Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Tuesday 21 June 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 12.15 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at http://www.buckscc.public-i.tv/
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr R Reed (in the Chair)
Mr B Adams, Mr C Adams, Mrs M Aston and Julia Wassell

District Councils

Ms S Jenkins	Aylesbury Vale District Council
Dr W Matthews	South Bucks District Council

Members in Attendance

Mrs Jules Cook, Chiltern District Council

Others in Attendance

Ms J Woodman, Committee and Governance Adviser
Mrs E Wheaton, Committee and Governance Adviser
Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group
Dr A Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group
Mr L Fermandel, Service Manager, Safeguarding, Adults and Family Wellbeing
Ms A Bulman, Service Director (ASC Operations)
Cook, Chiltern District Councillor, Chiltern District Council
Mr N MacDonald, Chief Operating Officer, Buckinghamshire Healthcare trust
Mr S Tuffley, Station Commander, Buckingham, Buckinghamshire Fire & Rescue Service
Mr A Battye, Area Manager Chiltern, SCAS
Begley, Area Manager - Milton Keynes & Aylesbury Vale, SCAS

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr N Brown, Mr B Roberts, Ms R Vigor-Hedderly, Mr C Etholen and Mr N Shepherd (Mrs Jules Cook substituted)

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes and confidential minutes of the meeting on 10th May were confirmed as an accurate record.

4 PUBLIC QUESTIONS

No public questions were received within the notice period for the meeting.

5 COMMITTEE UPDATE

Promoting HASC attendance and public questions

The Committee discussed how HASC could be better promoted to the public, to encourage attendance and promote public questions.

ACTION: Committee and Governance Adviser to investigate how information on public questions could be more prominent on the Bucks County Council web pages.

Lynton House Surgery

The Chairman updated the Committee on the decision making timeline for Lynton House, as this had been raised as an action point from the 10th May meeting.

The Chairman read out the following response from Ginny Hope, Primary Care Commissioner, NHS England (South Central Region)

'NHS England has received an application from Cressex Health Centre to close its Lynton House branch surgery. The application includes details of how the Centre has engaged with patients and the public on their proposal to close the Lynton House branch surgery and move some services to a satellite clinic within the Minor Illness and Injury Unit at Wycombe Hospital.

We are reviewing the application with Chiltern CCG, taking into account feedback from patients and other stakeholders, to make sure the practice's plans will provide the best possible care as well as continued and sustainable access to services.

We expect to make a final decision at the end of June and once this has been made, it will be widely publicised.'

The Chief Officer from Chiltern CCG added that since the consultation the CCG were working with the NHS England and Cressex to look at all possible options including how much it would cost to refurbish the surgery. She added that it was recognised that a surgery was needed in that area. However Cressex had difficulties in running two surgeries on opposite ends of Wycombe. The Chief Officer explained that both factors need to be taken into consideration and that NHS England would make a final decision by the end of June.

In response to questions regarding the viability of the refurbishment option, the Chief Officer stated that all options were now being considered as the re-location to the Minor Injuries Unit at Wycombe Hospital was only envisaged as a short term solution.

ACTION: Committee and Governance Adviser to invite the Primary Care Commissioner to the 26th July HASC to discuss the Lynton House Surgery decision.

Public questions raised by Julia Wassell at 10th May meeting regarding the x-ray machine at Wycombe Hospital.

The Chairman read out the following response from Buckinghamshire Healthcare Trust.

'The machine has not been regularly breaking down. The Trust did need to replace the battery, which closed it for a couple of hours on one day whilst it was replaced, but at other times it did not cause any downtime. The issue is now resolved. If the MIU x-ray is closed, the arrangements are in place for patients to be seen within the main x-ray department at Wycombe Hospital.'

Seeking views from HASC Members on holding HASC meeting at other venues across the county.

The Chairman updated the Committee on the results of responses from Committee Members. Four replies were received as follows:

- supported current arrangements,
- flexible either to current arrangement or moving although questions around suitable venues for webcasting were raised.
- South Bucks would be unable to host
- Support for moving out of County Hall with an inaccurate comment regarding webcasting being enabled at any venue.

The majority view was to continue with the current arrangements.

Community Pharmacy Cuts

The Chairman stated that letters had been sent to local MPs and NHS England expressing concerns regarding the local impact of the cuts. He informed Members that the letters were attached with the agenda papers and that no replies had been received to date.

ACTION: Committee and Governance Adviser to write to NHS England to seek response to the formal submission to the Community Pharmacy consultation.

The Chairman explained that the action from the last meeting to set-up a small inquiry group to meet with pharmacies on the consultation was not viable as response to the NHS Consultation closed on the 25th May.

The Care Market

The Chairman reminded the Committee that the Community, Health and Adult Social Care (CHASC) Business Unit had been asked to circulate to District Councillors the dates of future housing workshops involving Public Health and District Housing Teams at the HASC meeting on 10th May. HASC was informed by the business unit that these have yet to be arranged.

The Bedfordshire and Milton Keynes Healthcare Review

The Chairman updated the Committee on the re-scheduling of this item to a Special Meeting on 26th July to allow more time for Members to consider all the issues.

Members noted that the Joint Health Care Review Board meeting due to take place on the 14th June has been postponed with a new date yet to be agreed.

6 BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY - DEVELOPING THE CO-RESPONDER PARTNERSHIP WITH THE AMBULANCE SERVICE

The Chairman welcomed Mr Simon Tuffley, Station Commander, Buckingham, Buckinghamshire Fire & Rescue Service.

Mr Tuffley updated the Committee on the cardiac arrest response pilot. During his presentation the following points were covered:

- The Resuscitation Council guidelines include statistics which showed that if a person was a victim of a cardiac arrest outside of hospital and there was a response within 3-5 minutes the person had a 50-70% chance of survival.
- Currently fewer than 2% of people who had a cardiac arrest were defibrillated before the ambulance service arrived.
- The pilot had yet to be implemented and the Fire Authority was consulting internally with positive responses so far. Positive feedback particularly from a staff survey had provided the Fire Authority Transformation Board with the reassurance to go ahead with the project.

In response to questions from Members the following areas were highlighted:

- SCAC supported Community Responders schemes if there was group interest and they were self-funded to support purchase of the equipment. In addition each area had a community liaison officer details of which were on the SCAS website.
- SCAS had an ‘app’ which showed the nearest defibrillator station. Members suggested that a directory was also collated.
- The Chief Officer of Aylesbury Vale CCG stated that the first response a member of the public should make to a cardiac arrest situation was to dial 999. Emergency services would have defibrillator locations.

7 SYSTEMS RESILIENCE

The Chairman welcomed: Mrs Lou Patten, Chief Officer, Aylesbury Vale CCG, Dr Annet Gamell, Chief Executive, Chiltern CCG, Mr Mark Begley, Area Manager - Milton Keynes &Aylesbury Vale, South Central Ambulance Service NHSFoundation Trust, Mr A Battye, Area Manager Chiltern, SCAS, Mr Neil MacDonald, Chief Operating Officer, Buckinghamshire Healthcare Trust, Mr Lee Fermandel, Service Manager, Safeguarding, CHASC and Ms Ai Bulman, Service Director, CHASC

During presentations the following points were covered:

Systems Resilience Overview

- An overview of the governance and assurance arrangements of Buckinghamshire Systems Resilience Group. (SRG)

- The SRG oversaw the systems performance, delivery of the NHS Constitution Standards and ensured shared learning. It was overseen by the emergency and urgent care networks.

