healthwatch Kent

The Home First Report

An Evaluation of the Home First Service in East Kent

Contents

Executive Summary

The Home First service, a collaborative initiative between Kent Community Health NHS Foundation Trust (KCHFT) and Kent County Council (KCC), is designed to support individuals discharged from hospital in regaining independence at home. The service provides short-term, person-centred care and aims to optimise outcomes for patients who need additional support after discharge. This team comprises of an operational lead, two team managers, 15 assessors, 54 support workers and 2 administrative staff members. During the data collection period (June-October 2024) the team significantly expanded. In June 2024 the team had 34 members of staff, as of July 2024 the model increased to 76.

This project, conducted by Healthwatch Kent, captures feedback from both People and Home First staff to understand the effectiveness of the service and identify areas for improvement. It involved interviews and surveys with 14 people, 6 who were Home First patients and 8 who were a family member/supporter of a Home First patient. It also included 21 staff members, with the surveys covering aspects of patient preparedness, care planning, involvement in discharge processes, and the support received at home. Insights from this engagement shed light on service strengths, challenges faced by people and staff, and areas where further improvement may be needed.

Key Findings

- **Preparedness for discharge and care planning**: The majority of people (86%) felt prepared to leave the hospital with care plans in place, though 40% reported limited involvement in discharge planning. This gap suggests an opportunity to enhance patient engagement in discharge processes, improving communication and understanding. We recognise that the Home First team itself has limited influence on this and so we will be sharing with the hospital discharge team for as an opportunity to enhance.

- **Empowerment and support**: People appreciated the support provided by the Home First team, with 86% feeling that the service helped maximise their abilities. Having a designated point of contact was valued, though a minority (14%) felt their concerns were not adequately addressed.

- **Challenges in transition and support**: Key issues identified included communication gaps in care planning (21% of people), short discharge notices (21%), and limited practical support at home (14%). Again, some of

these are outside of Home First control. Additionally, a significant proportion (64%) reported inadequate linkage to further support services after Home First assistance ended, which could impact long-term independence.

- **Team collaboration and problem solving**: From the staff perspective, team dynamics were strong, with 90% rating collaboration and problem-solving as excellent. There are grounds for improvements in training, as 20% of the staff we spoke to did not receive an induction. Additionally 60% of staff expressed a need for further training in areas such as administration, handovers, and leadership skills.

Recommendations

Inductions

- 3 Staff mentioned that they did not have an induction. Upon discussion with Home First it was confirmed that all staff did receive an induction. (Fig.12). **Healthwatch Kent recommends that the Home First team ensure that new staff are aware of the induction process whilst they are completing their relevant training.**

RESPONSE

- *A reflection from Home First was whether the induction appeared less formal to those recruited internally compared to those externally recruited. Home First have reviewed the training and induction processes and are using staff feedback from staff to make improvements.*

Range of trainings

- There is an appetite for a range of further training from the staff team. Of 20 staff that were asked whether they think they could make a greater contribution to the team, and how to do so, 12 staff answered that they could make a greater contribution with further trainings. There was a wide range of mentioned trainings, 8 in total, with 4 receiving two mentions apiece (Fig.15). **Healthwatch Kent recommends that the Home First team consult with their staff on the breadth of available trainings, with an aim to increase level of staff that feel that they are making as strong contributions to the team as possible.**

RESPONSE

- *There have been 5 internal promotions within the team.*

- *They are reviewing their link worker role needs and will be offering the opportunity to staff to upskill in their interested link worker areas.*
- *As noted above Home First are reviewing their training needs and staff consultation will play an important part of this*
- *Career / personal development is a standardised items of appraisal conversation.*

Services after home first

- Of the 14 patients, or family member/supporter of the patient that we spoke to, 9 said that they did not feel linked in with services that will support them once their time in Home First ends (Fig.10). **Healthwatch Kent recommends that Home First improve the signposting to other services as the patient's time in Home First ends, with the possibility of a check in some time after the patient has left Home First.**

RESPONSE

- *Home first provide a list of commonly relevant services to sign post to on the service's patient information pack. And depending on patient need may signpost to further services.*
- *Two areas of focus currently include a review of the list of commonly relevant services listed on the patient information reviewing the process of how these services are introduced and details provided.*
- *Engagement with the voluntary sector did occur at the start of the service, but this will be re-visited and strengthened based on feedback received and the expansion of the service.*

Maintenance of standards with expansion of service

- The core aim of Home First, to empower individuals who are being discharged from hospital, is evident in the responses from patients or their family member/supporter. 12 of the 14 respondents felt that Home First maximised their, or the home first patient they were speaking on behalf of, skills and abilities (Fig.9). Since the engagement for this project was completed there has been an expansion of the Home First service. **Healthwatch Kent recommends that the high standards and success of the service is maintained following the expansion of staff numbers.**

Introduction

The Pathway 1 – Home First/ Discharge to Assess aims to support patients' transition from hospital to their home. This pathway focuses on individuals who can safely return home with short-term, community-based support to undergo a comprehensive assessment of their longer-term health and social care needs.

In East Kent, a partnership between Kent Community Health NHS Foundation Trust (KCHFT) and Kent County Council (KCC) has led to the establishment of the Home First service. This model brings together a multidisciplinary team of an operational lead, two team leads, 15 assessors, 54 support workers and 2 administrative staff members to provide tailored, person-centred support. The overarching goal is to empower patients to regain their independence and resume living in their own homes after a hospital stay. The team has a non-hierarchical structure with members empowered and given autonomy to problem solve and find solutions themselves. Between June and October when the data was collected the team had a total of 235 patients referred and accepted on to the service. In October 2024 the patient capacity increased following the expansion recruitment drive and induction of the new recruits.

Healthwatch Kent has collaborated with KCHFT, KCC, and the East Kent Health and Care Partnership to understand the experiences of both people using the service and team members working within it. These interviews seek to identify areas for improvement, as well as recognise the areas to sustain.

By listening to the perspectives of both people experiencing the service and the Home First team, this report aims to provide valuable insights that can inform the ongoing development and refinement of the Home first service in East Kent and more widely across Kent and Medway.

