Scottish Borders Health & Social Care Integration Joint Board Audit Committee

Scottish Borders Health and Social Care PARTNERSHIP

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HOME FIRST REABLEMENT SERVICE UPDATE	
Purpose of Report:	To provide an update to members of the IJB Audit Committee on the current status of the Home First Reablement service. This report will outline the current position of the service regarding activity, governance and finance. It will outline next steps, alongside current risks and mitigations.
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: - **Note** the current positive impacts of the Home First service in line with IJB strategic aims and National Health and Wellbeing Outcomes. - **Note** the significant ongoing challenges relating to service demand, unmet need and financial affordability. - **Note** the ongoing work to deliver robust clinical and staff governance, maximise efficiencies, and to move toward an integrated reablement approach. - **Consider** that a future business case is likely to be required to be brought to the IJB Board if the ongoing demand cannot be met through the mitigations and developments discussed below.
Personnel:	At present the Home First service workforce comprises of NHS Occupational Therapists, Physiotherapists and Reablement Health Care Support workers (HCSW). Future models of service delivery are likely to require skillmix review of HSCW banding. Moving towards an integrated approach to rebalement with SBCares will inevitably involve discussion regarding scope and responsibility of roles across the HSCP. Partnership, HR, and staff have been involved in any discussion regarding future workforce plans.
Carers:	Home First is heavily dependant on the appropriate use of care within the community in order to maximise reablement capacity. Ongoing discussions are required to ensure the most efficient use of non-registered care, education for family support, and appropriate assessment of long term care is embedded within the service.

Equalities:	An EQIA will be required if a proposed integrated approach is developed.
Financial:	See section 3.6 below. Home First currently cannot meet the full clinical demand within the existing service budget. Identifying potential efficiencies through an integrated approach will confirm any future funding gap between demand and capacity.
Legal:	Any future integrated service provision will require to fit with relevant legislative commitments across the HSCP
Risk Implications:	See risk/ mitigation section below

1 Situation

1.1 Home First currently sits as the only non-bed based intermediate care service within the HSCP. Following commissioning from the IJB through transformation funds, the service has transitioned over its 4 year existence from a nursing led, care – focussed service to an Allied Health Professional (AHP) led reablement service. The management structure has also evolved and since May 2020 the service now sits within the AHP operational and governance structures.

1.2 Home First seeks to deliver on the following aims from the IJB Strategic Implementation Plan (2018-22):

- *"We will support Transitional Care as a model of service delivery for people over the age of 50 who no longer require in-patient care but who do require up to six weeks rehabilitation outside of a hospital environment in order to regain and retain maximum levels of independence in their own home.*
- *We will support a range of models of Discharge to Assess in order to reduce delays to hospital discharge for adults who are medically fit for discharge and have not yet regained sufficiently to live independently at home*
- *We will redesign the way care at home services are delivered to ensure a re-ablement approach*
- *We will increase the use of telecare and telehealthcare"*

1.3 In addition, IJB direction in 2017 (appendix 2017-46) was for *"both the Council and NHS Borders, to work together to plan and introduce a new process whereby patients can be safely discharged from hospital to either their home, or a facility which can provide a homely setting. A full assessment of their care needs can then be undertaken, in a more appropriate environment."*

1.4 This paper seeks to provide an update on the impact of this service in the context of the Covid-19 pandemic, ongoing whole system pressures, and future service plans.

2 Background

2.1 Following initial IJB transformation funding, the Home First service moved to baseline funding following the Discharge Evaluation brought to the IJB in March 2021. The discharge evaluation noted areas of good practice and recommendations for improvement. These included:

- Move towards needs- based locality working
- Develop the leadership and governance around the service
- Seek to deliver and integrated reablement approach across the HSCP
- Home First must be viewed in the context of 'whole system flow' and not in isolation.

2.2 How these recommendations have been implemented is noted in the assessment section below.

2.3 The challenges of the pandemic period have been felt within the Home First service. Workforce resilience challenges have impacted with service with numerous extended periods of staffing absence >20%, and numerous occasions where reablement activity stopped in order to meet critical care needs that could not be met by other services. This impacted not only the capacity of the service, but also the quality of reablemement that has been provided and the associated outcomes. As one of the few services able to support hospital discharge, the Home First service has had to regularly work outwith its referral criteria in order to facilitate hospital discharges, whilst also unable to discharge patients from the service due to the lack of care at home provision in the community. This has again taken the service away from its commissioned aims and has diluted potential positive impacts.

