

Meeting date: 7 March 2023

Report to: Health and Adult Social Care Scrutiny Board

Report title: Solihull Home First

Report from: Lizzie Edwards, Assistant Director: Service Delivery, Adult Social Care, Solihull Metropolitan Borough Council

Karen Murphy, Assistant Director for Strategic Commissioning and Partnerships, Adult Social Care, Solihull Metropolitan Borough Council

Andrew McKirgan, Chief Officer, Out of Hospital Services, University Hospitals Birmingham

Alan Butler, Associate Director of Delivery and Development, Birmingham and Solihull Integrated Care Board

Report author/lead contact officer: Lizzie Edwards
Lizzie.Edwards@solihull.gov.uk

Wards affected:

- All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood | Dorridge/Hockley Heath | Elmdon | Kingshurst/Fordbridge | Knowle | Lyndon | Meriden | Olton | Shirley East | Shirley South | Shirley West | Silhill | Smith's Wood | St Alphege
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Public/private report: Public

1. Executive Summary

- 1.1 The national 'Hospital Discharge and Community Support Guidance' (2022) outlines how NHS bodies and local authorities should plan and deliver hospital discharge and recovery services from acute and community hospitals. The Guidance reiterates the importance of adopting a 'home first' approach to ensure that individuals being discharged from hospital are supported to return home (to their usual place of residence) wherever possible.
- 1.2 This report updates the Health and Adult Social Care Scrutiny Board on Solihull Home First progress achieved to date and next steps. It also provides an opportunity for

Scrutiny Board members to comment on this.

2. Decision(s) Recommended

- 2.1 The Health and Adult Social Care Scrutiny Board are asked to provide comment on Solihull Home First progress to date and the next steps as outlined in this report.

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3. Matters for Consideration

- 3.1 Across health and social care, a 'Home First' approach is used for hospital discharge, to enable individuals who are being discharged with care needs to return home wherever possible. Some individuals do, however, need the support of a care home.
- 3.2 Care at home services, such as care staff to enable someone to wash and dress following discharge from hospital, are known as Pathway 1 services. In Solihull, this is the 'Home Discharge Service' provided by Nationwide care agency. We also have a rapid response service, frailty virtual ward and community therapy to support admissions avoidance.
- 3.3 Short-term care home support for people being discharged from hospital are known as Pathway 2 services- these are delivered by several independent care homes in Solihull, with physiotherapy and Occupational Therapy to support people to regain their skills and confidence. A small number of individuals require long-term care in a care home following discharge from hospital as reablement support is not appropriate- this is known as Pathway 3 services.
- 3.4 A system diagnostic of hospital discharges and our Solihull Home First approach to determine what works well and where further developments are needed concluded Spring 2022. This diagnostic reviewed case files, system performance, and findings from a series of surveys and focus groups.
- 3.5 Key findings from the diagnostic were as follows:
 - 3.5.1 Health and social care work well together well as a system, with strong relationships and a positive energy for change.
 - 3.5.2 There are supportive managers who enable staff to be part of the journey for change.
 - 3.5.3 This is a fast-moving area and communication with front line staff was identified as effective, with 98% of staff identifying that they hear about changes straight away from their manager.
 - 3.5.4 We were performing higher than expected on the proportion of people returning home from hospital, rather than going to a care home. Current performance data shows that we are still performing well in terms of people being discharged to their usual home- 3% of all hospital discharges from University Hospitals Birmingham are going to a P2 or P3 care home, compared to the maximum of 5% of discharges outlined in the National Hospital Discharge and Community Support Guidance (2022).
 - 3.5.5 An urgent community response service for people who have fallen could prevent some hospital admissions.
 - 3.5.6 More people could benefit from reablement support at home, including access to Physiotherapy and Occupational Therapy.
- 3.6 Since the diagnostic, we have continued to develop services for people being

discharged from hospital, including:

- 3.6.1 Developing the 2-hour urgent community response service to support individuals who would otherwise require an ambulance service response and potentially conveyance to hospital. This includes individuals who have fallen.
- 3.6.2 We have further developed our Early Response Service, which is an admissions avoidance service provided by Universal Care Services. We have increased access hours and routes into this service from health settings.
- 3.6.3 Commissioned a settle in service to support people being discharged from hospital with practicalities such as shopping and turning the heating on.
- 3.6.4 Utilised the Better Care Fund national hospital discharge funding to enhance hospital discharge pathways and Social Work capacity.

