



## HEALTH SOCIAL CARE & WELLBEING SCRUTINY COMMITTEE – 24TH JUNE 2014

**SUBJECT: WINTER PRESSURES**

**REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 Following a request at a previous Scrutiny Committee, this report informs members of Scrutiny Committee of the impact winter pressures have had on the local authority over the past five years.

### **2. SUMMARY**

- 2.1 The report provides information on the financial commitments made in respect of domiciliary care packages and long-term care placements for residents of the borough.
- 2.2 The information illustrates the financial and service impact of demographic pressures together the pressures caused by the need to expedite discharge from hospital and achieve good outcomes for people and their carers.
- 2.3 The information illustrates that there is no discernible pattern relating to the time of the year in terms of the pressure faced by the authority to either fund long term care placements or provide packages of care for individuals to enable them to be discharged from hospital or remain within their communities. The pressure is constant and increasing.

### **3. LINKS TO STRATEGY**

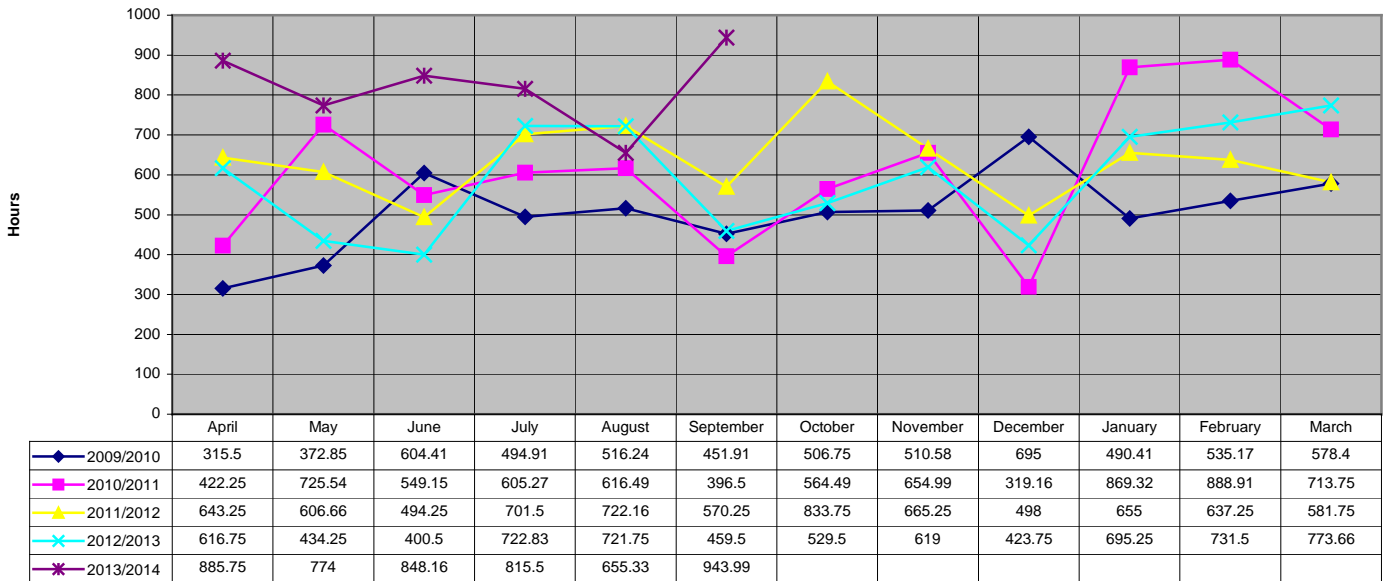
- 3.1 Welsh Government have directed local authorities and Health Boards to work together to reduce the numbers of delayed transfers of care requesting weekly updates from Local Authorities during the winter pressures to report progress, action taken and any trends emerging.

### **4. THE REPORT**

- 4.1 As part of the preparations for winter pressures for 2013/14 the Welsh Government established a task and finish group which consisted of one representative per Health Board area and one representative from the Local Authority regions. This group was supported by a series of sub groups looking at the various aspects of winter pressures planning.
- 4.2 A whole series of information was gathered to support the work of the task and finish group. Comparing the information over the last five years it is clear that there is no direct evidence from a local authority perspective to support the notion that there is greater pressure during the winter months, this was the same across the other pan Gwent authorities. Hence it was

agreed that commissioning would be based on assessed need not on blocking book additional hours in the independent sector to increase capacity to deal with the winter pressures.

Brokered Hours - 2009 - 2014



4.3 Comprehensive action plans were put in place across all agencies to ensure appropriate responses to requests for assessments to facilitate timely and appropriate discharges from hospital.

