Hospital at Home Service

Consultation Report

22nd December 2021

Contents

Executive Summary

- This consultation was undertaken to discover stakeholder views about continuing the Hospital at Home service for older people with mental health problems or reverting to hospital-based care provided at Athelon and New Haven wards.
- The consultation opened on 29th September 2021 and closed on 17th December 2021.
- The consultation was supported by a survey and a dedicated webpage which hosted all evaluation information.
- The team were invited to deliver presentations to the Community Engagement Panel, the Jigsaw Mental Health Relative and Carer Group and the Trust Senior Management Team Brief.
- The survey received 71 responses, from a range of patients, carers and staff living and working across the county.
- 93% of respondents agreed or strongly agreed to the proposal to retain the service; 4% neither agreed nor disagreed; 3% disagreed or strongly disagreed.
- Many respondents state that in their view, the benefits of the service pertain to patients, carers and families, staff, other services, and the organisation. Benefits to patients focus on the dignified provision of treatment in the calm, familiar place that is home; ready access to invaluable family and support networks; and how the service works to empower and support patients to manage stressors. Benefits to carers focus on inclusion, empowerment, education, and confidence building. Benefits to staff, other services, and the organisation focus on the specialist care the team can offer this patient group; the speed of case load turnover; the support the service can offer other teams; cost effectiveness; and the avoidance of unnecessary admissions and shorter stays.

- Some respondents express no concern about the prospect of all ward-based care being provided at Newhaven. These respondents cite the fact that the service has been operational for a year with no out of county admissions; that hospital should be seen as a last resort; that Bromsgrove is central with good travel links; that the hospital at home offers a flexible and responsive approach that is also cost effective; and that centralising care is the way forward.

- Concerns about the proposal, and the proposed closure of Athelon Ward, focus on the low/reduced bed numbers in relation to the numbers of older adults living in the county and the fact that this is a growing demographic; the fact that the Hospital at Home service does not provide 24/7 care; the need for equitable services both geographically and in terms of patient age; the impact on carers/carer burden; safety issues; and limitations of the service offer.
  Other concerns raised include staffing issues; that the service is not an alternative to admission for those who need inpatient care; communication issues with patients; the referral process; and how the team works with, and the impact of the service on, other teams.
  A key concern for some respondents pertained to distance issues for patients, families and carers who live in the south of the county if ward based care is focused at Newhaven. The concern here is for elderly partners, possibly disabled or non- car drivers, who would be expected to travel across the county and the impact on them of being unable to do so and on patients who would lose an invaluable source of recovery support whilst in hospital.

- Areas of focus for decision makers include staffing the service; patient and carer needs and views; the extent of the service offer; the impact of bed reductions and the management of this.

Background

The Hospital at Home service is for older people with mental health problems that enables patients requiring treatment and support for an acute mental health problem to be cared for within their own homes. The service offers time limited interventions and support and it works closely with a range of other Trust services.

Operating times for the service are between the hours of 8:00am - 8:30pm, with an aim to respond to referrals within 24 hours.

The service provides mental health care for people aged over 65 years with severe and enduring mental ill health or disorder which includes conditions such as psychosis, bipolar affective disorder, severe depression and personality disorder. The service also works with patients who have a mental illness that is secondary to other physical, organic or neurological conditions. The service was initially set up for older people, who do not have a dementia, but the aim is to extend it to these patients for parity, and work is progressing around this. Service staff work collaboratively with

patients and carers and aim to empower and enable patients and their carers to take an active role in their treatment.

The Hospital at Home service aims to reduce or prevent admissions to inpatient services and facilitate early discharge from a ward. It also provides out of hours or crisis support and seeks to reduce the need for out of area placements. These aims reflect national and local priorities around mental health care.

The service was originally established in response to the Covid-19 pandemic, when efforts were made to keep older people out of hospital as much as possible, so that they were kept safe and could be cared for and treated in familiar environments. This followed the temporary closure of Athelon ward in Worcester, and the ward budget was used to pilot the hospital at home service.

The Hospital at Home service is an additional resource insofar as ward based care continues to be provided for patients who need this at the New Haven site in Bromsgrove. This ward supports older people with mental health problems and those who have dementia separately, but on the same site. Currently some building work is taking place to eliminate dormitories on Trust mental health wards and provide all patients with a private room, and Athelon ward is being utilised to support this work on a temporary basis. However, whilst this work is happening beds for older adults who need ward based mental health care are available at New Haven and will be available at Harvington Ward in the Wyre Forest, should further need arise and until all building work is complete.

