HomeFirst
LLV

What is the approach?
The HomeFirst service supports older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care. Nurses, social workers, therapists and home carers work alongside GPs. The service was initially piloted in the Lower Lea Valley (LLV) area from November 2012 and started in north Hertfordshire at the end of July 2014. From November 2014 in LLV, additional services will be piloted as HomeFirst Plus to include Mental Health, End of Life and Pharmacy. A slightly different version of HomeFirst has been running in Hertsmere since January 2013. The two main parts of the initial pilot in LLV were risk stratification and rapid response. The Rapid Response service offers a timely assessment and rapid social and health care input for patients who are in a ‘crisis’ and would otherwise need a hospital admission. Risk stratification identifies patients most at risk of an unplanned hospital admission using a risk stratification tool. These patients were ‘case managed’ in a virtual ward with multi-disciplinary input. Rapid response has been the main focus of HomeFirst since the pilot.

What are the aims?
The original vision of the Lower Lea Valley HomeFirst pilot was to develop and implement an innovative model of care with fully integrated community services; i.e. health and social care staff within the locality working as one team to address patients’ needs. Aims included to help people stay well, independent and supported in their own homes, close to friends or family carers, and to enable them to get back into familiar routines and an independent lifestyle once their medical crisis has eased.

What are the benefits & outcomes?
- Improved access to rapid support with care from the right professional
- Reduced accident and emergency attendance and unplanned hospital admission or residential care
- Rapid discharge from acute hospital
- Better communication between people using services and health and social care professionals working as part of the same team.

Staff and G.Ps have reported how beneficial it has been to have co-location of the team to build relationships, dedicated social work staff situated in the locality, aligned and close to specific GP clusters. Other benefits include:
- Use of Special Patient Notes
- Personal Health Plans and Advanced Care Plans across the system
- Health and social care professionals having direct access to rapid response care packages.

What are the costs?
The cost for the Lower Lea Valley 8 month pilot period was £933,807. This was £360K less than the original estimates and was achieved partly by integration and pooling of resources within the core health teams.

What are the impacts?
- HomeFirst has helped over 1,200 of the Lower Lea Valley residents to be treated at home instead of being admitted to hospital.
- HomeFirst’s pilot coincided with significant savings on emergency hospital services against the forecast spending levels. Estimates forecast emergency admissions to be 2,171 during the 8 months of the pilot in LLV. However, 1,797 admissions occurred which was significantly lower than forecast without HomeFirst. In contrast, emergency admissions in other localities of East & North Herts CCG showed an upward trend.
- The predicted cost of emergency admissions were estimated at £6,432,565 in LLV (assuming HomeFirst had not been implemented and service provision had remained the same). However, the actual spend was £5,506,515, a potential reduction of £926,050 in acute spend (or £990,882 including A&E costs).
- During the first 10 months of operational delivery, the service has achieved a ‘rapid response referral to assessment’ time of under 60 minutes 97.1% of the time (average 34 minutes).