Method

Target group

The target group for this project consisted of individuals who had been admitted to hospital and subsequently discharged to their own homes, following an assessment indicating they required additional support from the Home First team. This could also be a family member/supporter reporting back the experience on behalf of the individual receiving Home First Support.

Additionally, the project focused on understanding the experience of team members of the Home First service who are directly involved in providing support to these individuals during their transition from hospital to home.

Engagement method

People

Healthwatch Kent received signed consent forms from the Home First team via encrypted emails. These consent forms indicated participants' or their family/supporters' interest in taking part in the project. All participants were pre-briefed about the nature of the project and were informed of their right to withdraw consent at any time.

Engagement with participants was carried out through a combination of telephone interviews (11) and email correspondence (3), based on their preferences as indicated on the consent forms. In cases where participants were unable to communicate directly, feedback was gathered from their family/supporters, with prior consent provided on the consent forms.

We spoke directly with 7 people and with the family/supporters of 8 people relating to the care of 14 individuals.

Staff

Data on staff's experience within the Home First team was collected through an online survey. The survey link was shared with the Home First manager, who then distributed it to the team members. When team members completed the survey, it was sent directly to our database, ensuring anonymity of the respondent.

Responses were gathered from people and staff using a semi-structured questionnaire. In total experiences relating to 14 people being cared for and 21 staff members were collected in the project between June and October 2024.

Findings

Demographics

We spoke to 14 people (participants), 8 of them were females while 6 were males (fig 1.0).

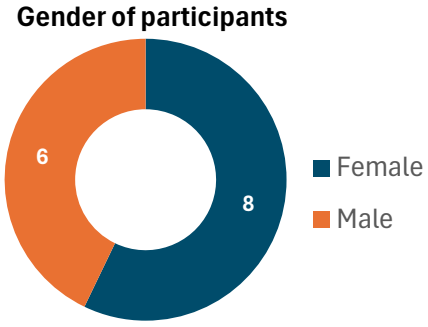

Fig 1.0 Chart showing the gender distribution of the people we spoke to.

Participants' age varied (fig 2.0).

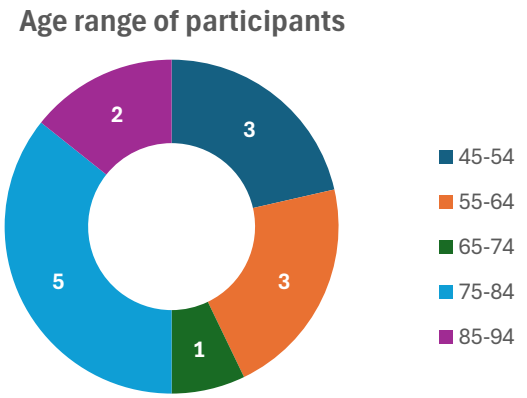

Fig 2.0 Chart showing the age range of the participant we spoke to.

All the participants were White British; 9 of whom lived in Thanet and the remaining 5 from Canterbury (fig 3.0).

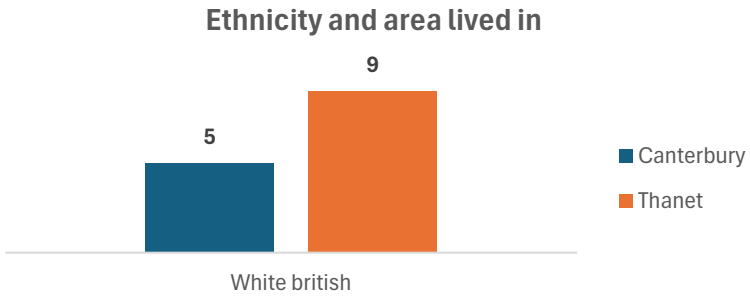

Fig 3.0 Chart showing the ethnicities of the participants we spoke to and where they lived.

Feeling prepared to leave the hospital

When participants or their family/supporter were asked if they felt prepared to leave the hospital , we found that 12 out of the 14 participants felt prepared to leave the hospital, with 2 saying that they did not (fig 4.0).

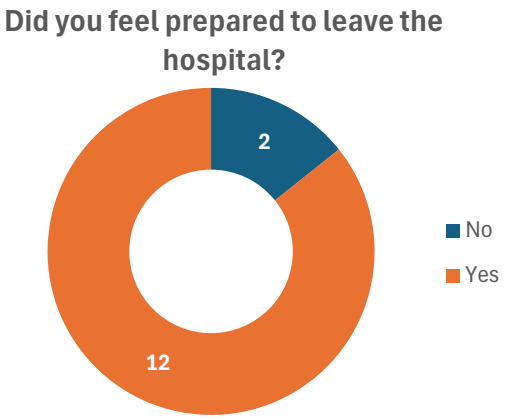

Fig 4.0 Chart showing the number of participants feeling prepared to leave the hospital

Feeling prepared with a plan in place (8 mentions)

Some participants indicated that they felt well-prepared to leave the hospital, with support systems or care plans established before their discharge. They expressed satisfaction with the approach to ensuring readiness for leaving:

"Yes, I felt well enough prepared, there was a plan in place."

"I was happy to be coming home after 18 days in hospital."

"I was not rushed at all out of the hospital. Even though I had so many problems, and was supposed to spend three days, I ended up spending two weeks…they gave me enough time to get better."

"They made sure he was well enough to at least be on his feet again before sending him off."

Communication of the care package (3 mentions)

There were concerns about communication of care packages. Some participants reported not being informed about care packages early enough:

"I said they couldn't discharge me as there wasn't a care package in place."

"Though she felt prepared, the package was not discussed, and the support was not explained."

"There wasn't a care package in place and my wife won't let me out without one."

Premature discharge resulting in readmission (2 mentions):

Family/supporters of participants shared experiences where they felt that participants were discharged too soon, even leading to hospital readmission.

"When he got home, he was not safe on his feet… he was re-admitted back to the hospital after a few weeks."

"They felt he was well, but getting home, he was almost in a state of collapse. Even the carers told us they were a bit concerned as he was getting breathless consistently. So, he wasn't fully prepared to come home."