- Systems resilience was essentially concerned with the flexibility of services to meet extremes of variation and day to day variation.

- Last year was the first year Systems Resilience (SR) funds went into CCG baseline budgets. CCG's were trying to develop the use of funds as a long standing response to SR.

- Focused funding had been given to reducing admissions and enabling discharge.

The Ambulance Service

- A member with a life threatening illness would get an emergency ambulance service.

- Any person who did not have a life threatening illness would be assessed and triaged. The call could be referred to 111, a clinical support desk, an alternative care pathway or a 999 resource.

- There was a multi-disciplinary assessment service funded by the SRG for frail and elderly people which prevented automatic admission to hospital. In addition there was a fall support service.

- A large proportion of direct referrals were made to GP services.

- SCAS also had a dedicated mental health practitioner to which referrals could be made.

- Latest statistics showed that for all 999 calls received by SCAS only 46% were sent to hospital.

Bucks Healthcare Trust

- The rapid response assessment team was a team of physiotherapists, occupational therapists, social workers and dieticians based in the A & E department and acute assessment unit for 12 hours a day. They were funded from the SRG budget. The team were there to conduct rapid assessments as soon as the patient arrived. The Team had been successful in enabling community links, putting in short term support either through health or social care. This helped to either avoid admission or reduce length of stay.

- The SRG had also funded Bucks HCT to deliver rehabilitative packages of care in the home setting whilst longer term care packages were being assessed and agreed.

Adult Social Care

- The discharge pathway from hospital was now covered in the Care Act 2014.

- Options available to support timely discharge were; reablement, which supports and promotes independence; live-in support and assessment process for up to 14 days; and retaining care packages for up to 10 whilst someone was in hospital. Long term residential or nursing home care was seen as a last resort.

- The Care and repair scheme was highlighted which looked at care and the timely supply of equipment in the home.

- To help the system and assessment process as a whole, adult social services had

increased social work staff in the hospital and added social work assistants.

- The use of step up and step down beds in hospital settings avoided the use of acute services if not necessary prior to discharge home.

- There was a project currently looking at optimal use of domiciliary care, which considered alternative mechanisms such assistive technology.

In response to questions from Members the following areas were highlighted:

- How Wexham Park fitted in with the Bucks SRG

- Rises of respiratory illnesses were linked to surges in the system.

- Social Care related discharges – Bucks was performing well and was second in its comparator group.

- Re-admissions to acute services was estimated at around 8%.

ACTIONS:

- **Adult Social Care to provide the current figures for delayed discharges.**
- **Buckinghamshire Healthcare Trust to provide HASC with re-admission figures**

8 ADULT SAFEGUARDING PEER REVIEW

The Chairman welcomed Mr Lee Fermandel, Service Manager, Safeguarding, CHASC, Ms Ai Bulman, Service Director, CHASC

During presentations the following points were covered:

- Essentially the review was looking at whether people were appropriately safeguarded.
- The review considered: leadership; practice and policy; workforce development; partnership working; the Adult Safeguarding Board; and involvement of users and carers.
- Strengths identified were: the review group were satisfied all adults had been appropriately safeguarded, rated as excellent for involvement of users and carers and there were good links with community partners and providers.
- Areas for development were: lack of permanency of staff; policies and practice; communication.
- Progress so far: had a successful recruitment campaign indicated by the fact that there were now only two agency staff in safeguarding; new policies and procedures were launched.
- Ms Julie Puddephat was introduced as the new =Head of Safeguarding

In response to questions from Members the following areas were highlighted:

- The database needed to be considered by the Digital Board.
- The recent Adult with Learning Disabilities Review highlighted the importance of awareness training particularly for bus and taxi drivers.

9 COMMITTEE WORK PROGRAMME

The work programme was noted.

10 DATE AND TIME OF NEXT MEETING

The next full webcast Committee meeting will be on 26th July 2016 at 10am.

11 EXCLUSION OF PRESS AND PUBLIC FOR AGREEING CONFIDENTIAL MINUTES

12 CONFIDENTIAL MINUTES OF MEETING ON 10TH MAY 2016

The minutes were agreed in the public session as there were no comments.

CHAIRMAN

Appendix A

Buckinghamshire & Milton Keynes Fire Authority
MAKING YOU SAFER
PREVENTING PROTECTING RESPONDING
WWW.BUCKSFIRE.GOV.UK

Thames Valley Cardiac Arrest Response Pilot

A collaborative approach to saving more lives

Background

Buckinghamshire & Milton Keynes Fire Authority
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- Developing the Co-Responder partnership with SCAS
- Aligned to the Authority's vision
- Resuscitation Council Guidelines 2015