Evaluation

The service has undergone extensive evaluation over some time, to understand impact and how the approach is experienced by patients, carers, staff and other teams. This work has comprised:

- Equality Impact Assessments to understand the impact of the new approach on certain communities and vulnerable groups - see Appendix 1.
- Feedback from patients and carers, gathered through different engagement approaches, and which includes both quantitative and qualitative information – see Appendices 2 and 3.
- Collation of out of area placement activity – At commencement of consultation, no older adults requiring mental health treatment have had to be sourced a bed on a ward outside of Worcestershire since the Hospital at Home Team started in October 2020 and during its time of operation.
- Collation of information around lengths of stay – At commencement of consultation, the average patient length of stay for the nine months of the Hospital at Home service, compared

to the same nine months the previous year, showed a decrease of 12.5 days from 59.3 to 46.8 days. Since the Hospital at Home service commenced its work to prevent and reduce ward admissions there has been, on average, a reduction of one admission per month on the mental health ward.

- A review of all complaints, compliments and Patient Advice and Liaison Service enquiries about the service - During the period of evaluation, no complaints were received about the service and a number of compliments and gifts were registered.
- A staff survey to understand how staff who refer into the service, feel about this new approach – see Appendix 4

The positive findings of the evaluation formed the basis of the case for retaining the service, and consulting on this proposal. The full evaluation report is available at Appendix 5.

The Proposal

Based on the findings of the evaluation, the Trust consulted on whether it should:

- **Retain the hospital at home approach to service delivery for older people with mental health problems and continue ward based provision for those who need it at New Haven, or**
- **Cease to offer hospital at home services and revert back to ward based care at Athelon and New Haven.**

Stakeholders

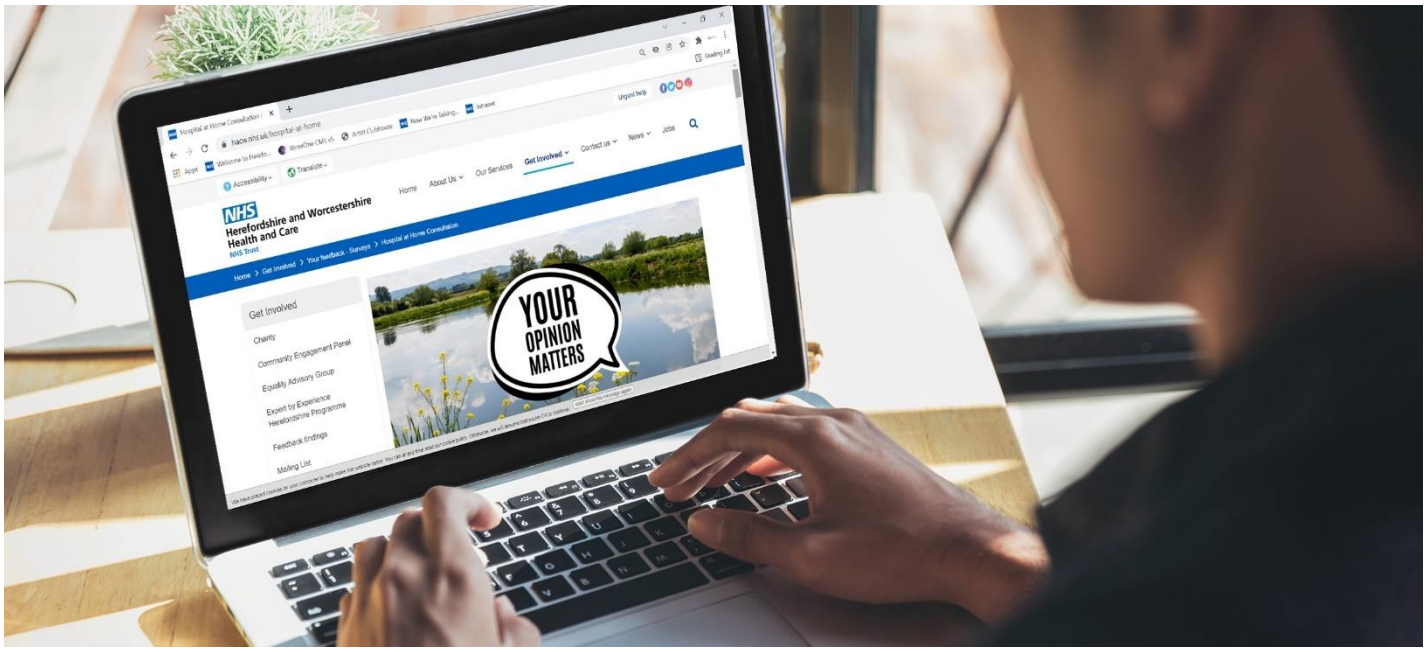
The following stakeholders were identified as impacted, invested, or interested in this work:

