Agenda Item

Report

Report to:	**Social Work Resources Committee**
Date of Meeting:	**9 February 2022**
Report by:	**Executive Director (Finance and Corporate Resources)** **Director, Health and Social Care**

Subject:	**Home First Approach**

1. Purpose of Report

1.1. The purpose of the report is to:-

- provide an update on the ongoing work to develop the Home First Approach model to ensure people can be cared for at home, or as close to home as possible, to support their timely discharge from hospital and to prevent avoidable admissions to hospital
- provide an update in respect of the targeted Scottish Government funding to support and strengthen multi-disciplinary working across the health and social care system and to expand Care at Home capacity, including preventative and proactive approaches
- note that the proposals to implement the further phases of the Home First Approach are continuing to be discussed with both partners at pace

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

(1) that the progress made to date to develop the Home First Approach within South Lanarkshire into a proposed phase 1 of a roll-out is noted;

(2) that the allocation of targeted recurring Scottish Government funding totalling £3.109m which can be used to consolidate the first phase of the Home First Approach is noted;

(3) that the ongoing further development of the Home First Approach by the Home First Programme Steering Group in consultation with both partners at pace is noted; and

(4) that the posts are added to the establishment as detailed in section 5.1.

3. Background

3.1. Delayed discharges across Lanarkshire Hospitals are mainly due to demand exceeding Care at Home capacity, the causes of which are multi factorial. Substantial improvements in the discharge process in Lanarkshire had been achieved between April 2020 and December 2021 which has resulted in a 50% decrease in delayed discharges (approximately 140 to 70 delays). Care at Home services across South Lanarkshire however are currently fully committed and are experiencing an unprecedented increase in demand due to the impact of the Covid-19 pandemic. The demand and capacity challenge in relation to Care at Home is also being experienced nationally.

3.2. On 17 August 2021, the Integration Joint Board (IJB) were advised of the development of the range of recommendations for Health and Social Care Partnerships (HSCPs) to implement. The key principles within these recommendations included the Home First Approach, single point of access, planned date of discharge, whole system approach, outcomes, data and enablers. These recommendations were based on best practice from across Scotland and were developed by the Optimising Whole System Discharge Planning workstream in line with the Scottish Government "Building on Firm Foundations" Programme.

3.3. Progress in respect of the implementation of the recommendations has been impacted by the ongoing Covid-19 pandemic. An adverse consequence of increasing numbers of delayed discharges is reduced bed capacity in the NHSL Acute hospitals. Notwithstanding staff capacity challenges as a result of sickness absence, self-isolation and annual leave however, South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL) have both responded pro-actively to minimise delayed discharges from hospital, avoid hospital admissions and address increasing demand as a consequence of people's increasingly complex needs after a long lockdown.

3.4. A number of mitigating actions were therefore put in place, working closely with the North Lanarkshire HSCP and the Scottish Government to explore short-term and long-term solutions to the current and projected service demands. In this regard, the establishment of Home First Transition Teams are recommended by the Scottish Government in the Discharge Without Delay 2021 report. The essential principles of the Home First Approach and the improvement opportunities and outcomes are summarised at appendix 1 for ease of reference.

3.5. The current and projected demand for health and social care services is significant. The Scottish Government have therefore allocated additional recurring funding in 2021/2022 and 2022/2023 to increase capacity across health and social care services with immediate effect. Notwithstanding the requirement to comply with recruitment processes, immediate action was taken to expand capacity.

3.6. A small-scale Home First Transition service supporting discharge from hospital to home was therefore established at pace within the South Lanarkshire HSCP to address the substantial additional demand that was and continues to impact across the whole system. The principles of these teams are rapid response multi-disciplinary assessment and intervention teams underpinned by a focused and reablement focused Care at Home service.

3.7. By developing and scaling up the Home First Transition Teams, South Lanarkshire HSCP will also meet a statutory duty to deliver on assessment, care management and personal outcomes through the recruitment of additional social work assistant capacity.