Project so far

Buckinghamshire & Milton Keynes Fire Authority
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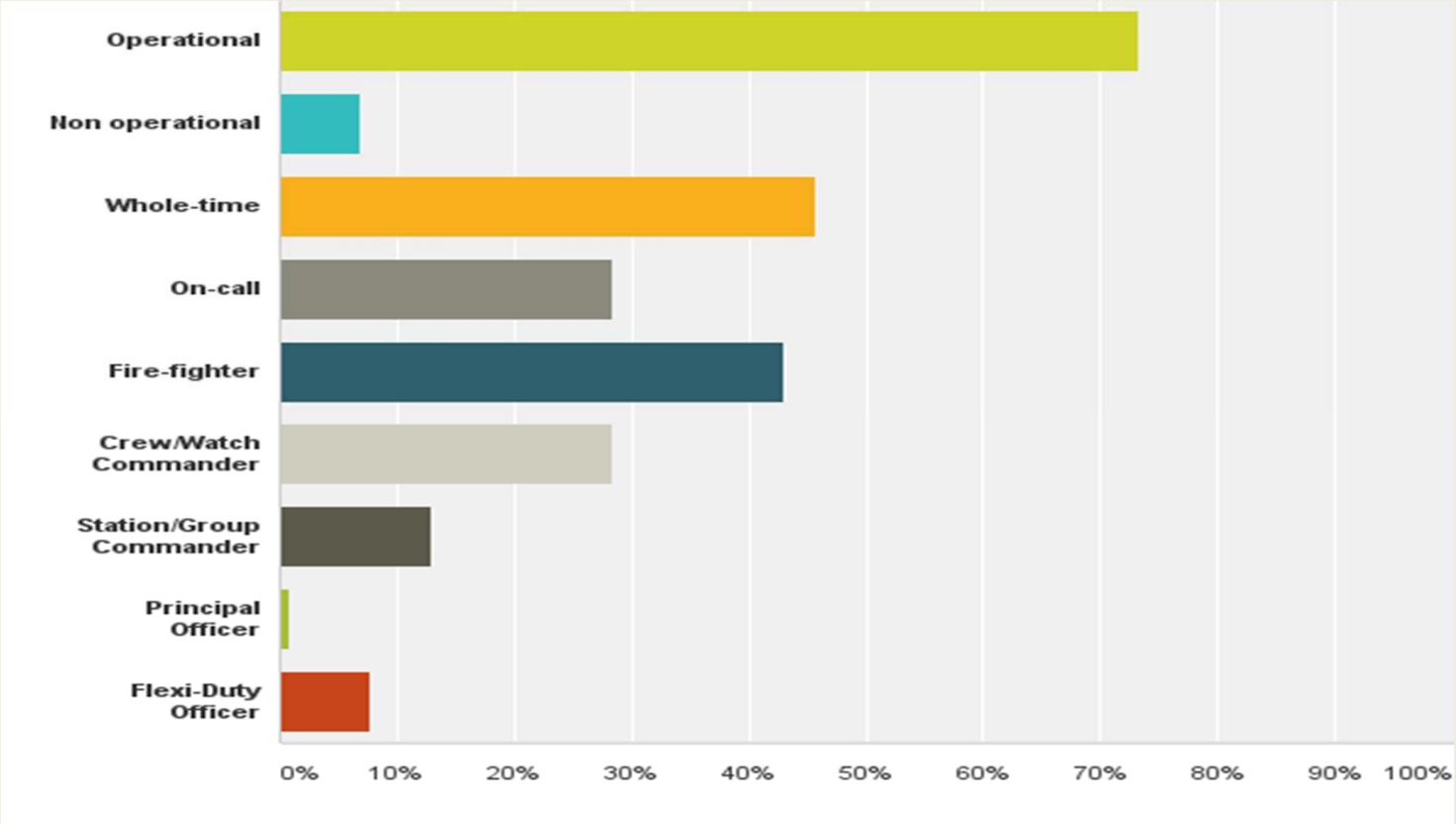
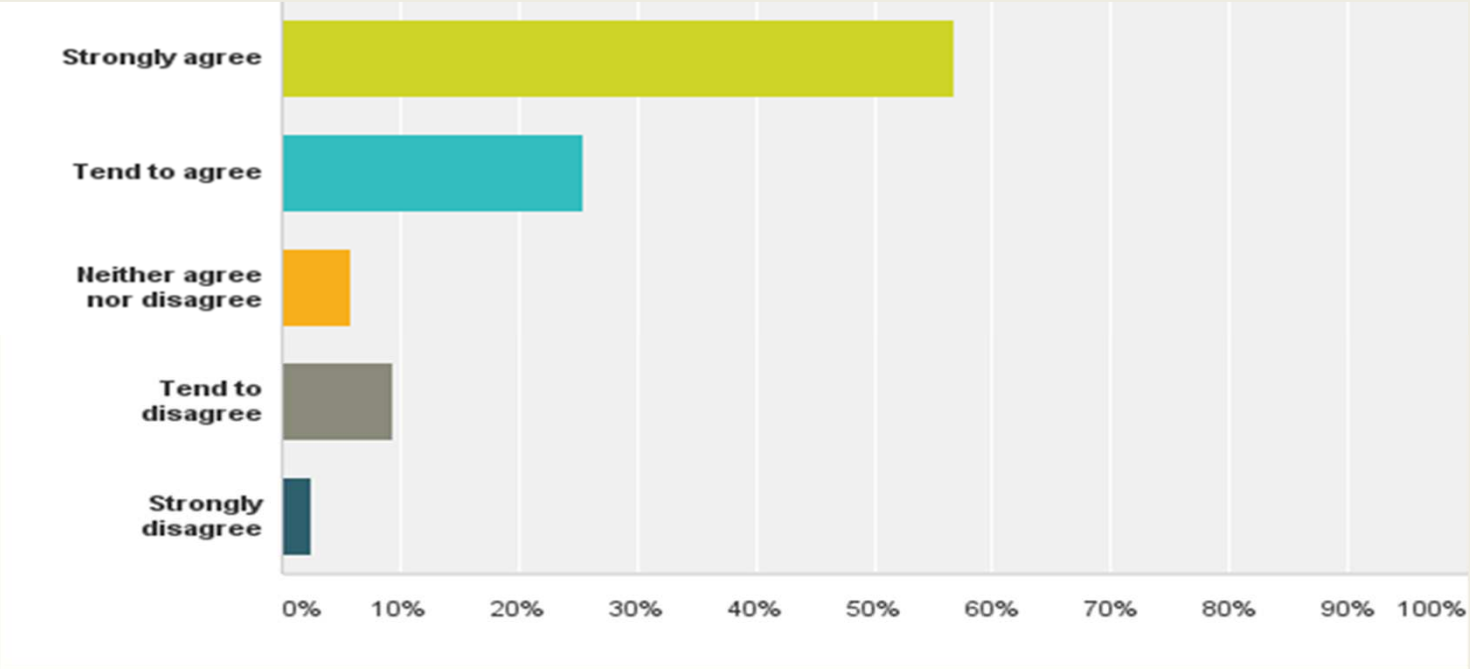
- Rep Body support
- Staff engagement and consultation
- 118 responses to the on-line survey
- Six month pilot approved

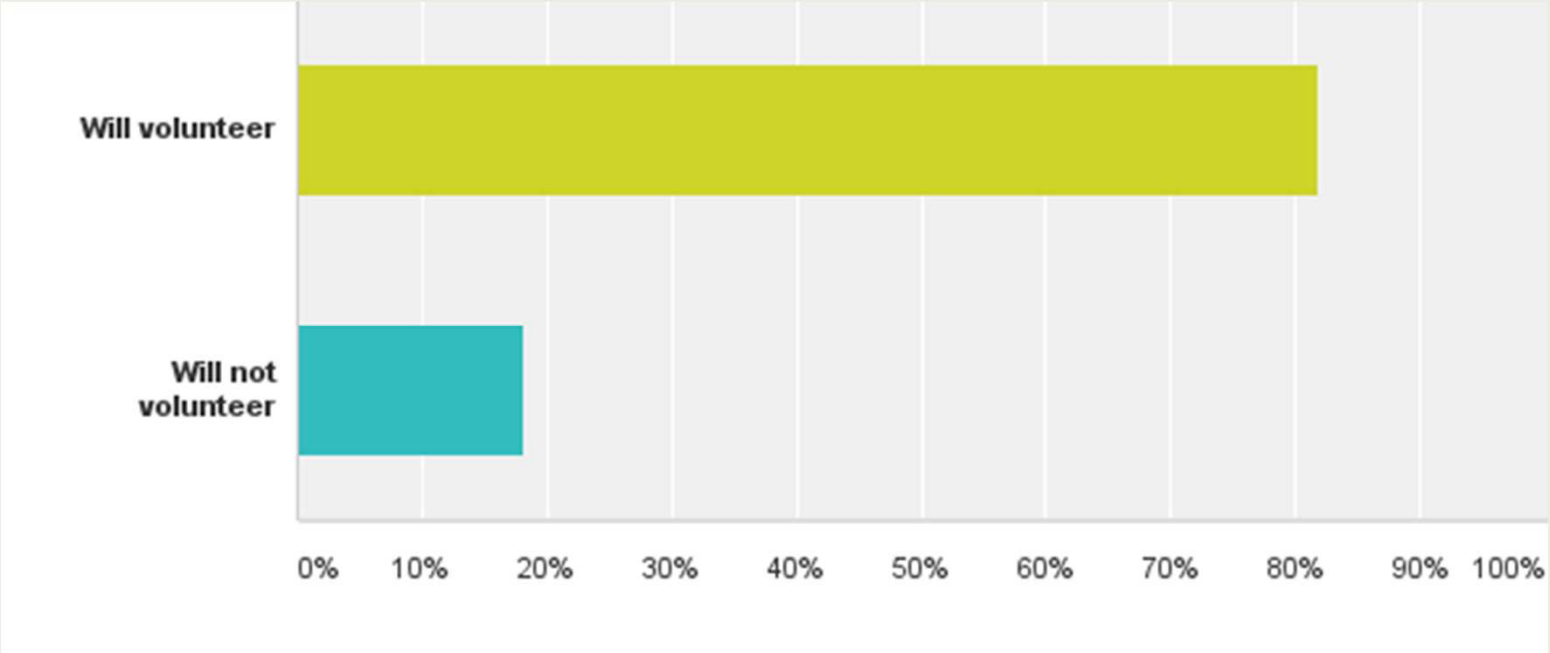
The response was cross-sectional and representative



