

# Report

## Home First

### Edinburgh Integration Joint Board

22 October 2019



## Executive Summary

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1. Being delayed in discharge from hospital is bad for patients, bad for staff, and bad for the financial health of the health and social care system. Edinburgh IJB's performance in the area of delayed discharges has improved significantly over the last 12 months, with the gross number reducing from 265 as at August 2018 to 188 at August 2019, an improvement of 29.1%. The number of bed-days lost has reduced from 7,616 to 5,893 over the same period, an improvement of 22.6 %.
2. While this improvement is very positive, there is still much to do, and the Scottish Government has set Scotland's Health and Social Care system an indicative target of no more than 1,200 delayed discharges by the turn of the calendar year. Edinburgh's proportionate share of this figure would be 113.
3. The next major step for Edinburgh is the expansion of our Home First model, whereby we would build confidence of clinical teams in the proposition that more people can be cared for in their own homes or in homely settings, by stepping up the care they already receive, and that admission to hospital should only be when there are no other options.

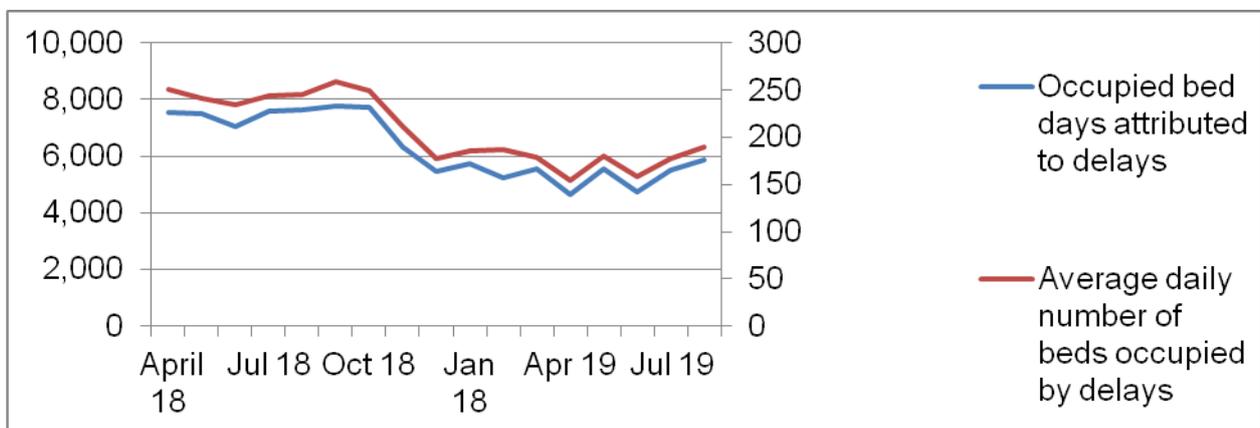
## Recommendations

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4. The Board is recommended to:
  - a. Approve the accelerated roll-out of the Home First model in Edinburgh;
  - b. Approve a planned reduction in the set-aside bed base as set out in paragraph 27, and issue the direction attached as appendix 1;
  - c. Require a report on progress no later than April 2020.

## Background

5. The strategic direction of the IJB is to redesign care to ensure people have the opportunity to be treated at home or in a homely setting rather than in an acute hospital bed, and that the latter should only occur when all other options have been ruled out. By adopting a “Home First” approach within acute hospital services at the Royal Edinburgh Hospital, the Royal Infirmary of Edinburgh, and the Western General Hospital this strategic direction can become an operational reality. People who are ready for discharge and do not require an acute hospital bed may still require short term health and social care services. Where it is safe and appropriate to do so, this can be provided in their own home or another community setting in an approach known as ‘Home First’.
6. Most commonly this refers to a hospital discharge process focused on recovery which ensures assessment for longer-term care and support needs is undertaken in the most appropriate setting and at the right time for the person. This can also be called: ‘discharge to assess’, ‘safely home’, or ‘step down’; however it is important that people are not moved from an acute bed to one in an intermediate care unit when they could have gone home directly.
7. Edinburgh has started to introduce this model, concentrating in the first instance on the Western General Hospital site. A new role of Home First Navigator has been developed. With a background in, and knowledge of, community services, the postholder supports clinicians to explore opportunities for discharge. Although early days, anecdotal feedback is that the ward based team value this knowledge and that the team has already been supported to think differently about what is possible as an alternative to an extended hospital stay. What is clear from this early stage is that there is considerable mileage in this work, both in terms of improvements for individual patients, but also for the system as a whole.
8. At the same time, we have seen a sustained improvement in both delayed discharge numbers and the associated occupied bed days between April 2018 and August 2019. The following graph demonstrates a reduction of nearly 2,000 occupied bed days between April 2018 and August 2019.



