

Agenda Item

12

Title/Subject: Falkirk HSCP Unscheduled Care Improvement Plan

Meeting: Integration Joint Board

Date: 6 September 2019

Submitted By: Head of Integration

Action: For Decision

1. INTRODUCTION

- 1.1. This report provides the board with an update on the whole system work and plans for Unscheduled Care including the development a specific Falkirk HSCP plan. The plan will be integral to the whole system approach to unscheduled care and support an improvement in performance against delivery targets, including delays in discharge. This will support better transfer of care, promote independence and improve outcomes for people in our communities.

2. RECOMMENDATION

The Integration Joint Board is asked to

- 2.1. note and support the development and delivery of the HSCP Unscheduled Care Plan which will be presented to a future meeting of the Board.

3. BACKGROUND

- 3.1. In April 2019 members of the IJB endorsed further development of a local discharge to assess model as a point of departure for transformational change in the response to delayed discharge following the workshop with Professor Bolton in March.
- 3.2. Our joint work with IPC and Professor John Bolton has involved mapping whole system flow. While further work is required on our data, the early benchmarking indicators suggest that our key measures, such as numbers of people going directly from hospital to care home or taking up continuing home care without having had the opportunity of reablement, are higher than would be expected.
- 3.3. There is significant further progress to be realised from maximising recovery, recognising the importance of enabling the person's recovery in parallel with or where necessary, as a precursor to promoting independence. A key principle which requires to be embedded is that no one should have their long term care needs assessed while they are in crisis and in acute hospital care.

3.4. At the IJB meeting on 7 December 2018, the Chief Officer tabled a report on Whole Systems Working: Unscheduled Care and Delayed Discharge. That report noted the requirement to adopt a 'Home First' principle across the system as the default response in both acute and community settings. Consistent with the Home First principle the Promoting Independence approach is founded on building a number of key interventions set out as follows:

- Recovery
- Recuperation
- Reablement
- Rehabilitation
- Progression.

3.5. Professor Bolton has presented this model, under the banner of Promoting Independence at workshops of Partnership staff and stakeholders in February, March and May 2019, including to the IJB on 1 March 2019. There was general recognition that the whole system approach to "Maximising Recovery, Promoting Independence" set out by Professor Bolton fits the vision for Falkirk which delivers positive outcomes for citizens.

3.6. **Unscheduled Care**

It is acknowledged that Forth Valley, as a collaborative with NHS Forth Valley, Falkirk HSCP and Clackmannanshire and Stirling HSCP are a national outlier in terms of the MSG standards for integration in relation to:

- Emergency Admissions
- Delayed Discharges
- Length of hospital stay
- The number of people who are admitted from home to hospital and discharged to a care home.

3.7. The Medical Director chairs the Forth Valley Unscheduled Care Programme Board which oversees the delivery of the Forth Valley Unscheduled Care plan. The IJB receives regular progress reports, and this is a separate agenda at item 18.

3.8. **Performance**

The current performance is detailed in the separate report at agenda item 18 and a review of the last year's performance at agenda item 19.

3.9. In addition a joint presentation from the Director of Acute Services and the Chief Officer to provide an overview of the current challenges and opportunities for improvement will be delivered with this report.

3.10. As part of the whole system work and in response to the current challenges in delayed discharge, it is proposed that a Falkirk plan is produced to provide a specific focus within the whole systems work required to secure sustained improvement

- 3.11. The best practice recommendation for improvement is the application of the 6 Essential Actions for Unscheduled Care. This is a Basic Building Blocks Methodology, which is a systematic approach to the demand and capacity analysis of existing patient pathways. This approach is currently in application in Forth Valley Royal Hospital (FVRH) with an established Programme Board and work streams. The rationale for a Falkirk plan is to apply the same principles to community pathways and ensure the established interface with FVRH and the partnership has a clear action plan and line of governance and accountability for delivery
- 3.12. The schematic at table 1 below shows the interdependencies across the key areas of work that are ongoing to deliver the IJB Strategic Plan and the Home First principle.

Table 1



4. UNSCHEDULED CARE PLAN

- 4.1. Falkirk HSCP Senior Leadership Group will support the development of the plan. This will involve engagement with the Forth Valley Unscheduled Care Programme Board to minimise any duplication of effort and to maximise opportunities.
- 4.2. The principles of the Falkirk HSCP Unscheduled Care Plan will be based on the 6 Essential actions for unscheduled care.

Action 1: Clinically Focussed and Empowered Hospital Management.

This action would focus on Falkirk Community Hospital and Bo'ness Community Hospital, ensuring the same level of management and scrutiny is applied to patient flow in the community hospitals with agreed admission and discharge criteria.

