

## **7C : PARTNERSHIP SELECT COMMITTEE**

### **1 AN EXAMINATION OF WINTER PRESSURE**

#### **A study of partnership working between Health and Social Services**

##### **Introduction**

- 1 The Partnership Select Committee has considered the issue of Winter Pressures (problems created by the delayed discharge of patients from hospital). In the winter of 1999/2000, hospitals in Buckinghamshire were under severe pressure. The result was that bed blocking took place and admissions had to be curtailed. The pressure extended beyond the winter period and in the summer of 2000 problems were still being experienced. Probably due to a combination of circumstances, the situation has been much more stable this winter than last.

##### **Issues causing delayed discharge from hospital**

- 2 Delayed discharge, "bed blocking", occurs throughout the year. The Committee was told that on average 40 patients are occupying hospital beds unnecessarily at any one time. Wycombe Hospital has set up a Medical Assessment Unit to take patients referred by GPs with an aim of undertaking medical assessments more quickly to expedite discharge. This has been very successful in reducing the time that patients remain in the hospital. However the Unit is almost always full with little capacity to react to an emergency. This situation could be helped if initial assessments could be made quickly to enable inappropriate admissions to be avoided. However, this can be difficult because social workers traditionally work a 9.00 to 5.30 day. If a patient arrives at the hospital in the afternoon then it is unlikely that an assessment could be completed in time to allow that person to be discharged. This situation is exacerbated by the practice of GPs undertaking their rounds around lunchtime. Earlier visits would enable earlier referrals.
- 3 Once a patient has been admitted, assessment meetings to decide whether a patient could be discharged take place every two weeks in South Bucks, weekly in Mid-Bucks. This period between meetings again can be a cause of bed

blocking.

##### **Late Notice to Social Workers**

- 4 There could clearly be some benefit if social workers were alerted as soon as possible about the admission of a client to hospital. In Princes Risborough a social worker is attached to a GP surgery. This has proved very effective in allowing a more rapid response from the Social Worker. Clearly it would be very expensive to have a Social Worker attached to every surgery in the county. However consideration could be given to a modified form of this, perhaps by setting up consortia or a "hot line" from surgeries to a duty officer.

##### **Intermediate Care**

- 5 Intermediate Care is being developed in order to improve services to clients, avoiding admissions where possible, speeding up discharges and restoring independence. Already a good deal of work has been done in providing these services in the Aylesbury area by the Aylesbury Vale Intermediate Care Service (AVICS). In addition, work is taking place to develop the Elderly Persons Intermediate Care Services Project (EPICS) in Wycombe and the South of the County into a more comprehensive scheme. This development is very important and the Committee urges that the new service be commissioned as soon as possible.

##### **Nursing Homes**

- 6 Some concern was expressed about the limited availability of trained nursing staff in Nursing Homes within the County and we were told that this could sometimes prevent placements. We understand of course that Nursing Homes are independent organisations outside the direct management control of Health and Social Services, they are however subject to inspection. In the Committee's view they can potentially play a part in the development of Intermediate Care subject to the training requirements of their staff being met.

### **Intermediate Care and Home Care**

- 7 Some Intermediate Care staff have been recruited from within the ranks of the County Council's Home Care service. In view of this the Committee enquired whether home care employees could provide Intermediate Care. It would appear that, with training and provided that professional nursing supervision was available, this could be done. So, is there a case for the closer integration of these two services? The Committee appreciates that there are differences in the way that the Intermediate Care and Home Care services are provided. However, it is considered that this matter requires further examination.

### **Home Care Staff Recruitment**

- 8 The Committee received evidence to show that lack of Home Care provision has led to delayed discharges. Clearly any care package that includes Home Care can only be put in place if staff are available to do the work. The growth of Intermediate Care is likely to put even more pressure on the Home Care service as the whole object of IC is to get patients out of hospital (or prevent them going in) so that they can continue to live at home.
- 9 Home care jobs are rarely advertised in villages where there are no shops, post offices etc. In addition, it was clear that despite a number of measures that are being taken to improve Home Care recruitment, it is likely to continue to be difficult.

### **Financial Issues**

- 10 Funding for this area of work is very complicated. Resources are allocated by the Government at short notice and in a series of tranches rather than in one lump sum at the beginning of the year based on costed plans. This makes planning difficult. Health Trusts receive a Winter Pressures Grant from central government that is used to fund beds in nursing or residential homes. However the funding finishes on 31 March and the clients then become the responsibility of the Social Services adult care budget.

- 11 The Committee was concerned about the effect that spending on winter pressures could have on long term funding. Social Services phases and targets placements throughout the year in line with the budget allocated. Accelerating the placement process during the winter period could affect people requiring placements later in the year. The changed financial criteria for providing nursing and residential care and changes to the threshold at which clients become responsible for social care charges are further factors that require consideration.
- 12 The complexity of financing residential and nursing care is a matter of concern for the Committee. Determining whether a patient should be accommodated using winter pressures money or with Health or Social Services funding or with a combination of both appears unduly complicated. The committee believes that greater clarity is essential and that the Council should do all it can to urgently agreeing funding principles.

### **Joint Working**

- 13 The next stage of partnership development requires partners to produce Joint Investment Plans. However, there are both managerial and cultural differences between health authorities and local government. For Health where there has been no element of elected member involvement it is not a significant problem, but for Social Services where members have determined and overseen the budget it represents a considerable change. If however maximum benefit is to be obtained from partnership there needs to be a move towards joint assessments, commissioning and harmonisation of working arrangements and management. It is difficult to see how this issue can be resolved entirely to satisfaction of Social Services. It is not however a completely negative situation. Some areas of democratic decision-making may be reduced but in others democratic accountability will be substantially increased. The County Council's new scrutiny role will add a responsibility to scrutinise JIPs and the provision of Health care within the County.

### **“Promoting Independence” Grant**

- 14 The Committee noted the uncertainty surrounding the additional grant of £722,000 for “Promoting Independence” for the financial year 2001/02 and shares the concern expressed by a number of visitors to our meetings about the delay in providing details of the criteria and guidance for its use. The Committee urges that options should be considered to provide the best possible use of the grant.

### **Demographic Issues**

- 15 Costs of residential care in Buckinghamshire are among the highest in the country. In addition the number of elderly people living in Buckinghamshire is continuing to increase and there will soon be a Government requirement for higher accommodation standards. In the light of this the Committee was pleased to note that consultants are to be employed to assess trends, demographics and the market place to improve future planning.

### **Nursing and Residential Care Purchasing**

- 16 The Chairman and Vice-Chairman of the Committee met representatives from the Bucks Association of Care Homes (BACH). The Committee was pleased to hear that the Cabinet Member, the General Manager and the Social Services Assistant Director (Older People) were to attend a meeting with BACH aimed at strengthening the partnership.

### **Target Setting and Monitoring**

- 17 It was reported to the Committee that work is being undertaken to identify the total number of discharges made over the recent winter and compare this to previous years. The aim of this work is to assess the impact that Intermediate Care placements have had on managing discharges. The Committee believes that this is a good start to target setting and proposes that this work should be built on to produce a set of clear and measurable targets. These would benefit the partnership by giving all members a clear idea of what has been achieved, enable targets to be set for the future and allow for monitoring progress.

### **The Voluntary Sector**

- 18 The Committee did not see any representatives from voluntary organisations but on reflection it would have been useful to do so. Members however did ask questions about voluntary sector involvement. Volunteers can be particularly helpful in making the return of patients from hospital a little more comfortable, since they are able to attend to tasks that might normally be outside the range of Health or Social Services. It would be helpful to examine the prospect of such assistance being provided in Buckinghamshire.

### **RECOMMENDATIONS**

**This report highlights areas where, if work were to be undertaken improvements may occur in pressures on hospital beds. A number of recommendations are set out below.**

- i Review the possibility of more flexible hours for Social Workers to enable assessments to take place in evenings and at weekends – (paragraph 2 - report back to the Committee in September);**
- ii Increase the frequency of assessment meetings – (paragraph 2 - report back to the Committee in September);**
- iii Assess the benefits that could be gained from alerting Social Workers earlier of admissions and how this could be done – (paragraph 3 - report back to the Committee in September);**
- iv Review whether there is any possibility of extending in some way the Attached Social Worker system – (paragraph 3 - report back to the Committee in September);**
- v Consider training residential home staff to provide more nursing care – (paragraph 6);**
- vi Review the possibility of closer working between Home Care and Intermediate Care – (paragraph 7 – report back to the Committee in July);**

- vii **Review Home Care provision – (paragraph 8 – report back to the Committee in July);**
- viii **Review Home Care advertising methods from both Social Services and Human Resources viewpoints – (paragraph 9 – report back to the Committee in July);**
- ix **Review and report on the implications for the Social Services adult care budget of the cost of nursing placements being transferred from Health to Social Services at the end of March – (paragraphs 10 -12 – report back to the Committee in July);**
- x **Produce criteria for using the “Promoting Independence” grant money – (paragraph 14 – report back to the Committee in June);**
- xi **Produce clear targets to measure success for the partnership and a process for monitoring – (paragraph 17 - report back to the Committee in October);**
- xii **A review of the possibility of greater involvement by voluntary organisations – (paragraph 18 – report back to the Committee in September).**

**T J FOWLER  
CHAIRMAN**

## **BACKGROUND PAPERS**

Meetings of the Partnership Select Committee held on:-

12 January 2001  
26 January 2001  
9 February 2001  
23 February 2001  
1 March 2001  
30 March 2001