Home First Engagement – Initial Feedback Report

1. Executive Summary

In December 2017 the accountable officers for health and social care organisations in North Yorkshire and York agreed to undertake an engagement exercise that would begin a conversation with local people about Home First.

Three objectives were agreed for the exercise:

1. to raise awareness of Home First amongst key stakeholders
2. to ask for their views on how Home First could work in practice, and
3. to seek feedback on how best to talk to communicate with patients, relatives and carers about Home First.

Over a six month period, discussions were held with a range of community groups and networks across the Trust catchment population. In total, over 400 people took part in these discussions, 100 questionnaires were received, and 172 comments were recorded.

This report summarises the initial findings from this exercise, outlining the engagement work to date and the key themes that emerged during the discussions. It also suggests a number of next steps to take this work forward to the next stage.

2. Background

The accountable officers for the health and social care partner organisations in North Yorkshire and York recognised the need for a system-wide, large-scale engagement exercise to understand the experience of people who have been in hospital and to help patients, relatives and carers to understand the concept of Home First and discuss how this could work in relation to their care.

There are several local and national drivers for this, and we have gained some understanding of the current situation in North Yorkshire and York and this establishes the starting point for this engagement work.

These include:

- National move towards out of hospital care and reduced reliance on inpatient bed capacity;
- Local strategies for out of hospital care;
- Bed audit findings/stranded patient reviews;
- National initiatives (#Red2Green, #endPJ paralysis, #Last 1,000 days);
- Stakeholder workshops (with partner organisations);
- Focus groups.

In partnership with a number of communication and engagement leads across the local system it was agreed to work with existing groups and networks where there are already established relationships.

A discussion also took place with the Chairs and Scrutiny Officers of the York Health, Housing and Adult Social Care Policy and Scrutiny Committee and the North Yorkshire Scrutiny of Health Committee at the outset of the engagement work. The purpose of this was to inform them of the approach being taken and to understand their expectations around reporting and any further involvement. Both committee chairs were comfortable with the proposed approach and we have committed to sharing a report of our findings once finalised.

3. Engagement objectives

Three objectives were agreed for the exercise:

Objective 1: Increase awareness of Home First, and the evidence that supports it (deconditioning, the impact of harm caused to patients by extended stays in hospital) amongst key stakeholders, including patients and their families;

Objective 2: Gather feedback from patients and relatives about how a Home First approach could work;

Objective 3: Gain insights from patients, relatives and others as to how and when to communicate Home First during a patient's episode of care.

4. Overview of engagement activities

Since January 2018, we attended a range of meetings of stakeholder groups and networks, speaking to over 400 people about Home First.

These include:

- Healthwatch Assemblies
- Carers' Advisory Group (York)
- York Carers' Centre
- Scarborough Older People's Forum
- Ryedale Older People's Forum
- York Older People's Assembly
- York CVS forums (including Ageing Well, Voluntary Sector, Mental Health, Community Voices)
- GP practice patient participation groups (Haxby Group practices, Scarborough Practices, and Selby)
- Foundation Trust Council of Governors
- Ryedale U3A (University of the Third Age)

Depending on the format of the meetings, a presentation was given or a discussion was facilitated. Those attending were asked for their feedback and this was captured during the session.

A short questionnaire was also given out at each meeting. Around a quarter of those we spoke to (100 people) returned questionnaires, and a large amount of qualitative information was gathered from the sessions, including the questions asked and notes made during the discussions.

The questionnaire was also made available electronically, along with a brief article about Home First that could be shared in newsletters. This was sent to Foundation Trust members as well as contacts in the community who were able to share it via their various channels. A very small number of these were returned, which suggests that the information is best captured when people were given the chance to give their feedback there and then. The return rate dropped off significantly once people were able to take the form away and return it later.

As well as featuring as a formal agenda item at these meetings, these discussions also triggered a number of conversations through less formalised sessions.

5. Headline feedback

The first objective of this engagement work was to increase awareness of Home First.
By going out and talking to the various groups we hoped to raise awareness of the evidence that supports a Home First approach. To assess this, we asked two questions:

Q.1. Before the session today, how much did you know about this subject?
(Choose between 1 and 10, where 1 is 'I knew nothing about the subject' and 10 is 'I knew a lot about the subject').

Q.2. After hearing the session today, how much do you feel you now know about this subject?
(Choose between 1 and 10, where 1 is 'I know nothing about the subject' and 10 is 'I know a lot about the subject').

The average response for question 1 was a score of between 3 and 4 (mean score = 3.68). The average response for question 2 was a score of between 6 and 7 (mean score = 6.52). This indicates that by presenting the information to people, involving them in a discussion and asking them to share their experiences and feedback of using our services, we were able to increase awareness of Home First amongst these key stakeholders.

Objectives 2 and 3 were to gather feedback about how Home First could work, and how and when it could be best communicated. As well as gathering general feedback from the discussions at the sessions, we asked two further questions on the questionnaire:

Q. 3. Now that you have heard about Home First, and given your experience, how could we make Home First work in practice?

Q. 4. How could we explain to people about why Home First is important to people in hospital, their families and their carers?

These were open questions, and 172 comments and suggestions were received in total.

The groups we spoke to were supportive of the principles of Home First.

"Most people would rather live in their own homes as long as possible so wouldn't need much convincing."

