Leaving hospital:
Supporting your independence

Information about care and support when you leave hospital.

This booklet is for patients and the people you tell us are important to you, such as carers, relatives and friends.

> “I’ve been told I’m going to be discharged from hospital, what happens next?”

If you have been told you will soon leave hospital, you may have questions about what comes next. This booklet will give you information about the different ways you may be supported once you leave hospital, to ensure you are best informed to make the right choices for you.

WARRINGTON
Borough Council

Will I need care and support when I leave hospital?

We know that starting your recovery as soon as it is medically possible to do so gives the best outcome. People who stay in hospital longer than necessary can face associated risks such as infections, loss of independence and mobility.

You will only be discharged when you are medically fit to leave. It may be agreed that you'll need some care and support in place to either aid your recovery in the short term, or to enable you to live independently long term.

Remember, you will have a say in this and nothing will be planned about your discharge or care without involving you, your carers, or the people that you tell us are important to you.

If you need someone to advocate for you in hospital, or at any point when planning next steps, **The Transfer of Care Hub Team** can assist you with arranging this. Warrington Speak Up is an advocacy service that operates on your behalf. The Transfer of Care Hub can provide you with further information about this service, or you can contact them on 01925 246888, alternatively you can find out more at **warringtonspeakup.org.uk**

Care and support when you leave hospital

If it is felt that you will require care and support when you leave hospital, there are different options that may be considered to ensure that you will receive the appropriate services upon discharge. These options or pathways are listed below:

Return back home

You may find that you are able to return home without any care and support in place, or with some help from friends or family members as you adjust to being back home.

If you previously lived in a care home, and it is appropriate for you to return there, you will be supported to arrange your discharge from hospital with the care home.

Short term rehabilitation at home

It may be that you will benefit from a short period of support to assist you with your recovery. **The Intermediate Care at Home Team** is made up of a range of professionals including social workers, support workers, occupational therapists and physiotherapists who will all work with you to help you to recover at home.

This short term programme of support and care will be reviewed regularly and the team will work with you to look at your goals and what is important to you. The team will always work towards achieving these goals in a timely way.

Your goals may include things like being able to prepare meals and drinks independently, or being able to move around the home either unaided or with the use of mobility aids or adaptations if needed.

The team will also support you with the arrangements for any further ongoing care or support that you may need. It is important to know that some people may need to pay for ongoing care services, and if this is the case, the team will explain this to you as the plans are being agreed.

Ongoing care at home

Most people that leave hospital and need support at home receive this through the Intermediate Care at Home Team. However, if it is clear while in hospital that you'll need ongoing care, a 'package' of care to support you in your own home can be arranged. The council can help to arrange this or or you can make your own arrangements.

You may have previously received regular support in the form of a formal package of care, and if this is the case, it may be appropriate to restart or increase this package of support upon your return home from hospital.

If you're in hospital for a long duration, your current package may end. This means that following discharge, it may not be possible for your original care provider to continue with your package, and an alternative provider may be sourced.

Short term rehabilitation away from home

It may be that your home or the care you have in place at home cannot currently meet your needs. If this is the case, then the option of a temporary stay in a reablement bed setting is the best option.

We can support you with a personalised therapy programme with a plan to get you home.

As you move to the end of your recovery programme, you may need ongoing support. If this is the case, a social worker will meet with you to discuss options. They will help you with the arrangements and help you understand the financial costs involved with these ongoing services.

Residential or nursing care

You may need to be safely discharged from hospital and temporarily placed at a bed-based setting, such as a residential or nursing care environment whilst we conduct an assessment.

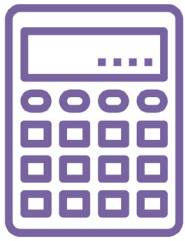
This assessment is provided and funded in partnership with NHS and social care, and can take up to four weeks dependent on your needs.

While you are placed in an appropriate bed-based care setting, health and social care professionals will assess your ongoing care needs more comprehensively outside of hospital. This pathway focuses on person-centred care tailored to your needs and aims to support your transition after hospital discharge.

If the outcome of your assessment is that ongoing care in a care home is required, this will be a chargeable service from the assessment completion date. If the outcome is for you to return home with a package of care, your social care worker will either offer advice or arrange this. This will become a chargeable service from the date of assessment.

Depending on the circumstances, it may not be possible to remain in the same care home on a long term basis. This may be because this care home might not have availability long term, or the placement might not be financially suitable for your ongoing care.

Funding your care



If you need care and support after leaving hospital, you will understandably have questions about how this will be funded.

There are a number of factors which will determine if you need to fund the cost of your care, and if at any point during this process you have questions, you can speak with the council's adult social care team by calling 01925 443322 (option 1).

You can find out more information about eligibility and charges, as well as a free and confidential care cost calculator, by visiting **warrington.gov.uk/asc**

Further information

To speak with someone about your discharge from hospital, contact the Transfer of Care Hub on 01925 662774 / 01925 662095.

If you have any queries about adult social care, contact the council's One Front Door line on 01925 443322 (option 1).

Notes