Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 30 January 2025

ADDENDA

9. Support for People Leaving Hospital update (Pages 1 - 12)

Karen Fuller (Director of Adult Social Care) has been invited to present a report with an update on the support for people leaving hospital.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

Attached to this addenda is appendix 1 of the report for this item on the Support for People Leaving Hospital. It contains a patient discharge leaflet.

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NHS
Oxford University Hospitals
NHS Foundation Trust

My Journey Home

Patient discharge leaflet

Working together to get you home as quickly and safely as possible, putting your needs first, and helping you to live well and independently at home.

OXFORDSHIRE COUNTY COUNCIL

NHS
Oxford Health
NHS Foundation Trust

When you come to hospital, we will start planning for a discharge home as soon as you arrive, provided it is safe and appropriate.

We will give you an **estimated** date to go home. We will involve you in planning for your discharge, along with your relative, carer, or friend if you would like them involved.

You can make sure you understand what is happening and share your preferences by asking the team caring for you these four questions.

- What is the matter with me?
- What is going to happen to me today?
- When am I going home?
- What is needed to get me home?

It is important to keep active in hospital if you can. Try to keep things as normal as possible, including everyday actions like getting out of bed and getting dressed in your normal clothes. Keeping active will help your recovery and help you to get ready for going home.

Sometimes you may need follow-up with a specialist service or an outpatient appointment after your time in hospital – we will let you know the details of these if needed.

Going home from hospital

There are some different options for your discharge from hospital, most people will go:

- Home with no additional support, or a restart of existing support you had before coming to hospital
- Home with additional follow-up support like community therapy, community nursing, new equipment, family help, or help from the voluntary sector. This will be arranged **before** you leave hospital
- If appropriate for you, the Hospital at Home service will help you leave hospital by providing hospital-level care in your own home.

Please let us know if you would like a relative, carer, or friend to help with your discharge from hospital – this can be involving them in conversations about your discharge home, or providing practical help when coming home from hospital.

What to expect if you need more support to go home

The ward team will make a referral to the Transfer of Care (ToC) Hub. The ToC Hub has professionals from our hospitals, community services, and the County Council who co-ordinate care and support for people who need it to get home from hospital, and remain there safely. They will recommend you return home under the Discharge to Assess service.

When you no longer need hospital care, your own environment is the best place for us to see what help and support you might need to look after yourself and manage day-to-day living to keep you as independent as possible. Being in your own home is best for your recovery.

Discharge to Assess service

Discharge to Assess (D2A) is an opportunity for you to have your needs assessed in your own home. The Home First team will arrange a care package for your discharge from hospital. Once you are home, they will arrange for an assessment of your needs approximately 72 hours after you are discharged. This review could be by a Home First team member – therapist, social worker, care co-ordinator – or a Trusted Assessor from a care agency. They will work with you and your family/carer to decide what you need next.

They can help you have the right support and equipment to remain active, engage with others, and get involved in the world around you – boosting your mental health and wellbeing.

After this review takes place, there are different options for next steps.

- You no longer need any support
- You need support in the short term – like community therapy, community nursing, new equipment, or help from the voluntary sector
- You need support in the short to medium term – this will be a care package supporting you to look after yourself independently, called reablement. It will be tailored to your needs, with support from a few days up to six weeks.

If you need longer-term support, a member of the Home First team will help you complete a financial assessment form. You may have to pay for some longer-term support.

The team will help you claim any benefits you may be entitled to, and the assessment form will help find out if some of your care and support costs can be funded by Oxfordshire County Council.

You will not be discharged from the service until there is a clear plan and arrangements are in place for next steps.

Going from hospital to another place for support

We will always try to get you back home whenever we can, but sometimes after a stay in hospital it's not possible.

The ward team will make a referral to the ToC Hub who will decide the best course of action in the short term to help you reach your full potential. The location of your next place of care will be based on what is available, and your needs.

We will always try to find a place where you want to go, but this may not always be where you had hoped to go to in the first instance. We will do all that we can do make the next choice as comfortable as possible – this also helps us free up a hospital bed for people who really need it.

Care settings

A Short Stay Hub bed

This is a temporary stay in a care home where you can continue to recover and be assessed after your time in hospital. These beds are for people whose needs cannot be met at home initially on discharge. We have a dedicated team of professionals working with you while you are in a care home to help you recover.

A Community Hospital

Community hospitals provide inpatient rehabilitation before your next destination. The team at the community hospital will work with you to set goals focusing on improving your mobility or ability to look after yourself, and set a plan for how you will work with all of the staff to reach those goals. We will start planning for your discharge home as soon as you arrive at the community hospital, and we will ensure you are discharged safely with any support you need.

Frequently asked questions

Why can't I stay in hospital?

