

Urgent Care update

Agenda item 11

Date

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Author

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Recommendations

1. **Members are asked to note the update on urgent care**

Background

2. 2014/15 has seen an increase in demand on health and adult social care services both nationally and locally. Local analysis shows:

- At the end of January 2015, there had been 7,000 more A&E attendances in Worcestershire than the same period in the previous year – an increase of 7.5% or about 23 per day.
- The table below shows that this increase was particularly noticeable in May, June and November. However, the increase has been lower in recent months and January saw the first month where there was a reduction on the previous year.
- Within these overall numbers, there has been a noticeable increase in older and sicker patients. Attendances for those aged 75 or over are up 11.9% on last year and the increase was particularly significant in November and December. The increase in January was smaller, but continued to be significant.

A&E Attendance monthly change to prior year

Month	All Ages	>75
Apr	4.3%	2.4%
May	11.3%	13.1%
Jun	13.4%	16.6%
Jul	5.4%	11.2%
Aug	5.4%	10.3%

Sep	9.8%	6.9%
Oct	7.5%	14.6%
Nov	12.0%	21.0%
Dec	7.7%	16.1%
Jan	-0.4%	8.3%

- There has not been a corresponding increase in emergency admissions. Whilst admissions were higher than previous years over the summer months, they have been lower over the winter months. In particular, admissions were significantly lower in December and January.
- However, once again the profile of older and sicker patients demonstrates the challenge. Emergency admissions for patients aged 75 and over are 4.1% higher this year overall but the largest increases came July and August, whereas the increases in the most recent months have been lower.

Emergency admissions monthly change to prior year

Month	All Ages	>75
Apr	-0.5%	5.0%
May	1.1%	4.3%
Jun	1.2%	4.2%
Jul	1.9%	7.2%
Aug	4.5%	6.5%
Sep	-0.8%	1.2%
Oct	0.2%	1.5%
Nov	-1.3%	4.1%
Dec	-5.9%	4.7%
Jan	-9.7%	2.3%
Apr - Sep	1.2%	4.7%
Oct - Jan	-4.2%	3.1%

Hospital discharge pathways

3. Most discharges from hospital will be simple: the individual will require limited further support after leaving hospital and only for a short period. Some (around a quarter) are more complex: the individual's abilities may have reduced compared to pre-admission and they may require some ongoing rehabilitation and support, and in some cases long term care.
4. The local NHS and the Council have established a new Patient Flow Centre to co-ordinate complex discharges. We

now have three main discharge pathways that allow people to 'step down' from the acute hospital to a more appropriate setting:

- Pathway 1 allows people to be discharged with support and rehabilitation at home to enable them to recover and plan for any longer term care needs – this service is provided by the Council's in-house Promoting Independence / Urgent Home Care service.
- Pathway 2 allows people to be discharged to a bed for ongoing care and rehabilitation to enable them to recover and plan for any longer term care needs – this service is provided by the community hospitals as well as the Council's units: Timberdine, Howbury and the Grange.
- Pathway 3 is for people who are unlikely to go home and is to provide an opportunity for further assessment and for them and their families to plan for their longer term care needs – this service is provided by local residential and nursing homes

Delayed discharges

5. These arrangements have been successful at increasing the number of complex discharges:
 - In December 2014 the number of complex discharges increased by 69% compared to the same month last year to an average of 14-15 patients a day.
 - In January 2015 the number of complex discharges increased by 48% compared to the prior year with an average of 16-17 patients per day.
6. However in the face of the additional pressures, the number of delayed discharges has increased. The number of days delayed up till the end of December 2014 is shown in the table below.

Delayed days for Worcestershire residents Apr-Dec 2014	Acute hospital beds	Non Acute and community hospital beds
Adult social care	695	3,109
NHS only	10,178	3,639
Both	1,444	522

Funding

7. Funding for hospital discharge pathways comes from a variety of sources. Much of it is part of core NHS expenditure. Other sources include the Better Care Fund,

Action ongoing

NHS winter pressures monies, and an additional award from the Department of Health to the Council.

8. The local NHS, the Council and the VCS are working together to respond to the additional demand – we are:
 - Supporting local command and control arrangements and strategic discussions about additional capacity
 - Increasing capacity in Hospital Social Work and Rapid Response Social Work Teams, increasing their hours to cover 7 days and using them flexibly across acute and community hospitals to complete assessments as quickly as possible.
 - Increasing capacity in Pathway 1: additional staff have been recruited or redeployed and an extra 6 people a day are currently being discharged with support at home.
 - Providing additional temporary capacity in Pathway 2 beds including opening of additional community hospital wards and additional beds at Howbury and the Grange.
 - Commissioning additional home care to allow people to move from acute and community hospitals and 'step down' arrangements into longer term care at home.
 - Piloting 7 day working with local home care providers so that they can take new referrals at weekends.
 - Piloting a voluntary sector scheme to support self-funders in NHS beds to help them plan and arrange their long term care.
9. The VCS has also received additional DH funding, which will be used to support:
 - A British Red Cross Rapid Response Enhanced Assisted Discharge scheme.
 - Scaled up Home from Hospital scheme.
 - Confused patient support service in hospital.
10. A review of discharge pathways is planned for 23 February and 09 March and partners continue to work together to ensure accurate and consistent presentation of data.