- Patients
- Carers/Families
- All staff via global communications through Sarah's Weekly Brief
- Recipients of Chairman's Bulletin
- VCSE organisations – Worcestershire Association of Carers; Age UK Herefordshire and Worcestershire; Age UK Bromsgrove, Redditch and Wyre Forest; Age UK Worcester; Jigsaw Mental Health Relative and Carer support group ; Onside Advocacy; Springfield Mind ; Redditch Mental Health Advisory Group; Community First; Simply Limitless; Bipolar UK local support group; Positive Thoughts; Maggs Day Centre; St Paul's Hostel; Alzheimer's Society
- Housing Associations
- Healthwatch Worcestershire
- Community Engagement Panel
- Older Adult Patient Forum
- Elected members/HOSC
- CCG
- Primary Care and PCN Clinical Directors via CCG

Consultation Approach

In light of continuing Covid-19 restrictions, the consultation took a digital first approach, but gave stakeholders opportunities to engage via a range of other options.

A dedicated consultation webpage was created to host a narrative for the work, a full summary of the evaluation findings, and a link to a survey where stakeholders could give a view. The webpage link was communicated to stakeholders via email, text and posted letter. The webpage can be accessed via this link: https://www.hacw.nhs.uk/hospital-at-home



Email and phone contact information of the Community Engagement Team was provided on the webpage, and via email, text and letter, so that stakeholders could give their views this way or contact us with questions and queries.

Online events/meetings were offered to statutory and voluntary sector partners and staff (either bespoke events or via team attendance at existing groups and meetings) where the project and the evaluation findings could be presented and questions answered, followed by discussions around the key consultation questions. The presentation created for online events and meetings can be found at Appendix 6.

Face to face engagement was offered to patients and carers – arranged and managed in accordance with Trust infection control requirements.

Hard copy documents were posted out to all patients for whom the Trust held no mobile contact information.

Consultation Timeline

Date	Activity
8th September 2021 21st September 2021 22nd September 2021 29th September 2021	Trust Board decision to proceed to consultation. Regional NHSE/I team contacted around the Trust plan to consult. Service evaluation and plan to consult reported and presented at the Health Overview and Scrutiny Committee, who supported the recommendation to consult. Approval to consult received from the regional NHSE/I team Consultation launched - information communicated to stakeholders via email, text and letter, with an invitation to contact the Community Engagement Team with questions; to give feedback; or with requests to attend an online event/established group or meeting. Patients and carers were offered the option of a face to face meeting.
12th October 2021 18th October 2021 28th October 2021	Presentation at Senior Management Team Brief Attendance at Jigsaw Mental Health Relative and Carer Support Group Attendance at CEP for presentation and discussion
17th December 2021	Consultation closes
25th January 2021	Consultation report and paper presented to PMB
23rd February 2021	Consultation report and paper presented to Quality and Safety Committee and Workforce Committee
8th March 2021	Consultation report and paper presented to Trust Board

Key Themes

The Survey

The survey was placed on the Trust web page created for this particular programme of work and it remained open from 29th September 2021 until 17th December 2021.

Respondent data

A total of 71 people responded to the survey

Age

- 5 respondents are aged 21-29
- 14 respondents are aged 30-39
- 18 respondents are aged 40-49
- 5 respondents are aged 50-59
- 22 respondents are aged 60+
- 3 respondents did not wish to disclose their age
- 67 answered this question and 4 skipped it

Gender

- 12 respondents identify as male
- 53 identify as female
- 3 respondents did not wish to disclose their gender
- 68 answered this question and 3 skipped it

Ethnicity

- 58 respondents identify as White British
- 2 respondents identify as Indian
- 1 respondent identifies as Pakistani
- 5 respondents did not wish to disclose their ethnicity
- 66 respondents answered this question and 5 skipped it

Disability

- 11 respondents say they have a disability
- 49 respondents say they do not have a disability
- 2 respondents say they are not sure if they have a disability
- 6 respondents did not wish to disclose disability status
- 68 respondents answered this question and 3 skipped it

