Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 21 September 2022

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DEVELOPING A HOSPITAL AT HOME SERVICE	
Purpose of Report:	The Scottish Borders Health and Social Care Integration Joint Board is asked to: • Consider the requirement to scope and develop a business case for a Hospital at Home service • Direct NHS Borders to scope and develop a business case on the development of a Hospital at Home (H@H) model in Scottish Borders as a transformation initiative in line with the 2022/23 IJB Commissioning Plan; and • Note that a bid for non-recurrent funding has been made to the Scottish Government
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Agree that the Scottish Borders should explore the option of developing a Hospital at Home service locally; b) Approve the further exploration of this model which includes working with Healthcare Improvement Scotland – recognising their extensive experience in this field in both urban and rural areas; and, c) Direct NHS Borders to scope and develop a business case on the development of a Hospital at Home (H@H) model in Scottish Borders as a transformation initiative in line with the 2022/23 IJB Commissioning Plan; and
Personnel:	There are significant workforce implications in the development of this service. The main staff group affected is likely to be nursing. A proposal to develop a Hospital at Home service is likely to appeal to a wide range of staff, leaving a risk that other areas across both Primary and Secondary Care would be left short staffed at a time when they are already struggling. In addition, due to recruitment difficulties in this sector, any offer of employment even for a small test of change would likely require permanent funding. Fixed-term contracts resulting from non-recurring funding would significantly increase the risk of non-delivery.

	Proven research with Hospital at Home models demonstrate that successful models include an integrated approach with health and social care teams. As such, Hospital at Home should not be developed in isolation within a singular service but requires the interface with multi-agencies. On a more positive note, a new service would offer substantial opportunities for career development and enhance retention of staff within the region.
Carers:	At least in the first instance, there would be no significant impact on carers, as the potential patients would usually have their care needs already met by existing arrangements. As the service expanded in future, the availability of short term care would enhance the service but would not be required in the first wave of development. Nevertheless, as with any service proposal, engagement with the IJB Carers Workstream will be undertaken, to ensure that the views of unpaid carers are adequately considered as part of the development of a Hospital at Home model.
Equalities:	Hospital at Home is a service which empowers patients and assists in reversing the power imbalance often seen in healthcare settings as the patient is in their own home and has greater autonomy in their care. An IIA would form part of the initial scoping exercise and would be presented to the IJB with a completed Business Case.
Financial:	The Scottish Government is offering financial resource to “pump prime” developing services, but longer term, the service would require recurring funding. Purchase of equipment and set up costs would be covered. There is uncertainty on long-term financial funding which would require the organisation to have long-term strategies and operational budgets to ensure that service could be sustained after initial funding had come to an end.
Legal:	There are no specific legal implications at this stage, however the “virtual ward” would run on a similar legal basis to the “real” hospital wards.
Risk Implications:	• An unclear governance structure could lead to a lack responsibility and accountability for the development of the Hospital at Home service • Workforce risks are described above. • Financial risks are also described above. • NHS Borders may not be able to enable the IT infrastructure to support Hospital at Home • Insufficient public buy-in leading to poor understanding, uptake and participation into the service.

	• Insufficient project support compromising timely delivery of Hospital at Home • Reputational damage - there are risks associated with not pursuing what is now becoming viewed as a standard way of delivering care
Direction required:	Yes

Situation:

The IJB 2021/22 annual report commissioning plan for 2022/23 considered our performance against the National Health and Wellbeing Outcomes.

The report noted that in the context of our benchmarked latest performance against the National Health and Wellbeing Outcomes, that consideration should be put to the development of a Hospital at Home service. This was specifically due to our performance in these areas:

- Fewer adults who were supported at home agreed that they are supported to live as independently as possible
- Fewer adults supported at home than the national average agreed that their services and support had an impact on improving or maintaining their quality of life
- Fewer adults supported at home agreed they felt safe
- A lower proportion of people in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average
- There were a lower rate of adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average

In addition, the Scottish Government invited bids for resource from Health and Social Care Partnerships (HSCP) wishing to develop a Hospital at Home service, with a tight timescale of 1st September.