9. Taking these two elements – improved delayed discharge performance and the potential of Home First there is the opportunity to begin to re-shape the bed base across the whole of the IJB's activities.
10. This dovetails well with NHS Lothian's requirements to re-profile its inpatient bed stock in two areas. IJB members will be aware that NHS Lothian's Hospitals Plan sees it establish a Major Trauma Centre at the Royal Infirmary of Edinburgh from 2020 and redevelop the Edinburgh Cancer Centre at the Western General Hospital. Delivering this will require a reduction of 52 medicine of the elderly beds across the 2 sites.

## Main report

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### Home first in Edinburgh

11. As a health and social care system, we need to be supportive of people who want to maintain as much independence as possible in their own homes; this means not opening a discussion in hospital about care home admission or large packages of care which can reduce the confidence of people, their carers and their families. People should be discouraged from making life changing decisions about future care whilst they can still regain confidence and function. Information about their treatment, being involved in decision making and being able to plan for discharge helps people feel motivated towards achieving their recovery goals. All health and social care staff can play their role and support a realistic optimism when talking to people about recovery and rehabilitation at home. This ties in with 'conversation 2' of the 'Three Conversation' approach in Edinburgh. Our health and social care system should not be designed to pull frail, elderly or vulnerable people into hospital wards when they would prefer to be at home (or in a homely environment) and it is safe and appropriate for them to be supported there.
12. As described above, in Edinburgh, we are in the early stages of introducing Home First. Our staff teams have been working closely with other Partnerships in Scotland, in particular Dundee, where an approach aligned to the Home First model has been successfully implemented. Dundee focused on reducing admissions and length of stay by setting people on an early pathway at the point of admission. Their unscheduled care board invested heavily in community services, enabling assessment to take place in the person's home or a homely setting i.e. out with hospital. Demand on acute beds was reduced and access improved for those who needed it. As a result of this change in approach there has been a reduction in the number of people going into care homes directly from hospital. This in turn has had a positive impact on the confidence of hospital staff that positive, person centred alternatives to hospital admission exist and are successful.

13. We have started to implement this approach in Edinburgh by appointing our first Home First Navigator who works at the Western General Hospital. Although early days, he has already collected data which demonstrates the potential to further reduce occupied bed days and improve the number and timing of discharges from the medical assessment unit at the same time as improving the experience for people.
14. This is further supported by evidence from the monthly day of care audits taking place at the Western General Hospital. These show that over 50% of people in an acute bed on the day of the audit, do not meet the criteria to be in an acute hospital bed – these are people who could be at home or in another more homely setting. However, pathways out of hospital are limited, exacerbating delays. It is these people who would benefit from the expansion of Home First and it is proposed that the following areas be prioritised for investment to enable different pathways of care:
  - **Discharge to Assess** - 16 therapists to deliver 80-100 discharges per week city wide to support assessment at home; and
  - **Home First Navigators** - 3 posts that have community knowledge to support decision making to be risk enabled. These posts will work across seven days from the front door of the Western General Hospital as an alternative to further admission into the main arc.

### **NHS Lothian bed reconfiguration**

15. As described above NHS Lothian is reconfiguring its bed-base to deliver on its own strategic plans. This requires a reduction of 52 beds over the next 6 to 8 months across 2 acute sites (26 in the Royal Victoria Building on the Western General site and 26 at the Royal Infirmary of Edinburgh). The first phase of this is well underway with the closure of ward 71 to create capacity for haematology and oncology to move into the Royal Victoria Building for winter 2019/20. We will balance this by expanding Home First and creating an alternative to hospital bed based assessment.
16. The budget associated with these beds forms part of the IJB's set aside, and this paper recommends that the IJB reinvests this money in community services to support the new model. Further detail on this is included in the finance section below. Through the organisational change process, skilled staff working within these clinical areas will be retained in current vacancies in either acute services or the Partnership.
17. There is a tension in the system around the pace and timing that the Partnership can deliver new models of care in line with the timescale of reducing beds. The resultant concern is that attendances and admissions will remain high resulting in higher occupancy rates with a consequent risk for patient care. In this context we recognise the need to work at pace and are actively recruiting therapists to deliver

discharge to assess and additional home first navigators to support skill mix with community knowledge. Winter bids have also been submitted that are community facing to prevent attendances to the acute hospitals. These bids enhance the Partnership influence at the flow centre and a home first prevention team to provide short term care in crisis to keep people at home. It is anticipated that this will be successful as it gives an option of support as an alternative to admission. It also allows immediate enhanced guidance for GPs who often feel that they are not able to access specialist advice within the time frame of a visit.

18. It is also recognised that an expansion of home first may not in itself be sufficient to offset the bed reductions in a sustained way. Alternative pathways to admission, such as further step down beds to enable assessment in a homely setting are being explored. These models have been successful elsewhere nationally across Scotland.

## Key risks

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19. There continues to be risks around the delayed discharge position, both reputationally, financially and most importantly the impact on individuals who are delayed in hospital.
20. The Partnership wants to influence the decisions around an individual which can result in them becoming delayed in hospital at an earlier stage to ensure that community models are being considered as a primary solution rather than after admission.
21. The main risk to the reduction in delayed discharge numbers is the culture and behaviour shift that needs to occur across the whole system to deliver Home First as the default option.
22. Timescales are tight with the planned reduction in beds.

