

Fife Health  
& Social Care  
Partnership



NHS  
Fife

Home First



# There's no place like home

**Home First Consultation**

**Overall Feedback Report**

**Author: Clare Rogers**

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## 1.0 Introduction

Like many other parts of the country, delayed discharge remains an issue in Fife and means patients are often required to remain in hospital for a period of time after they are medically fit for discharge. This is not in the best interest of the patients involved and adds to the significant pressures on hospital beds during periods of peak demand, and detrimentally affects patient flow through the health and social care system.

The Home First Strategy is being developed in Fife with the aim of transforming the discharge process. This Strategy is being led by the Fife Health and Social Care Partnership with the support of NHS Fife, Fife Council and local partner agencies.

Our vision is that: *"Everyone in Fife is able to live longer, healthier lives at home, or in a homely setting."*

A key objective is to have a single point of access in the community across Fife's seven locality areas.

The Strategy will guide change projects that:

- Improve integration between NHS Fife, Fife Council and the Health and Social Care Partnership Services, to ensure the flow of patients from a hospital environment to a homely setting is safe, faster, with the person at the centre of all decisions
- Help prevent hospital admissions by anticipating need and supporting self-management
- Ensures data will lead the planning and commission of services

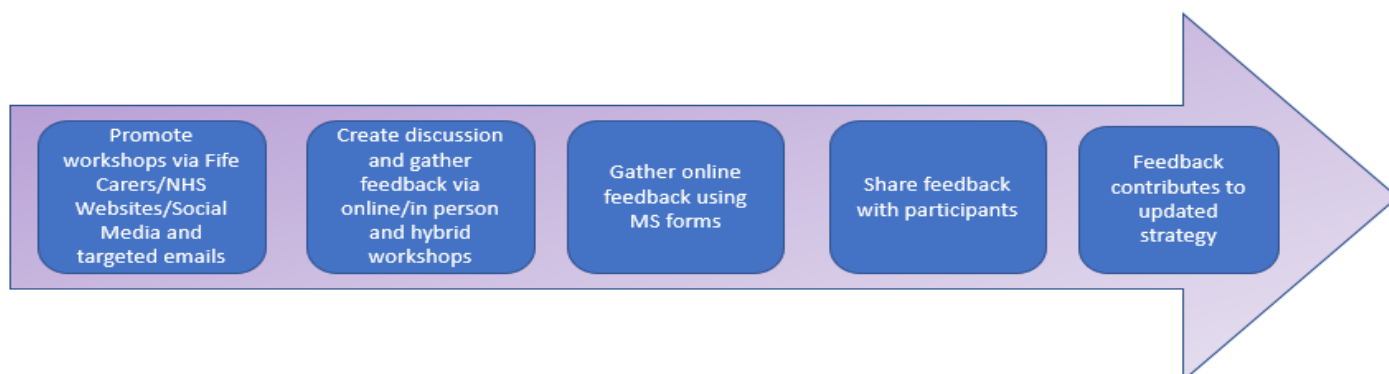
As the new Home First Strategy is being developed, the views and experiences of those involved in the discharge process are essential to helping us get things right.

We wanted to hear the views of stakeholders on how we should look to redesign the system that is fit to meet the needs of people both now and in the future, while ensuring that patients remain at the centre of everything we do.

A total of fourteen stakeholder events took place between August 2022 through to September 2022. Feedback from these workshops has been collated and analysed and individual reports have been produced for each stakeholder group. All stakeholder groups were also invited to provide additional feedback using an online MS Forms which was also collated and produced into a report. These reports can be accessed from Appendix 1.

The findings in this report brings together feedback from all stakeholders using information gathered from workshops and from online responses. This report will provide an overall response considering the views of all stakeholder groups.

## 2.0 The Engagement Approach



Fife Health and Social Care Partnership Participation and Engagement team have completed the collection of feedback from both in-person workshops and online workshops. A total of fourteen workshops took place from 11<sup>th</sup> August 2022 through 28<sup>th</sup> September 2022. The purpose of the workshops was to seek stakeholders' views on the proposed Home First Vision and gain feedback for contribution to the draft Home First Strategy. The workshops focussed on four discussion points/questions to gather views and feedback.

- What do you like about the vision?
- What might be some of the challenges and what could we do to overcome these?
- Based on discussion so far what do you think the biggest change would be for you?
- Have we missed anything?