Involvement in planning discharge

We asked participants or their family/supporters if they were involved in planning the discharge from the hospital. While over half (8 of 14) confirmed their involvement, six participants indicated they were not included in the discharge planning process (fig 5.0).

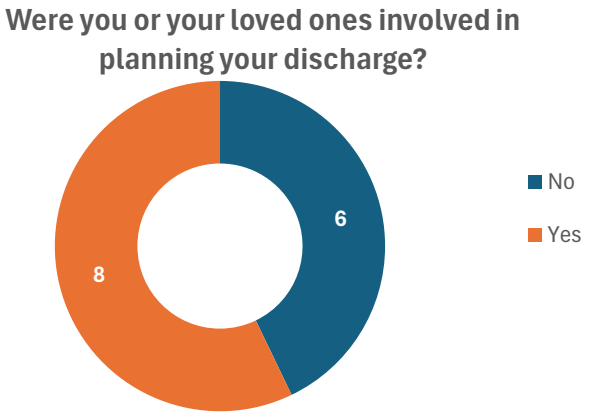

Fig 5.0 Chart showing the number of participants or family/supporters involved in planning discharge

Sufficient information and coordination (3 mentions)

Participants reported positive experiences around themselves and family/supporters being well aware of the discharge process and the supportive role of their family members in transport and post discharge care.

"My family and I knew who needed to be where and when."

"My daughter was involved in planning my discharge. She brought me home."

"I had loads of phone calls from the hospital OTs asking if his room was ready."

Short notice and lack of preparedness (3 mentions)

Participants reported a few instances of insufficient notice for the discharge and inadequate time to prepare. This appeared to be concerning for family/supporters responsible for the participants' care.

"They told my wife that I was coming home. She told them that it was too short notice that she wasn't ready, but they sent me home anyway."

"I was only told that he was fit, mobile, and ready for home on the afternoon of his discharge, but not enough time to prepare or plan for his discharge."

They didn't ask me if I was ready to have him home despite them informing me on too short notice, they just told me he was coming home, and I was not involved in planning that discharge."

Challenges in practical support and home adaptations (2 mentions)

Some family/supporters mentioned difficulties in securing the necessary equipment or assistance to prepare the home for the participants' return. They felt the lack of practical support compounded the challenges for them in managing the care.

"I had loads of phone calls from the hospital Occupational Therapists asking if his room was ready, without much practical help."

"We had stairs, and I had previously told them about this before they were planning on bringing him home. They couldn't get him up the stairs because he was on a stretcher... my neighbours had to help get him up the stairs."

Having an agreed care plan and being involved

12 of the 14 participants told us that they had an agreed care plan, with two participants saying they did not have one (fig 6.0). Of the 12 participants that did, 4 told us they were not involved in the care plan while 8 confirmed they and/or their family member/supporter was involved.

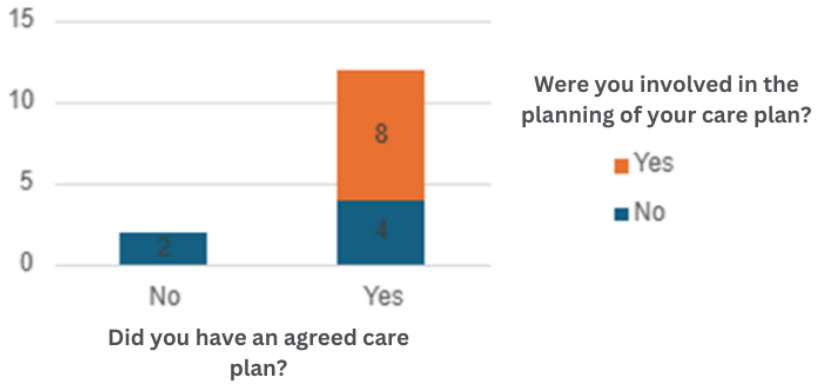

Fig 6.0 Chart showing the number of participants concerning care plan against involvement

Empowerment through Self-Care (4 mentions)

One participant described how they were encouraged to manage as much of their self-care as possible and that they could rely on the support workers when they needed to. This approach left them feeling empowered to make decisions about their own care, knowing help was available if required. Similarly, participants who received home visits felt reassured and supported by the availability of care, even if it was eventually discontinued because they could manage independently.

"I told them I could get myself up, washed and dressed, but if I needed them to help me, I would ask. They were happy with this as that is what they wanted, for me to be able to do things for myself."

"A lady came to see me at home, and we agreed to discontinue the care if I was okay with that. She asked, she didn't just tell me, and she checked that would be okay with me."

Family Involvement and Support (3 mentions)

There were comments noting that family members, often acting as primary carers, were involved in discussions about care plans. For example, one person mentioned that their son was their primary carer and was actively included in planning their care. Another family member stated that while their family/supporter with dementia had difficulty with decision-making, they were still included in discussions, indicating efforts by support workers to respect the individual's involvement despite cognitive limitations.

"When [the hospital] wanted to discharge me, I said they couldn't as there wasn't a care package in place and my wife wont let me out without one. They sorted out the care package and my son was here to welcome me as he's my carer"

"

Having a Point of contact with Home first

Most participants (12 of 14) reported having a designated point of contact with the Home First team (fig 7.0). They confirmed being provided with a phone number, which allowed them to reach the team when needed. However, two participants mentioned they did not have any means to contact the team.

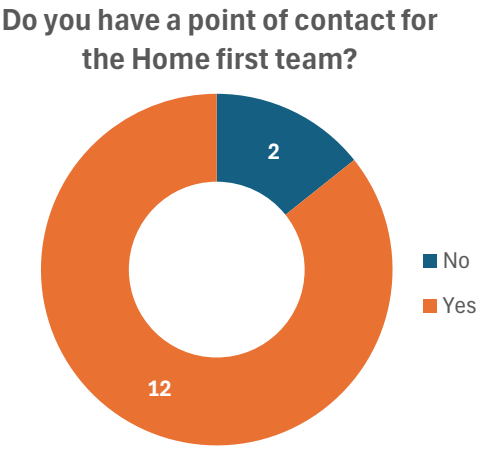

Fig 7.0 Chart showing the number of participants on point of contact with Home first

Talking about what matters and feeling listened to

Most participants (13 out of 14) felt they discussed what mattered most to them during their first meeting with the Home First team. However, two of these 13 participants felt they were not listened to (fig 8.0).