4. What options have been considered and what is the evidence telling us about them?

- 4.1 Solihull Metropolitan Borough Council's Business Improvement Team are now supporting the system with identifying options for further developing Solihull Home First, including:
 - 4.1.1 Community and Discharge Reablement – focussing on improving rehabilitation and enablement services that support Solihull residents in the community, preventing Emergency Department attendance, acute admissions as well as providing a service that enables individuals to achieve optimum independence post-discharge, with a focus on P1 Pathway. We have been capturing learning from the Home Discharge Service and the Early Response Service pilots and are in the process of finalising the details for tendering for these services. This will open up access to reablement for more Solihull residents.
 - 4.1.2 Working towards a single transfer of care team approach across Birmingham and Solihull to ensure that hospital discharge capacity is maximised. Support to organise longer-term care where needed will continue to be facilitated at place level. This includes a more joined up health and social care Pathway 1 offer to simplify things for Solihull residents and professionals.
 - 4.1.3 Developing a shared IT system specifically for hospital discharge to enable health and social care staff to work together to support individuals to return home as soon as possible and to regain their independence.
 - 4.1.4 Further developing our multi-disciplinary approach for people receiving Pathway 2 discharge services, including working towards health and social care staff being co-located.
- 4.2 Scoping potential options for a system-led intermediate care Pathway 2 facility.

5. Reasons for recommending preferred option

- 5.1 The next steps outlined above will enable the Solihull Home First approach to be further developed and ensure that individuals are supported to return home from

hospital, as early as possible.

6. Implications and Considerations

6.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

| Priority: | Contribution: |
|---|--|
| <p>People and Communities:</p> <ol style="list-style-type: none"> 1. Improving outcomes for children and young people in Solihull. 2. Good quality, responsive, and dignified care and support for Adults in Solihull when they need it. 3. Take action to improve life chances and health outcomes in our most disadvantaged communities. 4. Enable communities to thrive. | <p>As outlined above, Solihull Home First services enable people to be discharged home from hospital, wherever possible, and to regain their independence.</p> |
| <p>Economy:</p> <ol style="list-style-type: none"> 5. Develop and promote the borough's economy, with a focus on revitalising our town and local centres. 6. Maximising the opportunities of UK Central and HS2. 7. Increase the supply of affordable and social housing that is environmentally sustainable. | <p>There are significant numbers of jobs locally in care services, and it will be an area of economic growth in coming years.</p> |
| <p>Environment:</p> <ol style="list-style-type: none"> 8. Enhance our natural environment, improve air quality and reduce net carbon emissions. | <p>Environmental sustainability is an Adult Social Care Directorate enabling priority and all plans outlined above will take this into account.</p> |
| <ol style="list-style-type: none"> 9. Promote employee wellbeing | <p>NA</p> |

6.2 Consultation and Scrutiny:

6.2.1 Views of Solihull residents and key partners have been sought through the diagnostic references above. Consultation exercises have been or will be completed where required for all associated individual decisions and changes.

6.3 Financial implications:

6.3.1 Not as a result of this report- financial implications will be considered for all associated

individual decisions and changes.

6.4 Legal implications:

6.4.1 Not as a result of this report- legal implications will be considered for all associated individual decisions and changes.

6.5 Risk implications, including Risk Appetite:

6.5.1 Risks are recorded and mitigated in line with corporate processes and there are no changes to this proposed as a result of this report.

6.6 Equality implications:

6.6.1 Equality, diversity and inclusion is a Directorate priority, and a Directorate Equality, Diversity and Inclusion Plan is in place. The Directorate Plan embraces the Council's published Equal Opportunities Policy Statement and Equality Objectives. These both provide a commitment to the important task of paying due regard to how the Council will work to eliminate discrimination; advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not.

6.6.2 Fair treatment assessments will be completed for individual decisions and changes as part of the work to determine those changes.

6.7 Linkages to our work with the West Midlands Combined Authority (WMCA), Local Enterprise Partnership or the Birmingham & Solihull Integrated Care System (ICS):

6.7.1 There is also a Birmingham and Solihull Intermediate Care Board that focuses on improvements across the ICS footprint and links to the work undertaken at place as outlined in this report.

7. List of appendices referred to

7.1 NA

8. Background papers used to compile this report

8.1 NA

9. List of Other Relevant Documents

9.1 NA