



What is Home First?

Home First is a fantastic integrated health and social care service available across Pennine Lancashire for people who have identified care and support needs once they leave hospital. It is a strengths-based approach which helps people look at their own skills and resources as the experts in their own lives.

The Home First service helps to prevent people staying in hospital for longer than they need to and ensures they are supported to return home safely. This pathway helps to reduce the number of separate professional interventions and offer a more co-ordinated support package to help people regain their independence.

Although people often need time to recover, it is recognised that the hospital setting is not a great recovery and recuperation environment. Things often change when people get into their own home environment when they have the opportunity and support to manage core activities of daily living independently.

3 things you need to know about a Home First discharge....

1. Home First is a discharge pathway that is carried out in a timely manner. It works really well for people with possible aftercare needs who want to return to their own home that day, or the day after.
2. There are a number of slots available throughout the day, 7 days a week, for people put forward for the Home First Service.
3. People are fully assessed in their home when they arrive home, or very soon after they arrive home. The initial assessment is holistic and functional in nature to see what areas of the person's life they are managing well and what areas they may require support with.

Facts and Figures

- The Home First service is available 7 days a week
- We have supported over 1,000 people across Pennine Lancashire through the pathway and are now delivering services to over 50 people a week
- The hospital re-admission rate is low with only 4% of people who access the Home First service needing to return to hospital within 5 days
- Nearly 40% of people do not need any further action and live independently at home after 5 days of being discharged from hospital into the Home First service
- 12% of people who declined support initially did require social care input which was identified at the 3 day review

These figures show the importance of assessing people where they live to get the service offer right. Although a number of the discharges are felt to be quite risky when the person is viewed from a hospital perspective, the pathway has proved extremely safe.

Resident Case Study

Tell us a bit about yourself

My name is Joan Slater, I have lived in Great Harwood all my life. I started work as a weaver at the age of 15 years old, and continued to work in various other job roles up to retiring at the age of 60. My husband Peter passed away 8 years ago, so I live on my own now. My daughter Jane and her husband Colin live close by, I also have four grandchildren and 2 greatgrandchildren. I see my brothers Malcolm and Derek and their wives on a regular basis as well as my cousin Lynn and my best friend Esther. They've all been great whilst I've been poorly. My main interests are going out shopping, I like reading and listening to Radio Lancashire.



What happened to make you poorly?

It was the beginning of January, I was out shopping in Clitheroe, I was buying my 1 year old great-granddaughter a new pair of shoes, and I fell in one of the shops. An ambulance was called and they took me to hospital. [Read more](#)

Staff Case Study

Name and Job Title

My name is Rebecca Rees and I am an Occupational Therapist in the Home First team.

What is your role within the Home First Team?

Once someone has been discharged from hospital and into the Home First service, as an Occupational Therapist I go out to do the initial home visit to look at how they function in their own home. This includes looking at how they can mobilise around their home, identifying any trip hazards, whether they can prepare their own meals, if they can get on and off their chair and toilet and also things like whether they can get themselves washed and dressed. We then provide any equipment that is needed to support them to live independently whilst they recover. I also look at if the person is at risk of developing pressure sores, how they manage any medication and if needed refer them to care and support services such as Community Physiotherapy, Community Connectors, District Nurse team, Pulmonary Rehabilitation etc.



What benefits do you see for you and for patients?

The Home First team provides that initial care and support which for some people is all they need. [Read more](#)

This newsletter aims to keep you up to date
with everything that is happening in the Home
First Service for Pennine Lancashire.

TOGETHER
A HEALTHIER FUTURE
The Integrated Health and Care Partnership
for Pennine Lancashire