



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 24 JUNE 2021

SUBJECT: HOME FIRST PERFORMANCE AND RISK JUNE 2021

BY: HEAD OF SERVICE

1. REASON FOR REPORT

1.1. To update the Committee of the current performance and risks associated with Home First in Moray.

2. RECOMMENDATION

2.1. It is recommended that the Audit, Performance and Risk (APR) Committee consider and note the information provided in this report and at APPENDIX 1.

3. BACKGROUND

3.1. Operation Home First is the collective priorities of the three North-East Health and Social Care Partnerships in collaboration with the Acute sector of NHS Grampian. It is a portfolio that has emerged through positive, cross-system working during the COVID19 pandemic and emphasises the importance of shifting the balance of care, when safe and appropriate to do so, from acute settings to community settings. There are three aims to Operation Home First:

- To maintain people safely at home
- To avoid unnecessary hospital attendance or admission
- To support early discharge back home after essential specialist care.

3.2. The principles of Operation Home First are:

- Home First for all care
- Working within the agreed strategic direction set out by the Integration Joint Boards and NHS Grampian
- Focus on outcomes for people
- Whole system working and improving primary/secondary care joint working
- Maintain agile thinking and decision making

- Work within constraints of segregation/shielding/physical distancing measures/reduced hospital bed base
- Maximise digital solutions.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Recognising the importance of being able to accurately measure the benefits of the Operation Home First portfolio, an Evaluation Working Group was established in October 2020. The cross-system group is comprised of membership from NHS Grampian, the Health and Social Care Partnerships and Public Health Scotland who have expertise in complex evaluation, public health research and data analysis. The purpose of this group is to determine to what extent each of the initiatives within the Operation Home First portfolio help achieve its three aims.

- The primary aim of this evaluation was to demonstrate the impact of the Operation Home First (OHF) priorities against the OHF aims.
- Evaluating a complex portfolio such as this, comprised of multiple interconnections and interdependencies, will result in complex answers being generated.
- This evaluation was carried out during the winter planning period (October 2020 – April 2021) and within this time, variability was evident with regard to the degree and scale of implementation across OHF priorities.
- Several initiatives have been small scale and have demonstrated positive impact for a small cohort of people. Such initiatives require scale-up to recognise marked impact at a population level.
- Implementing such a cross-system portfolio with a variety of interdependent initiatives will likely result in prioritisation (and subsequent acceleration / deceleration) having to occur to account for challenges in capacity in resources.
- Having external evaluation support in the design and delivery of initiatives at project and programme level appears to be perceived valuable by portfolio leads.
- We understand that there is strategic appetite for the ethos of “Home First” to become more embedded in business as usual for integrated health and care services across Grampian. To help it become so, it is intended to continue with project and programme evaluation, and that it is maintained as an integral part of the Strategic Commissioning Cycle, complementary to other key steps in that cyclical “Plan, Do, Study, Act” (PDSA) process.

Management of Risks

4.2. Risks relating to the Home First Programme are managed throughout the transformation development and implementation processes. The Home First Delivery Group have a key role to ensure that risks to the successful delivery of specified outcomes are identified and appropriately managed. High level risks to programme delivery and mitigating actions are highlighted within progress

reports reported on a regular basis to this Committee and Moray Integration Joint Board (MIJB).

Links to Risks on Strategic or Operational Risk Register

- 4.3. The main strategic risk relates to not achieving the transformation that Health and Social Care Moray (HSCM) aspire to, and the resultant risk around the delivery of the strategic objectives, and therefore the ability to sustain the delivery of statutory services within the funding available.
- 4.4. There is a risk of financial failure: that demand outstrips budget and the MIJB cannot deliver on priorities and statutory work, within budget.
- 4.5. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.
- 4.6. There is a risk that if the current system does not redesign services from traditional models in line with the current workforce marketplace, this will have an impact of the delivery of the MIJB Strategic Plan.

Mitigation

- 4.7. This paper brings to the attention of the APR Committee information about the progress of evaluation to the priority areas that will help provide assurance of whether proposed changes in activity are / are not successful and for what reasons.

5. 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”

Primary strategic drivers for Discharge to Assess (D2A) in Moray are set out in the Strategic Plan 2019-2029, Living Longer Living Better in Moray Plan 2013-2023, the Active and Independent Living Programme for AHPs and the 6EA programme, as well as the Operation Home First agenda.

(b) Policy and Legal

There are no direct legal implications arising from the recommendations in this report.

(c) Financial implications

Transformation is key to ensuring financial sustainability of the partnership. The resource to evaluate the impact of the Home First Transformation priorities has been at first secured through fixed term secondments from across the organisation, aside from D2A which is now fully established. Funding for this has been identified from existing budgets as well as additional Scottish Government bids for Hospital at Home and the Carer Wellbeing Worker.

(d) Risk Implications and Mitigation

Risks and mitigation are outlined in sections See 4.3 – 4.7 above

(e) Staffing Implications

D2A in Moray has now completed recruitment phase for the new posts. Recruitment has now commenced for back-fill posts. A bid has been made to Scottish Government for funding for Hospital at Home and if successful will see further posts recruited for a 12 month period.

(f) Property

There are no property implications at present, although it should be recognised that Dr Gray's Hospital is reconfiguring the site under remobilisation priorities.

(g) Equalities/Socio Economic Impact

The content of this paper aligns with the MIJB Strategic Plan, for which a full equalities and human rights impact assessment has been undertaken. The assessment, on the whole, was positive in relation to the Strategic Plan's impact on equality and diversity within Moray.

(h) Consultations

This report was developed in consultation with Operation Home First Evaluation Working Group, namely Dr Calum Leask and Mr Duncan Sage. Moray information was provided in consultation with the HSCM Home First Delivery Group.

The Chief Officer, Chief Financial Officer, Corporate Manager, Health and Social Care Moray and Tracey Sutherland, Committee Services Officer, Moray Council have been consulted and comments incorporated into this report.

6. CONCLUSION

6.1. This report provides an overview of the collaborative approach to Operation Home First across Grampian, with the assessment of associated risks and the First Portfolio Evaluation Report in Appendix 1, for consideration and comment.

Author of Report: Dr Calum Leask, Lead for Research & Evaluation, Duncan Sage, Principal Information Analyst and Sean Coady, Head of Service, HSCM

Background Papers: with authors

Ref: