

Factsheet 37w ● November 2019

Hospital discharge arrangements for older people in Wales



Age Cymru Advice

08000 223 444

www.agecymru.org.uk

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1 Information about this factsheet

This factsheet explains what you should expect from staff involved in planning and arranging your discharge from hospital.

This includes the processes which should be followed to ensure that people receive appropriate further assistance once they have left hospital – be this on a temporary or ongoing basis. This might include:

- other NHS services; **and/or**
- help from the local authority social services department; **and/or**
- services from other organisations (for example, the charity or voluntary sector).

The factsheet applies to NHS-funded treatment in Wales in an NHS hospital (or other establishment where an NHS-funded service is received).

Note: See section 7 below if the NHS is **not** funding your hospital treatment. For example, there will be different hospital discharge issues to be considered if you are paying for private hospital treatment.

Depending on individual circumstances, you might also find it helpful to read some of the following Age Cymru factsheets (where relevant, these are referred to within the text, so you will be able to determine whether they are likely to be applicable in your situation):

- 41w – *Social care assessments for older people with care needs in Wales;*
- 6w – *Finding help at home in Wales;*
- 46w – *Paying for care and support at home in Wales;*
- 76w – *Intermediate care and reablement in Wales;*
- 24w – *Direct payments for community care services in Wales;*
- 20w – *NHS continuing healthcare and NHS-funded nursing care in Wales;*
- 29w – *Finding care home accommodation in Wales;*
- 10w – *Paying for a permanent care home placement in Wales;* and
- 44w – *NHS services in Wales.*

Note: The information given in this factsheet is applicable in Wales. Different rules may apply in England, Northern Ireland and Scotland. Contact Age UK, Age NI and Age Scotland respectively for further information – see section 17 for their contact details.

1.1 Local Health Boards and local authority social services departments

Both Local Health Boards (LHBs) and local authority social services departments will be mentioned frequently within this factsheet:

- LHBs are responsible for delivering all NHS healthcare services within the geographical area they cover, so health professionals working in particular hospitals will ultimately be employed by the relevant LHB for the area where the hospital is located. NHS Direct Wales (see section 16 for contact details) can tell you which LHB will cover your area. Alternatively, you can obtain further information from their website – including a link to a map showing the areas covered by each LHB – at:

www.nhsdirect.wales.nhs.uk/localservices/localhealthboards

- Local authority social services departments provide social care services to people in the local (council) area. Sometimes the full title will be used in this factsheet; on other occasions we may just refer to the ‘local authority’ or ‘social services’. Social care services include things like assistance in your own home with personal care, provision of aids and equipment to help with daily living tasks and, provision of home adaptations or disability equipment, pre-prepared meals (‘meals on wheels’) delivered to an individual, or care provided in a care home setting.

Generally, services provided by the NHS are free, whereas those arranged by social services are means tested.

2 **Welsh Government / NHS Wales guidance on hospital discharge**

The various guidance detailed in sections 2.1 to 2.4 below has been used to inform this factsheet. Relevant footnotes have been included where this is the case.

2.1 **Welsh Health Circular: Hospital Discharge Planning Guidance (WHC (2005) 035)**

This is the most recent Welsh Government guidance that is specifically on NHS hospital discharge procedures and dates back to 2005.

Note: There have been, however, much more recent legislative developments in regard to social care and this has had some related effects in regard to the role of the NHS – see section 2.3 below.

Broadly speaking, the *Welsh Health Circular: Hospital Discharge Planning Guidance (WHC (2005) 035)* advises that:

- Local Health Boards (LHBs) “are required to ensure that...local hospital discharge policies have been developed in collaboration with all partners. This will include the Welsh Ambulance Services...local authority [social services departments] and voluntary/non statutory partners.
- LHBs must also make sure that “all primary care practitioners, including General Practitioners and members of primary health care teams are aware of...their role in ensuring effective, timely discharge arrangements”.
- Local authority social services departments should also “inform all relevant staff of...the requirements [and] operation of local multi agency discharge policies and any supporting protocols”.
- It is also stressed that “effective multi-agency and multi-professional working is essential to ensure the successful management of discharge from hospital. Decisions on further care requirements following hospital discharge are based upon professional assessments of health, social care and other related needs, taking into account the patient’s views and consideration of the views of relatives, advocates or others who know the patient well”.

Note: The guidance also goes into further detail on these – and a number of other – points in relation to the hospital discharge process. However, these will be covered in the relevant sections later in this factsheet – references will be provided where this is the case.

A copy of the *WHC (2005) 035* guidance can be found on the NHS Wales website at:

www.wales.nhs.uk/document/41840/info

2.2 Passing the Baton: A Practical Guide to Effective Discharge Planning

This good practice guidance is more substantial than the (*WHC (2005) 035*) guidance covered above. It was published in 2008 by the *National Leadership and Innovation Agency for Healthcare (NLIAH)*; a body that was subsequently closed in 2013, with its functions being transferred to **NHS Wales** and the **Welsh Government**.

Note: ‘*Passing the Baton*’ does not appear to be accessible via the Welsh Government or NHS Wales sites; however, it is cited in a recent Public Services Ombudsman for Wales report – *Home Safe and Sound: Effective Hospital Discharge* – as being among relevant national guidelines to support the safe discharge of patients from hospital in Wales.

A copy of *Passing the Baton* is available via the Association of Directors of Social Services (ADSS) Cymru website at:

www.adss.cymru/en/blog/post/passing-the-baton-a-practical-guide-to-effective-discharge-planning

2.3 Welsh Health Circular: Implications of the Social Services and Well-being (Wales) Act 2014 for Health Boards and NHS Trusts (updated April 2016) (WHC (2016) 028)

The *Social Services and Well-being (Wales) Act 2014* came into force in April 2016 and created a new legislative framework for social care in Wales. Although, as the name suggests, the Act concerns the operation of social services departments and social care, there are also certain provisions that affect the delivery of NHS services, including hospital discharge.

Welsh Health Circular: Implications of the Social Services and Well-being (Wales) Act 2014 for Health Boards and NHS Trusts (WHC (2016) 028) summarises the issues for the NHS from this Act; for example:

- The Act aims to improve wellbeing outcomes for people who need care and support...through better co-ordination and enhanced collaboration between public bodies, including local authorities and the NHS, working together in regional partnerships”.

Regional Partnership Boards were established under the *Social Services and Well-being (Wales) Act* to drive the effective delivery of integrated health and social services. The boards cover the same geographical area (and have the same boundaries) as Local Health Boards – i.e. there are seven of them, whereas there are 22 local authorities. The Social Care Wales Learning and Information Hub website has further information at:

www.socialcare.wales/hub/sswbact-regional-partnership-boards

- The Act “requires local authorities to plan and provide services designed to prevent, delay or reduce needs for care and support. Health boards are required to **have regard to the importance of achieving these preventative purposes** when exercising their functions”.
- “A local authority may carry out a care and support needs assessment for a person at the same time as it, or another body, carries out another assessment” – also see section 2.4 below. “The local authority may **carry out the other assessment on behalf of, or jointly with, another body** (for example a health board or an NHS Trust)”.

Note: A copy for the Welsh Health Circular: Implications of the Social Services and Well-being (Wales) Act 2014 for Health Boards and NHS Trusts (WHC (2016) 028) can be found on the Welsh Government website at:

www.gov.wales/implications-social-services-and-well-being-act-2014-health-boards-and-trusts-whc2016028

2.4 Assessment guidance for people with care and support needs – Code of Practice on the exercise of social services functions in relation to Part 3 (Assessing the needs of individuals) of the Social Services and Well-being (Wales) Act 2014

The *WHC (2005) 035* guidance mentioned in section 2.1 above, states that it should be implemented **alongside** other Welsh Government guidance relevant to care assessments and discharge planning. For example, the Welsh Government’s general guidance on the duties and responsibilities of social services departments when carrying out care needs assessments and care planning:

Code of Practice on the exercise of social services functions in relation to Part 3 (Assessing the needs of individuals) of the Social Services and Well-being (Wales) Act 2014

This guidance advises that “local authorities should work with their partner local health boards and NHS trusts to agree arrangements [for] assessments for care and support”.

As discussed in section 9.1 below, assessments of someone’s care and support needs may often involve both health and social services staff and, as such, this Code of Practice guidance on assessments (as well as other guidance issued under the *Social Services and Well-being (Wales) Act 2014*) can be relevant in hospital discharge situations.