"Most would want to go home. I would feel better as soon as I went through my own front door."

"I think we would all agree that hospital beds should only be occupied by people needing hands on nursing and medical supervision."

Where concerns were voiced, they were not about the approach, but rather about capacity, suitable assessment, availability of funding and staff. People were concerned about fail safes and backstops - what if something goes wrong or there is an emergency?

"However people need to be confident that there will be sufficient support at home, not just 'left'. We often hear about people getting home and not knowing when follow up appointments are, who's coming in, who to contact if it not working."

People also wanted assurance that those receiving home-based care are not disadvantaged by not being in hospital, for example are their nutritional needs being met in the same way?

"Simple things like food and time spent with patients is important."

6. How can we make Home First work?

The responses on how we can make Home First work in practice fell into seven main themes:

6.1. The need to involve carers/families in decision making

This was thought be important by members of the groups we spoke to. Giving carers the opportunity to have an input is something that it was felt may make the transition to home easier.

"Talk to the family/carers in plenty of time - what can/can't they do - what support will they need as well as the patient. Work together, for example involve them in meeting planning."

"Families need to be involved in their loved ones care and decision making."

6.2. Communication - both with patients and carers and between professionals

Being clear about what is happening next when people leave hospital was felt to be key to allaying concerns and helping people understand what is happening and why. Comments were also made in relation to improving communication between different parts of the system.

6.3. The importance of recognising and assessing patients' individual needs and circumstances

There was a clear desire amongst patients that they want to receive care that is personal to them, and to be treated as an individual. They did not want their preferences to become 'lost' when they go home.

6.4. Pre-planning as early as possible for what will happen when someone leaves hospital - particularly if their admission was planned

There were some examples that were fed back of when people have gone into hospital for a planned procedure and felt that planning for what happens when they go home could have been better.

6.5. The need for joined-up working

There was a clear call for working together, integration, and sharing resources and information. There was also recognition of the important role the third sector plays in this sort of care.

"Ever closer cooperation between NHS hospital care and local authority care system."

"Closer liaison between hospitals and care providers should ensure care needs after leaving hospital are not overlooked."

"Ensure all agencies work together and do not bounce patients and their carer round the system."

6.6. Recognition of the impact on families and carers

There was discussion of the potential risk of over-reliance on carers and families, but also recognition of the invaluable work they do and how it can often be unacknowledged or unaccounted for. They are a source of knowledge and should be involved in discussions and decisions about care, along with the patient.

6.7. The issue of social isolation

It was clear from the feedback and in talking to the groups we attended that loneliness and social isolation are considered to be significant problems and a real potential barrier to people being comfortable with a Home First approach. However, it was also clear that the overwhelming

majority of people we spoke to agreed with the approach and believed that most people would rather be at home than hospital.

“Not everybody is lucky enough to have relatives or good friends who could respond.”

7. How might we communicate?

There were also a number of clear themes in the responses to how best to communicate with patients, families and carers, how best to get the message across, and what that message might be.

7.1. Be clear about the rationale:

On several occasions people said that we need to be clear that this is not about closing beds or hospitals, or indeed saving money or cutting services.

“You’d need to dispel cynicism that this is just about increasing throughput to save money.”

7.2. Be clear about what Home First is (and isn’t)

A large number of the responses suggest a gap in understanding as to what Home First might be. Comments such as *“not everyone has a family capable of looking after a sick person. I live on my own, my daughter is 200 miles away”* and *“presumably this isn't just for people who live alone - so carers/families need to know about reablement/physio - how to support the person - so they don't just ‘do it for them’”* could suggest that people think the intention is to remove or reduce care someone might have received if they had staying in hospital, or to expect friends or family members to take this on.

This suggests that Home First should be explained in a way that helps people to understand that it is about rehabilitation, recovery, and avoiding harm, rather than long term care or nursing needs. It is not about replacing the care given by professionals with family or volunteers, we are re-providing this in people’s homes, using the appropriate staff.

7.3. The evidence is an important tool

People fed back that the evidence and data presented regarding harm caused is compelling and should be used to help explain why people should not remain in hospital longer than necessary.

7.4. Changing the culture amongst staff

Another key theme was around making sure staff understand and support Home First, as they are a key conduit for information and a trusted source. This should not just include hospital staff, but GPs and other health and social care professionals.

"A bit of a culture change across staff within health as a whole, to emphasise the risks inappropriate hospital use can raise."

"[Communicate] through the people that are going to be on the front line."

7.5. What sort of materials could be useful?

People suggested some practical approaches to getting the message across, with many people favouring literature and leaflets, preferably to be given whilst in hospital. Using the media, and potentially 'real life' case studies, was another recurring theme, along with the development of a campaign, with the phrase 'use it or lose it' being mentioned on more than one occasion.

8. Recommended next steps

The recommended next steps following the review are:

1. Present the results to the commissioning health and social care organisations;
2. Present the results to the City of York Overview and Scrutiny Committee and share with the chair of the North Yorkshire committee;
3. Work with partner organisations to develop suggested responses to the themes identified (either ongoing work or new developments);
4. Carry out the second phase of the engagement exercise to present the results and suggested responses back to a range of stakeholder groups, this will include challenging groups as to what they can do to address the issues raised.