Action 2: Hospital Capacity and Patient Flow Realignment

This action would utilise data analysis to support the community hospital reviews and potential for redesign e.g. Day of Care audits information. This would also support workforce capacity and planning.

Action 3: Patient rather than bed Management Operational Performance

This action focusses the attention on the person rather than bed management. The emphasis is on the multi-disciplinary approach to person centred discharge planning from the point of admission e.g. Application of the Daily Dynamic Discharge Approach.

Action 4: Medical and Surgical Processes arranged for optimal care

This action ensures systems are in place to allow prompt access to appropriate diagnostics and interventions. Eg Frailty Pathways, Minor Injury Units.

Action 5: Seven Day Services

This action will ensure reduced variation in service and care provision across 7 days including the out of hours period. The primary focus for the HSCP will be ensuring this reduced variation is applied to integrated community services.

Action 6: Ensuring Patients are cared for in their own homes

This action will ensure that someone who has an unscheduled care episode can be discharged to their own home as soon as possible. This will be a key action for the HSCP with priority given to developing a rapid response and reablement service and intermediate care services to ensure timely discharges, building on the home first ethos. The Institute of Public Care have agreed to support the HSCP with this work.

- 4.3. All community developments will also support the prevention of admissions by establishing pathways to respond to increasing frailty and decline in the community.
- 4.4. The HSCP are cognisant of the work that has already been established for improvement with these factors, and are committed to continuing with and building on their existing links with the Forth Valley Unscheduled Care Programme Board and its work streams. It is envisaged that having a separate HSCP plan will provide a partnership focus to this essential strategic and service delivery priority.

- 4.5. The development of the Falkirk HSCP Unscheduled Care Plan will focus on the whole system approach and will require medium to longer term service redesign and delivery. In the interim it is acknowledged that the current level of delayed discharges for people living in Falkirk is high and an immediate solution is required. A test of change is progressing and detailed appendix 1. On evaluation, this test of change will inform and support actions within the plan.
- 4.6. The plan will include a suite of performance measures and will link with the current USC and MSG performance framework he performance framework.

5. CONCLUSIONS

- 5.1. Based on the information available, the HSCP Senior Leadership Group recognise the requirement to give a priority focus to the improvement of the delivery of unscheduled care to the communities living in Falkirk. They support the development and delivery of a partnership unscheduled care plan to facilitate this improvement. The plan will be regularly reported to and progress will be monitored by the HSCP Senior Leadership Group and provide updates to the Forth Valley Unscheduled Care Programme Board and IJB.

Resource Implications

There are no resource implications for the development of the plan.

Future delivery of the plan will be made within available budgets, existing substantive budgets and partnership funding streams, to ensure they align to the priority actions required in the plan.

Any development that identifies a requirement for additional financial resource will be considered as a separate funding request through the appropriate route of governance and approval:

- Strategic Lead: Patricia Cassidy, Chief Officer Falkirk HSCP.
- Lead Officer: Lorraine Paterson, Head of Integration Falkirk HSCP.
- Key Stakeholders: NHS Forth Valley, Clackmannanshire and Stirling HSCP Falkirk General Practitioners, service users, carers, staff and Strategic Planning Group.

Impact on IJB Outcomes and Priorities

This proposal would contribute to the delivery of the HSCP Strategic Plan, and Scottish Government Improvement Targets and improve outcomes for people and their carers.

Legal & Risk Implications

This proposal has no legal or risk implications. There is a reputational risk with failure to improve performance in unscheduled care and delayed discharge.

Consultation

The development of the plan requires no immediate consultation. Any resultant changes to service delivery which have an impact on staff or communities would involve staff and public engagement and consultation.

Equalities Assessment

The plan and any resulting changes to service delivery would be subject to an Equality Impact Assessment, to ensure all implications are considered.

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Approved for submission by: Patricia Cassidy, Chief Officer

Author Lorraine Paterson, Head of Integration Falkirk HSCP

Date: 9 August 2019.

List of Background Papers:

NHS Scotland Quality Improvement Hub 6 Essential Actions for Unscheduled Care

Daily Dynamic Discharge Approach

SMRO1 Integration Performance Indicators

National Day of Care Survey

Falkirk HSCP Delayed Discharge Dashboard

IPC and Falkirk HSCP Developing a Promoting Independence Strategy, Adult Social Care and Out of Hospital System

Falkirk HSCP Intermediate Care Facility IJB Report

Falkirk HSCP Reablement and Bed based Intermediate Care Services IJB Paper
7 June 2019.

**Falkirk Health and Social Care Partnership
Delayed Discharge Improvement
Test of change Flowchart**