Description

- 18 respondents describe themselves as a patient
- 4 respondents describe themselves as a carer
- 42 respondents describe themselves as a member of staff
- 4 respondents describe themselves as 'other'
- 68 respondents answered this question and 3 skipped it

Patients, service users, carers and members of the public were asked to share the district of Worcestershire they live in

- 6 respondents live in Redditch
- 5 respondents live in Bromsgrove
- 7 respondents live in Wyre Forest
- 5 respondents live in Worcester City
- 5 respondents live in Malvern
- 5 respondents live in Wychavon
- 33 respondents answered this question and 38 skipped it

Staff and other professionals were asked to share the district of Worcestershire they work in

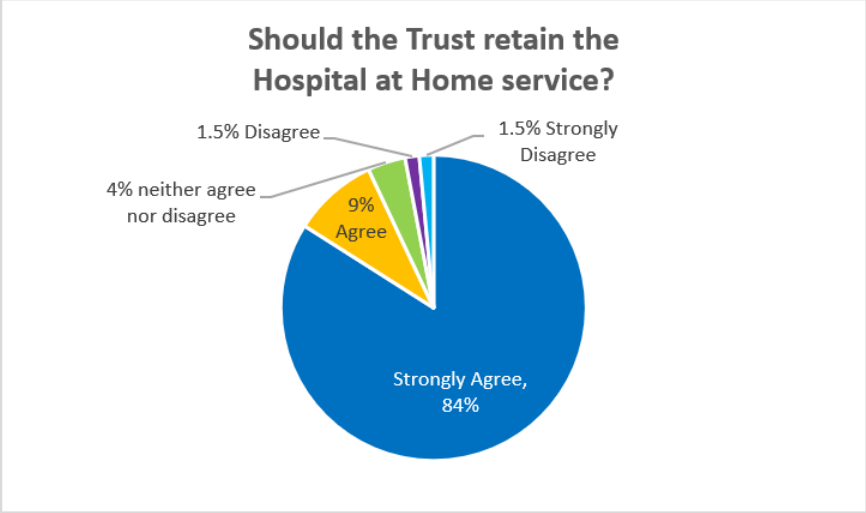
- 5 respondents work in Redditch
- 14 respondents work in Bromsgrove
- 3 respondents work in Wyre Forest
- 10 respondents work in Worcester City
- 4 respondents work in Malvern
- 4 respondents work in Wychavon
- 15 respondents work in all districts
- 42 respondents answered this question and 29 skipped it

The survey questions:

- *What is your view on the Trust retaining the Hospital at Home service?*
- *Please tell us why you responded this way*
- *Do you have any concerns about the Hospital at Home approach?*
- *Do you view the Hospital at Home approach as a service that offers particular benefits to patients and carers? Please share your thoughts and views*
- *Retaining the Hospital at Home service will mean the Athelon Ward budget will need to be used to deliver the new service, and all ward based care for older adult functional mental health needs for the county will be provided at New Haven in Bromsgrove. Do you have any concerns about this?*
- *Having read the evaluation feedback, is there anything you feel the Trust needs to particularly focus on, when making its decision about this service?*
- *If you have any further comments, views or thoughts, please include them*

Responses

84% of respondents strongly agree that the Trust should retain the Hospital at Home service; 9% agree; 4% neither agree nor disagree; 1.5% disagree; 1.5% strongly disagree (68 respondents answered the question and 3 skipped it).



67 respondents explained why they had responded this way.

Those in support of retaining the service cite the following points:

- **Benefits to patients** – older people feel safer at home, particularly those who are frail or who are losing confidence – and being at home aids faster recovery (NICE guidance cited). The view of these respondents is that care at home keeps life as normal as possible and that a comfortable, familiar environment, where patients can access family support and feel cared for, is best. Care at home helps patients feel more in control through the least restrictive form of care that ensures choice and freedom are retained. Patients can have supportive visitors at any time, are not disturbed by other patients, and are empowered and enabled. Being home is helpful for disabled patients. Hospital stays are recognised as stressful, whereas hospital at home is about improving confidence and independence, often through providing an immediate source of vital support and response which may be all that is needed for some patients. The service also benefits patients by helping the transition from ward to home, rather than patients remaining on wards for a long time. A further benefit is around the reduced risk of infection and more one to one time that can be offered.
- **Benefits to carers and families** – the service is viewed as offering a vital source of support for carers, and that it works best when the partner or carer is also at home. The service helps to keep families together and the 24/7 phone numbers are viewed as reassuring. The service works to signpost both patients and carers to other services
- **Benefits to staff/other services** – The service is beneficial to CMHTs and their patients since it has fewer restrictions on patient numbers than wards and a better patient turnover. It is recognised that Home Treatment Teams did not always have the time or provision to meet the needs of older adults, whereas the Hospital at Home service offers a particular approach

and staff with particular expertise. The service relieves the pressure on other teams and affords the opportunity to do holistic assessments where the home environment and relationships can be taken into account. The service provides excellent processes around considering admission, if necessary. The view is that going back may now be difficult as staff have begun working elsewhere/in other services.

