

WIRRAL PLACE BASED PARTNERSHIP BOARD

22 JUNE 2023

REPORT TITLE:	HOME FIRST UPDATE
REPORT OF:	SYSTEM PROJECT LEAD, HOME FIRST. SRO, HOME FIRST (CHIEF OPERATING OFFICER, WIRRAL COMMUNITY HEALTH & CARE NHS FT)

REPORT SUMMARY

The purpose of the report is to provide members of the Place Based Partnership Board with an update on progress of full-system implementation of Home First.

Home First is an approach that ensures people can leave hospital or intermediate care wards with support as soon as medically fit to leave, with assessments of long term need happening at home.

Wirral delivered a successful Home First pilot between September 2022 and March 2023. This demonstrated that:

- Significant reductions in length of stay were possible with a Home First approach
- Patients valued this approach
- There were people in beds who could be safely and better supported at home
- Assessed care needs when people were supported and assessed at home were typically lower than in wards.

Based on this, and with the support of the NHS Integrated Care Board and Wirral Borough Council, Wirral is expanding the model so that all discharges where people need support to return home can take a Home First route by the end of 2023. This means extending the multidisciplinary team of therapists, health care assistants, care coordinators and adult social care staff as well as making changes to pathways linked to Home First.

This complements the proposed changes to the reablement pathway and is one of a set of initiatives making up the Unscheduled Care Programme that collectively will improve people's health care experiences, outcomes, and system performance. This affects all wards.

RECOMMENDATION/S

The Place Based Partnership Board is recommended to note the report and progress made, and support the roll out of the Home First approach as part of wider efforts to improve health and care services and long term quality of life and independence for people in Wirral.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure that members of the Place Based Partnership are informed about the development of Home First.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Do nothing
- 2.2. Other options are not mutually exclusive and full implementation of a Home First approach will depend on e.g. changes being made to hospital flow and discharge pathways, and increasing domiciliary care capacity.

3.0 BACKGROUND INFORMATION

- 3.1 The Home First principle means assessing someone's long term care and therapy needs in their home environment, rather than a hospital or intermediate care ward.
- 3.2 NHS Hospital Discharge and Community Support Guidance (2022) states that all NHS and social care services should adopt a Home First Approach: "Everyone should have the opportunity to recover and rehabilitate at home (wherever possible) before their long-term health and care needs and options are assessed and agreed."
- 3.3 The benefit of this approach means that people will experience a faster discharge home once medically fit, hence less deconditioning, as they will not be waiting for an assessment in a ward. Assessment in a familiar environment will then give a better understanding of long term need, and their long term care needs may be reduced.
- 3.5 This is better for patients and improves flow within the hospital setting. It reduces costs associated with working beyond planned capacity in hospital and reduces demand for long term care.
- 3.6 The Home First approach is particularly focused on supporting people needing new or additional support, beyond informal support, to get back home for assessment of long term needs, if required. (This is often termed 'Pathway 1'.) As an intermediate care service, it typically lasts up to six weeks post-discharge.
- 3.7 In 2022, Wirral health and care system partners agreed to test the Home First approach. Along with other priority projects, this was established in response to the high numbers of people who are medically fit but unable to be discharged from hospital.
- 3.8 A Home First team was set up as part of the Community Integrated Response Team (CIRT), provided by Wirral Community Health & Care NHS FT (WCHC), working with staff in Clatterbridge Intermediate Care Centre (CICC) and Arrowe Park Hospital.
- 3.9 CIRT also provides Urgent Community Response for admissions avoidance within two hours and the nursing component of the Virtual Frailty Ward, working with Wirral

University Teaching Hospital NHS FT (WUTH) who provide the medical and pharmacy staffing. This meant that Home First patients can receive urgent care at home and/or medical input, if needed, without readmission.