Further information on the above can be found in Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales*.

3 The Equality Act 2010 and health treatment for older people

Under the Equality Act 2010, it is **not** lawful for doctors, without good and sufficient reason, to provide or suggest inferior treatment – or refuse to provide treatment at all – solely because of your age.

Whilst age can play a part, staff should take into account your *'biological'* age (how well your vital organs and systems are working) and not simply base services on your *'chronological'* age (your age in years).

4 Hospital discharge processes

4.1 List of key steps in hospital discharge

The following steps are important for a timely, effective discharge.

As such, health service and/or local authority social services staff should:

- Provide information about the discharge process in a format you can understand and engage with.
- Start discharge planning as soon as possible after they make a diagnosis and agree a treatment plan with you. They should involve you (and your carer or family as appropriate) at all stages. “The process of planning discharge from hospital needs to operate concurrently with clinical care”¹.
- Share an ‘estimated discharge date’ with you as soon as they know it; review it regularly and inform you of any change.
- Appoint a named ‘Care Coordinator’ who will have overall responsibility for “all stages of the patient’s journey” through the discharge planning arrangements².

¹ Welsh Health Circular: Hospital Discharge Planning Guidance (WHC (2005) 035), Welsh Government, 2005

² Ibid

- Identify your care needs and ability to manage on leaving hospital via a needs assessment. The assessment may involve a wide range of health and/or social care professionals (perceived level of need of the patient will influence who is involved).
- As part of the needs assessment process, consideration should be given as to whether you might be eligible for NHS continuing healthcare (NHS CHC). If you are eligible for NHS CHC, then the process for setting up those services can be found in Age Cymru's Factsheet 20w *NHS continuing healthcare and NHS-funded nursing care in Wales*. Bear in mind, **however**, that NHS CHC is for people with particularly complex and high level needs, so in lots of cases the care needs assessment will be more likely to find you eligible for local authority support, via their social services department – see sections 13.2 to 13.4 below.
- As part of the care needs assessment process, staff should consider your views on how best to support you, discuss your options and draw up a care and support plan with you. The Welsh Government's guidance summarises this as follows:

“The individual's interests and wishes are central to the hospital discharge planning process and are taken into account when considering future care options. The assessment and discharge process must be person centred and involve regular consultation with the patient and [their] family/carer [or] advocate, and where appropriate paid care staff or providers of services”³.
- If your partner or carer will provide care and support on discharge, staff should also identify their needs for support and discuss how these might be met. Carers have a right to their own assessment in parallel or sometimes jointly with yours (Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* has further information on this topic).
- If you are eligible for local authority care and support, staff will arrange an assessment of your ability to pay towards the cost of ongoing social care.

³ Ibid

- If not eligible for local authority support – perhaps because you only have relatively low level, short term, needs – you should be provided with information and advice about other services (for example those offered by voluntary organisations).
- A review should take place “to ensure all arrangements are in place on the day of discharge. This should include ensuring all equipment, transport, medication and ongoing needs for services have been identified, planned for and met in a timely manner”. Where the patient will have medication to take following discharge, their ability “to manage their medication at home should be assessed and arrangements made as appropriate”⁴ to assist them.
- Staff should ensure your discharge plan goes promptly to your GP or any services involved in your further care and support (i.e. if you are to go into a care home, a copy of the plan should be sent there). The discharge plan should include information about your treatment, on-going health needs and medication.
- Once it begins to be delivered, your care plan should be monitored regularly and modifications to it should be put in place as and when necessary. Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales* has further information on monitoring and reviewing care plans (or if the services are NHS CHC, see Factsheet 20w *NHS continuing healthcare and NHS-funded nursing care in Wales*).

The above points are covered in further detail in subsequent sections of this factsheet and/or in other Age Cymru titles – where applicable, reference is made to the relevant factsheets in the text.

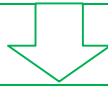
Note: You should never be formally discharged from hospital until your condition is stable and you can be safely moved. Until then a consultant is usually responsible for your care (if you are in a community hospital, this doctor could be a GP). If you felt that you were in a situation where a hospital discharge process was being unduly rushed, you could consider using the NHS complaints procedure – see section 15 below.

⁴ Ibid

4.2 Hospital discharge flowchart

Patient admitted

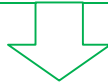
- Agree and start treatment.
- Provide information and discuss discharge process.
- Share likely discharge date.
- Start discharge planning and identify what assessments are needed.
- Identify short and long term needs – see section 9 below.
- Discuss care and support options.



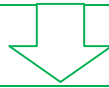
Carer/family

Staff should:

- Keep them informed of issues that affect them.
- Assess carer's ability to provide support.
- Assess carer's own support needs.



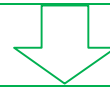
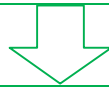
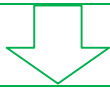
**Patient almost ready for discharge –
care needs assessment to take place**



Care needs assessment shows need for **short term, time-limited, support.**

Care needs assessment shows patient likely to need **long term care.**

Care needs assessment indicates relatively **low level need** (below eligible threshold for social services assistance).



Possible services:

- **Reablement** in your own home.
- **Intermediate care** at home, or in a residential setting.

When these services come to an end, it may be decided you need long term care after all, or that you have recovered and have no, or low level, needs – *see the columns to the right.*

- **Temporary care home stay via social services**

Possible services:

- **Home with support via social services**, for example

- Personal care; and/or
- provision of aids or housing adaptations.

- **Care home accommodation via social services**

- Residential; or
- nursing home.

- **NHS CHC**

- nursing home; or
- possibly in your own home.

- **Palliative care via the NHS**

No formal care package will be put in place, but staff should discuss the following with you, where appropriate:

- GP and other community NHS services (though the latter might often form part of a higher level care package);
- home from hospital support and possible help with domestic tasks (may be delivered by a charity, such as your local Age Cymru);
- provision of general information on local services and ways to maintain independence.

Note: In relation to all the possible services listed in the flowchart above, the following Age Cymru factsheets can provide further information on specific topics:

- 76w *Intermediate care and reablement in Wales;*
 - 41w *Social care assessments for older people with care needs in Wales;*
 - 46w *Paying for care and support at home in Wales;*
 - 42w *Obtaining disability equipment and home adaptations in Wales;*
 - 10w *Paying for a permanent care home placement in Wales;*
 - 20w *NHS continuing healthcare and NHS-funded nursing care in Wales;*
 - 44w *NHS services in Wales;*
 - 6w *Finding help at home in Wales.*
-

4.3 The importance of a well managed discharge process

The Welsh Government guidance emphasises that:

“People being discharged from hospital are entitled to expect and receive a smooth transition from one stage of care to the next. A lack of coordinated and person centred planning for discharge can lead to...inappropriate lengths of stay in hospital”, which can lead to “poor outcomes for patients, possibly jeopardising health and safety or leading to inappropriate readmission to hospital [at a later date]”⁵.

5 Planned hospital admissions – questions to ask

Discussions with your GP may lead to an outpatient consultant appointment to explore or confirm your diagnosis and discuss treatment options. You may find it helpful to ask for further details on some or all of the following:

⁵ Ibid

- Do I need further tests? If so, what are they for? Where and when can I have them? How long before I get the results and how will I get them?
- What treatment would they recommend and why?
- What are the benefits, side effects, risks and success rates of each treatment you are proposing? How frequently is the treatment required?
- What improvements can I expect in my condition or day-to-day life with each treatment option? When might I start to notice improvements and can I expect a full recovery?
- What would be the consequences of doing nothing or waiting a while?
- Will tests or treatment require me to be an inpatient or day patient?
- If I'm an inpatient, what is the likely length of my stay?
- Is there anything I can do to support my recovery before my treatment, while in hospital and once home?
- How long before I know if the treatment has worked or is working? When will I be able to start going about life as usual? Will I need help at home? If so, what type of help and for how long?
- Is there written information about my health condition, treatment or national or local support groups? Are any websites recommended?
- You should tell staff about your home environment at the moment and any help you have already been receiving from social services. The more they know, the easier it is to ensure you have the right support on leaving hospital and any potential problems that could influence the type of support you need on discharge can be identified in advance.

6 **Emergency / unplanned admissions**

When care is needed urgently, arrival at a hospital urgent care or emergency department should result in an appropriate assessment of your condition, together with initial treatment. Depending on your needs, one of the following will then occur:

- You may be discharged with or without the need for a follow up appointment (also see the flowchart in section 4.2 above).
- If the issue is more serious, it may nevertheless be possible for you to return home, provided suitable health and social care support can be arranged **promptly**. Many ambulance services and hospital emergency departments have 24 hour access to multi-disciplinary teams of health and social care staff who can try and arrange such care and thus prevent unnecessary hospital admission (also see the flowchart in section 4.2 above).
- It may be decided that you need to stay in hospital for further observation and/or treatment on a medical or surgical ward.

7 Discharge procedures if your hospital treatment is via a private healthcare company rather than the NHS

You may have decided to opt for planned treatment or an operation to be carried out in a private hospital (either through an insurance plan, or meeting the cost outright). Any private hospital will have its **own** discharge procedure and the consultant should be able to provide information, or ensure you receive it.

When you discuss and agree treatment options, ask if you are likely to be able to manage personal care or other daily tasks on returning home.

You could also ask if, following the operation, you might benefit from aids to help with mobility to ensure your safety and what post-discharge support the hospital provides.

Your right to an assessment from the local authority social services department

You **still** have a right, as would an NHS patient, to an assessment from social services once they are aware that you may need social care services – i.e. the right applies regardless of who funds your hospital treatment.

However, as social services staff are not based in private hospitals, having an assessment can present practical problems. It is therefore helpful to contact your local authority social services department as soon as your admission date is confirmed.

Explain the kind of support the consultant says you might need and for how long. This could indicate if your needs are likely to meet national eligibility criteria for care and support.

Further information on care needs assessments from the local social services department can be found in Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales*.

8 Hospital admissions and welfare benefits

Your State Pension is paid as usual while you are in hospital.

If you receive Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP), notify the Disability Benefits Helpline when you go into and come home from hospital. Payment is suspended once you have been in hospital more than 28 days, including the day of admission.

If you receive Pension Credit (PC) Guarantee Credit, losing these benefits can affect the amount of PC you receive. Payment of suspended benefits should resume when you are discharged, unless you start receiving local authority financial support towards permanent care in a care home.

If you receive Carers Allowance (CA) and go into hospital, it stops after 12 weeks. Tell the Carers Allowance Unit when you go in and when you come home from hospital. If someone receives CA for looking after you and you go into hospital, their CA stops when your AA, DLA or PIP is suspended.

Contact Age Cymru Advice if you have queries about benefits while in hospital – see section 16 below for contact details.

9 Preparing for discharge

9.1 Your care needs assessment

Note: When people are in hospital, but may need services upon being discharged, NHS and local authority social services staff should work in partnership to carry out an assessment of the person's needs and – as previously mentioned in section 4.1 above – there should be a named lead **Care Coordinator**. Further information on the Care Coordinator can also be found in section 9.3 below.

The level of detail in the assessment and/or the range of health, social care or other professionals involved will be influenced by the complexity and/or severity of someone's needs.

In addition to being stated in the *Welsh Health Circular: Hospital Discharge Planning Guidance (WHC (2005) 035)*, the expectation of joined up working by health and social services in this area is confirmed in more recent guidance to accompany the *Social Services and Well-being (Wales) Act 2014*:

“Local Authorities should work with their partner local health boards and NHS trusts to agree arrangements across the local health board footprint area for delegating practitioners to undertake assessments for care and support” and local authorities and health services “should ensure they have integrated assessment, care and support planning and review arrangements, which support the wider agenda [of the] integration of social care and health care provision”⁶.

Broadly speaking, an assessment means collecting and recording information to help understand more about your needs and circumstances, how they might affect your daily living and quality of life. This could include your personal care needs, health needs including emotional and psychological needs, your need for nursing care or care from other healthcare professionals. It can identify whether providing aids or adaptations will make life easier and safer.

⁶ Social Services and Well-being (Wales) Act 2014: Part 3 Code of Practice (assessing the needs of individuals), Welsh Government

Depending on the complexity of your needs, the assessment may involve one or more of the following professionals:

- NHS staff in the hospital – e.g. consultants, nurses;
- Other NHS staff – e.g. GP, community nursing teams;
- mental health teams;
- sensory needs teams;
- local authority social services departments;
- occupational therapist (OT);
- physiotherapists;
- speech therapist;
- local authority or voluntary sector housing;
- “voluntary Agencies providing ‘low intensity support’” – e.g. “Hospital Discharge or Good Neighbour Schemes”;
- “care homes and independent domiciliary care providers”⁷.

See Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales* for further information on care needs assessments.

9.2 The ‘4Ps’ principle in ‘Passing the Baton: A Practical Guide to Effective Discharge Planning’

The *Passing the Baton* guide advises health staff that “creating an individualised assessment is the best way to fully understand the patient. It is more than answering a set of predetermined questions and is therefore, difficult to complete in one go. Whereas a great deal of information can be gathered at the first assessment, building a picture of the whole person will require an ongoing approach. Over time, the picture will gain additional detail and should reflect changes in the patient’s circumstances or condition”.

⁷ Passing the Baton: A Practical Guide to Effective Discharge Planning, NHS Wales, 2008.

In undertaking individualised assessments, *Passing the Baton* recommends that “professionals consider the ‘4Ps’ principle”. These are detailed in the left hand column of the table below. The right hand column, meanwhile, includes some example questions that health staff are encouraged to consider under each of the principles (this is not an exhaustive list – see *Passing the Baton* for a full list):

<p>Previous</p> <p>“The patient’s general circumstances, lifestyle and events leading up to the [hospital] admission”.</p>	<ul style="list-style-type: none"> ● “Do they live alone?” ● “What was their mobility status?” ● “Are there stair rails in the home?” ● “Is there a toilet downstairs?” ● “Are there carers at home or close by?” ● “Are they a carer?” ● “Can they cook for themselves?” ● “What was the contact with health and social care prior to admission?” ● “How do they feel they are coping in their usual situation?” ● “Is their admission for a new condition or was it an exacerbation of an existing problem?”
<p>Present</p> <p>“The patient’s current condition and how they are dealing with the changes”.</p>	<ul style="list-style-type: none"> ● “Do they need help with washing and dressing?” ● “What is wound status?” ● “Can they still self medicate?” ● “Have they fallen and if so why?” ● “Has there been any change in mental capacity?”

<p>Predict</p> <p>“The factors likely to impact on completing a successful discharge for this patient”.</p>	<ul style="list-style-type: none"> ● “How will they manage stairs?” ● “How will they manage shopping?” ● “How will they prepare meals?” ● “Will they need assistance with...eating?” ● “Are there environmental factors to cause falls?” ● “What is the expected level of recovery compared to before?” ● “Is any support required likely to be for the short or long term?” ● “Is any deterioration in mental capacity likely to be short-term (e.g. resulting from infection) or longer-term (e.g. diagnosis of dementia)?”
<p>Prevent:</p> <p>“The actions required to overcome problems and prepare the patient for discharge”.</p>	<ul style="list-style-type: none"> ● “Have appropriate referrals been made?” ● “Has assistive technology been considered [and/or] adaptations or equipment arranged?” ● Has a “carer assessment [been] completed”, where relevant? ● Is a “care plan agreed & communicated?” ● “Has the multidisciplinary team fulfilled its obligations under the Mental Capacity Act?”⁸

9.3 The role of the Care Coordinator

Passing the Baton addresses the role of the Care Coordinator. Their role is “pivotal to ensuring continuity and consistency in the assessment and care planning process”.

⁸ Ibid

“The Care Coordinator during a hospital admission will often be a named or lead nurse, but this does not have to be the case. The role can be undertaken by the professional with the largest contribution to the discharge process. This could also therefore be a Discharge Liaison Nurse, Social Worker, Physiotherapist, Occupational Therapist or other allied health professional”.

“The person acting as Care Coordinator can change as the patient progresses through the journey of care”.

Also, “some patients will already have a community-based Care Coordinator, such as a Social Worker or specialist Chronic Condition Nurse, who should be involved in providing information and support to the patient and hospital team throughout the individual’s care pathway”.

“In some cases it may be appropriate that they continue to be the Care Coordinator during an inpatient episode of care, particularly for short or planned admissions. It is important on admission and discharge that the role of Care Coordinator is clarified and passed on where necessary”⁹.