> *"I said that my dog matters. This is my home, and I am not going to push my dog out because they want me to. I did though, I did [push the dog out] three or four times."*

One participant appreciated the support workers going above and beyond by doing something they hadn't even asked for:

> *"I said that I wanted to do things for myself, and they did what I asked. One thing they did that I hadn't asked for, but I appreciated - I use a commode, and they emptied it. I hadn't asked, but it was very nice of them to do so."*

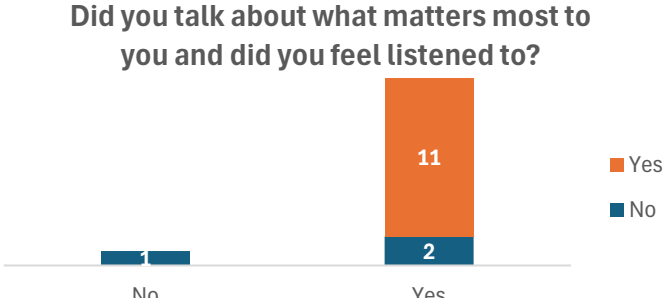

Fig 8.0 Chart showing the number of participants on talking about what matters and feeling listened to.

Feeling of abilities being maximised

Most participants (12 out of 14) felt that the support they received from the Home First team improved their abilities (fig 9.0). They praised the support workers describing them as being lovely, polite, and caring during their visits.

"All of the home first team were lovely, very polite, caring and did a great job. They cared for [my family/supporter but also asked how I was too. [My family/supporter improved significantly – so many things I had to do for him, he does now..."

"Everyone has been as good as gold, I can't fault them. They turned up each morning and evening – they'd made the bed, empty the commode and fill my water bottle."

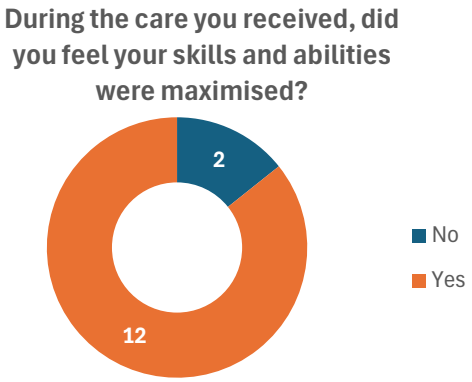

Fig 9.0 Chart showing the number of participants on maximising skills and abilities.

Feeling linked with services that will support further once Home first finishes

Over half of participants (9 out of 14) felt they were not provided with sufficient information, contact details, or signposting to services that would help them maintain their independence after the Home first service ended. Instead, they relied more on the support of their family members and neighbours. The remaining five participants felt well-connected to services that would support them further (fig 10).

"Not at present, we are not sure who will provide appropriate support if/when needed when Home first service comes to an end."

"I am sure they said the carers would be temporary. We had a cleaner for 3 weeks. Not sure what to do if [I] needed more help."

"My stepdaughter comes around and does all my tablets and anything I want done. I have a woman who does my cleaning, I have a neighbour across the road who takes my dog for a walk, but no information from the service."

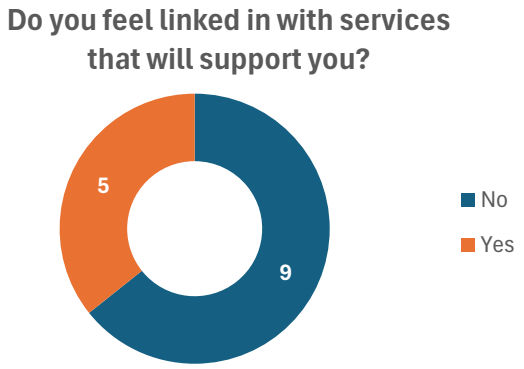

Fig 10. Chart showing the number of participants on linkage to services after Home first.

Staff Engagement

Who did we speak to?

We spoke to 21 staff from the Home first team, 15 were Home first support workers and the remaining 6 were Assessors, Care Coordinators or Supervisors (fig 11), all of whom have worked previously in health and social care before joining the Home first team.

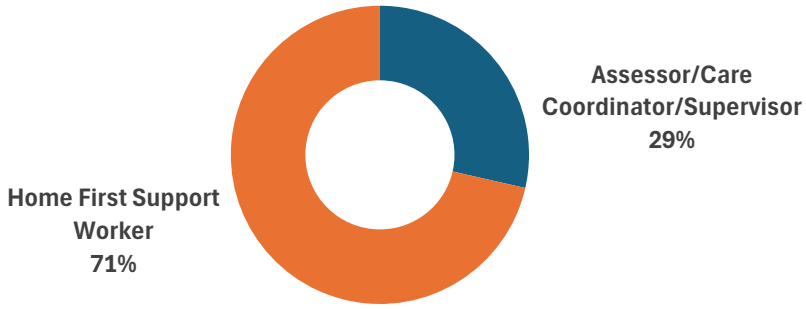

Fig 11. The distribution of staff that we engaged with.

How well has your induction prepared you for the work you are doing?

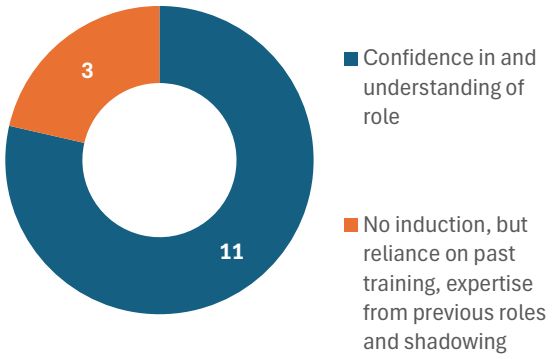

Fig 12. Induction impact on role of staff.

A total number of 14 staff responded to this question. 3 staff told us they had no induction, rather they relied on past trainings, experience from previous roles and shadowing when they joined the Home first team. The other 11 staff told us they did receive an induction which did help to prepare them for the work they currently do by improving their confidence and their understanding of their role.