2.4 In light of the Discharge Evaluation recommendations, in 2021 the Home First service commenced a service review and options appraisal process. The main outcomes were:

- The service is valued and considered indispensible by stakeholders within Acute setting, Primary Care and Social Care.
- User feedback through Care Opinion and patient experience team is extremely positive
- Both NHS Borders and the HSCP would like the service to be able to deliver greater capacity to a wider cohort of patients which requires reviewing the skillmix within the service.
- The service should develop capacity to focus on admission prevention.
- The service is not currently affordable and unable to meet current demand or increased future demand with current financial budget.

3 Assessment

Current status

3.1 The service currently sits within the AHP organisational structure and is delivered by Occupational Therapists, Physiotherapists and Reablement Healthcare Support workers with a funded establishment of 38 wte. This workforce delivers reablement across the entirety of the Scottish Borders. Whilst historically using a centralised model, the service is transitioning to a locality and needs based approach.

3.2 The service currently meets all 9 of the National Health and Wellbeing Outcomes as illustrated below:

Outcome	Comment
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	This is the primary function of Home First by utilising a reabling approach promoting independence and self management in order to support individuals to live at home or in a homely setting.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	As per outcome 1.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	The move towards an integrated approach will provide a more seamless experience with reduced duplication and inefficiency.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	A reabling approach enabling physical and social independence are inextricably linked to perceived quality of life.
5. Health and social care services contribute to reducing health inequalities.	Home First is seeking to move to a needs based model which will focus on health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Providing education and support to unpaid carers is a fundamental component of Home First approach.
7. People who use health and social care services are safe from harm.	Patient safety remains the central pillar of clinical governance and is reported through HSCP governance structures.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The ongoing review of the Home First service has included significant staff engagement and are being actively included in future models of service delivery.
9. Resources are used effectively and efficiently in the provision of health and social care services	The service review process has identified potential financial and clinical efficiency opportunities and will continue align to HSCP strategic direction.

3.3 Below is a summary of service activity and outcomes over a 12 month period:

	Monthly average (May 2021-June 2022)
Weekly Referrals	19.5
Service caseload	112
Initial care requirement (visits per day)	1.9
Discharge care requirement following 6 weeks reablement (visits per day)	0.8
Initial length of visit required (mins)	29
Discharge length of visit required (mins)	9
Total patient numbers	956
Number of patients with ongoing long term care needs	141
Delays held within service	13
Length of average delays held within service (days)	25.1

3.4 Over a 12 month period the service has reduced the potential demand on long term care needs by approximately 1051.6 visits and equating to 318 hours of ongoing care. Had the service not being holding social care delays an additional 156 patients could have accessed the service to receive similar benefits.

3.5 The service is therefore meeting the commissioned aims of reducing ongoing care requirements through reablement and Discharge to Assess. However recent hospital audit (DOCA+) has demonstrated that there is a significant demand that is not currently met within the service. In May 2022, the DOCA+ audit in BGH and Community Hospitals demonstrated that there were an additional 20 patients on that day who did not require a hospital bed and could be supported by Home First if capacity was available. Recent unscheduled care improvement work has also identified an potential 42 additional patients over a 4 week period who would not have needed hospital admission had there been additional AHP resource within the Emergency Department (RAD team) and capacity within Home First.

3.6 The financial position within the Home First service has remained challenging. An initial service budget of £1.2 million has been overspent by approx £260k in 20/21 and 21/22. This lack of affordability has been driven predominantly by £100k annual travel expenses and incremental drift and pay uplifts that were not factored into the original budget.

3.7 In order to become financially viable the service requires to reduce staffing wte by approx 18% which would equate to a reduction in service caseload by approx 22 patients. This is not seen as desirable or realistic by HSCP service level stakeholders. The re-aligning of Home First to embed within community AHP structures has been driven predominantly from a clinical and staff governance perspective, however will provide some financial efficiencies. These efficiencies however are likely to be modest in light of the current demand/ capacity gap. If the number of ongoing delays with the service awaiting long term care were addressed, this would mitigate the loss of capacity in a financially viable service.

4 Next Steps

4.1 Following re-alignment to AHP service structures the service is currently under a period of grip and control to review and establish processes and procedures in line with Clinical Governance and Staff Governance. Operationally this will lead to improved referral and triage processes which will improve efficiencies and service resilience. Moving to a locality needs based approach to service delivery rather than a centralised service delivery model will allow closer multi-agency working and allow for variation across the Borders localities. This change will also bring the service in line with impending Safe Staffing legislation.