Members of the public were invited to attend the workshops through:

- Fife Carers Centre – a funded organisation that offers support to unpaid adult carers

Other participants groups invited to attend included:

- Extended Leadership Team – Fife Health and Social Care Partnership
- Advocacy Groups via Fife Advocacy Forum
- Fife wide Clinical Quality Leads GP Group
- Staff from Fife Health and Social Care Partnership, NHS and Fife Council
- Third Sector Health and Social Care Interface
- Independent Care Sector
- Fife Care Provider
- Pharmacy colleagues
- ICASS Staff

An [online feedback form](#) with integrated video and presentation was distributed to those who were unable to attend workshops but who still wished to provide feedback.

The workshops were promoted via Fife Carers Websites, SWAY, NHS website, targeted emails and on social media via Facebook on Fife Health and Social Care Partnership's page. The Participation and Engagement Team used MS Teams as the tool to host online workshops.

During online workshops views were gathered by use of MS chat box and notes were taken from general discussions based around set questions. Breakout rooms were used to keep groups small enough to give everyone the opportunity to share their views and discussions were guided by facilitators. Views were gathered at in person workshops using scribes and facilitators who generated discussion, with participants given the opportunity to record their views on sticky notes and posters throughout each session. When adopting the hybrid approach both methods described were used to gather feedback from participants.

The feedback included within this report has been collated from all workshops and online MS forms that were submitted.

Participants were from a variety of backgrounds ensuring a diverse range of views were gathered.

## 2.1 Engagement Objectives

As with any participation and engagement exercise, the objectives of this engagement were to:

- To seek views from all stakeholder groups on the proposed Home First Vision
- Ensure there is alignment with the vision strategy and development from all key stakeholder groups including;
  - Carers / People experienced in the Hospital Discharge Process
  - All partners across NHS Fife, Fife Council Housing Services,
  - All relevant staff teams across Fife HSCP (Health & Social Care Partnership) including GP's and Pharmacy
  - Third Sector Representatives
  - Independent Sector
- To have agreement across all stakeholder groups on the proposal for Single Points of Access (SPOA) in all Fife localities

The workshops with carers also provided this stakeholder group to discuss their own personal journeys and to have their voices heard. This can be found through accessing the Carers reports which are linked in Appendix 1.

### 3.0 Feedback from stakeholder groups

Following each workshop, feedback was collated from the different stakeholder groups and a report was produced with the key findings. This was also done for the online responses received.

#### 3.1 What do stakeholders like about the vision?

From the feedback collated within all stakeholder group feedback reports, these can be accessed from Appendix 1, it can be agreed that all stakeholders are aligned with the Home First vision. This meets the engagement objective to ensure stakeholders agree with the vision and that there is alignment with the vision proposal.

There were some key themes that recurred during discussions in all workshops and from the online MS Forms. These are listed below;

- Home is the right place to be
  - We should be enabling people to get home where we can
  - Delayed discharges should be prevented
  - Person-centred care and support should be our focus
- The vision has a person-centred focus
  - The focus is on the patient and their family and their needs – this is what it should be and what we should be working towards
  - Making the person's journey smoother should be a priority
  - Offering person-centred/tailored care will improve people's health
- IT systems that will work with one another
  - Ensure those who need to access to notes can do so without having to call various people across what is meant to be an integrated system
  - Will avoid the same story being told multiple times
- Streamlining services
  - No longer working in silos
  - Holistic view and approach is positive and how we should work
  - Overall improved communication across services
  - Improved access to information – knowing where to go
  - Having clearer pathways to referrals

Although the stakeholder groups mostly agreed, some key points were raised by each group. These are outlined below.

##### 3.1.1 Carers Feedback

Carers felt the vision is great, ambitious and offers a clear process with a coordinated approach. It was agreed that this streamlined approach would require the proper resources and ensuring those resources are valued is key. Carers felt recognition of the staff who carry out the jobs at the moment should be acknowledged in what a fantastic job they are doing.

### 3.1.2 Third Sector/Voluntary Organisations Feedback

Feedback from Third and Voluntary Sector/Organisations agreed with the vision and welcomed the shift from institutional models of care. They felt this would offer better choice over support.

Further to this it was agreed that patients need to have family support around them and in their own environment and so the Home First vision would enable this and support a smoother discharge process.

Third Sector representatives asked that when developing the single point of access and multi-disciplinary teams they should be at the table to support as equal partners.

### 3.1.3 Staff Feedback

Staff felt there is too much jargon being used across the vision and language across services must be consistent in moving forward. For example, in the NHS the person is referred to as a patient, but in Health & Social Care they are often referred to as the service-user.

It was recognised that staff are tired and there is low morale due to additional pressures on them. This must be boosted before implementing any changes as it is difficult to think of a “blue sky” at the moment.