9.4 Your carer’s role in the needs assessment process

On admission, most hospitals ask you who you would like them to contact in an emergency. If you want your family or carer to be informed or involved in discussions about your treatment or discharge arrangements, tell hospital staff and ask them to record this in your notes.

With your permission, your carer and/or relatives can be invited to contribute to your assessment.

Your carer’s own needs and opinions should also be considered and taken into account as part of your assessment.

Your carer may already be involved in your care or this may be the first time a partner or relative has needed to consider taking on this role. Staff should give your carer information that enables them to safely carry out tasks they agree to undertake on your behalf.

⁹ Ibid

Carer's assessments

You carer can **also** ask for a separate carer's assessment to identify any services they need to support them in their caring role.

Carers can request an assessment, even if the person cared for does not want one for their needs.

9.5 Advocacy services that can support people during the care needs assessment and care planning processes

Note: What is advocacy?

Advocacy services support people who have difficulty expressing their views to exercise their rights and explore and make informed choices.

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice”¹⁰.

In addition to any of the organisations mentioned in this section below, our **Age Cymru Advice** service can help to identify suitable advocacy services in your area – see section 16 for contact details.

Advocacy during a hospital stay, or if your post-discharge services are provided by the NHS

Community Health Councils (CHCs) are a statutory and independent voice whose role is to represent the interests of the public in the health service in their area. They are “the independent NHS ‘watchdog’ in Wales concerned with all aspects of NHS care and treatment”¹¹.

¹⁰ Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy), Welsh Government

¹¹ ‘Independent Advocacy Service for NHS Complaints’ – Community Health Council advocacy leaflet (a copy is available from www.nhsdirect.wales.nhs.uk/localservices/communityhealthcouncils)

You can contact the relevant CHC if you have any concerns during your hospital stay and feel your views are not being taken on board. If, after you leave hospital, the services you are using are provided by the NHS, then the CHC can still be contacted. The CHC may be able to provide general advocacy support, or help to put you in contact with an organisation that can.

In regard, specifically, to making complaints about NHS services or treatment you've received, each CHC will have a Complaints Advocacy Service – see section 15 for further information. Also see section 16 below for CHC contact details.

Advocacy during the discharge process

In addition to CHCs, as social services staff may be involved during the pre-discharge assessment process, you may have certain rights to advocacy services afforded by the *Social Services and Well-being (Wales) Act 2014* – see directly below.

Advocacy if the local authority social services department is going to be arranging your post-discharge services

The *Social Services and Well-being (Wales) Act 2014* strengthened people's rights to advocacy support in relation to the social care assessment process. In many instances, the requirement on the local authority will be to make people aware of the availability of advocacy support, should they wish to utilise this; in others the authority will have a *specific duty* to “**arrange an independent professional advocate**” for someone¹².

Authorities are advised in Welsh Government guidance that they “**must** arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to **participate fully in the assessment, care and support planning, review and safeguarding processes** with assistance from an appropriate individual, **but there is no appropriate individual available**” (emphasis added)¹³.

¹² Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy), Welsh Government

¹³ Ibid

In other words, this would be where an individual is finding it difficult to express their views in the assessment process, but there are no immediate, or suitable, family or friends to help them, nor is the individual able to independently access, for example, an advocacy service provided by a voluntary organisation.

Note: The Welsh Government have recognised the potential for confusion where people could qualify for different statutory entitlements to advocacy at the same time – for example, as well as being owed a duty under the *Social Services and Well-being (Wales) Act*, an authority “may identify a duty to provide an Independent Mental Capacity Advocate (IMCA) under the Mental Capacity Act 2005” – **section 9.6 below has information on the role of IMCAs.**

In these instances the authority “must meet its duties in relation to working with [the] IMCA...as well as those in relation to an independent professional advocate under the [*Social Services and Well-being (Wales)*] Act”. An advocate can potentially act in **both** roles as the duties of each “have been closely aligned so as to facilitate this”¹⁴.

9.6 Making decisions and giving your consent

Staff must seek your permission to carry out tests, treatment or an assessment of your care needs and to share this information with relevant professionals.

If someone seems unable to make these decisions, staff should ask family members if:

¹⁴ The aim here is to achieve “continuity in individuals’ advocacy needs, minimising duplication including the need for the individual to have to repeat their experiences and desired outcomes to different advocates. Wherever possible, the parties [involved] should...agree a single advocate to support the person” – Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy)

- they usually need help to make decisions;
- if they have made a health and care decisions Lasting Power of Attorney (LPA) (see Age UK's Factsheet 22 *Arranging for someone to make decisions on your behalf* for more information on LPAs); or
- whether a deputy has been appointed by the Court of Protection (CoP) to act on their behalf (also see Factsheet 22 for further information on CoP appointed deputies).
- They should also ask if the person may have made an advance decision to refuse treatment (for further information, see Age UK's Factsheet 72 *Advance decisions, advance statements and living wills*).

If you have not appointed anyone to act on your behalf and staff confirm you lack capacity to give consent or make a decision when it needs to be made, **an appropriate member of staff must make a decision in your 'best interests'** under the *Mental Capacity Act 2005*.

To inform their decision, staff should consult people who appear to have a genuine interest in your welfare. This usually includes family and friends as they can provide valuable information about you and your circumstances.

Independent Mental Capacity Advocates (IMCAs)

If someone does not have any suitable family or friends to consult, NHS or local authority staff should appoint an Independent Mental Capacity Advocate (IMCA) if they need to make a 'best interests' decision on the person's behalf involving:

- serious medical treatment;
- a permanent change of residence; or
- a temporary change of residence, lasting more than eight weeks.

The IMCA's role is to work with the person and support them to make sure that their wishes and feelings can be communicated to those professionals making best interests decisions.

As touched upon above, the *Mental Capacity Act 2005* is the legislation which governs the rules to be followed where someone lacks capacity to make their own decisions and applies to anyone acting in their 'best interests'. Doctors, nurses, social workers, other health professionals and support staff have a duty to ensure they are trained in its implementation and are expected to understand it as it relates to their own responsibilities.

The Act aims to protect people who cannot make certain decisions for themselves and empower them to make these decisions where possible.

10 Drawing up your care plan following the care needs assessment

As outlined in the flowchart in section 4.2 above, once your assessment is complete – and having considered the options – staff may either conclude that:

- You have low level needs that do not require any formal service provision – though you may still benefit from other assistance, such as from a charitable organisation. See section 11 below.
- You have care needs, but they feel there is a realistic potential for you to improve after a certain recuperation or recovery period. They will therefore discuss and agree with you a **care plan to meet short term goals** – see section 12 below.
- You are likely to require ongoing services and thus discuss and agree with you a **long term care plan** – see section 13 below.

10.1 Details that the care plan should include

The details of your care plan should be in proportion to your needs and the complexity of the services to be provided. It could include:

- What NHS and social care support you will receive and its purpose;
- who will provide the support, how often and when;
- details of what your carer is willing to do, their needs and how they will be supported in their role;

- any concerns you or your carer may have;
- the results of any risk assessment/s undertaken in relation to the services to be provided;
- who is co-ordinating your care plan and who to contact in an emergency or if the services are not meeting your needs;
- if the services attract a charge – generally because they are social care, rather than NHS services – how much you have been assessed as needing to pay towards this (also see sections 12 and 13 below);
- monitoring arrangements and when your care package will be reviewed.

11 Post-discharge services that can be arranged as part of your care plan – options if you have low level needs

You may need help with domestic tasks that fall below the eligibility threshold for local authority social services assistance (and thus you may not qualify for a formal care package). For example, you might need help for a week or two with shopping, cleaning or general housework.

Note: In some cases low level services might be provided *alongside* social services provision – such as personal care – or NHS provision. If so, then you may have been assessed as having higher level or longer term needs – therefore, also see sections 12 and 13 below.

11.1 ‘Home from hospital’ or ‘hospital discharge’ services from charitable / voluntary sector organisations

The local charitable and voluntary sector, such as local Age Cymru organisations, Age Connects, or the British Red Cross may offer ‘**home from hospital**’ or ‘**hospital discharge**’ services during your first few weeks back home.

These may be able to assist with some, or all, of the domestic tasks mentioned above. They might also be able to help you to sort out paperwork that accumulated while you were in hospital. As well as doing specific tasks, the service will aim to keep in touch, arrange regular chats and check you are managing on your own.

