

INTEGRATED WORKFORCE

The Home To Decide Model



HILTON

NURSING PARTNERS

THE VISION...

What is Home to Decide (H2D)?

- AIM: reduce residential care admissions through an intensive programme in the patients own home.
- Nurse led, holistic support and assessment for patients, identified as requiring residential care prior to discharge.
- The level of support is continuously reviewed; 24 hour support reducing as the patient shows confidence and the ability to function independently.
- The model draws on health and social care skills within Hilton Nursing Partners; Registered Nurses, Occupational Therapists and Personal Nursing Assistants.



THE VISION...

Why was it created?

- To reduce residential care admissions.
- To reduce DTOC days.
- To support patients who believe they are capable of living independently.
- To provide high quality person centred assessments.
- To allow patients and their families time to make informed decisions about future care.
- To provide support, advice and signposting to patients and their families.



THE VISION...

Who was involved in the development?

- Jointly funded pilot with Kent County Council Social Services in West Kent.
- A Lead Nurse oversaw the development and delivery of the pilot, working with colleagues with a wide variety of experience.
- Each potential referral was assessed individually in full consultation with the patient, family, medical team, case manager and therapists.
- We integrated with community services to streamline patient care including GP's, District Nurses, Community Mental Health Teams.



THE VISION...

Ann Taylor, CEO Hilton Nursing Partners

What were the challenges?

- Identifying patients who met the criteria for the service, including assessment of capacity.
- Co-ordinating multi-agencies and agreeing the best way forward for the patient.
- Ensuring any equipment was delivered and installed prior to discharge home.
- Communicating the aims of the service and our role to other health and social care professionals.



THE VISION...

What are the outcomes?

- The results of the pilot surpassed expectations and all five patients were able to continue living at home.
- The H2D model would allow for a significant saving – the pilot achieved a pay back of 2.3 times the cost.
- Our integrated processes resulted in high quality care; all the patients rated our service as excellent.
- The success is not just where the patients stay, but that they have been given the opportunity to make the choice themselves.

What have we learnt?

- Discharge times can be drastically reduced once clear processes between all parties are decided and agreed; there is potential to embed H2D within Discharge to Assess.
- We need to continue to strengthen multi-agency relationships in community and acute settings and build on our integrated workforce.



THE VISION...

Feedback quotes from patients and professionals

The person leading the team was very helpful and her team of nurses were very kind and considerate to my mother. All of them were a credit to your company.

It was wonderful to have the security of a 24/7 service. Overall, brilliant. Many thanks.

They were very good and helped me a lot. It was very helpful to me when they stayed 72 hours.

The two nurse assessors are lovely and approachable. They will make contact with the staff and the patient. We've had feedback from one patient who we were concerned about, but she has been able to stay at home. It is working really well.
(Nurse on Ward 20)

From my point of view, its been running well and the people are very good.
(Doctor on Ward 20)

THE RECRUITMENT...

Twyla Mart, Recruitment Manager

- Who did we need to recruit?
[Skill mix vs service requirements](#) ensuring a good balance of skills, knowledge and experience within the workforce
- What skills did we require and where did we recruit from?
[Aligning skills with the values](#) of the organisation and using various advertising platforms to target different groups
- What were the challenges?
Changing [perceptions](#), assessing candidates against [values based](#) recruitment and changes in the economy including the EU.
- What did we learn?
The need to be [flexible and adaptable](#), being one step ahead
- How are we developing our recruitment to increase our integrated workforce?
Corporate Social Responsibility, [investing in our future](#) and [reviewing retention](#) as this is just as important as recruitment



THE L&D...

- **What skills are required?**
Not only about having the skills and knowledge to deliver the care but **how to work within an integrated workforce.**
- **What are the different L&D needs?**
A wide variety of health & social care roles with **different experiences and views of integrated working** and **individual professional learning needs.**
- **How do we link with other professionals?**
Create and maintain **strong relationships with mutual benefits.**
- **What are the challenges?**
Different views, experiences and expectations about working with multi-agencies, **not always positive.**
- **How are we using multi-agency working to further develop our integrated workforce?**
Joint evaluation of our training and working together to **promote health & social care career pathways.**



THE WORKSHOP...

Developing an Integrated Workforce

Consider the barriers and how they can be managed for each of the three aspects; Vision, Recruitment and Learning & Development.

Each table will have the opportunity to consider each aspect. We will then feedback as a group to identify key themes.