All staff agreed that the vision is a great step forward and ambition to work towards however we must address going back to basics first. We should be making better use of the services that are already available for example Telecare and utilising these to their best potential and what resources are available within the third and independent sectors.

The Home First strategy must learn from other areas of what has worked and what has not.

We must also take cognisance of work going on in other parts of the partnership. For example, the Contact Centre, third sector reimagining and community led support.

It will be key to ensure that within the multi-disciplinary teams' pharmacy need to be there at the start to ensure medications are ready for planned discharge dates.

### 3.1.4 Independent Sector Feedback

The independent sector workshops agreed that the vision is excellent and recognised that services are very disjointed, and the vision would support services working together more closely. Shared IT systems, referral forms and referral systems would make the process easier and improve communication across services. It was felt there would be less opportunity for confusion and miscommunication with various emails and phone calls to different people as it is now.

Concerns were raised specifically over recognising the differences between Fife localities, for example transport and connectivity is an issue in North East Fife which may cause issues with the focus of care in the community.

### 3.2 What are some of the challenges that have been identified?

There were various challenges highlighted across the workshop groups which were agreed within all stakeholder groups. All groups agreed that the vision looks good on paper, but concerns were raised how it would work in reality and what implications may come from it. Concerns were also raised over how the Home First Vision will tie in with the National Care Service or what crossovers this may cause. Overall, all stakeholders felt there are some grey areas of the vision that must be addressed before implementation.

The vision will require more staffing resources

- There is already a staffing crisis across care services, where are the extra resources coming from?
- Adequate funding and support will be required to implement the vision
- Similar projects have been introduced but have never materialised
  - Concerns this is another money spending exercise
  - Similar systems have been developed - we need to find out why these didn't work to avoid making the same mistakes
- Supporting staff through a culture change
  - Give staff enough time and support for them to adapt
  - Ensure all staff are trained to the same level so there are no corners cut
- Single Point of Access will benefit staff and the patient and their family
  - Clear pathways for referrals will make the process easier and smoother
  - Less confusion and duplication of services
- Reach out to charities and Third Sector Organisations for their support
- Challenges of Guardianships delaying the discharge process
  - Can this be sped up in line with the Home First vision?
  - The process could be sped up resulting in an improved quality of life

#### 3.2.1 Carers Feedback

Carers agreed there is currently a shortage of care services and facilities in Fife and the impact of wider social problems in the current climate may create bigger impacts and challenges further down the line for the Home First vision.

The culture change of professionals listening to the carers was recognised as a significant change and shift. Carers know the person they care for best and must be listened to moving forward. Services do not only impact the patient but also their family members and this must be taken into consideration.

#### 3.2.2 Third Sector/Advocacy Organisations Feedback

A lot of Third Sector and Voluntary Organisations currently have capacity whereas similar services in NHS Fife and Fife HSCP are struggling. It is key we better communicate moving forward and we all have access to the same services where



possible. This will avoid duplication of services and professionals not knowing exactly what is out there and when to point someone in a certain direction.

There must be good advocacy and support for when people who have a learning disability are in Hospital and in the referral system. Ensuring the individual is involved in the process and ensuring information is accessible in different formats such as easy read will help make things clearer and prevent frustrations. Ensuring advocacy services for those who require them are involved in the assessment and discharge process.

### 3.2.3 Staff Feedback

Staff felt that with the ongoing care crisis, this should be addressed first and then the vision can be built on from there. There is a lot of pressure on workforce as it is, there are challenges around recruitment and filling in gaps, and other agencies which are often more expensive are having to fill in because carers are stretched too thin. We need to reduce the agency staff to allow this change to progress properly and be able to recruit and offer more competitive salaries and incentives.

We need to ensure it is not a “postcode lottery” approach to services and that there is equality across services no matter which locality you live in. The vision needs to be a Fife-wide approach to ensure continuity and consistency of care.

Staff agreed that there should be more information, and financial support if applicable, around Power of Attorney as this can help speed up the discharge process.

### 3.2.4 Independent Sector Feedback

External care providers must be involved with the changes from the start. The streamlining of services, including external providers, will stop multiple assessments being carried out, and having multi-agencies working together to identify gaps of care that can be filled. Working together is key and ensuring we have a comprehensive yet user-friendly system that allows this is crucial.

## 3.3 What will the biggest changes be?

Changes were recognised across all stakeholder groups and the impacts these would have on stakeholder groups and subsequent individual teams. There were key themes which were continuous throughout all workshops which are detailed below.