3.8. Additional nursing staff are also being recruited to boost the capacity of the Integrated Community Support Teams (ICSTs) in order to ensure capacity to provide support for end-of-life care and develop initiatives (such as home intravenous therapies).

3.9. This report summarises the action taken by each partner in line with their delegated authority arrangements. Each partner will also provide progress reports to the relevant committee of the NHSL Health Board and the SLC Social Work Resources Committee, as appropriate.

4. Home First Approach Phase 1

4.1. The 2022/23 budget settlement has allocated £7.281m additional recurring funding targeted to increase Care at Home.

4.2. Existing staff already redeployed on a temporary basis to implement the Home First Approach will be consolidated on a permanent basis and their substantive vacant posts will be recruited to on a permanent basis. It is anticipated that posts within phase 1 will be appointed to by 31 March 2022.

4.3. Progress will continue to be made at pace to further develop the sustainable plan for the Home First Approach across South Lanarkshire. The outcome and learning from the first phase will inform the next phases. A Home First Programme Steering Group is in place to support the development of the approach. Initial risks relate to the availability of the work force to recruit, management capacity, and being unable to demonstrate improvement in relation to the key outcomes. A risk and issues log is being created. This Steering Group is being informed by a workforce sub-group and a data and outcomes group.

5. Employee Implications

5.1. The following posts require be added to the establishment on a permanent basis as detailed below:

Post	Existing	Proposed Number of Posts	Grade	SCP Range	Hourly Rate	Annual Salary	Gross Cost inc on costs 30.3%	Total Costs
Fieldwork Manager	1	1	Grade 5 Level 1	96-97	£29.76 - £30.22	£54,309 - £55,148	£70,765 - £71,858	£70,765 - £71,858
Operations Manager		1	Grade 4 Level 2 - 5	82-88	£24.16 - £26.44	£44,089 -£48,250	£57,449 - £62,870	£57,449 - £62,870
Team Leader	1	5	Grade 3 Level 8	79-80	£23.12 - £23.47	£42,191 - £45,953	£54,975 - £55,808	£274,875 - £279,040
Social Work Assistant	3	17	Grade 2 Level 4	55-57	£16.35 - £16.85	£29,837 - £30,749	£38,878 - £40,066	£660,923 - £681,122

Community Support Co-ordinator	0	2	Grade 3 Level 2	63 -65	£18.44 – 18.97	£33,651 - £34,618	£43,847 - £45,108	£87,694- £90,216
Senior Home Carer	0	4	Grade 2 Level 3 plus 2	50 - 52	£15.21 - £15.66	£27,757 - £28,578	£36,167 - £37,237	£144,668 - £148,948
Home Carer	0	54	Grade 1 Level 4 plus 2	32 -33	£11.85 - £12.06	£21,625 - £22,008	£27,488 - £27,892	£1,521,583 - £1,548,548
Clerical Assistant	1	1	Grade 1 Level 3	25 -27	£10.78 - £11.08	£19,672 - £20,220	£25,633 - £26,346	£25,633 - £26,346
	6	85						£2,843,593 - £2,908,960

6. Financial Implications

6.1. The targeted Scottish Government funding for Care at Home in 2022/2023 is £7.281m.

6.2. The cost of the establishment of the permanent posts at 5.1 is £2.909m. This includes posts previously approved at Social Work Resources Committee on 19 August 2019, to establish a Hospital Discharge Team which have until now been funded on a temporary basis. The report now seeks to consolidate these posts on a permanent basis from the new care at home funding.

6.3 In addition, funding of £0.2m will be allocated to address the required investment in IT systems for Care at Home.

6.4 The total funding required 2022/23 is £3.109m and the balance of funding to be targeted to progress future phases is therefore £4.172m.

7. Climate Change, Sustainability and Environmental Implications

7.1. There are no climate change, sustainability and environmental implications.

8. Other Implications

8.1. The current priority requires to be continuing to respond to the Covid-19 pandemic and improve people being discharged from hospital in a timely manner.