4.4 The following information illustrates the percentage split between hours commissioned as part of hospital discharge and those commissioned by social workers for people in the community over a 5-year span. This clearly demonstrates an increase for both area in terms of number of clients being assessed for new packages or an increase in an existing package of care. The percentage of hours commissioned by hospital staff is increasing reflecting the drive to discharge people sooner with larger packages of care.

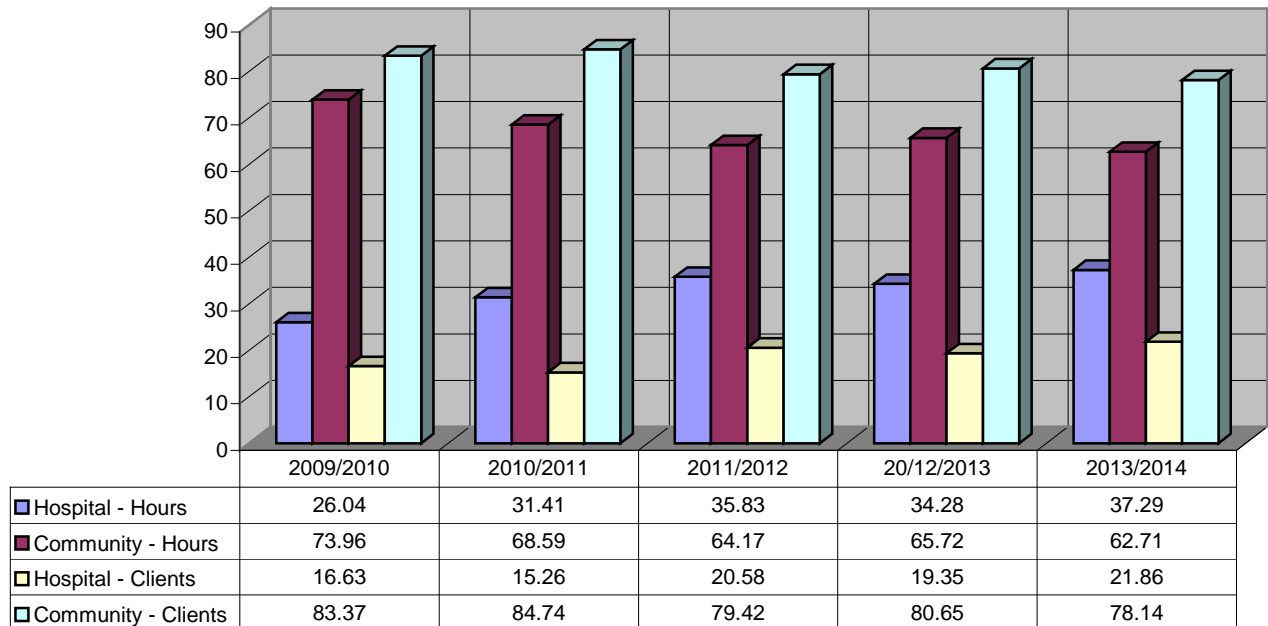
Hours	2009/2010	2010/2011	2011/2012	20/12/2013	2013/2014	Total
<b>Hospital</b>	1581.39	2301.33	2726.5	2443.5	3586	12638.72
<b>%</b>	<b>26.04</b>	<b>31.41</b>	<b>35.83</b>	<b>34.28</b>	<b>37.29</b>	<b>33.48</b>
<b>Community</b>	4490.74	5024.49	4882.57	4684.74	6029.58	25112.12
<b>%</b>	<b>73.96</b>	<b>68.59</b>	<b>64.17</b>	<b>65.72</b>	<b>62.71</b>	<b>66.52</b>

**Clients**

	2009/2010	2010/2011	2011/2012	20/12/2013	2013/2014	Total
<b>Hospital</b>	168	182	243	228	326	1147
<b>%</b>	<b>16.63</b>	<b>15.26</b>	<b>20.58</b>	<b>19.35</b>	<b>21.86</b>	<b>18.95</b>
<b>Community</b>	842	1011	938	950	1165	4906
<b>%</b>	<b>83.37</b>	<b>84.74</b>	<b>79.42</b>	<b>80.65</b>	<b>78.14</b>	<b>81.05</b>

- 4.5 The introduction of the Gwent Frailty Programme has meant that people who previously went into hospitals are remaining at home with rapid medical and social care intervention, some of these people, go on to require a long term care package which would be coded to the

**Hospital or Community Percentages - 2009 - 2014**



- community.
- 4.6 This information shows that there has been a gradual increase in the number of admissions to long-term care funded by the local authority. It should be noted these figures do not reflect total number of places as some people are self-funders and some have their fees met via Continuing Health Care.

