Pathway 1 - Support to recover at home

* Patient returns to usual place of residence with additional support.
* May include short-term therapy, nursing or medical support to get back to independence.
* Also includes a restarting a lapsed existing POC through the locality control room.
* Likely 45% of discharges
* New care package required or increase to existing package.
* Restart of existing package of care that has lapsed due to admission (>48 hours)
* Temporary reablement to maximise independence.
* Nursing/therapy assessment/intervention

Once a referral has been sent from the acute hospital control room teams will work with reablement services to identify if reablement or a commissioned package of care is most appropriate and source this care.

Patient will be contacted within the first 1-2 days following discharge to make sure they are home safely and hey will be allocated a social worker/social care assessor within 48 hours of returning home to review care needs following hospital discharge.