- **Benefits to the organisation** – The service is cost effective and ensures beds are retained for those who really need them by preventing unnecessary admissions and shortening hospital stays.

Those who are not in support of retaining the service cite the following points:

- **Bed numbers** – The view is that this service should be in addition to ward based care not instead of it. These respondents note that Worcestershire has a high older adult population but the lowest number of beds if Athelon doesn't re-open (National Audit Office Report). A reduction in the number of beds and a ward provided only in one part of the county is inequitable.
- **Opening hours** – Unlike ward based care, the service is not 24 hours and so cannot be compared to inpatient care.
- **Distance** – The distance to New Haven could be a problem for patients and families from the south who wish to visit, particularly family and carers are old, disabled and non-drivers, but also in terms of home leave and home assessment for patients.
- **Safety** – Hospital care can feel safer.
- **Offer** –The Hospital at Home service offers nothing more valuable than Home Treatment services. Also Older Adult CMHT's deal with a large number of referrals, risks and emergencies that are not picked up by the Hospital at Home Team which doesn't accept all referrals. The view is that work is needed to understand how many referrals the service has refused to accept.

49 respondents said they have no concerns about the Hospital at Home approach

These respondents describe the service as a 'great concept' that works and provides care quickly, with one respondent describing it as 'a life saver'. They describe staff as helpful, professional, polite, caring, kind and sympathetic.

17 respondents expressed their concerns about the approach:

Carers – concerns about carer fatigue or if the patient does not have a carer and the need for short stay provision in this scenario; the service doesn't alleviate carer stress.

Operating hours – the view that the service needs to operate 24/7 and concerns around what happens if patients deteriorate and need 24/7 care.

Staff – concerns that the service has sufficient staff; concerns about the lack of consistency of staff meaning patients see too many new faces.

Not an alternative to admission – the view that some patients need hospital care.

Bed numbers – concern about reduction of numbers and the view that only one ward in the north is inequitable to people in the south whose families may find it difficult to visit, and the impact of this on patients.

Communication – patient difficulty in making contact with the team and feeling a nuisance when doing so – something that hospital staff would notice and respond to; patients finding team questions repetitive and irritating.

Referrals and working with other teams:

- Challenges getting management plans for unknown patients and the view that the Hospital at Home Team psychiatrist should do this
- The referral form is repetitive and protracted
- Delays are experienced in referral decision making leaves people unsure what is happening
- Continuity of care requires strong co-ordination and good communication between teams
- Difficulty in assessing risk with new patients
- Lack of joint working with CMHT to risk assess and plan
- Some patients are not accepted and no explanation is given
- Some patients are discharged prematurely back to CMHT, especially if non-engaging, and admission is not considered, possibly due to lack of beds
- Risky patients may not open up to staff until rapport is built, presenting a safety risk
- OACMHT staff opinions are dismissed and not valued
- Acceptance of ward discharge, whilst patient is unwell, can lead to serious incidents
- Risk of mission creep with CMHT expecting assertive outreach
- Risk of de-skilling CMHT workforce if risky patients are taken by the Hospital at Home Team
- How are numbers of patients in the service decided and managed?
- Potential of distancing between wards and CMHT

62 respondents cited particular benefits of the service for patients and carers.

Many respondents see the service as a great resource to support discharge; respondents note the benefit to patients and carers of being supported in the familiar, dignified, calm environment of home where they are not disturbed by or disturbing to other patients, and where they can receive more personal, speedy and holistic care.

These respondents state that the service helps keep families together and how being at home helps patients retain contact with support networks and their lives.