8.2. The implementation of the Home First Approach to ensure people can be cared for at home or as close to home as possible will further mitigate the following risks which are included in the IJB Risk Register:

- risk 6 - shifting the balance of care from residential and acute settings to community-based alternatives
- risk 18 - impact of significant service disruption.

In addition it will further mitigate the very high risk on the Social Work Risk Register

- lack of capacity and skills to provide and meet increased service demands

8.3. There are no sustainable development implications associated with this report.

8.4. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

9.1. There is no requirement to carry out an equality impact assessment in terms of the proposals contained within this report.

9.2. Trade Unions have been consulted through representation on the Home First Steering Group.

Paul Manning
Executive Director (Finance and Corporate Resources)

Soumen Sengupta
Director, Health and Social Care

20 January 2022

Link(s) to Council Values/Ambitions/Objectives

- Focused on People and Their Needs
- Improve Later Life
- Delivering Better Health and Social Care outcomes for All.

Previous References

- none

List of Background Papers

- none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Home First Approach Improvement Opportunities and Outcomes **Appendix 1**

Essential principles of the Home First Approach

- Home First is the default position.
- Social Care should be immediately accessible if required and sustained until "maintenance" levels of care are available.
- People should be assessed quickly and self-directed support options made available.
- Rehabilitation should be between 2-6 weeks (average is reported as 2 weeks).
- Service provision is to be user-focussed following a rapid, effective and appropriate service user assessment and having regard to the easy access and network of care principles.

National and local outcomes

Nationally, Lanarkshire is a pathfinder site for the Discharge Without Delay programme. Scottish Government will be monitoring improvement trends in:

- Reduction of length of stay and associated bed days.
- Improved Accident & Emergency performance due to enhanced flow through acute sites.
- Reduction in the numbers of prescribed packages of care by 20% through a discharge to assess approach.
- Reduced delayed discharge numbers, although the overall focus is on quality not quantity. In the first phase of this programme, it is envisaged that current performance of between 70-90 delays is maintained. This will be dependent on extenuating circumstances.
- Increase in the number of people discharged without delay. The base line for this measure is still being established.

Locally, the Home First team will aim to:

- Contribute to a reduction in hospital re-admission rates.
- Contribute to the reduction in the average care package size of external placements by 1 hour which will extend existing staff capacity to meet service demand and/or maintain financial balance.
- Reduce unmet need overall by 20% relative to the current referral rate.
- Reduce the percentage of people assessed as requiring care at home who leave hospital after their planned date of discharge from 20% to 10%.
- Community referrals for care at home support should be supported through Home First and commence assessment within 28 days of referral.
- Complete a new or review an existing 'Living the Life You Choose' assessment and Carer Support Plan in line with statutory duties. 90% of people should leave hospital with a completed assessment.
- Provide self-directed support options and establish a personal budget to underpin the support plan for ongoing needs assessed as substantial or critical need. This outcome will achieve the organisations statutory requirements. A base line on improvement will be established.
- Measure the impact of increasing a person's overall independence (e.g. therapeutic outcome scores) by comparing the reduction in costs at exit of the personal budget relative to the initial package requested/advised. Again, a baseline on the improvement trajectory will be established.

- Track average care package commitments called on by hospital staff and compare these with average care package commitments called on by community staff with a view to achieving consistency between both, as appropriate.

Nursing staff to focus on the development of initiatives such as intravenous therapies in the community and end-of-life care.

- Intravenous therapies in the community have been successfully delivered in the East Kilbride locality since 2017. Over a 6 month period the original pilot saved 28 hospital bed days. Scale up of this across the remaining three localities has been limited due to staffing challenges.

- Approximately 2 patients per day awaiting hospital discharge require end-of-life care with large packages of care. ICST nursing teams alongside the additional health care support workers (separate funding stream) will provide end-of-life support and personal care. This will release care packages back into the service to meet demand.