Appendices

Appendix 3: Progress made within the Ageing Well Workstreams

Workstream	Key Successes/Progress
Proactive Care (Previously Anticipatory Care)	➢ Development of a Kirklees model in response to national guidance around Anticipatory Care ➢ A successful pilot was undertaken in 4 PCNs. ➢ 2 PCNs that were not part of the pilot also started to deliver Proactive Care ➢ National Proactive Care Guidance published December 23 ➢ After reviewing the guidance, the previous Kirklees Anticipatory Care model still meets the asks within the Proactive Care guidance with some areas for improvement identified – mainly around neighbourhood working. ➢ Work on-going to develop informal neighbourhood teams starting with closer working between the Care Coordinators and Locala's Ageing Well Team ➢ Continue to engage with PCNs around embedding this model.
Age-Friendly	➢ Formal application with support from Council leader to be an age friendly community accepted in June 23. ➢ Registration submitted to the WHO and was successful. Kirklees is now a member of the Age-Friendly Communities National Network ➢ Structure developed for involving older people in an outcome-based accountability process. ➢ Engagement undertaken with 25 community groups to date. ➢ Emerging themes are evident and there is a consistency across issues raised. ➢ Action planning and performance management will evolve based on the outcome of the community led outcome based accountability. ➢ Analysis and recommendations will be presented to board.
Falls Prevention	➢ Newly established workstream within the Ageing Well Programme ➢ SRO identified but still to identify a strategic lead. ➢ Systemwide workshop in development to take place in September to promote engagement with the programme and a jointly developed action plan
Care Sector	➢ Outcome of engagement with care homes to feed into the 2024-25 Programme of work. ➢ Kirklees Delegated Task guidance developed for use with Care Sector which supports safe delegation of tasks to care workers, going through governance for sign off by system partners. ➢ Quality assurance process for Home Care and Supported Living launched. ➢ Kirklees Falls Response Tool developed and launched. ➢ University placement and payment process now in place ➢ Professional Nurse Forum and Activity Coordinator Forum up and running. ➢ 38 provider sites supported to implement Digital Social Care Record systems. ➢ Virtual 'Headware' pilot to go live in care homes from April to support woundcare.
Home First Discharge	➢ Home First Discharge approach working towards WY ambition to reduce No Criteria to Reside to 10% and increase number of people going straight home from hospital to their usual place of residence. ➢ Development of a Kirklees Home First Discharge Dashboard. ➢ Supporting an extra two people per week to go directly home, as planned. ➢ Aim to reach planned Recovery Bed service capacity by end May. ➢ Ongoing operational level work to ensure pathway efficiency. ➢ Trusted Assessors now supporting patients on Pathway 3.
Virtual Ward	➢ Work progressing with the acute trusts to develop trust footprint VW models. ➢ Staffing model refreshed based on available 24/25 funding. ➢ Remote Monitoring mobilisation plan agreed.
UCR	➢ Achieved the target for responding to 70% of cases within 2 hours. Performance was 71.8% ➢ 4,565 of UCR health contacts (80.2%) did not attend an Emergency Department within 1 day of a UCR health intervention. ➢ 5,575 (87.2%) of UCR health and social care contacts did not have an emergency hospital admission within 7 days of UCR intervention. ➢ Phased launch enabling 0–2-hour district nurse referrals to be received in the UCR Hub.