HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Home First Review Update Paper**
Meeting date	29th November 2021
Status	Public Report
Executive summary	The Home First Review update paper has been brought to Committee as requested following an initial paper having been presented on 18th January 2021.
Recommendations	**It is RECOMMENDED that:** **Committee note the content of this report and scrutinise progress on developing the Home First model.**
Reason for recommendations	This report is a response to a request from Committee to be updated in relation to Home First.
Portfolio Holder(s):	Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	David Vitty – Corporate Director for Adult Social Services
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Wards	Council-wide
Classification	For Information and scrutiny

Background- About the Home First Programme

1. The Dorset Home First Programme was established in response to the national mandate to implement a full 'Discharge to Assess' (D2A) model in each local system; which is supported by national hospital discharge funding. Discharge to Assess is the principle that patients are discharged home (or another suitable location such as a care home) as soon as medically ready, following which they are assessed for the rehabilitation and care they need to maximise independence. The traditional approach has been to carry out this assessment when in hospital, which often resulted in a delayed discharge.

2. From 19th March 2020, the Dorset health and care system rapidly put into place the nationally mandated model of D2A in response to the Department of Health and Social Care publication of the Coronavirus (COVID-19) Hospital Discharge Service requirements. This was to enable Hospitals and services to meet an expected first surge of COVID-19.

3. The purpose of the policy was;
   - To free up Hospital bed space by streamlining the discharge process
   - To make staff available to respond to cases of greatest need through administrative streamlining of assessments.

4. During 2020 to 2021, additional funding has been made available to support the Hospital Discharge Service Programme. This funding has supported people with new or additional care and support needs from 19th March 2020 until the anticipated end date for the national programme of 31st March 2022.

5. BCP Council continue to provide a dedicated workforce to support the programme, undertaking various roles and functions such as, carrying out Care Act assessments, financial assessments, brokering and commissioning care and gathering and maintaining activity data. These functions, mandated under the national programme, are undertaken on behalf of adult social care but also the NHS and self-funding individuals. BCP continues to operate a 7-day service with existing teams working extra hours and in a different way in order to meet the increased operating requirements. The oversight and co-ordination of the service is managed by a multidisciplinary central coordination team who identify patient pathways from hospital into a community-based setting.

Discharge to Assess models- Pathways.

6. Pathway 0- Likely to be minimum of 50% of people discharged:
   - simple discharge home.
   - no new or additional support is required to get the person home or such support constitutes only; informal input from support agencies.
   - a continuation of an existing health or social care support package that remained active while the person was in hospital.

7. Pathway 1- Likely to be minimum of 45% of people discharged: able to return home with new, additional or a restarted package of support from health and/or social care. This includes people requiring intensive support or 24-hour care at home. Every effort should be made to follow Home First principles, allowing people to recover, reable, rehabilitate or die in their own home.

8. Pathway 2- Likely to be maximum of 4% of people discharged: recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, ideally before returning home.

9. Pathway 3- For people who require bed-based 24-hour care: includes people discharged to a care home for the first time (likely to be a maximum of 1% of people discharged) plus existing care home residents returning to their care setting (for national data monitoring purposes, returning care home residents will count towards the 50% figure for Pathway 0). Those discharged to a care home for the first time will have such complex needs that they are likely to require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs.

10. Significant progress has been made since March 2020, with NHS partners, to put in place the processes and infrastructure necessary to support more people to be discharged early and safely to their own home; and to reduce avoidable delays.

11. Following a period of review and evaluation, the next phase of the programme is focused on embedding the changes made to date and to establish a sustainable long-term model for Home First that will meet future demand.

Progress to date

- A System Flow Director, appointed to support the whole health and social care system but hosted by Dorset HealthCare is now in post to provide senior programme leadership with a focus on;
    - capacity for the winter period
    - contributing to development of a long-term Home First model.

- The Home First Board, of which BCP is a part, is:
    - completing system diagnostic of activity, performance and finances
    - developing a vision and model and business case for Home First and providing the necessary governance for implementation

12. The national programme is expected to end on 31st March 2022, and so the intention of the Home First is to have a sustainable local model in place by this date.

Performance up-date

13. System pressures related to Covid-19 and the winter period continue to mean that, despite the Home First programme, patients are waiting in both acute and community hospitals for discharge.