- Heavier reliance on care in the community and community services
  - Concerns over how communities will cope with this
  - Are community services ready for this especially as we are still coming out of Covid?
- Changes in the process to involve all key services including Housing
  - Ensuring the right houses are given to the right people, i.e., someone who has mobility issues should not be given a top floor flat

- Are changes necessary if we are going to see changes with the NCS in the near future?
  - How will the strategy and its priorities tie-in with NCS?
  - Will we end up repeating efforts and wasting resources now to have to reverse changes in the future in line with a NCS?
- The importance of educating people to be responsible for their own health and wellbeing from an early stage
  - Early intervention will be a crucial step
  - Education will require staff to know where to get resources and support from
- Improved IT systems
  - Better communication between services
- Single Point of Access (SPOA)
  - Knowing which referral route to take
  - Less points of access should mean less miscommunication
- Care coordinator role
  - An improved journey for both staff and the patient

Although the above changes were recognised across all stakeholder groups, there were changes highlighted that would impact stakeholder groups more so than others. These have been noted in the following sections of this report.

### 3.3.1 Carers Feedback

The biggest changes recognised by carers would be having one designated person that will have all the information and be able to coordinate care from this. A huge change would be only being asked for this information once.

Carers liked the idea of the care coordinator role almost being a “one-stop-shop” for support for carers after discharge.

### 3.3.2 Third Sector/Voluntary Organisations Feedback

Emphasis on the value of Third Sector and Voluntary Organisations and public sector services working closely together with these was recognised as the biggest change for this stakeholder group. This stakeholder group felt the Home First vision would create more opportunity for Fife HSCP to engage with and be more interactive with local organisations and groups. This would make the most of resources that are already in place and ready to use than spending money on a service which could be a duplication of something that already exists.

### 3.3.3 Staff Feedback

A change in culture was recognised across all staff stakeholder groups and looking at the management structure to fit into this vision as well as the closure of some services as a result of redeployment.

Difficulties over managing seven localities, each of which have very different needs, but ensuring a Fife-wide approach would be a huge challenge but involving staff and ensuring they have the most up to date information would be crucial.

The vision overall could enable service managers and social workers to have more time to focus on other things which currently take up a lot of operational time.

#### 3.3.4 Independent Sector Feedback

A culture change of feeling more involved throughout the process was highlighted across Independent Sector stakeholder groups. It was felt the Home First vision would provide the opportunity for these stakeholders to feel more heard and that their input is valued.

#### 3.4 What has been missed from the vision?

Most topics raised across all workshops and feedback felt there were some valid and crucial points that had been missed and that must be considered for the implementation of the Home First vision.

Test of change in one locality was raised in almost all stakeholder sessions and during discussions. Stakeholders felt the vision should be trialled in one locality area first before implementing Fife-wide. However, it was highlighted across most groups that ensuring there is a Fife-wide approach is crucial to improve diversity across localities.

Continuing the test of change theme, it was suggested that Fife look into other Local Authority Health and Social Care Partnerships who have implemented a similar, if not the same, vision. Learning from challenges they faced and lessons learned to avoid making the same mistakes could make the process easier for Fife.

Other points that had been missed included involving multi-disciplinary teams at an earlier stage. It was felt this would ensure everyone is ready and prepared to enable hospital discharge efficiently.

Although the care coordinator was mentioned throughout the discussion and presentations, stakeholder groups agreed and felt there was not enough information about this role and how it would be developed at present. Developing this role from existing teams would make sense however concerns over taking this person away from teams that are already struggling for staff and are under pressure were raised. The care coordinator sounds like a great idea, however if this role is made more generic will the expertise and speciality of existing roles be lost. There needs to be upskilling across teams and using staff existing skills to benefit a team where possible. Managers should know the skillset of their team members and use these to their best potential.

Some stakeholder groups also agreed that in previous years elements of the Home First vision had been trialled in certain areas but had never materialised into anything or had failed. For example, introducing a new IT system which did not work. Stakeholders suggested looking into why these attempts did not work previously and

what can be learned from the past. Other stakeholder groups questioned if this is another exercise to spend money and tick a box that will end up wasting both money and resources on an already thinly stretched services.

## 4.0 Conclusions

In line with the overall engagement objective all stakeholder groups are aligned with the vision. It was recognised across stakeholder groups there would be many benefits and improvements to the system with the implementation of the Home First vision and making the hospital discharge process smoother and more efficient.

Having the focus on the patient and services being person-centred was agreed upon across all stakeholder groups as a huge improvement and ensuring services were in place, and communication across services through a shared IT system, would see significant changes and for the better particularly for staff.

