Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

Appendix 2

No	Drivers	Actions	Lead	Timescale	Progress	RAG	Current Actions & Recommendations for 2017/2018
Avoiding Unplanned Admission							
1	Anticipatory care and crisis prevention	1.1 Design and implement new universal Single Shared Assessment framework with focus on anticipatory care planning	General Manager, Community Services, NHS	1.1 March 2017	Forth Valley wide Single Shared Assessment developed and being tested	✓	ACP under review on how to roll out, await feedback from multiagency ACP Steering Group Being rolled out
		1.2 Develop information sharing systems to allow assessments, including ACPs, to be shared across services to inform care delivery		1.2 March 2017	ICT leads developing options within existing systems to share information	✓	
		1.3 Deliver training for staff in anticipatory care planning		1.3 March 2017	Review of ACP's being taken forward through multiagency ACP Steering Group	✓	ACP documentation agreed and being piloted. Test of change on targetted groups (e.g. care homes) being progressed
		1.4 Review Anticipatory Care Plans and ensure that these are targeted towards the most appropriate care groups, including patients with respiratory conditions (from Winter Plan)		1.4 Feb 2017	As above	✓	
2	Unscheduled Care Pathways	2.1 In conjunction with Falkirk partnership review and implement unscheduled care pathways for uninjured fallers/frailty.	General Manager, Community Services/ Service Manager – Care at Home	2.1 March 2017	Progress ongoing. Being taken forward on a Forth Valley wide basis. Project Steering Group has been established, project charter and driver diagram developed – monthly reporting to national lead ongoing – the pathway is for uninjured fallers/frailty. Discussion taking place with SAS on uninjured falls pathway.	✓	Work ongoing with SAS Monitor progress
			AHP Manager Acute & Rehab & Service Manager for comm. hospitals	Nov 2017			
3	Frailty Care Pathway	3.1 Develop a whole system Frailty Pathway and Comprehensive Geriatric Assessment process	General Manager - Medical Directorate	3.1 December 2016	Test of proposed change taking place in Falkirk during November 2016. Learning will be rolled out across both Partnership areas during 2017.	✓	Ongoing review, await feedback

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

Appendix 2

No	Drivers	Actions	Lead	Timescale	Progress	RAG	Current Actions & Recommendations for 2017/2018
		3.2 Review the existing frailty service jointly with Clackmannanshire and Stirling Partnership		3.2 March 2017			
4	Provision of reablement services	4.1 Review ICF funded reablement services that will develop a strategic approach to intermediate care pathway, including frailty and reablement.	4.1 Programme Manager Service Manager –	June 2017	Work has commenced to review reablement services funded through ICF. To date these workshops have been held with relevant officers		Wor k ongoing Monitor progress
5	Intermediate Care availability	5.1 Streamline access to the range of intermediate care services as an alternative to emergency admission and to enable discharge. This includes the Discharge to Assess model. Facilitated session with Geriatricians and Physicians to be arranged for Jan/Feb to further embed D2A and Frailty.	General Manager – Medical Directorate	5.1 December 2016	Test of Change for the Discharge to Assess model completed in FVRH ED w/c 6 November. Results being analysed to inform the roll-out of the pilot. Joint workshop held on 15 November and work underway to finalise arrangements for provider starting week beginning 5 December Additional OT capacity being used to facilitate discharge to assess model as part of the Frailty Pathway framework Work with an independent care provider is well advanced to support the Discharge to Assess model	✓	Ongoing review, await feedback Key priorities for Delayed Discharge Group Review Actions for 2017/18
		5.2 Ensure the correct resources are targeted at different parts of the patient's journey where they can add the most value (links to the work already being done through the Closer to Home Pathway)	General Manager – Medical Directorate/ General Manager – Community Services	5.2 January 2017	GP Fellows will commence work with the Enhanced Community Team and expand patients that can be supported.	✓	GP Fellows working with Enhanced Team phased roll out Priority area Review actions
6	Provision of Social Work Services	6.1 Review eligibility criteria for Social Work Services and implement revised framework	6.1 Head of Adult Social Work Services	6.1 April 2017	6.1 Review of eligibility criteria will be considered by the Falkirk IJB on December 2016. Subject to approval, the proposal is to implement a new framework for 1	✓	Note work is progressing Delayed Discharge Group – monitor progress