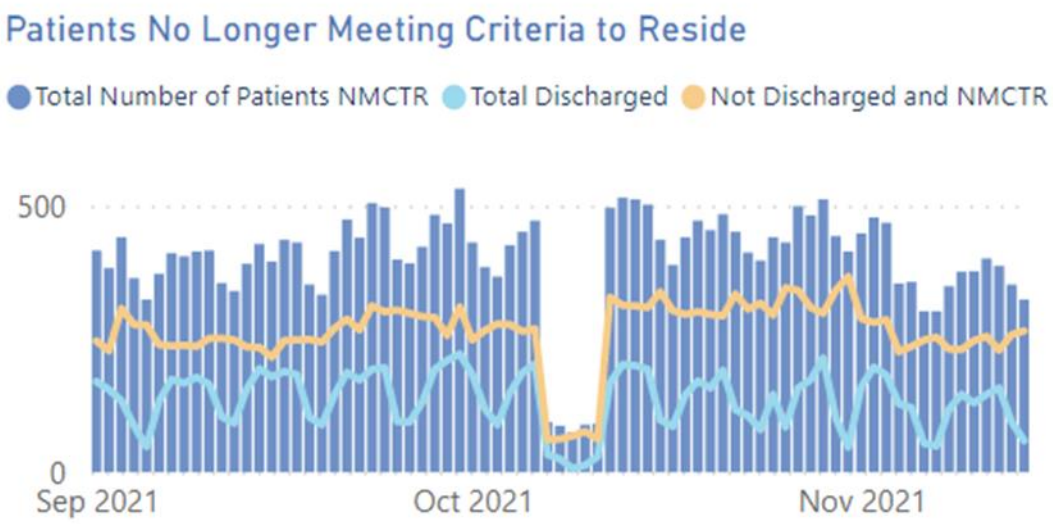
14. There is an average of 250-300 people waiting for discharge on Pathways 1 to Pathway 3 at any one time. Over half of these are people in University Hospital

Dorset beds and the majority are waiting for Pathway 1 discharge (discharge to home with care support). 19% of delays are people in Community Hospital beds.

15. There are increasing waits for home care support and growing numbers of people waiting for large packages of care. Care providers are operating at capacity and there are significant backlogs of people waiting for care in the community as well as needing support for hospital discharge. There are similar backlogs for people waiting for therapy services in the community. These pressures are largely caused by a shortage of staff and difficulties recruiting to both care and therapy staff.

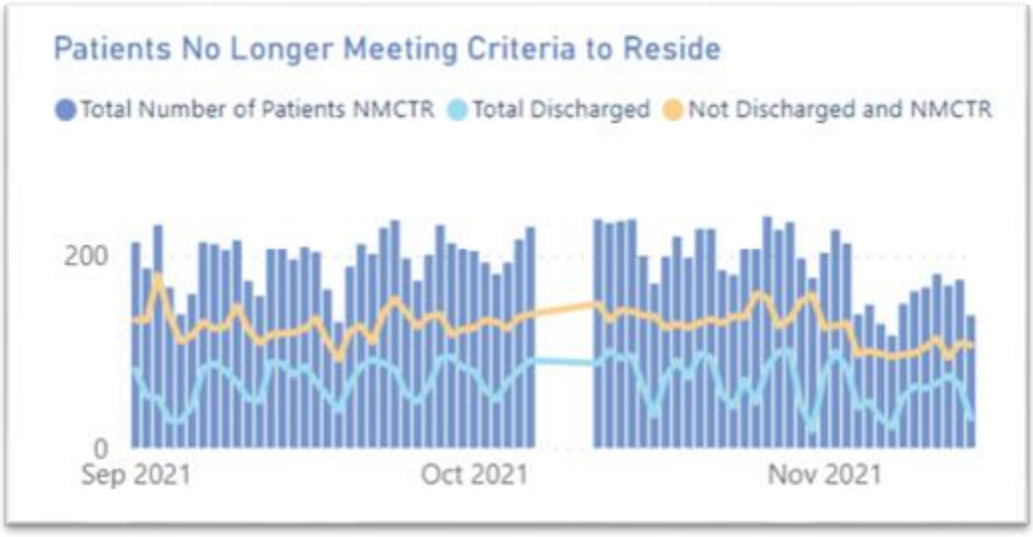
16. There is capacity in care homes, although there are greater challenges finding nurses to staff nursing homes.