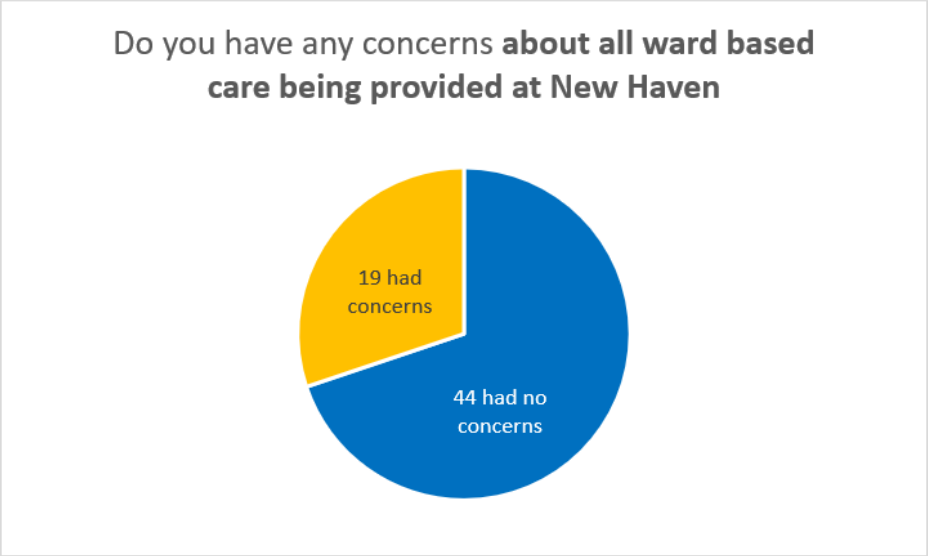
In the feedback received, the service is recognised for how it works to encourage, educate and offer support and advice to help people deal with everyday tasks and social stressors, not avoid them, which it is recognised can cause relapse on discharge. Respondents cite the stress, fear and upheaval of admission, which this service helps to avoid.

The benefits for carers are identified as improved carer confidence (for example around medication information and advice); the reassuring support; the empowerment that comes from being involved; and the opportunity to learn rather than be excluded. Carers and family members also do not have to travel to hospital sites to see their loved ones.

A further benefit of the service for some respondents pertains to the intensive MDT support it offers, along with a wide range of interventions, one to one care and a thorough holistic assessment. These respondents state that the team works closely with other services including the GP, Neighbourhood Teams and CMHTs.

Two respondents communicated that they do not feel that the service offers anything more than Home Treatment, but are concerned about the bed reduction that retaining this service will result in, and state that the service should not be seen as an alternative to admission, for those who need it. The view of another respondent is that there are benefits to the service providing the patients supported are not too risky, or the carer burden too high.

44 respondents said they have no concerns about all ward based care being provided at New Haven; 19 respondents said they did have concerns.



35 respondents gave further comment in this regard:

Those who said they were not concerned about all ward based care being provided at New Haven commented as follows:

- The service has been running for a year with no out of county admissions
- Analysis of bed use at New Haven would likely show beds are used by adults; patients from Herefordshire; and patients who are experiencing delays in discharge
- Hospital should be a last resort and hopefully the Hospital at Home service would mean less patients need hospital based care
- Bromsgrove is central and has good motorway/transport links
- Centralised care is the way forward
- It is more helpful to have a hospital at home option than to have more beds – hospital at home provides more flexible and responsive care
- The hospital at home team liaise closely with New Haven
- The hospital at home service is cost effective

Those who expressed concerns about all ward based care being provided at New Haven, commented as follows:

- The Hospital at Home service cannot replace in-patient admission that is needed for some patients
- The number of beds for patients aged 65 years + is inequitable to those for patients up to age 65 years
- There are not enough beds to accommodate the need given the older adult population numbers in the county and this increasing demographic
- It is risky to manage some patients in the community
- Consideration must be given to elderly, possibly disabled, partners who are going to be asked to travel from the south of the county to the north. Some may not be able to drive and patients would be negatively impacted by the loss of the support these family members can offer. The view of these respondents is that issue has not yet come to light due to visiting restrictions – but that it would become a problem post pandemic.
- The closure of the ward represents a loss to staff and patients
- Are there sufficient beds if numbers of referrals for inpatient care increases? Will it mean out of county placements for some patients?
- Admission is needed for non-engaging patients – will there be sufficient beds for this group?
- The Trust should have both the ward and hospital at home services

Areas of focus for decision makers:

- Keep talking to carers and patients who use the service, and how much many prefer to be at home
- Consider staffing – ensure it is adequate and offers patients consistency
- Moving older people should be a last resort
- If the Hospital at Home service offers more than Home Treatment
- Consider how a reduction of beds will impact Older Adult care
- The evaluation shows support for the service – criticisms can be managed
- The service offers parity of provision for Older Adults
- The potential for rapid additional bed capacity in periods of high demand should be addressed through working with the Estates Strategy

