Version: 1 FOI Status: Public

Home First Practice Guidance Derbyshire County Council - Adult Social Care

First Issued: March 2021 Issued: March 2021 Review Due: March 2023

Author: Josie Hill

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If you would like to make any comments, amendments, additions etc please email <u>ASCH.adultcare.policy@derbyshire.gov.uk</u>

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Background

During 2020 the Better Lives programme undertook a series of case review workshops with Prevention and Personalisation (P&P) practitioners. These identified an opportunity to support more people to remain at home and identified a range of areas that we could focus on to enable them to achieve this.

Here are some of the insights that practitioners provided from looking at real cases supported by generic P&P teams in 2019:

- 20% of people could have been receiving support in a more independent setting for their level of need; many of these people were in a residential setting
- 88% of people accessing long term residential care in 2019 could have been in a more independent setting for their level of need
- 66% of people accessing long term residential care came via short term residential care
- 70% of people in short term residential care could have been in a more independent setting to meet their presenting needs

To help enable more people to remain living in their own homes, it is important that we take a home first approach. We should exhaust all options for the person to stay at home (or return home) before we consider a placement, including in a crisis.

Guidance

The following approaches should be used to support people to be as independent as possible:

Think "Home" First

Exhaust all options for the person to stay at home (or return home) before considering using a placement. This approach should be used for long term needs and when responding to an urgent change in need or circumstance.

Risk Enablement and a Strength-Based Approach

Gain a good understanding of the person's needs and risks that they experience in their home environment. Use a risk enablement approach in responding to these (see <u>SDS Practice Guidance Risk Enablement</u>). Make the most of the person's strengths and assets in finding solutions to respond to these needs and risks at home, if at all possible.

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Peer Group Discussion

Peer group discussions are used within Personalisation and Prevention teams. These help to promote this home first approach where a person is at risk of accessing a residential or nursing care placement.

See Peer Group Discussions Practice Guidance.

The following considerations are evidenced as being particularly beneficial in supporting a person to remain in their own home:

- seeking the right support from community health colleagues
- making use of additional homecare support (including the short-term service)
- targeting the support to the specific time or activity that is causing the risk, or delivering the support in a different way
- making the best use of informal support (where the informal carer is willing and able) and considering support that provides respite in the community in order to sustain informal carers
- whether therapy intervention (including occupational therapy) or provision of equipment would help
- using telecare, everyday digital solutions, and other assistive technology to respond to risks (e.g. support with falls risk management, alerts systems, empowering the person to be more in control of their environment)
- whether additional time-limited support could address a shortterm need/circumstance or help assess a need in order to optimise long-term support planning

Author History

Authored by Josie Hill Design Lead

February 2021

Approved by Senior Management Team

March 2021