When you no longer need hospital care, it is better to continue your recovery out of hospital. Staying in hospital for longer than necessary may reduce your independence, resulting in you losing muscle strength, and increase your exposure to infection.

Who do I contact if I need support when at home?

There are a range of services you can access depending on the type of support you need. For medical care, please contact your GP. For all other support needs, please see the list of contact details at the end of this leaflet.

Will I have to pay for my social care?

Depending on your financial situation, you may have to contribute to the cost of your ongoing care at home. Once you are discharged, a person involved in your care planning can help you to complete a financial assessment form to work out what you might have to pay, which you will need to do within seven working days. We will tell you in advance of any required payments.

How can I share my preferences about the safest and quickest way home for me?

You can speak to the ward staff who will discuss your concerns with teams involved in planning your discharge. Even if you do not go to your first choice, we will ensure that it is the safest and most appropriate option for you.

How will my GP be kept informed about what has happened to me?

When you leave hospital, your GP will receive an electronic copy of your discharge letter. If you want to discuss the content of this letter, please contact your GP on returning home.

What will I leave hospital with?

Your discharge letter, which explains your time in hospital and any further treatment. We will also give you any medication and equipment you need. When you need more medication, please contact your GP.

Going home checklist

Here are some key things to remember before you go home to ensure your journey home is as quick and safe as possible. Many people find it helpful to be assisted by a family member or friend.

- Your belongings – including any valuables from the hospital safe, outdoor clothing, and your house keys
- Medication – any medication you brought into hospital and still need will be returned to you. If you have started new medication, we will give you a supply to take home. Your GP will then prescribe more if required. We will give you a bag to keep your medicine in
- Medical certificate – please let us know in advance if you require a medical certificate (also known as a 'fit note'). You can self-certificate for up to 7 days. If you are fit for work, you do not need a fit note. You also do not need one if you are off sick for 7 calendar days or fewer (including weekends and bank holidays), because you can self-certify your leave for this time. If you need a fit note, contact the healthcare professional treating you. They will assess whether your health condition impacts on your ability to work and whether a fit note is required
- Where possible, please arrange your own transport home. Hospital transport is for people who meet specific eligibility criteria – if you are unsure about whether you meet these criteria, please speak to a member of staff. Please let ward staff know when your transport is due to arrive
- At home, make sure there is food and drink available to prepare an easy meal. Check your home is warm enough, too – if needed, ask someone to turn on your heating.

Useful contacts for support post discharge

Single Point of Access

One number to call for all Community Services including District Nursing and Community Therapy. If in doubt, call them any day, 8am to 8pm and they will point you in the right direction.

Phone: 01865 903 750

Live Well Oxfordshire

There is an easy to use online directory of support for living well and independently.

Website: livewell.oxfordshire.gov.uk

Or phone for anyone unable to access online services: 0345 450 1276

Age UK Oxfordshire

They can help you get settled back at home after a hospital stay, give you information, and connect you into your community, services and support.

Phone: 01235 849 434

Email: community@ageukoxfordshire.org.uk

Website: www.ageuk.org.uk/oxfordshire

Connection Support

They can support with your finances and housing.

Phone: 01865 711 267

Email: enquiries@connectionsupport.org.uk

Website: www.connectionsupport.org.uk/oxfordshire

Better Housing Better Health

They are here to help keep you warm and well at home.

Phone: 0800 107 0044

Email: bhbh@nef.org.uk

Website: www.bhbh.org.uk

Active Oxfordshire

They work to increase activity levels, challenge health inequalities, and create a happier, healthier, and more active Oxfordshire.

Email: info@activeoxfordshire.org

Website: www.activeoxfordshire.org

Defence Medical Welfare Service (DMWS)

They are an independent charity providing medical welfare to those who have, and continue to, serve on the front line.

Phone: 0800 999 3697

Patient Medicines Helpline

If you have any questions about medicines you have received from us, you can contact our confidential Patient Medicines Helpline.

One of our specially trained and experienced Pharmacists or Pharmacy Technicians will answer your call.

Phone: 01865 228 906

Email: medicines.information@ouh.nhs.uk

Website: www.ouh.nhs.uk/services/departments/pharmacy

Carers Oxfordshire

Carers Oxfordshire support adult carers of someone who lives in Oxfordshire. A carer is a person age 18+ who provides unpaid necessary support to a family member or friend who has a disability, illness, addiction, condition or other need for support.

Phone: 01235 424 715

Email: carersinfo@carersoxfordshire.org.uk

Website: www.carersoxfordshire.org.uk

Healthwatch Oxfordshire

Their signposting service can help with your questions about health services.

Phone: 01865 520 520

Email: hello@healthwatchoxfordshire.co.uk

Website: healthwatchoxfordshire.co.uk

Notes

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: This leaflet has been written in partnership with Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, and Oxfordshire County Council.
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www.ouh.nhs.uk/information

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