



To: Health and Social Care Scrutiny Board (5)

Date: 11 February 2015

Subject: Social care responses to winter pressures during 2014/2015.

1 Purpose of the Note

- 1.1 To provide a briefing to Scrutiny Board 5 on social care responses to winter pressures during 2014/2015.

2 Information/Background

- 2.1 The challenges faced by both the NHS and social care with regards to winter pressures have been more acute than previously and have caused significant challenge throughout the Health and Social Care system during the winter of 2014/2015. Social care is an integral part of the system that ensures people receive the right support in the right places at the right times, alongside primary and secondary health and the voluntary sector.

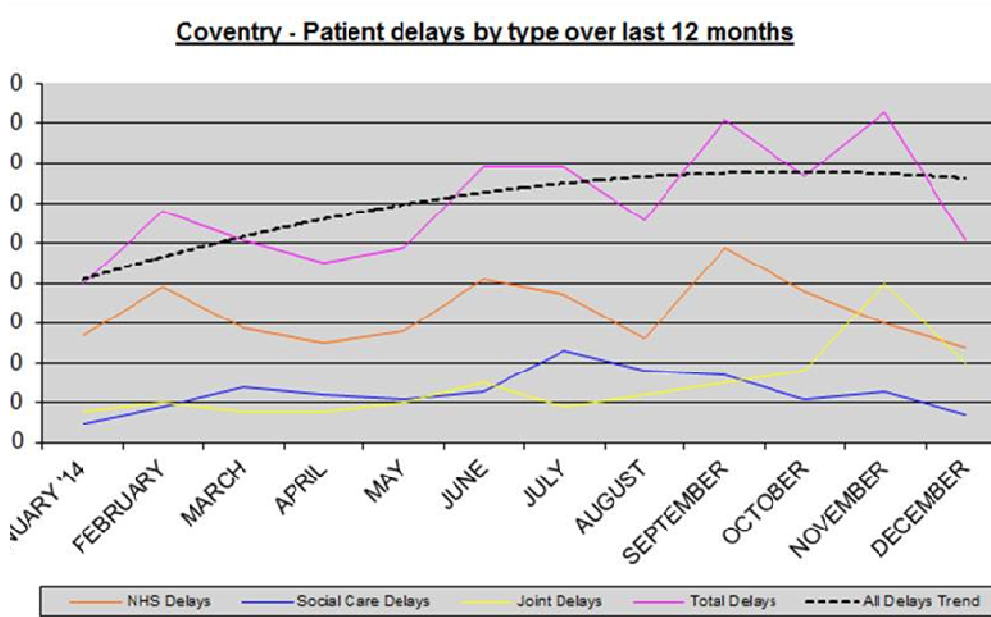
3 Challenges

- 3.1 The key challenge for the local health and social care system is to accurately predict demand and align resources to meet that increased demand. Predictions around demand are informed by analysing prior year trends and developing plans around those areas that are considered the highest priority. Locally, demand has exceeded expected activity and despite analysing that activity there are no specific trends that have been identified as a result of that analysis.
- 3.2 Winter pressure monies are allocated across the health and social care system, however social care allocations are a relatively small part of the total allocation. Additional monies have been made available as a result of the national challenges. Most recently a Department of Health grant was announced on 16 January 2015 to support 65 local authorities to implement actions that will reduce delayed transfers of care locally. Coventry City Council received a grant allocation of £325,000.
- 3.3 A strict requirement of the allocation is that it has to be spent by 31 March 2015. The timescale in which the money can be spent can mean that it can be difficult to source, commission and implement the right sort of support in a timely way.
- 3.4 Since being awarded the additional grant monies the local response by social care has been to increase equipment services, occupational therapy resources, dementia short term services, work with domiciliary providers to identify extra capacity to support people in their

own homes and to secure additional residential beds. Although equipment, therapy and support in people's own homes are all in line with jointly agreed strategies, the use of residential beds (all-be-it as a last resort) is counter to the preferred approach and is a consequence of money being allocated at short notice with strict criteria and short timescales in which to spend it.

4 Responses to challenges

- 4.1 Social care services are an integral part of daily telephone conferences to discuss pressures and identify any additional responses required.
- 4.2 Social care are active, at a senior level, in both the System Resilience Group (SRG), which develops strategic responses to locally identified problems, and the Urgent Care Group, which drives the operational implementation of plans that are identified as priorities by the SRG.
- 4.3 Social care services have full involvement in the System Resilience action plan that is currently focussed on addressing challenges around emergency department waiting times, referral to treatment waiting times and patient flow, including delayed transfers of care, through the health and social care system.
- 4.4 A number of multi-agency approaches have been implemented to try and manage these challenges including an Integrated Neighbourhood Team pilot and involvement in admission avoidance schemes focussed around the walk-in centre, falls avoidance and the use of NHS 111.
- 4.5 Where social care services are approached to change, or increase, capacity there is a proven ability to do so. The actions taken, referred to in paragraph 3.4, indicate social care responsiveness in these circumstances.
- 4.6 Whilst delayed transfers of care are cited as one of the main reason for difficulties with flow through acute hospitals, social care only delays are proportionally low with the higher delays being attributed to either joint and health social care delays or NHS only delays. The chart below provides a 12 month trend of delays attributable by type.



- 4.7 Within the hospital there are very few delays attributed to people requiring assessment by social workers. There are people within the hospital that are determined to be nearing their discharge date that are not yet delayed transfers of care and social care actively support in identifying those people earlier on in their admission to try and reduce any potential for them becoming a delayed transfer of care.
- 4.8 Through the Department of Health grant funding to local authorities there are a number of schemes that are in the process of being implemented. The majority of the schemes will provide additional reablement support or enable greater levels of 7 day services to be provided. Whilst some monies are identified to fund additional residential and nursing home placements on a short term basis, it is recognised that maintaining and improving people's independence to enable them to return to their own homes remains the priority.

5 Strengths

- 5.1 There is a proven ability to increase capacity in priority areas in managed ways, however doing so on a short term ad-hoc basis presents different challenges. Between October 2013 and September 2014 the number of long term home support hours commissioned by Coventry City Council was increased by 16.5% at more competitive rates. The table below provides further detail.

Long term home support	October 2013	September 2014
Enhanced packages (Hrs per week)	1067.75	1163.75
Standard packages (Hrs per week)	10540.75	12358.50
Total	11608.50	13522.25

- 5.2 The multi-agency approach to developing plans to address the local challenges is positive. There is recognition by all partner agencies that the current pressures are a shared challenge and there is good evidence of collaborative working as a result of this, both at senior and front line levels.

6 Conclusions

- 6.1 Winter pressures remain a significant challenge both nationally and locally. Plans to address the local challenges have been jointly developed across partner agencies and show evidence of strong partnership working.
- 6.2 Not all of the schemes are able to have an immediate impact and require some time to show benefits. The schemes that are being implemented from the Department of Health grant announced on 16 January 2015 focus on providing additional reablement support or enabling greater levels of 7 day services to be provided.
- 6.3 There is a commitment to evaluate the effectiveness of any locally implemented plans in order to prioritise future funding of the more successful approaches.

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