Which aspect of working in the team do you find most satisfying?

According to the home first support workers teamwork among staff (8 mentions), the handover process (6 mentions), and interacting with people (5 mentions). Meanwhile, Assessors, Care Coordinators, and Supervisors valued the appreciative attitude of their colleagues (1 mention) and the team's collaborative spirit (5 mentions).

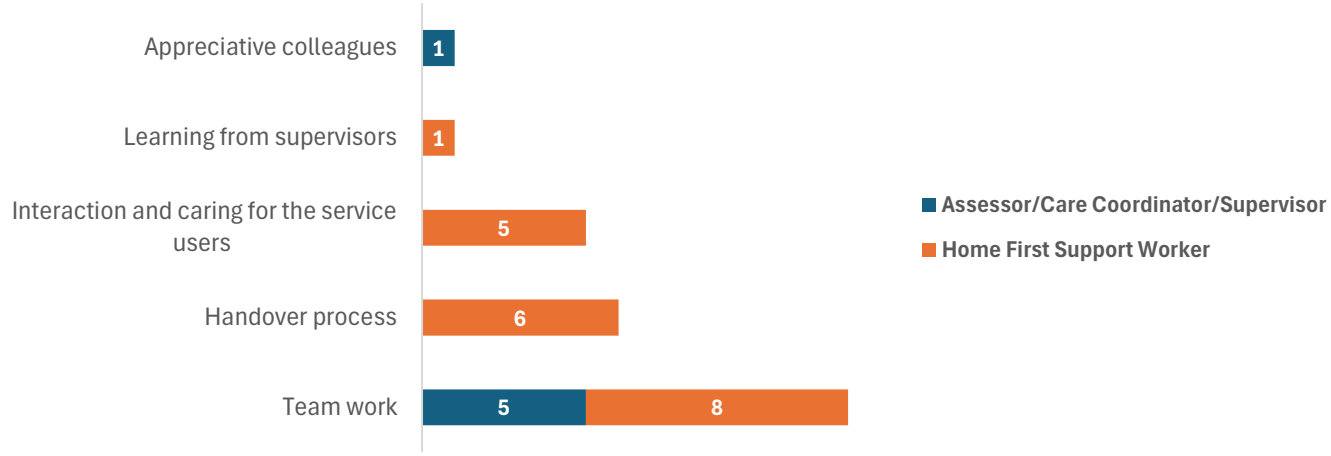

Fig 13. Working aspect found the most satisfying

Which aspect of working in the team do you find least satisfying?

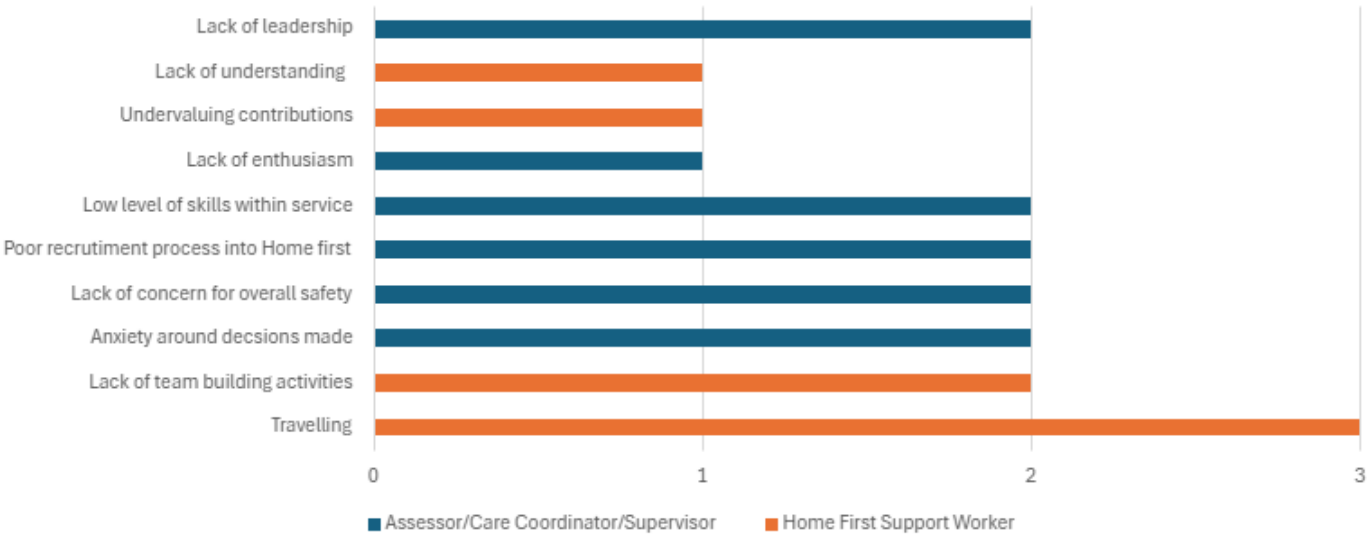

Fig 14. Working aspect found the least satisfying

Team members found certain aspects of working in the team less satisfying, such as the lack of team-building activities (2 mentions), which could affect cohesion. Concerns were also raised around decision-making processes, with some team members feeling that certain choices did not prioritise patient well-being (2 mentions). Additionally, issues like lack of leadership (2 mentions), insufficient focus on patient safety (2 mentions), and limitations in recruitment practices (2 mentions) for the Home First team were highlighted.

Furthermore, frequent travel requirements (3 mentions) was the most reported least satisfying aspect of their work particularly for the support workers, while someone noted a lack of motivation (1 mention) and another person felt that their contributions were undervalued by the team (1 mention).

What do you feel is your contribution to the Home First team so far?

All home first staff (21) that we spoke to felt they had autonomy in their role. Home first support workers emphasised that their contribution was in supporting people toward independence, helping them regain the ability to perform daily activities on their own and reducing the need for hospital readmissions. They highlighted their contributions in delivering care and re-enablement, providing personalised support, and fostering a positive view of the Home first service. They valued their ability to work effectively within a team, contribute during handovers, and maintain good communication, which they believe strengthened the team's effectiveness and service user satisfaction (9 mentions).

