

## Objectives

- Create a single management structure for quality monitoring of care at home
- Develop a comprehensive pandemic contingency plan
- Engage with providers regularly at a policy and commissioning level to ensure adherence to service specification through development of a matching unit and flexible care visits
- Creation of a peripatetic internal care at home team
- Complete test of change to expand self-management by HART+
- Creation of robust links between Integrated Hospital Discharge Team, HART and Care at Home
- Ensure physical activity is integral to support service users and their families
- Continue to ensure TEC and Digital solutions are integral to support service users and their families
- Create a greater choice of services within SDS options 1 and 2
- Creation of group/s which support co-production and can identify the needs of the community
- Develop community brokerage models
- Create a shared co-design space
- Use SS5C open badges to collect, manage and share evidence of learning
- Map training requirements for all providers of care at home services
- Creation and delivery of Key Aspects of Care workshop
- Create a shared resource of training information
- Promote careers in care
- Streamline and improve advertising for all care providers
- Review how urban/rural rates are applied
- Use technology tools to support staff wellbeing
- Support PAs and self-employed carers in the community
- Create bank arrangements for Personal Assistants
- Create referral pathway to the CIC to support people arranging option 1 packages
- Improve emotional support for carers
- Establish social care provider networks of mutual support

## Process / Key Actions



## Integration Planning and Delivery Principles

- ◆ Are integrated from the point of view of service-users
- ◆ Take account of the particular needs of different service-users
- ◆ Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
- ◆ Take account of the particular characteristics and circumstances of different service-users
- ◆ Respects the rights of service-users
- ◆ Take account of the dignity of service-users
- ◆ Take account of the participation by service-users in the community in which service-users live
- ◆ Protects and improves the safety of service-users
- ◆ Improves the quality of the service
- ◆ Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- ◆ Best anticipates needs and prevents them arising



## Outcomes/Outputs

- ✓ Increased ability to react to changes required as a result of robust monitoring
- ✓ Closer and more collaborative working with the independent sector
- ✓ Increased ability to monitor and respond to locality-based issues with delivering care at home
- ✓ Increased ability to respond to changes in need due to pandemic surges or demographic changes
- ✓ Increased resource and capacity to have a more permanent impact on reducing unmet need in the hospital and community
- ✓ Creation of an environment where discharge to assess can operate effectively
- ✓ Person centred approach to care delivery
- ✓ Smaller teams with increased consistency of staff
- ✓ Increased ability to support capacity and flow from hospital to community
- ✓ Provision of an integrated, coordinated approach and response to referrals for discharges
- ✓ Improved clarity and quality of leadership around discharge