## Financial implications

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### Ward 71 - Western General Hospital

23. The directly releasable budget from the closure of ward 71 is £1.3m. This resource becomes available as nursing staff move into vacancies across the Western General Hospital and non pay spend ceases as the beds close. As part of the medicine of the elderly directorate, the ward 71 budget is delegated in full and forms part of the Edinburgh IJB set aside budget.
24. Of the £1.3m ward budget; £1.2m (90%) is the approximate Edinburgh share based on historic average use of the beds. The remaining £0.1m will be split between East Lothian and Midlothian IJBs.

25. As described in this paper, we plan to use the resource freed up from the closure of ward 71 to roll out home first across the city with an initial focus on north Edinburgh. Primarily this involves recruitment to a discharge to assess team for the north localities and home first navigators working at the front door of the Western General Hospital. Table 1 below shows the current commitments against the Edinburgh share of the released ward 71 budget:

	£m
<b>Available funding</b>	<b>1.2</b>
Commitments:	
North Edinburgh D2A team	0.4
Home First navigators	0.1
Home First manager	0.1
<b>Total Commitments</b>	<b>0.6</b>
<b>Balance of funding available</b>	<b>0.6</b>

*Table 1: Commitments against W71 resource*

26. In terms of indirect resources freed up from the closure of the ward, Partnership staff are working with Hospital colleagues to redirect resources in line with the Home First approach.
27. The plan shown would mean that £0.6m of resource is redirected in the first instance from the IJB share of the set aside budget to core partnership services (discharge to assess and home first navigator posts). It is recommended that the remaining £0.6m of uncommitted resource is retained within IJB reserves to mitigate the financial risks.
28. There are a number of risks with financial implications associated with the bed closures:
- NHS Lothian has recruited additional allied health professionals (AHPs) to reduce the length of stay within the medicine of the elderly wards;
  - Existing AHP resources within medicine of the elderly are underpinned by non recurring Scottish Government funding which is due to cease in 2020; and
  - NHS Lothian may reopen beds if deemed operationally necessary, these would be unfunded and, potentially form part of costs charged against our set aside budget.

### **Ward 120 - Royal Infirmary of Edinburgh**

29. The directly releasable budget from the closure of ward 120 is £1.5m. As above, this becomes available as nursing staff move into vacancies across the Royal Infirmary of Edinburgh and non pay spend stops as the beds close. Ward 120 was commissioned by the IJB as a result of the planned closure of beds in Liberton Hospital. As such it is delegated in full and forms part of the Edinburgh IJB set aside budget.

30. Of the £1.5m ward budget; £1.3m is the approximate Edinburgh share. This is because the acute division invested additional monies from non delegated services to bolster nursing levels in line with other wards on the Royal Infirmary site.
31. Work is ongoing around ward 120 and the redirection of IJB resources in response to the bed closures. At present the only commitment is to introduce discharge to assess in the south of the city at a cost of £0.4m. As plans are finalised an update will be brought to the IJB for consideration.

## Implications for Directions

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32. The direction attached as appendix to this report reflects the transfer of funding from set aside services to support investment in the home first model.

## Equalities implications

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33. As above.

## Sustainability implications

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34. As above.

## Involving people

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35. With regard to the involving people core group meetings have been set up on both acute sites to involve discussion around future planning around the reduction of beds.

## Impact on plans of other parties

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36. There is a risk associated to the acute sites if the Partnership cannot deliver these new pathways at a pace as it will impact on whole system flow. Currently the volume is high associated with hospital attendances.
37. There is risk associated to the Partnership if the resource is not transferred as it will limit Edinburgh's ability to deliver the Home First model.
38. There is a considerable risk to the delivery of NHS Lothian's Hospitals Plan if there is delay to the establishment of the Major Trauma Centre at RIE and the refurbishment of the Edinburgh Cancer Centre. These would have regional and national implications.

## Report author

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## Appendices

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<b>Appendix 1</b>	Draft direction
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**DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD**

Reference number	TBC		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	TBC		
Services / functions covered	Home First		
Full text of direction	NHS Lothian has a requirement to re-provide Haematology services at the Western General Hospital and as a result it will reduce Medicine of the Elderly beds by 26 beds in ward 71 in the Royal Victoria Building. The resultant reduction in beds and funding release from this set aside service will resource and expand the Edinburgh Health and Social Care Partnership's Home First team. The balance of funding released to be held in the IJB's reserve.		
Direction to	NHS Lothian		
Link to relevant EIJB report / reports			
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/20	£0.9m	£0.0m
	2020/21	£0.6m	£0.0m
	2021/22	£0.6m	£0.0m
Performance measures	Ward 71 closed.		

	Acute bed numbers sustained. Hospital at home team recruited. 80-100 discharges per week city wide to support assessment at home.
Date direction will be reviewed	April 2020