### Long Term - Placements Made

#### Community Requests

	General Res	EMI Res	HD Res	Gen Nursing	EMI Nursing	Other	Total
2006/2007	40	28	7	16	3	0	<b>94</b>
2007/2008	35	26	3	8	2	3	<b>77</b>
2008/2009	46	48	4	9	1	1	<b>109</b>
2009/2010	31	30	4	7	4	0	<b>76</b>
2010/2011	46	61	1	6	9	0	<b>123</b>
2011/2012	40	49	6	10	12	0	<b>117</b>
2012/2013	50	60	2	16	2	1	<b>131</b>
2013/2014 - to January 2014	41	52	1	17	6	0	<b>117</b>

## Hospital Requests

	General Res	EMI Res	HD Res	Gen Nursing	EMI Nursing	Other	Total
2006/2007	50	21	7	25	7	0	110
2007/2008	50	36	11	34	14	0	145
2008/2009	77	37	7	36	10	0	167
2009/2010	41	37	5	28	7	0	118
2010/2011	43	55	6	46	22	0	172
2011/2012	47	29	10	51	19	1	157
2012/2013	47	51	1	68	20	0	187
2013/2014 - to January 2014	24	29	5	33	9	1	101

## Total Requests

	General Res	EMI Res	HD Res	Gen Nursing	EMI Nursing	Other	Total
2006/2007	90	49	14	41	10	0	204
2007/2008	85	62	14	42	16	3	222
2008/2009	123	85	11	45	11	1	276
2009/2010	72	67	9	35	11	0	194
2010/2011	89	116	7	52	31	0	295
2011/2012	87	78	16	61	31	1	274
2012/2013	97	111	3	84	22	1	318
2013/2014 2014	65	81	6	50	15	1	218

- 4.7 This data illustrates the split between those people placed directly from hospital versus those placed from the community. The reduction in the number of people placed directly into residential care from hospital can be linked to the development and subsequent success of the assessment beds at Ty Clyd, which are supported by reablement and primarily used for further assessment and intervention for people leaving hospital.
- 4.8 The Welsh Government has recently made funding available via the Intermediate Care Fund. In partnership with Aneurin Bevan University Health Board the authority has been successful in securing funding for 2014/15 to establish six step up nursing beds in the independent sector and to fund adaptations to Ty Iscoed residential home in Newbridge to provide assessment facilities for individuals who would otherwise be admitted to long term care. These beds can be used to prevent unnecessary admission to hospital or long term care as emergency respite or allow people to be transferred from hospital to allow a fuller assessment to be completed by a multi disciplinary team.

## 5. EQUALITIES IMPLICATION

- 5.1 An equalities impact assessment has not been completed report is for information only.

## 6. FINANCIAL IMPLICATIONS

- 6.1 The outturn data in the table below identifies an increasing trend in residential & nursing placements between April 2009 and March 2013. Although these placements have levelled off in the financial year 2013-14, domiciliary care provision has increased in each of the five years.

- 6.2 Although the increase in trend cannot be specifically identified against the Winter period, the overall trend suggests a year on year increase in demand.

### **Outturn Figures between April 2008 and March 2014**

Year	Residential / Nursing			Domiciliary Care			Grand Total
	In House	Independent	Total	In House	Independent	Total	
	£	£	£	£	£	£	
<b>2009/2010</b>	4,271,022	6,305,142	10,576,164	3,631,927	3,674,308	7,306,235	17,882,399
<b>2010/2011</b>	4,699,766	7,472,436	12,172,202	3,588,092	3,522,538	7,110,630	19,282,832
<b>2011/2012</b>	4,128,853	8,261,578	12,390,431	3,592,483	4,120,189	7,712,672	20,103,103
<b>2012/2013</b>	4,499,715	8,389,159	12,888,874	3,664,932	4,335,302	8,000,234	20,889,108
<b>2013/2014</b>	4,502,623	8,326,560	12,829,183	3,499,828	4,759,436	8,259,264	21,088,447

## **7. PERSONNEL IMPLICATIONS**

- 7.1 There are no personnel implications associated with this report.

## **8. CONSULTATIONS**

- 8.1 All comments have been included in this report.

## **9. RECOMMENDATIONS**

- 9.1 That members note the content of this report.

## **10. REASONS FOR THE RECOMMENDATIONS**

- 10.1 The report provides information on the impact of the pressures on social services to facilitate discharge from hospital for individuals and actions taken to address delayed transfers of care.

## **11. STATUTORY POWER**

- 11.1 Local Government Act 2000.

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