Welsh Government guidance has advised that “if voluntary organisations are to provide support on discharge they must be involved in the assessment and care planning process”¹⁵, so the ‘home from hospital’ services should be arranged via staff at the hospital; however, if for any reason this doesn’t happen, you can contact the organisations yourself to request their assistance. **Age Cymru Advice** can provide you with the details – see section 16 below.

11.2 Other services from charitable / voluntary sector organisations, or a private agency

The following services may also be available which could help you to adjust to living back home following a hospital stay:

- Befriending;
- Advocacy;
- the loan of equipment such as wheelchairs and commodes;
- handyperson schemes.

Again, contact Age Cymru Advice for further information.

You could also choose to use a **private agency** to meet lower level needs (section 13.7 below has some further information on private care agencies).

Age Cymru’s Factsheet 6w *Finding help at home in Wales* may also be useful.

¹⁵ Welsh Health Circular: Hospital Discharge Planning Guidance (WHC (2005) 035), Welsh Government, 2005

12 Post-discharge services that can be arranged as part of your care plan – options if you have potential to improve in the short term

If you need support to re-build your confidence and maximise your ability to live independently then your assessment prior to discharge should identify a period of intermediate care or reablement as an option.

These services might enable someone to recover sufficiently to stay living in their own home and so should be considered seriously as an option by staff, before a decision is reached that someone needs to move into a care home on a permanent basis.

In general, intermediate care can be said to be a health service (NHS) led service, whereas reablement is social care led (i.e. by the local authority social services department).

Note: Broadly speaking, intermediate care services and reablement services must have the aim, through therapy or treatment, to support someone to recover or maintain their ability to live independently at home. Services without these characteristics would not be classified as intermediate care or reablement. For example, in the case of personal care services provided in someone's own home by social services, there may well be no expectation that the person will realistically reach a point when support is no longer needed and thus the support will be provided *indefinitely*; whereas, intermediate care or reablement services are provided on a **short term basis** because the person has been assessed as having the capability to regain some or all of their ability to carry out daily living tasks.

Sections 12.1 and 12.2 below contain brief introductory information to intermediate care and reablement – for more detailed information, see Age Cymru's Factsheet 76w *Intermediate care and reablement in Wales*.

12.1 Intermediate care

Intermediate care describes a range of services providing time limited support – **up to 6 weeks** – for NHS patients, with the aim of promoting independence by:

- facilitating a timely discharge from hospital;
- avoiding unnecessary hospital admission;
- avoiding hospital **re-admission** for those who have already had a hospital stay; or
- avoiding admission to a long term care home placement.

Intermediate care services should also “maximise people’s rehabilitation and recovery after illness and minimise dependence on long term health and social care services”. There will be a “planned outcome of maximising independence and typically enabling [someone] to resume living at home”¹⁶.

12.2 Reablement services

Reablement services aim to encourage and support people to learn or re-learn skills necessary for daily living, following a period of illness or after a stay in hospital. Reablement support is about helping you to discover what you are capable of doing for yourself, and to give you confidence when moving around your home and with tasks such as washing, dressing and preparing meals.

Reablement services are most frequently delivered in your own home.

Staff will discuss and assess your needs to find out what you can do and what is causing difficulty. You will then agree a plan describing the support you will need to help you improve. The emphasis is on staff supporting you to attempt and complete tasks described above rather than undertaking tasks on your behalf – helping you discover what you can do for yourself and giving you the confidence to try.

¹⁶ WHC (2002) 128 / NAFWC 43/02 - Welsh Health Circular and National Assembly for Wales Circular: Intermediate Care Guidance, December 2002, Welsh Government

As with intermediate care most reablement services “are provided for up to six weeks...although it can be extended if required”¹⁷.

12.3 NHS rehabilitation services

Rehabilitation services aim to promote your recovery and maximise your independence if, for example, you have had a heart attack or stroke, or an acute attack of a chronic illness such as Parkinson’s or multiple sclerosis.

Services often begin while you are in hospital and continue for weeks or months once you leave.

You may receive support from a range of health professionals on an individual basis or in a group setting. Staff involved include physiotherapists, occupational therapists or speech therapists who can help with both speech and swallowing difficulties.

For example, coronary and stroke rehabilitation starts in hospital and is offered on an individual basis or a group setting following discharge. Following a heart attack, you should be told about local rehabilitation services and encouraged to attend. If you have had a stroke, your rehabilitation needs on discharge should be identified and a programme agreed.

Note: These types of rehabilitation services have a number of similarities with intermediate care, but differ in that they may well start whilst someone is still in hospital and they are not time limited.

¹⁷ Position Statement on Reablement Services in Wales, 2013, the Social Services Improvement Agency Wales (SSIA) (SSIA no longer exists and its functions fall within the remit of Social Care Wales)

12.4 Support from community-based NHS staff and provision of medical equipment

If appropriate to your care needs you should be provided with the following free of charge:

- Support from your GP.
- Support from other community-based NHS staff, such as:
 - district nurses;
 - continence nurses;
 - dieticians; or
 - community mental health nurses.
- Continence pads and related products identified as necessary during your care needs assessment.

Note: Some of the above services may also be equally relevant for people with long term care needs – see section 13 below.

12.5 Temporary stay in a care home

Where someone still wishes to return to live in their own home – so don't wish to take the step straight away of living permanently in a care home – the local authority social services department may be willing to agree a temporary care home stay.

Age Cymru's Factsheet 58w *Paying for temporary care in a care home in Wales* has further information on this topic, including how this type of care is means tested.

13 Post-discharge services that can be arranged as part of your care plan – options for long term care needs

13.1 NHS continuing healthcare

The NHS is responsible for meeting the full cost of care (most often in a care home, but sometimes in your own home) for those whose '**primary need**' for care is health-based. In other words, your needs are beyond those that the local authority has a duty to meet, due to the level of the health-related element. This is called **NHS continuing healthcare** (NHS CHC) and is often described as 'fully funded care'.

Where it is judged that the primary reason for someone needing care is *health-based* (rather than *social care needs based*), someone is entitled to:

- healthcare, which is **free**; rather than
- social care, which is **means tested**.

If you receive this type of care, part of the overall package may include care and support more usually provided by local authorities – *however*, if it is provided by the NHS as part of continuing healthcare, it will be free.

Note: An issue which can often cause debate is the difference between what constitutes a healthcare need and what constitutes a social care need. The Welsh Government previously published ‘Practice Guidance’ which defined the difference between a healthcare and a social care need as follows:

“Whilst there is not a legal definition of a healthcare need (in the context of continuing NHS healthcare), in general terms it can be said that such a need is one related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional)”.

Whilst, “in general terms (not a legal definition) it can be said that a social care need is one that is focused on providing assistance with activities of daily living, maintaining independence, social interaction...and (in some circumstances) accessing a care home or other supported accommodation. Social care needs are directly related to the type of welfare services that [local authorities] have a duty or power to provide. These include, but are not limited to...practical assistance in the home; assistance with equipment and home adaptations; visiting and sitting services; provision of meals; facilities for occupational, social, cultural and recreational activities outside the home...and assistance in finding accommodation (e.g. a care home)”¹⁸.

The assessment procedure for NHS CHC is contained in the Welsh Government’s guidance document, *Continuing NHS Healthcare: The National Framework for Implementation in Wales, June 2014*.

This guidance should be used by all professionals – medical staff, social workers etc – involved in making eligibility decisions for CHC.

¹⁸ ‘Continuing NHS Healthcare for Adults: Practice Guidance to support the National Framework for Implementation in Wales – Frequently Asked Questions, Welsh Government, November 2010’. This has since been superseded by new practice guidance to accompany the 2014 National Framework; however, this version does not appear to include the same information as quoted above. Nevertheless, the general principles will still be accurate regarding differences in social care needs and healthcare needs.

Note: Between May and August 2019, the Welsh Government ran a consultation on a proposal for a revised version of the National Framework mentioned above. There is not currently a specific implementation date for the revised Framework following the closure of the consultation (at the time of writing – November 2019 – the Welsh Government advises that “responses to this consultation are currently being reviewed”¹⁹).

If the nature of your needs indicate that you might be eligible for NHS CHC, those involved in your care must actively consider this possibility, inform you or your representatives of your rights, and initiate the relevant CHC assessment procedures.

