



## Home First Plan – February, 2016

### 1. INTRODUCTION

This regional plan is the latest version of the Delayed Transfers of Care Action Plan which has been updated to provide an overview of arrangements to:

- focus the development of services to expedite the progress of citizens using our acute and / or long term care services and;
- where possible, to reduce the number of people who require those services.

To achieve these aims, the plan outlines a variety of focused pieces of work to address key stages in the citizen journey when the need for additional support and care is required. The stages were identified in work by the Whole Systems Partnership to identify areas where further integration of services would be of mutual benefit to partners and citizens. These are:

<b>First contact (FC) i.e. when people present with a potential need</b>	<i>Users first contact with services may arise at different levels of need, which means this part of the system requires a high level of connectivity with statutory and third sector services. Increased connectivity will facilitate getting the individual to the right professional first time and assist in demand management through the provision of advice and sign posting to third sector and community resources. First contact may also result directly in the need for a Comprehensive Assessment (CA).</i>
<b>Ongoing support (OS) i.e. when people have an ongoing, though relatively stable, set of needs</b>	<i>These needs are not necessarily low, just stable. This service function should have a significant preventative or enabling element and should be provided in partnership with both the patient/client and, where appropriate, their carer.</i>
<b>Crisis response (CR) i.e. when people have a crisis or short lived exacerbation of need</b>	<i>Responding to crisis or exacerbation to ensure optimum recovery or rehabilitation of either a single condition or the cumulative effect of multiple needs. This service function requires timely, co-ordinated and personalised responses that are able to minimise the extent to which the outcome from such events is either an inappropriate admission to hospital or an admission to long-term care when alternative support at home could have been provided.</i>

MMG: Home First Plan – Version 0.1 13.02.16

RAG Key: Green: Progress on track for completion;

Amber: Progress delayed but will be addressed within one month;

Red: Progress delayed by more than one month;

\*linked to detail of DTOC Operational Plan attached as **Appendix 1**.



**Comprehensive Assessment (CA)  
i.e. when people experience a  
significant and permanent stepped  
change**

*Assessment, care planning and prescription is undertaken for people entering the care system or at points of recognisable transition as their needs change. Such services ensure that people with complex needs receive the right support on an ongoing basis as well as at times of significant change or crisis. This function often needs a degree of specialisation and therefore coordination is very important. It requires high levels of connectivity in order to avoid duplication or missed opportunities for appropriate care and support.*

**At each point, our aim is to return the citizen to, or as close to their own home, as possible.**

The Home First Plan is intended to provide a strategic overview of the work that is underway to reduce delayed Transfers of care and improve the overall care of citizens who require care and support.

## **2. GOVERNANCE ARRANGEMENTS**

The Governance structure to deliver implementation of this plan is overseen by the IHSC Governance (Partnership) Board and comprises key partners across Cardiff and Vale UHB, Cardiff Council, Vale of Glamorgan Council, the Third Sector and independent service providers.

A Scrutiny Task Group consisting of the UHB Chair, and both Council Cabinet Leads for Adult Services has been delegated by the Governance Board to oversee progress of the Plan on a quarterly basis.

## **3. PERFORMANCE**

The IHSC Implementation Group maintains monthly oversight of progress via this Home First Plan to ensure a strategic fit with other integration objectives.

An Operational Group, chaired by the UHB's Director of Nursing also meets on a monthly basis to progress operational issues in relation to the management of Delayed Transfers of Care as detailed within the operational plan attached as **Appendix 1**. Specific actions within the plan are

MMG: Home First Plan – Version 0.1 13.02.16

RAG Key: Green: Progress on track for completion;

Amber: Progress delayed but will be addressed within one month;

Red: Progress delayed by more than one month;

\*linked to detail of DTOC Operational Plan attached as **Appendix 1**.

referenced by an asterisk in the high level Home First plan. This work is supported by weekly meetings with operational-level, multi-disciplinary staff to review all Non Mental Health and Mental Health patients with a length of stay of 100 days and over.

The UHB Director of Planning is responsible for overall implementation of the Home First Plan whilst the Deputy Director of Nursing is responsible for implementation of the DTOC Operational Plan.

DRAFT

MMG: Home First Plan – Version 0.1 13.02.16

RAG Key: Green: Progress on track for completion;

Amber: Progress delayed but will be addressed within one month;

Red: Progress delayed by more than one month;

\*linked to detail of DTOC Operational Plan attached as **Appendix 1**.



## 4. ACTION PLAN

**4.1 First contact (FC) i.e. when people present with a potential need AND Ongoing support i.e. when people have an ongoing, though relatively stable, set of needs**

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	Update	RAG Status
There is a need to ensure a structured approach to maintaining the health and wellbeing of people in the community to prevent, wherever possible, their escalation of need.	Evaluate current initiatives funded through the ICF and PCF in 2015-16 to gauge effectiveness.	10.03.16	IHSC Implementation group	Complete	
	Establish region-wide preventative intervention priorities for 2016-17 and future timescales in line within overall strategic planning objectives above.	Sep 2016	IHSC Implementation Group	1 <sup>st</sup> draft proposal submitted to SIG for approval on 10 <sup>th</sup> March, 2016. Final draft now being prepared for approval by Regional Partnership Board on 18 <sup>th</sup> April 2016. Anticipated lead in time for some aspects of 4-6 months.	
Increased connectivity will facilitate getting the individual to the right professional first time and assist in demand management through the provision of advice and sign posting to third sector and community resources. Assurance of comprehensive assessment in promoting wellbeing is required.	Evaluate the Vale of Glamorgan Single Point of Access and Cardiff First point of Contact, both funded through the ICF in 2015-16 to gauge effectiveness.	10.03.16	IHSC Implementation group	Complete	
	Establish region-wide preventative intervention priorities for 2016-17 and future timescales in line within overall strategic planning objectives above.	Sep 2016	IHSC Implementation Group	1 <sup>st</sup> draft proposal submitted to SIG for approval on 10 <sup>th</sup> March, 2016. Final draft now being prepared for approval by Regional Partnership Board on 18 <sup>th</sup> April 2016.  Anticipated lead in time for some aspects of 4-6 months.	

