

22nd April 2013**Agenda Item: 7****REPORT OF SERVICE DIRECTOR PERSONAL CARE AND SUPPORT
OLDER ADULTS****PRESSURES ON HEALTH AND SOCIAL CARE SERVICES FOR OLDER
PEOPLE****Purpose of the Report**

1. The report seeks to highlight the current pressures on services for older people within the health and social care system specifically in relation to Hospitals and inform the committee of the intention to improve services through a more integrated approach to their planning and delivery.

Information and Advice

2. Nottinghamshire's health and social care services are currently facing significant pressures caused by demographic change. Local hospitals are facing unprecedented demand and community based services are having to cope with large numbers of older people requiring care and support.
3. The Nottingham University Hospital (NUH) Trust has seen a 2.6% increase in the number of emergency admissions via Accident & Emergency, and a rise in demand for beds for people over 65 by 9% since January 2013. Similar increases in hospital attendances have been noted in Kings Mill and Bassetlaw hospitals.
4. As a result the Council's hospital social work teams have been responding to a considerable increase in referrals across the county. The social work teams at QMC and City hospitals dealt with a 50% increase in referrals in January 2013 compared to highest figures from the corresponding period last year. Their positive response to this increase in work prompted a letter of thanks from the NUH Trust Chief Executive, Dr. Peter Homa which is attached as an appendix.
5. A number of interim care and support services have been funded through the NHS Support for Social Care Funding, which was the subject of a previous committee report, and these have helped staff to deal appropriately with service users needing support to be safely discharged from hospital. These included additional Social care staff in hospitals, additional Home care capacity to cope with the increasing demand and the development of Assessment beds to provide an alternative assessment environment for patients. These services have helped to deal with recent pressures but it is now anticipated that current

demands on the system will continue and therefore a longer term approach is required to manage this. Experience in other health and social care communities such as South Warwickshire, Torbay and Sunderland has shown that commitment to a shared vision of more integrated care can lead to better outcomes for service users and patients.

6. The Community Programme was launched by NUH in July 2011 to identify issues of concern between primary and secondary care and improve the patient, carer and clinical experience. The Programme identified the 'frail elderly' as a priority area for a more integrated and systematic approach to planning and service delivery. In addition to this the Nottinghamshire Executive Team (NET) has sponsored work through Productive Notts, who are also engaged in supporting a number of joint initiatives to improve services for the frail elderly, e.g. the Integrated Care transfer (ICT) workstream seeking to improve discharges of care arrangements at NUH.
7. Nottinghamshire County Council's 'Living at Home programme' has enabled managers in the County Council to discuss with health colleagues in hospital and community settings how services can help reduce unnecessary admissions to hospital and long term care . As a result we have a more joined up approach and we are working more closely.
8. We continue to focus on how we can work differently across health and social care. As part of this the intention is to undertake a piece of work with the Nottingham University Hospital Trust which will involve partners 'walking the pathway' through the hospital to better understand how an older person experiences hospital care. This will lead to a better joint understanding of what services are required and will then help inform our integrated commissioning intentions for a more co-ordinated range of services that will better support people going home from hospital and avoid unnecessary hospital admissions.
9. It is hoped that the resultant proposals will create a more co-ordinated strategic approach which is affordable and sustainable in the longer term. Further reports will be presented to committee once these proposals have been developed.

Reason/s for Recommendation/s

10. This report is for noting only.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

12. It is anticipated that service users will benefit from the new arrangements as there will be a range of services available to them that will help them transfer from hospitals and assist in promoting independence

Financial Implications

13. There are no financial implications resulting from this report, as the report is for noting only.

RECOMMENDATION/S

It is recommended that:

- 1) The contents of this report be noted.
- 2) Further reports on the progress of this work are brought to Committee.

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Constitutional Comments

14. As the report is for noting only no constitutional comments are required.

Financial Comments (CLK 10.04.13)

15. The financial implications are contained in paragraph 13 of the report.

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All.

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