- The Hospital at Home service and Athelon ward are equally valuable
- The staff in the service are committed to a job they love
- What is the back-up plan to ensure an adequate bed base, post pandemic?
- The plan to extend the service to include patients with Dementia

Final comments

- Respondents call for transparency around costs – what money will be saved if Athelon Ward closes?
- The service provides a civilised approach to older adults
- The service is wonderful and vital and staff are excellent – but continuity of staff for patients would be best
- Care at home means patients can take their own life, and this would be more difficult on a ward. This highlights the skill needed amongst staff in assessing risk
- There would be many more people in hospital, without this service
- Home Treatment needs to be transferred to Hospital at Home to remove the current referral barriers
- Does the service offer value for money?
- There will be a negative impact from the loss of the ward
- Distinct older adult provision is needed from a skilled and experienced team
- The Trust should be congratulated on taking this step and on allowing innovation and aspiration amongst its staff

Full raw data is at Appendix 8

Events, Groups and Meetings

The invitation to attend an online event or to receive an online presentation with discussion was offered to all staff, VCSE partners, statutory partners and patient panels.

Groups requesting presentations:

- Trust Senior Management Team Brief
- Jigsaw Mental Health Relative and Carer Group – comprising a membership of carers and family members of people experiencing mental ill-health
- The Community Engagement Panel – comprising a membership of patients and carers

The presentation content:

- The background to the service
- Service objectives
- Equality Impact Assessment Information
- Evaluation Information
- Consultation Approach information
- Safeguarding and Serious Incident information

- A discussion opportunity framed around some key questions that invited participants to share their views on the service; concerns; perceived benefits; thoughts about the closure of Athelon Ward; and key areas for decision-makers to focus on.

The full presentation can be found at Appendix 6.

Group feedback received

- The Trust Senior Management Team Brief members made general observations and raised a query about what engagement was taking place with service consultants and the senior medical team.
  It was acknowledged that they had received global communications along with all other staff and that the consultation work would be raised at the Consultants' meeting and all would be encouraged to engage with the feedback mechanisms that had been put in place. Ongoing discussions have taken place, and a question and answer session arranged for January 2022.
- The Jigsaw Group asked general questions about the service and asked for information about impacts on carers. Other questions pertained to engagement approach, serious incidents, referrals and bed numbers.
  The group viewed the service as a positive development.
- The Community Engagement Panel asked questions about serious incidents and complimented the Home Treatment Team.
  The group communicated support for the developments.

Full feedback is at Appendix 7

No other staff, or other partners or patient panels who were contacted about this work, communicated that they wished to attend an online event hosted by the Trust.

All patients were invited to contact the Community Engagement Team if they wished to discuss the consultation either on the telephone or face to face. No calls or requests were received.

Appendices

Appendix 1 – Equality Impact Assessments

The EIA for this service change was presented to the Equality Advisory Group (EAG) in October 2020. The EAG comprises a membership of people who identify with one or more of the nine protected characteristics or who are from another group or community identified as vulnerable in some way.

At presentation, the service felt that overall the impact of the change in approach to providing a hospital at home would be positive for most groups, with no negative impacts identified. Primarily, the positive impacts emerged from the view that there are benefits to being cared for in a familiar home environment by staff that have the skills and experience of working with this age group. It was also recognised that a change in the care environment can be traumatic for many and even more so for the elderly and those with a disability, particularly if the home has been adapted for need whether that be for a physical or mental health issue. So too there can sometimes be delays in finding a bed for some patients, whereas care at home can commence quickly.

The EAG members acknowledged the view of the service but did question the support that would be given to carers, recognising care at home for an elderly person could add an additional burden for this group. It was the view of the EAG members that carer impact information needed to be collated during the pilot to better understand this – this has been actioned and is included below. The EAG members also noted that if someone was living alone and away from their carer and didn't have any on-going support in the home environment, this would need to be taken into consideration in terms of the suitability of a hospital at home approach for such patients.

The EIA was updated in September 2021 and again in October 2021, with few amends.

August 2020

EIA - August 2020.docx

October 2021

EIA -October 2021.docx

Appendix 2: Patient and Carer Quantitative Feedback for Evaluation

All patients and carers who use Trust services are invited to give us feedback on their experience of the services they access. A summary of the feedback we have received relating to the Home from Hospital Service is below:

- 80.77% of respondents said they were very satisfied with the time it took from referral to first appointment. 19.23% said they were neither satisfied nor dissatisfied. 0% said they were very dissatisfied.

