D2A

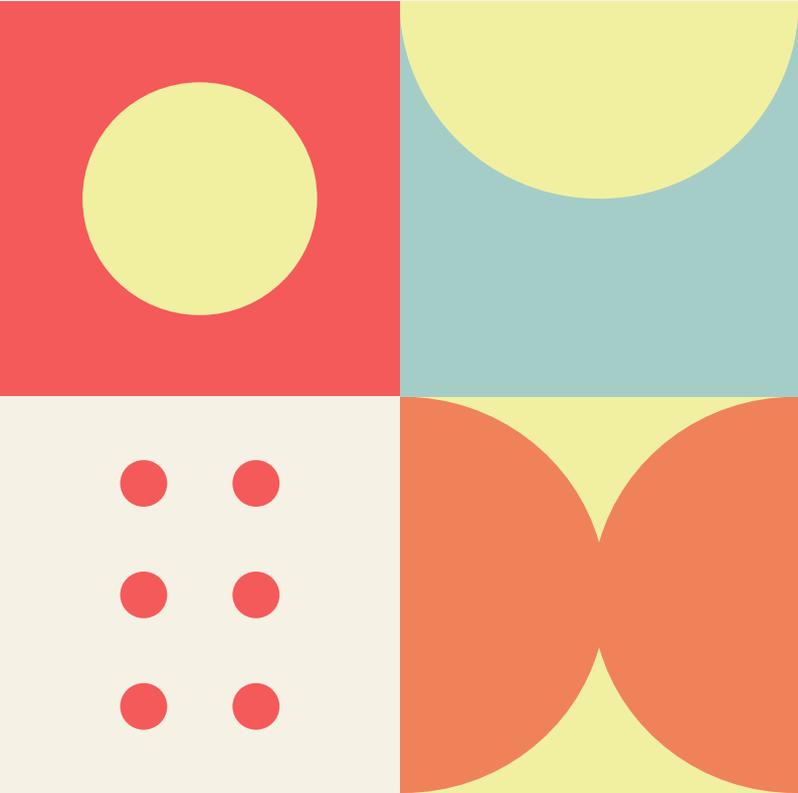## Discharge to Assess

Supporting you with reablement, home from hospital and activity assessment programs

How can you better support people who have been identified as medically fit to return to their home following a stay in hospital? How can you achieve the best outcome for the individual while optimising scarce and valuable resources?

400K

people waiting for
assessments or reviews

164%

increase in undelivered
home care hours

The
CHALLENGE

According to ADASS (the Association of Directors of Adult Social Services), last year saw a 164% increase in undelivered home care hours, despite a 15% increase in provision. Local authorities and care organisations are doing amazing things, but with 400,000 people waiting for assessments or reviews, making a success of D2A can seem an overwhelming challenge.

Tailoring provision to the needs of service-users in line with D2A requirements can be very difficult in such circumstances. You must achieve the best outcome for the individual while optimising scarce and valuable resources.

With only weak evidence from short assessments and anecdotes to go on, it's easy to over-provide care in a bid to reduce risks, unnecessarily racking up your costs. Hospital-based assessments often fail to reflect the needs of the people you have to care for at home. There is still a lack of detailed information, at handover, leading to further inefficiencies.

The NHS introduced D2A so people would be assessed at home before professionals made decisions about longer-term, means-tested care or support. But the reality, as you probably experience every day, is that there is still a chronic lack of accurate, real-time data on which to base these decisions. This undermines your ability to fulfil the needs of the D2A programme and be part of the seamless transition between the NHS and social care.

Week 1: 25 Oct - 31 Oct
Movement

■ 6 days ■ 1 days ■ 0 days ■ 0 days

| Mon 25 | Tue 26 | Wed 27 | Thu 28 | Fri 29 | Sat 30 | Sun 31 |
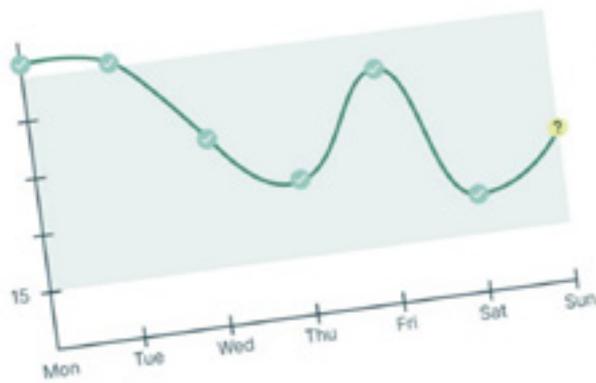
- Martin entered the hall a total of 181 times.
- Martin entered the hall between 16 and 35 times per day.
- On average, Martin entered the hall 26 times per day.

How Lilli
HELPS

Technology must never replace human care, but Lilli gives your organisation the best chance available to become as efficient, effective and responsive as it possibly can be.

Lilli's award-winning Saas technology supports independent living by enabling people to safely, happily and independently regardless of their age or health condition.

Our non-intrusive technology enables detailed, around-the-clock monitoring of a person's home using AI and machine learning to observe and analyse a person's habits and behaviours during their daily life.

Our platform provides care providers with the data and insights that they need to review a person's behavioural patterns and trends within their home so that they can accurately and identify what type of care support is needed. In addition, thereafter it will also support them in identifying where changes in behaviours occur that could indicate a change in a person's state of health.

This fills the current knowledge and resource gap, providing the hard evidence care professionals need to make decisions about each patient's requirements. No more guesswork or gut instinct – instead, we provide accurate data based on each individual's day to day activity within their home.

The Lilli tech delivers a cost-effective and non-intrusive monitoring system that supports efficient and effective care delivery, prevents declining health conditions and reduces the need for hospital visits whilst supporting individuals with self-limiting health conditions to maintain their independence at home for as long as possible.

How Lilli supported
ESTHER

Esther, who had been living independently, was admitted to hospital with a fractured wrist after a fall at home, having suffered from dehydration caused by a UTI.

The D2A team assessed Esther after she was declared fit for discharge, recommending three half-hour visits per day along with implementation of Lilli. Data from Lilli showed that two weeks after having the cast on her wrist removed, Esther was able to feed herself and make drinks, but was demonstrating changes in behaviour that once investigated, proved to be another UTI. This was treated with antibiotics, enabling Esther to continue her reablement.

After six weeks, Adult Social Care took responsibility and the Home from Hospital team presented data showing Esther could dress and feed herself but needed help with personal hygiene. This enabled social services to reduce her package to a single daily 30-minute visit. The Lilli system remained in place, reassuring Esther and her family that passive monitoring would help prevent future crisis events.

How Lilli supported the authority and care team

- Improved front line productivity, signposting teams and enabling them to proactively identify service user needs

- Provided evidence to support short and long term care care package assessment enabling backlog to be reduced and future assessments planned

- Improved commissioning of care through better insight and improved allocation of care resources

- Enabled more Service Users to be in a place called home and not in hospital awaiting discharge or in intermediate care beds

In Summary

Lilli supports organisations in achieving the following outcomes

Quicker discharge from hospital

Supporting people to return home sooner

Reducing care crisis events

Empowering people to manage at home

Providing evidence to support care decisions

Improving the accuracy of commissioned of care packages

Supporting efficiencies in time for front line teams

Providing a better outcomes for people by combining tech with personal care delivery

Reducing number of people sent to care homes as a temporary arrangement

Reducing expenditure through resource efficiencies and cost savings

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