To move to the social care means test without addressing the potential right to free NHS service provision may constitute poor professional practice and can be challenged.

More information on NHS CHC can be found in Age Cymru’s Factsheet 20w *NHS continuing healthcare and NHS-funded nursing care in Wales*.

If after looking at the above factsheet and/or the Welsh Government’s ‘National Framework’, you feel that your need for NHS CHC has not been addressed at all, or adequately, you can bring the issue up with health or social care staff working with you and ask for an assessment to be carried out (or ask for an initial decision to be reviewed).

13.2 Local authority social services assistance in your own home, or in the community

If a local authority establishes via the care needs assessment that your needs fall within the national eligibility criteria (that you have ‘eligible needs’), the authority then has a **legal duty** to arrange or provide services for you to meet those needs.

Depending on individual needs, a wide range of services may potentially be available; for example:

¹⁹ Draft national framework for continuing NHS healthcare, Welsh Government website: www.gov.wales/draft-national-framework-continuing-nhs-healthcare (last accessed 14 November 2019)

- **Personal care** (help with tasks such as getting up; dressing; using the toilet; washing and bathing or eating and drinking);
- **home help / domestic assistance**²⁰;
- **pre-prepared meals delivered to someone at home ('meals on wheels')**;
- **day care** (i.e. away from the home in, for example, local authority run day centres for older people);
- **community transport**;
- **provision of aids, equipment or adaptations to help with daily living tasks and for home safety**;
- **provision of telecare, including personal alarms, or other assistive technology**;
- **preventative and rehabilitation services** (including reablement, as covered in section 12.2 above);
- **respite care in various forms.**

Note: Age Cymru's Factsheet 6w *Finding help at home in Wales* has further information on each of the listed services above, whilst some of Age Cymru's other social care titles will contain more detailed information on specific services (for example, Factsheet 42w *Obtaining disability equipment and home adaptations in Wales* deals with the provision of disability equipment and adaptations).

²⁰ In many areas local authorities have reduced or discontinued domestic help in order to direct resources towards personal care. However, they still have a legal duty to meet assessed eligible needs, which may include elements of these services as part of an overall care package, where you have *other* eligible needs. Alternatively, as touched upon in sections above, if you only need help with domestic tasks (but do not qualify for local authority assistance), some local Age Cymru organisations – or other voluntary agencies – may provide help with various household tasks. You may also be able to purchase help at home from a private agency or employ someone directly yourself – see section 13.7 below.

Means testing and paying for services in your own home from social services

You will generally be means tested by the local authority if it is intending to provide you with a social care service. In most cases you will have to pay at least something towards the cost of your care. The means test will include looking into your capital (savings) and income.

Welsh Government guidance specifies that people must be left with a minimum income after paying for their services and there is also a maximum weekly charge for homecare and other non-residential social care services.

If you are a homeowner, the value of your main or only home must be disregarded in the means test.

Age Cymru's Factsheet 46w *Paying for care and support at home in Wales* has in-depth information on local authority charging procedures, including:

- **Types of income and capital that are taken into account in the means test (and those that can be disregarded);**
- **the maximum weekly charge;**
- **your minimum income after paying your charge (and how the local authority should calculate this).**

Note: Direct payments

The standard procedure for non-residential social care is for the local authority to provide the services it has assessed you as needing directly – be this via their own staff employed by the authority, or by contracting a private care agency to operate the service/s on their behalf. Either way, the services are provided for you and you don't have to organise anything yourself. However, some people prefer to have more choice and control over the services they receive in order to meet their eligible care needs. Direct payments offer this facility – they are cash payments that local authorities can make to individuals so that they can organise their own social care services (either by employing a carer worker themselves, or by using a local home care agency). Age Cymru's Factsheet 24w *Direct payments for community care services in Wales* has further information on this topic.

13.3 Sheltered housing

Sometimes a social care assessment will identify sheltered housing as a potential way to help people meet their needs.

This could include 'extra care' sheltered housing. This is a type of 'housing-with-care' – housing in which personal care services, such as help with bathing and dressing, are provided.

The local authority social services department would need to liaise with their counterparts in the housing department in regard to the possible allocation of sheltered housing. Age UK's Factsheet 64 *Specialist housing for older people* contains further information.

13.4 A permanent place in either a residential or nursing home

You may need, or wish, to move to live in a care home. These divide into broadly two types – residential and nursing – which provide accommodation with either:

- just personal care; *or*
- personal care together with nursing care.

Your social worker will help you identify which sort is appropriate for your needs.

- Residential care homes provide only social care staff; they do not provide any nursing staff and so medical care should be provided by NHS staff coming to the home when necessary.
- Nursing homes are for people who have specific nursing needs and they employ a mixture of social care and nursing staff.

Further information on care homes can be found in Age Cymru's Factsheet 29w *Finding care home accommodation in Wales*.

Means testing and paying for care in a care home

Most people living in care homes pay something towards the cost of their care. This is either:

- in full, from income or capital – i.e. they will be a self funder; or
- they will make a contribution towards the overall costs, with the local authority meeting the rest of the fees (in these circumstances, the authority will be responsible for paying the whole fee to the care home and the resident will then pay to them their ‘assessed contribution’. The assessed contribution is determined according to nationally set means test rules.

Income and capital will be taken into account in the means test, though certain types may be disregarded (ignored), either in all cases, or when certain circumstances apply (for example, if you are a homeowner, the value of the property will generally be taken into account if you live alone and go into a care home; whereas, if your partner will remain there, it will be disregarded).

There is a nationally set ‘**capital limit**’ which determines whether someone will be expected to self fund (capital over the limit), or make a contribution towards the overall fees alongside local authority financial assistance (capital below the limit).

If you move into a nursing home, the NHS is responsible for meeting the cost of care provided by a registered nurse on site. This is made via a **weekly NHS funded nursing contribution** towards the overall fee.

For much more detailed information on the means test rules, such as the current capital limit; how different types of income and capital (including property) are treated; plus the NHS funded nursing contribution, see the following Age Cymru factsheets:

- 10w *Paying for a permanent care home placement in Wales;*
- 38w *Treatment of property in the means test for permanent care home provision in Wales;*
- 39w *Paying for care in a care home in Wales if you have a partner;*
- 60w *Care homes in Wales: choice of accommodation when the local authority is assisting with funding.*

What are the options if someone does not want to be discharged to a care home?

If a large amount of care is required to enable someone to remain living in their own home or in sheltered housing, it might be cheaper and/or be a more practical way to adequately meet someone's care needs for them to move into a care home.

This can lead to difficult situations – for example, where someone feels very strongly that they do not want to live in a care home environment and wish to return to live in their own home, following a hospital stay.

People cannot be made to move into a care home against their will, provided they are still mentally capable of making the decision for themselves (further information on mental capacity can be found in section 9.6 above). Nevertheless you may be advised, following an assessment, that a care home is the only safe and effective way of meeting your care needs.

If you do not want to move into a care home, you are of course entitled to say so, and can ask your social worker to explore again whether there are some specific services – or combinations of services – that could adequately and safely meet your needs in your own home (to an equivalent level as in a care home). Many local authorities set a limit on how much care they will provide or arrange to support someone in their own home (or in sheltered housing) before suggesting that the person move to a care home. It should be noted that any such limit must be applied flexibly.

Note: People do not have the right to occupy an acute hospital bed indefinitely and will need to move to a more appropriate care location when clinically ready, so any disputes about what services are to be provided post-discharge may need to be resolved quickly. As such, you may find an **advocacy service** helpful to achieve this and make sure that your views are fully taken into account – see section 9.5 above in regard to advocacy.

Apart from any other considerations, a prolonged stay on a busy acute hospital ward may not be in someone's best interests, as it could lead to depression and boredom and/or an increased risk of infection; ultimately reducing someone's ability to maintain mobility and independence.

Another possible alternative to a care home placement is an arrangement with the local authority, whereby homecare is provided that doesn't fully meet your needs, but you then make separate arrangements to run *alongside* this – Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* has some further information on this option.

It should be noted that, legally, the local authority is under a duty to meet your eligible needs as identified in the care needs assessment; however, it is able to do so in the most cost-effective way.

Whilst this means the authority cannot choose a care package for you for the *sole* reason that it is cheaper than the alternatives – for example, you shouldn't be asked to move to a care home just because it is cheaper than the home care you would need (or vice versa) – if there were **two** options that would meet your needs equally well, the local authority can legitimately choose the option that is cheapest for it to provide or arrange.