- 88.46% said they had been given enough information and advice about their condition and what services are available. 11.54% said they didn't know/could not remember
- 96.15% said they had been given contact details/a telephone number from the team that they could call. 3.85% said they had not
- 72% said they had been given a copy of their care plan. 8% said they had not. 20% said their care plan was not yet developed.
- 80% said they felt fully involved in the decisions about their care and treatment. 4% said they felt partially involved. 4% said they were not involved but did not want to be. 12% said they did not know or could not remember
- 65.38% said the support they receive helps them do the things that matter to them; 26.92% said it sometimes helps them and 7.69% said they did not know or could not remember
- 84.61% reported that the service had made a positive difference to their well-being. 7.69% said the service had made a difference in some ways. 3.85% said the service had not made a positive difference and 3.85% did not respond to this question
- 100% of respondents said they had been treated with dignity, compassion and respect
- 84.62% rated their experience of the service as very good; 7.69% rated it good; 3.85% rated it neither good nor poor; 3.85% said they did not know

Appendix 3 – Patient and Carer Qualitative Feedback for Evaluation

As well as rating various aspects of the service, some patients and carers have also given us their comments and views about the service. The general themes from all of these comments are below:

- Hospital and ward based care were both considered good services
- A benefit of ward based care is that for some patients and carers it takes stress away, particularly when the patient is most unwell
- The benefit of home-based care is that it is familiar. In addition, home based care means patients, families and carers can be together which for some is less stressful than being apart. Being at home is felt to aid recovery, plus there is a sense of individualised care
- Consistency of staff was experienced as greater on the ward, whereas for the home-based service, staff changes were more common. Staff consistency was deemed important as changes can be confusing
- Daily visits and having a number to call if needed, is helpful for home-based care
- Home based care may require some families to consider who else can support the carer, in addition to the service staff

Appendix 4 – Staff Survey for Evaluation

The service overall

Scoring the service overall on a scale of 1-10, with 1 being very poor and 10 being very good:

- 6 members of staff scored the service between 1 and 5
- 10 members of staff scored the service between 6 and 10

Comments:

- The Hospital at Home service provides a good level of support to patients.
- Good communication between referring service and Hospital at Home service has facilitated continuity of patient and carer support
- Different staff on duty in the Hospital at Home service and variations in capacity to accept referrals has caused some challenges.
- Clarity is needed around the remit of the service and the referral criteria.

Access

Scoring ease of access to the service on a scale of 1-10, with 1 being very difficult and 10 being very easy:

- 5 members of staff scored the service between 1 and 5
- 11 members of staff scored the service between 6 and 10

Comments:

- Access to the service has been aided by helpful phone calls, good communication and a responsive team
- Access challenges are linked to variations in the capacity of the team to accept referrals.
- Clear referral requirements and criteria required

Benefits to patients

Scoring the service in terms of the benefits it brings to patients on a scale of 1-10, with 1 being no benefit and 10 being great benefit:

- 7 members of staff scored the service between 1 and 5
- 6 members of staff scored the service between 6 and 10

Comments:

- The service offers intensive support and helps prevent admission to hospital and facilitate early discharge.
- The service offers short term reassurance
- The service provides specialist care
- The service offers support around medication
- The service helps patients engage with services and transition from wards to the community
- The service offers a home environment that is less traumatic for patients and carers, and which aids recovery.

Confidence in the service to meet patient needs

Scoring the service in terms of the confidence staff had in it to meet the needs of referred patients on a scale of 1-10, with 1 not confident and 10 very confident:

- 7 members of staff scored the service between 1 and 5
- 18 members of staff scored the service between 6 and 10

Comments:

- It is difficult to judge the service as it has not been running for long enough.
- The service supports patient needs
- Team capacity to accept referrals can be challenged.

Other staff comments

- The service should be extended and offered to patients with Dementia
- The service has received good feedback from patients and families
- Clarity is needed for referrers around referral criteria and processes
- Clarity is needed for referrers around service remit
- Support for closer working between the team and referrers

Appendix 5 – Full Evaluation Report

OAMH_HAHT_Evalua
tionReport_Oct20-Jul

Appendix 6 – Consultation Presentation

HAHT_Consultation_
v2.pptx

Appendix 7 – Consultation feedback from groups, events and meetings

Jigsaw MH Carer and
Relative Group - 18.1

CEP meeting notes -
28 October 2021.doc

Appendix 8 – Full raw data from the survey

2131379.doc

Jane Thomas

Head of Community Engagement and Patient Involvement

22nd December 2021