"Being able to support people, achieve independence and get back to doing things on their own and keeping them out of hospital."

"Helping enabling people in our case load attain independence."

"Team building, meeting clients' needs, interactions within the team to meet the needs of the clients, contribution during handover."

Assessors, Care Coordinators, and Supervisors focused on their leadership and daily management responsibilities, which included guiding the staff team and engaging in discussions with clinical staff to ensure safe patient-centred approaches. They believed their contributions also extended to supporting staff development through

training, providing mentorship, and maintaining a collaborative team spirit (4 mentions).

"My contributions can be felt by both colleague and the people, the positive energy always and willing to be a team player, doing what is right even when no one is watching(integrity)."

"Joy in seeing the successful reduced wait times for individuals in our care from our completed assessments."

"Involvement in discussions with Clinical staff to help proceed in a safe and patient centred approach."

Do you think you could make a greater contribution and how?

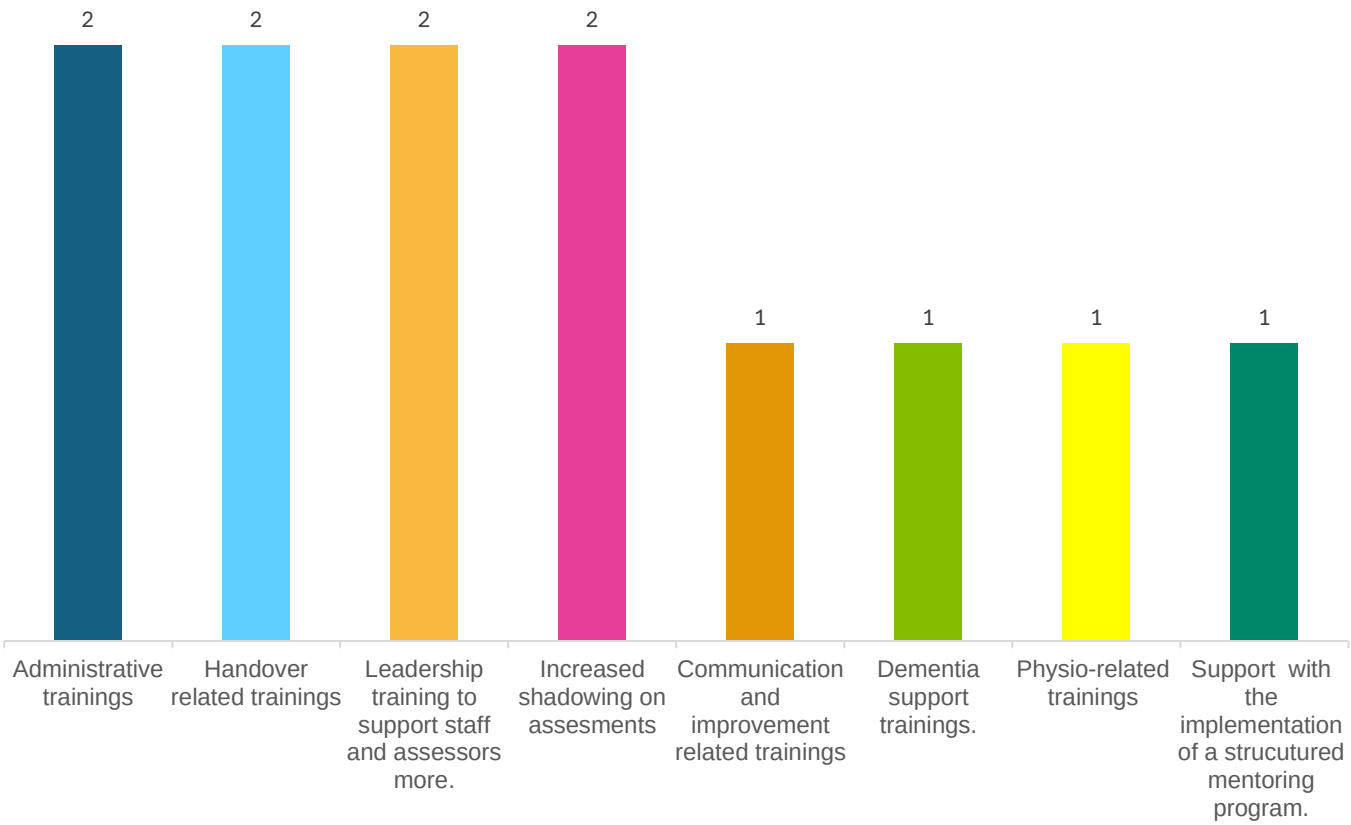

Fig 15. Areas of support to improve contribution to Home first team by team members

A total number of 20 home first team members responded to this question. Eight team members felt they are contributing well at the moment. The remaining 12 team members felt that they could make greater contribution with further training support. Three areas with higher demand were administrative, handover, leadership

training for support workers and assessors, and increased shadowing opportunities for inexperienced team members on assessment (fig 15).

"More trainings on different aspects such as dementia could help me understand people with dementia better."

"Being further trained into a leadership role and becoming a role model to the support staff and a decision maker for the assessor team."

"I would be happy to help develop a structured mentoring program that pairs experienced assessors/support workers like myself with newer team members [which] will involve regular check-ins, sharing best practices, and providing guidance on complex assessments/individuals."

How well do you think the team is able to work together?

Out of 20 respondents, the majority (18) rated the team collaboration as "Excellent," suggesting strong teamwork, effective communication, and easy collaboration. Only 2 respondents indicated "Some teamwork" with occasional conflicts.

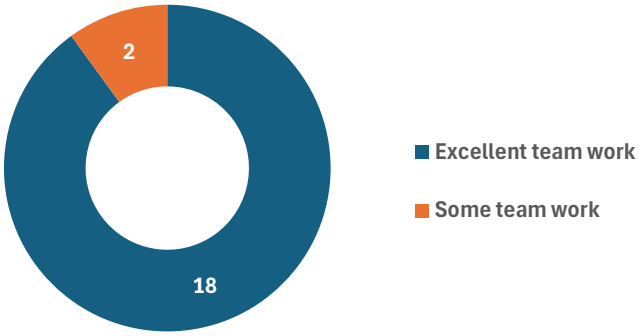

Fig 16. How well the Home first team collaborates

Home first support workers emphasised positive team dynamics, highlighting several key aspects such as:

Strong communication and mutual support (8 mentions)
Team members praised the team's ability to effectively share information and discuss issues encountered in the field.

