

Disability Law Service

Fighting injustice for disabled people

**CARE ON DISCHARGE
FROM HOSPITAL
FACTSHEET**

DLS Factsheet – Discharge from hospital for people with care and support needs (including reablement care)

An individual can be discharged from hospital in circumstances where their health would likely deteriorate if appropriate support services are not provided. The NHS and social care services have an interest in protecting health in those circumstances – for the NHS, through local Care Commissioning Groups (CCG) to prevent the need for further medical treatment, and for social services, to ensure the individual can perform essential daily activities.

Where care support services are needed on discharge from hospital, the Care Act 2014 requires that CCGs and social services work cooperatively to develop processes to provide integrated health and social care services (generally) (s6), and in individual cases (s7).

On discharge from hospital, cooperative working is framed in the processes set out in Schedule 3 to the Care Act. Where the NHS consider support services will be needed on discharge from hospital, the local CCG is to send social services an *assessment notice*. That is, notice to social services to assess the individual's need for care and support. The individual discharged (or their carer) may contribute to the content of the assessment notice.

Having given the assessment notice, the local CCG is then to give a *discharge notice* – identifying the day for discharge. Social services is required to carry out its assessment of care and support before that day, must report the outcome to the local CCG, and the two bodies must consult to coordinate the discharge. If coordination isn't achieved, the local CCG will generally withdraw the discharge notice.

Where a safe discharge is achieved the individual will receive *intermediate care and reablement*.

Intermediate care and reablement

Intermediate care is short-term NHS support available on discharge from hospital, where the NHS believes there is the potential for a person to improve their functionality, and then live more independently. It is essentially a form of active rehabilitation with professional support.

The National Audit of Intermediate Care categorises 4 types of intermediate care:

Crisis response – services providing short-term care (up to 48 hours)

Reablement – support at home while a person re-establishes personal independence. Support is provided with achieving the eligible outcomes /

daily living tasks (such as, washing and dressing, food and drink, safety at home, or accessing the community).

Home-based intermediate care – physical or cognitive rehabilitation at home, from a multidisciplinary team of health and social care professionals, towards a set of functional exercises and goals.

Bed-based intermediate care – where a person remains bed based on discharge from hospital, generally in a care setting.

Individuals can request intermediate care and reablement, if they believe it will be necessary to support their health on discharge. Requests can be made to any of the multidisciplinary professionals involved in a case (e.g. hospital discharge staff, paramedics, GP or out-of-hours doctor, social worker or care coordinator).

The Care Act Statutory Guidance states (paragraph 2.60) that where local authorities provide intermediate care or reablement to those who require it, this must be provided free of charge for a period of up to 6 weeks. This is for all adults, irrespective of whether they have eligible needs for ongoing care and support. Although such types of support will usually be provided as a preventative measure under section 2 of the Act, they may also be provided as part of a package of care and support to meet eligible needs.

Whilst intermediate care and reablement care are both time-limited interventions, neither should have a strict time limit, since the period of time for which the support is provided should depend on the needs and outcomes of the individual.

Local authorities should consider the potential impact and consequences of ending the provision of preventative services. Poorly considered exit strategies can negate the positive outcomes of preventative services, facilities or resources, and ongoing low-level care and support can have significant impact on preventing, reducing and delaying need.

Legal Disclaimer

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Website: www.dls.org.uk

Legal Aid (you are eligible and require representation)

Tel: 0207 791 9820

Email: legalaid@dls.org.uk

Advice

Tel: 0207 791 9809

Email: helpline@dls.org.uk

Address:

Disability Law Service
The Foundry, 17 Oval Way, London
SE11 5RR.

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