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

Appendix 2

No	Drivers	Actions	Lead	Timescale	Progress	RAG	Current Actions & Recommendations for 2017/2018
					April 2017. This will ensure the better targeting of resources.		
		6.2 Proactively review care packages including home care packages to identify whether there is ability to release capacity; this will be in line with eligibility criteria and a reablement focus	6.2 Service Manager – Community Care Teams	6.2 Ongoing	Adult SW Services review team established to review identified cases within a reablement focus. Care at Home staff actively reviewing care packages.	✓	Priority area Review actions (link with Discharge to Assess)
		6.3 Develop a new Care at Home contract tendering framework which will facilitate a responsive service based on a reablement ethos	6.3 Head of Adult Social Work Services/ Procurement Team	6.3 October 2017	Market Facilitation Plan developed. Tendering process to commence in March 2017 with the aim to have a new contract in place for October 2017.	✓	In progress Receiving updates
7	Provision of appropriate Care Home Services	Review of bed based care, including long-term, intermediate and respite provision	Head of Adult Social Work Services	March 2017	Intermediate care beds at Summerford increased from 10 to 20 Capacity modeling work being undertaken by the Partnership, supported by TRIST, which will incorporate bed based care Liaison ongoing with Procurement Team and a new local care home (capacity 33 care of the elderly beds) scheduled to open in December 2016	✓	Priority – review actions for 2017/18
8	Access to community response services	8.1 Review partnership out of hours health and social care services, to progress work on preventing unnecessary admissions.	General Manager, Community Services, NHS / Head of Adult Social Work Services	3.1 March 2017	The service has extended the age range for people to access the scheduled night service. An additional 2 staff have been recruited to extend service available through the Social Care 24 hour team to support more people to return home and prevent admission to care homes.	✓	Review actions for 2017/18

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

Appendix 2

No	Drivers	Actions	Lead	Timescale	Progress	RAG	Current Actions & Recommendations for 2017/2018
		8.2 Identify gaps in community response provision		8.2 March 2017	Developing a reablement approach	✓	
		8.3 Extend provision of Telecare and Telehealth services and response availability		8.3 March 2017		✓	
		8.4 Work with SAS, Independent and Third sectors to develop new models of community responder services and increase the capacity of the Independent and Third sector to respond effectively		8.4 Ongoing	Both HSCP's are involved in the development of the Transforming Out-of-Hours services proposal and test of change	✓	Work in progress
Delayed Discharge From Hospital							
9	Care co- ordination in hospital	As part of the ICF monitoring process, complete a review of Discharge Hub arrangements and make any necessary changes to improve the efficient operation of the Hub. This will be a joint review with Clackmannanshire and Stirling Partnership	General Manager – Community Services	March 2017	The Discharge Hub is regularly monitored through the ICF arrangements. A joint review is underway and will report to the IJB in March 2017.	✓	Updates provided quarterly Complete
10	Application of Choice to interim placement	Review application of process to confirm it is being applied robustly in relation to both discharges to the community and care homes.	General Manager, Community Services, NHS / Head of Adult Social Work Services	March 2017	Audit to be complete March 2017 Process map session complete April 2017		Audit complete Process mapping complete Priority 2017/18 Agree actions and develop improvement plan
11	Use of Care Experience Feedback Questionnaire	12.1 Develop a Care Experience Feedback questionnaire for all individuals and carers who have experienced hospital admission and discharge	General Manager, Community Services	March 2017		✓	Not complete, work ongoing Carry Forward to 2017/18 CBeech looking at TCAB system for info
		12.2 Utilise results to inform ongoing improvements		Ongoing			

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

Appendix 2

No	Drivers	Actions	Lead	Timescale	Progress	RAG	Current Actions & Recommendations for 2017/2018
Additional Priorities for 2017/2018							
1	Community Hospital Patients	1. Map existing pathway 2. Proposal for new improved pathway 3. Criteria for community hospital 4. Day of Care Audit for community hospitals	Service Manager	End June 2017 Aug 2017 July/Aug 2017 End June 2017	Session planned end June 2017		
2	Criteria for Intermediate Care	1. Review current criteria	Gina Anderson	July/August	Further meeting planned for 28/06/2017		
3	Care Homes – linked to choice	Gina to provide narrative	Gina Anderson				
4	Housing Issues	Develop direct links between this work and the Housing Contribution Group where housing issues are resulting in delays to discharge from hospital	Marlyn Gardner	Ongoing	Opportunities will be taken to highlight issues within this group to ascertain early resolution.		
5	Culture/Information – staff/patients	Engagement with Clinical staff re. decisions/pathways and options for discharge. Review training and education in Discharge Planning (Learn Pro)	Ian Aitken		Audit of SSAs and review discharge pathways of current delays awaiting nursing homes		Develop an action plan in line with findings from Audit
6	Mental Health/Code 9	Visibility in recording of delays in Mental Health wards. Regular reports on Code 9's	Kathy O'Neill				Analyse recent Code 9's and demonstrate any trends of particular needs/service requirements
7	Ensure oversight of AWI/Guardianships re discharges from hospital	Practice Guidance on the use of 13ZA developed. In house organisation regarding Guardianship meetings.	Deirdre Gallie	Ongoing	Meeting 25/05/17 to review current practice and outline differences across Forth Valley		Tactical Group working on a Forth Valley wide process

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

Appendix 2

✓	On target	⚠	Risk of delay	●	Significant Issues

Latest Version: Updated 27/07/2017