"The team is very big with sharing information and talking about issues experienced on the field"

"Teamwork in home first is exceptional"

"Generally, there has been an immense teamwork within the team"

"Everyone is willing to learn, support where and when necessary"

Appreciation for supportive leadership (4 mentions)
Support workers praised the role of the manager in promoting inclusion, diversity, and a positive working environment

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"We have a great manager that practices inclusion and diversity"

"...such an encouraging and supportive manager, and motivating supervisors and admins"

Positive working environment (3 mentions)
Support workers pointed to the friendly and welcoming atmosphere created by the team

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"Teamwork in home first is exceptional, creating a great and friendly working environment"

Collaborative problem-solving (3 mentions)
Team members emphasised the team's ability to solve cases collaboratively, supporting one another

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"We solve cases as a team, and we support one another"

"The support workers genuinely work well together"

Other feedback was the need to maximise individual skill and concerns about leadership and decision-making (2 mentions)

"Lack of leadership and poor decision-making bring anxiety to the team." How well do you think the team comes up with solutions to problems?

Out of 21 respondents, majority (18) rated the team's problem-solving as "Excellent," suggesting innovative solutions and proactive approaches. Only 2 respondents

indicated "Struggles to find solutions," while 1 respondent rated it as "Good problem solving."

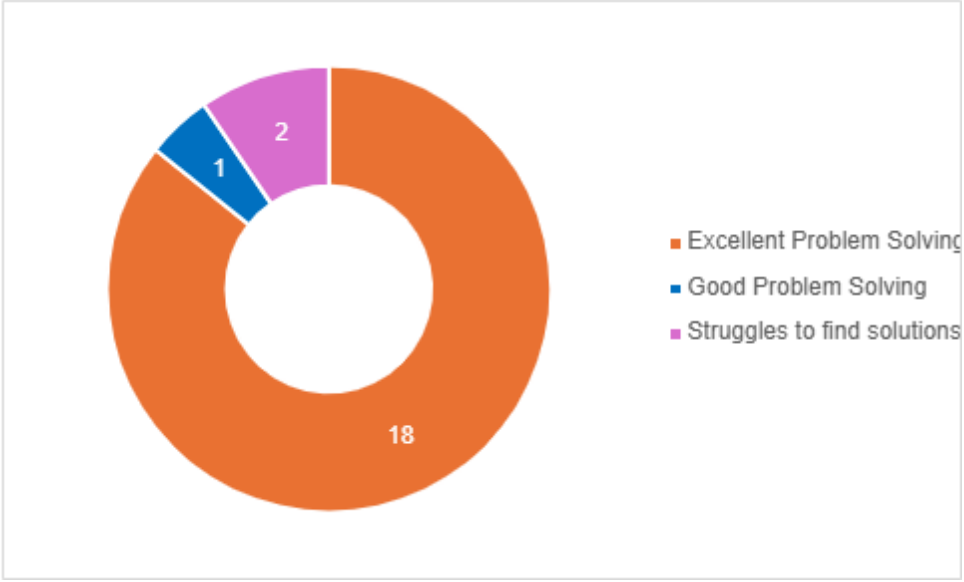

Fig 17. How well the Home first team solves problems

Home first team members highlighted several key aspects of their problem-solving approach:

Effective handover and communication processes (7 mentions)
Home First team members emphasised the importance of their handover and communication practices in facilitating effective problem-solving

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"Everyone in the team works towards the same goal and we have handovers to ensure everyone is aware of how each person we visit is doing"

"Everyone is very open about issues they are facing at handover"

"There is always good, simple and clear communication at all times"

"We have an amazing team of brilliant minds, round table discussions during handover

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Proactive support and responsiveness from leadership (5 mentions)
Home First team members praised the proactive and supportive approach taken by their assessors and managers in addressing problems.

"The problems raised are tackled head on and we can always ask for extra support and get it from the assessors and the managers"

"The care assessors are always available to listen and refer issues to appropriate professionals without delay"

"Any problems raised are dealt with heads on and the assessors and managers are always ready to help"

Collaborative approach to finding solutions (4 mentions)
The Home First team members highlighted their collaborative mindset in problem-solving noting that it helped them address complex challenges.

" We have an amazing team of brilliant minds and quick way of proffering solutions even in most difficult cases "

Focus on service user needs and independence (3 mentions)
A key aspect of the Home First team's problem-solving approach was their focus on the needs and independence of the people

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"The team comes up with solution to problems by amazing feedback and having great handovers, discussing concerns of the people we support and how best we can support their needs and helping them regain their independence"

Concerns about leadership support (2 mentions)
While most feedback was positive, a few team members expressed concerns about the level of leadership support, stating that:

"There is no real leadership, and the assessor team are left to make very important decisions on a daily basis"

Conclusion

Overall, the findings indicated several areas of strength, as well as opportunities for improvement.

The majority of people (86%) felt prepared to leave the hospital with care plans in place. A smaller majority of 57% were directly involved in the discharge planning process, showing that there could be room to enhance the involvement of people and their family/supporter around the discharge process and their readiness.

People valued the empowerment and support provided by the Home First team, with 86% feeling their skills and abilities were maximised which is an encouraging indicator of positive outcomes. Additionally, 86% appreciated having a designated point of contact, which was highlighted as a crucial aspect. A minority (14%) felt that their concerns were not fully addressed.

From the staff perspective, strong collaboration and problem-solving within the Home First team were evident, with 90% rating these areas as excellent. This teamwork, as perceived by the team members appears to significantly contribute to the teams' success and their dynamics. 60% of staff indicated a need for additional training, particularly in administrative tasks, handovers, leadership development and more opportunities to shadow experienced colleagues on assessment, suggesting that addressing these areas may further enhance staff cohesion and capabilities.

