



## **Home First integration with Derbyshire Community Healthcare Service**

### **SUMMARY**

- 1.1 The NHS [Five Year Forward View](#), published in October 2014, considered the progress made in improving health and care services in recent years and the challenges that the system faced leading up to 2020/21.
- 1.2 One of the consequences was that the NHS is required to produce a five year Sustainability and Transformation Plan (STP) which is place-based and should drive a new vision for the future of Health and Care services. Underpinning the STP is an assumption that integrating service delivery around patients should be implemented wherever relevant business plans drive this type of collaboration.
- 1.3 The Council's Cabinet previously received a report in August 2016 reporting that as a first step to embodying this type of transformation and collaboration, the Council's Home First Service was working towards becoming more operationally integrated with Derbyshire Community Healthcare Service, focusing this work around the response to the pressures on Royal Derby Hospital and other acute care providers. It was agreed that this should be explored and consultation should take place with key stakeholders.
- 1.4 This report provides a progress update on this work to the Health & WellBeing Board given the link to the wider transformation with the health and social care economy locally.

### **RECOMMENDATIONS**

- 2.1 To note the ongoing engagement and development that is taking place around a shared response from the Council and DCHS to the pressures faced in acute hospital care. This has been focused around the development of a model known as "discharge to assess".
- 2.2 To note the challenges that the delivery of the Derby City and Derbyshire Sustainability and Transformation Plan (STP) has encountered, and that this has impacted on NHS organisations' ability to respond to transformational change.
- 2.3 To note the revised timelines for the work associated around developing a business case for an integrated delivery model for intermediate care services.

## REASONS FOR RECOMMENDATION

- 3.1 The report provides an update on the steps being made to develop joint working that has the potential to lead to fully integrated service delivery between health and social care. It is important that the Health & Wellbeing Board have an opportunity to comment on developments of this nature, in light of the emerging STP, and given its role in overseeing the Better Care Fund. The general fund budget for Home First is currently £2.1m, of which £1.89m is funded by the NHS through the Better Care Fund.

## SUPPORTING INFORMATION

- 4.1 The Government has confirmed its continued commitment to STPs and expectation that the 44 footprints progress their STPs - as demonstrated within the recent Spring Budget with the promise of £325m of new capital funding to support the “strongest” STPs. A final version of the Derbyshire STP – Joined Up Care Derbyshire was submitted in late October 2016
- 4.2 The funds hoped to have been released locally to invest in the new models of delivery proposed in the plan are now committed. The plans set out in the STP will, however, be progressed, but their delivery is being re- phased accordingly. In the meanwhile, existing activity that would contribute to the delivery of the STP has progressed where possible – including any integration opportunities between health and social care.
- 4.3 Home First is the Council’s own domiciliary and residential rehabilitation care and support service that is focused on preventing hospital admissions, enabling people to remain at home for longer and assisting people to leave hospital at the earliest point following a medical episode. Home First is aligned to community based NHS services such as therapy and district nursing and forms a key element of Derby’s acute care pathway. Home First and DCHS working together have the potential to move forward with the overall integration agenda and in delivering joined up care for local people. Home First employs approximately one hundred staff. It operates as a demand management service which supports the health, wellbeing and independence of vulnerable adults while helping the Council deliver its budget strategy to reduce dependence on long term social care services.
- 4.4 In August 2016, the Council’s Cabinet received a report outlining steps being taken to integrate the DCHS and Home First response to someone being discharged from hospital in Derby. This is because many of the patients being discharged and in need of care and support, also have health needs that are typically met by DCHS community therapists and nurses. Working closely with DCHS, there is a proposed service model for an integrated service aimed at people at risk of hospital admission, or needing support to be discharged from hospital. Council community care workers are now well established in the telephone triage service where GPs and other health professionals make contact for advice or for a referral of a patient. Council and DCHS staff assist with triage and this helps to free capacity in the community by reviewing the level of support being provided, and ending packages of care that are no longer needed. Both teams attend multi-disciplinary team meetings to discuss care planning for individual patients, and patient stories are being collected to provide qualitative evidence of the outcomes being achieved.