However, having said this, the local authority would have to ensure that the cheaper option met **all** assessed and agreed needs.

As an example, it wouldn't be sufficient if the cheaper provision would meet your personal care needs (say, help with washing and eating), but was going to leave other needs unmet that were identified during the assessment (such as the service user being able to maintain family or other significant personal relationships; or involvement in the community – the care option/s that the local authority chooses must meet these sorts of needs too).

This is confirmed in Welsh Government guidance²¹ – namely, that people's needs must be identified during assessment and, although these will differ in each case, they must relate to the wellbeing definitions in the *Social Services and Well-being (Wales) Act*. The wellbeing definitions in the guidance include statements about the maintenance of important relationships, as do the personal outcomes to which eligible care and support needs must relate (i.e. relationships and involvement in the community are mentioned alongside other 'practical' needs such as ability to carry out self-care and/or domestic tasks).

²¹ Social Services and Well-being (Wales) Act 2014: Part 3 Code of Practice (assessing the needs of individuals), Welsh Government

All the wellbeing factors are of equal importance in the guidance.

It is also worth mentioning here, in the context of a local authority choosing care and service options, that this choice must be made in conjunction with the service user. In other words, if you felt that the authority had not adequately involved you in the decision process regarding your care and support, you could ask them to reconsider a decision, or make a complaint, outlining these points to them. See section 15 below for further information on making a complaint. As indicated above, you might find advocacy support helpful if you wish to pursue a complaint with the local authority (see section 9.5).

Case study: Using a human rights approach in regard to how care can be provided

The Passing the Baton guide, mentioned in previous sections, has a relevant case study on this topic:

“An older woman was staying in hospital following a number of strokes. She had been interned as a Japanese prisoner of war during the Second World War and suffered a range of trauma related mental health problems. She was observed re-enacting various behaviours from this period including washing her clothes with rocks and hanging them to dry on hospital fences. Against her wishes, the hospital sought to discharge her and move her into residential care on cost grounds.

Her Advocate was concerned that being in an institution was what was causing this regression. He used human rights language to argue that she should not be placed in residential care and that she be allowed to return home in accordance with her wishes.”

Outcome: “Funding was secured to support her care at home”.

Also see section 15.5 below for further information on human rights.

13.5 Self-management support from the NHS

NHS staff should help and encourage people with long-term conditions to be more involved in their care, to feel confident to take decisions about its day-to-day management and recognise changes that need to be reported promptly to their GP. On-going support can be offered as part of hospital follow-up care, or consultations with your GP, practice or specialist nurse.

Self management courses, running over several weeks, are arranged in many areas of the country. These are designed to give you the confidence, skills and knowledge you need to manage your condition and provide an opportunity for participants to learn from and support each other. For example, your consultant, specialist nurse or GP may be able to provide you with information on courses operated by EPP Cymru (Education Programmes for Patients).

The NHS Wales website also has further information on EPP Cymru at: www.wales.nhs.uk/sites3/home.cfm?orgid=537

13.6 NHS palliative care

Palliative care describes the holistic care offered when you have been diagnosed with a progressive illness that cannot be cured.

NHS Wales provide the following information on palliative services:

“Palliative care has been defined by the World Health Organization as ‘an approach that improves the quality of life of patients and their families facing the problems associated with life limiting illness, through the prevention of, and relief of, suffering, by means of early identification and impeccable assessment and treatment of pain and other problems, physical and spiritual.’ Palliative care differs in philosophy from curative strategies in focusing primarily on the consequences of a disease rather than its cause or specific cure. Approaches are therefore necessarily holistic, pragmatic and multidisciplinary”²².

A range of services can be available to you at the point of diagnosis and then be on hand as and when you need them. The aim being to keep you comfortable and ensure the best quality of life at all stages of your illness.

²² ‘Palliative Care: What is palliative care?’, NHS Wales website: www.wales.nhs.uk/palliativecare (last accessed 14 November 2019).

Throughout your illness services may be available to you in your own home, in the local hospice or hospital and might include the support of doctors, nurses, hospice staff or 'hospice at home' teams, Marie Curie nurses and other professionals in posts supported by Macmillan – see section 16 below for contact details.

You may wish to discuss how you would like to be cared for as you approach the end of your life with health professionals caring for you, your family or friends. This is known as 'advance care planning' and means all those caring for you will be aware of your wishes.

13.7 Private care agencies

Private care agencies offer help with a range of personal care tasks, domestic tasks and meal preparation. Some can also provide registered nurse care. They must register with, and are inspected by, Care Inspectorate Wales (CIW). You can read care agency inspection reports on the CIW website or request a copy by phone – see section 16 for contact details.

You may want to buy your services from a private agency if you choose to receive direct payments from social services (see section 13.2 above). Your local authority can provide a list of agencies that provide services locally. The United Kingdom Home Care Association offers a list of their member care agencies, including those that provide live-in carers. See section 16 for contact details.

14 Practical considerations for effective discharge

As well as having an agreed care plan and ensuring services are ready to start on the day you leave hospital, there are practical points that are vital to a safe and smooth discharge:

- Has your carer been given sufficient notice of the date/time of your discharge?
- Do you have suitable clothes to wear on the journey home?
- Is a relative collecting you or is hospital transport required?
- Do you have house keys and money if travelling home alone?

- Will medication be ready on time? Have changes been made to the medication you were taking on admission and explained to you and, where appropriate, your carer? Are some items to be taken in the short term only?
- Have you and/or your carer received training, so that new aids/equipment can be safely and effectively used? Are aids available to take with you or already in place at home?
- If assessed as requiring them, do you have a supply of continence products and know how to get further supplies?
- Are your GP and other community health staff aware of your discharge date and support you will need from them? Has a discharge summary with details of any medication changes been forwarded to the practice?
- If you are to move into a care home are they aware of the date and likely time of your arrival, along with your care plan and medication needs?

15 Disputes and complaints in regard to hospital discharge arrangements

15.1 Issues leading up to your discharge

If you have problems during the time leading up to your discharge, try to raise them at the time with the staff concerned. If this does not resolve them you can approach your local **Community Health Council (CHC)**.

CHCs are a statutory and independent voice whose role is to represent the interests of the public in the health service in their area. Part of this remit involves providing help and advice to people if they have problems with, or complaints about, NHS services.

Each CHC runs a **Complaints Advocacy Service**. See section 16 for contact details.

15.2 Complaints involving either NHS or social services

If your complaint is about *only* an NHS service or *only* services provided by the local authority social services department, you will need to follow the complaints procedure for the appropriate organisation:

- **The NHS** – this is explained in Age Cymru’s Factsheet 66w *Resolving problems and making a complaint about NHS care in Wales*.
- **Social services** – this is explained in Age Cymru’s Factsheet 59w *How to resolve problems and make a complaint about social care in Wales*.

15.3 Complaints involving both the NHS and social services

Because of the way that NHS and social services functions frequently overlap when arrangements are being made for hospital discharge, you may be unhappy with elements of your care planning and/or services provided by both organisations.

In these cases the NHS and local authority social services departments have a **duty to co-operate**.

If either of the two receives a complaint that involves both organisations, they must approach the other one and agree who will:

- take the lead in handling your complaint;
- be your point of contact and take responsibility for communicating with you;
- co-ordinate the handling of the complaint and any investigations;
- ensure you receive a single response, addressing all issues agreed at the outset.

15.4 The Public Services Ombudsman for Wales and regulatory organisations

The Public Services Ombudsman for Wales

The Ombudsman can be contacted in regard to complaints involving the NHS and/or social services. Usually you will have had to go through their complaints procedures first, but if you remain unsatisfied you can escalate the case to the Ombudsman – see section 16 below for contact details.

The Healthcare Inspectorate Wales (HIW)

HIW is the independent inspector and regulator of all healthcare in Wales. This includes independent healthcare providers, as well as NHS services. HIW have responsibility for ensuring that all providers of health services in Wales meet required quality and safety standards.

Although HIW is **not** required to investigate individual complaints, they are interested in making a record of any concerns or complaints that people have, so that they may monitor these to help form an overall picture of trends in health services – for example, in quality and safety. As a result, they may investigate issues that suggest wider or continuing failings within the NHS.