Background:

In recent years, HSCPs have been considering new ways to respond to the acute care needs of older people with frailty and other long-term conditions. Urgent care is needed but hospitals bring risks for older people as well as benefits, and community-based alternatives are increasingly being explored. This has resulted in a shift in focus within national healthcare and internationally towards providing hospital-level care in a person's home environment.

This service is generally referred to as "Hospital at Home" and is a short term intervention providing acute care of a level comparable with that provided in a conventional hospital. It is not the same as case management of chronic conditions but can work with this type of service to assist in the management of exacerbations of those conditions.

Across Scotland, HSCPs have developed this service to provide care in this form. The care is recognised to be safe and cost effective, and popular with patients and staff. It can provide an alternative to admission for selected patients and (once scaled up) can reduce some pressure on acute services, though only in some areas has it been shown to facilitate closure of inpatient beds.

The Scottish Government are very supportive of this form of care delivery and are providing some non-recurrent financial resource to assist HSCPs in developing their services in this direction.

The Integration Joint Board's 2021/22 Annual report and Commissioning plan for 2022/23 notes that the scoping of the Hospital at Home model should be undertaken. In line with this, the HSCP's Primary and Community Services team contacted the IJB Chief Officer to ask for advice on whether to submit a bid as an IJB would not be held in advance of the deadline date. The Chief Officer noted his support, on the conditions that it was made clear in the case that the decision on whether to scope the service had not yet been provided by the Integration Joint Board, and that further scoping was required in order to assist the development of a robust case to assist the IJB in taking a decision on whether to commit funds to the service. The Chief Officer asked that the case be taken via the usual route of the Strategic Planning Group for consideration in the first instance, and then to the Integration Joint Board to support the commissioning of scoping process for a business case.

Assessment:

Scottish Borders is one of the few remaining HSCP without a Hospital at Home service. Dumfries and Galloway, Highland, Angus and Shetland are the other areas without a service, though the team at Healthcare Improvement Scotland are working with these teams to help them develop modified versions of the classic model to fit with their more rural environments.

In-patient services within the Scottish Borders are under great pressure and it is becoming imperative to look at alternative models of care rather than the classic inpatient experience. Hospital at Home is widely perceived to result in less deconditioning of patients than conventional care, and in time would be hoped to mitigate the rising care needs of a frail population.

The Scottish Borders is divided into five localities, and a great deal of work is going on to develop new options for the deteriorating older person in their own home, or close to their home. Multidisciplinary teams are being developed in the localities, and the option of a Hospital at Home service would be a welcome addition to those services.

Although ripe for development in some ways, there are barriers to providing this form of care in the Borders. e.g. staffing issues, and the relationship between Primary and Secondary Care.

Where Hospital at Home has been established, patients are treated as though they were in the "real" hospital, having hospital level priority for inpatient investigations and using secondary care protocols and treatments. At the end of their admission, a discharge letter (SMR01) is generated in the same manner as in a physical hospital.

The current IT systems in the Borders are not well set up for this, and there is not currently widespread use of the Electronic Patient Record which would be a key component of a Hospital at Home service.

From a patient safety perspective, the same Clinical and Care Governance arrangements should apply for patients receiving care as they would receive in a conventional ward.

Developing a full Hospital at Home service would likely take a long time (2-5 years), but every journey must start with the first step. The IJB is invited to consider whether they are ready to take those first steps towards developing such a service.

From a feasibility perspective, it is expected that the service should start small and expand piloted initially in a locality. The locality chosen is Eildon, as this area covers the highest density population, and does not have a community hospital. If starting small, covering a wide area from the start would be impracticable.

In addition to the wider considerations listed in the summary, IJB Strategic Planning Group members were invited to also consider the following:

1. Whether, in principle, members wish to develop a Hospital at Home service in some form.

2. Whether members support the approach that full exploration of this kind of model care is required prior to committing to the new model. There are well established models already in place across Scotland, but the detail of how this would apply to the Borders would require significant project management to scope out what was possible and then execute the relevant changes.

