

Change 4: Home First Discharge to Assess

	Not yet established	Plans in place	Established	Mature	Exemplary
Discharge to assess	People are usually assessed for care on an acute hospital ward.	Plans have been drawn up for a discharge to assess pathway, and nursing capacity in the community is being created to do complex assessments outside of acute hospital wards.	Discharge to assess pathway implemented, and practice changes in place to increase the number of complex assessments in the community.	Whenever possible, people are supported to be assessed in their usual place of residence.	Assessments under the Care Act, continuing health care, and mental health capacity take place in people's own homes unless a short period of step down reablement is needed. Investment in joint community-based reablement delivers increased independence and increased flow through hospital.
Reablement and pathways	Long-term care decisions are routinely made in an acute hospital ward. People are entering residential/nursing care too early.	Existing pathways have been evaluated and solutions developed for shifting the focus to reablement and recovery. Capacity is being created for reablement and intermediate care.	Practice changes in place to make reablement and recovery the norm.	Decisions about long-term care are not made in acute hospital wards, but instead after people have accessed reablement/intermediary care services. Whenever possible, people return home with reablement/intermediate support.	Investment in joint community based reablement delivers increased independence and increased flow through hospital. Single points of access ensure clarity of pathways and equality of access.
Embedding and home first mentality	Home first D2A is not well understood.	Home first is being debated as an overarching principle to inform other developments. It is raised in business as usual meetings.	Training material and workshops provide home first evidence and guidance. Staff know what home first means as concept as well as a service and own this way of working.	Staff expect to steer people into a home first pathway; it is their default position.	Home First D2A is the destination of choice for all – individuals, families and carers, clinicians and other professionals involved in the person's care. It is seen to be a safe and timely alternative to bedded care.