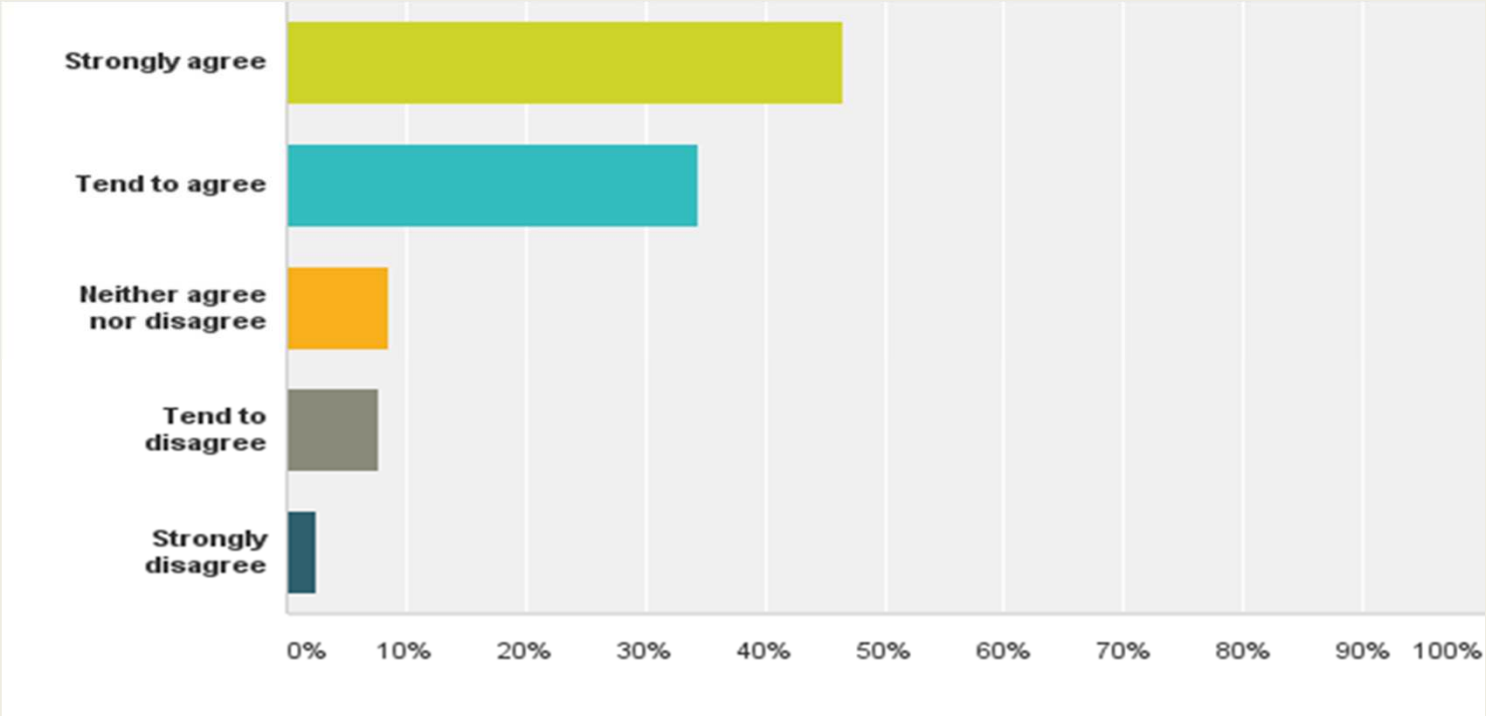
82% agree that there should be a trial to assist South Central Ambulance Service when attending Cardiac Arrest incidents



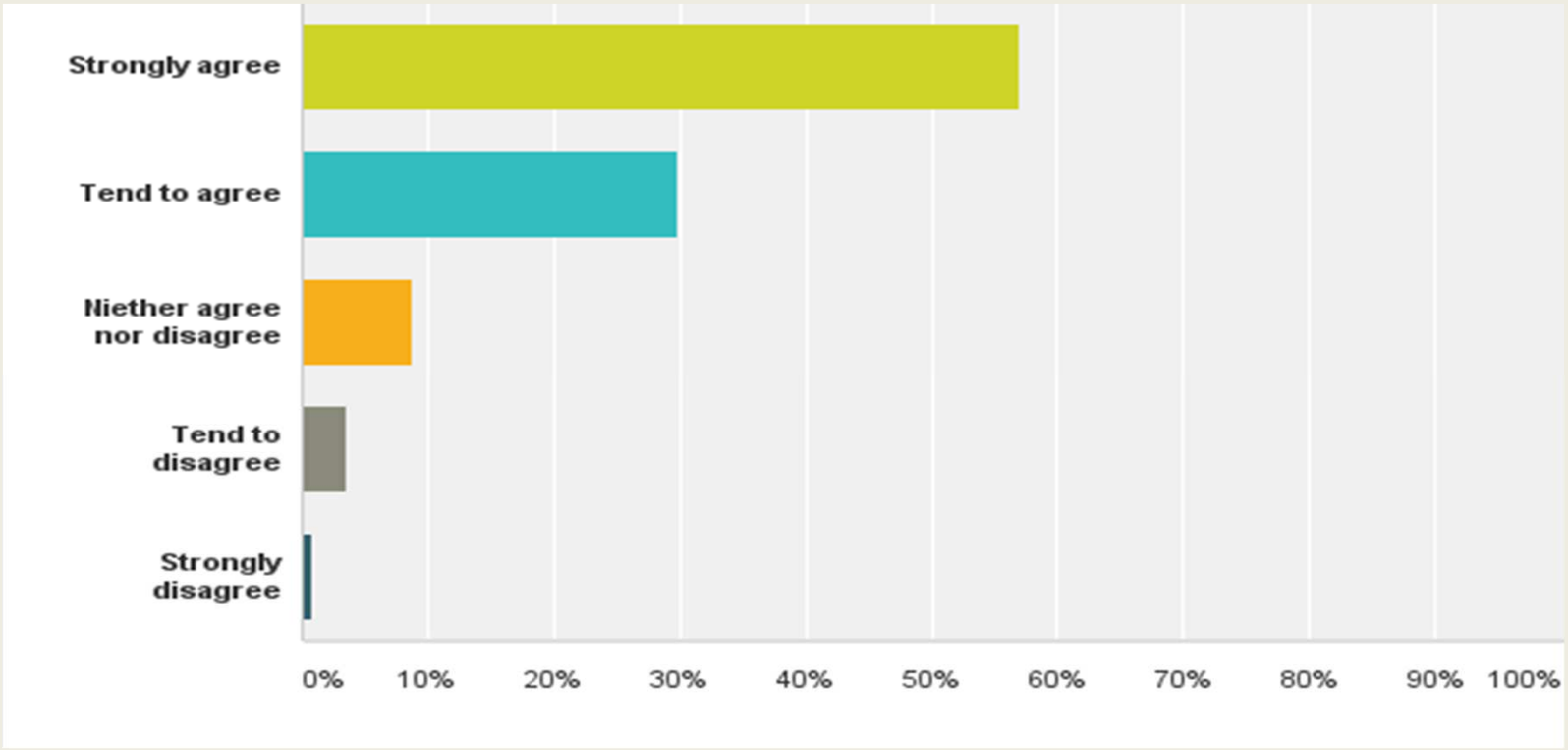
82% would volunteer to take part in a Service-wide trial to attend Cardiac Arrest incidents in partnership with South Central Ambulance Service