The engagement also identified some areas for improvement, including inadequate communication of care plans (reported by 21% of participants), short notice for discharge (21%)- both of which are out of the control of Home First, challenges in securing practical support (14%), and inadequate linkage to community/voluntary services (64%) that could provide ongoing support once the Home First service concludes.

The engagement also identified some area for improvement, such as inadequate linkage to community/voluntary services after the conclusion of the Home First service(reported by 64% of participants) and challenges in securing practical support (14%). There were other areas for improvement that fall outside of the Home First's team control, including inadequate communication of care plans (21%) and short

notice of discharge from hospital (21%).

Limitations

The small sample size of 14 people, while providing valuable insights, may not fully represent the experiences of people. Also during the engagement stage the Home First Team were expanding in staff numbers and geography so staff feedback gathered included a wider pool of individuals than the originally scoped group, which was the Thanet Home First Team.

The engagement relied heavily on self-reported data from both people and staff, which introduced potential biases, as participants may have given responses they felt were expected rather than their true experiences. Additionally, because the interviews looked back on past events, participants' recall of details might not always be entirely accurate.

Upon analysis, the geographical area of the people who provided responses were Thanet and Canterbury areas. This means that the experiences and perspectives of people in other regions of East Kent or indeed Kent were not captured, potentially missing important variations in service delivery and outcomes across different locations.

We had intended to contact people a few months after our first interview to try to understand if the Home First intervention had supported longer term outcomes. While attempts were made to collect follow-up data from participants after the conclusion of the Home First service, this proved particularly challenging. Many participants were reluctant to engage in follow-up questions, and sadly, two people had passed away. Initial data collection faced timing challenges, as participants were often approached as their involvement with the service was concluding due to missed calls, unavailability and uninformed cancellations. The resulting data therefore primarily represents

experiences during or immediately after service delivery, rather than longer-term outcomes.

The data collection period was June-October 2024, and the expansion of the service occurred from Sept 2024 with a significant number of new staff entering the service in September and October and this may have impacted results i.e. some staff in induction and therefore not have fully completed training or consolidated their learning.

Despite these limitations, the engagement offers valuable insights into the functioning of the Home First service and highlights important areas for improvement including those linked to the hospital discharge team. Future work addressing these limitations would further strengthen the evidence base and contribute to the ongoing development and enhancement of the Home first service and people's discharge journey.

Appendix

Survey questionnaire (Person & Family/Supporter)

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PERSON QUESTIONS

- Are you the person who has been discharged?
  YES [ ] NO [ ]

  If NO, Go to **FAMILY/CARER** questions.
- Did you feel prepared to leave the hospital?
- If appropriate, were your family members or loved ones involved in planning your discharge from the hospital?
- Did you have an agreed plan?
- Are you being involved in the plan?
- Do you have a point of contact for the Home-first team?
- During your first meeting with the Home-first team, did you talk about what matters most to you?

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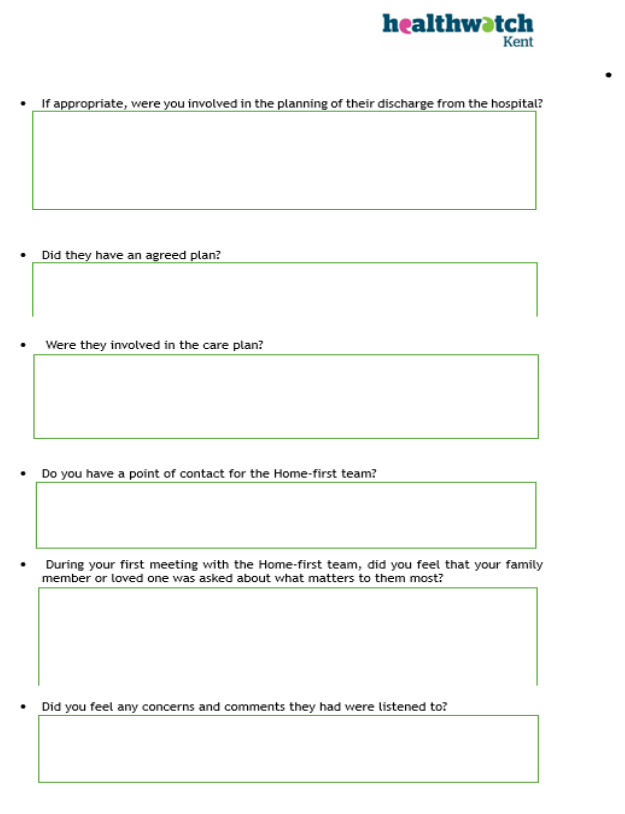
- Did you feel listened to?
- During the care you received, did you feel your skills and abilities were maximised?
- Do you feel linked in with the services that would support you when your involvement with the Home-first team finishes?

FAMILY/CARER QUESTIONS

- Are you the carer or family member of the person who has been discharged?
- Did they feel prepared to leave the hospital after receiving treatment?



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- If appropriate, were you involved in the planning of their discharge from the hospital?
- Did they have an agreed plan?
- Were they involved in the care plan?
- Do you have a point of contact for the Home-first team?
- During your first meeting with the Home-first team, did you feel that your family member or loved one was asked about what matters to them most?
- Did you feel any concerns and comments they had were listened to?

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- During the care they received, did you feel their skills and abilities were maximised?
- Do you feel they are linked in with the services that will support them when their involvement with the Home-first team finishes?

Thank you.

Survey questionnaire (Staff)

PATHWAY 1 DISCHARGE

STAFF QUESTIONS

- Before this role, did you work in health and/or social care?
  YES [ ] NO [ ]
- What is your role within the team?
- How well has the induction prepared you for the work you are doing?
- Which aspect of working in the team do you find most satisfying?
- Which aspect of working in the team do you find least satisfying?
- Do you feel you have autonomy in your role?
- What do you feel is your contribution to the Home-first team so far?
- Do you think you could make a greater contribution? If so, how?

Using the scale below, please rank from 1-10 with 1 being poor and 10 being excellent.

- How well do you feel the team is able to work together?

1 2 3 4 5 6 7 8 9 10

Please provide a reason for your ranking above.

- How well do you feel the team comes up with solutions to problems?

1 2 3 4 5 6 7 8 9 10

Please provide a reason for your ranking above.

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