



# Winter Pressures - A Challenge for Both Health and Social Care

The issue of winter pressures is a complex one impacting the staff and budgets of both social care and health services. This year's winter pressures have put some of the challenges that are being faced by both health social care into the spotlight. It is important to have an understanding of the inter dependencies within the health and care system to be able to explain why these pressures occur.

## Overview

This winter has seen NHS A&E services come under significant and high-profile pressure. Yet there have been no major flu outbreaks or prolonged extreme weather to explain the high number of attendances to accident and emergency departments, or the high number of stays in hospitals due to delays in discharges.

January 2015 saw these pressures reach their worst levels in several years with majority of areas struggling to meet the increase in demand. At the worst point this year, there were as many as 17 hospitals nationally - one of which was in London - declaring major incidents<sup>1</sup>.

Increased demand for services in the winter months impacts both health and social care services. While the delays in A&E have received high profile coverage in the press, social care services have not received similar coverage highlighting the pressures they have been facing. Social care departments have also been struggling during this period - working to avoid people having unnecessarily longer stays in hospitals as they wait for their social care packages.

Social care colleagues have been working closely with their health partners to respond quickly and move people out of hospital. However, due to dwindling resources and budgets, many areas have struggled to meet these challenges in a timely manner.

Both social care and health partners have critical roles to play in addressing winter pressures. This briefing explores these in further detail.

## Background

There are a number of challenges facing both the NHS and social care services – increased demand from a growing and ageing population, management of long-term conditions and, in

<sup>1</sup> A Major Incident is any occurrence that presents a serious threat to the health of the community, disruption to the NHS, or causes or is likely to cause such numbers or types of casualties as to require special arrangements to be implemented by Hospitals, Ambulance Services, Primary Care Trusts or Strategic Health Authorities. Every hospital will have its own Major Incidents Plan.

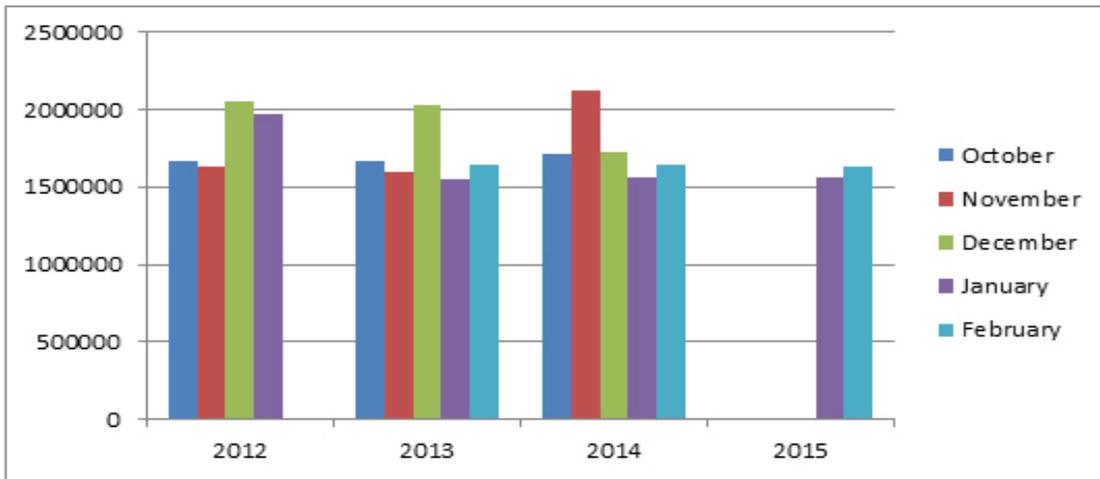
the case of social care services, continued budget cuts. When compounded with extra demand for services in the winter months, increased pressures on both the social care and health systems result. Although all areas are affected by the increased winter pressures the extent of the problem varies from area to area.

One way of understanding the increase in pressure during the winter months is by looking at the number of A&E attendances and the rate that people are seen and moved out of A&E to other parts of the hospital; or out of hospital into a community setting.

