 THE COUNCIL'S KEY OUTCOMES

12. Health and care might be viewed as primarily focused on healthier, happier and longer lives for all, but actions planned over this winter actually impact all eight priorities below in a positive way.

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 Tackling Climate Change	✓			
 Developing the skills to thrive in life and in work	✓			
 Making Doncaster the best place to do business and create good jobs	✓			
 Building opportunities for healthier, happier and longer lives for all	✓			
 Creating safer, stronger, greener and cleaner communities where everyone belongs	✓			
 Nurturing a child and family-friendly borough	✓			
 Building Transport and digital connections fit for the future	✓			
 Promoting the borough and its cultural, sporting, and heritage opportunities	✓			

Fair & Inclusive	✓			
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**Legal Implications [Officer initials: SRF**

**Date: 09.11.2022]**

13. There are no specific legal implications associated with this report. Further specific advice can be provided in relation to any issues raised by the Committee.

**Financial Implications [Officer initials: DB**

**Date:10.11.2022]**

14. There are no specific financial implications arising from this report. Increased capacity, including STEPs referred, already has approved funding in place and any additional capacity or support that is subject to national government discharge grant approval will need to be covered in a separate decision record once allocated.

**Human Resources Implications [Officer initials: AT**

**Date 09.11.2022]**

15. There are no direct human resource implications in relation to this report.

**Technology Implications [Officer initials: PW**

**Date: 09.11.2022]**

16. There are no technology implications in relation to this report.

**RISKS AND ASSUMPTIONS**

17. There are no risk and assumptions associated with this report.

**CONSULTATION**

18. No specific consultation has been undertaken in respect of this report.

**BACKGROUND PAPERS**

19. Appendix A: Doncaster's Urgent and Emergency Care System

**GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

All acronyms and abbreviations explained in main report

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## Appendix A: Doncaster's Urgent and Emergency Care System