81% of crews agree that they have the required basic skills to make an intervention at a Cardiac Arrest incident before the arrival of an Ambulance.

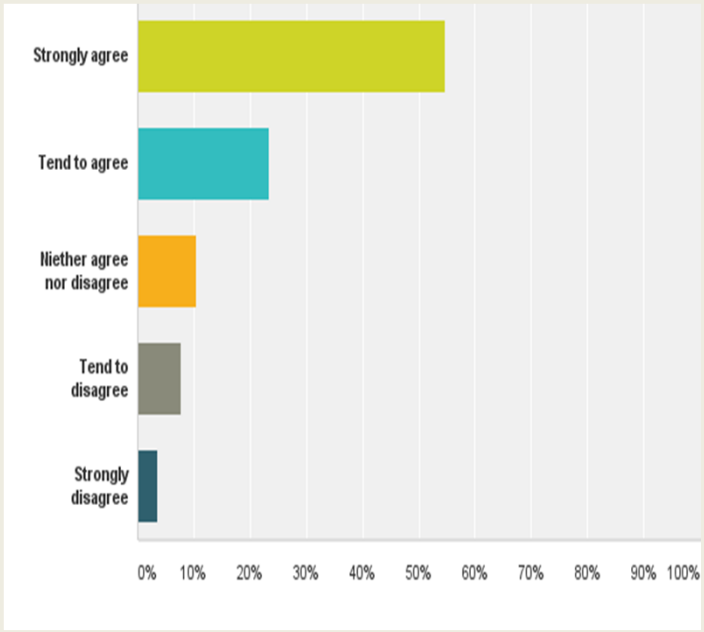


87% of respondents agree that our appliances carry the basic essential equipment required to make an intervention at a Cardiac Arrest incident before the arrival of an Ambulance.

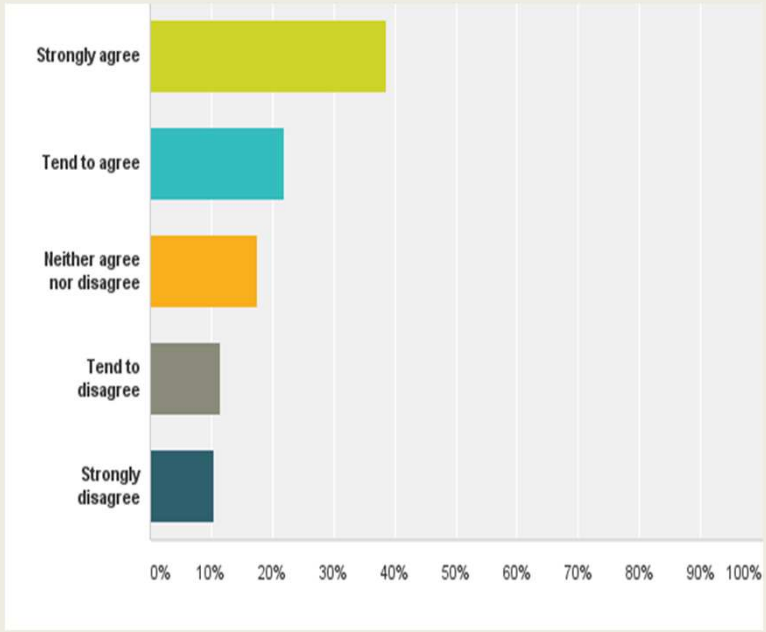


There was also support for an Officer scheme and Support Services employees being involved

Officer scheme



Support Services scheme



Staff Comments

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"This is a fantastic opportunity for BMKFRS to add another string to our bow, and show our willingness to adapt and move with the times of the modern fire service. If we can save more lives and ease the pressure on the Ambulance service it has to be a good thing"

"This will save people's lives, as fire-fighters we are here to save lives and this is another opportunity to do this in our community"

Next steps

Buckinghamshire & Milton Keynes Fire Authority
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- A new Memorandum Of Understanding
- Collate list of BFRS volunteers
- Enhanced DBS
- Robust refresher training to SCAS agreed standard
- Commence trial in Q2 2016

2016-17

Buckinghamshire & Milton Keynes Fire Authority
MAKING YOU SAFER
PREVENTING PROTECTING RESPONDING
WWW.BUCKSFIRE.GOV.UK

- A Service-wide response to the most serious incidents that SCAS face
- Expansion of Co-Responder schemes across Buckinghamshire & Milton Keynes
- Improved mobilisation to Co-Responder incidents
- Enhanced and standardised equipment
- The Immediate Emergency Care Qualification

Questions

System Resilience in Buckinghamshire

HASC 21st June 2016

NHS Chiltern CCG, NHS Aylesbury Vale CCG, Buckinghamshire Healthcare NHS Trust, South Central Ambulance Service NHS Foundation Trust, Buckinghamshire County Council

Resilience is the capacity to recover quickly from difficulties; toughness (Oxford Dictionary)