A King’s Fund report<sup>2</sup> highlights that the numbers of people going through A&E is increasing - 4,000 more per week this winter than in the winter of 2013/14 and a 30 per cent increase over the past decade.

The graph below illustrates that the highest pressures on A&E since 2012 tend to be in November and December. This also represents the period when winter pressures peak.

Fig 1: National A&E Attendance



### Understanding where the problems and challenges are in the system

For the past few years winter pressures in hospitals seem to be worsening with headlines such as those that were in the media at the beginning of the year becoming an annual occurrence. Although it would be easy to start to apportion the blame on either the NHS or on social care, the explanation for the increased winter pressures is more complex and is a combination of a number of problems in both the care and health system. Some of these are discussed below.

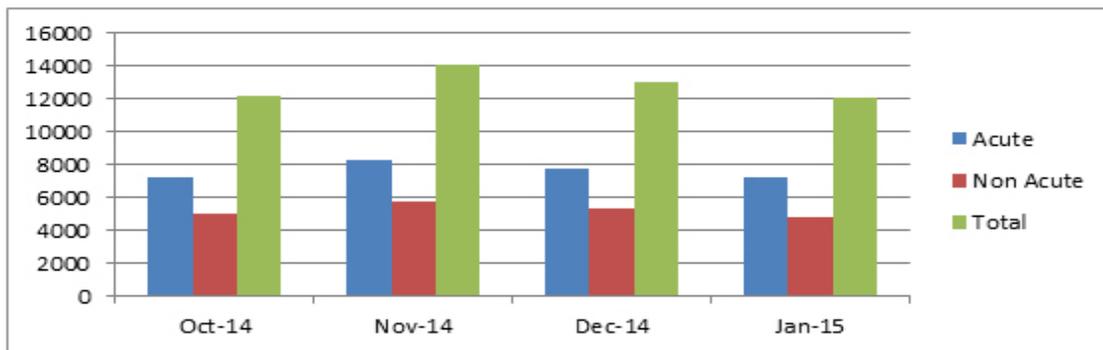
For a well-functioning health and care system the acute sector, non-acute sector and community sector all need to be functioning properly together. Analysis of the winter pressures data shows that the acute sector is the worst affected compared to the non-acute sector (see figure 2).

There has been on-going discussion regarding how to shift investment from acute settings to community and home settings and other non-acute NHS services. A shift of investment from the acute sector into the social care and community settings could help to reduce the number of delays from the acute sector as there would be increased resources to respond more quickly in community settings and non-acute sectors.

“There has been on-going discussion regarding how to shift investment from acute settings to community and home settings and other non-acute NHS services”

<sup>2</sup> King’s Fund (2015) <http://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>

Figure 2: Number of days of delay by sector - London

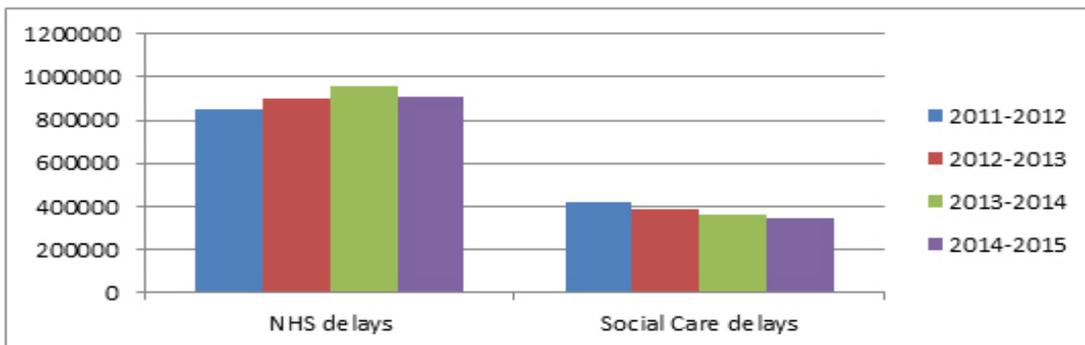


### Who is responsible for the delays?

Social care services are often cited as the main problem in causing delays to discharges as they fail to have the right support and care available in the community quickly enough for people to be discharged – resulting in people being kept in hospitals unnecessarily longer than they should be.