4.2 The Scottish Government 'Discharge without Delay' Programme has identified Home First as an important service and interface in the whole-system journey. The impact of a lack of long term care provision in the community and the knock on effect of delays within the Home First service have been identified as an important bottleneck in our current system causing a reduction in reablement capacity. Home First will continue to be a key stakeholder in future Discharge without Delay work.

4.3 Home First must move to a focus on admission prevention in order to address the whole system pressures currently facing our HSCP system. National data suggests than an intermediate care service should have approx 40% of its caseload identified as 'admission prevention/ avoidance". This compares to approximately 10% within the Home First service over the last 12 months. The aforementioned challenges regarding current hospital based demand, care at home provision and service capacity limit this development.

4.4 The IJB directive to deliver an integrated service alongside SB Cares is currently underway. The Home First options appraisal process identified an integrated approach as potentially the most cost effective service delivery model however it remains unlikely that all current service demand would be met through this approach. A significant benefit of an integrated reablement approach would be regarding the level of service resilience obtained from a significantly larger pool of staff, and potentially a much smoother transition from reablement to long term care where necessary.

5 Risks/ Mitigations

Current Risk	**Mitigation**	**Risk Matrix Grading**
Patient and Staff safety - Historically the service has lacked robust clinical escalation processes, specifically regarding out of hours support. This creates a risk to both patients and HCSW who are currently lone working outwith core hours.	- SOPs and clinical escalation policy currently being drafted - Review of service structure regarding out of hours professional support and escalation.	Medium
Ongoing lack of long term care at home provision - At present 10-15% (50% in Tweedale locality) of Home	- Engagement with wider locality based work across the HSCP to improve multi-	High

First caseload have been discharged from service but are delayed and awaiting long term care. - Reduction in reablement and Discharge to Assess capacity with associated outcomes - Inability to deliver admission prevention	disciplinary communication and use of resources. - Re-emphasis on service criteria as a rebalement service.	
<u>Unsustainable workforce and service demand</u> - Service demand and patient complexity is increasing. The complexity and frailty of the population has changed throughout the pandemic and pre-pandemic workforce/ capacity is no longer able to meet clinical demand. - The service needs to have the appropriate permanent workforce and skillmix. At present the service is predominantly staffed with Band 2 HCSW and it has been identified that Band 3 staff are required to fulfil the clinical demands of the service. - This is currently not achievable within the current service budget	- AHP service leads utilising breadth of skillmix across locality teams to ensure most efficient use of resources. - Ongoing discussion with Partnership and HR regarding skillmix and any future organisational change process. - Use of winter funding slippage to address short-term staffing gaps - Further future business case required due to increasing demand?	High
<u>Home First embedded within AHP locality structure</u> - Requires significant service development regarding governance/ SOPs/ processes. - Competing clinical demands across multiple services – community hospitals, long term condition management, falls prevention, Home First reablement	- Investment has been made from core AHP budgets to support locality based approach by appointing additional AHP leadership roles at the expense of other AHP services. - Existing AHP governance processes in place with which to align new developments - Use of clinical prioritisation and triage process to alongside ongoing review to ensure all service needs are	Low

	met.	
<u>Unable to move towards an Integrated Reablement service</u> - Achieving financial affordability alongside whole system benefits and ultimately improved patient experience and outcomes are currently dependant on achieving an integrated approach to reablement unless further significant investment is provided.	- Ongoing discussions and work to develop an integrated reablement service are ongoing.	High
<u>Lack of Palliative Care pathway</u> - Due to a lack of alternative, Home First currently finds 5-10% of its caseload supporting palliative care patients. These patients do not meet reablement criteria and have increasing care needs over time rather than reducing care needs. This does not fit with the current model of service provision	- An NHS Borders Palliative Care review has been established and is required to identify an appropriate pathway for this patient group.	Medium
<u>Whole System Pressure</u> - Home First remains a small part of large system. Whilst performing an important role, Home First does not have the ability to address the issue of delayed discharges without the ongoing transformation of services within Acute, Primary Care and Social Work and Social Care.	- The 'Discharge without Delay' programme is seeking to take a whole system approach to reviewing processes across the HSCP.	Medium

6 <u>Recommendations</u>

The IJB audit committee is asked to:

- Note the current positive impacts of the Home First service in line with IJB strategic aims and National Health and Wellbeing Outcomes.
- Note the significant ongoing challenges relating to service demand, unmet need and financial affordability.

- Note the ongoing work to deliver robust clinical and staff governance, maximise efficiencies, and to move toward an integrated reablement approach.
- Consider that a future business case may be required to be brought to the IJB Board if the ongoing demand cannot be met through the aforementioned mitigations and developments.