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**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 SEPTEMBER 2021**

**SUBJECT: HOME FIRST IN MORAY**

**BY: SEAN COADY, HEAD OF SERVICE**

**1. REASON FOR REPORT**

1.1. The purpose of this report is to provide an update to the Moray Integration Joint Board (MIJB) on the current status and priorities for Home First in Moray.

**2. RECOMMENDATION**

**2.1 It is recommended that the MIJB:**

- i) considers and notes the progress towards delivering the identified aims for Home First in Moray and confirms that this programme should remain a priority activity to meet the objectives of the Strategic Plan; and**
- ii) agrees that further reports will be brought to the MIJB as specific decisions are required.**

**3. BACKGROUND**

3.1. Operation Home First was launched in June 2020 as part of the Grampian wide health & social care response to the 'living with COVID' phase of the pandemic. All three Health & Social Care Partnerships (HSCPs) in Grampian are working together with the Acute services sector of NHS Grampian to break down barriers between primary and secondary care and to deliver more services in people's homes or close to people's homes. It is known that outcomes for people who are cared for closer to home are better and it is believed that expanding the range of services available to people at home will be of immense benefit to individuals, their families and the wider community.

3.2. The ambition of Operation Home First is to maintain people safely at home, avoiding unnecessary hospital attendance or admission, and to support early discharge back home after essential specialist care.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1. Following a previous update at January 2021 (para 10 of the minute refers) a number of Home First work streams have seen progress. More detail on all these programmes is obtained in the attached project sheets (see **Appendix 1**).

##### **Discharge to Assess (D2A)**

- 4.2 Discharge to assess is an intermediate care approach for hospital in-patients who are medically stable and do not require acute hospital care but may still require rehabilitation. They are discharged home with short-term support to be fully assessed for longer-term needs in their own home.
- 4.3 Following a successful 6 month pilot from October 2020 to March 2021 the MIJB has approved funding at its meeting of March 2021, (Para 10 of the minute refers) allowing the project to progress to full implementation. A new team, including both Allied Health Professional's (AHP's), nursing and support work staff, have been fully recruited. The service re-launched on 2 August 2021 and has already seen 17 patients, with 10 being discharged, as at the time of this report. A progress update report is due to go to the MIJB in January 2022.

##### **Hospital at Home (H@H)**

- 4.4 Hospital at Home (H@H) is a short-term targeted intervention that provides a level of acute hospital care in an individual's own home equivalent to that provided within a hospital.
- 4.5 Awarded temporary funding by the Scottish Government in July 2021 the programme is at scoping stage with a planning group meeting in early September. Consideration needs to be given on how H@H will work in Moray, taking into account the rurality of the region. Funding received will be used to establish temporary staffing resource in-line with the funding.
- 4.6 Healthcare Improvement Scotland (HIS), a public body working in behalf of NHS Scotland, is providing project management support via networking sessions which the project team has been attending. As part of the funding agreement regular progress reporting must be made to HIS.

##### **Prevention and Self-Management – Respiratory Conditions**

- 4.7 This programme aims to provide opportunities for individuals to self-monitor their health and wellbeing, enable professionals to access information and training so they can best support individuals and promote and develop community support and resilience. The programme offered both face-to-face and virtual sessions.
- 4.8 Now on its fifth cohort the programme has been working in partnership with Moray Council who have recently appointed a Health and Wellbeing Officer. This post will now take the lead on the leisure pathway work.
- 4.9 The project team will now concentrate its efforts on expanding the programme, with its next focus being to explore social prescribing (connecting people to

non-medical support or resources within their community) and further funding opportunities

### **Third Sector Involvement**

- 4.10 A short life Third Sector Action Group was established to scope and make recommendations as to how the Third Sector could support Home First in Moray. Now disbanded, the group produced a 'Golden Thread' thread report that identified where and how the third sector can support the Home First work streams and recommendations on what would be required to support this. One such recommendation is based around what additional resource HSCM would require to work in partnership with the Third Sector and is dependent on the outcomes from a pilot project the Third Sector Interface Moray (tsiMORAY) are being funded to deliver.
- 4.11 In August this year, tsiMORAY were successful in a funding bid from NHS Endowments to run a 2 year pilot to support hospital discharges and Home First. With these funds they have recently appointed a new Community Support Co-Ordinator (2 year contract) whose main role is to support and encourage Third Sector (including local community groups) in providing support to people coming out of hospital and to align with many of our Home First work streams. HSCM have supported the recruitment and are participating in the induction of this Coordinator, who will continue to work closely with HSCM identifying how and where the Third Sector could support hospital discharges and Home First. This role, whilst initially working in Aberlour, Forres and Lossiemouth, will begin to scope opportunities and identify gaps as well as continue on from the work in the 'Golden Thread' report.