However analysis of data since 2011/12 shows that delays caused by social care have been steadily reducing as the figure below shows (2015 figures are up to the end of January 2015).

Figure 3 – Number of days of delay by responsible organisational (National)



“Delays caused by social care have been steadily reducing”

To avoid delays social services often have to process complex care packages at short notice and with reducing resources this will become more of a challenge. The top three reasons given for delays by social care are, waiting for a residential home placement, requiring completion of an assessment and requiring a care package in their own home.

While delays by social care have been reducing over the past few years delays attributable to the NHS have been rising. Reasons attributed to the NHS include delays in accessing community or mental health services, patient or family choice and awaiting completion of assessment.

In contrast to social care this increase comes at a time when health budgets have been protected and indeed £2 billion additional funding was announced for the NHS for 2015/16 in the December Finance settlement. It is important to note that the improvement in delays attributable to social care has occurred at a time when social care has been facing increased pressures as a result of budget cuts in the sector.

## Funding Winter pressures

Funding of winter pressures has been an on-going issue for both health and local authorities. In August 2013 a two year fund of £500 million for winter pressures nationally was announced for A&E departments identified as being under the most pressure. Local authorities in these areas would have to rely on local negotiations with their health partners to access this funding.

However, due to the scale of pressures experienced in January 2015, the government announced £25 million for the worst affected local authorities of which 16 were in London.

Following challenges regarding the allocation of the £25 million from those areas that had not received any additional funding, a further £12 million was announced and distributed to those authorities who had not received any of the initial allocation. This funding must be spent within the current financial year.

London Councils is calling on government to make an early commitment to building this £37 million into local government baselines starting with next year.

## Commentary

While we have not seen a repeat of the situation about 10 years ago, when the government laid responsibility for NHS 'bed-blocking' almost wholly at local authorities' door, the coverage of this year's pressures has reflected the fact that some of the delays in transferring people out of hospital are due to the need to put in place social care packages.

Pressure on council social services departments has been considerable.

The sector needs to find better, long-term solutions to manage winter pressures. Joint planning and increased investment into the system is part of the solution.

Unlocking the shift of investment from hospitals into the community is also important.

Currently London receives in the region of £16 billion for healthcare and 92 per cent of this is spent in hospitals.

Joint planning is already taking place; London has a regional operational group which has also overseen the development of local System Resilience Groups (SRG) across the region. Each SRG includes a range of stakeholders from both the health side and social care that plan for winter pressures each year.

However, the work of these groups is hampered not only by the inadequate levels of funding made available for winter pressures, but also the lack of certainty around the levels of long term funding for winter pressures making long-term planning and investment, such as investment into the work force, more difficult.

This is becoming an even bigger area of concern as social care is seeing an increasing proportion of budgets cut.

Health and Wellbeing Boards (HWBs) should also be given a bigger role in addressing winter pressures. In our Better Care Fund seven point plan, London Councils calls for HWBs to be given responsibility for operational resilience and capacity planning for 2015/16 with a requirement for these plans to be closely aligned with, and ideally incorporated into, local plans<sup>3</sup>.

Despite the challenges there are good examples across London of different partners working together to effectively manage their winter pressures and to reduce the numbers of delayed discharges from hospital.

For example in Newham, initiatives run in partnership with the borough, voluntary sector and Barts Health NHS Trust have resulted in a reduction in the number of people unable to leave Newham University Hospital because their social care support is not in place this year, compared to last year. Similar initiatives are running in Greenwich and Richmond.

For winter pressures to be addressed, both health and social care need to be working effectively. Without appropriate long term investment into social care problems of winter pressures, such as those experienced earlier this year, are going to become a regular occurrence.

Making the case for greater investment for social care to this and any other incoming government should continue to be a key area of work for the sector.

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