HomeFirst Programme Newsletter

Issue: Summer/Autumn 2024

HomeFirst

The overarching theme of the programme is to maintain individuals safely within the community either at home or in a homely setting. We set out to do this through the promotion of ageing well across our GGC population, offering alternatives to unscheduled care and the development of new pathways, services and systems focusing on prevention and early intervention.

2022/23 – 2024/25

The Design and Delivery Plan focused on the three principles of:

- Prevention and early intervention with the aim of better supporting people receive care and treatment they need at or close to home to avoid hospital admission where possible
- Improving the primary and secondary care interface by providing GPs and other clinicians with better access to clinical advice by designing integrated pathways for specific conditions
- Improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community

Key Achievements

- ***HomeFirst Response Service***

This service launched in Aug2022, seeking to support early turnaround back to home or homely setting following an unscheduled visit to ED and also to proactively maintain individuals within their own home as an alternative to conveyance to ED

- Community multi-disciplinary team at the hospital point of admission to assess and connect with community teams to support discharge
- Testing a number of community early intervention pathways
- Improving the community/acute interface

50% patients discharged following assessment

2922 frail patients assessed at the front door

- **Future Care Planning**

The program integrates Future Care Planning into core business by increasing awareness among staff and the public in GGC.

Plans are collaboratively used in decision-making across all 6 HSCPs to deliver care aligned with individuals' preferences and those that matter to them.

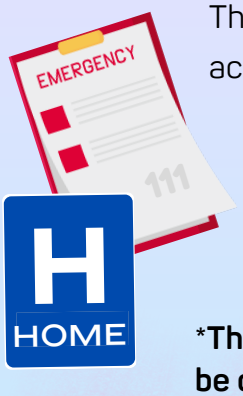
Since the Summary was created, people have now made a plan. **8126**

6248 Frailty scores have been recorded on our summaries, with the **average frailty score being 7** (serverly frail).

In the last quarter, we have hosted events to promote good conversations and tackled taboos around death, dying and breeavement .....

You can watch our Online Recorded Events **664** registered to attend.

*Community and Care Home Call Before You Convey Pathway



This test of change covered **59%** of the older adult care homes across GGC accounting for **57%** of the bed base within the homes.

990 residents were triaged and assessed as at high risk of admission, with community intervention these were avoided.

A further **1080** residents were of concern triggering homes to follow this alternative pathway to **111**.

***This is the Community and Care Home Call Before You Convey Pathway, not to be confused with the Flow Navigation Centre/SAS CB4YC pathway.**

Read more about all our projects_

Timescale	2247	96%	4%
This model was implemented at pace in December 2023 till March 2024	Calls from December 2023 to July 2024	Patients non-conveyed to hospital & thus maintained in the home	Average of patients non-conveyed to ED

• *Community Falls Pathway*

The Community Falls Pathway provides an alternative pathway to maintain individuals within their own home who have fallen. those at high risk of falling or those identified as frail.

Right Care
Right Place
Right Time

24% Average of patients non-conveyed to Emergency Department by SAS

1048 SAS referrals to HSCPs for those non-conveyed patients as part of the Community Falls pathway

• *Care Home Falls Pathway*

The Care Home Falls pathway supports care home staff to directly access the Flow Navigation Centre (FNC) for residents who have fallen and are being considered for conveyance to the Emergency Department (ED).

286 Calls to the Flow Navigation Centre as part of the Care Home Falls pathway

68% did not result in conveyance/ admission to ED

Jan 22-Mar 24

View issues of Care Home Falls newsletters here

GGC Care Home estate with awareness raising across the homes being an essential component of implementation. Awareness was raised via quarterly questionnaires and newsletters to care homes.

COMING SOON

NEW 2024-27 HomeFirst Development Plan