System Resilience Group

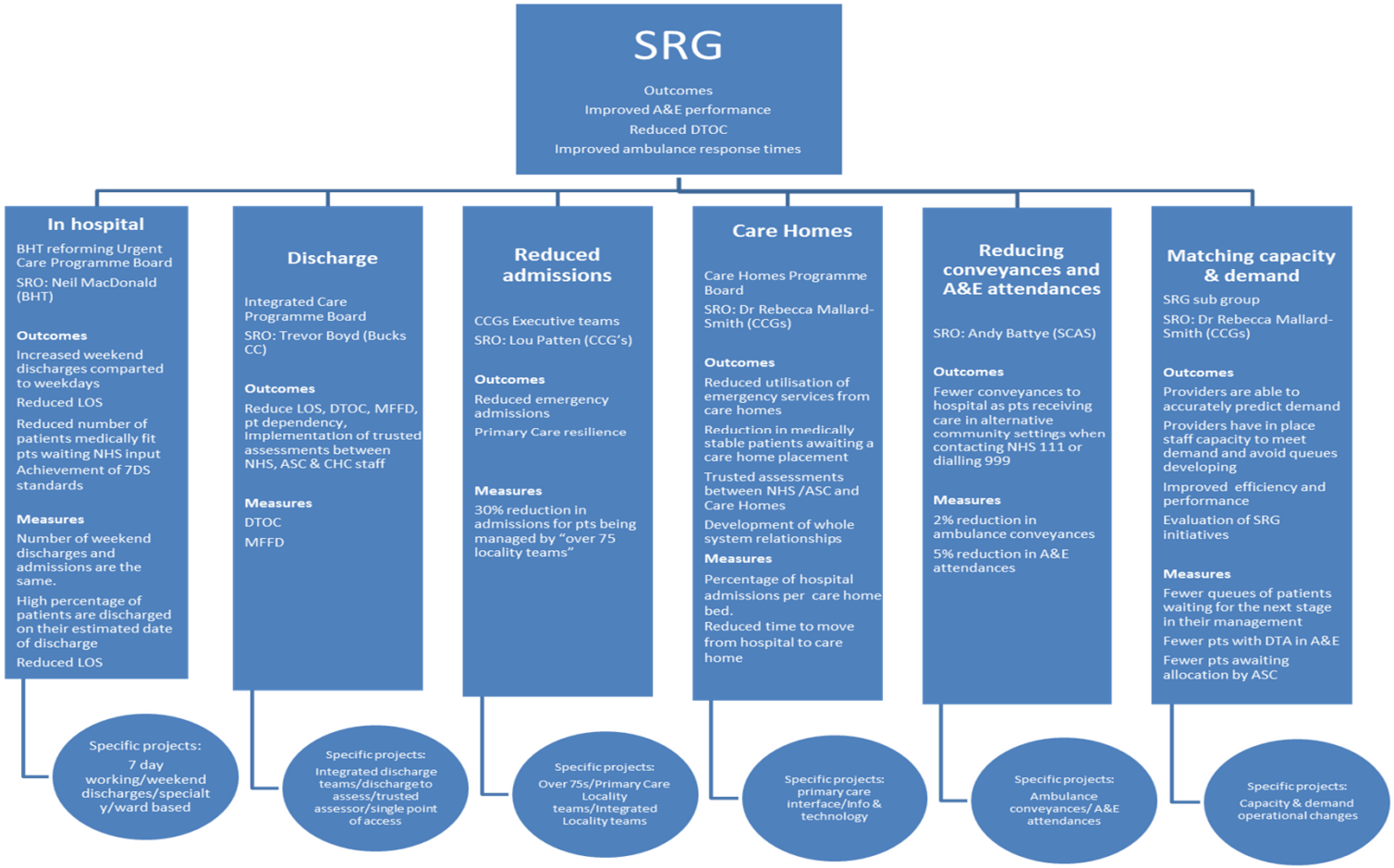
- SRG provides assurance of system resilience and plans for system pressures with the focus on:
  - Determining Buckinghamshire wide service needs
  - Uncovering and addressing issues preventing system improvements
  - Monitoring system performance
  - Delivering NHS Constitution Standards

NHS Constitution Standards

- A&E waits
- 18 weeks Referral to treatment (RRT)
- Ambulance Response times
- Diagnostic test waiting time
- Cancer treatment waits

SRG work streams

- Work streams an their SROs are responsible for the delivery of the SRGs strategy and resilience schemes



SRG funding

- Funds available to SRG to be spent on projects that are believed to improve whole system resilience especially during times of expected high pressure (usually winter)
- Funding decisions are made collectively following thorough business cases in line with SRG priorities
- Projects are monitored against KPIs to evidence projects aims are achieved
- Successful project should be implemented by the provider as BAU, based on achieved efficiencies

SRG schemes

- Centred around **avoiding admission** (reduce ambulance conveyances, REACT, primary care resilience, community healthcare teams) and **enabling discharges** (packages of care, step down placements, community healthcare teams)

- Buckinghamshire system 4 hour A&E performance above national average in 2015/16, partially owed to SRG initiatives

2015/16 SRG schemes

Initiative Name	Explanation	Benefits
ACHT Reablement Support - PoCs from Bucks Care	Additional reablement capacity available to care for patients at home.	Benefit to patients: • More timely discharge of patients with reablement and care needs • Maximises the patient's ability to live independently and safely in the community. Benefit to system • Community healthcare teams' (Physios and District Nurses) capacity was freed up, which could be used for seeing patients in the community, which also prevented admissions
Step Down and step up Beds for Social Care Patients	Social Care patients not requiring a hospital bed but whose onward care (Package of Care or Nursing/Care Home) is not ready to start can move into Nursing home placement in the interim for a short time. This supports the prevention of admissions (step up placement) and facilitates discharges (step down placement).	Benefits for patients: • Patients are cared for in safe environment close to their local community Benefits to system: • Freed up hospital bed capacity • Cost savings
REACT (Rapid Assessment Emergency Care Team)	A team of Nurses, Physios, OTs and social worker which provide an immediate response and prevention of admission at the front-door of the acute hospital.	Benefits for patients: • Patients can return home safely with required support and/or equipment • Improved independence and wellbeing Benefits to system: • Reduction in attendances to hospital, reduction in admissions. • Reduced length of stay in acute and community hospitals with effective rehabilitation in the home
SCAS referrals to MuDAS	Ambulance crew can refer frail older people directly to MuDAS.	Benefits to patient: • Reduced stress for patient due to avoiding A&E attendance • Safer for patient as potentially long hospital stay is prevented Benefits to system: • Reduced A&E attendances
Street Triage for Mental Health Patients	Mental Health expertise is provided to the police force in Buckinghamshire.	Benefits to patient: • Reduced stress for patient due to avoiding A&E attendance or detention • Patient to be cared for in safer and more appropriate environment Benefits to system: • Reduced A&E attendances • Reduced waiting times