Patients No Longer Meeting Criteria to Reside (that is, medially ready to leave hospital)

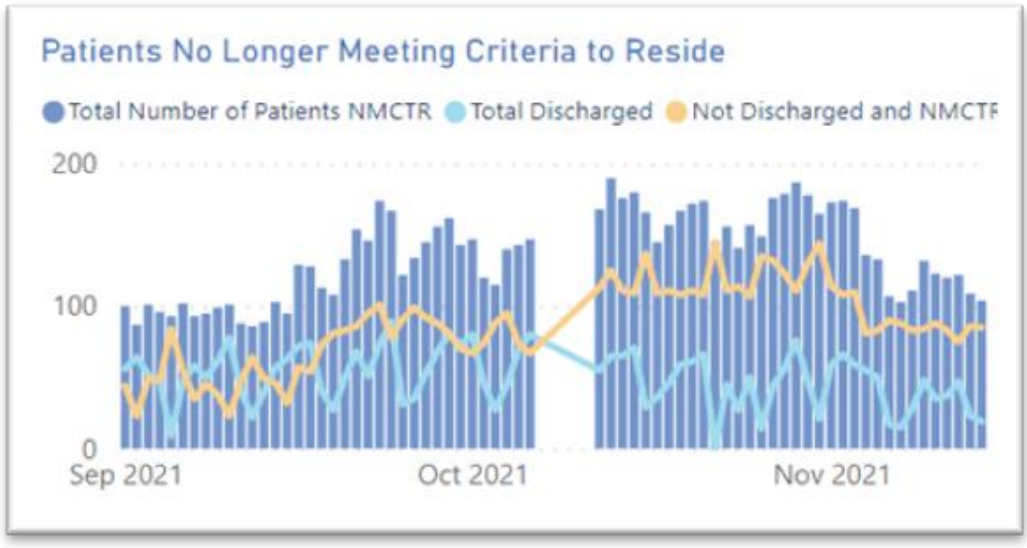


People not meeting criteria to reside - Local position by acute site

Royal Bournemouth Hospital



Poole General Hospital



Actions Taken to Improve Discharge

- short term rapid response care capacity, commissioned from care agencies, has been extended to March 2022
- additional care home beds have been secured throughout the winter period. These include additional beds to support end of life care.
- a programme of public communication to encourage families to support relatives leaving hospital and to better direct people with medical needs to the right source of help, avoiding where possible acute hospital Emergency Departments

Summary of financial implications

17. Approximately 9% of people in receipt of long-term conditions home care are as result of a hospital discharge. These make up approximately 11% of the caseload. The average package of care for a person following a hospital discharge is 31% larger than those from the community because patients are leaving hospital earlier, more unwell and with higher dependency needs.

18. The number of commissioned care home placements in 2021 is 2.5% lower than in 2019 because of the work that was undertaken to reduce demand for care home placements, but the overall average weekly fees are now nearly 16% higher than in 2019 due to the pressures on the care home market throughout 2020/21.

19. As a result of these factors there has been a cost pressure during 2021/22 of £1,482,000.

20. There has been a further cost pressure during 2021/22 of £437,000.00 needed to support additional staff capacity, including hospital social work and brokerage, to sustain the hospital discharge programme.

Summary of legal implications

21. Hospital discharge duties for local authorities are set out in the Care Act 2014 which, together with the related statutory instruments and regulations, provides a single framework for assessment, safeguarding and provision of care. The national Hospital Discharge Guidance, 2020 (revised 2021) changes procedure but has no material impact on the legislative framework.

Summary of sustainability impact

22. The environmental impact is limited, but it is recognised that greater use of video conference has reduced practitioner journeys and consequently diminished carbon emission and traffic congestion.

Summary of equality implications

23. The primary impact of the Home First programme is on older people who are at a higher risk of deconditioning when they remain in hospital for longer than necessary. Measures are in place to support patients who require help to understand and engage with the discharge process because, for example, they do not have mental capacity or English is not their first language. No adverse impacts of early supported discharge have been identified for other groups of people who have protected characteristics.

Summary of risk assessment

24. Adult Social Care and the wider Dorset system is continuing to respond to unprecedented demand, and in particular:

- Increased pressure on the workforce and challenges with recruiting to posts across the health and care sector in the face of competition from other sectors, including hospitality and retail.
- The cost of care, and particularly care homes, rising. This is reflecting inflationary costs for utilities, staffing costs which include the rise in the national living wage and market conditions related to reduced supply leading to higher fees.

- Individuals who often leave hospital with increased levels of care and support need.

Background Papers

Health and Adult Social Care Overview and Scrutiny Committee: Home First Programme, 18th January 2021.

Hospital discharge service guidance, Department of Health and Social Care, 2020

Hospital Discharge and Community Support: Policy and Operating Model, Department of Health and Social Care, 2021