### **Delayed Discharges**

- 4.12 The delayed discharges transformation programme has required a whole system approach as discharge is a complex process. It involves many different members of staff and the components of the discharge process cover a number of different services. The focus of this work is on the following four parts of the system - admission avoidance; discharge planning/process; community hospital transfers; and provision of care in the community.
- 4.13 To date a further two Delayed Discharge Co-ordinators have been recruited and a new pilot is about to launch in September. The pilot takes into consideration new obligations put in place by The Carers (Scotland) Act 2016 and will look at how HSCM is currently performing.
- 4.14 Work is also on-going to support unpaid carers. This will look at how unpaid carers can be involved in every stage of discharge. Further information will be provided as this progresses.

## **5. CHALLENGES**

### **Recruitment and retention**

- 5.1 Recruitment and retention across the NHS has resulted in progress in Home First work streams being slower than anticipated. This is being exacerbated by

covid restriction, EU/Brexit changes and an overall national shortage in some clinical posts.

- 5.2 In addition, management also recognises that some Home First work streams have recruited staff from existing services and that is may be creating issues in those areas.
- 5.3 Work streams currently, and likely to be, affected by recruitment issues include:
  - Ambulatory care
  - Palliative care
  - Delayed discharges
  - Hospital at Home
- 5.4 Management and project leads are addressing this by both national recruitment as well as model adaptation where possible i.e. using different disciplines.
- 5.5 Work is also being done to ensure that staff are working to the top of their license, identifying opportunities for upskilling and looking at the transformation of nursing roles. Equally important is ensuring that where internal recruitment is to be used that discussions are had to put in place adequate succession planning in order to reduce service impact.
- 5.6 Efforts are also being made to monitor the well-being of staff. Recognition of the on-going pressures and work load over the last 18 months is important and staff are being encouraged to look after their mental health i.e. ensuring they utilise their annual leave for sufficient breaks.

## **6. EVALUATION**

- 6.1. The Evaluation Working Group delivered their final “Operation Home First – Portfolio Evaluation Report” in June 2021. The primary aim of this evaluation was to demonstrate the impact of the Operation Home First (OHF) priorities against the three aims. The report also sought to address, as far as reasonably possible, further questions that were posed to the Evaluation Working Group which included dimensions around system costs and health inequalities.
- 6.2. Whilst there is currently some uncertainty around where the Operation Home First Steering Group sits due to transformational change in the system, the Evaluation Working Group continues to meet on a weekly basis and provide ongoing support to a number of programmes of work that were instigated during the initial phase of OHF. This includes deeper exploration of the impact of Moray’s Discharge to Assess project, development of business cases for a number of Respiratory projects and continuing the evaluation of the Redesign of Urgent Care.

## **7. GOING FORWARD**

### **Hospital without Walls**

- 7.1 A new model involving all aspects of Home First, unscheduled care, primary/secondary care and acute services is being brought together under the umbrella of ‘Hospital without Walls’. This whole system model is still in its infancy and will be the catalyst for driving forward the Home First work streams

but considers elderly medicine as its top priority. The project is reliant on the successful recruitment of key clinical staff, however alternative recruitment options are also being considered at this time.

## **8. SUMMARY OF IMPLICATIONS**

### **a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**

The aims of Home First have significant alignment to the themes of the MIJB strategic plan and in particular to the Home First theme.

### **b) Policy and Legal**

None directly associated with this report

### **c) Financial implications**

Funding has been made available on a short-term basis to enable progression of the programmes of transformation. This is being kept under review, accepting that any long term implications are required to be met within existing budget where relevant, financial implications have been highlighted in this report.

### **d) Risk Implications and Mitigation**

The risks around being unable to successfully embed a Home First approach in our culture and system will be identified on a project by project basis and mitigations identified accordingly.

There is a risk of projects not being able to proceed within desired timescales due to the lack of suitably qualified and experienced staff being available due to the ongoing impact of the Covid pandemic on recruitment and retention.

### **e) Staffing Implications**

As the modelling for change in service delivery progresses the staffing implications will be identified and taken forward following the appropriate policies. Short term funding has been allocated to the transformation programmes to allow them to move to pilot phase. This has facilitated some additional staff resource to be identified and attached to the programmes.

### **f) Property**

There are no property implications to this report.

### **g) Equalities/Socio Economic Impact**

There are no changes to policy as a result of this report.

### **h) Consultations**

Consultations have taken place with the Home First Delivery Group, Chief Officer, Chief Financial Officer, Clinical Lead, Head of Service, Corporate Manager, and Tracey Sutherland, committee officer, Moray Council and comments incorporated regarding their respective areas of responsibility.

## **9. CONCLUSION**

- 9.1 Home First is the right approach to driving forward sustainable change to provide the maximum benefit to the health and wellbeing of the population in Moray.**
- 9.2 By taking a whole system approach we can plan our services to deliver the maximum benefits to residents.**
- 9.3 Home First will drive the changes needed to continue the shift of health and social care systems to offer more person-centred alternatives to hospital.**

Author of Report: Jamie Fraser, Project Manager

Background Papers:

Ref: