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Improving recovery and rehabilitation for adults in Merton



Background



- In line with national policy for enhanced recovery or rehab services, we are looking to redesign home-based services, to improve the support that people receive.
- People are becoming increasingly frail and pressures on the health and care system are increasing.
- Therefore, we want to address these changing needs and are working with our partners to design a service that has more opportunities for people to receive their rehab at home and for some people to start their rehabilitation in hospital.

Why is it important to get people home or to remain at home for their recovery and rehabilitation ?

- Where people are able to remain at home for their rehab, or go home again after a hospital stay, we know they respond better and quicker as they are in their own familiar environment
- The sooner people can access rehab and recovery, the quicker they are able to be independent again
- When people stay in a hospital or a care home bed 'deconditioning' can take place and people become less able and there's often a bigger mountain for them to climb to recover.



What users and carers told us

People receiving rehabilitation

- Most people see the benefit in supporting people to go home sooner but feel additional support is needed
- Patients want to regain their independence quickly and maintain their ability to get out
- Most patients wanted to be in their homes and would prefer to avoid hospital in the first place
- Experience of discharge from hospital to home is generally positive though improvements could be made. (77% of people went straight home)
- Rehab would be preferred in the home but lack of space for equipment was perceived as an issue
- Transport to a local rehab service would also be welcomed
- Concern was raised about support for patients with dementia

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Carers of people receiving rehabilitation

- 84% said that they were involved in the ongoing care of the person they cared for
- A carer spoke of the emotional strain and the vast amount of administration they had to undertake others said they had a very good experiences
- Those who did receive support felt that it was uncoordinated with many calls needed to gain basic services. Lack of clear communication was a common theme



Why change ?

- Patients are wanting rehabilitation, as much as possible, to be provided in their own homes
- With the increase in frailty/complexity of patient need, Heathlands care home often has been unable to accept patients into their beds
- Environmental and other issues create exclusions to these beds – e.g. patients who are obese (due to the challenges of evacuation in a fire incident) and people with cognitive problems (due to the lay out of the unit which are all single rooms with limited sight of patients from the nursing station) are unable to use the Heathlands care home beds
- An audit of the beds in Heathlands at least two thirds of patients admitted to these beds could have received their rehabilitation in their own homes , and a third could have gone home sooner and continued their rehab at home.
- In addition, the beds in Heathlands were often under used because of this
- An Equity audit was also carried out in Heathlands and found to not be representative of the population for age, sex, ethnicity and deprivation, the home-based services by contrast were better matched.
- Evidence in other London boroughs (Lambeth and Southwark) has shown that home-based rehabilitation results in similar or better outcomes for people.



The Proposal

Phase 1

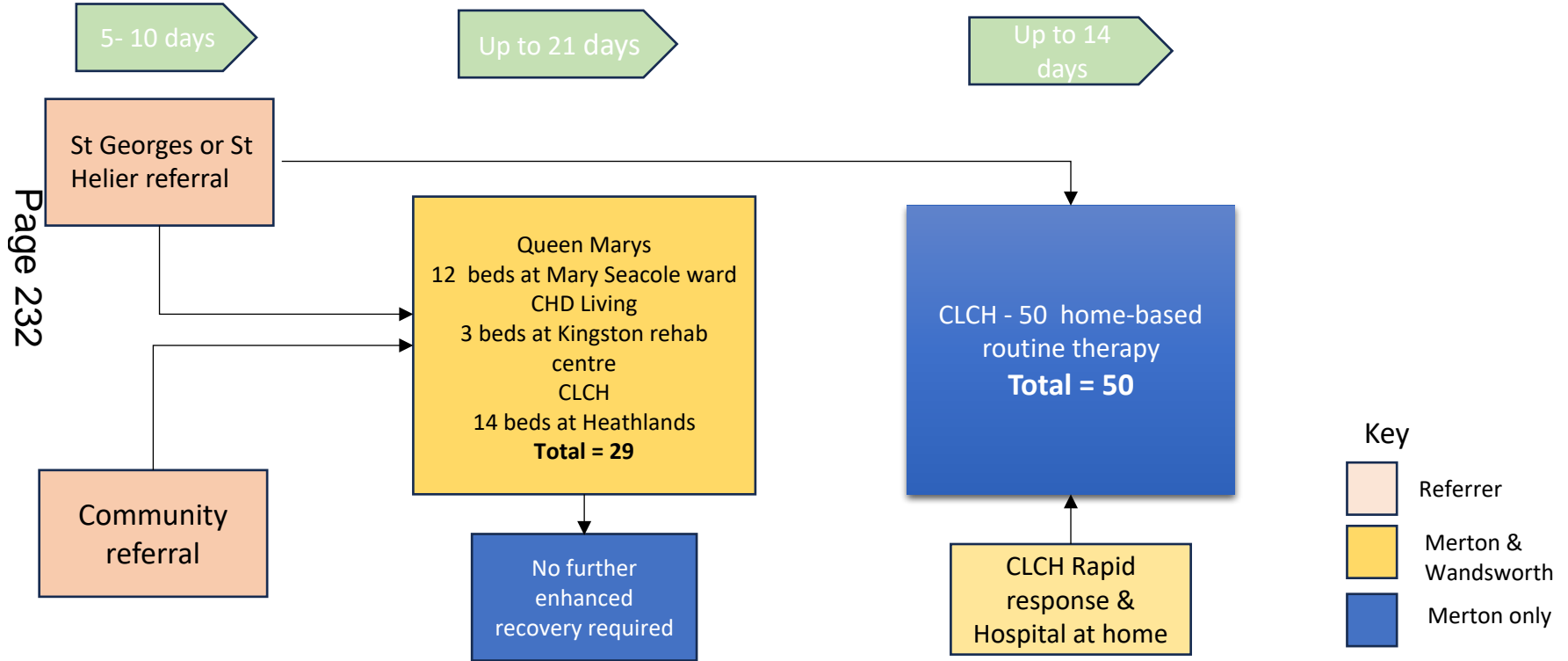
- In November increase therapy input to existing beds in Queen Marys on Mary Seacole Ward following a successful pilot and continue to commission beds at Kingston rehab centre
 - At the end of December close admissions to rehab beds in Heathlands and replace with home based enhanced rehabilitation.
 - From the pilot in Mary Seacole ward the few patients that had ongoing medical needs, have responded well to receiving enhanced rehabilitation in this setting and are going home sooner with a smaller packages of care.
- The monies that were paying for staff and beds in Heathlands can be reassigned to provide enhanced rehab in people's own homes.