- 3.10 The Home First staffing model comprises Health Care Assistants, Care Coordinators, Physiotherapists and Occupational Therapists, and adult social care staff (Assessment & Reablement Officers, Care Navigators and Social Workers).
- 3.11 The integrated team structure provides flexibility, responsiveness, supports a person-focused culture and is consistent with very best practice seen elsewhere in the country.
- 3.12 The pilot demonstrated that significant reductions in length of stay were possible by taking a Home First approach. It demonstrated that there were people in beds who could be safely and better supported at home and that assessed care needs when people were supported at home were typically lower than in wards. CICC staff changed their approach to identification of people suitable for Home First and then did not undertake long term needs assessments on the wards. This reduced length of stay by ca. 50% over the course of the pilot.
- 3.13 The project team collected patient stories throughout the pilot and this qualitative information supported the data gathering to demonstrate positive impact.
- 3.14 Based on the success of the Home First pilot, the health and care system partners, including the NHS Integrated Care Board and Wirral Borough Council, agreed to implement a full system Home First model of discharge for people requiring support to go home for assessment of long term needs, once medically fit.
- 3.15 The current phase of the Home First implementation is focused on expanding the capacity of the team whilst delivering the Home First approach at scale within Arrowe Park Hospital. This started in May 2023. As with the pilot, this is being informed by close contact between the implementation team, Home First and ward staff as it rolls out across wards, initially second floor medical wards.
- 3.16 We plan for all people being discharged home on Pathway 1 to be supported with a Home First approach once the service is at full capacity. The aim is to achieve this (average 170 discharges/month) in late 2023.
- 3.17 The expanded team will be made up of staff employed by WCHC, WUTH and Wirral Council and the capacity increase is a combination of new and existing staff. As seen in other areas that have implemented Home First discharges, this does not represent more assessment activity so some staff can be realigned to the pathway and those settings in which assessment activity will take place.
- 3.18 The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is an important part of our Home First discharge model. Work is ongoing to define the role of the sector in the model, working with sector representatives to inform a specification against which services can be provided.
- 3.19 A successful Home First approach depends on other parts of the health and care system and other projects that are part of the Unscheduled Care Programme. Particularly important are ward staff identifying people who are medically fit and safe

to go home with support, care capacity so that people needing long term care can be transferred to domiciliary care, and close links with adult social care.

4.0 FINANCIAL IMPLICATIONS

4.1 The Wirral health system has committed ca. £3m to an expanded Home First model for 2023/24.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications directly arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The staffing model developed comprises ca. 100 Whole Time Equivalent staff, predominantly Health Care Assistants plus the other roles identified at paragraph 3.10.

7.0 RELEVANT RISKS

7.1 No significant relevant risks.

8.0 ENGAGEMENT/CONSULTATION

8.1 Collection and learning from patient stories and weekly engagement with staff implementing the Home First approach have been, and continue to be, part of the Home First development.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone.

A Quality and Equality Impact Assessment (QEIA) was completed as part of the first stage of project development and is available upon request. The current stage (expansion of capacity with focus on hospital discharges) will include a further iteration of the QEIA once pathways are finalised.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Whilst there are no environment and climate implications directly arising from this report, the NHS' Net Zero commitments are consistent with the Cool 2 climate change strategy for Wirral and WCHC has published a Green Plan, along with other NHS organisations across Cheshire & Merseyside.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The approach to promoting our recruitment of new staff has included engagement with VCFSE and public sector organisations and widespread use of social media. We have also taken an inclusive approach to recruitment, with the default position being to interview, alongside identifying other suitable roles for candidates if Home First is not suitable (e.g. because someone cannot travel independently). We are therefore expanding the number of people from different backgrounds who may be able to apply successfully.

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APPENDICES

Not applicable.

BACKGROUND PAPERS

Hospital Discharge and Community Support Guidance, 2022

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1087354/Hospital-Discharge-and-Community-Support-Guidance-2022-v2.pdf

SUBJECT HISTORY (last 3 years)

Council Meeting	Date