Co-operative Councils Innovation Network

HEALTH AND SOCIAL CARE

Telford & Wrekin Council

Taking an innovative approach to hospital discharge

Collaborative partnership is at the heart of our approach to transforming the health and social care system in Telford and Wrekin. The dynamic Integrated Place Partnership programme works together to improve outcomes for local people by adopting a strengths based approach - focussing upon offering early help, targeted prevention and a joined up response at times of urgent need. One example of the partnership's work includes an innovative preventative pathway pilot to support discharge from hospital – Pathway Zero.

To ensure that only the people who need to be treated in an acute hospital setting are admitted, senior leaders across health, social care and the voluntary sector acknowledged that we must look at new ways of working and to reduce the need for people to be admitted to acute hospital.

Pathway Zero is a preventative pathway to support discharge from hospital, sitting alongside the pre-existing Complex Discharge Pathways 1, 2 & 3. The pathway is targeted at people below the normal threshold for support and who may be readmitted to hospital. It is aimed at focussing hospital discharge on the same strength based approach so as not to create dependency and maximise people's ability to live an independent life.

Pictured: Ward staff and social workers who implemented Pathway Zero in Telford and Wrekin.

At the start of the pilot a target was set of 5% of discharges to occur through this pathway. Over the first 5 months of the pilot the approach has exceed expectations with:

- ✓ 9% being discharged home on Pathway Zero, which has decreased the number of people being discharged into bed-based enablement by 2%-point.
- ✓ A 22%-point reduction in rate of re-admissions.

- ✓ 27%-point increase in people discharged with equipment or assistive technology (e.g. community alarms, fall prevention…etc)
- ✓ 37%-point increase in number of people booked into a local community based social care hub for a follow up appointment – helping to maintain independence
- ✓ 14%-point increase in number of carers support inventions and formal assessments.

In January 2020, the senior leaders reviewed the progress made and agreed to roll the pilot out, taking it from one ward at the hospital to all wards.

All of the above has not only impacted on the discharge system but most importantly on the person themselves. The following case study demonstrates the difference this pathway can make to people:

Derek's story

Derek was admitted to hospital with a chest infection; it was his second admission in two months. Derek was referred for discharge on Pathway 1 (this would typically be 3 to 4 care calls a day). The social worker visited Derek and his wife and discussed their situation, what was working well and if there was anything they were struggling with. The social worker established that:

- Derek has several long term conditions, including respiratory ones;
- They have local family who visit them regularly to check on them and offer informal support;
- Derek is able to manage the majority of his daily needs independently most of the time and his wife, who is his main carer, supports him with the remaining needs. ; and
- Derek is able to drive and can walk a short distance with a stick.

The social worker identified that Derek could be discharged home instead with some additional community based support/referrals. The worker discussed this with Derek and his wife and they were happy with the proposed plan. Derek was discharged home on Pathway Zero with:

- ✓ A referral to several low impact exercise clubs in his local community centre to improve his breathing;
- ✓ A request for a home Occupational Therapy Assessment for equipment – this was completed and a shower stall and bed wedge were delivered later that day.
- ✓ A phone call to the specialist respiratory team to check when they would be out to see Derek; and
- ✓ Support for Derek's wife - a referral for a carer's assessment was made.

For further information contact:
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