COMMUNITY
LIAISON
SERVICE

NORTH LANARKSHIRE

Hospital Discharge Support Programme

Coalition of Carers in Scotland:Winter pressures-NHS and carers

- Thematic for hospital discharge within Community Solutions. A Health and Social care investment programme within North Lanarkshire hosted by Voluntary Action North Lanarkshire.
- Hosted by Getting Better Together, one of the locality host organisations within Community Solutions. Four full-time liaison officers based at University Hospitals Wishaw and Monklands.
- Provide a link between acute settings and 3rd sector and wider community supports.
- Support discharge for North Lanarkshire patients age 16+ and their carers across Lanarkshire's NHS sites.
- Information and referral service with additionality of practical supports.

HDSP tool box

- **Tailored information** provided to carers on a wide range of 3rd sector and wider supports including carer support, carer rights, unpaid carers: hospital discharge payment. Local Authority services (such as Social Work, Leisure and Culture) and health promotion literature.

- **Extensive referral pathways** on behalf of carers into supports covering local carer support organisations for access to Short Breaks, Adult Carer Support Plans and Young Carers Statements, Carer Breather services, carers advocacy services, mental health, financial, Armed Forces, life limiting, addictions, social supports and many more.

- **Practical supports-** Pre discharge, point of discharge (settling in service) and post discharge. These can include grocery shopping, utilities top up, community alert checks, furniture moving, prepare snack etc. These supports can be helpful for carers, for example, when carer doesn't live close by or has other family or work responsibilities during point of discharge.

- **Other direct supports.** Assistance to complete application forms.
  Obtaining information and clarifying issues on behalf of patients/carers(communication function)
  Highlighting patient/carer concerns (low-level advocacy).
- **Time**-Take time to understand carers stories and what's important to them. Ward visits, home visits, phone and email. Open referral policy.

What we do

- Provide **direct** and **indirect** support to carers by working in tandem with carers and patients.

- Support carers at the earliest appropriate stage during their hospital journey and also post discharge. Aim to **make discharge more manageable** and create a point of contact in future for carers.

- Assist carers of people **at risk** from admission. Partnership working alongside Scottish Ambulance Service(SAS), Home Assessment Team (HAT) and Health Promoting Health Service(HPHS). Aim to help **prevent** carers reaching crisis and reduce admissions.

- Promote carers rights within Health and Social Care teams. Involvement in discharge planning and carers being more able to have a life outside of their caring role(s).

- Increase meaningful carer engagement and feedback. Input in Discharge Without Delay(DwD) workstreams and in carers experiences of medication at discharge.

- Promote digital inclusion/technology and self-management with carers

How are we doing?

April 22 to February 23.

Activity/Output	Unique Individuals Supported	Total activity/output
Number of unique people supported by HDSP	783	**258** referrals received that involved direct contact with carers
Direct referrals/direct support provided by HDSP	420	**200** Direct referrals/supports on behalf of carers
Number of patients signposted by HDSP	293	Provided with tailored discharge/information packs.
Number of carers signposted by HDSP	**159**	Provided with tailored discharge/information packs.

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