The discussion around challenges raised many concerns around the Home First vision. Most stakeholder groups, if not all, felt the vision looks great on paper and the presentation delivered the vision well, however groups did not feel confident in how this vision would look in reality. Thinking about the near future and the National Care Services, stakeholder groups also questioned the cross-over of the Home First vision and if it would clash with some of the priorities of this as well as any other national strategies that will be implemented.

Challenges also raised the importance of ensuring enough support is given to staff when changes are implemented in systems. Ensuring enough time is given to staff to learn new systems and procedures and ensuring all staff are trained to the same level so no corners are cut is crucial for the vision to work. Giving staff the opportunity to be consulted on how the vision will work has been important and makes them feel valued. The change of culture for staff will be significant and adequate support must be taken into consideration.

In terms of challenges, there are other conversations going on within the partnership in relation to transformational change which address the aspiration of “no wrong door” approaches which means better joined up working for those navigating complex systems. No Wrong Door approaches look to explore practical and local solutions in how support services can achieve better joined up working across sectors.

Stakeholder groups also recognised the biggest changes as a result of the Home First vision. The Single Point of Access (SPOA) and knowing where to go and clearer pathways for referrals was seen as a notable change and improvement to the existing system. In addition to this, the care coordinator role would ensure a seamless journey and smoother process for both staff and the patient and their family. Having notes in one place would make the journey more efficient and avoid duplication of work, resources, and “story-telling”.

Furthermore, currently social work services within HSCP have the Social Work Contact Centre, which is a single point of contact for all new requests for involvement of a social work service. The intention is for this to be multi-disciplinary, to improve the quality of triaging. The proposal for single points of access for the Home First model will need to link with transformation of the Social Work Contact Centre so that there is no duplication of role and also consider linkage with the Wells, which are delivered across seven localities.

The change of having a heavier reliance on community services was recognised along with concerns as to whether community services will be able and ready to cope with this. Some concerns were raised over the shifting of patients from acute settings to community settings and therefore having more ill people in the community, i.e., shifting the problem from hospital to community settings.

It was suggested in several of the stakeholder groups that a test of change in one locality areas should be proposed first before implementing the vision Fife-wide. However, ensuring in the long term that all localities work towards a Fife-wide approach to prevent locality inequalities.

To conclude, stakeholder groups agree with the vision and trust the vision will improve the delivery of services not only for the patient and their carers, but also for the staff involved from the beginning through to the care provided after discharge. The SPOA was welcomed as a significant improvement to existing services to make the process easier and smoother for all. However, it was felt that there needs to be more information made available about the care-coordinator role and how this will be developed and whether this will take up resources which are already stretched due to the ongoing staffing and resources issues. Suggestions of a test of change in one locality before making it Fife-wide were raised to have a gradual implementation and enable staff and patients to cope with changes in the system.

## 5.0 Appendix

### 5.1 Appendix 1: All stakeholder reports

Stakeholder Group	Workshop Date	Link
Third Sector	11 <sup>th</sup> August 2022	 11082022 Home First Third Sector W
Operational Staff (1)	22 <sup>nd</sup> August 2022	 22082022 Home First NHS-FC-HSCP S
Operational Staff (2)	23 <sup>rd</sup> August 2022	 23082022 Staff (2) Workshop Feedback
Carers (1)	24 <sup>th</sup> August 2022	 240822 Home First Event Carers Feedba
Fife HSCP Extended Leadership Team	1 <sup>st</sup> September 2022	 01092022 ELT Workshop Feedback
Operational and NHS Acute Staff	5 <sup>th</sup> September 2022	 05092022 Staff (3) & Acute Workshop Fe
Carers (2)	6 <sup>th</sup> September 2022	 06092022 Carers (2) Workshop Feedback
Care Provider Network	13 <sup>th</sup> September 2022	 13092022 Care Provider Forum Fee
Fife GP Cluster Group	14 <sup>th</sup> September 2022	 14092022 GPCQL Workshop Feedback
Independent Care at Home Collaborative Members	15 <sup>th</sup> September 2022	 15092022 CAH Collab Feedback.pd
Independent Sector	20 <sup>th</sup> September 2022	 200922 _independent secto
ICASS Staff	22 <sup>nd</sup> September	 22092022 ICASS Staff.pdf

Advocacy Forum	27 <sup>th</sup> September	 27092022 Advocacy Forum Feedback.pdf
Pharmacy Group	28 <sup>th</sup> September	 28092022 Pharmacy Feedback report.pdf
All Stakeholder – Online Feedback	11 <sup>th</sup> Aug – 30 <sup>th</sup> Sept 2022	 Home First Online Feedback Report.pdf