Work is also taking place within the Royal Derby Hospital, whereby staff from the Council and DCHS engage with hospital staff proactively to get involved in hospital

discharges as early as possible. Teams are co located, and plans are being explored to align DCHS and Council staff further with acute teams positioned within A&E as a means of preventing admissions in the first place.

**“Achieving Change” restructure process** - Steps have been taken in 2016 to modernise the Home First service, supported by financial modelling to demonstrate where support efficiencies in the wider care system can be achieved following a Home First’s intervention. Savings are anticipated to come from delaying or reducing the cost of care packages, as a result of a more effective joined up health and social care offer. There will be significant changes to the structure of the current Home First and Perth House teams to create one, efficient, mobile working team enabling changes to the way we are working and delivering our service. The new service will provide cover from 7am to 11.00pm over 7 days in the Community and overnight at the Assessment Hub. This will include admissions, discharges and delivering the community service across the City - registered with CQC as a single service. There will be staged implementation of the new staff structure from 10<sup>th</sup> April, 2017 to allow for a period of adjustment and training. Subject to successful recruitment to vacant posts and access to IT, the full team should be operational from the end of June 2017.

DCHS are also in the process of restructuring their intermediate care services in Derby City, again aiming to maximise their capacity and achieve efficiencies as best as they can.

- 4.5 **Discharge to Assess** – since the integration plans were conceived between DCHS and the City Council, local acute trusts have been mandated by NHSE to establish A&E Delivery Boards with the intention of improving the 4 hour A&E target using 5 specific interventions. One of these is “Discharge to Assess” whereby patients whom are safe to be discharged are transferred home, or to other non acute settings for a period of continuing assessment of their functional abilities and support needs. The intention is that a multi professional assessment takes place as close to home as possible, and that the patients are enabled to regain as much as their pre-admission independence as possible. This work has closely mapped onto the pre-existing integration plans, requiring the same staff to get involved in the development of the Discharge to Assess protocols, pathways and the emerging operating model.
- 4.6 **Current position** - Given that the STP plans are being re-phased, and given the priority that NHSE have mandated is given to the development of “Discharge to Assess”, it has been decided by the Council and DCHS that the detailed work on the outline business case for integration have therefore been put on hold. This is to enable the Discharge to Assess service model to become embedded, and also to ensure that key staff that would be involved in both pieces of work are not overstretched. Both organisations have therefore committed to review the position in *October 2017*.
- 4.7 Staff affected services are being kept up to date of developments, as are union bodies supporting the respective staff teams and individuals.

## OTHER OPTIONS CONSIDERED

5.1 None applicable.

This report has been approved by the following officers:

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	Olu Idowu, Head of Legal Alison Parkin, head of Finance Liz Moore, HR Business Partner n/a Kirsty Everson, Service Director for Integration & Direct Services
<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	<b>Kirsty Everson, Service Director for Integration &amp; Direct Services</b> <b>None</b> <b>Appendix 1 Implications</b>

<b>IMPLICATIONS</b>
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**Financial and Value for Money**

- 1.1 There is a requirement in the STP planning guidance to return the system to aggregate financial balance in 2016/17. There is an estimated £243m NHS funding gap over the next five years across Derbyshire. The Council has a saving target of £843k from the interventions that Home First offers in 2017/18.

**Legal**

- 2.1 None arising directly from this report

**Personnel**

- 3.1 Home First staff will continue to be consulted about working differently with health colleagues and being part of integrated teams, with line management changes for the service. Any potential proposals about the transfer of staff from or to the Council under TUPE regulations shall be the subject of a further report to the Council's Cabinet and also to the DCSH Board.

**IT**

- 4.1 None arising directly from this report.

**Equalities Impact**

- 5.1 One of the three key challenges in the STP is to close the health and wellbeing gap. We intend to do an equality impact assessment of the STP before it is finalised, using members of Derby Diversity Forum, many of them who are users of health services as customers or carers.

**Health and Safety**

- 6.1 None arising directly from this report.

**Environmental Sustainability**

- 7.1 None arising directly from this report.

**Property and Asset Management**

- 8.1 None arising directly from this report.

**Risk Management**

- 9.1 None arising directly from this report.

**Corporate objectives and priorities for change**

- 10.1 The STP will support the Council's priority to keep people healthy, safe and independent for as long as possible. Integration of health and care services is a national requirement.