MMG: Home First Plan – Version 0.1 13.02.16

RAG Key: Green: Progress on track for completion;

Amber: Progress delayed but will be addressed within one month;

Red: Progress delayed by more than one month;

\*linked to detail of DTOC Operational Plan attached as **Appendix 1**.



#### 4.2 Crisis response (CR) i.e. when people have a crisis or short lived exacerbation of need

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	Update	RAG Status
Need to ensure timely, co-ordinated and personalised responses that are able to minimise the extent to which the outcome from such events is either an inappropriate admission to hospital or an admission to long-term care when alternative support at home could have been provided.	Implement 7/7 FOPAL in EU to interface with 7/7 CRT service as part of ICF investment priorities in 2016-17.	Sep, 2016	IHSC SIG	Proposal under development for prioritisation against ICF funding. Following approval, anticipated lead in time of 4-6 months.	Green
	Undertake needs analysis of 7/7 FOPAL requirement in MEAU as part of ICF investment priorities in 2016-17.	Sep, 2016	IHSC SIG.	Proposal under development for prioritisation against ICF funding. Following approval, anticipated lead in time of 4-6 months.	Green
	Inpatient Integrated Assessment processes to be reviewed and performance indicators established for ongoing monitoring.*	June, 2016.	DTOC Operational Group	On time.	Green
	Implement Discharge Policy for 2016-17.*	June 2016	DTOC Operational Group	On time.	Green
	Implement full use of clinical workstation as a tool to monitor discharge across a multi-agency environment*	Ongoing roll out.	DTOC Operational Group	On time.	Green

MMG: Home First Plan – Version 0.1 13.02.16

RAG Key: Green: Progress on track for completion;

Amber: Progress delayed but will be addressed within one month;

Red: Progress delayed by more than one month;

\*linked to detail of DTOC Operational Plan attached as **Appendix 1**.



#### 4.2 Cont'd: Crisis response (CR) i.e. when people have a crisis or short lived exacerbation of need

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	Update	RAG Status
Need to ensure timely, co-ordinated and personalised responses that are able to minimise the extent to which the outcome from such events is either an inappropriate admission to hospital or an admission to long-term care when alternative support at home could have been provided.	Establish partner-wide training programme for discharge planning across the organisations.*	tbc	DTOC Operational Group	Proposal for funding drafted with final proposal being prepared for consideration by Regional Partnership Board on 18.04.16.	Green
	Agree model for Medical Ward Liaison Role for consideration as part of ICF funding 2016-17.	Sep, 2016	IHSC SIG	Proposal for funding drafted with final proposal being prepared for consideration by Regional Partnership Board on 18.04.16.	Green
	Implement plan to address equipment delays.*	tbc	DTOC Operational Group	Timescales to be confirmed following completion of initial review in April, 2016.	Green
	Implement training and development programme to promote Home First culture across the partnership.*	tbc	DTOC Operational Group	Proposal for funding drafted with final proposal being prepared for consideration by Regional Partnership Board on 18.04.16.	Green

MMG: Home First Plan – Version 0.1 13.02.16

RAG Key: Green: Progress on track for completion;

Amber: Progress delayed but will be addressed within one month;

Red: Progress delayed by more than one month;

\*linked to detail of DTOC Operational Plan attached as **Appendix 1**.



#### 4.3 Comprehensive Assessment (CA) i.e. when people experience a significant and permanent stepped change

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	Update	RAG Status
<i>Assessment, care planning and prescription is undertaken for people entering the care system or at points of recognisable transition as their needs change. Such services ensure that people with complex needs receive the right support on an ongoing basis as well as at times of significant change or crisis. This function often needs a degree of specialisation and therefore coordination is very important. It requires high levels of connectivity in order to avoid duplication or missed opportunities for appropriate care and support.</i>	Implement Choice Protocol as part of Discharge Policy (to include public facing communications campaign).*	May, 2016		Policy re-drafted and circulated for consideration pending legal advice.	Green
	Establish the Discharge to Assess model of care (Domiciliary, residential and ward-based step down as appropriate)	Sep, 2016		Proposal for funding drafted with final proposal being prepared for consideration by Regional Partnership Board on 18.04.16	Green
	Establish and implement a needs based plan for commissioning nursing, residential and domiciliary care over agreed timeframes.	Timescales to be confirmed.	IHSC SIG	Assistant Director of Integrated Health and Social Care now in post. Timescales to be confirmed following agreement of work plan.	Green
	Ensure information technology is optimised to ensure high levels of connectivity.	2017-18	IHSC SIG	Programme team now in place to undertake preparatory work for WCISS with regular updates to Implementation Group.	Green

MMG: Home First Plan – Version 0.1 13.02.16

RAG Key: Green: Progress on track for completion;

Amber: Progress delayed but will be addressed within one month;

Red: Progress delayed by more than one month;

\*linked to detail of DTOC Operational Plan attached as **Appendix 1**.