Phase 2

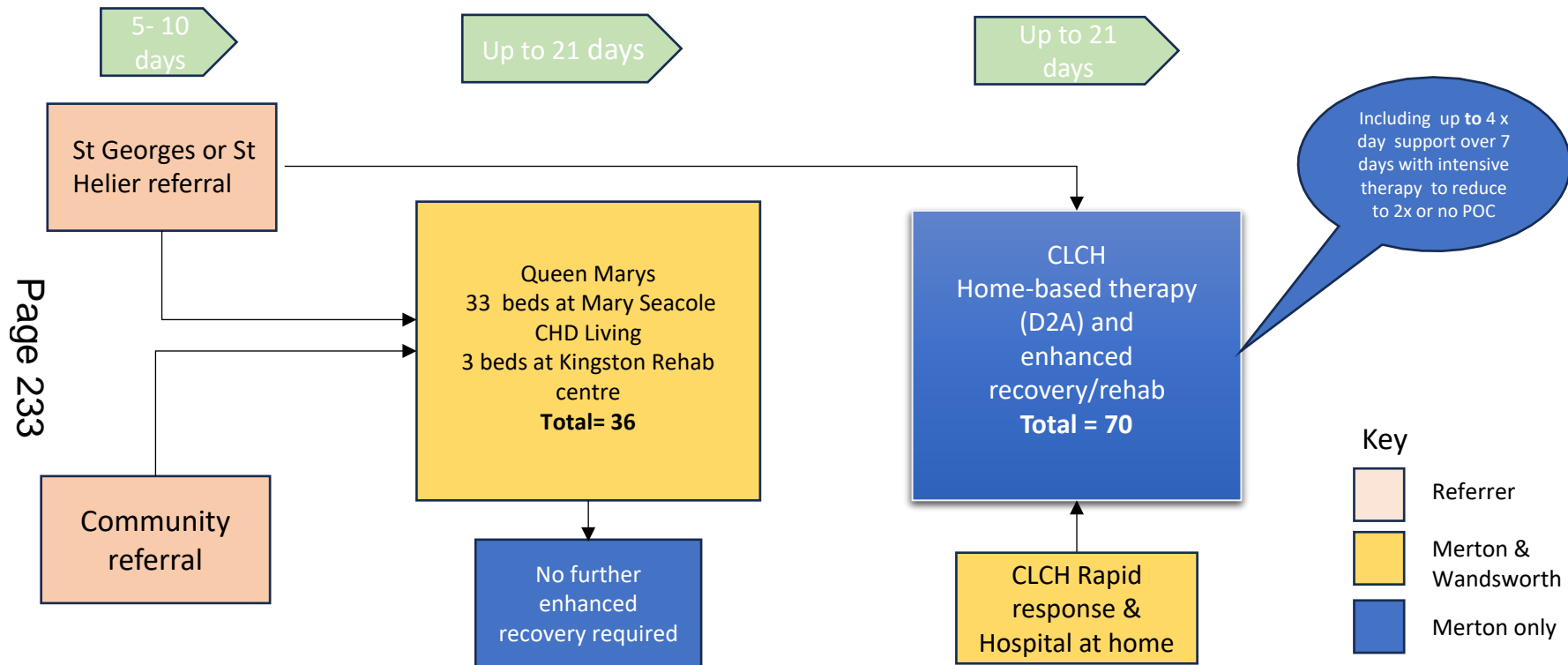
- In the next phase, CLCH and Merton Council to further integrate health funded rehabilitation with LA funded reablement services to further improve the services offered in the community



Current services



Proposal



Testing the changes

- We are undertaking 2 pilots one in Mary Seacole Ward (MSW) and one in Merton to test out the impact of the proposed changes
- On MSW, following a funded innovation pilot, 44 patients, have seen their length of stay reduced from 32 days to 19, 52% received a home visit follow up , 65% needed on going therapy and all showed a reduction in the package of care required
- 17% had 4 x a day support on admission and on discharge, 33% required 2x a day and 44% had no care needs. So overall a 68% reduction in care needs has been seen
- The Merton test showed 5 patients have had positive outcomes with no primary care or social care support



Factors determining whether someone can be treated in their own home

- For the audit the assumptions were based on being able to provide an enhanced therapy service in the community, not necessarily what is in place currently.

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The patients did not require overnight care or extensive nursing and medical input
Patients were identified as having good rehab potential , i.e they had conditions where recovery was expected, they were engaged in the rehab process and there was evidence of functional improvements being made



Appendix 3 -How we got feedback from patients and carers about their experiences

- The ICB commissioned the voluntary sector to ask what peoples experience of hospital discharge and bedded rehabilitation were.
- They engaged with people aged 65 years and over and their family members and carers.
- Several local voluntary groups were commissioned to consult with clients and their service users : Merton Vision, Age UK Merton, Muskil Assaan (represent BAME in Wandsworth), and Wandsworth Carers centre
- In addition, the Engagement team from the ICB, telephoned patients discharged from care homes and used SurveyMonkey open to all Merton and Wandsworth residents aged over 65 years-old, and their carers
- In total, over 150 people gave their views during the process
- And will continue to obtain patient and carer experience through the two pilots

