

# **Acute Hospital – Discharge Pathways Scrutiny Committee Update 5<sup>th</sup> April 2023**



# Introduction

The following presentation informs of progress, activity and outcomes of:

- Active Recovery Bed
- Pathway 1 Discharge to Assess
- Pathway 1 Hospital Discharge Reablement Service

# Active Recovery Beds

- The Active Recovery Beds (ARB) service supports a person's transfer to the most appropriate setting and provides care led reablement that cannot be provided in a person's own home for a short period of time.
- The level of reablement service provided to each person during their ARB stay is based on a comprehensive individual detailed care plan with input from the multi-disciplinary team (MDT) including the care provider, social work practitioner and health professionals.
- The core principle of the service is to maximise an individual's independence and enable a person to resume living in their own home safely in a time-efficient manner.
- The ARB service is not intended for all hospital discharge but supports those requiring an integrated response to enable them to live at home independently with a reduced level of statutory services.

# Active Recovery Beds Timeline

- 12/12/2023: 60 Beds went live
- 16/01/2023: Increased to 80 bed
- 01/04/2023: 40 Beds to be extended for 3 months
- Procurement underway to extend for a period of 12 months

# Active Recovery Beds

As of 05/03/23:

- 216 referrals
- 85% of referrals accepted (184) of which 24 failed to start
- 26 referrals not accepted
- 3 exceptional cases went over the 4 weeks
- Average length of stay: 21.49 days
- Of those who returned home with LCC funded Home Care or home based reablement 60% had a reduced need after being in an Active Recovery Bed
- 31% returned home with no ongoing LCC/LCHS funded support

# Pathway 1 Discharge to Assess

- Deemed medically optimised
- Triaged through the multidisciplinary Transfer of Care Hub with a view to offering rehabilitation and reablement to customers in their own home, thus promoting a strengths-based approach which enables independent living.
- Customers are assessed in their own home to identify actual need.
- ASCCW were instrumental in working alongside Lincolnshire Community Health Services in supporting discharges to customers home, utilising a hybrid model of both reablement and rehabilitation, which has reduced the need for long term support and freeing up services for others
- As of 8th March, 66 Lincolnshire residents were receiving a service at home.
- This joined up approach has led to one assessment of need being completed, rather than several assessments being completed by different organisations to ensure identified outcomes are achieved.

# Pathway 1 Discharge Reablement Service

- December 2022, long waits in ED often leading to admission into Hospital
- Admission into hospital has significant negative impact on adults especial frail older adults.
- Lincolnshire Reablement Service introduce new pilot
- Customer discharged into the care of Lincolnshire Reablement Service and supported for up to 48 hours.
- 14/03/23: 54 customers have received this service
- Post 48 hours:
  - 34 did not require any services
  - 20 received ongoing reablement after initial 48 hours

# Customer Experience

One customer advised that she had fallen and broken her wrist. She was anxious about returning home and initially consideration was given that she may need to be admitted into hospital. The customer returned home with the hospital discharge reablement service who arranged equipment and actively promoted recovery through confidence building and support at the right time, in the customers own home. The customer is now living independently at home without support.



# Conclusion

- The Active Recovery Beds and Pathway 1 initiatives are offering residents of Lincolnshire the opportunities to recover and regain independent living skills.
- For those that do not become fully independent, the support packages they require are significantly reduced, freeing up services for others, which supports timely discharges from the acute hospital sites.
- All of these discharge pathways are effective, efficient and value for money.

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