The Strategic Planning Group supported both of these considerations.

Recommendations:

The Scottish Borders Health and Social Care Integration Joint Board is asked to:

- Direct NHS Borders to scope and develop a business case on the development of a Hospital at Home (H@H) model in Scottish Borders as a transformation initiative in line with the 2022/23 IJB Commissioning Plan; and
- Note that a bid for non-recurrent funding has been made to the Scottish Government

DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	SBIJB-21-09-22-01
Direction title	To develop a business case based on the scoping of a Hospital at Home for Frailty and General Medicine patients
Direction to	NHS Borders
IJB Approval date	TBC – IJB to meet on 21 September 2022
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	General Medicine, Medicine of the Elderly Services, Community Health services
Full text of the Direction	The IJB directs NHS Borders to scope the development of a Hospital at Home service for Frailty and General Medicine patients as a transformation programme. This model should be based on our local need and context but broadly follow the national approaches evidenced by iHub and the British Geriatrics Society. This process will involve: • Bidding for funding from the Scottish Government • Scoping a service model that meets needs, is safe, person-centred and sustainable, is clear on its scope, has potential for further development and is scalable. In addition, it is expected that this service will provide seamless care to patients across different health and social care services • It is expected that the use of Technology Enabled Care will be considered as part of this model • Developing a case to come back to the IJB, based upon £300,000 non-recurrent funding (from funding that the Scottish Government has allocated to invest into MDTs which clearly evidence increased 'hospital unscheduled care flow') • This case must be clear on the benefits and outcomes sought (patient and service outcomes, National Health and Wellbeing Outcomes), staffing models and the level of potential for financial savings • Equalities, Human Rights, and Fairer Scotland duties must be complied with • There must be appropriate consultation with communities (including service users, staff, partners and unpaid carers) • This process will be discussed at GP Subcommittee, the Area Medical Committee, the IJB Unpaid Carers workstream, the IJB Equality and Human Rights Reference Group and the IJB Strategic Planning Group
Timeframes	To conclude by: Consideration of a case should return to the IJB in March, having first been considered by all relevant stakeholder groups including the SPG
Links to relevant SBIJB report(s)	21 September 2022 Health and Social Care Integration Joint Board: Hospital at Home

Budget / finances allocated to carry out the detail	There is £319k recurrently remaining from Scottish Government Multi-Disciplinary Team funds that we are required to invest into initiatives that are evidenced to support improved patient flow out of the hospitals. From this, a *non-recurrent* budget of £300k per annum has been earmarked by the IJB for the development of the service. If needed, some of this funding may be used on a non-recurrent basis for planning, project management or staff backfill costs to develop the case and implement the plan, pending agreement with the IJB Chief Financial Officer. Allocation of the broader envelope of funding will only occur should the business case be approved. It is expected that this will be a service and financial transformation programme, leading to improved outcomes, and reduced financial and staffing resource across the partnership.
Outcomes / Performance Measures	Opportunity cost information on the staffing and financial model compared to the status quo is expected from the business case. In addition, the IIA, staffing model, use of technology enabled care, transformation project plan, proposed service specification and expected capacity should be included. The following improvements in the National Health and Wellbeing outcomes are sought from the business case: • The percentage of adults with intensive care needs at home • Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Percentage of adults supported at home who agreed that they are supported to live as independently as possible; • Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life; • Percentage of adults supported at home who agreed they felt safe; and • The percentage of carers supported to continue in their caring role At a later stage, should the business case be supported then capture of the following minimum performance dataset is required: • Service user surveys against the National Health and Wellbeing outcomes listed above • Number of patients referred per month • Proportion admitted of total referrals • Number of patients managed at home • Length of stay • Anticipated hospital bed days saved • Mortality during admission • 30 day outcomes (death, readmissions) • Onward referrals to other statutory and partner health and social care services (broken down and grouped by service)
Date Direction will be reviewed	As the business case will be reviewed at the next Integration Joint Board, formal compliance with this Direction will not be reviewed by the IJB Audit Committee but in the next Strategic Planning Group prior to the next IJB.