Contact details for HIW can be found in section 16 below.

The Care Inspectorate Wales (CIW)

The CIW is the body responsible for inspecting, regulating and maintaining standards in social care services in Wales. The CIW does not have a duty to respond to you individually in the same way as a local authority complaint. What they will do, however, is record your concerns which may then be used to inform their work of maintaining overall standards. Contact details can be found in section 16 below. There is also some further information on the CIW in Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales*.

15.5 Human rights legislation

The *Human Rights Act 1998* “underpins the interpretation of all other legal obligations of NHS and Social Care organisations. Human Rights principles can be used to promote better care for individuals in their day to day living”²³. There is a duty on all public authorities – such as an NHS hospital or a local authority – to uphold the Act.

The *Human Rights Act* contains the following Articles (though this is not an exhaustive list):

²³ Passing the Baton: A Practical Guide to Effective Discharge Planning, NHS Wales, 2008.

- **Article 2:** *Everyone's right to life shall be protected by law.*
- **Article 3:** *No one shall be subjected to torture or to inhuman or degrading treatment or punishment.*
- **Article 5:** *Everyone has the right to liberty and security of person.*
- **Article 8:** *Everyone has the right to respect for their private and family life, home and correspondence.*
- **Article 14:** *"The enjoyment of the rights and freedoms [in the European Convention on Human Rights] shall be secured without discrimination on any ground".*

This includes "discrimination on the grounds of age"²⁴.

The Equality Advisory & Support Service can advise on issues relating to equality and human rights – see section 16 below for their contact details.

Case Study on how human rights may be relevant in social care services following a hospital stay

"A disabled woman was told by her occupational therapy department that she needed a special ('profile') bed. She was unable to leave her bed and this new arrangement would allow carers to give her bed baths. She requested a double bed so that she could continue to sleep next to her husband. The authority refused her request even though she offered to pay the difference in cost between a single and double bed. A stalemate ensued for eighteen months until the woman was advised by the disability law centre to invoke her right to respectful and private family life."

Outcome: "Within three hours of putting this argument to the authority it found enough money to buy the whole of her profile double bed"²⁵.

²⁴ Protection of older people in Wales: A guide to the law, Older People's Commissioner for Wales (2nd edition), March 2014

²⁵ Passing the Baton: A Practical Guide to Effective Discharge Planning, NHS Wales, 2008.

16 Useful organisations

Age Cymru Advice

Free and confidential information and advice on matters affecting the over 50s in Wales.

Tel: 08000 223 444

E-mail: advice@agecymru.org.uk

Age Cymru organisations (local)

Your local Age Cymru may be able to provide advice and support on issues around NHS CHC. **Age Cymru Advice** can provide details of your local Age Cymru (see above), or visit the Age Cymru website at:

www.agecymru.org.uk

Alzheimer's Society

Provides information and factsheets about all types of dementia. They may also operate services in your area to support people with dementia, along with their families and carers.

Helpline: 0300 222 11 22

Website: www.alzheimers.org.uk

Association of Directors of Social Services (ADSS) Cymru

ADSS Cymru is a national leadership organisation for social services in Wales. They work with the Welsh Government, the Welsh Local Government Association (WLGA), Social Care Wales and the NHS to influence legislation, policies and practices in the social care sector.

Tel: 01443 742641

Website: www.adss.cymru

British Red Cross (The)

Offer a range of services, such as disability equipment and wheelchair loans, domiciliary care, home from hospital support and transport services. Some services may only be available in certain geographical areas.

Tel: 0344 871 11 11

E-mail: contactus@redcross.org.uk

Website: www.redcross.org.uk/get-help

Care Inspectorate Wales (CIW)

CIW inspects and regulates care and social services in Wales.

Tel: 0300 7900 126

E-mail: ciw@gov.wales

Website: www.careinspectorate.wales

Carers UK

A national charity providing information, advice and practical and emotional support for carers.

Advice Line: 0808 808 7777

Website: www.carerswales.org

Citizens Advice Bureaus (CABs)

National network of free advice centres offering confidential and independent advice, face to face or by telephone.

Tel: 03444 77 20 20

Details of your nearest CAB can be found at:

www.citizensadvice.org.uk/wales

Community Health Councils (CHCs)

CHCs are a statutory and independent voice in health services in Wales. They work to enhance and improve the quality of local health services. For information on the CHC covering your area, see the NHS Direct Wales website at:

www.nhsdirect.wales.nhs.uk/localservices/communityhealthcouncils

Elderly Accommodation Counsel (EAC)

Provides information on all forms of accommodation, support and care for older people.

EAC FirstStop Advice: 0800 377 7070

E-mail: info@firststopadvice.org.uk

Website: www.eac.org.uk

Equality Advisory & Support Service

A helpline that can advise people on equality and human rights issues.

Tel: 0808 800 0082

Website: www.equalityadvisoryservice.com

Healthcare Inspectorate Wales (HIW)

The HIW is the independent inspector and regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163

E-mail: hiw@gov.wales

Website: www.hiw.org.uk

Macmillan Cancer Support

Offer a range of support for people affected by cancer, their carers and family. Macmillan Cancer Support fund nurses and other specialist health care professionals and operate cancer care centres. They also support cancer support groups across the UK.

Tel: 0808 808 00 00

Website: www.macmillan.org.uk

Marie Curie Cancer Care

A charity that is dedicated to the care of people with any terminal illness, as well as offering support to family members.

Support Line: 0800 090 2309

Website: www.mariecurie.org.uk

NHS Direct Wales

NHS Direct Wales can provide contact details for local services and telephone or web advice on health issues and common illnesses.

Tel: 0845 46 47

Website: www.nhsdirect.wales.nhs.uk

Older People's Commissioner for Wales

Independent champion for older people across Wales.

Tel: 03442 640670

E-mail: ask@olderpeoplewales.com

Website: www.olderpeoplewales.com

Public Services Ombudsman for Wales

The Ombudsman looks to see whether people have been treated unfairly or have received a bad service from a public body, such as a local authority.

Tel: 0300 790 0203

E-mail: ask@ombudsman.wales

Website: www.ombudsman.wales

Royal Voluntary Service (RVS)

RVS operate various services in Wales to help older people stay independent at home.

Tel: 0330 555 0310

Website: www.royalvoluntaryservice.org.uk

United Kingdom Home Care Association (UKHCA)

A professional association of providers of home care from the independent, voluntary, not-for-profit and statutory sectors. They can provide a free list of home care providers.

Tel: 020 8661 8188

E-mail: enquiries@ukhca.co.uk

Website: www.ukhca.co.uk

Welsh Government

The devolved government for Wales.

Tel: 0300 060 4400

E-mail: customerhelp@gov.wales

Website: www.gov.wales

17 Further information about Age Cymru

Age Cymru is the leading charity for all older people in Wales. We campaign, we research and we fundraise to make sure we build a better life for all older people. We ensure older people's voices are heard, we challenge and change attitudes, we fight discrimination wherever we find it and we tackle elder abuse in all its forms. Together with our local Age Cymru partners we provide vital services in communities across Wales.

The Age UK family

Along with Age UK, Age Scotland and Age NI, Age Cymru is a member of the Age UK family.

Age UK (Age UK Advice: 0800 169 65 65; website: www.ageuk.org.uk)

Age NI (Age NI Advice: 0808 808 7575; website: www.ageni.org)

Age Scotland (Tel: 0845 833 0200; website: www.agescotland.org.uk)

Our information materials

Age Cymru and Age UK publish a large number of free Information Guides and Factsheets on a range of subjects, including money and benefits, health, social care and housing. Some resources, such as this factsheet, are produced 'in-house' by Age Cymru, whilst others are branded Age UK and – depending on the subject matter – contain either information which is applicable in England and Wales, or for the whole of the UK.

Contact details

Age Cymru Advice

Tel: 08000 223 444

E-mail: advice@agecymru.org.uk

Website: www.agecymru.org.uk



www.facebook.com/agecymru



www.twitter.com/agecymru



www.youtube.com/agecymru

Contact us if you would like:

- To order copies of any factsheets or information guides.
- Further advice if you cannot find the information you need in this factsheet.
- Details of your nearest local Age Cymru organisation.

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Age Cymru
Ground Floor, Mariners House
Unit A, Trident Court
East Moors Road
Cardiff
CF24 5TD

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Personal details

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