SCAS as part of the SRG

South Central Ambulance Service NHS
NHS Foundation Trust

The Patient's Journey When Calling 999

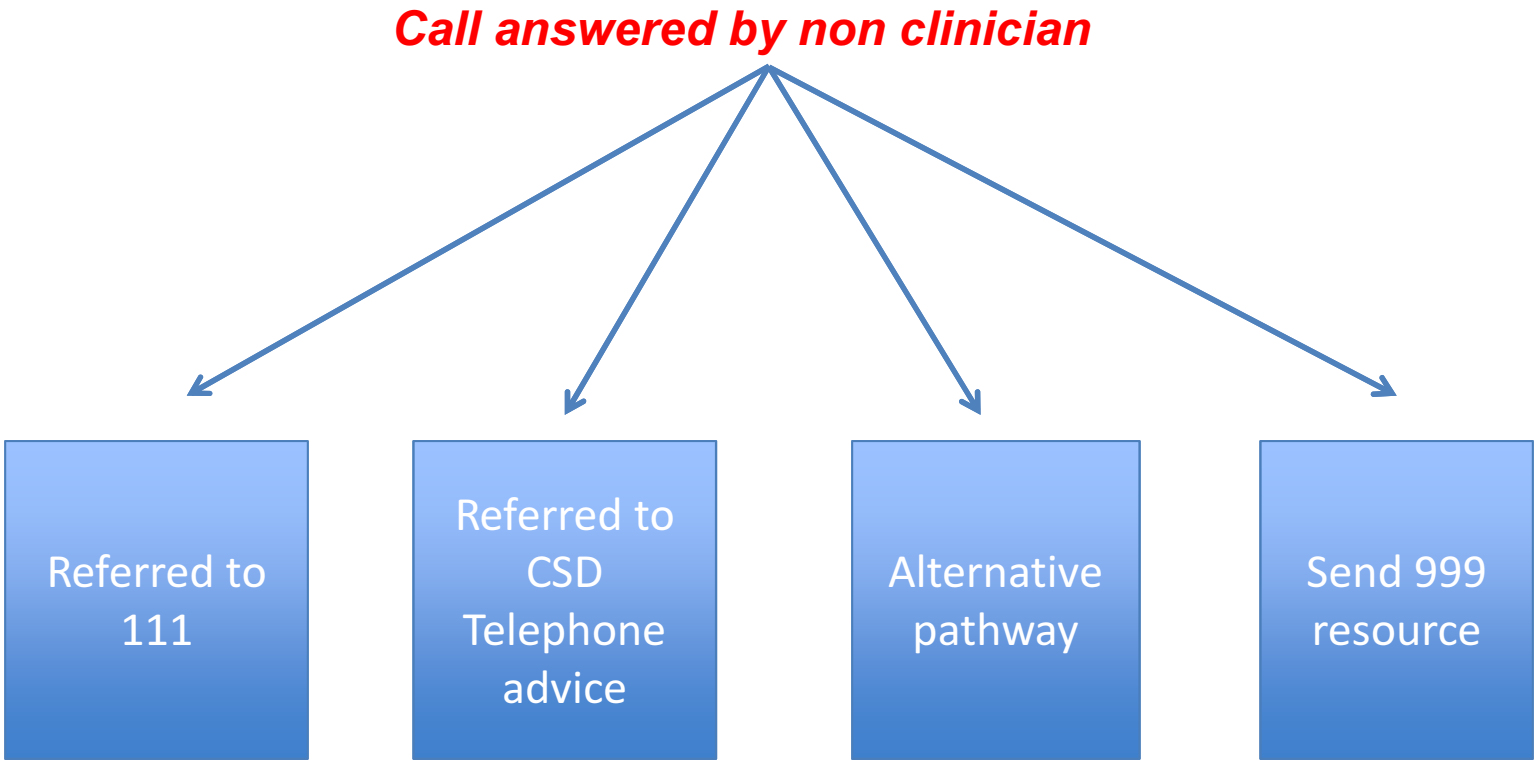
Proud to be caring for you!

From the outset

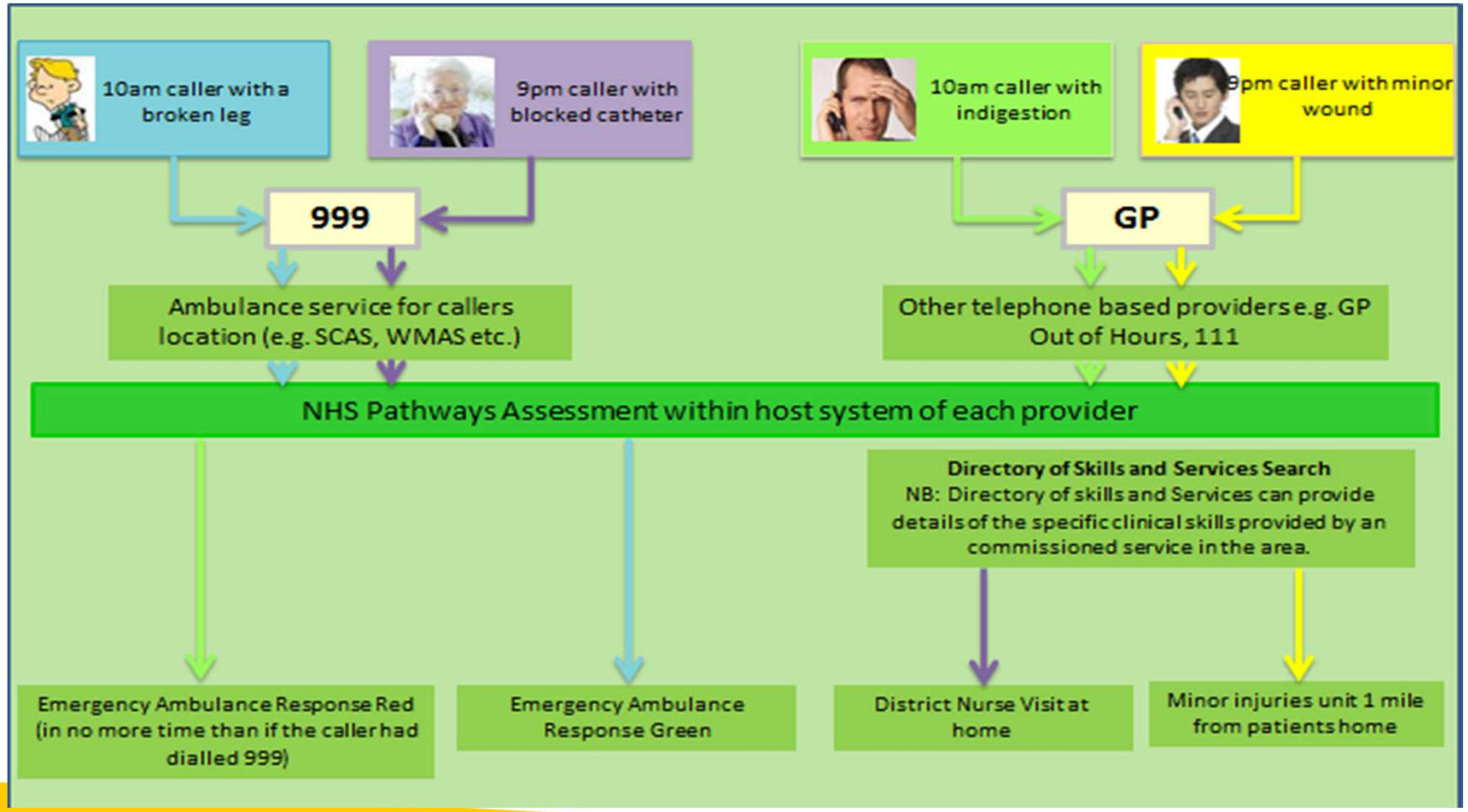
- Caller dials 999 and connects to an operator.
- As soon as the call is connected to the ambulance service telephony system, the address or grid co-ordinates display on the dispatcher's screen and an icon appears on their mapping screen.
- When the call is answered basic demographic details are confirmed.
- The Emergency Call Taker will enter a 'nature of call' after establishing whether the patient is breathing and conscious.
- Any patient whose condition is immediately life-threatening will be identified at this point and an emergency resource dispatched.
- If the patient's condition is not immediately life-threatening an emergency resource, if required, may be dispatched at a later point.
- A triage process is then commenced, which will lead to a disposition being reached.
- This disposition will determine what care is arranged for the patient.

Call to SCAS 999

- The NHS Pathways System (NHSP) is used to triage patients calling both 999 and 111.



How does it meet the needs of the patient



Frequent alternative care pathways in Buckinghamshire

- MuDAS – *Frail and elderly are able to be referred to MuDAS including simple falls, cellulitis, conscious confusion, infusions, IV antibiotics, blood transfusion and fluid therapy.*
- Mental Health – *MHPs in the 999/111 operational centre to improve mental health urgent care pathways (in line with National MH Crisis Care Concordat). Able to stop Ambulance attendance and offer alternative care pathway.*
- GP Surgery – *Patients that require further assessment – non-critical and will benefit from staying at home. In previous years, all patients would have been taken to the ED*
- OOH GP – *As above during out of hours and Bank Holidays*
- Falls team – *SCAS attending a frail/elderly fall will complete a "falls referral" sent centrally to our falls team who will alert the local falls prevention team*

Bucks non conveyance

	2015/16	YTD
Hear & Treat	10.4%	10.2%
See & Treat	34.8%	35.9%

BHT as part of SRG

REACT

Based in the Emergency Hub at Stoke Mandeville Hospital, REACT (Rapid Emergency Assessment and Care Team) is a multi-disciplinary and multi-agency team which has ensured patients, particularly older people or those with complex needs, receive an early comprehensive needs assessment to enable a safe discharge from A&E, Assessment & Observation Unit (AOU) and the short stay ward.

The primary focus is on avoidance of hospital admissions, and secondly to support discharges from hospital.

REACT was cited as an area of outstanding practice in the last year's Care Quality Commission inspection.

REACT Case Study

Avoiding hospital:

'Emily' is found by her case worker lying on the floor and cold after falling at home. She is taken to A&E with a suspected pubic rami fracture; confirmed upon arrival at the hospital.

She is visited by the REACT team whilst in A&E and a full multi-disciplinary assessment is undertaken by the REACT team including social care. They agree a package of pain relief, therapy and equipment plus short term increase in care package whilst the fracture heals and Emily regains independence.

The plan is discussed with Emily and her family. Emily is very keen to get home, but the family are anxious and seek reassurance that the care package is sufficient. Through our BRaVO (health and social care reablement) single point of referral, immediate interventions are agreed with the Trust's Adult Community Healthcare Team (ACHT) reablement ream and Bucks Care. The plan is agreed with the A&E team and Emily is able to be discharged home – thereby avoiding an unnecessary admission into hospital.

With support in place, Emily returns home and remains there whilst her fracture heals. Her pain is well controlled and she makes a full recovery. An alarm is arranged for her to call local services she falls again and her care package is reduced to once daily as before.

Based on a typical scenario

Pre-paid packages of care

Bucks Care and the Trust's Adult Community Healthcare Teams (ACHT) working together to provide interim packages of care to bridge the gap for patients who were ready to be discharged from hospital but where a start date for longer term packages had not yet been identified.

Benefits include:

- Improved system flow
- Provision of high quality domiciliary care focussed on the need of the patient in the right environment for the patient .
- Patients no longer needing any long term care / reduced long term care.
- Reduced hospital stay.
- Improved response times from ACHT for clients in the community to prevent admissions and take patients from hospital to support discharges.

Pre-paid packages of care – case studies

Case Study 1:

'Betty' was assessed as fit for discharge, but planned care provider was unable to reinstate care for another month. Onsite Bucks Care Assessor visited ward. Betty was taken home & full assessment completed. Bucks Care supported until care provider (full social care package) was able to re-start care planned.

This reduced the hospital stay by 8 nights.

Betty continued with support from Bucks Care. Feedback was that she was improving & able to "do" things for herself. She was discharged as independent 4 days later. This reduced the need for Betty to receive a social care package – good for her as she regained independence, good in reducing pressure on social services and good for the whole health economy.

Case Study 2:

'Jim' initially requesting twice weekly calls for a shower. Less than a month after receiving pre paid package of care (PoC)he was able to do this independently & no longer needed on-going support. No need to move to longer standing package of care.

Case Study 3:

PoC started for Peggy for morning calls only to support with personal care & dressing needs & medication. Within three weeks Peggy was managing this by herself & no longer needing on-going support.

**** All names have been changed***

County Council as part of SRG

Adult Social Care Assessment and Discharge Planning

- **Discharge Pathway Options:**
  - Reablement – up to 6 weeks support
  - 24/14 – two weeks support and assessment
  - Re-implementation of Care and Support – this is discontinued if an individual remains in hospital for over 10 days
  - Implementation of Care and Support – where Reablement is not an option
  - Long-term Residential or Nursing Care

- **Care and Repair**

  - Facilitates timely discharge through the provision of safe home arrangements.
  - Impacts on the following pathways:
    - Reablement
    - 24/14
    - Re-implementation of Care and Support
    - Implementation of Care and Support

- **Additional Staffing**

  - Additional Social Work staff in the Hospital Social Work teams has resulted increased assessment productivity
  - Additional Social Work Assistants has resulted in timely re-assessment at the end of a Reablement programme – maintaining Reablement capacity
  - Impacts on the following pathways:
    - Reablement
    - 24/14
    - Re-implementation of Care and Support
    - Implementation of Care and Support

- **Step Up and Step Down Placements**

  - Block placements in Care Homes and Nursing Care Homes enable the transfer of people from the clinical hospital environment to a more homely environment – own bedroom and en-suite facilities
  - Creates capacity within the Hospital
  - Impacts on the following pathways:
    - Re-implementation of Care and Support – where there is a domiciliary care pressure
    - Implementation of Care and Support – where there is domiciliary care pressure
    - Long-term Residential or Nursing care – where the home of choice is not available immediately

- **REACT**

  - Provides Social Work support to a multi-disciplinary team that focuses on Admission Avoidance at the front-door of the Hospital
  - Impacts on the following pathways:
    - Re-implementation of Care and Support
    - Implementation of Care and Support

- This service links to Step Up placements – utilising Residential or Nursing care as an interim solution and an alternative to Hospital Admission

- **Optimising Domiciliary Care Project**

  - The Project is focused on reviewing and re-assessing service-users who have double-handed care and support – the team consider equipment and technology that could be applied to reduce physical support – creating a more dignified approach to care and more domiciliary care capacity in the market-place.
  - Impacts on the following pathways:
    - Reablement
    - 24/14
    - Re-implementation of Care and Support
    - Implementation of Care and Support